Harmonized health facility assessment (HHFA)

Combined questionnaire
(Availability, Readiness, and Management and finance)

Core and additional questions

VERSION 2.0
JUNE 2023

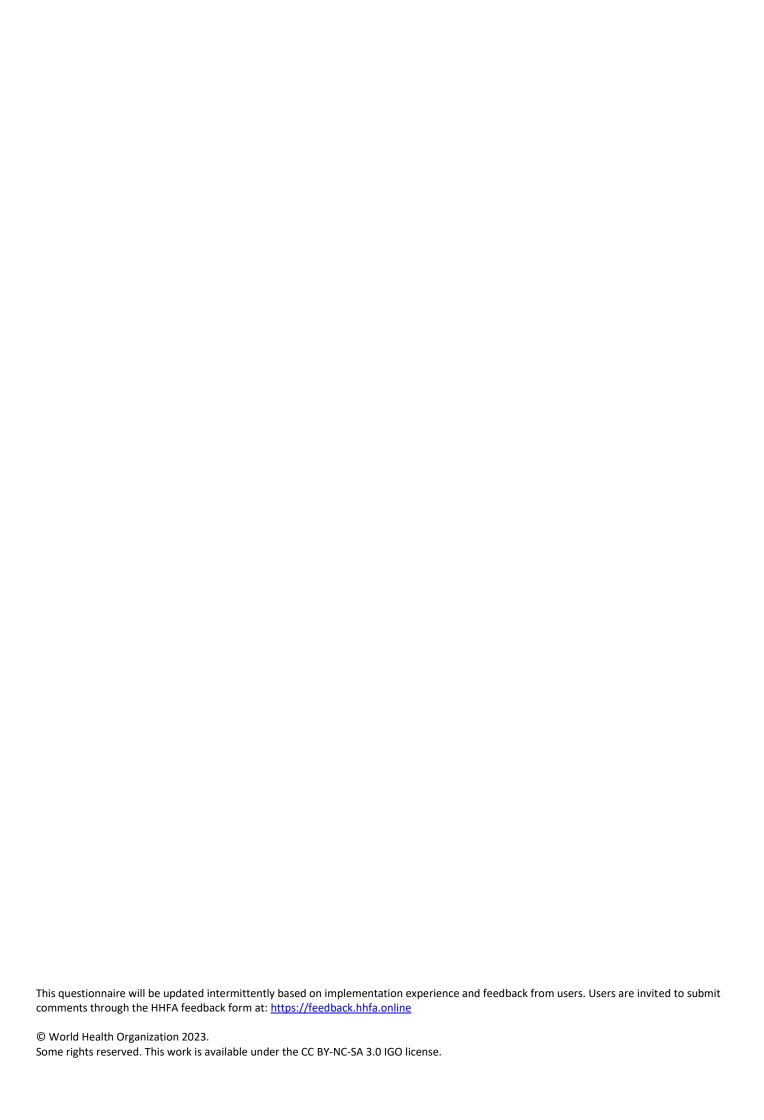World Health
Organization

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This questionnaire will be updated intermittently based on implementation experience and feedback from users. Users are invited to submit comments through the HHFA feedback form at: https://feedback.hhfa.online

Acknowledgements

HHFA overview

The Harmonized Health Facility Assessment (HHFA) is a comprehensive, standardized health facility survey that provides reliable, objective information on the availability of health facility services and the capacities of facilities to deliver the services at required standards of quality.

Availability and quality of health services are integral to achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs). HHFA data can support health sector reviews and evidence-based decision-making for strengthening country health services. Developed through multistakeholder collaboration, the HHFA builds on previous and existing global facility survey instruments, is based on global service standards, and uses standardized indicators, questionnaires, data collection methodologies and data analysis tools.

HHFA content
The HHFA covers all key facility services and facility-level management systems. The HHFA content is organized into **four modules**: service availability; service readiness; quality of care; and management and finance.

A module represents a set of questions (in questionnaire format) for a main topic area. Countries may choose to implement any single module or a combination of modules. Core questions represent the recommended minimum information, while optional additional questions provide further details. All questions must be linked to defined indicators. Various questionnaire options are available (refer to Fig. 1).

Each HHFA module includes a set of stand-alone questionnaires that may be designated Core, Core+Additional and/or Supplementary. The Combined questionnaire contains questions from multiple modules, integrated and organized to facilitate data collection. The questionnaires can also be adapted to country needs. All the HHFA questionnaires are programmed into the HHFA Census and Survey Processing System (CSPro) electronic data collection tool. Data collectors use this tool to collect the HHFA data on handheld devices such as mobile phones or tablets.

Fig. 1 HHFA modules and questionnaires

Service Availability	Service readiness	Quality of care	Management and finance
• Facility infrastructure • Staff • Beds • Specific services • Building structure	• Guidelines • Trained staff • Equipment • Diagnostics • Medicines and commodities	• Adherence to standards in patient care process	• Management systems • Finance systems • Health information systems • Quality assurance systems
Stand-alone questionnaires	**Stand-alone questionnaires**	**Stand-alone questionnaires**	**Stand-alone questionnaires**
• Availability: **Core** • Availability: **Core+Additional** • Availability: **Additional/Supplementary** *Building structure*	• Readiness: **Core**	• Quality of care: **Additional/Supplementary** *Record review*	• Management and Finance: **Core** • Management and Finance: **Core+Additional**
Combined questionnaire			

HHFA resource package

The HHFA resource package is a comprehensive set of downloadable tools and guidance to support countries in planning and implementing an HHFA. The resource package includes: HHFA Indicator inventory platform, Questionnaires, CSPro tool, Data analysis platform, Comprehensive guide, Quick guide, Data manager guide, Training resources, and Global archive. The HHFA resource package is available at:

https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction

HHFA questionnaire structure

An HHFA questionnaire is organized into sections and subsections that contain questions related to a specific service aspect or programme. The paper questionnaire is typically structured into five columns:

Column 1: Mod
Column 2: No.
Column 3: QUESTION
Column 4: RESPONSE
Column 5: SKIP

		SECTION 17. SERVICES FOR SPECIAL NEEDS			
Mod.	No.	QUESTION	RESPONSE		SKIP
		17.1. PALLIATIVE CARE			
		17.1.1. SERVICE AVAILABILITY			
R_C	1700	Does this facility offer any palliative care services?	YES .... 1 NO .... 2 → Q1706		
R_C	1701	Which of the following palliative health services are offered in this facility:	YES	NO	
R_C	01	Inpatient palliative care	1	2	
R_C	02	Outpatient palliative care	1	2	
R_C	03	Home care for palliative care	1	2	
R_C	04	Linkages with other organizations providing home-based palliative care	1	2	
	1702	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PALLIATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PALLIATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
		SUPPORT FOR QUALITY SERVICES			
R_C	1703	Are national guidelines for palliative care services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED NOT SEEN .... 2 NO 3		

- Column 1 - Mod: The first letter in Column 1 shows the module to which the question belongs: A for Availability, R for Readiness, M for Management and finance, or Q for Quality of care. The second letter (after the underscore symbol) denotes the kind of question: C for Core or A for Additional.

- Column 2 – No: Column 2 contains the number of the HHFA question. There may be a single number per question, or a main number with sub-questions below it, e.g., Q1701 (main question), Q1701_01 (sub-question).
(Note that for some rows, the number corresponds to an instruction rather than a question, e.g. Q1702.)

- Column 3 - QUESTION: Column 3 contains the question that is read to the respondent by the interviewer. It may also contain additional clarifying information (in non-capitalized font) that the interviewer reads to the respondent. This column may also include instructions (in CAPITALS) to the interviewer. (These capitalized instructions are not read to the respondent.)

- Column 4 - RESPONSE: Column 4 contains the response options. Different types of response options are used for different types of questions, e.g., pre-coded responses where one or more options are selected, fields requiring entry of a number or text, or combinations of these.

- Column 5 - SKIP: This column contains arrows that instruct the interviewer to skip to a specific question, to the end of a section, or to other instructions, if necessary.

The questionnaires also contain sentences in capitalized red font that include the term "COUNTRY ADAPT". These sentences highlight questions that may need adaptation to the country context before the questionnaire is finalized for country implementation.

Note that the HHFA paper questionnaires are used mainly to review questions during the country questionnaire adaptation process as part of HHFA planning. The CSPro tool is then adapted based on the final country-adapted questionnaire.

Sample HHFA consent form [COUNTRY ADAPT]

The [survey manager and survey implementer] in close collaboration with the [other relevant entities] are conducting a survey to collect information about the availability of key services in health facilities. This information will be collected in selected primary health care facilities and hospitals across the country. The survey is part of the [government's] ongoing efforts to understand what services are being offered, where they are being offered and how they are being offered. Information obtained through the survey will be used to support improvements in health services in [country name].

The survey will be conducted across the country on a sample of health facilities. The facilities included in the survey were selected randomly from a list of all facilities.

As the in-charge of this facility, we are asking you to help us to collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person. We will want to speak with persons familiar with the various outpatient services, delivery services, surgical services, and emergency services, if these are offered, so that we can correctly identify the components of these services that are offered in this facility. We will also need to speak with persons familiar with the laboratory and pharmacy, as well as facility management aspects such as governance, finance, human resources, and health information systems. [TEAM LEADER SHOWS QUESTIONNAIRE TABLE OF CONTENTS] We will also ask the persons to show us specific areas of the facility, as well as specific documents and items of equipment and medicines.

We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 30 minutes, depending on how busy each separate site is.

Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question about which you do not feel comfortable.

The information obtained from this survey will be shared with the Ministry of Health (MOH) and other relevant stakeholders who support the MOH, to provide information for planning purposes. The names of respondents will not be shared.

In case you have any question(s) about this survey at any time, please feel free to contact any of the following people:

[LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED]

At this point, do you have any questions about the survey? Do I have your agreement to proceed?

---   ---

Signature of team leader indicating informed consent was   *Signature of facility staff authorizing data collection and*
read and agreed by the person in-charge/acting in-charge   *position of the person providing authorization*

Contents

Detailed contents

Module	No.	Question	Response	Skip
		1. FACILITY IDENTIFIERS		
		1.1. FACILITY IDENTIFIERS		
		[COUNTRY ADAPT QUESTIONS FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]		
ALL	100	Facility code	— — — — — —	
ALL	101	Is this a supervisor validation check of a facility?	YES, SUPERVISOR VALIDATION ....1 NO, DATA COLLECTION FOR FACILITY SURVEY 2	
ALL	103	Address or description of facility location	_____	
ALL	104	Name and code of region/province	NAME _____ REGION/PROVINCE CODE — —	
ALL	105	Name and code of district	NAME _____ DISTRICT CODE — — [COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]	
ALL	106	RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN	URBAN ....1 RURAL...2 PERIURBAN 3	
ALL	107	Interview dates and result	VISIT(S) *RESULT CODE 1 = FACILITY LOCATED AND OPEN 2 = FACILITY LOCATED, BUT NOT OPEN TODAY 3 = FACILITY PERMANENTLY CLOSED 4 = FACILITY DESTROYED 5 = FACILITY NOT FOUND 6 = OTHER COMPLETE GPS COORDINATES FOR RESULTS CODES 1 THROUGH 6.	
ALL	109	RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS SET DEFAULT SETTINGS FOR GPS: 1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE 2. SET COORDINATE FORMAT TO DECIMAL DEGREES 3. SET DATUM TO WGS84 MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY: 4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION" 5. WRITE ALTITUDE 6. PRESS "MARK" 7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER" 8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER" 9. ENTER FACILITY CODE 10. WAIT 5 MINUTES 11. HIGHLIGHT "SAVE" AND PRESS "ENTER" 12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER" 13. HIGHLIGHT YOUR WAYPOINT 14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW. BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM		
ALL	110	Waypoint name (facility number)	— — — — — — —	

Table for Question 107:

VISIT NO.	DATE DD	DATE MM	DATE YYYY	INTER-VIEWER CODE	RESULT CODE*
1					
2					
3					

Module	No.	Question	Response	Skip
ALL	111	Elevation (m)	— — — —	
ALL	112	Latitude	N/S…………………(a) — DEGREES……………(b) — — DECIMAL……………(c) — — — — —	
ALL	113	Longitude	E/W…………………(a) — DEGREES……………(b) — — DECIMAL……………(c) — — — — —	
ALL	114	Consent given by facility contact?	YES……………………………………………………………………………………1 NO ……………………………………………………………………………………2	➔ END
		1.2. FACILITY CHARACTERISTICS		
ALL	i114A	LET THE FACILITY IN-CHARGE KNOW THAT YOU WILL START BY ASKING A FEW QUESTIONS ABOUT THE CHARACTERISTICS OF THE FACILITY.		
ALL	115	What is the type of facility? [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	NATIONAL REFERRAL HOSPITAL …………………………………………01 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL……………………02 DISTRICT HOSPITAL……………………………………………………………03 OTHER GENERAL HOSPITAL ………………………………………………04 SPECIALTY HOSPITAL …………………………………………………………05 COMPREHENSIVE HEALTH CENTRE/POLY CLINIC…………………06 HEALTH CENTRE ………………………………………………………………07 CLINIC/DISPENSARY……………………………………………………………08 HEALTH POST……………………………………………………………………09 MATERNAL/CHILD HEALTH CLINIC………………………………………10 OTHER_____ ·…………………………………96 (SPECIFY)	
ALL	116	Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility. [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	GOVERNMENT/PUBLIC…………………………………………………………1 NGO/PRIVATE NOT-FOR-PROFIT…………………………………………2 PRIVATE-FOR-PROFIT…………………………………………………………3 MISSION/FAITH-BASED………………………………………………………4 PARASTATAL (MILITARY/POLICE/NATIONAL GUARD) …………………5 UNIVERSITY…………………………………………………………………………6 OTHER_____ ·…………………………………7 (SPECIFY)	
ALL	117	What service levels are available?	OUTPATIENT ONLY ……………………………………………………………1 INPATIENT ONLY…………………………………………………………………2 BOTH OUT AND INPATIENT ………………………………………………3	

2. CLIENT SERVICES

Section 2 (Client services) is omitted from the combined versions of the questionnaire that include the readiness module. The Section 2 questions are integrated into the readiness module.

Module	No.	Question	Response	Skip
		3. HEALTH WORKFORCE		
		3.1. FACILITY STAFF NUMBERS AND OCCUPATION		
		3.1.1. STAFFING PLAN		
A_C	i300	Now we are going to ask about staffing numbers and types of staff who work at this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for them to provide this information.		
A_C	301	Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification?	YES ....1 NO..2	
A_C	i302	I would like to know about personnel who work in this facility. These may be full-time, part-time, or seconded persons. A_A First [COLUMN A], I would like to know about the professional qualification of personnel who work in this facility and numbers of personnel with this qualification who are officially authorized for this facility. READ EACH QUALIFICATION. A_A Next [COLUMN B], I would like to know how many positions within each occupation have been vacant for more than 6 months in the past 12 months. A_C I would then like to know about the numbers of personnel within each occupation who are currently assigned to, employed by, or seconded to this facility [COLUMN C]. Please count each staff member only once, on the basis of the highest technical or professional qualification, and not on the basis of their position. A_A Of these persons, I would also like to know how many of the total number are part-time within this facility [COLUMN D]. Please include all staff who provide inpatient, outpatient and outreach services. A_C Finally, I would like to know how many positions of the total number of assigned staff are female [COLUMN E]. ONLY COUNT STAFF WHO ARE UNDER THE AUTHORITY OF THE FACILITY MANAGER. NOTE: PROGRAMMERS AND SURVEY MANAGERS, ONLY COLUMNS C AND E WILL BE COMPLETED IF THE AVAILABILITY CORE QUESTIONNAIRE IS BEING IMPLEMENTED. COLUMNS A-E WILL BE COMPLETED IF THE AVAILABILITY CORE+ADDITIONAL QUESTIONNAIRE IS BEING IMPLEMENTED. COUNTRY ADAPT OR EXPAND SUBGROUPS OF STAFF.		

Module	No.	Question	Response					Skip
		3.1.2. MEDICAL DOCTORS						
	303	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	A_A (A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	A_A (B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	A_C (C) TOTAL STAFF ASSIGNED, EMPLOYED, or SECONDED (INCLUDING PART-TIME STAFF) (IF 0, SKIP TO NEXT ROW)	A_A (D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	A_C (E) TOTAL FEMALE STAFF (FROM AMONG THOSE IN COL C)	
		GENERALIST MEDICAL PRACTITIONERS/DOCTORS						
A_C	304	Total generalist medical practitioners	— — —	— — —	— — — If 000 ➔Q306	— — —	— — —	
	305	**Subgroups of generalist medical practitioners**						
A_C	01	Medical officer (general)/general practitioner (non-specialist)	— — —	— — —	— — —	— — —	N/A	
A_C	02	Family medicine specialist	— — —	— — —	— — —	— — —	N/A	
A_C	03	Other generalist medical doctors not classified elsewhere	— — —	— — —	— — —	— — —	N/A	
		SPECIALIST MEDICAL PRACTITIONERS/DOCTORS						
A_C	306	Total specialist medical practitioners	— — —	— — —	— — — If 000 ➔Q308	— — —	— — —	
	307	**Subgroups of specialist medical practitioners**						
A_C	01	Medical group of specialists (e.g. internal medicine specialist, cardiologist, etc.)	— — —	— — —	— — —	— — —	N/A	
A_C	02	Paediatricians	— — —	— — —	— — —	— — —	N/A	
A_C	03	Obstetricians and gynaecologists	— — —	— — —	— — —	— — —	N/A	
A_C	04	Psychiatrists	— — —	— — —	— — —	— — —	N/A	
A_C	05	Surgical group of specialists (e.g. general surgeon, orthopaedic surgeon, etc. Specialist anaesthetists are also included here)	— — —	— — —	— — —	— — —	N/A	
A_C	06	Other specialists not elsewhere classified	— — —	— — —	— — —	— — —	N/A	
	308	**3.1.3 PARAMEDICAL, NURSING AND MIDWIFERY PROFESSIONALS**						
A_C	01	Paramedical practitioner (e.g. clinical officer)	— — —	— — —	— — —	— — —	— — —	
A_C	02	Nursing professional	— — —	— — —	— — —	— — —	— — —	
A_C	03	Midwifery professional	— — —	— — —	— — —	— — —	— — —	
A_C	04	Nurse-midwife (dual trained) professional	— — —	— — —	— — —	— — —	— — —	
	309	**3.1.4. OTHER HEALTH PROFESSIONALS**						
A_C	01	Dentist	— — —	— — —	— — —	— — —	— — —	
A_C	02	Pharmacist	— — —	— — —	— — —	— — —	— — —	

Module	No.	Question	Response					Skip
A_C	03	Dietitian/Nutritionist	— — —	— — —	— — —	— — —	N/A	
A_C	04	Environmental and occupational health and hygiene professional	— — —	— — —	— — —	— — —	N/A	
A_C	05	Audiologist/Speech therapist	— — —	— — —	— — —	— — —	N/A	
A_C	06	Occupational therapist	— — —	— — —	— — —	— — —	N/A	
A_C	07	Optometrist/ophthalmic optician	— — —	— — —	— — —	— — —	N/A	
A_C	08	Physiotherapist	— — —	— — —	— — —	— — —	N/A	
A_C	09	Health professionals not elsewhere classified	— — —	— — —	— — —	— — —	N/A	

3.1.5. HEALTH ASSOCIATE PROFESSIONALS

Module	No.	Question	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIMESTAFF) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	Skip
A_C	310	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]					
A_C	01	Radiographer/other medical imaging technician	— — —	— — —	— — —	— — —	
A_C	02	Medical and pathology laboratory technician	— — —	— — —	— — —	— — —	
A_C	03	Pharmacy technician/ pharmacy assistant	— — —	— — —	— — —	— — —	
A_C	04	Medical and dental prosthetic technicians and assistants	— — —	— — —	— — —	— — —	
A_C	05	Medical records and health information technician	— — —	— — —	— — —	— — —	
A_C	06	Other health associate professional (not elsewhere classified)	— — —	— — —	— — —	— — —	

3.2. QUALIFICATIONS OF FACILITY MANAGERS

Module	No.	Question	YES	NO	NOT APPLICABLE	DON'T KNOW	Skip
A_A	311	Do any of the following persons have a diploma or certificate in general management or health service management? IF NOT SURE, ASK RESPONDENT TO CALL AND ASK THE PERSON(S) IN THE POSITION(S) LISTED BELOW. [COUNTRY ADAPT TO APPROPRIATE TITLES FOR SENIOR MANAGEMENT AT HOSPITALS]					
A_A	01	Facility director/medical superintendent	1	2	5	8	
A_A	02	Facility administrator or head of administration	1	2	5	8	
A_A	03	Medical director	1	2	5	8	
A_A	04	Nursing director	1	2	5	8	

3.3. PROFESSIONAL GRADUATE VOLUNTEER STAFF

Module	No.	Question	Response		Skip
A_A	312	Do any professional graduates work in this facility as volunteers?	YES..1 NO 2		➜Q314
A_A	313	Please indicate the average number of professional graduate volunteers of each	(A)	(B)	

Module	No.	Question	Response			Skip
		occupation I mention who work in this facility in a normal month. [REVIEW OCCUPATION AND COUNTRY ADAPT TO WHAT IS COMMONLY FOUND]	YES	NO	AVERAGE NUMBER OF PERSONS EACH MONTH	
A_A	01	Doctors (generalist)	1 ➜ B	2 ➜ 02	— — — —	
A_A	02	Doctors (specialist)	1 ➜ B	2 ➜ 03	— — — —	
A_A	03	Nursing and/or midwifery professionals	1 ➜ B	2 ➜ 04	— — — —	
A_A	04	Other	1 ➜ B _____ (SPECIFY)	2 ➜ Q314	— — — —	
		3.4. VISITING SPECIALISTS				
A_C	314	Does this facility ever receive visits from external specialists ("visiting specialists") who conduct consultations, patient reviews and/or surgery at this facility?	YES..1 NO 2			➜ END OF SECTION
A_C	315	On average, how often does this facility receive a visit from a visiting specialist?	EVERY DAY/WEEK .... 1 EVERY MONTH .... 2 EVERY 1–3 MONTHS... 3 LESS OFTEN THAN EVERY 3 MONTHS .... 4 DON'T KNOW 8			

Module	No.	Question	Response	Skip
		4. FACILITY BEDS AND ISOLATION UNITS		
		4.1 FACILITY BEDS		
A_C	i400	Now I would like to ask about facility beds used for overnight care or for inpatient care. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
A_C	401	Does this facility have any adult-size inpatient beds? (This includes beds for overnight observation of patients in the emergency unit, as well as intensive care unit beds. This excludes delivery beds/tables, surgical tables, recovery trolleys, emergency room stretchers, beds for same-day care, beds smaller than adult size (infant cots and paediatric-size beds), and beds in wards that were closed for any reason.)	YES .... 1 NO..2	➜ Q405
A_C	402	What is the total official number of authorized adult-size inpatient beds (official bed capacity) of this facility? (Use the same inclusion and exclusion criteria as in the previous question)	NO. OF AUTHORIZED ADULT INPATIENT BEDS — — — — ZERO AUTHORIZED ADULT INPATIENT BEDS....................0000 DON'T KNOW..9998	
A_C	403	What is the total number of actual adult-size overnight/inpatient beds in this facility?	NO. OF ACTUAL ADULT OVERNIGHT/INPATIENT BEDS — — — — ZERO ADULT BEDS FOR OVERNIGHT/INPATIENT CARE .. 0000	➜ Q405
A_C	404	Of the total adult-size overnight/inpatient beds reported in the previous question, how many of the following dedicated bed types does this facility have:	NO. OF DEDICATED BEDS | ZERO DEDICATED BEDS	
A_C	01	Maternity beds (excluding delivery beds/tables)	— — — | 000	
A_C	02	Surgical beds	— — — | 000	
A_C	03	Psychiatric beds	— — — | 000	
A_C	04	Emergency unit beds	— — — | 000	
A_C	05	Intensive care unit (ICU) beds	— — — | 000	
A_C	06	High-dependency beds (for more frequent care than in general wards, but less than in ICU)	— — — | 000	
A_C	405	What is the total number of actual paediatric-size overnight/inpatient beds (smaller than adult-size beds) and infant cots in this facility (excluding neonatal cots)?	NO. OF PAEDIATRIC BEDS/COTS — — — ZERO PAEDIATRIC BEDS/COTS...000	➜ Q407
A_C	406	Of the total paediatric-size beds and infant cots reported in the previous question, how many are dedicated paediatric ICU beds/cots?	NO. OF PAEDIATRIC ICU BEDS/COTS — — — ZERO PAEDIATRIC ICU BEDS/COTS...................................000	
A_C	407	What is the total number of actual neonatal cots in this facility?	NO. OF NEONATAL COTS — — — ZERO NEONATAL COTS 000	➜ Q409
A_C	408	Of the total neonatal cots reported in the previous question, how many are dedicated neonatal ICU cots?	NO. OF NEONATAL ICU COTS — — — ZERO NEONATAL ICU COTS..000	
		4.2 PATIENT ISOLATION ROOMS AND BEDS		
A_C	409	Does this facility have any specific units or dedicated rooms where patients requiring isolation are placed?	YES ....1 NO..2	➜ END OF SECTION

Module	No.	Question	(A) ISOLATION SITUATION EXISTS		(B) NUMBER OF BEDS	Skip
			YES	NO		
A_C	410	What types of isolation rooms or units does this facility have? ASK FOR EACH OF THE FOLLOWING AND INDICATE NUMBER OF BEDS FOR EACH SITUATION.				
A_C	01	Dedicated inpatient room/ward/unit for isolation	1 ➜ B	2 ➜ 02	— —	
A_C	02	Dedicated room in the outpatient service area for isolation	1 ➜ B	2 ➜ 03	— —	

Module	No.	Question	Response			Skip
A_C	03	Dedicated room in the emergency service area for isolation	1 ➜B	2 ➜04	— —	
A_C	04	Room that can be used for isolation but that is not dedicated for this purpose	1 ➜B	2 ➜Q411	— —	
A_C	411	Is the number of isolation rooms and beds in this facility considered adequate to meet potential future needs?	YES .... 1 NO .... 2 DON'T KNOW 8			

A_C	03	Dedicated room in the emergency service area for isolation	1 ➜B	2 ➜04	— —	
A_C	04	Room that can be used for isolation but that is not dedicated for this purpose	1 ➜B	2 ➜Q411	— —	
A_C	411	Is the number of isolation rooms and beds in this facility considered adequate to meet potential future needs?	YES .... 1 NO .... 2 DON'T KNOW 8			

Module	No.	Question	Response	Skip
		5. GOVERNANCE AND MANAGEMENT		
		5.1. GOVERNANCE AND MANAGEMENT SYSTEMS AND PRACTICES		
M_C	i500	Now I would like to ask about governance and management systems implemented by this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
M_A	501	Does this facility have a governing board or governing committee that is responsible for facility oversight (but not the day-to-day functioning of the facility)? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A FACILITY GOVERNING BOARD]	YES ....1 NO 2	➔Q505
M_A	502	Does the governing board include at least one community member?	YES ....1 NO 2	
M_A	503	How often does the governing board meet?	AT LEAST MONTHLY. ....1 AT LEAST EVERY 3 MONTHS ....2 AT LEAST EVERY 6 MONTHS ....3 LESS OFTEN THAN EVERY 6 MONTHS ....4 DON'T KNOW 8	
M_A	504	When was the most recent board meeting?	WITHIN THE PAST 1 MONTH ....1 2–3 MONTHS AGO..2 4–6 MONTHS AGO..3 7–12 MONTHS AGO..4 MORE THAN 12 MONTHS AGO.......................5 DON'T KNOW 8	
M_C	505	Does this facility have a core management team or a management committee that is responsible for oversight of the day-to-day functioning of the facility? PROBE TO ENSURE THAT THE MANAGEMENT TEAM IDENTIFIED ADDRESSES DAY-TO-DAY MANAGEMENT ISSUES. IN SMALL FACILITIES THIS RESPONSIBILITY MAY BE FILLED BY A STAFF MEETING. [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A MANAGEMENT TEAM OR COMMITTEE IN FACILITIES]	YES...1 NO 2	➔Q512
M_C	506	How often does the management committee meet?	AT LEAST MONTHLY...1 AT LEAST EVERY 3 MONTHS ....2 AT LEAST EVERY 6 MONTHS ....3 LESS OFTEN THAN EVERY 6 MONTHS ....4 DON'T KNOW 8	
M_C	507	When was the most recent management committee meeting?	WITHIN THE PAST 1 MONTH ....1 2–3 MONTHS AGO..2 4–6 MONTHS AGO..3 MORE THAN 6 MONTHS AGO.........................4 DON'T KNOW 8	➔Q512 ➔Q512
M_C	508	Does this facility have a written operational or management plan? IF YES, ASK TO SEE A COPY AND NOTE THE TIME PERIOD THE PLAN COVERS.	YES, OBSERVED AND COVERS CURRENT YEAR..............1 YES, OBSERVED AND COVERS PRIOR YEARS BUT NOT CURRENT YEAR ....2 YES, REPORTED, NOT SEEN ....3 NO 4	➔Q510
M_C	509	How often does the management committee refer to this plan to inform decisions on facility management?	AT EVERY MANAGEMENT COMMITTEE MEETING........1 AT SOME MANAGEMENT COMMITTEE MEETINGS.......2 NEVER...3	
M_C	510	Is there any routine system for including community representation for some aspects of the management committee work? By routine system, I mean community participation is sought for some or all management committee meetings, or specific community meetings are held at set intervals.	YES...1 NO 2	
M_A	512	Does this facility have a finance committee?	YES...1 NO 2	➔Q515
M_A	513	How often does the finance committee meet?	AT LEAST MONTHLY...1 AT LEAST EVERY 3 MONTHS ....2 AT LEAST EVERY 6 MONTHS ....3 LESS OFTEN THAN EVERY 6 MONTHS ....4 DON'T KNOW 8	
M_A	514	When was the most recent finance committee meeting?	WITHIN THE PAST 1 MONTH ....1 2–3 MONTHS AGO..2 4–6 MONTHS AGO..3	

Module	No.	Question	Response	Skip
			MORE THAN 6 MONTHS AGO......................................4 DON'T KNOW 8	
M_A	515	Does this facility have a procurement committee for medicines, consumable commodities, medical equipment, and/or services? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A PROCUREMENT COMMITTEE IN A FACILITY]	YES..1 NO ....2 NEVER PROCURE THESE ITEMS....................................5	➔Q518 ➔Q518
M_A	516	How often does the procurement committee meet?	AT LEAST MONTHLY...1 AT LEAST EVERY 3 MONTHS ....2 AT LEAST EVERY 6 MONTHS ....3 LESS OFTEN THAN EVERY 6 MONTHS ....4 DON'T KNOW 8	
M_A	517	When was the most recent procurement committee meeting?	WITHIN THE PAST 1 MONTH ....1 2–3 MONTHS AGO..2 4–6 MONTHS AGO..3 MORE THAN 6 MONTHS ....4 DON'T KNOW 8	

Module	No.	Question	(A) AVAILABLE			(B) UPDATED IN LAST 5 YEARS			Skip
			OBSERVED	REPORTED BUT NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
M_A	518	Now I would like to know about written procedures for procurement. For each item that I ask about, please show me the item and tell me whether it has been updated in the last 5 years.							
M_A	01	Medicines procurement procedures	1 ➔B	2 ➔B	3 ➔02	4	5	8	
M_A	02	Medical equipment procurement procedures	1 ➔B	2 ➔B	3 ➔03	4	5	8	
M_A	03	Consumable commodities and/or services procurement procedures	1 ➔B	2 ➔B	3 ➔Q519	4	5	8	

		5.2. SUPPORT SERVICES FOR ROUTINE FACILITY FUNCTIONING		
M_A	i519	I would like to know more about specific support services available in this facility. By support services, I mean services that support the functioning of the facility, but that are not related directly to client services. [COUNTRY ADAPT NAMES OF TYPES OF SUPPORT SERVICES]		

Module	No.	Question	SUPPORT SERVICE AVAILABLE AND MANAGED BY:			SUPPORT SERVICE NOT AVAILABLE	NOT APPLICABLE	Skip
			FACILITY STAFF	EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF	HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY (E.G. DISTRICT)			
M_A	520	Which of the following support services are available within this facility? FOR EACH AVAILABLE SERVICE, ASK: Who manages this service? Is it managed by the facility or the district/region? Is it a contracted service?						
M_A	01	Human resources services	1	2	3	4	5	
M_A	02	Finance/accounting services	1	2	3	4	5	
M_A	03	Social services	1	2	3	4	5	
M_A	04	Building maintenance services	1	2	3	4	5	
M_A	05	Cleaning/housekeeping/laundry services	1	2	3	4	5	
M_A	06	Patient food services/patient kitchen	1	2	3	4	5	
M_A	07	Mortuary	1	2	3	4	5	
M_A	08	General administration unit that manages any of the services listed above	1	2	3	4	5	

		5.3. DISASTER PREPAREDNESS		
R_C	i521	Now I want to ask you about facility plans and practices concerning disaster preparedness and response, and facility safety.		
R_C	522	Does this facility have a policy that bans smoking anywhere in the facility grounds?	YES..1 NO 2	

Module	No.	Question	Response	Skip
R_C	523	Does this facility have any written disaster/emergency management or facility safety plans? These might include fire, disease outbreaks, or events with large numbers of trauma victims.	YES...1 NO 2	➔Q533
R_C	524	Does this facility have a written fire safety plan? IF YES, ASK: May I see the plan?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN ....2 NO 3	➔Q526
R_C	525	When was the most recent drill/simulation exercise for staff to practice following the fire safety plan?	WITHIN THE PAST 6 MONTHS.......................1 7–12 MONTHS AGO..2 13–24 MONTHS AGO......................................3 MORE THAN 24 MONTHS AGO.....................4 NEVER CONDUCTED ....5 DON'T KNOW 8	
R_C	526	Does this facility have any specific written emergency response plan for outbreaks, such as ebola, meningitis, SARS, COVID-19, cholera, etc.? THIS MAY BE A PART OF A COMPREHENSIVE EMERGENCY RESPONSE PLAN. IF YES, ASK: May I see the plan?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN ....2 NO 3	➔Q529
R_C	527	How often are drills/simulation exercises conducted for staff on how to follow the emergency response plans for outbreaks?	AT LEAST EVERY 6 MONTHS ....1 AT LEAST ANNUALLY.....................................2 LESS OFTEN THAN ANNUALLY ....3 NEVER CONDUCTED 4	➔Q529
R_C	528	When was the most recent drill/simulation exercise for staff on how to follow the emergency response plans for outbreaks?	WITHIN THE PAST 6 MONTHS.......................1 7–12 MONTHS AGO..2 13–24 MONTHS AGO......................................3 MORE THAN 24 MONTHS AGO.....................4 NEVER CONDUCTED ....5 DON'T KNOW 8	
R_C	529	Other than for fire or outbreaks, does this facility have a written emergency response plan for any other emergencies?	YES...1 NO 2	➔Q533

Module	No.	Question	YES	NO	Skip
R_C	530	Which other types of emergency response have a written plan? THE TOPIC MAY BE COVERED IN ONE COMPREHENSIVE EMERGENCY RESPONSE PLAN, OR IN SEPARATE EMERGENCY RESPONSE PLANS.			
R_C	01	Natural disasters such as earthquakes or floods	1	2	
R_C	02	Non-natural disasters related to war or civil conflict	1	2	
R_C	03	Other non-natural disasters resulting in mass civilian casualties, e.g. transportation accidents	1	2	
R_C	04	Other	1 _____ (SPECIFY)	2	

Module	No.	Question	Response	Skip
R_C	531	How often are drills/simulation exercises conducted for staff on how to follow the emergency response plans for natural and non-natural disasters with mass casualties?	AT LEAST EVERY 6 MONTHS ....1 AT LEAST ANNUALLY.....................................2 LESS OFTEN THAN ANNUALLY ....3 NEVER CONDUCTED 4	
R_C	532	When was the most recent drill/simulation exercise for natural or non-natural disasters with mass casualties?	WITHIN THE PAST 6 MONTHS.......................1 7–12 MONTHS AGO..2 13–24 MONTHS AGO......................................3 MORE THAN 24 MONTHS AGO.....................4 NEVER CONDUCTED ....5 DON'T KNOW 8	
R_C	533	Does this facility have a strategy for meeting increased staffing needs for emergency situations?	YES...1 NO 2	

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NO	Skip
R_C	534	Does this facility have the following documented? IF YES, ASK: May I see the documents?				
R_C	01	Designated team or focal persons for disaster/emergency management	1	2	3	
R_C	02	Designated team or focal persons for maintaining service continuity during a disaster	1	2	3	

Module	No.	Question	Response			Skip
R_C	03	List of prioritized primary care services to be maintained during a disaster	1	2	3	
R_C	04	Protocols for case management of priority health emergencies, updated in last 5 years [COUNTRY ADAPT]	1	2	3	
R_C	05	Assessment of risks, and structural and non-structural safety, functionality and preparedness of the facility	1	2	3	
R_C	535	Have staff in this facility received any training in the last 2 years on:	YES		NO	
R_C	01	Fire safety preparedness and response	1		2	
R_C	02	Disease outbreak preparedness and response	1		2	
R_C	03	Mass casualty event preparedness and response	1		2	
R_C	04	Other emergencies [COUNTRY ADAPT]	1		2	
R_C	536	Does this facility have a budget line for management of emergencies?	YES..1 NO 2			
		5.4. FORMAL LINKAGES WITH SERVICES OUTSIDE				
		5.4.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE				
M_C	537	Does this facility have formal linkages with providers of traditional, complementary or other integrative types of medicine (TCI)? This may be facility wide, or service specific.	YES..1 NO 2			➔Q539
M_A	538	How are these linkages implemented? ASK IF EACH OF THE FOLLOWING IS APPLICABLE FOR THIS FACILITY.	YES		NO	
M_A	01	TCI providers are routinely represented in management committees	1		2	
M_A	02	There are facility staff with specific responsibility for linkages and communication between the facility and TCI providers	1		2	
M_A	03	There are service-specific TCI linkages	1		2	
M_A	04	Other	1 _____ (SPECIFY)		2	
		5.4.2. COMMUNITY LINKAGES				
M_C	539	Does this facility have any formal systems for linking with community health workers?	YES..1 NO 2			➔END OF SECTION
M_A	540	For each activity that I mention, please tell me whether this is a part of the linkages the facility has with community health workers (CHWs).	YES		NO	
M_A	01	Does the facility manage any CHWs?	1		2	
M_A	02	Does the facility provide supplies, receive reports, or train CHWs who are not managed by the facility?	1		2	
M_A	03	Does the facility refer patients to CHWs or receive referrals from CHWs?	1		2	

Module	No.	Question	Response				Skip
		6. SYSTEMS TO SUPPORT STAFF					
		6.1. STAFF BENEFITS					
M_A	600	I am going to read you a list of benefits for staff that are sometimes provided by facilities to support staff. Please tell me if this facility routinely offers the following benefits. IF YES, ASK: Does the system for providing each benefit function adequately? [COUNTRY ADAPT]:	YES, FUNCTIONS ADEQUATELY	YES, BUT FUNCTIONS INADEQUATELY	NO	DON'T KNOW	
M_A	01	Living quarters or subsidized living quarters for staff	1	2	3	8	
M_A	02	Staff cafeteria or canteen	1	2	3	8	
M_A	03	On-call rooms for staff on night duty	1	2	3	8	
M_A	04	Uniform allowances or uniforms provided	1	2	3	8	
M_A	05	Transportation for staff	1	2	3	8	
M_A	601	Does this facility provide any other services for staff safety, such as: READ LIST [COUNTRY ADAPT: REVISE LIST IN THE CONTEXT OF COMMON OCCUPATIONAL HEALTH SERVICES IN THE COUNTRY]	YES		NO	NOT APPLICABLE	
M_A	01	Surveillance of the factors that might affect the health of the workers (e.g. radiation exposure, needle stick injuries)	1		2	5	
M_A	02	Pre-employment, periodic and special medical examinations including, where necessary, biological and radiological examinations?	1		2	5	
		6.2. TRAINING PROVIDED BY FACILITY					
M_A	602	Does this facility have a programme for continuous in-service medical education/ professional development for any facility staff? IF YES, PLEASE ASK: How often are routine in-service education sessions conducted?	YES, AT LEAST MONTHLY .... 1 YES, AT LEAST EVERY 2–3 MONTHS .... 2 YES, EVERY 4–6 MONTHS... 3 YES, EVERY 7–12 MONTHS... 4 YES, LESS OFTEN THAN ANNUALLY OR NO SET TIME............... 5 NO 6				
M_A	603	Does this facility maintain a written or computerized record of staff who received training? IF YES, ASK: May I see the training records?	YES, OBSERVED… .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3				
		6.3. PERSONNEL MANAGEMENT AND SUPERVISION					
		6.3.1. STAFFING STRUCTURES					
M_A	604	How often does this facility receive visits from relevant authorities to verify the licence and other relevant credentials for any staff?	EVERY YEAR .... 1 LESS OFTEN THAN EVERY YEAR.................................... 2 HAVE NEVER RECEIVED A VISIT OF THIS TYPE........................... 3				
M_A	605	Does this facility have a written management structure or an organogram that details reporting levels and relationships?	YES... 1 NO 2				
M_A	606	Does this facility have written job descriptions? IF YES, ASK: Are there job descriptions for all positions or only for some positions?	YES, ALL POSITIONS .... 1 YES, SOME, BUT NOT ALL POSITIONS .... 2 NO .... 3 NOT APPLICABLE (JOB DESCRIPTION DEFINED AT HIGHER ADMINISTRATIVE LEVEL) 4				
M_A	607	Does this facility have a routine system for evaluating staff performance? IF YES, ASK: May I see a copy of an evaluation form?	YES, OBSERVED... 1 YES, REPORTED, NOT SEEN .... 2 NO 3				➔Q609
M_A	608	How often are staff evaluations performed?	ANNUALLY OR MORE FREQUENTLY......................... 1 EVERY 2 YEARS.. 2 NO FIXED TIME INTERVAL.. 3				
M_A	609	Is there any process for identifying and recognizing or rewarding staff for good performance?	YES... 1 NO 2				

Module	No.	Question	Response				Skip
		6.3.2. EXTERNAL SUPERVISION					
M_C	610	Does this facility receive any external supervision, such as from district, regional or national offices?	YES..1 NO 2				➔END OF SECTION
M_C	611	When was the last time a supervisor from outside this facility came here on a supervisory visit? DO NOT INCLUDE VISITS WHERE GUESTS WERE BROUGHT OR THAT WERE FOR SUPPLIES ONLY.	WITHIN THE PAST 1 MONTH ....1 2–3 MONTHS AGO...2 4-12 MONTHS AGO ....3 MORE THAN 12 MONTHS AGO...................................4 DON'T KNOW 8				➔END OF SECTION ➔END OF SECTION
M_A	612	During supervisory visit(s) in the past 12 months, did the supervisor(s) do any of the following:	YES, ALWAYS	YES, SOMETIMES	NO	DON'T KNOW	
M_A	01	Use a checklist	1	2	3	8	
M_A	02	Meet with health care providers to discuss their work	1	2	3	8	
M_A	03	Observe outpatient consultations	1	2	3	8	
M_C	613	Is there any documentation showing feedback from external supervisory visits during the past 12 months? IF YES, ASK: May I see the documentation?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN ....2 NO 3				

Module	No.	Question	Response	Skip
		7. SYSTEMS FOR MONITORING SERVICE QUALITY		
		7.1. EXTERNAL ASSESSMENTS AGAINST STANDARDS		
M_C	i700	I would like to talk with the person most familiar with activities related to quality improvement and quality assurance for this facility.		
M_C	701	Does this facility participate in any periodic external assessment of conditions in the facility against standards, where a resulting score or status is provided? This might be accreditation or certification, or some other indication of the result of the assessment.	YES .... 1 NO... 2 DON'T KNOW 8	➔Q704 ➔Q704

Module	No.	Question	CERTIFICATION STATUS			Skip
			CURRENTLY CERTIFIED	PROCESS USED, BUT NOT CURRENTLY CERTIFIED	PROCESS NOT USED	
M_C	702	Which of the following external assessment processes are used for certifying the facility or a specific service for meeting standards? IF RESPONDENT DOES NOT KNOW, ASK TO CALL SOMEONE WHO WILL KNOW. [COUNTRY ADAPT LIST]				
M_C	01	Accreditation – facility-wide	1	2	3	
M_C	02	Licensed or registered with government authority – facility-wide	1	2	3	
M_C	03	National external quality assurance (NEQA) – facility-wide	1	2	3	
M_C	04	Service specific certification _____ (SPECIFY SERVICE)	1	2	3	
M_C	05	OTHER _____ (SPECIFY)	1	2	3	

Module	No.	Question	Response	Skip
M_C	703	When was the most recent accreditation or certification process completed? IF MORE THAN ONE SYSTEM IS IN USE, RECORD THE DATE FOR THE MOST RECENT.	YEAR ____ ____ ____ ____ DON'T KNOW 9998	
		7.2. QUALITY ASSURANCE/IMPROVEMENT		
M_C	i704	Now I would like to ask about internal processes related to quality improvement and quality assurance (QA) for this facility.		
M_C	705	Does this facility routinely carry out quality assurance activities for any service areas? By this I mean some formal review system or comparison of work or systems to a standard.	YES .... 1 NO... 2	➔Q714
M_C	706	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY .... 1 ONLY SPECIFIC SERVICES 2	
M_C	707	Does this facility have a quality assurance committee?	YES .... 1 NO... 2	➔Q710
M_C	708	How often does the quality assurance committee meet?	AT LEAST MONTHLY .... 1 AT LEAST EVERY 3 MONTHS... 2 AT LEAST EVERY 6 MONTHS... 3 LESS OFTEN THAN EVERY 6 MONTHS........................... 4 DON'T KNOW 8	
M_C	709	When was the most recent quality assurance committee meeting?	WITHIN THE PAST 1 MONTH.. 1 2–3 MONTHS AGO .... 2 4–6 MONTHS AGO .... 3 MORE THAN 6 MONTHS AGO .... 4 DON'T KNOW 8	
M_C	710	Is there any documentation showing that quality assurance information is reviewed? This may be documentation produced by a QA committee or other management group (e.g. report by a committee or minutes of a meeting). IF YES, ASK: May I see the documentation?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO... 3	
M_C	711	Does this facility have a focal person for quality improvement and patient safety?	YES .... 1 NO... 2	

Module	No.	Question	Response	Skip
M_C	712	Have you or any staff in this facility received training on quality improvement and/or patient safety in the past 2 years?	YES .... 1 NO.. 2	
M_C	713	Does this facility receive any support from external partners in implementing quality assurance or improvement systems and activities?	YES .... 1 NO.. 2 DON'T KNOW 8	
		7.3. SYSTEMS FOR MONITORING QUALITY OF INPATIENT CARE		
		7.3.1. CASE REVIEWS AND DEATH REVIEWS		
M_C	714	Does this facility have inpatient services?	YES .... 1 NO.. 2	➔Q728
M_C	i715	Now I would like to know about any case reviews and reviews of deaths for patients in this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
M_C	716	Does this facility routinely carry out formal case reviews for patients who have not died, where individual patient management is reviewed for quality and potential for improvement?	YES .... 1 NO.. 2	➔Q719
M_C	717	How often are formal case reviews carried out?	AT LEAST WEEKLY .... 1 AT LEAST MONTHLY .... 2 AT LEAST QUARTERLY .... 3 NO SPECIFIED TIMING.. 4	
M_C	718	Was any formal case review carried out during the past 3 complete months?	YES .... 1 NO.. 2	
M_C	719	Does this facility conduct formal death reviews for any deaths that occur in the facility?	YES .... 1 NO.. 2 NEVER HAD A DEATH 3	➔Q722 ➔Q722

Module	No.	Question	YES	NO	Skip
M_C	720	Does this facility conduct formal death reviews for any of the following deaths that occur in the facility?			
M_C	01	Maternal death	1	2	
M_C	02	Neonatal death	1	2	
M_C	03	Death within 24 hours of a surgical procedure	1	2	

Module	No.	Question	Response	Skip
M_C	721	Was any formal death review carried out during the past 3 complete months?	YES .... 1 NO.. 2	
		7.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS FOR INPATIENTS		
M_C	722	Does this facility have a system for monitoring adverse events, such as patient falls or infections?	YES .... 1 NO.. 2	➔Q726
M_C	723	Are there any written guidelines for identifying, reporting and/or monitoring of adverse events available in this facility today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3	
M_C	724	Does this facility have a system for monitoring adverse events specifically related to surgery, such as infections and deaths after a surgical procedure?	YES .... 1 NO.. 2	➔Q726
M_C	725	Are there any guidelines for identifying, reporting and/or monitoring adverse events related to surgery available in this facility today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3	
M_C	726	Are health care associated infections (HCAI) (nosocomial infections) reported and/or monitored by this facility?	YES .... 1 NO.. 2	➔Q728
M_C	727	Are there any guidelines for identifying, reporting and/or monitoring nosocomial infections available in this facility today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3	
		7.3.3. OUTCOME INDICATORS FOR FACILITY SERVICES		

Module	No.	Question	Response						Skip
M_A	i728	ASK TO GO TO WHERE OUTCOME INDICATORS FOR FACILITY SERVICES ARE KEPT. THIS WILL OFTEN BE HMIS OR A MANAGER'S OFFICE. Now I want to ask you about outcome indicators that are sometimes monitored as indicators of quality inpatient services and patient follow-up services. I would like to speak with the person most familiar with quality indicators.							
M_A	729	I would like to know if this facility monitors any of the following indicators related to patient outcomes and the frequency of data compilation. [COUNTRY ADAPT]	(A) INDICATOR MONITORED		(B) DATA COMPILATION FREQUENCY					
			YES	NO	AT LEAST EVERY 3 MONTHS	AT LEAST EVERY 6 MONTHS	AT LEAST ANNUALLY	LESS THAN ANNUALLY	DON'T KNOW	
M_A	01	Deaths prior to discharge among patients who had a procedure in a surgical theatre	1 ➔B	2 ➔02	1	2	3	4	8	
M_A	02	Percentage of all surgical cases with postoperative sepsis	1 ➔B	2 ➔03	1	2	3	4	8	
M_A	03	Deaths within 30 days of admission for any identified diagnoses	1	2 ➔06	X	X	X	X	X	
M_A	04	Deaths within 30 days of admission for myocardial infarction	1 ➔B	2 ➔05	1	2	3	4	8	
M_A	05	Deaths within 30 days of admission for stroke	1 ➔B	2 ➔06	1	2	3	4	8	
M_A	06	Unplanned and unexpected hospital re-admissions for any conditions	1	2 ➔11	X	X	X	X	X	
M_A	07	Re-admission for acute myocardial infarction	1 ➔B	2 ➔08	1	2	3	4	8	
M_A	08	Re-admission for pneumonia	1 ➔B	2 ➔09	1	2	3	4	8	
M_A	09	Re-admission for asthma	1 ➔B	2 ➔10	1	2	3	4	8	
M_A	10	Re-admission for diabetes	1 ➔B	2 ➔11	1	2	3	4	8	
M_A	11	Avoidable admissions (Admissions for any conditions where quality outpatient follow-up can reduce the need for hospitalization)	1	2 ➔Q730	X	X	X	X	X	
M_A	12	Admission for congestive heart failure	1 ➔B	2 ➔13	1	2	3	4	8	
M_A	13	Admission for COPD or asthma	1 ➔B	2 ➔14	1	2	3	4	8	
M_A	14	Admission for diabetes	1 ➔B	2 ➔15	1	2	3	4	8	
M_A	15	Admission for hypertension	1 ➔B	2 ➔Q730	1	2	3	4	8	
		7.3.4. SYSTEMS TO ELICIT CLIENT OPINION (OUTPATIENT AND/OR INPATIENT SERVICES)								
M_C	730	Does this facility have any system for determining client opinions or receiving feedback about the health facility or its services (e.g. suggestion box, client satisfaction survey, online feedback)?	YES .... 1 NO 2							➔Q733
M_C	731	Is there a routine procedure for reviewing or reporting on client opinions? IF YES, ASK: May I see any notes or reports that relate to client opinion?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3							➔Q733

Module	No.	Question	Response			Skip
M_C	732	How often is client feedback reviewed?	AT LEAST MONTHLY ....1 AT LEAST EVERY 3 MONTHS...2 AT LEAST EVERY 6 MONTHS...3 LESS OFTEN THAN EVERY 6 MONTHS...4 DON'T KNOW 8			
		7.4. SYSTEMS FOR MONITORING AND IMPLEMENTING INFECTION PREVENTION AND CONTROL (IPC)				
M_C	733	Does this facility implement a systematic process for assessing infection prevention and control (IPC) using a specified framework for the assessment such as the WHO Infection Prevention and Control Assessment Framework (IPCAF) or an equivalent?	YES ....1 NO..2			➔Q737
M_C	734	What is the framework for the assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED.	OBSERVED	REPORTED, NOT SEEN	NOT USED	
M_C	01	The WHO Infection Prevention and Control Assessment Framework (IPCAF)	1	2	3	
M_C	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
M_C	735	When was the most recent IPC assessment?	YEAR ⸺ ⸺ ⸺ ⸺ DON'T KNOW 9998			
M_C	736	What was the interpretation of the most recent score?	INADEQUATE...1 BASIC..2 INTERMEDIATE..3 ADVANCED..4 DON'T KNOW 8			
M_C	737	Does this facility implement a systematic process for assessing hand hygiene promotion and practices such as the WHO Hand Hygiene and Safety Assessment Framework (HHSAF) or an equivalent?	YES ....1 NO..2			➔Q741
M_C	738	What is the framework for the hand hygiene assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED.	OBSERVED	REPORTED, NOT SEEN	NOT USED	
M_C	01	The WHO Hand Hygiene and Safety Assessment Framework (HHSAF)	1	2	3	
M_C	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
M_C	739	When was the most recent hand hygiene promotion and practices assessment?	YEAR ⸺ ⸺ ⸺ ⸺ DON'T KNOW 9998			
M_C	740	What was the interpretation of the most recent score?	INADEQUATE...1 BASIC..2 INTERMEDIATE..3 ADVANCED..4 DON'T KNOW 8			
M_C	i741	Now I want to ask questions about facility management practices for IPC. If there is another person who is more familiar with these practices, please call them so we receive the most accurate information.				
M_C	742	Does this facility have IPC guidelines? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3			
M_C	743	Does this facility have any guidelines for isolation? IF YES, ASK: May I see the guidelines? THESE MAY BE A PART OF GUIDELINES THAT COVER OTHER TOPICS.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3			

Module	No.	Question	Response				Skip
M_C	744	Now I will ask about the infection prevention and control (IPC) management structure for this facility. For each item I ask about, please tell me if this is applicable in this facility.	YES	NO	DON'T KNOW		
M_C	01	Technical IPC committee	1	2	8		
M_C	02	Multidisciplinary meetings where IPC results are reported/reviewed	1	2	8		
M_C	745	Are there any full- or part-time staff assigned to IPC monitoring activities?	YES .... 1 NO 2				➔Q749
M_C	746	Have any of the persons responsible for IPC monitoring been trained in an IPC control course in the last 2 years? IF YES, CLARIFY IF ALL STAFF RESPONSIBLE FOR IPC MONITORING HAVE BEEN TRAINED OR ONLY SOME. IF RESPONDENT IS UNCERTAIN ASK TO CALL SOMEONE WHO WOULD KNOW.	YES, ALL.. 1 YES, SOME, NOT ALL .... 2 NO... 3				
M_C	747	When was the most recent meeting of the IPC committee or with the person responsible for IPC? This might be a technical IPC meeting or an interdisciplinary meeting where IPC findings were discussed.	WITHIN THE PAST 1 MONTH....................................... 1 2–3 MONTHS AGO .... 2 4–6 MONTHS AGO .... 3 MORE THAN 6 MONTHS AGO .... 4 DON'T KNOW... 8				
M_A	748	Are there any minutes or notes on the meeting, or a report of IPC findings? IF YES, ASK: May I see documentation from the most recent meeting or report?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3				
M_A	749	How frequently do health care workers receive training regarding hand hygiene in your facility?	NEVER	AT LEAST ONCE	REGULARLY OFFERED (AT LEAST ANNUALLY)	MANDATORY WHEN COMMENCING EMPLOYMENT, THEN AT LEAST ANNUALLY	
M_A	01	Medical staff	1	2	3	4	
M_A	02	Nursing/midwifery staff	1	2	3	4	
M_A	03	Other patient service providers (e.g. technicians)	1	2	3	4	
M_A	04	Auxiliary staff (e.g. managerial, cleaners)	1	2	3	4	
M_A	750	Does this facility have guidelines or protocols for cleaning the facility such as for the floors, counters and beds? IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO... 3				
M_A	751	Have all staff responsible for cleaning received training?	YES, ALL HAVE BEEN TRAINED...................................... 1 NO, SOME BUT NOT ALL HAVE BEEN TRAINED .... 2 NO, NONE HAVE BEEN TRAINED 3				

Module	No.	Question	Response				Skip
		8. INFRASTRUCTURE AND EQUIPMENT MAINTENANCE					
		8.1. VEHICLE MAINTENANCE					
M_C	800	Does this facility follow a routine maintenance schedule for any vehicles? By routine maintenance, I mean the maintenance is carried out on a fixed schedule regardless of whether there is a problem or not.	YES..1 NO ....2 FACILITY HAS NO VEHICLES.......................................5				➜ Q802 ➜ Q802
M_C	801	Does this facility adhere to vehicle maintenance schedules?	YES, ROUTINELY ....1 YES, SOMETIMES BUT NOT ROUTINELY ....2 NEVER...3				
		8.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE					
M_C	i802	I am now going to ask about maintenance of selected equipment and systems.					
M_C	803	Is preventive or corrective maintenance ever carried out for any facility infrastructure systems such as electrical, water, sanitation, sewerage or ventilation or equipment used for these systems?	YES..1 NO 2				➜ Q807
M_C	804	Is there a schedule for preventive or corrective maintenance for any of these facility infrastructure systems? IF YES, ASK TO SEE THE SCHEDULE FOR ANY ONE OF THESE SYSTEMS.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3				
M_C	805	Please tell me if preventive and/or corrective maintenance is carried out routinely, sometimes but not routinely, or never, for the following systems. By preventive maintenance, I mean the service is carried out even when there is no problem with the system.	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				
			ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	
M_C	01	Electricity system	1	2	3	5	
M_C	02	Water system	1	2	3	5	
M_C	03	Sanitation/sewage system(s)	1	2	3	5	
M_C	04	Incinerator	1	2	3	5	
M_C	05	Ventilation or air-conditioning system	1	2	3	5	
M_C	06	Central oxygen system	1	2	3	5	
M_C	07	Communications systems (loudspeakers)	1	2	3	5	
M_C	08	Fire extinguishers	1	2	3	5	
M_C	09	Computers	1	2	3	5	
M_C	806	Who carries out the preventive or corrective maintenance for any of these systems or equipment?	YES		NO		
M_C	01	Facility designated maintenance staff	1		2		
M_C	02	Technicians from district or regional offices	1		2		
M_C	03	External contractors	1		2		
M_C	04	Other	1 _____ (SPECIFY)		2		
		8.3. MEDICAL EQUIPMENT MAINTENANCE					
M_C	807	Is inspection, testing and/or preventive maintenance ever carried out for any medical, sterilization, or laboratory equipment in this facility?	YES..1 NO 2				➜ END OF SECTION

Module	No.	Question	Response				Skip
M_C	808	Is there a schedule for inspection, testing and/or preventive maintenance for any medical, sterilization, or laboratory equipment as guided by the manufacturer's recommendations? IF YES, ASK: May I see the schedule for any major piece of equipment?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3				
M_C	809	Please tell me if preventive and/or corrective maintenance is carried out routinely, sometimes but not routinely, or never, for the following items.	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				
			ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	
M_C	01	Oxygen tanks or concentrators	1	2	3	5	
M_C	02	Ventilators	1	2	3	5	
M_C	03	Refrigerators for vaccines, medicines, blood	1	2	3	5	
M_C	04	Infant incubators	1	2	3	5	
M_C	05	Electric autoclave	1	2	3	5	
M_C	06	Electric dry heat sterilizer	1	2	3	5	
M_C	07	Haematology analyser	1	2	3	5	
M_C	08	Blood chemistry analyser	1	2	3	5	
M_C	09	X-ray machine	1	2	3	5	
M_C	10	CT scan	1	2	3	5	
M_C	11	Ultrasound	1	2	3	5	
M_C	810	Who carries out the preventive and corrective maintenance for any of the sterilization, medical, or diagnostic equipment?	YES		NO		
M_C	01	Facility designated maintenance staff	1		2		
M_C	02	Technicians from district or regional offices	1		2		
M_C	03	External contractors	1		2		
M_C	04	Other	1 _____ SPECIFY		2		
M_C	811	Does this facility have a system for routine inspection, maintenance and replacement for small medical equipment such as stethoscopes, sphygmomanometer, and suction machines?	YES, ALL KEY EQUIPMENT .... 1 YES, SOME EQUIPMENT.. 2 NO 3				

Module	No.	Question	Response			Skip
		9. HEALTH FINANCING AND ACCOUNTING				
		9.1. BUDGET AND RESOURCES				
		9.1.1. BUDGET AND RESOURCE AVAILABILITY AND MANAGEMENT				
M_C	i900	Now I have some questions about this facility's sources of funding and budget. If I ask something where another person can provide the exact information, please call that person or we can go to their office to get the information. ASK TO SPEAK WITH THE PERSON WHO IS MOST FAMILIAR WITH THE BUDGET FOR THE FACILITY. THIS MAY BE A SPECIAL FINANCE PERSON, THE IN-CHARGE, OR THE FACILITY ADMINISTRATOR, OR ALL OF THESE.				
M_C	901	Is there a written inventory for major equipment? IF YES, ASK: Is the inventory computerized or is it manual (paper-based), or are both systems used?	YES, COMPUTERIZED...1 YES, MANUAL/PAPER-BASED ....2 YES, BOTH COMPUTERIZED AND PAPER-BASED...............3 NO...4 DON'T KNOW 8			
M_C	902	Is this facility directly responsible for management of any funds to support facility functioning? By this I mean: does the facility have authority to use specified funds to support facility functioning?	YES ....1 NO..2			➔Q905
M_A	903	Does this facility maintain a bank account of its own?	YES ....1 NO..2			
M_A	904	Does this facility have autonomy to manage funds related to any of the following: By autonomy, I mean: Are defined facility staff/committees authorized to use funds from facility funding sources without prior authorization from an administrative level higher than the facility?	YES	NO	DON'T KNOW	
M_A	01	Hiring of staff for official, approved positions	1	2	8	
M_A	02	Hiring of temporary or "casual" staff (e.g. daily workers)	1	2	8	
M_A	03	Contracts with external providers for support services (e.g. building maintenance, cleaning, equipment repair, transport, etc.)	1	2	8	
M_A	04	Purchase of medicines and medical commodities	1	2	8	
M_A	05	Purchase of medical equipment	1	2	8	
M_A	06	Purchase of non-medical equipment and/or commodities	1	2	8	
M_A	07	Payments for routine utilities (e.g. electricity, water, telephone, internet)	1	2	8	
M_A	08	Funds received from patient payments/fees for services	1	2	8	
M_A	09	Flexibility to use and/or re-allocate funds across budget lines to meet evolving financial needs	1	2	8	
		BUDGET INFORMATION FOR CURRENT BUDGET YEAR				
M_C	905	Does this facility have a budgeted annual work plan (AWP) for the current financial/budget year? IF YES, ASK: May I see a copy of the budgeted work plan?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN...2 NO...3 DON'T KNOW 8			
M_C	906	Is there an official allocated budget for this facility for the current financial year? IF YES, ASK: May I see a copy of the allocated budget?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN...2 NO...3 DON'T KNOW 8			➔Q909 ➔Q909
M_C	907	What percentage of the total official allocated budget for the current financial year has this facility received as of today?	PERCENTAGE RECEIVED — — — NONE ....000 DON'T KNOW 998			
M_C	908	What percentage of the official allocated **recurrent** budget (excluding salaries) for the current financial year has this facility received as of today?	PERCENTAGE RECEIVED — — — NONE ....000 DON'T KNOW 998			

Module	No.	Question	Response	Skip
		BUDGET INFORMATION FOR MOST RECENT COMPLETED BUDGET YEAR		
M_C	i909	Now I want to ask you about the facility resources for the most recent completed financial or budget year.		
M_C	910	Was there an official allocated budget for this facility for the last completed financial year? IF YES, ASK: May I see a copy of the allocated budget?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN........................2 NO..3 DON'T KNOW 8	➜Q915 ➜Q915
M_C	911	What percentage of the total official allocated budget did this facility receive for the last completed financial year?	PERCENTAGE RECEIVED —— —— —— NONE ....000 DON'T KNOW 998	
M_C	912	What percentage of the official allocated **recurrent** budget (excluding salaries) did this facility receive for the last completed financial year?	PERCENTAGE RECEIVED —— —— —— NONE ....000 DON'T KNOW 998	
M_C	913	What percentage of the disbursed budget for the last complete financial year was utilized (execution rate)?	PERCENTAGE UTILIZED —— —— —— NONE ....000 DON'T KNOW 998	
M_C	914	Over the last completed financial year, did this facility experience any delays in receiving disbursements of allocated funds?	ALWAYS DELAYED ....1 FREQUENTLY DELAYED................................2 SOMETIMES DELAYED.................................3 NEVER DELAYED ....4 DON'T KNOW 8	
		9.1.2. BUDGET LINE ITEMS FOR FACILITY MANAGEMENT AND MAINTENANCE		
M_A	i915	Now I would like to know about resources for various management and facility maintenance needs. When I ask about a budget line item, I mean there is a specific amount of money set aside for the service or management activity that I ask about. If funding for the issue comes from miscellaneous or petty cash funds, there is not a budget line item. Will you please provide the information about which of the items I ask about have specific budget line items?		
M_A	916	RESPONDENT AGREES TO PROVIDE INFORMATION ON BUDGET LINE ITEMS.	YES ....1 NO..2 DON'T KNOW ....8 NOT APPLICABLE 5	➜Q918 ➜Q918 ➜Q918

Module	No.	Question	YES	NO	NOT APPLICABLE	Skip
M_A	917	Which of the following items have budget lines:				
M_A	01	Building and/or grounds maintenance and/or preventive maintenance	1	2	5	
M_A	02	Routine equipment maintenance and repair for medical equipment such as laboratory machines, X-ray machines, etc.	1	2	5	
M_A	03	Procurement of replacement parts for laboratory equipment	1	2	5	
M_A	04	Procurement of medicines and medical commodities	1	2	5	
M_A	05	Transportation of medicines and medical commodities from the supplier or warehouse to the facility	1	2	5	
M_A	06	Quality improvement activities	1	2	5	

Module	No.	Question	Response	Skip
		9.1.3. SOURCES OF FUNDING		
M_A	918	What percentage of patients who receive inpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	PERCENTAGE —— —— —— NONE ....000 NO INPATIENT SERVICES 995	
M_A	919	What percentage of patients who receive outpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	PERCENTAGE —— —— —— NONE ....000 NO OUTPATIENT SERVICES..........................995	
M_A	920	During the last completed financial year, did this facility receive funds from any sources other than its managing authority?	YES ....1 NO..2 DON'T KNOW 8	➜Q923 ➜Q923
M_A	921	RESPONDENT AGREES TO PROVIDE INFORMATION ON FUNDING FROM MANAGING AUTHORITY AND ANY ADDITIONAL FUNDING SOURCES	YES ....1 NO..2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE 8	➜Q923 ➜Q923

Module	No.	Question	Response			Skip
M_A	922	During the last completed financial year, what percentage of its total budget did this facility receive from the following sources?	PERCENTAGE	INFORMATION NOT AVAILABLE	NOT APPLICABLE	
M_A	01	Managing authority	— — —	998	995	
M_A	02	Central government (other than managing authority)	— — —	998	995	
M_A	03	Local government (other than managing authority)	— — —	998	995	
M_A	04	Social insurance (mandatory insurance)	— — —	998	995	
M_A	05	Private insurance (voluntary insurance)	— — —	998	995	
M_A	06	Community sources	— — —	998	995	
M_A	07	User fees	— — —	998	995	
M_A	08	Nongovernment organizations (NGO)/faith-based organizations (FBO)	— — —	998	995	
M_A	09	Donors/partners other than NGO/FBO	— — —	998	995	
M_A	10	Other	— — — _____ (SPECIFY)	998	995	
		9.2. EXPENDITURES				
M_A	i923	Would you please provide the percentages related to total facility expenditure in each of the following categories for the last completed financial or budget year? If you do not know the exact percentages, please provide estimates.				
M_A	924	RESPONDENT AGREES TO PROVIDE INFORMATION ON EXPENDITURE PERCENTAGES	YES .... 1 NO .... 2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE .... 8 NOT APPLICABLE 5			➜Q926 ➜Q926 ➜Q926
M_A	925	What is the percentage of the total facility expenditure in each of the following categories for the last completed financial year:	PERCENTAGE	DON'T KNOW	NOT APPLICABLE	
M_A	01	Medicines and medical commodities	— — —	998	995	
M_A	02	Salaries	— — —	998	995	
M_A	03	Other recurrent expenditures	— — —	998	995	
		9.3. CHARGING AND COSTS FOR SERVICES				
M_C	926	Does this facility charge user fees for any outpatient or inpatient services?	YES .... 1 NO 2			➜Q935
M_C	927	Does this facility charge user fees for any outpatient services?	YES .... 1 NO USER FEES CHARGED.. 2 NO OUTPATIENT SERVICES... 5			➜Q929 ➜Q929
M_C	928	Are the user fees for outpatient services posted anywhere so that patients can see them? IF YES, ASK: Please show me anywhere fees for outpatients are posted.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN.. 2 NO.. 3			
M_C	929	Does this facility charge user fees for any inpatient services?	YES .... 1 NO USER FEES CHARGED.. 2 NO INPATIENT SERVICES 5			➜Q931 ➜Q931
M_C	930	Are the user fees for inpatient services posted anywhere so that patients can see them? IF YES, ASK: Please show me anywhere fees for inpatients are posted.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN.. 2 NO.. 3			
M_C	931	Is there a written policy or guidelines for exemptions or discounts for any user fees? IF YES, ASK: May I see the document?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN.. 2 NO.. 3			➜Q933
M_C	932	Do the exemptions apply also to non-national users, e.g. refugees, migrants	YES .... 1 NO.. 2 DON'T KNOW 8			

Module	No.	Question	Response			Skip
M_C	933	Please tell me if this facility charges patients for any of the following services.	YES	NO	NOT APPLICABLE	
M_C	01	Outpatient consultation services for adults	1	2	5	
M_C	02	Outpatient consultation services for children	1	2	5	
M_C	03	Any routine child immunizations	1	2	5	
M_C	04	Any contraceptive commodities	1	2	5	
M_C	05	HIV diagnostic test	1	2	5	
M_C	06	Malaria rapid diagnostic test (RDT)	1	2	5	
M_C	07	TB diagnostic test	1	2	5	
M_C	08	Delivery	1	2	5	
M_C	09	Caesarean section	1	2	5	
M_C	10	Management of incomplete abortion	1	2	5	
M_C	11	Induced abortion services	1	2	5	
M_C	12	All outpatient medicines	1	2	5	
M_C	13	Some outpatient medicines	1	2	5	
M_C	14	All inpatient medicines	1	2	5	
M_C	15	Some inpatient medicines	1	2➜Q935	5➜Q935	
M_A	934	Does the facility have a system to facilitate financial access (e.g., financial sliding scale, voucher system) to any of the following services?	YES		NO	
M_A	01	Management of incomplete abortion	1		2	
M_A	02	Induced abortion services	1		2	
		9.4. ACCOUNTABILITY FOR FUNDS RECEIVED				
M_C	935	Does this facility receive an annual external audit of facility accounts? IF YES, ASK: May I see the audit report?	YES, EXTERNAL AUDIT REPORT OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3			
M_C	936	Does this facility carry out an annual internal audit of facility accounts? IF YES, ASK: May I see the audit report?	YES, INTERNAL AUDIT REPORT OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3			
		ACCOUNTABILITY SYSTEMS FOR CASH				
M_A	937	Does this facility manage cash from any source?	YES .... 1 NO .... 2 DON'T KNOW 8			➜END OF SECTION ➜END OF SECTION
M_A	938	Does this facility have a system for documenting cash received? IF YES, ASK: May I see the document?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO .... 3 DON'T KNOW 8			
M_A	939	Does this facility have a system for documenting cash disbursed? IF YES, ASK: May I see the document?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO .... 3 DON'T KNOW 8			

Module	No.	Question	Response	Skip
		10. DATA SOURCES AND SYSTEMS		
		10.1. CATCHMENT AREA AND REGISTERED PATIENT POPULATIONS		
M_A	1000	Does this facility have a specified catchment area, i.e. a defined geographic area for which the facility has direct responsibility to serve?	YES..1 NO..2 DON'T KNOW...8	➔Q1007 ➔Q1007
M_A	1001	What is the estimated number of people living in the catchment area for the current calendar year?	CATCHMENT POPULATION — — — — — — — DON'T KNOW...9999998	➔Q1007
M_A	1002	What is the basis for the facility catchment population number?	OFFICIAL NUMBER BASED ON GOVERNMENT CENSUS.............1 PHYSICAL COUNT (OTHER THAN OFFICIAL CENSUS) ....2 OTHER...6 _____ (SPECIFY) DON'T KNOW...8	
M_A	1003	What is the estimated number of pregnant women living in the catchment area for the current calendar year?	PREGNANT WOMEN — — — — — — — DON'T KNOW...9999998	
M_A	1004	What is the estimated number of children under one year living in the catchment area for the current calendar year?	CHILDREN UNDER ONE YEAR — — — — — — — DON'T KNOW...9999998	
M_A	1005	What is the estimated number of children under five years living in the catchment area for the current calendar year?	CHILDREN UNDER FIVE YEARS — — — — — — — DON'T KNOW...9999998	
M_A	1006	Does this facility maintain a list, register or "panel" of patients that are specifically registered to receive care at this facility, or with a team of providers or a specific provider within this facility?	YES, THERE IS A LIST THAT INCLUDES ALL PATIENTS.................1 YES, LIST(S) EXIST FOR SELECTED PATIENT GROUPS ....2 NO..3	
		10.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR INPATIENTS		
M_C	1007	Does this facility provide any inpatient services?	YES..1 NO..2	➔Q1019
		10.2.1. UNIQUE PATIENT IDENTIFIERS FOR INPATIENTS		
M_C	1008	Does this facility use unique patient ID numbers for inpatients? i.e. whenever the patient receives services in this facility, is the same identification number used for that person?	YES..1 NO..2	➔Q1011
M_C	1009	Is the same unique patient ID for inpatients maintained for the same patient for at least 5 years?	YES..1 NO..2	
M_C	1010	Is the same unique patient ID maintained for the patient for both in- and outpatient services?	YES..1 NO..2 OUTPATIENT SERVICES NOT OFFERED.....................5	
		10.2.2. INDIVIDUAL PATIENT RECORDS FOR INPATIENTS		
M_C	1011	Does this facility use any system of standardized charts/files/medical records to capture information on individual inpatients that is used by clinicians to manage the patient? AN INDIVIDUAL PATIENT RECORD MAY CONTAIN COMPREHENSIVE INFORMATION ABOUT THE PATIENT ACROSS ALL PROGRAMMES, OR ONLY ABOUT A SPECIFIC PROGRAMME, E.G. HIV IF YES, CLARIFY IF THE FORMAT FOR INPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY..3 NO INDIVIDUAL PATIENT RECORDS FOR INPATIENTS 4	➔Q1013 ➔Q1019

Module	No.	Question	Response		Skip
M_C	1012	What kind of software is used for the individual inpatient electronic medical record system? [COUNTRY ADAPT]	YES	NO	
M_C	01	[COUNTRY SPECIFIC]_____	1	2	
M_C	02	[COUNTRY SPECIFIC]_____	1	2	
M_C	03	[COUNTRY SPECIFIC]_____	1	2	
M_C	04	Other	1 _____ (SPECIFY)	2	
M_A	1013	Is a patient given access to their individual inpatient records upon request?	YES..1 NO...2		
M_C	1014	Does this facility use any system of registers to capture **minimum** individual information on inpatients? (Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis)	YES, BOTH PAPER AND ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY..3 NO INPATIENT REGISTERS..5		
		10.2.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR INPATIENTS			
M_C	1015	Does this facility store any individual inpatient charts/files/records?	YES..1 NO...2		➔Q1019
M_C	1016	How quickly are individual inpatient files/records retrieved from storage when needed?	ALWAYS RETRIEVED QUICKLY ....1 RETRIEVAL SOMETIMES DELAYED...2 RETRIEVAL FREQUENTLY DELAYED OR RECORDS LOST ....3 DON'T KNOW..8		
M_C	1017	Which of the following methods to store individual inpatient files/records does this facility use?	YES	NO	
M_C	01	Paper files stored in room dedicated for this purpose	1	2	
M_C	02	Paper files stored in room also used for other purposes, e.g. supervisor's office, consultation room	1	2	
M_C	03	Contents of paper files entered into electronic system	1	2	
M_C	04	Electronic files stored on local facility server	1	2	
M_C	05	Electronic files stored on external server	1	2	
M_C	06	Other	1 _____ (SPECIFY)	2	
M_A	1018	Does this facility have a designated person(s) in charge of filing and retrieving inpatient medical records?	YES..1 NO...2		
		10.3. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR OUTPATIENTS			
M_C	1019	Does this facility provide any outpatient services?	YES..1 NO...2		➔Q1031
		10.3.1. UNIQUE PATIENT IDENTIFIERS FOR OUTPATIENTS			
M_C	1020	Does this facility use unique patient ID numbers for outpatients? i.e. whenever the patient receives services in this facility the same identification number is used for that person?	YES..1 NO...2		➔Q1022
M_C	1021	Is the same unique patient ID for outpatients maintained for the same patient for at least 5 years?	YES..1 NO...2		

Module	No.	Question	Response		Skip
		10.3.2. INDIVIDUAL PATIENT RECORDS/CHARTS FOR OUTPATIENTS			
M_C	1022	Does this facility use any system of standardized charts/files/medical records to capture comprehensive information on individual outpatients that is used by clinicians to manage the patient? IF YES, CLARIFY IF THE FORMAT FOR OUTPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY...3 NO INDIVIDUAL PATIENT RECORDS FOR OUTPATIENTS...........4		➔Q1024 ➔Q1031
M_A	1023	What kind of software is used for the individual outpatient electronic medical record system? [COUNTRY ADAPT]	YES	NO	
M_A	01	[COUNTRY SPECIFY]	1	2	
M_A	02	[COUNTRY SPECIFY]	1	2	
M_A	03	[COUNTRY SPECIFY]	1	2	
M_A	04	Other	1 _____ (SPECIFY)	2	
M_A	1024	Is a patient given access to their individual outpatient records upon request?	YES ....1 NO...2		
M_C	1025	Does this facility use any system of registers to capture minimum individual information on outpatients? (Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis)	YES, BOTH PAPER AND ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY...3 NO OUTPATIENT REGISTERS 4		
		10.3.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS			
M_C	1026	Does this facility store any individual outpatient charts/files/records?	YES ....1 NO...2		➔Q1030
M_C	1027	How quickly are individual outpatient files/records retrieved from storage when needed?	ALWAYS RETRIEVED QUICKLY ....1 RETRIEVAL SOMETIMES DELAYED ....2 RETRIEVAL FREQUENTLY DELAYE OR RECORDS LOST ....3 DON'T KNOW..8		
M_C	1028	Which of the methods to store individual outpatient files/records does this facility use? READ EACH ITEM	YES	NO	
M_C	01	Paper files stored in room dedicated for this purpose	1	2	
M_C	02	Paper files stored in room also used for other purposes, e.g. supervisor's office, consultation room	1	2	
M_C	03	Contents of paper files entered into electronic system	1	2	
M_C	04	Electronic files stored on local facility server	1	2	
M_C	05	Electronic files stored on external server	1	2	
M_C	06	Other	1 _____ (SPECIFY)	2	
M_A	1029	Does this facility have a designated person(s) in charge of filing and retrieving outpatient medical records?	YES ....1 NO...2		
		10.3.4. USE OF SINGLE COMPREHENSIVE INDIVIDUAL PATIENT RECORDS			

Module	No.	Question	Response	Skip
M_A	1030	Does this facility use **single, comprehensive** patient records that provide a longitudinal health history of patients across time and for all health conditions? (MAY BE PAPER OR ELECTRONIC OR BOTH)	YES, INPATIENT RECORD ONLY ....1 YES, OUTPATIENT RECORD ONLY ....2 YES, BOTH INPATIENT AND OUTPATIENT RECORDS, BUT SEPARATELY..3 YES, INPATIENT AND OUTPATIENT INFORMATION IN A SINGLE INDIVIDUAL PATIENT RECORD ....4 NO..5 NOT APPLICABLE...6	
		10.4. COMPUTERIZED INFORMATION		
M_C	1031	Does this facility maintain electronic/computerized databases for any specific types of information or groups of patients or departments?	YES, ALL PATIENT AND SERVICE INFORMATION MAINTAINED IN COMPUTERIZED DATABASES..1 YES, SOME INFORMATION MAINTAINED IN COMPUTERIZED DATABASES ....2 NO..3	➔ END OF SECTION

Module	No.	Question	YES	NO	NOT APPLICABLE	Skip
M_A	1032	Which types of information are maintained in computerized databases? READ EACH ITEM.				
M_A	01	All inpatient individual charts/records	1	2	5	
M_A	02	All outpatient individual charts/records	1	2	5	
M_A	03	Charts/records for patients receiving antiretroviral therapy (ART)	1	2	5	
M_A	04	Charts/records for tuberculosis (TB) patients	1	2	5	
M_A	05	Charts/records for maternity patients	1	2	5	
M_A	06	Other special service data where routine patient follow-up is required (e.g. patients with chronic illnesses such as diabetes)	1	2	5	
M_A	07	Morbidity information for inpatients	1	2	5	
M_A	08	Morbidity information for outpatients	1	2	5	
M_A	09	Mortality information	1	2	5	
M_A	10	Laboratory information	1	2	5	
M_A	11	Pharmaceutical information	1	2	5	
M_A	12	Inventory/supply information for any items	1	2	5	
M_A	13	Other	1 _____ (SPECIFY)	2	✕	

Module	No.	Question	Response	Skip
M_C	1033	How often are electronic databases with individual patient information backed up?	DAILY ....1 WEEKLY..2 EVERY 2–3 WEEKS...3 MONTHLY ....4 LESS OFTEN THAN MONTHLY...5 _____ (SPECIFY) NO ROUTINE BACKUP 6	
M_C	1034	Are electronic databases used in this facility password-protected?	YES, ALL..1 YES, SOME..2 NO..3	

Module	No.	Question	Response			Skip
		11. FACILITY DATA REPORTING SYSTEMS				
		11.1. DATA REPORTING AND MANAGEMENT				
		11.1.1. REPORTS SUBMITTED EXTERNALLY				
M_C	1100	Does this facility submit any data reports externally/to the next reporting level?	YES ....1￼ NO..2			➜Q1109
M_A	1101	Which system does this facility use to transmit selected data on patient services and diagnoses to the next reporting level?	PAPER REPORTS ONLY...1￼ PAPER AND ELECTRONIC REPORTS ....2￼ ELECTRONIC REPORTS ONLY ....3￼ OTHER ....6￼ _____ (SPECIFY)			
M_A	1102	Are data reports ever submitted by this facility to any of the following entities?	YES	NO	DON'T KNOW	
M_A	01	Central Ministry of Health	1	2	8	
M_A	02	District health office (or other subnational level health office)	1	2	8	
M_A	03	Specific technical programme offices (e.g. TB, HIV, malaria)	1	2	8	
M_A	04	Donors or implementing partners	1	2	8	
M_A	05	Nongovernmental managing authority	1	2	8	
M_A	06	Other institutions	1￼ _____ (SPECIFY)	2	8	
M_C	1103	How often are routine summary data reports on patient services and diagnoses submitted externally/to the next reporting level?	WEEKLY...1￼ MONTHLY..2￼ QUARTERLY ....3￼ ANNUALLY...4￼ NEVER ....5￼ OTHER ....6￼ _____ (SPECIFY)			
M_C	1104	How often are routine summary data reports on notifiable diseases submitted externally/to the next reporting level?	WEEKLY...1￼ MONTHLY..2￼ QUARTERLY ....3￼ ANNUALLY...4￼ NEVER ....5￼ OTHER ....6￼ _____ (SPECIFY)			
		11.1.2. STORAGE OF DATA REPORTS				
M_C	1105	Does this facility store copies of any routine summary data reports that were submitted externally?	YES ....1￼ NO..2￼ DON'T KNOW 8			➜Q1109￼ ➜Q1109
M_C	1106	Which of the following systems does this facility use to store copies of routine summary data reports submitted externally?	YES		NO	
M_C	01	Paper reports stored in room dedicated for this purpose	1		2	
M_C	02	Paper reports stored in room also used for other purposes, e.g. supervisor's office, consultation room	1		2	
M_C	03	Contents of paper reports entered into electronic system	1		2	
M_C	04	Electronic files stored on local facility server or facility computer	1		2	
M_C	05	Electronic files stored on external server	1		2	
M_C	06	Other	1￼ _____ (SPECIFY)		2	

Module	No.	Question	Response				Skip
M_A	1107	May I see a copy of the three most recent **routine** summary data reports on patient services and diagnoses that were submitted externally? INDICATE IF EACH REPORT IS OBSERVED AND IF IT CORRESPONDS TO THE SCHEDULED REPORTING PERIOD.	(A) REPORT OBSERVED		(B) REPORT CORRESPONDS TO EXPECTED REPORTING PERIOD		
			YES	NO	YES	NO	
M_A	01	Last submitted report	1➔B	2➔02	1	2	
M_A	02	Second last submitted report	1➔B	2➔03	1	2	
M_A	03	Third last submitted report	1➔B	2➔Q1108	1	2	
M_A	1108	May I see a copy of the three most recent **routine** summary data reports on notifiable diseases that were submitted externally? INDICATE IF EACH REPORT IS OBSERVED AND IF IT CORRESPONDS TO THE SCHEDULED REPORTING PERIOD.	(A) REPORT OBSERVED		(B) REPORT CORRESPONDS TO EXPECTED REPORTING PERIOD		
			YES	NO	YES	NO	
M_A	01	Last submitted report	1➔B	2➔02	1	2	
M_A	02	Second last submitted report	1➔B	2➔03	1	2	
M_A	03	Third last submitted report	1➔B	2➔Q1109	1	2	
		11.1.3. DATA QUALITY					
M_C	1109	Is there any routine system/process within this facility for checking the quality of data compiled for routine summary reports?	YES ....1 NO...2				➔Q1115
M_C	1110	Is there a written policy for data quality checking or written guidelines for how to carry out data quality checking? IF YES, ASK: May I see a copy of the policy or guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN................................2 NO 3				
M_C	1111	Is there any written documentation of the findings from the routine data quality checking system? IF YES, ASK: May I see a copy of any documentation of results from routine data quality checks?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN................................2 NO 3				➔Q1115
M_C	1112	How frequently are the results of routine data quality checking system documented in a report or form?	MONTHLY..1 QUARTERLY ....2 SEMI-ANNUALLY ....3 ANNUALLY..4 NO SET TIMES...5				
M_C	1113	Is there a systematic process for addressing data quality problems identified through the routine data quality checking system?	YES ....1 NO...2				
M_C	1114	When was the last time that an external reviewer visited this facility to verify the quality of routine facility data?	WITHIN THE PAST 6 MONTHS ....1 7-12 MONTHS AGO ....2 13-24 MONTHS AGO ....3 MORE THAN 24 MONTHS AGO ....4 EXTERNAL CHECK HAS NEVER BEEN CONDUCTED ....5 DON'T KNOW 8				
		11.1.4. HEALTH INFORMATION MANAGEMENT					
M_C	1115	Does this facility have a designated person, such as a health information officer or person with any other background, who is dedicated full time with the responsibility for recording or collating health services data in this facility?	YES ....1 NO...2				
M_C	1116	Have you or any other staff in this facility received training on analysis and use of routine facility data in the past 2 years?	YES ....1 NO...2				

Module	No.	Question	Response	Skip
M_C	1117	How often does this facility hold meetings to review routine facility data? (This may include facility management meetings where data review is included.)	WEEKLY ....1 MONTHLY..2 QUARTERLY ....3 ANNUALLY..4 NEVER ....5 OTHER ....6 _____ (SPECIFY)	
M_C	1118	How often do facility staff use routine facility data to inform processes such as planning, procurement, and advocacy?	OFTEN ....1 SOMETIMES ....2 NEVER 3	
		11.2. REPORTING SYSTEMS FOR MORBIDITY AND MORTALITY		
		11.2.1. REPORTING MORBIDITY		
M_C	1119	Does this facility offer inpatient services?	YES ....1 NO 2	➔Q1122
M_C	1120	Does this facility use a standardized coding system for reporting morbidity (diagnoses) of inpatients? PROBE: FOR EXAMPLE, ICD CODES	YES ....1 NO 2	➔Q1122
M_C	1121	Which coding system does this facility use for inpatient morbidity reporting?	ICD11..1 ICD10..2 ICD9..3 NATIONALLY DEVELOPED CODING SYSTEM ....4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) ....5 OTHER ....6 _____ (SPECIFY)	
M_C	1122	Does this facility offer outpatients services?	YES ....1 NO 2	➔Q1128
M_C	1123	Does this facility use a standardized coding system for reporting morbidity (diagnoses) of outpatients? PROBE: FOR EXAMPLE, ICD CODES	YES ....1 NO 2	➔Q1128
M_C	1124	Which coding system does this facility use for outpatient morbidity reporting?	ICD11..1 ICD10..2 ICD9..3 NATIONALLY DEVELOPED CODING SYSTEM ....4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) ....5 OTHER ....6 _____ (SPECIFY)	➔Q1127 ➔Q1127 ➔Q1127
M_C	1125	Did the person(s) who assigns the ICD codes receive any formal coding training in the past 2 years?	YES ....1 NO 2	

Module	No.	Question	YES	NO	Skip
M_A	1126	For which of the following purposes are ICD codes used in this facility?			
M_A	01	Billing	1	2	
M_A	02	Disease surveillance	1	2	
M_A	03	Insurance	1	2	
M_A	04	Other	1 _____ (SPECIFY)	2	

Module	No.	Question	Response	Skip
M_A	1127	Does this facility use any other standardized international coding systems for reporting health status, disability, and/or health care interventions?	YES, INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) ....1 YES, INTERNATIONAL CLASSIFICATION OF HEALTH INTERVENTIONS (ICHI) ....2 YES, OTHER..3 _____ (SPECIFY) NO..4	

Module	No.	Question	Response	Skip
		11.2.2. REPORTING MORTALITY		
		REPORTING CAUSE OF DEATH AND COMPLETING DEATH CERTIFICATE		
M_A	1128	Is any person in this facility authorized to determine cause of death?	YES ....1 NO 2	➜ Q1133
M_A	1129	Have any of the persons authorized to determine the cause of death received any formal training on how to determine cause of death?	YES, IN PAST 2 YEARS ....1 YES, MORE THAN 2 YEARS AGO........................2 NO...3 DON'T KNOW 8	
M_A	1130	Is the international form of medical certificate of cause of death (ICCD) used as the death certificate in this facility? IF NO, ASK: Is it used at all for any deaths?	YES, ALL DEATHS ....1 YES, SOME DEATHS ....2 NO...3	➜ Q1132
M_A	1131	Is any other printed form used as a medical certificate of cause of death? IF YES, ASK: Is the printed form a facility-specific form, an official MOH or government form, or another type of form?	YES, FACILITY SPECIFIC ....1 YES, MOH/GOVERNMENT PROVIDED ....2 YES, OTHER ....3 _____ (SPECIFY) NO...4	➜ Q1133
M_A	1132	Have any of the persons authorized to fill in the death certificate received any formal training on how to fill in a death certificate?	YES, IN PAST 2 YEARS ....1 YES, MORE THAN 2 YEARS AGO........................2 NO...3 DON'T KNOW 8	
		CODING OF CAUSE OF DEATH		
M_C	1133	Does this facility use a standardized coding system for reporting certified causes of death? PROBE: FOR EXAMPLE, ICD CODES	YES ....1 NO...2 NOT APPLICABLE 5	➜ END OF SECTION ➜ END OF SECTION
M_C	1134	Which coding system does this facility use for reporting certified causes of death?	ICD11..1 ICD10..2 ICD9..3 NATIONALLY DEVELOPED CODING SYSTEM ....4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) ....5 OTHER ....6 _____ (SPECIFY)	
M_A	1135	Has the person coding causes of death received any training on coding causes of death using ICD?	YES, IN PAST 2 YEARS ....1 YES, MORE THAN 2 YEARS AGO........................2 NO...3 DON'T KNOW 8	
M_A	1136	Are the ICD rules for selecting the underlying causes of death applied?	YES ....1 NO...2 DON'T KNOW 8	

Module	No.	Question	Response		Skip
		12. BASIC INFRASTRUCTURE AND SYSTEMS			
		12.1. INFRASTRUCTURE			
		12.1.1. COMMUNICATIONS			
R_C	i1200	I would like to know about the infrastructure resources available in this facility as well as systems for final waste disposal and transportation that are used by this facility. If conditions are different in different sections of the facility, for example for outpatient and inpatient services, please provide the response for the highest level of infrastructure that is available for the facility.			
R_C	1201	Does this facility have a means for communicating outside the facility such as a phone or radio that are supported by the facility?	YES, FUNCTIONAL .... 1 YES, NOT FUNCTIONAL .... 2 NO, ONLY PRIVATE PHONES .... 3 NO OUTSIDE COMMUNICATION.. 4		
R_C	1202	Does this facility have a functioning computer?	YES... 1 NO 2		
R_C	1203	Is there access to email or internet within the facility today? IF YES, CLARIFY IF THERE IS A FACILITY DEVICE THAT CAN BE USED FOR INTERNET ACCESS OR IF ACCESS IS ONLY THROUGH PRIVATE DEVICES.	YES, FACILITY DEVICE.. 1 YES, ONLY PRIVATE DEVICES.. 2 NO 3		➔Q1206

Module	No.	Question	ALWAYS	SOMETIMES	Skip
R_C	1204	How consistently is internet available in the facility?	ALWAYS	SOMETIMES	
R_C	01	Everywhere in the facility	1➔Q1205	2	
R_C	02	Some parts of the facility	1	2	

Module	No.	Question	Response		Skip
R_C	1205	Is the connecting time for the internet paid or reimbursed by the management?	YES.. 1 NO 2		
		12.1.2. POWER SUPPLY			
R_C	1206	Does this facility have electricity from any source such as electricity grid, generator, solar or other source, including for stand-alone devices such as those used to maintain the EPI cold chain?	YES.. 1 NO 2		➔Q1210
R_C	1207	What is the facility's main source of electricity? IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE SITES, PROVIDE RESPONSE FOR INPATIENT SERVICE SITES. [COUNTRY ADAPT]	CENTRAL SUPPLY OF ELECTRICITY (E.G. NATIONAL OR COMMUNITY GRID) .... 1 GENERATOR (FUEL OR BATTERY-OPERATED) .... 2 SOLAR-POWERED SYSTEM... 3 OTHER .... 6 _____ (SPECIFY)		
R_C	1208	Other than the main source, does the facility have a backup source of electricity?	YES.. 1 NO 2		
R_C	1209	During the past 7 days, was electricity available, from the main or any backup source, at all times the facility was open for services?	ALWAYS AVAILABLE (NO INTERRUPTIONS)............................ 1 OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) .... 2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) 3		
		12.1.3. WATER AVAILABILITY			
R_C	1210	What is the most commonly used source of water for the facility at this time? IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE SITES, PROVIDE RESPONSE FOR INPATIENT SERVICE SITES.	PIPED INTO FACILITY.. 01 PIPED TO FACILITY GROUNDS .... 02 PUBLIC TAP/STANDPIPE .... 03 TUBEWELL/BOREHOLE .... 04 PROTECTED DUG WELL... 05 UNPROTECTED DUG WELL.. 06 PROTECTED SPRING... 07 UNPROTECTED SPRING... 08 RAINWATER... 09 BOTTLED WATER .... 10 CART WITH SMALL TANK/DRUM .... 11 TANKER TRUCK .... 12 SURFACE WATER (RIVER/DAM/LAKE/POND)....................... 13 OTHER .... 96 _____ (SPECIFY) DON'T KNOW .... 98 NO WATER SOURCE... 00		➔Q1212 ➔Q1212 ➔Q1213

Module	No.	Question	Response	Skip
R_C	1211	Is water available from this source on the facility premise (in building or within facility grounds)? IF YES, ASK: May I see water from this source that is available today? If the water is inside the facility building, please show me that. Otherwise, show me the water elsewhere on the premises. WATER MAY BE PIPED OR IN A CONTAINER.	YES, OBSERVED INSIDE THE FACILITY..................................... 1 YES, OBSERVED WITHIN THE GROUNDS OF THE FACILITY ..... 2 YES, REPORTED, NOT SEEN... 3 NO, OR AVAILABLE ONLY OUTSIDE THE FACILITY GROUNDS. 4	
R_C	1212	Is water available (from the main source or any backup source) at all times the facility is open for services?	ALWAYS AVAILABLE (NO INTERRUPTIONS)............................ 1 OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) .... 2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) 3	
		12.2. CONDITIONS FOR INFECTION PREVENTION AND CONTROL		
		12.2.1. HEALTH CARE WASTE MANAGEMENT		
R_C	i1213	Now I would like to ask about waste management practices for sharps waste, such as needles or blades.		

R_C	1214	How does this facility **finally** dispose of sharps waste (e.g. filled sharps boxes)?
		
		PROBE TO ARRIVE AT CORRECT RESPONSE.
		
		NOTE: IF ANY OF THE RESPONSES 02–11 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "STORED FOR REMOVAL OFFSITE".
			BURN INCINERATOR:
			  2-CHAMBER INDUSTRIAL (800–1000+ °C) – PROTECTED... 02
			  2-CHAMBER INDUSTRIAL (800–1000+ °C) – NO PROTECTION 03
			  1-CHAMBER DRUM/BRICK – PROTECTED 04
			  1-CHAMBER DRUM/BRICK – NO PROTECTION 05
			OPEN BURNING:
			  OPEN PIT OR FLAT GROUND – NO PROTECTION............... 06
			  OPEN PIT OR FLAT GROUND - PROTECTED 07
			DUMP WITHOUT BURNING:
			  FLAT GROUND – NO PROTECTION 08
			  FLAT GROUND – PROTECTED.. 09
			  COVERED PIT OR PIT LATRINE (PROTECTED) 10
			  OPEN-PIT – NO PROTECTION 11
			STORED FOR REMOVAL OFFSITE:
			  STORED IN COVERED CONTAINER 12
			  STORED IN OTHER PROTECTED ENVIRONMENT 13
			  STORED UNPROTECTED 14
			OTHER 96
			_____
			(SPECIFY)
			NEVER HAS SHARPS WASTE 95
				➔Q1216

R_C	1215	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF SHARP WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARP WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	NO SHARP WASTE VISIBLE.. 1 SHARP WASTE VISIBLE BUT PROTECTED SITE .... 2 SHARP WASTE VISIBLE, NOT PROTECTED .... 3 SHARP WASTE SITE NOT INSPECTED.................................... 4	

R_C	1216	Now I would like to ask about waste management practices for infectious waste other than sharps, such as used bandages.
		
		How does this facility **finally** dispose of infectious waste other than sharps?
		
		PROBE TO ARRIVE AT CORRECT RESPONSE.
		
		NOTE: IF ANY OF THE RESPONSES 02–11 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "STORED FOR REMOVAL OFFSITE".
			SAME AS FOR SHARP ITEMS 01
			BURN INCINERATOR:
			  2-CHAMBER INDUSTRIAL (800–1000+ °C) – PROTECTED... 02
			  2-CHAMBER INDUSTRIAL (800–1000+ °C) – NO PROTECTION 03
			  1-CHAMBER DRUM/BRICK – PROTECTED 04
			  1-CHAMBER DRUM/BRICK – NO PROTECTION 05
			OPEN BURNING:
			  OPEN PIT OR FLAT GROUND – NO PROTECTION............... 06
			  OPEN PIT OR FLAT GROUND - PROTECTED 07
			DUMP WITHOUT BURNING:
			  FLAT GROUND – NO PROTECTION 08
			  FLAT GROUND – PROTECTED.. 09
			  COVERED PIT OR PIT LATRINE (PROTECTED)...................... 10
			  OPEN-PIT – NO PROTECTION 11
			STORED FOR REMOVAL OFFSITE:
			  STORED IN COVERED CONTAINER 12
			  STORED IN OTHER PROTECTED ENVIRONMENT 13
			  STORED UNPROTECTED 14
			OTHER 96
			_____
			(SPECIFY)
			NEVER HAS INFECTIOUS WASTE 95
				➔Q1218

Module	No.	Question	Response	Skip
R_C	1217	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF INFECTIOUS WASTE AND INDICATE THE CONDITION OBSERVED. IF INFECTIOUS WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	NO INFECTIOUS WASTE VISIBLE .... 1 INFECTIOUS WASTE VISIBLE BUT PROTECTED SITE............... 2 INFECTIOUS WASTE VISIBLE, NOT PROTECTED .... 3 INFECTIOUS WASTE SITE NOT INSPECTED 4	
R_C	1218	IS AN INCINERATOR USED FOR FINAL DISPOSAL OF SHARPS OR INFECTIOUS WASTE?	YES.. 1 NO 2	➔Q1221
R_C	1219	Is the incinerator functional today?	YES.. 1 NO .... 2 DON'T KNOW 8	➔Q1221 ➔Q1221
R_C	1220	Is fuel for the incinerator available today?	YES.. 1 NO .... 2 DON'T KNOW 8	
R_C	1221	Does this facility have any guidelines on health care waste management? IF YES, ASK: May I see the guidelines?	YES, OBSERVED.. 1 YES, REPORTED, NOT SEEN .... 2 NO 3	
R_C	1222	Have you or any other facility staff received formal training in health care waste management practices in the past 2 years?	YES.. 1 NO 2	
		12.2.2. CENTRAL REPROCESSING OF MEDICAL EQUIPMENT		
R_C	1223	Where is the main site for reprocessing reusable medical equipment for this facility located?	MAIN SITE IS SURGICAL UNIT .... 1 MAIN SITE IS IN OUTPATIENT SERVICE UNIT .... 2 MAIN SITE IS CENTRAL, AND NOT AFFILIATED WITH A PARTICULAR SERVICE/UNIT... 3 EQUIPMENT PROCESSED OUTSIDE FACILITY.......................... 4 NO EQUIPMENT IS PROCESSED FOR REUSE........................... 5 MAIN SITE IS AFFILIATED WITH A DIFFERENT UNIT .... 6 _____ (SPECIFY LOCATION)	➔Q1226 ➔Q1226
R_C	i1224	ASK TO GO TO THE MAIN LOCATION WHERE EQUIPMENT IS FINALLY PROCESSED FOR REUSE. Now I would like to know about items for sterilizing or high-level disinfecting (HLD).		

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	1225	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Electric autoclave (pressure and wet heat)	1 ➔B	2 ➔B	3 ➔02	1 ➔Q1226	2	8	
R_C	02	Electric dry heat sterilizer	1 ➔B	2 ➔B	3 ➔03	1 ➔Q1226	2	8	
R_C	03	Non-electric autoclave (pressure and wet heat)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Heat source for non-electric equipment	1 ➔B	2 ➔B	3 ➔Q1226	1	2	8	

Module	No.	Question	Response	Skip
		12.3. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS		
R_C	i1226	Now I would like to know about patient referral and emergency transport systems.		
R_C	1227	Does this facility have a mechanism for referral of patients to other facilities for services that cannot be obtained in this facility?	YES.. 1 NO 2	➔Q1232
R_C	1228	Does this facility have protocols or guidelines for referring patients to other facilities? IF YES, ASK: May I see them?	YES, OBSERVED.. 1 YES, REPORTED, NOT SEEN .... 2 NO 3	
R_C	1229	Does this facility have protocols or guidelines for counter-referral (back-referral) of patients? THIS MEANS REFERRAL OF PATIENTS BACK TO THE ORIGINAL REFERRING FACILITY WITH WRITTEN FEEDBACK IF YES, ASK: May I see them?	YES, OBSERVED.. 1 YES, REPORTED, NOT SEEN .... 2 NO .... 3 NOT APPLICABLE 5	
R_C	1230	Does the facility maintain records (e.g. a register) of patients who are referred out? IF YES, ASK: May I see records of patients referred out?	YES, OBSERVED.. 1 YES, REPORTED, NOT SEEN .... 2 NO 3	

Module	No.	Question	Response	Skip
R_C	1231	Does this facility receive feedback on referrals out?	YES, ROUTINELY... 1 YES, SOMETIMES .... 2 NO 3	
R_C	1232	Does this facility have access to a functional ambulance or other vehicle for emergency transportation for clients that is either stationed at this facility or that the facility can call for?	YES, AMBULANCE .... 1 YES, OTHER TYPE OF VEHICLE.. 2 NO 3	➜END OF SECTION
R_C	1233	Is the emergency vehicle and a driver available 24 hours?	YES.. 1 NO .... 2 DON'T KNOW 8	
R_C	1234	Is the vehicle available, in working order and with fuel and a driver available today? IF UNCERTAIN, ASK RESPONDENT TO CHECK WITH SOMEONE WHO WOULD KNOW.	YES.. 1 NO .... 2 DON'T KNOW 8	

Module	No	Question	Response	Skip
		13. OUTPATIENT SERVICE CONDITIONS		
		13.1. SERVICE AVAILABILITY		
A_C, R_C	1300	Are any outpatient services offered?	YES... 1 NO 2	➜END OF SECTION
A_C, R_C	i1301	ASK TO BE SHOWN THE GENERAL OUTPATIENT SERVICE SITE IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE GENERAL OUTPATIENT SERVICE ORGANIZATION. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. First, I would like to know about the **hours** that this facility provides outpatient services and the **infrastructure conditions** that exist for outpatient services. IF OUTPATIENT SERVICES ARE OFFERED IN DIFFERENT BUILDINGS, PROVIDE THE RESPONSE THAT REFLECTS WHERE GENERAL CURATIVE CARE SERVICES FOR ADULTS ARE PROVIDED.		
A_C	1302	On average, how many hours per day is this facility open for outpatient services (i.e. non-emergency services)?	4 HOURS OR FEWER .... 1 5–8 HOURS .... 2 9–16 HOURS .... 3 17–23 HOURS .... 4 24 HOURS 5	
A_C	1304	On average, how many days per week is this facility open for non-emergency outpatient services?	DAYS PER WEEK OPEN FOR NON-EMERGENCY SERVICES ____	
		13.2. OUTPATIENT AMENITIES		
R_C	1305	Is there a room with auditory and visual privacy available for patient consultations? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	*YES, OBSERVED:* BOTH AUDITORY AND VISUAL PRIVACY .... 1 VISUAL PRIVACY ONLY .... 2 AUDITORY PRIVACY ONLY... 3 *YES, REPORTED, NOT SEEN:* BOTH AUDITORY AND VISUAL PRIVACY .... 4 VISUAL PRIVACY ONLY .... 5 AUDITORY PRIVACY ONLY... 6 NO 7	
R_C	1306	Is there a toilet (latrine) on the premises that is accessible for general outpatient service patients or staff? IF YES, ASK: What type of toilet? May I see the toilet? IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE.	*FLUSH TOILET*: TO SEWER CONNECTION .... 1 TO SEPTIC TANK ONSITE .... 2 TO OPEN DRAIN .... 3 *PIT LATRINE*: WITH SLAB .... 4 WITHOUT SLAB/OPEN PIT... 5 COMPOSTING TOILET .... 6 HANGING TOILET/HANGING LATRINE .... 7 NO TOILET/LATRINE FACILITIES ON PREMISES........................... 8	➜Q1319
R_C	1307	Is there a usable (available, functional, private) toilet for outpatient service patients and visitors? IF YES, INDICATE IF THE TOILET IS CLOSE TO THE OUTPATIENT SERVICES UNIT, SUCH THAT IT CAN BE EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT.. 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	➜Q1310
R_C	1308	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR OUTPATIENT SERVICE PATIENTS AND VISITORS, THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS.	YES... 1 NO 2	
R_C	1309	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE OUTPATIENT SERVICE TOILET.	YES... 1 NO 2	
R_C	1310	Is there a usable (available, functional, private) toilet specifically for female outpatient service patients and visitors? IF YES, INDICATE IF THE TOILET IS CLOSE TO THE UNIT, SUCH THAT IT CAN BE EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT.. 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	➜Q1314
R_C	1311	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET DEDICATED FOR USE BY FEMALE OUTPATIENTS THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS.	YES... 1 NO 2	

Module	No	Question	Response	Skip
R_C	1312	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET DEDICATED FOR USE BY FEMALE OUTPATIENTS.	YES...1 NO 2	
R_C	1313	Is there a bin with a lid on it for disposal of used menstrual hygiene products in or close to the women's toilet? IF YES, ASK: May I see it?	YES, OBSERVED...1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C	1314	Is there a private area with soap and water for women to use for cleaning themselves? IF YES, ASK: May I see it?	YES, OBSERVED...1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C	1315	Is there at least one usable (available, functional, private) toilet for outpatient staff? IF YES, INDICATE IF THE TOILET IS CLOSE TO THE UNIT, SUCH THAT IT CAN BE EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT...2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	➜Q1318
R_C	1316	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR OUTPATIENT STAFF THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES...1 NO 2	
R_C	1317	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE STAFF TOILET.	YES...1 NO 2	
		13.3. SITE CONDITIONS		
R_C	i1318	Now I would like to look at actual **conditions of cleanliness and safety** in the outpatient service site today. BRIEFLY WALK AROUND THE MAIN SERVICE SITE FOR GENERAL OUTPATIENT CONSULTATION SERVICES FOR ADULTS AND CHILDREN. IF THERE ARE MULTIPLE SITES, INDICATE THE WORST SITUATION OBSERVED.		

Module	No	Question	YES	NO	
R_C	1319	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT:			
R_C	01	FLOOR: SWEPT; NO OBVIOUS DIRT OR WASTE	1	2	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN; NO OBVIOUS DUST OR WASTE	1	2	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	
R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2	
R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2	
R_C	08	NO SMOKING SIGNS	1	2	

Module	No	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
R_C	1320	Now I would like to know about **items for infection prevention and control** available in this service site today. For each item that I ask about, please show me the item.			
R_C	01	Clean running water (piped water supply, or covered bucket with tap)	1	2	3
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3
R_C	03	Alcohol-based handrub	1	2	3
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3
R_C	06	Disposable latex gloves (non-sterile)	1	2	3
R_C	07	Disposable latex gloves (sterile)	1	2	3

Module	No	Question	Response			Skip
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➜10	3 ➜10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Sharps container ("safety box")	1	2	3	
R_C	11	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
R_C	12	Non-reusable syringes (autodisable or disposable needles and syringes)	1	2	3	
R_C	13	Surgical masks	1	2	3	
R_C	14	N95 face masks	1	2	3	
R_C	15	Non-sterile protective gowns	1	2	3	
R_C	16	Aprons (impermeable)	1	2	3	
R_C	17	Eye protection (goggles, face shields)	1	2	3	

13.4. EQUIPMENT AND COMMODITIES

Module	No	Question							Skip
R_C	i1321	Now I would like to see **patient examination** equipment and commodities that are available in the outpatient service site. IF THERE ARE MULTIPLE OUTPATIENT SERVICE SITES, ASSESS THE ITEMS THAT ARE IN THE SERVICE SITE FOR GENERAL OUTPATIENT CURATIVE CARE FOR ADULTS.							

Module	No	(1322) For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			Skip
			OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C	01	Adult weighing scale	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	Thermometer	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C	04	Stethoscope	1 ➜B	2 ➜B	3 ➜05	1	2	8	
R_C	05	Examination light that can be aimed for client examination (flashlight acceptable)	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C	06	Child weighing scale (250 g gradation)	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C	07	Infant weighing scale (100 g gradation)	1 ➜B	2 ➜B	3 ➜08	1	2	8	
R_C	08	Height board/stadiometer	1 ➜B	2 ➜B	3 ➜09	1	2	8	
R_C	09	Pulse oximeter	1 ➜B	2 ➜B	3 ➜10	1	2	8	
R_C	10	Measuring tape	1	2	3	✕	✕	✕	
R_C	11	Mid-upper-arm circumference (MUAC) tape	1	2	3	✕	✕	✕	
R_C	12	Long-lasting insecticidal net (LLIN) or vouchers for LLIN (adult/paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
R_C	13	LLIN or vouchers for LLIN (infant) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
R_C	14	Otoscope	1 ➜B	2 ➜B	3 ➜15	1	2	8	

Module	No	Question	Response						Skip
R_C	15	Ophthalmoscope	1 ➔B	2 ➔B	3 ➔16	1	2	8	
R_C	16	Pen light/flashlight (to see back of throat)	1 ➔B	2 ➔B	3 ➔17	1	2	8	
R_C	17	Tongue depressors	1	2	3	✕	✕	✕	
R_C	1323	Now I would like to know about the availability of **oxygen** for patients in the general outpatient service site/unit. Does this unit ever provide oxygen to patients?	YES .... 1 NO 2						➔Q1328
R_C	1324	Is there any oxygen currently available in this unit?	YES... 1 NO 2						➔Q1326

Module	No	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	1325	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C	01	Centrally piped oxygen supply	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Oxygen concentrator	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔Q1326	1	2	8	
R_C	1326	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES .... 1 NO 2						
R_C	1327	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES... 1 NO .... 2 NOT APPLICABLE... 5						
		13.5. SUPPORT FOR QUALITY SERVICES							
R_C	1328	Are there any guidelines or job aids on standard precautions for infection prevention and control available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the document?	YES, OBSERVED... 1 YES, REPORTED, NOT SEEN .... 2 NO 3						
R_C	1329	Have you or any other outpatient unit staff received any training in standard precautions for infection prevention and control in the past 2 years?	YES... 1 NO 2						

Module	No.	Question	Response		Skip
		14. COMMUNICABLE DISEASES SERVICES			
		14.1. MALARIA			
		14.1.1. SERVICE AVAILABILITY			
R_C	1400	Does this facility offer diagnosis and/or treatment of malaria?	YES.. 1 NO 2		➜Q1409
R_C	i1401	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OUTPATIENT MALARIA SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
R_C	1402	Does this facility have any formal systems for linking with community health workers (CHWs) for malaria services?	YES.. 1 NO 2		
R_C	1403	Do providers in this facility diagnose malaria?	YES.. 1 NO 2		➜Q1405
R_C	1404	Which of the following methods are used at this facility for diagnosing malaria?	YES	NO	
R_C	01	Clinical symptoms without verification by RDT or microscopy	1	2	
R_C	02	Rapid diagnostic testing (RDT)	1	2	
R_C	03	Microscopy	1	2	
R_C	1405	Do providers in this facility prescribe treatment for malaria?	YES.. 1 NO 2		
		14.1.2. SUPPORT FOR QUALITY SERVICES			
R_C	1406	Are national guidelines for the diagnosis and/or treatment of malaria available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED.. 1 YES, REPORTED, NOT SEEN....................................... 2 NO 3		
R_C	1407	Are any other guidelines for the diagnosis and/or treatment of malaria available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED.. 1 YES, REPORTED, NOT SEEN....................................... 2 NO 3		
R_C	1408	In the past 2 years, have you or any provider(s) of malaria services received any training in:	YES	NO	
R_C	01	Malaria diagnosis with RDTs	1	2	
R_C	02	Malaria treatment	1	2	
		14.2. NEGLECTED TROPICAL DISEASES (NTDs)			
		14.2.1. SERVICE AVAILABILITY			
R_C	1409	Does this facility offer diagnosis and/or treatment for neglected tropical diseases (NTDs), such as lymphoedema, soil-transmitted diseases, schistosomiasis, trachoma, onchocerciasis (ONCO), lymphatic filariasis (LF), dengue, guinea-worm disease or visceral leishmaniasis?	YES.. 1 NO 2		➜Q1414
R_C	1410	Which of the following NTDs does this facility diagnose and/or treat: [COUNTRY ADAPT]	YES	NO	
R_C	01	Lymphoedema resulting from NTDs	1	2	
R_C	02	Soil-transmitted diseases (roundworm, hookworm, whipworm)	1	2	
R_C	03	Schistosomiasis (bilharzia)	1	2	
R_C	04	Trachoma	1	2	
R_C	05	Onchocerciasis (ONCO)	1	2	
R_C	06	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1	2	

Module	No.	Question	Response		Skip
R_C	07	Dengue	1	2	
R_C	08	Guinea-worm disease (Dracunculiasis)	1	2	
R_C	09	Visceral leishmaniasis	1	2	
		14.2.2. COMMUNITY INTERVENTIONS			
R_C	1411	Does the facility support any services related to any of the previously mentioned NTDs outside of this facility, including links with CHWs?	YES... 1 NO 2		➔Q1414
M_A	1412	Which of the following community-based services related to NTDS does this facility support:	YES	NO	
M_A	01	Mass drug administration (MDA)	1	2	
M_A	02	Active case findings	1	2	
M_A	03	Contact tracing activities	1	2	
M_A	04	Vector surveillance control activities (e.g. reducing breeding sites in and around homes, abate treatment) for NTDs (not malaria-related)	1	2	
M_A	05	Community awareness	1	2	
M_A	06	School health programmes	1	2	
M_A	1413	Is there a specific facility focal person responsible for linking the facility and community for any activities related to any of the mentioned NTDs?	YES... 1 NO 2		
		14.3. SEXUALLY TRANSMITTED INFECTIONS (STIs)			
		14.3.1. SERVICE AVAILABILITY			
R_C	1414	Does this facility offer diagnosis and/or treatment of any STIs other than HIV?	YES... 1 NO 2		➔END OF SECTION
R_C	i1415	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
R_C	1416	Do providers in this facility diagnose STIs?	YES... 1 NO 2		
R_C	1417	Do providers in this facility prescribe treatment for STIs?	YES... 1 NO 2		
		14.3.2. SUPPORT FOR QUALITY SERVICES			
R_C	1418	Are national guidelines for diagnosis and/or treatment of STIs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN........................... 2 NO 3		
R_C	1419	Are any other guidelines for diagnosis and/or treatment of STIs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN........................... 2 NO 3		
R_C	1420	Have you or any provider(s) of STI services received any training in STI diagnosis and/or treatment in the past 2 years?	YES... 1 NO 2		

Module	No.	Question	Response			Skip
		15. NONCOMMUNICABLE DISEASES SERVICES				
		15.1. NONCOMMUNICABLE DISEASES (NCDs)				
R_C	1500	Does this facility offer diagnosis and/or management of chronic noncommunicable diseases (NCDs), such as diabetes, cardiovascular disease (e.g. hypertension), or chronic respiratory disease (e.g. asthma)?	YES..1 NO 2			➔Q1522
R_C	1501	Does this facility have any formal systems for linking with community health workers (CHWs) for NCD services?	YES..1 NO 2			
R_C	i1502	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NCD SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NCD SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
		15.1.1. SYSTEMS TO SUPPORT QUALITY SERVICES FOR NCDs				
R_C	i1503	I would like to know if the following documents for noncommunicable diseases are available in this service site today.				
R_C	1504	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	A register or database for patients who are diagnosed with NCDs that records information about when patients start treatment, treatment adherence, and outcomes	1	2	3	
R_C	02	A register or database for patients who are diagnosed with NCDs that only records information about when patients start treatment	1	2	3	
R_C	03	An appointment schedule for routine follow-up for NCD patients	1	2	3	
R_C	04	Individual patient treatment cards/files (paper or electronic) maintained for patients with NCDS	1	2	3	
		15.2. DIABETES				
		15.2.1. SERVICE AVAILABILITY				
R_C	1505	Does this facility offer any services for diabetes?	YES..1 NO 2			➔Q1510
R_C	1506	Does this facility provide any of the following services:	YES	NO		
R_C	01	Diagnose diabetes	1	2		
R_C	02	Prescribe treatment for diabetes	1	2		
R_C	03	Clinical follow-up services for diabetes patients	1	2		
R_C	04	Counselling for diabetes self-management including dietary advice, footcare, and follow-up	1	2		
		15.2.2. SUPPORT FOR QUALITY SERVICES				
R_C	1507	Are national guidelines for diagnosis and/or management of diabetes available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	1508	Are any other guidelines for diagnosis and/or management of diabetes available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	1509	Have you or any provider(s) of diabetes services received any training in the diagnosis and/or management of diabetes in the past 2 years?	YES..1 NO 2			
		15.3. CARDIOVASCULAR DISEASE (CVD)				
		15.3.1. SERVICE AVAILABILITY				
R_C	1510	Does this facility offer any services for cardiovascular diseases (CVDs), such as hypertension?	YES..1 NO 2			➔Q1515

Module	No.	Question	Response								Skip
R_C	1511	For which of the following CVDs does this facility provide diagnosis, treatment, counselling on self-care, and/or referral:	(A) DIAGNOSE		(B) TREAT		(C) COUNSEL		(D) REFER		
			YES	NO	YES	NO	YES	NO	YES	NO	
R_C	01	Hypertension	1 →B	2 →B	1 →C	2 →C	1 →D	2 →D	1	2	
R_C	02	Acute myocardial infarction	1 →B	2 →B	1 →C	2 →C	1 →D	2 →D	1	2	
R_C	03	Congestive heart failure	1 →B	2 →B	1 →C	2 →C	1 →D	2 →D	1	2	
R_C	04	Cerebral vascular accident/stroke	1 →B	2 →B	1 →C	2 →C	1 →D	2 →D	1	2	
		15.3.2. SUPPORT FOR QUALITY SERVICES									
R_C	1512	Are national guidelines for diagnosis and/or management of CVDs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3								
R_C	1513	Are any other guidelines for diagnosis and/or management of CVDs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3								
R_C	1514	Have you or any provider(s) of CVD services received any training in the diagnosis and/or management of CVDs, such as hypertension, in the past 2 years?	YES...1 NO 2								
		15.4. CHRONIC RESPIRATORY DISEASE (CRD)									
		15.4.1. SERVICE AVAILABILITY									
R_C	1515	Does this facility offer any services for chronic noncommunicable respiratory diseases (CRD), such as asthma?	YES...1 NO 2								→Q1522
R_C	1516	For which of the following CRDs does this facility provide diagnosis, treatment, counselling on self-care, and/or referral:	(A) DIAGNOSE		(B) TREAT		(C) COUNSEL		(D) REFER		
			YES	NO	YES	NO	YES	NO	YES	NO	
R_C	01	Asthma	1 →B	2 →B	1 →C	2 →C	1 →D	2 →D	1	2	
R_C	02	Chronic obstructive pulmonary disease (COPD)	1 →B	2 →B	1 →C	2 →C	1 →D	2 →D	1	2	
		15.4.2. EQUIPMENT									
R_C	i1517	Now I would like to ask about equipment for CRD services available in this service site today.									
R_C	1518	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT, THE ITEM MUST BE IN THE SERVICE SITE OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY EXPECTED TO USE IT.	(A) AVAILABLE			(B) FUNCTIONAL					
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW			
R_C	01	Peak flow meters	1 →B	2 →B	3 →02	1	2	8			
R_C	02	Spacers for inhalers	1 →B	2 →B	3 →Q1519	1	2	8			
		15.4.3. SUPPORT FOR QUALITY SERVICES									
R_C	1519	Are national guidelines for diagnosis and/or management of CRDs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3								
R_C	1520	Are any other guidelines for the diagnosis and/or management of CRDs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN..2 NO 3								

Module	No.	Question	Response	Skip
R_C	1521	Have you or any provider(s) of CRD services received any training in the diagnosis and/or management of CRD in the past 2 years?	YES...1 NO 2	
		15.5. CANCER		
		SERVICE AVAILABILITY		
R_C	1522	Does this facility offer any cancer services?	YES...1 NO 2	➔ END OF SECTION
R_C	i1523	IF CANCERS ARE DIAGNOSED AND TREATED IN A DIFFERENT LOCATION IN THE FACILITY, ASK TO BE SHOWN THE LOCATION WHERE SERVICES FOR CANCER ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CANCER SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
		SUPPORT FOR QUALITY SERVICES		
R_C	1524	Are newly diagnosed cancer patients reported to a national cancer registry?	YES...1 NO 2	
R_C	1525	Are newly diagnosed cancer patients reported to/entered into a facility cancer registry/database? IF YES, ASK: May I see the registry/database?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C	1526	Are there registers or databases for patients diagnosed with cancer, where information on treatment adherence and outcomes is recorded? IF YES, ASK: May I see the register/database?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
		15.5.1. CERVICAL CANCER		
		SERVICE AVAILABILITY		
R_C	1527	Does this facility offer any services for cervical cancer screening?	YES...1 NO 2	➔ Q1535
R_C	i1528	FIND THE MOST KNOWLEDGEABLE PERSON ABOUT THE CERVICAL CANCER SERVICES.		

Module	No.	Question	YES	NO	
R_C	1529	Which of the following services for cervical cancer screening, diagnosis, and/or treatment are offered in this facility:			
R_C	01	Collect PAP smear specimen	1	2	
R_C	02	Read PAP smear results	1	2	
R_C	03	Read results for HPV test	1	2	
R_C	04	Colposcopy	1	2	
R_C	05	Cervical biopsy	1	2	
R_C	06	Perform digital cervicography	1	2	
R_C	07	Treatment of pre-invasive cervical cancer lesions (e.g. cryotherapy, thermal/cold coagulation or loop electrosurgical excision procedure [LEEP])	1	2	
		EQUIPMENT AND COMMODITIES			
R_C	i1530	Now I would like to know about equipment and commodities for cervical cancer services available in this service site today.			

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	1531	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.							
R_C	01	Acetic acid or Lugol's iodine for visual inspection (VIA or VIA/VILI)	1	2	3	✕	✕	✕	
R_C	02	Speculum	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Glass slides	1	2	3	✕	✕	✕	
R_C	04	Disposable latex gloves	1	2	3	✕	✕	✕	
R_C	05	Goose-neck lamp	1 ➔B	2 ➔B	3 ➔06	1	2	8	

Module	No.	Question	Response						Skip
R_C	06	Gynaecological examination table	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Digital cervicography equipment	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Colposcopy equipment	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Materials for providing loop electrosurgical excision procedure (LEEP)	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C	10	Materials for providing cryotherapy/thermal-cold coagulation	1 ➔B	2 ➔B	3 ➔Q1532	1	2	8	
		SUPPORT FOR QUALITY SERVICES							
R_C	1532	Are national guidelines for cervical cancer screening, diagnosis, and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3						
R_C	1533	Are any other guidelines for cervical cancer screening, diagnosis, and/or treatment available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3						
R_C	1534	Have you or any provider(s) of cervical cancer services received any training in procedures for obtaining cervical specimens, reading HPV tests, and/or visual inspection with acetic acid (VIA) in the past 2 years?	YES...1 NO 2						
		15.5.2. BREAST CANCER							
		SERVICE AVAILABILITY							
R_C	1535	Does this facility offer any services for breast cancer?	YES...1 NO 2						➔Q1540
R_C	1536	Which of the following services for screening, diagnosis, and/or treatment of breast cancer are offered in this facility:	PERFORM IN FACILITY		REFER FOR SERVICE		NOT AVAILABLE		
R_C	01	Manual breast examination	1		2		3		
R_C	02	Mammography	1		2		3		
R_C	03	Fine needle aspiration cytology	1		2		3		
R_C	04	Core needle biopsy of lump specimen	1		2		3		
R_C	05	Chemotherapy	1		2		3		
R_C	06	Radiation therapy	1		2		3		
R_C	07	Lumpectomy	1		2		3		
R_C	08	Mastectomy	1		2		3		
R_C	09	Outpatient maintenance treatment for breast cancer	1		2		3		
		SUPPORT FOR QUALITY SERVICES							
R_C	1537	Are national guidelines for breast cancer screening, diagnosis, and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3						
R_C	1538	Are any other guidelines for breast cancer screening, diagnosis, and/or treatment available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3						

Module	No.	Question	Response			Skip
R_C	1539	Have you or any provider(s) of breast cancer services received any training in breast cancer screening, diagnosis and/or treatment in the past 2 years?	YES..1 NO 2			
		15.5.3. COLORECTAL CANCER				
		SERVICE AVAILABILITY				
R_C	1540	Does this facility offer any services for colorectal cancer?	YES ....1 NO..2			➔Q1545
R_C	1541	Which of the following services for colorectal cancer screening, diagnosis and/or treatment are offered in this facility:	PERFORM IN FACILITY	REFER FOR SERVICE	NOT AVAILABLE	
R_C	01	Stool guaiac test/faecal immunochemical test (FIT)	1	2	3	
R_C	02	Colonoscopy	1	2	3	
R_C	03	Biopsy of colon polyp	1	2	3	
R_C	04	Surgical interventions	1	2	3	
R_C	05	Chemotherapy	1	2	3	
		SUPPORT FOR QUALITY SERVICES				
R_C	1542	Are national guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3			
R_C	1543	Are any other guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today? IF YES ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3			
R_C	1544	Have you or any provider(s) of colorectal cancer services received any training in colorectal cancer screening, diagnosis and/or treatment in the past 2 years?	YES ....1 NO..2			
		15.5.4. PROSTATE CANCER				
		SERVICE AVAILABILITY				
R_C	1545	Does this facility offer any services for prostate cancer?	YES ....1 NO..2			➔END OF SECTION
R_C	1546	Which of the following services for prostate screening, diagnosis and/or treatment are offered in this facility:	PERFORM IN FACILITY	REFER FOR SERVICE	NOT AVAILABLE	
R_C	01	Digital rectal examination (DRE)	1	2	3	
R_C	02	Prostate specific antigen (PSA) testing	1	2	3	
R_C	03	Prostate biopsy	1	2	3	
R_C	04	Surgical interventions	1	2	3	
R_C	05	Radiation therapy	1	2	3	
		SUPPORT FOR QUALITY SERVICES				
R_C	1547	Are national guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	1548	Are any other guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today? IF YES ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			

Module	No.	Question	Response	Skip
R_C	1549	Have you or any provider(s) of prostate cancer services received any training in prostate cancer screening, diagnosis and/or treatment in the past 2 years?	YES...1 NO 2	

Module	No.	Question	Response				Skip
		16. SERVICES FOR MENTAL HEALTH AND NEUROLOGICAL CONDITIONS					
		16.1. SERVICE AVAILABILITY					
R_C	1600	Does this facility offer any services for mental health conditions (such as depression) and/or neurological conditions (such as epilepsy)?	YES ....1 NO..2				➔END OF SECTION
R_C	1601	For each service I ask about, please tell me if the service is offered in this facility. If yes, is it offered as an inpatient, outpatient, or both in- and outpatient service?	**YES**			**NOT OFFERED**	
			INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT		
R_C	01	Mental disorders (e.g depression, schizophrenia)	1	2	3	4	
R_C	02	Neurological disorders (e.g. epilepsy, dementia)	1	2	3	4	
R_C	i1602	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OUTPATIENT MENTAL HEALTH SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MENTAL HEALTH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					

Module	No.	Question	(A) DIAGNOSE		(B) TREAT		(C) COUNSEL		(D) REFER		Skip
R_C	1603	Now I would like to know about specific types of mental and neurological services offered. For each diagnosis I mention, please tell me if this facility provides diagnosis, treatment, counselling on self-care, and/or referral.	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	
R_C	01	Mood disorders (e.g. depression, bipolar disorder)	1 ➔B	2 ➔B	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	02	Schizophrenia	1 ➔B	2 ➔B	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	03	Anxiety-related disorders	1 ➔B	2 ➔B	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	04	Epilepsy/seizures	1 ➔B	2 ➔B	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	05	Dementia	1 ➔B	2 ➔B	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	06	Disorders due to substance use or addictive behaviours	1 ➔B	2 ➔B	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	

Module	No.	Question	Response	Skip
R_C	1604	Does this facility have any formal systems for linking with community health workers (CHWs) for mental health or neurological services?	YES ....1 NO..2	
		16.2. SUPPORT FOR QUALITY SERVICES		
R_C	1605	Are national guidelines for diagnosis and/or management of mental and/or neurological conditions available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
R_C	1606	Are any other guidelines for diagnosis and/or management of mental and/or neurological conditions available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
R_C	1607	Have you or any provider(s) of mental health services received training on diagnosis, counselling and/or treatment of mental health conditions in the past 2 years?	YES ....1 NO..2	
R_C	1608	Have you or any provider(s) of neurological health services received training on diagnosis, counselling and/or treatment of neurological conditions in the past 2 years?	YES ....1 NO..2	

Module	No.	Question	Response		Skip
		17. SERVICES FOR SPECIAL NEEDS			
		17.1. PALLIATIVE CARE			
		17.1.1. SERVICE AVAILABILITY			
R_C	1700	Does this facility offer any palliative care services?	YES .... 1 NO.. 2		➔Q1706
R_C	1701	Which of the following palliative health services are offered in this facility:	YES	NO	
R_C	01	Inpatient palliative care	1	2	
R_C	02	Outpatient palliative care	1	2	
R_C	03	Home care for palliative care	1	2	
R_C	04	Linkages with other organizations providing home-based palliative care	1	2	
R_C	i1702	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PALLIATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PALLIATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
		17.1.2. SUPPORT FOR QUALITY SERVICES			
R_C	1703	Are national guidelines for palliative care services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3		
R_C	1704	Are any other guidelines for palliative care services available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3		
R_C	1705	Have you or any provider(s) of palliative care received training on palliative care services in the past 2 years?	YES .... 1 NO.. 2		
		17.2. REHABILITATIVE CARE			
		17.2.1. SERVICE AVAILABILITY			
R_C	1706	Does this facility offer any rehabilitative care or physiotherapy services?	YES .... 1 NO.. 2		➔Q1713
		17.2.2. SITE CONDITIONS			
R_C	1707	Is there a treatment site specific for rehabilitation or physiotherapy services?	YES .... 1 NO.. 2		
		17.2.3. EQUIPMENT			
R_C	i1708	Now I would like to know about equipment and commodities for rehabilitation services.			

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	1709	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.							
R_C	01	Parallel bars	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Height adjustable treatment bed/plinth	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Upper limb exercise equipment (weights/pulleys/TheraBand)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Measuring tape/goniometer	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Walking frames/crutches/walking sticks	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Compression bandages/tubigrip	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Casting and splinting kit	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Audiometric equipment and booth	1 ➔B	2 ➔B	3 ➔09	1	2	8	

Module	No.	Question	Response						Skip
R_C	09	Any equipment for paediatric rehabilitation (mats/toys/walking frames/standing frames)	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C	10	Any patient education materials	1	2	3	✕	✕	✕	
		17.2.4. SUPPORT FOR QUALITY SERVICES							
R_C	1710	Are national guidelines or national protocols or procedures for rehabilitation care available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3						
R_C	1711	Are any other guidelines, protocols or procedures for rehabilitation care available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3						
R_C	1712	Have you or any provider(s) of rehabilitation services received training on assessment or treatment for rehabilitation needs of patients in the past 2 years?	YES ....1 NO..2						
		17.3. RAPE OR INTIMATE PARTNER VIOLENCE SURVIVORS							
		17.3.1. SERVICE AVAILABILITY							
R_C	1713	Does this facility offer any services for survivors of rape and/or intimate partner/sexual violence?	YES ....1 NO..2						➔Q1719

Module	No.	Question	YES	NO	Skip
R_C	1714	Which of the following services are offered to survivors of rape and/or intimate partner violence?			
R_C	01	Forensic assessment and examinations	1	2	
R_C	02	Hepatitis B immunization	1	2	
R_C	03	Post exposure prophylaxis (PEP) for HIV	1	2	
R_C	04	Emergency contraception	1	2	
R_C	05	Presumptive treatment for sexually transmitted infections (STIs) according to national protocols	1	2	
R_C	06	Tetanus toxoid or immunoglobulin	1	2	
R_C	07	Counselling on induced abortion services	1	2	
R_C	08	Induced abortion services	1	2	

Module	No.	Question	Response	Skip
		17.3.2. SITE CONDITIONS		
R_C	1715	Is there a safe and locked filing space to keep records confidential, or password-protected computer for electronic files? IF YES, ASK: May I see it?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
R_C	1716	Is a health worker of the same sex as the survivor always available to conduct the examination or to be in the same room during the examination?	YES ....1 NO..2	
		17.3.3. SUPPORT FOR QUALITY SERVICES		
R_C	i1717	Now I would like to know about documents for survivors of rape and/or intimate partner violence available in this service site today.		

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	1718	For each item that I ask about, please show me the item.				
R_C	01	National guidelines on services for rape and/or intimate partner violence survivors [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines on services for rape and/or intimate partner violence survivors	1	2	3	
R_C	03	Form or standard for documenting cases of rape or intimate partner violence	1	2	3	

Module	No.	Question	Response			Skip
R_C	04	Consent form	1	2	3	
R_C	1719	Have you or any provider(s) of services for rape and/or intimate partner violence received any training on care of survivors in the past 2 years?	YES .... 1 NO.. 2			
		17.4. CHILDREN AFFECTED BY MALTREATMENT				
		17.4.1. SERVICE AVAILABILITY				
R_C	1720	Does this facility offer any services for children affected by maltreatment? (Child maltreatment includes physical, sexual or emotional violence and neglect of persons aged 0–17 by parents or caregivers.)	YES .... 1 NO.. 2			➔ END OF SECTION
		17.4.2. SUPPORT FOR QUALITY SERVICES				
R_C	i1721	Now I would like to know about documents for children affected by maltreatment available in this service site today.				
R_C	1722	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines, procedures, or protocols for identification of and/or services for children affected by maltreatment [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines, procedures, or protocols for identification of and/or services for children affected by maltreatment	1	2	3	
R_C	03	Form or standard for the documentation of child maltreatment cases	1	2	3	
R_C	1723	Have you or any provider(s) of services for child maltreatment received training in the past 2 years on identification of and/or services for children affected by maltreatment?	YES .... 1 NO.. 2			

Module	No.	Question	Response						Skip
		18. MATERNAL AND NEWBORN SERVICES (OUTPATIENT)							
		18.1. FAMILY PLANNING							
		18.1.1. SERVICE AVAILABILITY							
R_C	1800	Does this facility offer any family planning services?	YES .... 1 NO... 2						➜Q1810
R_C	i1801	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
R_C	1802	Does this facility provide or prescribe any of the following methods of family planning:	YES			NO			
R_C	01	Combined estrogen progesterone oral contraceptive pills	1			2			
R_C	02	Progestin-only contraceptive pills	1			2			
R_C	03	Combined estrogen progesterone injectable contraceptives	1			2			
R_C	04	Progestin-only injectable contraceptives	1			2			
R_C	05	Male condoms	1			2			
R_C	06	Female condoms	1			2			
R_C	07	Implants	1			2			
R_C	08	Emergency contraceptive pills	1			2			
R_C	09A	Intrauterine contraceptive device (IUCD) – hormonal	1			2			
R_C	09B	Intrauterine contraceptive device (IUCD) – non hormonal	1			2			
R_C	10	Cycle beads for standard days method	1			2			
R_C	11	Male sterilization	1			2			
R_C	12	Female sterilization	1			2			
R_C	1803	Does this facility provide any family planning services for unmarried adolescents?	YES .... 1 NO... 2						
R_C	1804	Does this facility have any formal systems for linking with community health workers (CHWs) for family planning services?	YES .... 1 NO... 2						
		18.1.2. EQUIPMENT							
R_C	i1805	Now I would like to ask about equipment for family planning available in this service site today.							
R_C	1806	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Blood pressure apparatus	1➜B	2➜B	3➜Q1807	1	2	8	
		18.1.3. SUPPORT FOR QUALITY SERVICES							
R_C	i1807	Now I would like to know if the following documents for family planning are available in this service site today.							
R_C	1808	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
R_C	01	National family planning guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3				
R_C	02	Any other family planning guidelines	1	2	3				
R_C	03	Any family planning checklist and/or job aids	1	2	3				
R_C	04	National guidelines for adolescent reproductive health services [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3				
R_C	05	Any other guidelines for adolescent reproductive health services	1	2	3				

Module	No.	Question	Response			Skip
R_C	06	Individual client record/file/cards (These might be specific to family planning, or part of a comprehensive patient record)	1	2	3	
R_C	1809	In the past 2 years, have you or any provider(s) of family planning services received training in:	YES		NO	
R_C	01	Family planning	1		2	
R_C	02	Adolescent sexual and reproductive health	1		2	
		18.2. ANTENATAL CARE (ANC)				
		18.2.1. SERVICE AVAILABILITY				
R_C	1810	Does this facility offer antenatal care (ANC) services?	YES ....1 NO 2			➔Q1819
R_C	i1811	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
R_C	1812	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services:	YES		NO	
R_C	01	Iron supplementation	1		2	
R_C	02	Folic acid supplementation	1		2	
R_C	03	Intermittent preventive treatment in pregnancy (IPTp) for malaria [WHERE APPLICABLE]	1		2	
R_C	04	LLINs or vouchers for LLINs for pregnant women [WHERE APPLICABLE]	1		2	
R_C	05	Tetanus toxoid immunization	1		2	
R_C	06	Monitoring for hypertensive disorder of pregnancy (measure blood pressure)	1		2	
R_C	07	Routinely check urine protein	1		2	
R_C	08	Calcium supplementation for women at risk of pre-eclampsia	1		2	
R_C	09	Low-dose aspirin for women at risk of pre-eclampsia	1		2	
R_C	10	HIV test for pregnant women	1		2	
R_C	11	Routine syphilis testing	1		2	
R_C	12	Treatment for syphilis	1		2	
R_C	13	Diagnosis and treatment for other sexually transmitted infections	1		2	
R_C	14	Counselling for prevention of female genital mutilation (FGM)	1		2	
R_C	1813	Does this facility have any formal systems for linking with community health workers (CHWs) for antenatal care services?	YES .... 1 NO... 2			
		18.2.2. EQUIPMENT AND COMMODITIES				
R_C	i1814	Now I would like to ask about items for provision of antenatal care available in this service site today.				

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	1815	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Blood pressure apparatus	1➔B	2➔B	3➔02	1	2	8	
R_C	02	Foetal stethoscope/pinard/doppler	1➔B	2➔B	3➔03	1	2	8	
R_C	03	Adult weighing scale	1➔B	2➔B	3➔04	1	2	8	
R_C	04	Examination bed	1➔B	2➔B	3➔05	1	2	8	

Module	No.	Question	Response						Skip
R_C	05	Tape measure	1	2	3	✕	✕	✕	
R_C	06	LLIN or vouchers for LLIN (adult and/or paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
		18.2.3. SUPPORT FOR QUALITY SERVICES							
R_C	i1816	Now I would like to know if the following documents for antenatal care are available in this service site today.							

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	1817	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National ANC guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other ANC guidelines	1	2	3	
R_C	03	Any ANC checklists and/or job aids	1	2	3	
R_C	04	National guidelines on IPTp [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] [WHERE APPLICABLE] ACCEPTABLE IF PART OF ANC GUIDELINES	1	2	3	
R_C	05	National or any other guidelines for the prevention and management of female genital mutilation (FGM)	1	2	3	

Module	No.	Question	YES	NO	Skip
R_C	1818	In the past 2 years, have you or any provider(s) of ANC services received training in any of the following topics:	YES	NO	
R_C	01	Any aspect of ANC	1	2	
R_C	02	IPTp [WHERE APPLICABLE]	1	2	
R_C	03	Prevention and management of female genital mutilation (FGM)	1	2	

Module	No.	Question			Skip
		18.3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION			
		18.3.1. SERVICE AVAILABILITY			
R_C	1819	Does this facility offer services for prevention of mother to child transmission of HIV (PMTCT)?	YES .... 1 NO 2		➔Q1826
R_C	i1820	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. IT MAY BE NECESSARY TO GO TO ANOTHER SITE FOR PMTCT POSTPARTUM FOLLOW-UP.			

Module	No.	Question	YES	NO	Skip
R_C	1821	As part of PMTCT services, please tell me if this facility provides the following services to clients:	YES	NO	
R_C	01	HIV testing services to all pregnant women attending ANC	1	2	
R_C	02	HIV counselling services to HIV-positive pregnant women for PMTCT	1	2	
R_C	03	HIV counselling to mothers about risks for exposed infants and testing services for infants born to HIV-positive women for PMTCT	1	2	
R_C	04	Provision of or referral for all HIV-positive pregnant women for any PMTCT antiretroviral (ARV) regimen	1	2	
R_C	05	ARV prophylaxis to newborns of HIV-positive pregnant women for PMTCT	1	2	
R_C	06	Repeat testing for HIV-negative pregnant women 3 months after first test, while pregnant or during labour/delivery	1	2	
R_C	07	Partner HIV testing	1	2	
R_C	08	Nutritional counselling for HIV-positive pregnant women	1	2	
R_C	09	Infant and young child feeding counselling for infants of HIV-positive women	1	2	
R_C	10	Family planning counselling to HIV-positive pregnant women for PMTCT	1	2	

Module	No.	Question	Response			Skip
R_C	11	Early infant diagnosis (EID) services for all HIV-exposed infants	1	2		
		18.3.2. SITE CONDITIONS				
R_C	1822	Is the PMTCT service room or site a private room/area with auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	*YES, OBSERVED:* BOTH AUDITORY AND VISUAL PRIVACY .... 1 VISUAL PRIVACY ONLY .... 2 AUDITORY PRIVACY ONLY .... 3 *YES, REPORTED, NOT SEEN:* BOTH AUDITORY AND VISUAL PRIVACY .... 4 VISUAL PRIVACY ONLY .... 5 AUDITORY PRIVACY ONLY .... 6 NO.. 7			
		18.3.3. SUPPORT FOR QUALITY SERVICES				
R_C	i1823	Now I would like to know if the following documents for PMTCT are available in this service site today.				

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	1824	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for PMTCT [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for PMTCT	1	2	3	
R_C	03	National guidelines for infant and young child feeding counselling related to PMTCT [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Any other guidelines for infant and young child feeding counselling related to PMTCT	1	2	3	
R_C	1825	In the past 2 years, have you or any provider(s) of PMTCT services received any training in:	YES		NO	
R_C	01	PMTCT	1		2	
R_C	02	Infant and young child feeding related to PMTCT	1		2	

Module	No.	Question	Response			Skip
		18.4. OUTPATIENT POSTNATAL CARE (PNC): MATERNAL AND/OR NEWBORN				
R_C	1826	Does this facility routinely provide any maternal postnatal and/or newborn care as an outpatient service for women and newborns coming from home?	YES ....1 NO..2			➔END OF SECTION
		18.4.1. MATERNAL POSTNATAL CARE SERVICES				
R_C	1827	Does this facility provide any maternal postnatal care as an outpatient service to women coming from home?	YES ....1 NO..2			➔Q1834
R_C	1828	Does this facility have any formal systems for linking with community health workers (CHWs) for postnatal care services?	YES ....1 NO..2			
R_C	i1829	ASK WHERE POSTNATAL WOMEN AND/OR THEIR NEWBORNS WHO ARRIVE FROM OUTSIDE THE FACILITY RECEIVE SERVICES FOR ROUTINE POSTNATAL CARE IN THE OUTPATIENT SERVICE SITE AND GO THERE TO ASK THE FOLLOWING QUESTIONS.				
		MATERNAL PNC SITE CONDITIONS				
R_C	1830	Is there a site for postpartum examination that provides auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	*YES, OBSERVED:* BOTH AUDITORY AND VISUAL PRIVACY ....1 VISUAL PRIVACY ONLY ....2 AUDITORY PRIVACY ONLY ....3 *YES, REPORTED, NOT SEEN:* BOTH AUDITORY AND VISUAL PRIVACY ....4 VISUAL PRIVACY ONLY ....5 AUDITORY PRIVACY ONLY ....6 NO..7			
		SUPPORT FOR QUALITY MATERNAL PNC SERVICES				
R_C	1831	Are there national guidelines for maternal postnatal care available in this service site today: [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3			
R_C	1832	Are there any other guidelines for maternal postnatal care available in this service site today? IF YES, May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3			

Module	No.	Question	Response			Skip
R_C	1833	Have you or any other PNC service provider(s) received any training related to maternal PNC in the past 2 years?	YES ....1 NO...2			
		18.4.2. NEWBORN CARE SERVICES				
R_C	1834	Does this facility provide any newborn care as an outpatient service to women coming from home?	YES ....1 NO...2			➔ END OF SECTION
R_C	1835	Which of the following services are routinely offered as part of outpatient newborn care:	YES		NO	
R_C	01	Counselling on child immunization needs	1		2	
R_C	02	Counselling on child nutritional needs and good feeding practices	1		2	
R_C	03	Counselling on danger signs in the newborn	1		2	
R_C	04	Counselling on cord care and hygiene	1		2	
R_C	05	Counselling on family planning	1		2	
R_C	06	Provision of newborn vaccines (BCG)	1		2	
R_C	07	Provision of newborn vaccines (OPV)	1		2	
R_C	08	Provision of LLIN for infant [WHERE APPLICABLE]	1		2	
R_C	09	Counselling on exclusive breast feeding	1		2	
R_C	10	Provision of injectable antibiotics for newborn sepsis	1		2	
R_C	1836	Does this facility have any formal systems for linking with community health workers (CHWs) for newborn care services?	YES ....1 NO 2			
		SUPPORT FOR QUALITY NEWBORN SERVICES				
R_C	i1837	Now I would like to know if the following documents for outpatient newborn care services are available in this service site today.				
R_C	1838	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for essential newborn care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for essential newborn care	1	2	3	
R_C	03	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
R_C	04	Referral guidelines for the small or sick newborn	1	2	3	
R_C	05	Guidelines or protocols for neonatal sepsis	1	2	3	
R_C	06	Checklists or job aids for neonatal sepsis	1	2	3	
R_C	1839	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES		NO	
R_C	01	Breastfeeding and counselling for promoting breastfeeding	1		2	
R_C	02	Essential newborn care, other than for breastfeeding	1		2	
R_C	03	Neonatal sepsis	1		2	

Module	No.	Question	Response		Skip
		19. ABORTION CARE SERVICES			
R_C	i1900	Now I am going to ask questions about abortion care services. This includes services for management of incomplete spontaneous abortion/loss of pregnancy/miscarriage, as well as services for induced abortion.			
		19.1. SERVICE AVAILABILITY			
R_C	1901	Does this facility offer any abortion care services, including management of incomplete abortion and/or induced abortion services on approved legal grounds and/or upon request?	YES .... 1 NO.. 2		➔ END OF SECTION
R_C	1902	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ABORTION SERVICES ARE PROVIDED. IF SERVICES ARE PROVIDED IN BOTH INPATIENT AND OUTPATIENT LOCATIONS, GO TO THE OUTPATIENT LOCATION. IF SERVICES FOR INCOMPLETE AND INDUCED ABORTION ARE PROVIDED IN DIFFERENT LOCATIONS, GO TO THE LOCATION WHERE INDUCED ABORTION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ABORTION CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
R_C	1903	Does this facility offer any abortion services for adolescents?	YES .... 1 NO.. 2		
R_C	1904	Does this facility offer any services for management of incomplete abortion? IF YES, ASK WHETHER PROVIDED AS AN OUTPATIENT SERVICE, AN INPATIENT SERVICE, OR BOTH	YES, OUTPATIENT ONLY .... 1 YES, INPATIENT ONLY .... 2 YES, BOTH OUTPATIENT .... 3 NO.. 4		➔Q1906
R_C	1905	Does this facility offer any of the following services for management of incomplete abortion?	YES	NO	
R_C	01	Misoprostol	1	2	
R_C	02	Vacuum aspiration: manual (MVA) or electric (EVA)	1	2	
R_C	03	Dilation and evacuation (D&E)	1	2	
R_C	04	Dilation and curettage (D&C)	1	2	
R_C	1906	Does this facility offer any services for induced abortion?	YES, OUTPATIENT ONLY .... 1 YES, INPATIENT ONLY .... 2 YES, BOTH OUTPATIENT .... 3 NO.. 4		➔Q1910
R_C	1907	Does this facility offer any of the following services for induced abortion?	YES	NO	
R_C	01	Induced abortion services on approved legal grounds < 12 weeks gestation	1	2	
R_C	02	Induced abortion services on approved legal grounds ⩾ 12 weeks gestation	1	2	
R_C	03	Induced abortion services provided upon request < 12 weeks gestation	1	2	
R_C	04	Induced abortion services provided upon request ⩾ 12 weeks gestation	1	2	
R_C	1908	Does this facility offer any of the following interventions for induced abortion?	YES	NO	
R_C	01	Misoprostol alone for gestation < 12 weeks	1	2	
R_C	02	Misoprostol alone for gestation ≥ 12 weeks	1	2	
R_C	03	Mifepristone and misoprostol for gestation < 12 weeks	1	2	
R_C	04	Mifepristone and misoprostol for gestation ≥ 12 weeks	1	2	
R_C	05	Vacuum aspiration (MVA, EVA) for gestation < 14 weeks	1	2	
R_C	06	Dilation and evacuation (D&E) for gestation ≥ 14 weeks	1	2	
R_C	07	Dilation and curettage (D&C) for gestation < 14 weeks	1	2	
R_C	08	Dilation and curettage (D&C) for gestation ≥ 14 weeks	1	2	

Module	No.	Question	Response						Skip
R_C	1909	Does this facility provide support for induced abortion taking place in non-facility locations (i.e. self-managed abortion, telemedicine)	YES .... 1 NO... 2						
R_C	1910	Are the following services offered at this facility to clients who have received any abortion care services (incomplete or induced)?	YES			NO			
R_C	01	Counselling on contraceptive services	1			2			
R_C	02	Contraceptive services	1			2			
R_C	03	Counselling on sexually transmitted infections, including HIV	1			2			
R_C	04	Counselling on other health or support services, such as for gender-based violence or mental health	1			2			

19.2. SITE CONDITIONS

Module	No.	Question	Response	Skip
R_C	1911	Does this service site have a room with auditory and visual privacy available for providing abortion-related counselling to clients? IF YES, ASK TO BE SHOWN THE LOCATION. CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	*YES, OBSERVED:* BOTH AUDITORY AND VISUAL PRIVACY .... 1 VISUAL PRIVACY ONLY .... 2 AUDITORY PRIVACY ONLY .... 3 *YES, REPORTED, NOT SEEN:* BOTH AUDITORY AND VISUAL PRIVACY .... 4 VISUAL PRIVACY ONLY .... 5 AUDITORY PRIVACY ONLY .... 6 NO... 7	

19.3. EQUIPMENT

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	i1912	Now I want to ask about equipment for abortion care that is available in this service site.							
R_C	1913	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Vacuum aspirator: manual (MVA) or electric (EVA)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Cannula for MVA/EVA	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Forceps for D&E	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Cervical/osmotic dilator	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Speculum	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Sharp/metal curette for D&C	1 ➔B	2 ➔B	3 ➔Q1914	1	2	8	

19.4. MEDICINES AND COMMODITIES

Module	No.	Question	OBSERVED		NOT OBSERVED			Skip
R_C	1914	Does this facility have medicines for management of abortion available in this service site today?	YES .... 1 NO... 2					➔Q1918
R_C	1915	For each medicine that I ask about, please show me the item. CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS NOT EXPIRED.	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Misoprostol 200 mcg	1	2	3	4	5	
R_C	02	Mifepristone	1	2	3	4	5	
R_C	03	Mifepristone and misoprostol combination package	1	2	3	4	5	
R_C	1916	Antibiotics for prophylaxis with surgical abortion procedure [COUNTRY ADAPT]						
R_C	01	----------	1	2	3	4	5	
R_C	02	----------	1	2	3	4	5	

Module	No.	Question	Response					Skip
R_C	03	----------	1	2	3	4	5	
R_C	1917	Abortion care pain management [COUNTRY ADAPT]						
R_C	01	NSAID (e.g. Ibuprofen, diclofenac)	1	2	3	4	5	
R_C	02	Other _____ (SPECIFY)	1	2	3	4	5	
R_C	1918	Does this facility have commodities for management of abortion available in this service site today?	YES .... 1 NO.. 2					➔Q1920
R_C	1919	For each commodity that I ask about, please show me the item.	OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE	
R_C	01	Skin antiseptic	1		2		3	
R_C	02	Clean disposable sanitary pads	1		2		3	
R_C	03	Disposable latex gloves (sterile)	1		2		3	
		19.5. SUPPORT FOR QUALITY SERVICES						
R_C	i1920	I would like to know if the following documents for abortion care are available in this service site today.						
R_C	1921	For each document that I ask about, please show it to me.	OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE	
R_C	01	National guidelines that include procedures and services for abortion-related care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1		2		3	
R_C	02	Any other guidelines that include procedures and services for abortion-related care	1		2		3	
R_C	03	Any other guidelines that include contraceptive services post abortion	1		2		3	
R_C	04	Register for recording services for abortion	1		2		3	
R_C	1922	In the past 2 years, have you or any provider(s) of abortion services received any training in:	YES			NO		
R_C	01	Management of incomplete abortion	1			2		
R_C	02	Comprehensive Abortion Care (CAC) at < 12 weeks gestation (CAC entails provision of information, management of incomplete abortion and provision of induced abortion services).	1			2		
R_C	03	Comprehensive Abortion Care (CAC) at ≥ 12 weeks gestation	1			2		

Module	No.	Question	Response			Skip
		20. SERVICES FOR CHILDREN UNDER 5 AND ADOLESCENTS				
		20.1. SERVICES FOR CHILDREN UNDER 5				
		20.1.1. SERVICE AVAILABILITY				
R_C	2000	Does this facility offer any preventive and/or curative care services for children under 5?	YES... 1 NO 2			➔Q2007
R_C	i2001	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
R_C	2002	Please tell me if this facility provides the following services for children under 5:	YES	NO		
R_C	01	Routine child growth monitoring/Plotting weight against height or age	1	2		
R_C	02	Diagnosis and/or treatment of child malnutrition/undernutrition	1	2 ➔06		
R_C	03	Outpatient enrolment, follow-up and provision/prescription of ready-to-use therapeutic food (RUTF) for children with severe acute malnutrition without complications	1	2		
R_C	04	Outpatient enrolment, follow-up and management of other categories of children with malnutrition/undernutrition	1	2		
R_C	05	Inpatient management of severely malnourished children with complications	1	2		
R_C	06	Routine vitamin A supplementation	1	2		
R_C	07	Diagnose anaemia in children and provide/prescribe iron	1	2		
R_C	08	Diagnose pneumonia in children and provide/prescribe amoxicillin as first line treatment	1	2		
R_C	09	Diagnose malaria in children with blood test (RDT or blood smear) and provide/prescribe ACT as first line treatment	1	2		
R_C	10	Long-lasting insecticidal net (LLIN) or voucher for LLIN	1	2		
R_C	11	Diagnose watery diarrhoea in children and provide/prescribe oral rehydration salts and zinc	1	2		
R_C	2003	Does this facility have any formal systems for linking with community health workers (CHWs) for child health services?	YES... 1 NO 2			
		20.1.2. SUPPORT FOR QUALITY SERVICES				
R_C	i2004	I would like to know if the following documents for child under 5 services are available in this service site today.				
R_C	2005	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National IMCI guidelines for diagnosis and management of childhood illnesses [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for integrated diagnosis and management of childhood illnesses	1	2	3	
R_C	03	Guidelines for growth monitoring [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Child health charts to plot child growth	1	2	3	
R_C	05	Individual child health card/chart/file (for follow up of individual patient over time)	1	2	3	
R_C	06	Standardized form for examination and management of sick child (e.g. IMCI form)	1	2	3	

Module	No.	Question	Response		Skip
R_C	2006	In the past 2 years, have you or any provider(s) of child health services received training in:	YES	NO	
R_C	01	Integrated management of childhood illnesses (IMCI)	1	2	
R_C	02	Growth monitoring	1	2	
		20.2. SERVICES FOR ADOLESCENTS			
		20.2.1. SERVICE AVAILABILITY			
R_C	2007	Does this facility offer any adolescent health services?	YES..1 NO 2		➔ END OF SECTION
		20.2.2. SUPPORT FOR QUALITY SERVICES			
R_C	2008	Are national guidelines for general adolescent health issues and services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN..2 NO 3		
R_C	2009	Are any other guidelines for general adolescent health issues and services available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN..2 NO 3		
R_C	2010	Have you or any provider(s) of adolescent health services received any training related to general adolescent health issues and services in the past 2 years?	YES..1 NO 2		

Module	No.	Question	Response				Skip
		21. IMMUNIZATION SERVICES					
		21.1. SERVICE AVAILABILITY					
R_C	2100	Does this facility offer any immunization services?	YES...1 NO 2				➔END OF SECTION
A_C	2101	How often does this facility offer all infant and child immunization services at the facility?	DAILY .... 1 WEEKLY .... 2 MONTHLY... 3 QUARTERLY .... 4 NEVER... 5 OTHER_____.................. 6 (SPECIFY)				
A_C	2102	How often does this facility offer all infant and child immunization services as outreach to other locations?	DAILY ....1 WEEKLY .... 2 MONTHLY... 3 QUARTERLY .... 4 NEVER... 5 OTHER_____.................. 6 (SPECIFY)				
R_C	i2103	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
R_C	2104	Does this facility provide any of the following immunization services in the facility only, as outreach (at fixed posts) only, or both? [VACCINES SCHEDULE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION]	BOTH IN FACILITY AND AS OUTREACH	IN FACILITY ONLY	OUTREACH ONLY	SERVICE NOT OFFERED	
R_C	01	**Birth** (hepB0)	1	2	3	4	
R_C	02	Birth (BCG)	1	2	3	4	
R_C	03	Birth (OPV0)	1	2	3	4	
R_C	04	**Infant** (under 1 year): BCG	1	2	3	4	
R_C	05	Infant: oral polio (OPV)	1	2	3	4	
R_C	06	Infant: DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1	2	3	4	
R_C	07	Infant: rotavirus	1	2	3	4	
R_C	08	Infant: IPV (inactivated polio vaccine)	1	2	3	4	
R_C	09	Infant and child: Measles-containing vaccine (e.g. measles-rubella/MMR)	1	2	3	4	
R_C	10	Infant and child: Pneumococcal	1	2	3	4	
R_C	11	**Child** (1–5 years): any vaccinations	1	2	3	4	
R_C	12	Child: COVID-19	1	2	3	4	
R_C	13	**Adolescent/adult**: HPV	1	2	3	4	
R_C	14	Adolescent/adult: tetanus (TT) or tetanus/diphtheria (TD)	1	2	3	4	
R_C	15	Adolescent/adult: any flu vaccines	1	2	3	4	
R_C	16	Adolescent/adult: COVID-19	1	2	3	4	
R_C	17	Adolescent/adult: Pneumococcal	1	2	3	4	
R_C	18	Adolescent/adult: Hepatitis B	1	2	3	4	

Module	No.	Question	Response			Skip
		21.2. SITE CONDITIONS				
R_C	i2105	Now I would like to know about items for **infection prevention and control** available in this service site today.				
R_C	2106	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
R_C	06	Sharps container ("safety box")	1	2	3	
R_C	07	Disposable latex gloves (non-sterile)	1	2	3	
R_C	08	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
		21.3. EQUIPMENT				
R_C	i2107	Now I would like to know about **equipment** for infant or child immunization available in this service site today.				
R_C	2108	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	
R_C	02	Cold box with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)	1	2	3	
R_C	03	Vaccine carrier with set of ice packs	1	2	3	
		21.4. COLD CHAIN				
R_C	2109	Does this facility have a refrigerator for the storage of vaccines? IF THERE ARE DIFFERENT FRIDGES, GO TO THE MAIN STORAGE FRIDGE FOR IMMUNIZATIONS. IF YES, ASK TO SEE THE REFRIGERATOR AND ASK: Is the refrigerator functional today?	YES, OBSERVED: FUNCTIONAL............1 NOT FUNCTIONAL............2 DON'T KNOW............3 YES, REPORTED: FUNCTIONAL............4 NOT FUNCTIONAL............5 DON'T KNOW............6 NO............7			➔Q2115 ➔Q2115 ➔Q2115 ➔Q2115 ➔Q2115

Module	No.	Question	(A) AVAILABLE		(B) FUNCTIONAL			Skip
			YES	NO	YES	NO	DON'T KNOW	
R_C	2110	For each item that I ask about, please show me the item and tell me if it is functioning or not.						
R_C	01	Continuous temperature recorder/logger	1 ➔B	2 ➔02	1	2	8	
R_C	02	Thermometer	1 ➔B	2 ➔Q2115	1	2 ➔Q2115	8 ➔Q2115	

Module	No.	Question	Response	Skip
R_C	2111	Is the temperature of the refrigerator monitored at least once every 24 hours? IF YES, ASK: May I see the log used to record the temperature?	YES, OBSERVED............1 YES, REPORTED, NOT SEEN............2 NO 3	➔Q2114 ➔Q2114
R_C	2112	Has the temperature log been completed for the past 30 days? REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE DAILY DURING THE PAST 30 DAYS).	YES, FULLY COMPLETE............1 NO, AT LEAST 1 DAY NOT COMPLETED............2	➔Q2114
R_C	2113	Has the temperature been out of the range 2–8 °C inclusive, in the past 30 days? PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE PRIOR 30 DAYS IN ORDER TO ANSWER THE QUESTION.	NEVER OUT OF RANGE ....1 OUT OF RANGE AT LEAST ONCE 2	

Module	No.	Question	Response	Skip
R_C	2114	What is the temperature in the refrigerator now?	BETWEEN 2–8 °C (INCLUSIVE) .... 1 OUT OF RANGE.. 2 DON'T KNOW 8	

21.5. VACCINES

Module	No.	Question	Response	Skip
R_C	2115	MARK IF THE FACILITY IS OFFERING CHILD IMMUNIZATION SERVICES TODAY OR IF THERE IS A FUNCTIONING REFRIGERATOR FOR THE STORAGE OF VACCINES.	YES, BOTH VACCINE FRIDGE AND SERVICES TODAY .... 1 YES, VACCINE FRIDGE, NO SERVICES TODAY .... 2 YES, SERVICES TODAY, NO FRIDGE .... 3 NO FRIDGE OR SERVICES TODAY 4	➔Q2118
R_C	i2116	Now I would like to know about vaccines that are available in this service site today.		

Module	No.	Question	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		Skip
			OBSERVED		NOT OBSERVED					
		For each vaccine I mention, please show me at least one vial that has a valid date of expiration with the central square in the vial monitor (VVM) (if present) lighter than the surrounding circle. [COUNTRY ADAPT LIST]	AT LEAST ONE NOT EXPIRED/ VVM LIGHTER	AVAILABLE BUT EXPIRED/ VVM CHANGED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	2117									
R_C	01	Measles vaccine and diluent	1 ➔B	2 ➔02	3 ➔B	4 ➔02	5 ➔02	1	2	
R_C	02	DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1 ➔B	2 ➔03	3 ➔B	4 ➔03	5 ➔03	1	2	
R_C	03	Oral polio vaccine	1 ➔B	2 ➔04	3 ➔B	4 ➔04	5 ➔04	1	2	
R_C	04	BCG vaccine and diluent	1 ➔B	2 ➔05	3 ➔B	4 ➔05	5 ➔05	1	2	
R_C	05	Rotavirus vaccine	1 ➔B	2 ➔06	3 ➔B	4 ➔06	5 ➔06	1	2	
R_C	06	Pneumococcal vaccine	1 ➔B	2 ➔07	3 ➔B	4 ➔07	5 ➔07	1	2	
R_C	07	IPV (inactivated polio vaccine)	1 ➔B	2 ➔08	3 ➔B	4 ➔08	5 ➔08	1	2	
R_C	08	HPV (human papillomavirus vaccine)	1 ➔B	2 ➔09	3 ➔B	4 ➔09	5 ➔09	1	2	
R_C	09	Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine	1 ➔B	2 ➔10	3 ➔B	4 ➔10	5 ➔10	1	2	
R_C	10	Rabies vaccine	1 ➔B	2 ➔11	3 ➔B	4 ➔11	5 ➔11	1	2	
R_C	11	Flu vaccine	1 ➔B	2 ➔12	3 ➔B	4 ➔12	5 ➔12	1	2	
R_C	12	COVID-19 vaccine	1 ➔B	2 ➔13	3 ➔B	4 ➔13	5 ➔13	1	2	
R_C	13	Hepatitis B vaccine	1 ➔B	2 ➔i2118	3 ➔B	4 ➔i2118	5 ➔i2118	1	2	

21.6. SUPPORT FOR QUALITY SERVICES

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	i2118	I would like to know if the following documents for infant or child immunization are available in this service site today.				
R_C	2119	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for routine child immunization [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for routine child immunization	1	2	3	
R_C	03	Guidelines for reporting adverse events that occur after immunization such as adverse events following immunization (AEFI)	1	2	3	
R_C	04	Immunization cards (or child health booklet)	1	2	3	
R_C	05	Official immunization tally sheets or integrated tally sheet	1	2	3	

Module	No.	Question	Response			Skip
R_C	06	Official immunization registers or equivalent	1	2	3	
R_C	2120	Have you or any provider(s) of infant or child immunization services received any training in any aspect of immunization services in the past 2 years?	YES..1 NO 2			→END OF SECTION
R_C	2121	In the past 2 years, have you or any provider(s) received training in the following topics:	YES		NO	
R_C	01	Immunization service delivery such as Immunization in Practice (IIP) or similar	1		2	
R_C	02	Vaccine management/handling and cold chain	1		2	
R_C	03	Data reporting and monitoring of service delivery including data quality surveys (DQS*)	1		2	
R_C	04	Disease surveillance and reporting	1		2	
R_C	05	Injection safety and waste management	1		2	
R_C	06	RED (Reaching Every District)	1		2	

Module	No.	Question	Response		Skip
		22. DELIVERY, POSTNATAL AND NEWBORN SERVICES (INPATIENT)			
		22.1. DELIVERY CARE			
		22.1.1. SERVICE AVAILABILITY			
R_C	i2200	Now I would like to ask about delivery services and resources available in this facility.			
R_C	2201	Does this facility offer any delivery care, including normal delivery, basic emergency obstetric and newborn care (BEmONC), and/or comprehensive emergency obstetric and newborn care (CEmONC)?	YES..1 NO 2		➔Q2241
R_C	2202	Does the facility offer basic emergency obstetric and newborn care (BEmONC)?	YES..1 NO 2		➔Q2204
R_C	2203	Does the facility offer comprehensive emergency obstetric and newborn care (CEmONC)?	YES..1 NO 2		
R_C	i2204	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE DELIVERY AND NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY AND NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in learning about the delivery services available in this facility. First, I will be asking about practices and staffing and then I would like to go into the delivery room to assess equipment and supplies.			
R_C	2205	Does the facility provide 24-hour coverage for delivery services?	YES..1 NO 2		➔Q2207
R_C	2206	Is a skilled delivery service provider present at the facility or on-call in near proximity 24 hours a day, including weekends, to provide delivery care? IF YES, INDICATE WHICH RESPONSE BEST REFLECTS THE NORMAL SITUATION.	YES, 24 HOURS ONSITE ....1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL ....2 NO SKILLED PROVIDER AVAILABLE 24 HOURS 3		
R_C	2207	Please tell me if any of the following are routinely practised for deliveries in this facility:	YES	NO	
R_C	01	Administration of oxytocin immediately after birth to all women for prevention of postpartum haemorrhage	1	2	
R_C	02	Monitor and manage labour using a Labour Care Guide	1	2	
R_C	i2208	Now I want to know about routine practices in this facility for newborn care immediately postpartum.			
R_C	2209	For each practice I mention, please tell me if this is a routine practice that is expected for all newborns in this facility:	YES	NO	
R_C	01	Hygienic cord care: (i) cut with sterile item; and (ii) apply country-specific disinfectant or nothing to tip and stump	1	2	
R_C	02	Thermal protection (drying baby immediately after birth and wrapping)	1	2	
R_C	03	Immediate skin to skin contact	1	2	
R_C	04	Immediately (within 1 hour) putting the newborn to the breast	1	2	
R_C	05	Rooming in (i.e. the newborn stays with the mother)	1	2	
R_C	06	Delayed cord clamping	1	2	
R_C	2210	Please tell me if any of the following interventions for management of complicated deliveries are provided in this facility:	YES	NO	
R_C	01	Administration of antibiotics (IV or IM) for mothers	1	2	
R_C	02	Administration of oxytocic drug (IV or IM) for treatment of postpartum haemorrhage	1	2	
R_C	03	Administration of magnesium sulphate (IV or IM) for management of pre-eclampsia and eclampsia	1	2	
R_C	04	Assisted vaginal delivery using manual vacuum extraction (MVE) or forceps	1	2	
R_C	05	Manual removal of placenta	1	2	

Module	No.	Question	Response		Skip
R_C	06	Removal of retained products of conception using D&C or manual vacuum aspiration	1	2	
R_C	07	Neonatal resuscitation with bag and mask	1	2	
R_C	08	Caesarean section	1	2	
R_C	09	Blood transfusion	1	2	
R_C	10	Administration of antibiotics for PROM (premature rupture of membranes) to prevent infection	1	2	
R_C	11	Administration of corticosteroids for preterm labour to the mother to prevent respiratory complications in the newborn	1	2	
R_C	2211	Does this facility provide any PMTCT services for women who deliver in the facility?	YES...1 NO 2		➔Q2213
R_C	2212	Which of the following are routinely provided as part of PMTCT services during delivery:	YES	NO	
R_C	01	Perform HIV test if status is not known	1	2	
R_C	02	Provide maternal ARV to infected mothers for PMTCT if they are not on life-long ART	1	2	
R_C	03	Provide ARV to newborns of infected mothers for PMTCT	1	2	
		22.1.2. SITE CONDITIONS			
R_C	2213	Is there a usable (available, functional, private) toilet for delivery service patients and visitors? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT ....1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT ....2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3		➔Q2216
R_C	2214	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR DELIVERY UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES...1 NO 2		
R_C	2215	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES...1 NO 2		
R_C	2216	Is there at least one usable (available, functional, private) toilet for delivery services staff? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT ....1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT ....2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3		➔Q2219
R_C	2217	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR DELIVERY UNIT STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES...1 NO 2		
R_C	2218	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES...1 NO 2		
R_C	2219	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	

Module	No.	Question	Response			Skip
R_C	07	STAFF WERE WEARING ID BADGES	1	2		
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2		
R_C	i2220	Now I would like to go to where deliveries are conducted and ask about items for infection prevention and control available in this service site today, or in reasonable proximity such that they can be easily used by providers for maternity patients.				
R_C	2221	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped, covered bucket with tap)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2➜10	3➜10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2➜12	3➜12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	
R_C	15	Surgical masks	1	2	3	
R_C	16	Non-sterile protective gowns	1	2	3	
R_C	17	Sterile protective gowns	1	2	3	
R_C	18	Non-permeable aprons	1	2	3	
R_C	19	Hair cover	1	2	3	
		22.1.3. EQUIPMENT AND COMMODITIES				
R_C	i2222	Now I would like to ask about equipment for delivery services available in this service site today.				

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	2223	For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Blank Labour Care Guide	1	2	3	✕	✕	✕	
R_C	02	Delivery bed with stirrups	1➜B	2➜B	3➜03	1	2	8	
R_C	03	Examination light (flashlight ok)	1➜B	2➜B	3➜04	1	2	8	

Module	No.	Question	Response						Skip
R_C	04	Delivery pack (should include items 05 to 09) ASK IF EACH OF ITEMS 05 TO 09 ARE INCLUDED IN THE DELIVERY PACK. IF THEY ARE IN THE PACK AND IT IS SEALED, MARK THE ITEMS AS "REPORTED, NOT SEEN". IF THE ITEM CAN BE OBSERVED (EITHER FROM A USED PACK OR BECAUSE IT IS OUTSIDE THE PACK) MARK IT AS "OBSERVED".	1	2	3	✕	✕	✕	
R_C	05	Cord clamp	1→B	2→B	3→06	1	2	8	
R_C	06	Episiotomy scissors	1→B	2→B	3→07	1	2	8	
R_C	07	Scissors or blade to cut cord	1→B	2→B	3→08	1	2	8	
R_C	08	Suture thread with needle	1	2	3	✕	✕	✕	
R_C	09	Needle holder	1→B	2→B	3→10	1	2	8	
R_C	10	Manual vacuum extractor	1→B	2→B	3→11	1	2	8	
R_C	11	Forceps for outlet application	1→B	2→B	3→12	1	2	8	
R_C	12	Vacuum aspirator	1→B	2→B	3→13	1	2	8	
R_C	13	D&C kit	1→B	2→B	3→14	1	2	8	
R_C	14	Speculum	1→B	2→B	3→15	3	2	8	
R_C	15	Pulse oximeter	1→B	2→B	3→16	1	2	8	
R_C	16	Blood pressure apparatus	1→B	2→B	3→17	1	2	8	
R_C	17	Foetal stethoscope/pinard/ digital doppler	1→B	2→B	3→18	1	2	8	
R_C	18	Towel for drying newborn	1	2	3	✕	✕	✕	
R_C	19	Infant scale (with 100 g gradation)	1→B	2→B	3→20	1	2	8	
R_C	20	Ultrasound (anywhere in delivery service site)	1→B	2→B	3→21	1	2	8	
R_C	21	Resuscitation table with heat source (for newborn resuscitation)	1→B	2→B	3→22	1	2	8	
R_C	22	Infant incubator (anywhere in facility)	1→B	2→B	3→23	1	2	8	
R_C	23	Electric or manual suction pump	1→B	2→B	3→24	1	2	8	
R_C	24	Suction catheter for suctioning newborn	1→B	2→B	3→25	1	2	8	
R_C	25	Suction bulb (single use or sterilizable multi-use)	1→B	2→B	3→26	1	2	8	
R_C	26	Thermometer	1→B	2→B	3→27	1	2	8	
R_C	27	Phototherapy machine (for newborn)	1→B	2→B	3→Q2224	1	2	8	
R_C	2224	Does this unit have an adult-sized resuscitation bag and mask size? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL .... 1 NOT FUNCTIONAL .... 2 YES, REPORTED: FUNCTIONAL .... 3 NOT FUNCTIONAL .... 4 NO 5							→Q2226 →Q2226 →Q2226

Module	No.	Question	Response						Skip
R_C	2225	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES...1 NO 2						

R_C	2226	Does this unit have a resuscitation bag and mask size 0 for preterm infants?
		
		IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?
			YES, OBSERVED:
			    FUNCTIONAL...1
			    NOT FUNCTIONAL 2
			YES, REPORTED:
			    FUNCTIONAL...3
			    NOT FUNCTIONAL 4
			NO 5
									➜Q2228
									
									➜Q2228
									➜Q2228

R_C	2227	At any time during the past 3 months has the resuscitation bag and mask for preterm babies been unavailable for this unit for any reason?	YES...1 NO 2						

R_C	2228	Does this unit have a resuscitation bag and mask size 1 for term infants?
		
		IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?
			YES, OBSERVED:
			    FUNCTIONAL...1
			    NOT FUNCTIONAL 2
			YES, REPORTED:
			    FUNCTIONAL...3
			    NOT FUNCTIONAL 4
			NO 5
									➜Q2230
									
									➜Q2230
									➜Q2230

R_C	2229	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?	YES...1 NO 2						
R_C	2230	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES...1 NO 2						➜Q2235
R_C	2231	Is there any oxygen currently available in this unit?	YES...1 NO 2						

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	2232	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Centrally piped oxygen	1➜B	2➜B	3➜02	1	2	8	
R_C	02	Oxygen concentrator	1➜B	2➜B	3➜03	1	2	8	
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1➜B	2➜B	3➜04	1	2	8	
R_C	04	Flowmeter for oxygen source, with gradations in mL	1➜B	2➜B	3➜05	1	2	8	
R_C	05	Humidifier	1➜B	2➜B	3➜06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1➜B	2➜B	3➜07	1	2	8	
R_C	07	Paediatric-sized oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1➜B	2➜B	3➜Q2233	1	2	8	

Module	No.	Question	Response						Skip
R_C	2233	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES ....1 NO..2						
R_C	2234	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES ....1 NO..2						
		22.1.4. MEDICINES							
R_C	2235	Does this facility stock any medicines for delivery services in this service site today?	YES ....1 NO..2						➜Q2238

Module	No.	Question	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		Skip
R_C	2236	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS NOT EXPIRED. DO NOT GO TO A PHARMACY OUTSIDE OF THE DELIVERY SERVICE SITE TO ASSESS THESE ITEMS.	OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	01	Magnesium sulphate injection	1➜B	2➜02	3➜B	4➜02	5➜02	1	2	

Module	No.	Question	Response							Skip
R_C	02	Betamethasone injection	1➔B	2➔03	3➔B	4➔03	5➔03	1	2	
R_C	03	Dexamethasone injection	1➔B	2➔04	3➔B	4➔04	5➔04	1	2	
R_C	04	Injectable broad-spectrum antibiotic for sepsis in mother or newborn [COUNTRY ADAPT]	1➔B	2➔05	3➔B	4➔05	5➔05	1	2	
R_C	05	Misoprostol tablet 200 mcg	1➔B	2➔06	3➔B	4➔06	5➔06	1	2	
R_C	06	Intravenous infusion set	1	2	3	4	5	✕	✕	
R_C	07	Dextrose and water 5% (D5W) intravenous solution	1	2	3	4	5	✕	✕	
R_C	08	Sodium chloride (0.9% NS) intravenous solution	1	2	3	4	5	✕	✕	
R_C	09	Other plasma expander such as Ringer's lactate (RL)	1	2	3	4	5	✕	✕	
R_C	10	Chlorhexidine 4% solution	1	2	3	4	5	✕	✕	
R_C	11	Tetracycline eye ointment	1	2	3	4	5	✕	✕	
R_C	12	Oxytocin injection	1➔B	2 ➔ Q2238	3➔B	4➔ Q2238	5➔ Q2238	1	2	
R_C	2237	Is the oxytocin stored in cold storage?	YES .... 1 NO 2							

22.1.5. SUPPORT FOR QUALITY SERVICES

Module	No.	Question	Response			Skip
R_C	i2238	I would like to know if the following documents for delivery care are available in this service site today.				
R_C	2239	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for essential childbirth care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for essential childbirth care	1	2	3	
R_C	03	Any checklists and/or job aids for essential childbirth care	1	2	3	
R_C	2240	In the past 2 years, have you or any provider(s) received training in the following topics?	YES		NO	
R_C	01	Neonatal resuscitation using the newborn bag and mask	1		2	
R_C	02	Any other aspect or practices that are components of essential childbirth care	1		2	
R_C	03	Use of antibiotics for PROM	1		2	
R_C	04	Use of corticosteroids for preterm labour	1		2	

22.2. MATERNAL POSTNATAL CARE (PNC)

22.2.1. SERVICE AVAILABILITY

Module	No.	Question	Response	Skip
R_C	2241	Does this facility have a postpartum ward for women who have delivered or a combined ward where most postpartum women stay? IF NO, ASK: Are there overnight beds for women who have delivered?	YES .... 1 NO WARD, ONLY TEMPORARY/OVERNIGHT BEDS ..... 2 NO OVERNIGHT POSTPARTUM BEDS 3	 ➔Q2255 ➔Q2255

Module	No.	Question	Response			Skip
		22.2.2. SITE CONDITIONS				
R_C	2242	Is there a site for postnatal examination that provides auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION. CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	*YES, OBSERVED:* BOTH AUDITORY AND VISUAL PRIVACY .... 1 VISUAL PRIVACY ONLY .... 2 AUDITORY PRIVACY ONLY... 3 *YES, REPORTED, NOT SEEN:* BOTH AUDITORY AND VISUAL PRIVACY .... 4 VISUAL PRIVACY ONLY .... 5 AUDITORY PRIVACY ONLY... 6 NO 7			
		22.2.3. SUPPORT FOR QUALITY SERVICES				
R_C	i2243	I would like to know if the following guidelines on maternal postnatal care are available in this service site today.				
R_C	2244	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for maternal postnatal care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for maternal postnatal care	1	2	3	
R_C	2245	Have you or any other PNC provider(s) received any training related to maternal PNC in the past 2 years?	YES .... 1 NO 2			
R_C	2246	Are maternal death reviews conducted routinely for women who die in this facility within 6 weeks of giving birth? By routine, I mean there are defined criteria for when a maternal death review will be carried out and a defined process for conducting the review.	YES, ROUTINELY .... 1 YES, SOMETIMES... 2 NO 3			
		22.3. CARE OF THE HEALTHY NEWBORN				
		22.3.1. SERVICE AVAILABILITY				
R_C	2247	Are healthy newborns routinely monitored postpartum for symptoms of possible risk, such as warning signs related to feeding, respiratory, temperature, and jaundice?	YES .... 1 NO 2			
R_C	2248	Which of the following services are routinely offered as part of inpatient newborn care:	YES		NO	
R_C	01	Counselling on child immunization needs	1		2	
R_C	02	Counselling on child nutritional needs and good feeding practices	1		2	
R_C	03	Counselling on danger signs in the newborn	1		2	
R_C	04	Counselling on cord care and hygiene	1		2	
R_C	05	Counselling on family planning	1		2	
R_C	06	Provision of newborn vaccines (BCG)	1		2	
R_C	07	Provision of newborn vaccines (OPV)	1		2	
R_C	08	Provision of LLIN for child [WHERE APPLICABLE]	1		2	
R_C	09	Counselling on exclusive breast feeding	1		2	
		22.3.2. EQUIPMENT				
R_C	i2249	Now I would like to ask about items for examining or monitoring newborns available in this service site today.				

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	2250	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.							
R_C	01	Thermometer	1➔B	2➔B	3➔02	1	2	8	
R_C	02	Infant scale (100 g gradations)	1➔B	2➔B	3➔Q2251	1	2	8	

Module	No.	Question	Response			Skip
		22.3.3. SUPPORT FOR QUALITY SERVICES				
R_C	i2251	I would like to know if the following guidelines for inpatient newborn care are available in this service site today.				
R_C	2252	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for essential newborn care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for essential newborn care	1	2	3	
R_C	03	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
R_C	2253	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES		NO	
R_C	01	Breastfeeding and counselling for promoting breastfeeding	1		2	
R_C	02	Essential newborn care, other than for breastfeeding	1		2	
R_C	2254	Are perinatal death reviews conducted routinely for stillbirths and livebirths who die within 7 days of birth? By routine, I mean there are defined criteria for when a perinatal death review will be carried out and a defined process for conducting the review.	YES, ROUTINELY .... 1 YES, SOMETIMES .... 2 NO 3			
		22.4. CARE OF THE SMALL AND SICK NEWBORN				
		22.4.1. SERVICE AVAILABILITY				
R_C	2255	Does this facility provide any inpatient services for the small or sick newborn? IF YES, ASK: Are there any special inpatient units for small or sick newborns?	YES, AT LEAST ONE SPECIAL CARE UNIT FOR SMALL/ SICK INFANTS .... 1 YES, BUT WITH NO SPECIAL UNIT FOR SMALL/SICK INFANTS.. 2 NO INPATIENT CARE OF SICK INFANTS 3			➔END OF SECTION
R_C	i2256	Now I would like to ask some questions about services available for small and sick infants in this facility.				
R_C	2257	Is KMC (kangaroo mother care) for premature/very small babies used in this facility? IF THERE IS A KMC UNIT, GO THERE TO COLLECT THIS INFORMATION.	YES .... 1 NO 2			➔Q2259
R_C	2258	Has KMC been provided at any time during the past 3 months?	YES .... 1 NO 2			
R_C	2259	Does this facility routinely provide alternative feeding for newborns who cannot breastfeed?	YES .... 1 NO 2			
R_C	2260	Are newborns with symptoms of sepsis ever provided services or referral in the inpatient service site?	YES .... 1 NO 2			
R_C	2261	In addition to the above special services for small/sick newborns, please tell me if any of the following services are routinely available for small/sick newborns when needed:	YES		NO	
R_C	01	Oxygen	1		2	
R_C	02	Exchange blood transfusion service	1		2	
R_C	03	Intravenous rehydration	1		2	
R_C	04	Infant incubation services	1		2	
R_C	05	Radiant warming	1		2	
R_C	06	Artificial ventilation	1		2	
R_C	07	Phototherapy (UV light therapy) for neonatal jaundice	1		2	
R_C	08	Injectable antibiotics for neonatal sepsis	1		2	
		22.4.2. EQUIPMENT				

Module	No.	Question	Response			Skip
R_C	2262	Is there a bed or location where the caregiver providing KMC stays overnight while providing KMC? IF YES, ASK: May I see where the caregiver stays while providing KMC?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3			
R_C	2263	Does the facility have caps/hats for the premature or underweight newborns? IF YES, ASK: May I see the caps/hats?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3			
		22.4.3. SUPPORT FOR QUALITY SERVICES				
R_C	i2264	I would like to know if the following documents for care of the small or sick newborn are available in this service site today.				
R_C	2265	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines or protocols for newborn sepsis [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines or protocols for newborn sepsis	1	2	3	
R_C	03	National guidelines or protocols for KMC [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Any other guidelines or protocols for KMC	1	2	3	
R_C	05	Any job aids for KMC	1	2	3	
R_C	06	A register where it is recorded when KMC is provided	1	2	3	
R_C	07	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
R_C	08	A register to record neonatal sepsis treatment	1	2	3	
R_C	2266	Have you or any provider(s) received training related to newborn sepsis in the past 2 years?	YES .... 1 NO 2			
R_C	2267	Have you or any provider(s) received training in KMC in the past 2 years?	YES .... 1 NO 2			

Module	No.	Question	Result	Skip
		23. HIV SERVICES		
		23.1. HIV TESTING		
		23.1.1. SERVICE AVAILABILITY		
R_C	2300	Does this facility offer HIV testing services?	YES .... 1 NO... 2	➔Q2311

R_C	2301	Does this facility provide HIV testing services for children below 5 years of age?
		 IF NO, ASK: Are children referred elsewhere (outside facility) for HIV testing?
			YES 1
			 NO HIV TESTING FOR CHILDREN:
			   CHILDREN ARE REFERRED FOR TESTING 2
			   CHILDREN ARE NOT REFERRED FOR TESTING.................. 3	

R_C	2302	Does this facility provide HIV testing services for children 5 to 14 years old?	YES .... 1 NO... 2	
R_C	2303	Does this facility provide HIV testing services for adolescents?	YES .... 1 NO 2	
R_C	2303_01	Does this facility provide HIV testing services for adults?	YES .... 1 NO 2	
R_C	i2304	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TESTING SERVICES ARE MOST OFTEN PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
		23.1.2. SITE CONDITIONS		
R_C	2305	Is the HIV counselling service site a private room/area with auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	*YES, OBSERVED:* BOTH AUDITORY AND VISUAL PRIVACY .... 1 VISUAL PRIVACY ONLY .... 2 AUDITORY PRIVACY ONLY .... 3 *YES, REPORTED, NOT SEEN:* BOTH AUDITORY AND VISUAL PRIVACY .... 4 VISUAL PRIVACY ONLY .... 5 AUDITORY PRIVACY ONLY .... 6 NO.. 7	
		23.1.3. MEDICINES AND COMMODITIES		
R_C	2306	Does this facility have condoms available in this service site today to give to clients receiving services? IF YES, ASK: May I see the condoms?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3	
		23.1.4. SUPPORT FOR QUALITY SERVICES		
R_C	i2307	I would like to know if the following guidelines are available in this service site today.		

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	2308	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for HIV counselling and testing [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for HIV counselling and testing	1	2	3	

Module	No.	Question	Result	Skip
R_C	2309	Have you or any provider(s) of HIV counselling and testing services received any training in HIV counselling services in the past 2 years?	YES .... 1 NO... 2	
R_C	2310	Have you or any provider(s) of HIV/AIDS counselling and testing services received any training in HIV/AIDS prevention, care and/or management for adolescents in the past 2 years?	YES .... 1 NO... 2	
		23.2. HIV ANTIRETROVIRAL TREATMENT (ART), CARE AND SUPPORT		
		23.2.1. SERVICE AVAILABILITY		
R_C	2311	Does this facility have any formal systems for linking with community health workers (CHWs) for HIV-related services?	YES .... 1 NO... 2	
R_C	2312	Does this facility provide/prescribe life-long ART or provide follow-up services for any life-long ART patients?	YES .... 1 NO... 2	➔Q2316
R_C	i2313	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TREATMENT, CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT, CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		

Module	No.	Question	Result				Skip
R_C	2314	For which of the following client subgroups does this facility provide/prescribe ART or provide any clinical follow-up services: IF YES, CLARIFY WHICH SERVICES ARE OFFERED.	ART AND CLINICAL FOLLOW-UP	ART BUT NO CLINICAL FOLLOW-UP	CLINICAL FOLLOW-UP, BUT NO ART	NO SERVICES	
R_C	01	Children under five	1	2	3	4	
R_C	02	Children 5 to 14 years old	1	2	3	4	
R_C	03	Adolescents	1	2	3	4	
R_C	04	Adults	1	2	3	4	
R_C	2315	Please tell me if this facility provides the following services for life-long ART clients:	YES		NO		
R_C	01	Routine adherence counselling	1		2		
R_C	02	ART patient clinical treatment follow-up	1		2		
R_C	03	Follow-up for adherence	1		2		
R_C	04	ART prescription/provision	1		2		
R_C	i2315A	I would like to know if the following guidelines are available in this service site today.					
R_C	2315B	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
R_C	01	National ART guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3		
R_C	02	Any other ART guidelines	1	2	3		
R_C	2315C	In the past 2 years, have you or any provider(s) of ART services received any training in:	YES		NO		
R_C	01	Any topic related to ART	1		2		
R_C	02	Initiation and management of ART for adolescents	1		2		
R_C	2316	Does this facility offer any HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care?	YES .... 1 NO... 2				➔Q2325
R_C	2317	For which of the following client subgroups does this facility offer HIV/AIDS care and support services:	YES		NO		
R_C	01	Children under five	1		2		
R_C	02	Children 5 to 14 years old	1		2		
R_C	03	Adolescents	1		2		
R_C	04	Adults	1		2		
R_C	2318	Please tell me if this facility provides or prescribes the following services for HIV/AIDS clients:	YES		NO		
R_C	01	Treatment for any opportunistic infections related to HIV/AIDS. (Includes treating topical fungal infections)	1		2		
R_C	02	Palliative care such as pain management, or nursing care for the terminally ill or severely debilitated clients	1		2		
R_C	03	Nutritional rehabilitation services, including client education and nutritional supplements	1		2		

Module	No.	Question	Result			Skip
R_C	04	Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment (CPT)	1	2		
R_C	05	Condoms	1	2		
R_C	06	Family planning counselling	1	2		
R_C	07	Routine screening or testing for TB	1	2		
R_C	08	Preventive treatment for TB (isoniazid [INH] + pyridoxine) [COUNTRY ADAPT TREATMENT]	1	2		
R_C	09	Treatment for TB, or TB and HIV coinfection	1	2		
R_C	10	Counselling on risk reduction in TB and HIV coinfected patients	1	2		
R_C	11	Screening for cryptococcal infection for patients with CD4 below 100	1	2		
R_C	12	Intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2		
R_C	13	Treatment for Kaposi's sarcoma	1	2		
R_C	14	Screening for chronic cardiovascular diseases such as hypertension	1	2		
R_C	15	Screening for diabetes	1	2		
R_C	16	Routine STI screening tests and diagnosis	1	2		
R_C	17	STI treatments	1	2		
R_C	18	Diagnostic testing for hepatitis B and C	1	2		
R_C	19	Routine HIV testing and counselling for partner of HIV/AIDS client	1	2		
R_C	20	HIV testing for children of HIV/AIDS clients who are receiving services	1	2		
R_C	2319	Is there a system for screening or testing HIV positive clients for TB?	YES .... 1 NO 2			
R_C	2320	Is there a register or record of HIV positive clients who were tested for TB? IF YES, ASK: May I see the register or record?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3			
		23.2.2. COMMODITIES				
R_C	2321	Are condoms available in the service site for care and support services for HIV/AIDS clients? IF YES, ASK: May I see them?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3			
		23.2.3. SUPPORT FOR QUALITY SERVICES				
R_C	i2322	I would like to know if the following guidelines are available in this service site today.				
R_C	2323	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	03	National guidelines for the clinical management of HIV/AIDS [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Any other guidelines for the clinical management of HIV/AIDS	1	2	3	
R_C	05	National guidelines for palliative care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	06	Any other guidelines for palliative care	1	2	3	
R_C	07	National guidelines for HIV/TB coinfection	1	2	3	

Module	No.	Question	Result			Skip
		[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]				
R_C	08	Any other guidelines for HIV/TB coinfection	1	2	3	
R_C	2324	In the past 2 years, have you or any provider(s) of HIV care and support services received any training in:	YES		NO	
R_C	02	Any topic related to HIV care and support	1		2	
R_C	03	Clinical management of HIV/AIDS	1		2	
R_C	05	Adolescent care and support services	1		2	
		23.3. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)				
		23.3.1. SERVICE AVAILABILITY				
R_C	2325	Does this facility offer voluntary male medical circumcision (VMMC) services as an outpatient service?	YES .... 1 NO.. 2			➔ END OF SECTION
R_C	2326	Is VMMC available for adolescents?	YES .... 1 NO.. 2			
R_C	i2327	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE VMMC SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT VMMC SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
		23.3.2. SUPPORT FOR QUALITY SERVICES				
R_C	i2328	I would like to know if the following guidelines are available in this service site today.				
R_C	2329	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National VMMC guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other VMMC guidelines	1	2	3	
R_C	2330	Have you or any provider(s) of VMMC received any training in VMMC in the past 2 years?	YES .... 1 NO.. 2			

Module	No.	Question	Result		Skip
		24. TUBERCULOSIS (TB) SERVICES			
		24.1. SERVICE AVAILABILITY			
R_C	2400	Does this facility provide any services for tuberculosis? This includes case detection, diagnosis, prescribing treatment, patient clinical follow-up, patient follow-up for treatment adherence, and/or periodic resupply of individual patient medicines.	YES...1 NO 2		➜ END OF SECTION
R_C	i2401	First, I want to know about any TB testing and diagnosis. I would like to first speak with the most knowledgeable person in the facility about routine practices related to TB testing and diagnosis INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
R_C	2402	Does this facility offer testing for TB diagnosis? IF YES, PROBE.	YES, ON SITE ....1 YES, DIAGNOSTIC SPECIMENT SENT OUTSIDE OF FACILITY AND RESULT RECEIVED BACK...2 YES, BOTH ON SITE AND OFF SITE.....................................3 NO, PATIENT IS REFERRED OUTSIDE OF FACILITY FOR DIAGNOSIS...4 NO, AND NO REFERRAL PROVIDED 5		
R_C	2403	Do providers in this facility diagnose TB in adults?	YES...1 NO 2		➜ Q2405
R_C	2404	Which of the following methods are ever used at this facility for diagnosing TB for adults:	YES	NO	
R_C	01	Clinical symptoms only	1	2	
R_C	02	Sputum smear microscopy examination	1	2	
R_C	03	Culture	1	2	
R_C	04	Rapid test (GeneXpert MTB/RIF)	1	2	
R_C	05	Chest X-ray	1	2	
R_C	2405	Do providers in this facility diagnose TB in children under five?	YES...1 NO 2		
R_C	2406	Do providers in this facility diagnose TB in children 5 to 14?	YES...1 NO 2		
R_C	2407	Do providers in this facility diagnose TB in adolescents?	YES...1 NO 2		
R_C	2408	Do providers in this facility prescribe medicines for TB treatment?	YES...1 NO 2		➜ Q2410
R_C	2409	For which of the following categories of patients does this facility prescribe medicines for TB treatment:	YES	NO	
R_C	01	Children under five	1	2	
R_C	02	Children 5 to 14	1	2	
R_C	03	Adolescents	1	2	
R_C	04	Adults	1	2	
R_C	2410	Do providers in this facility provide patient follow-up services for patients enrolled in TB treatment?	YES...1 NO 2		➜ Q2412
R_C	2411	Which of the following follow-up services does this facility provide:	YES	NO	
R_C	01	Clinical follow-up, including prescription revision if needed	1	2	
R_C	02	Periodic resupply of TB medicines according to prescription	1	2	
R_C	03	Follow-up to support adherence to treatment and patient follow-up appointments	1	2	
R_C	2412	Do providers in this facility routinely provide HIV testing for TB patients?	YES ....1 NO 2		➜ Q2414

Module	No.	Question	Result			Skip
R_C	2413	Is there any register or record of TB patients who were tested for HIV? IF YES, ASK: May I see any record or other evidence that shows TB patients are routinely tested for HIV?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	2414	Does this facility have any formal systems for linking with community health workers (CHWs) for TB-related services?	YES...1 NO 2			
R_C	2415	Does this facility provide any services related to case detection, testing or treatment for drug-resistant TB?	YES...1 NO 2			
		24.2. MEDICINES				
R_C	2416	Does this facility provide enrolled TB patients with individually packaged TB medicines specific to each patient and supplied from outside the facility?	YES...1 NO 2			➜Q2418
R_C	2417	During the past 3 months has there been any shortage of the individually packaged- medicine supply on the day when patients came to pick up their medicines?	YES...1 NO 2			
		24.3. SUPPORT FOR QUALITY SERVICES				
R_C	i2418	I would like to know if the following guidelines are available in this service site today.				
R_C	2419	For each guideline that I ask about, please show it to me. THESE MAY BE IN ONE GUIDELINE OR IN DIFFERENT DOCUMENTS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for diagnosis and management of TB in adults [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for diagnosis and management of TB in adults	1	2	3	
R_C	03	National guidelines for diagnosis and management of TB in children [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Any other guidelines for diagnosis and management of TB in children	1	2	3	
R_C	05	Guidelines for TB infection control	1	2	3	
R_C	06	Guidelines for management of HIV and TB coinfection	1	2	3	
R_C	07	Guidelines for diagnosis and management of drug-resistant TB	1	2	3	
R_C	08	Guidelines for respiratory transmission-based precautions	1	2	3	
R_C	2420	In the past 2 years, have you or any provider(s) of TB services received any training in the following topics:	YES		NO	
R_C	01	TB diagnosis and management	1		2	
R_C	02	Management of HIV and TB coinfection	1		2	
R_C	03	Diagnosis and management of drug-resistant TB	1		2	
R_C	04	TB infection control	1		2	

Module	No.	Question	Response				Skip
		25. SURGICAL SERVICES					
R_C	2500	Does this facility offer any minor or major surgical procedures?	YES..1 NO 2				➔END OF SECTION
		25.1. MINOR SURGERY					
		25.1.1. SERVICE AVAILABILITY					
R_C	2501	Does this facility perform any minor surgical procedures either for outpatients or inpatients? A minor surgical procedure refers to the incision, excision or manipulation of tissue that does **not** need regional or general anaesthesia, or heavy sedation to control pain. (e.g. suturing, wound debridement, etc.) [COUNTRY ADAPT]	YES..1 NO 2				➔Q2504
R_C	i2502	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MOST MINOR SURGICAL PROCEDURES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MINOR SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					

Module	No.	2503 Please tell me if this facility provides the following services:	YES			NO SERVICE	Skip
R_C	2503		OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT	NO SERVICE	
R_C	01	Incision and drainage of abscesses	1	2	3	4	
R_C	02	Wound debridement	1	2	3	4	
R_C	03	Acute burn management	1	2	3	4	
R_C	04	Suturing of laceration	1	2	3	4	
R_C	05	Closed repair of fracture	1	2	3	4	
R_C	06	Closed reduction of dislocated joint	1	2	3	4	
R_C	07	Male circumcision	1	2	3	4	
R_C	08	Chest tube insertion	1	2	3	4	
R_C	09	Biopsy of lymph node or mass	1	2	3	4	
R_C	10	Removal of foreign body (throat, eye, ear or nose)	1	2	3	4	
R_C	11	Suprapubic cystostomy/catheterization	1	2	3	4	

Module	No.	Question	Response	Skip
		25.2. MAJOR SURGERY		
		25.2.1. SERVICE AVAILABLITY		
R_C	2504	Does this facility perform any major surgical procedures? A major surgical procedure refers to the incision, excision or manipulation of tissue that requires regional or general anaesthesia, or heavy sedation to control pain. It often requires the patient to spend at least one night in hospital after the procedure. [COUNTRY ADAPT]	YES..1 NO 2	➔END OF SECTION
R_C	i2505	ASK TO BE SHOWN THE SITE WHERE MAJOR SURGICAL PROCEDURES ARE CARRIED OUT. IF THERE ARE SEVERAL OPERATING ROOMS/THEATRES, GO TO THE SITE MOST OFTEN USED FOR GENERAL SURGICAL PROCEDURES. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
R_C	2506	Does this facility perform any of the three Bellwether essential surgical procedures (caesarean section, reduction and fixation of open long-bone fractures, laparotomy)?	YES.. 1 NO 2	➔Q2509

Module	No.	Question	Response		Skip
R_C	2507	Which of the following Bellwether procedures does this facility perform?	YES	NO	
		ESSENTIAL SURGICAL PROCEDURES (BELLWETHER PROCEDURES)			
R_C	01	Caesarean section	1	2	
R_C	02	Reduction and fixation of open long-bone fractures	1	2	
R_C	03	Laparotomy	1	2	
R_C	2508	Does this facility perform any major surgical procedures other than the Bellwether procedures mentioned above?	YES.. 1 NO 2		➜Q2512
R_C	2509	Does this facility perform any of the following surgical procedures?	YES	NO	
		OBSTETRICS, GYNAECOLOGY, FAMILY PLANNING			
R_C	01	Tubal ligation	1	2	
R_C	02	Vasectomy	1	2	
R_C	03	Dilatation and curettage (D&C) or vacuum aspiration for evacuation of uterus	1	2	
R_C	04	Ectopic pregnancy surgery	1	2	
R_C	05	Hysterectomy	1	2	
R_C	06	Any abortion services	1	2	
		GENERAL SURGERY			
R_C	07	Appendectomy	1	2	
R_C	08	Repair of intestinal perforation	1	2	
R_C	09	Bowel obstruction	1	2	
R_C	10	Cataract surgery	1	2	
R_C	11	Colostomy/ileostomy	1	2	
R_C	12	Gall bladder surgery	1	2	
R_C	13	Hernia repair (elective/strangulated)	1	2	
R_C	14	Hydrocele repair	1	2	
R_C	16	Tracheostomy	1	2	
		INJURY-RELATED			
R_C	17	Trauma laparotomy	1	2	
R_C	18	Amputation	1	2	
R_C	19	Escharotomy/fasciotomy/contracture release	1	2	
R_C	20	Skin grafting	1	2	
R_C	21	Irrigation and debridement of open fractures	1	2	
R_C	22	Placement of external fixator	1	2	
R_C	23	Burr hole	1	2	
R_C	24	Craniotomy (not burr hole)	1	2	

Module	No.	Question	Response		Skip
		NON-TRAUMA ORTHOPAEDIC			
R_C	25	Drainage of septic arthritis	1	2	
R_C	26	Debridement of osteomyelitis	1	2	
R_C	2510	Is there a health professional in the facility or on-call 24 hours a day who:	YES	NO	
R_C	01	Can perform a caesarean section	1	2	
R_C	02	Can perform laparotomy	1	2	
R_C	03	Can perform a reduction and fixation of open long-bone fractures	1	2	
R_C	04	Is trained in anaesthesia	1	2	
		25.2.2. SITE CONDITIONS			
R_C	i2511	Now I would like to collect information from the main **inpatient surgical** service site. IF THERE ARE MULTIPLE SURGICAL SITES/UNITS, SELECT THE SITE WHERE CAESAREAN SECTIONS ARE MOST COMMONLY CARRIED OUT.			
R_C	2512	How many functional major and minor operating rooms/theatres are available in this facility?	MAJOR ___ ___ MINOR ___ ___		
R_C	2513	Is the surgical unit supported by a back-up power supply if there is a gap in the primary electricity supply?	YES..1 NO 2		
R_C	2514	Is there a usable (available, functional, private) toilet for surgical unit patients? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT..1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT..2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE...3		➔Q2517
R_C	2515	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SURGICAL UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..1 NO 2		
R_C	2516	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES..1 NO 2		
R_C	2517	Is there a usable (available, functional, private) toilet for surgical unit staff? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO WARD/UNIT ....1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO WARD/UNIT..............................2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE...3		➔Q2520
R_C	2518	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SURGICAL UNIT STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..1 NO 2		
R_C	2519	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES..1 NO 2		
R_C	2520	Is there a marked area or room in the surgical site that clearly identifies a point past (red line) which non-surgical shoes/clothing must be covered or left?	YES..1 NO 2		
R_C	2521	Is there a site to scrub for surgery that is adjacent to but separate from the operating room?	YES..1 NO 2		➔Q2523
R_C	2522	Is running water functioning in the scrub area today?	YES..1 NO 2		
R_C	2523	Please tell me if there are separate rooms for the following surgical service components:	YES	NO	
R_C	01	Preoperative room(s)	1	2	
R_C	02	Storage space for sterile and high-level disinfected items (either a room with limited access or a cabinet that can be closed)	1	2	

Module	No.	Question	Response			Skip
R_C	03	Post-operative recovery room(s)	1	2		
R_C	i2524	Now I would like to conduct a brief observation of actual conditions about **cleanliness and waste disposal** today in the surgical service site.				
R_C	2525	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO		
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2		
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2		
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2		
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2		
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2		
R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2		
R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2		
R_C	08	NON-SMOKING SIGNS	1	2		
R_C	i2526	Now I would like to ask about items for **infection prevention and control** available in this service site today.				
R_C	2527	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➜10	3 ➜10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➜12	3 ➜12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	
R_C	15	Surgical masks	1	2	3	
R_C	16	N95 face masks	1	2	3	
R_C	17	Non-sterile protective gowns	1	2	3	
R_C	18	Sterile protective gowns	1	2	3	

Module	No.	Question	Response						Skip
R_C	19	Aprons (impermeable)	1	2	3				
R_C	20	Eye protection (goggles, face shields)	1	2	3				
R_C	21	Gumboots or clogs	1	2	3				
R_C	22	Hair cover	1	2	3				
		25.2.3. EQUIPMENT							
R_C	2528	Now I would like to know about the availability of **oxygen** for patients in this unit. Does this unit ever provide oxygen to patients?	YES...1￼ NO 2						➔Q2534
R_C	2529	Is there any oxygen currently available in this unit?	YES...1￼ NO 2						➔Q2531

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	2530	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Centrally piped oxygen supply	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Oxygen concentrator	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Flowmeter for oxygen source, with gradations in Ml	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔Q2531	1	2	8	

Module	No.	Question	Response						Skip
R_C	2531	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES ....1 NO 2						
R_C	2532	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES...1 NO ....2 NOT APPLICABLE 5						
R_C	i2533	Now I would like to ask about some **basic operating room equipment** available in this service site today.							

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	2534	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE SITE FOR SURGICAL EQUIPMENT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Operating table	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Overhead operating light	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Light source (other than overhead operating light) that can be aimed (flashlight acceptable) to visualize site	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Capnograph	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Cardiac monitor	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	ECG electrodes	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Defibrillator	1 ➔B	2 ➔B	3 ➔08	1	2	8	

Module	No.	Question	Response						Skip
R_C	08	Thermometer (manual or electronic)	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Stethoscope	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C	10	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 ➔B	2 ➔B	3 ➔11	1	2	8	
R_C	11	Suction apparatus (manual or electronic) with catheters	1 ➔B	2 ➔B	3 ➔12	1	2	8	
R_C	12	Needle holder	1 ➔B	2 ➔B	3 ➔13	1	2	8	
R_C	13	Scalpel handle	1 ➔B	2 ➔B	3 ➔14	1	2	8	
R_C	14	Retractor (any)	1 ➔B	2 ➔B	3 ➔15	1	2	8	
R_C	15	Surgical scissors	1 ➔B	2 ➔B	3 ➔16	1	2	8	
R_C	16	Forceps (any except artery forceps)	1 ➔B	2 ➔B	3 ➔17	1	2	8	
R_C	17	Haemostat (artery forceps/mosquito forceps)	1 ➔B	2 ➔B	3 ➔18	1	2	8	
R_C	18	Spinal needle	1 ➔B	2 ➔B	3 ➔19	1	2	8	
R_C	19	Nasogastric tube adult	1 ➔B	2 ➔B	3 ➔20	1	2	8	
R_C	20	Tourniquet	1 ➔B	2 ➔B	3 ➔21	1	2	8	
R_C	21	Cricothyroidotomy set	1 ➔B	2 ➔B	3 ➔22	1	2	8	
R_C	22	Anaesthesia machine	1 ➔B	2 ➔B	3 ➔23	1	2	8	
R_C	23	Pulse oximeter	1 ➔B	2 ➔B	3 ➔24	1	2	8	
R_C	24	Electrocautery apparatus	1 ➔B	2 ➔B	3 ➔25	1	2	8	
R_C	25	Chest tube	1 ➔B	2 ➔B	3 ➔Q2535	1	2	8	
R_C	i2535	Now I would like to ask about **adult intubation and anaesthesia equipment** available in this service site today.							
R_C	2536	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE SITE FOR SURGICAL EQUIPMENT.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Oropharyngeal airway (adult)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Endotracheal tube (adult, e.g. cuffed sizes 5.5–9.0)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Adult intubation set (sealed) INSTRUCTION: IF AVAILABLE, ASK FOR ITEMS 04–06 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Laryngoscope handle and blade (adult)	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Magill forceps (adult)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Stylet or bougie (adult)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Tubing and connectors (to connect adult endotracheal tube)	1 ➔B	2 ➔B	3 ➔2537	1	2	8	

Module	No.	Question	Response	Skip
R_C	2537	Does this unit have an adult-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	*YES, OBSERVED*: FUNCTIONAL..1 NOT FUNCTIONAL...2 *YES, REPORTED*: FUNCTIONAL..3 NOT FUNCTIONAL...4 NO 5	➔Q2540 ➔Q2540 ➔Q2540
R_C	2538	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES...1 NO 2	
R_C	i2539	Now I would like to ask about **paediatric intubation equipment** available in this service site today.		

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	2540	For each item that I ask about, please show me the item and tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE SITE FOR SURGICAL EQUIPMENT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Oropharyngeal airway (paediatric)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Endotracheal tube (paediatric e.g. uncuffed, sizes 3.0 to 5.0)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Paediatric intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–07 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Laryngoscope handle and blade (paediatric)	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Laryngoscope handle and blade neonatal (size 1)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Magill forceps (paediatric)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Stylet or bougie (paediatric)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Tubing and connectors (to connect endotracheal tube) to fit paediatric endotracheal tubes	1 ➔B	2 ➔B	3 ➔Q2541	1	2	8	

Module	No.	Question	Response	Skip
R_C	i2541	Now I would like to ask about **paediatric resuscitation equipment** available in this service site today.		
R_C	2542	Does this unit have a paediatric-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	*YES, OBSERVED:* FUNCTIONAL..1 NOT FUNCTIONAL...2 *YES, REPORTED:* FUNCTIONAL..3 NOT FUNCTIONAL...4 NO 5	➔Q2544 ➔Q2544 ➔Q2544
R_C	2543	At any time during the past 3 months has the paediatric-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES...1 NO 2	
R_C	2544	Does this unit have a resuscitation bag and mask size 0 for preterm infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	*YES, OBSERVED:* FUNCTIONAL..1 NOT FUNCTIONAL...2 *YES, REPORTED:* FUNCTIONAL..3 NOT FUNCTIONAL...4 NO 5	➔Q2546 ➔Q2546 ➔Q2546
R_C	2545	At any time during the past 3 months has the resuscitation bag and mask for preterm infants been unavailable for this unit for any reason?	YES...1 NO 2	

Module	No.	Question	Response	Skip
R_C	2546	Does this unit have a resuscitation bag and mask size 1 for term infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	*YES, OBSERVED:* FUNCTIONAL...1 NOT FUNCTIONAL...2 *YES, REPORTED:* FUNCTIONAL...3 NOT FUNCTIONAL...4 NO 5	➔Q2548 ➔Q2548 ➔Q2548
R_C	2547	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?	YES...1 NO 2	

25.2.4. MEDICINES AND COMMODITIES

Module	No.	Question						Skip
R_C	i2548	Now I would like to know if the following **medicines and commodities** are available in this service site today.						

Module	No.	Question	AVAILABLE					Skip
			OBSERVED		NOT OBSERVED			
R_C	2549	For each medicine or commodity that I ask about, please show it to me.	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Atracurium injection	1	2	3	4	5	
R_C	02	Bupivacaine	1	2	3	4	5	
R_C	03	Inhalational medicines for general anaesthesia (e.g. Halothane, Isoflurane, desflurane or sevoflurane)	1	2	3	4	5	
R_C	04	Ketamine injection	1	2	3	4	5	
R_C	05	Lidocaine 1% or 2% injection	1	2	3	4	5	
R_C	06	Lidocaine 5% heavy spinal injection	1	2	3	4	5	
R_C	07	Midazolam injection	1	2	3	4	5	
R_C	08	Nitrous oxide (gas)	1	2	3	4	5	
R_C	09	Suxamethonium injection	1	2	3	4	5	
R_C	10	Thiopental or propofol injection	1	2	3	4	5	
R_C	11	Atropine injection	1	2	3	4	5	
R_C	12	Neostigmine injection	1	2	3	4	5	
R_C	13	Adrenalin injection	1	2	3	4	5	
R_C	14	Ephedrine injection	1	2	3	4	5	
R_C	15	Diazepam injection	1	2	3	4	5	
R_C	16	Sutures-absorbable	1	2	3	4	5	
R_C	17	Skin antiseptic	1	2	3	4	5	
R_C	18	Urinary catheter and bag	1	2	3	4	5	
R_C	19	Sutures-non absorbable	1	2	3	4	5	

25.2.5. SUPPORT FOR QUALITY SERVICES

Module	No.	Question				Skip
R_C	i2550	I would like to know if the following documents for surgical services are available in this service site today.				
R_C	2551	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	

Module	No.	Question	Response			Skip
R_C	01	National guidelines for comprehensive emergency obstetric care (CEmOC) [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for comprehensive emergency obstetric care (CEmOC)	1	2	3	
R_C	03	Any checklists or job aids for CEmOC	1	2	3	
R_C	04	National guidelines/protocols on integrated management of emergency and essential surgical care (IMEESC) [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	05	Any other guidelines/protocols on integrated management of emergency and essential surgical care (IMEESC)	1	2	3	
R_C	06	Any checklists or job aids on IMEESC	1	2	3	
R_C	07	WHO surgical safety checklist, or a similar tool	1	2	3	
R_C	08	National guidelines for anaesthesia	1	2	3	
R_C	09	Any other guidelines for anaesthesia	1	2	3	
R_C	2552	In the past 2 years, have you or any provider(s) of basic surgical services received any training in:	YES		NO	
R_C	01	Integrated management of emergency and essential surgical care (IMEESC)	1		2	
R_C	02	Surgical skills to perform the Bellwether procedures (Caesarean section, laparotomy, and reduction and fixation of open long-bone fractures)	1		2	
R_C	03	Comprehensive emergency obstetric care	1		2	
R_C	04	General anaesthesia				

Module	No.	Question	Response	Skip
		26. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES		
R_C, M_C	i2600	Now I want to ask about different services and resources available in this facility for patients who arrive from outside this facility seeking emergency care, regardless of whether the patients walk in or whether they arrive by ambulance or other type of vehicle.		
		26.1. SERVICE AVAILABILITY		
R_C, M_C	2601	Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment.	YES .... 1 NO 2	➔END OF SECTION
R_C	i2602	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE EMERGENCY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT EMERGENCY SERVICES IN THE FACILITY. IF THERE ARE MULTIPLE LEVELS OF EMERGENCY SERVICES, ASK TO GO WHERE UNSTABLE PATIENTS RECEIVE EMERGENCY CARE. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in the types of emergency cases that arrive from outside the facility and that this facility manages, and the resources available for the emergency services. If some of the questions are better answered by another person, please call that person or take me to that person for the information. Now I would like to know more about how the emergency walk-in services are organized.		
R_C	2603	What is the setting for emergency services?	DEDICATED EMERGENCY UNIT/SITE .... 1 OFFERED IN SAME SERVICE SETTINGS AS NON-EMERGENCY OUTPATIENT SERVICES .... 2 OTHER _____ .... 6 (SPECIFY)	
R_C	2604	How many hours per day are services provided?	HOURS PER DAY .... __ __ 24-HOUR EMERGENCY SERVICES 24	
R_C	2605	Is there a formal triage system for the emergency service patients?	YES .... 1 NO... 2	
R_C	2606	Does this facility ever refer emergency patients to another facility?	YES .... 1 NO... 2	➔Q2610
R_C	2607	Is a nurse or doctor routinely assigned to accompany emergency patients who are referred to other facilities?	YES, ALL REFERRED PATIENTS .... 1 SOMETIMES DEPENDING ON PATIENT NEEDS CARE DURING TRANSPORT .... 2 NO... 3	
R_C	2608	Is there a system for emergency transportation of patients when referring them to another facility? IF YES, ASK: Is a vehicle and driver available 24 hours?	YES, 24 HOURS... 1 YES, NOT 24 HOURS... 2 NO... 3	➔Q2610
R_C	2609	Please estimate an average of the length of time it takes from requesting to the actual availability of emergency transportation vehicles for referral of patients to another facility. IF IT VARIES, PROBE FOR AN ESTIMATE FOR THE MOST COMMON EXPERIENCE.	IMMEDIATELY AVAILABLE... 1 LESS THAN 5 MINUTES....................................... 2 5–14 MINUTES... 3 15 MINUTES TO ONE HOUR... 4 MORE THAN ONE HOUR .... 5 NO CONSISTENCY IN AVAILABILITY 6	
R_C	2610	How many hours per day are radiology services such as X-ray available for emergency service patients?	HOURS PER DAY...__ __ 24-HOUR RADIOLOGY SERVICES 24	
R_C	2611	How many hours per day are laboratory diagnostic services (other than onsite rapid tests) available for emergency service patients?	HOURS PER DAY...__ __ 24-HOUR LABORATORY SERVICES................................. 24	
R_C	2612	How many hours per day are pharmacy services available for emergency service patients?	HOURS PER DAY...__ __ 24-HOUR PHARMACY SERVICES.................................... 24 NO PHARMACY 00	
R_C	2613	Is there a core staff of fixed (non-rotating) providers permanently assigned to the emergency service?	YES .... 1 NO... 2	
R_C	2614	Are there any staff who are always available onsite or on-call for 24-hour emergency services?	YES .... 1 NO... 2	➔Q2616

Module	No.	Question	Response				Skip
R_C	2615	FOR EACH STAFF OCCUPATION, ASK: Is at least one person for the occupation I ask about always available 24-hours to provide emergency services? IF YES, ASK: Is someone with this qualification always onsite in the emergency service site for 24-hour emergency services? IF NO, ASK: Is someone with this qualification always officially on-call, i.e. they are assigned on rotation to be available in near proximity for 24-hour emergency services? [COUNTRY ADAPT OCCUPATION/ QUALIFICATION OF STAFF]	YES, STAFF ALWAYS AVAILABLE 24 HOURS FOR EMERGENCY SERVICES		NO, NOT AVAILABLE 24 HOURS FOR EMERGENCY SERVICES	NEVER AVAILABLE	
			ONSITE IN EMERGENCY SITE	NOT ONSITE IN EMERGENCY SITE BUT ON-CALL INSIDE FACILITY OR CLOSE TO FACILITY			
R_C	01	Emergency medicine specialist	1	2	3	4	
R_C	02	Generalist medical practitioner or paramedical practitioner (e.g. clinical officer)	1	2	3	4	
R_C	03	Nursing professional	1	2	3	4	
R_C	04	Other specialist doctors	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3 _____ (SPECIFY)	4	

26.2. SITE CONDITIONS

Module	No.	Question	Response					Skip
R_C	i2616	Now I would like to know about **infrastructure** available for emergency services. For each item that I ask about, please indicate if this is dedicated for the emergency service site, if it is shared across the facility, or if it is not available.						
R_C	2617	IF AVAILABLE, ASK TO SEE THE SITE AND OBSERVE THE CONDITION, AND ASK: Is the space sufficient for the "normal"/usual emergency service caseload?	(A) AVAILABLE			(B) CONDITION		
			YES, AVAILABLE		NOT AVAILABLE	SPACE REPORTED ADEQUATE FOR USUAL CASELOAD	SPACE REPORTED INADEQUATE FOR USUAL CASELOAD	
			SPECIFIC FOR EMERGENCY SERVICES	NOT SPECIFIC FOR EMERGENCY SERVICES				
R_C	01	Isolation room for placing patients with suspect infectious diseases such as TB or haemorrhagic fever	1 ➔B	2 ➔B	3 ➔02	1	2	
R_C	02	Designated waiting area	1 ➔B	✕	3 ➔03	1	2	
R_C	03	Designated triage area	1 ➔B	✕	3 ➔04	1	2	
R_C	04	Designated resuscitation area	1 ➔B	✕	3 ➔05	1	2	
R_C	05	Functional radio or phone for communicating between facilities and/or ambulance for transfers	1	2	3	✕	✕	
R_C	2618	Is there electricity in this service site that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED .... 1 NO, NOT TODAY... 2 NO, NEVER HAVE ELECTRICITY 3					➔Q2620
R_C	2619	Is the emergency service site supported by a back-up power supply if there is a gap in the primary electricity supply?	YES .... 1 NO.. 2					
R_C	2620	Is there a usable (available, functional, private) toilet for emergency service patients and visitors? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE EMERGENCY SERVICES SITE SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO SERVICE SITE.. 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO SERVICE SITE.. 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3					➔Q2623
R_C	2621	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR EMERGENCY SERVICE PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES .... 1 NO.. 2					

Module	No.	Question	Response			Skip
R_C	2622	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE EMERGENCY SERVICE TOILET.	YES .... 1 NO 2			
R_C	2623	Is there at least one usable (available, functional, private) toilet for emergency services staff? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE EMERGENCY SERVICE SITE SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO SERVICE SITE .... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO SERVICE SITE .... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3			➔Q2626
R_C	2624	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR EMERGENCY SERVICE STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES .... 1 NO 2			
R_C	2625	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES .... 1 NO 2			
R_C	i2626	Now I would like to conduct a brief observation of actual conditions about **cleanliness and waste disposal** in the emergency service site.				
R_C	2627	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO		
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2		
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2		
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2		
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2		
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2		
R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2		
R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2		
R_C	08	NON-SMOKING SIGNS	1	2		
R_C	09	HAND HYGIENE MATERIALS (SOAP AND WATER OR HAND SANITIZER) OBSERVED IN EACH PATIENT CARE AREA	1	2		
R_C	i2628	Now I would like to know about items for **infection prevention and control** available in this service site today. For each item that I ask about, please show me the item.				
R_C	2629	IF THERE ARE MULTIPLE SITES WHERE EMERGENCY SERVICES ARE PROVIDED, ASK TO SEE THE SITE WHERE UNSTABLE EMERGENCY PATIENTS RECEIVE CARE. ASSESS IF THE FOLLOWING ITEMS ARE IN PROXIMITY TO THAT SITE SUCH THAT PROVIDERS THERE COULD REASONABLY BE EXPECTED TO USE THE ITEMS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	

Module	No.	Question	Response			Skip
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➔12	3 ➔12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Non-reusable syringes (autodisable or disposable needles and syringes)	1	2	3	
R_C	15	Surgical/respiratory masks	1	2	3	
R_C	16	N95 face masks	1	2	3	
R_C	17	Non-sterile protective gowns	1	2	3	
R_C	18	Sterile protective gowns	1	2	3	
R_C	19	Aprons (impermeable)	1	2	3	
R_C	20	Eye protection (goggles, face shields)	1	2	3	
R_C	21	Gumboots or clogs	1	2	3	
R_C	22	Hair cover	1	2	3	

		26.3. EQUIPMENT				
R_C	i2630	Now I would like to ask about **equipment** for emergency services available in this service site today.				

Module	No.	Question	(A) AVAILABLE IN EMERGENCY SERVICE SITE			(B) FUNCTIONAL			Skip
R_C	2631	For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT THE ITEM MUST BE IN THE EMERGENCY SERVICE SITE OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD REASONABLY BE EXPECTED TO USE IT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	2632	**VITAL SIGNS EQUIPMENT AND CROSS-CUTTING ITEMS**							
R_C	01	Thermometer (manual or electronic)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Stethoscope	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Adult weighing scale	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Infant weighing scale (100 g gradation)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Child weighing scale (250 g gradation)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Examination light that can be aimed (flashlight acceptable)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Otoscope	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Ophthalmoscope	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C	10	Doppler	1 ➔B	2 ➔B	3 ➔11	1	2	8	
R_C	11	Nebuliser with attachments	1 ➔B	2 ➔B	3 ➔12	1	2	8	

Module	No.	Question	Response						Skip
R_C	12	Infusion rate monitor	1 ➔B	2 ➔B	3 ➔Q2633	1	2	8	
R_C	2633	**MINOR SURGICAL EQUIPMENT**							
R_C	01	Minor surgical kit INSTRUCTION: IF AVAILABLE, ASK FOR ITEMS 02–04 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Needle holder	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Scalpel handle	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Haemostat	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Forceps	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Surgical scissors	1 ➔B	2 ➔B	3 ➔Q2634	1	2	8	
R_C	2634	**AIRWAY INTERVENTIONS**							
R_C	01	Suction apparatus (manual or electronic) with catheters	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Cricothyroidotomy or tracheostomy set	1 ➔B	2 ➔B	3 ➔Q2635	1	2	8	
R_C	2635	**ADULT AIRWAY**							
R_C	01	Oropharyngeal airway (adult)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Nasopharyngeal airway (adult)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Adult intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–06 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Laryngoscope handle and blade (adult)	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Magill forceps (adult)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Stylet or bougie (adult)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Tubing and connectors (to connect adult endotracheal tube)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Endotracheal tube (adult, e.g. cuffed sizes 5.5–9.0)	1 ➔B	2 ➔B	3 ➔Q2636	1	2	8	
R_C	2636	**PAEDIATRIC AIRWAY**							
R_C	01	Oropharyngeal airway (paediatric)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Nasopharyngeal airway (paediatric)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Paediatric intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–07 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Laryngoscope handle and blade (paediatric)	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Laryngoscope handle and blade neonatal (size 1)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Magill forceps (paediatric)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Stylet or bougie (paediatric)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Tubing and connectors (to connect paediatric endotracheal tube)	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Endotracheal tube (paediatric e.g. uncuffed, sizes 3.0 to 5.0)	1 ➔B	2 ➔B	3 ➔Q2637	1	2	8	

Module	No.	Question	Response						Skip
R_C	2637	**BREATHING INTERVENTIONS**							
R_C	01	Pulse oximeter	1 ➔ B	2 ➔ B	3 ➔ 02	1	2	8	
R_C	02	Chest tubes and insertion set and underwater seal bottle	1 ➔ B	2 ➔ B	3 ➔ 03	1	2	8	
R_C	03	Continuous positive airway pressure (CPAP) equipment	1 ➔ B	2 ➔ B	3 ➔ Q2638	1	2	8	
R_C	2638	Does this service site have an adult-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	*YES, OBSERVED:* FUNCTIONAL .... 1 NOT FUNCTIONAL .... 2 *YES, REPORTED:* FUNCTIONAL .... 3 NOT FUNCTIONAL .... 4 NO 5						➔ Q2640 ➔ Q2640 ➔ Q2640
R_C	2639	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this service site for any reason?	YES .... 1 NO 2						
R_C	2640	Does this service site have a paediatric-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	*YES, OBSERVED:* FUNCTIONAL .... 1 NOT FUNCTIONAL .... 2 *YES, REPORTED:* FUNCTIONAL .... 3 NOT FUNCTIONAL .... 4 NO 5						➔ Q2642 ➔ Q2642 ➔ Q2642
R_C	2641	At any time during the past 3 months has the paediatric-sized resuscitation bag and mask been unavailable for this service site for any reason?	YES .... 1 NO 2						
R_C	2642	Does this service site have a resuscitation bag and mask size 1 for term infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	*YES, OBSERVED:* FUNCTIONAL .... 1 NOT FUNCTIONAL .... 2 *YES, REPORTED:* FUNCTIONAL .... 3 NOT FUNCTIONAL .... 4 NO 5						➔ Q2644 ➔ Q2644 ➔ Q2644
R_C	2643	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this service site for any reason?	YES .... 1 NO 2						
R_C	2644	Continuing with availability of equipment for emergency services, for each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.	**(A)** AVAILABLE IN EMERGENCY SERVICE SITE			**(B)** FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	2645	**CONTROL OF BLEEDING**							
R_C	01	Tourniquet	1 ➔ B	2 ➔ B	3 ➔ 02	1	2	8	
R_C	02	Pelvic binder	1 ➔ B	2 ➔ B	3 ➔ Q2646	1	2	8	
R_C	2646	**CARDIAC INTERVENTIONS**							
R_C	01	Cardiac monitor with electrodes	1 ➔ B	2 ➔ B	3 ➔ 02	1	2	8	
R_C	02	Defibrillator	1 ➔ B	2 ➔ B	3 ➔ 03	1	2	8	
R_C	03	External cardiac pacer pads	1 ➔ B	2 ➔ B	3 ➔ 04	1	2	8	
R_C	04	Electrocardiogram (ECG) machine	1 ➔ B	2 ➔ B	3 ➔ Q2648	1	2 ➔ Q2648	8 ➔ Q2648	
R_C	05	Electrodes and leads for ECG machine	1 ➔ B	2 ➔ B	3 ➔ Q2648	1	2 ➔ Q2648	8 ➔ Q2648	
R_C	2647	Is there a staff person onsite or on-call 24 hours to interpret the ECG?	YES .... 1 NO 2						
	2648	Now I would like to know about the availability of **oxygen** for patients in this service site.							
R_C	2649	Does this service site ever provide oxygen to patients?	YES .... 1 NO 2						➔ Q2654

Module	No.	Question	Response						Skip
R_C	2650	Is there any oxygen currently available in the service site?	YES .... 1 NO... 2						→Q2652

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL			Skip
R_C	2651	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Centrally piped oxygen supply	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Oxygen concentrator	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Flowmeter for oxygen source, with gradations in mL	1 →B	2 →B	3 →05	1	2	8	
R_C	05	Humidifier	1 →B	2 →B	3 →06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 →B	2 →B	3 →Q2652	1	2	8	

Module	No.	Question	Response	Skip
R_C	2652	Is oxygen called for from a central location if needed?	YES ....1 NO..2	
R_C	2653	At any time during the past 3 months has oxygen been unavailable for this service site for any reason?	YES .... 1 NO.. 2	
		26.4. MEDICINES AND COMMODITIES		
R_C	i2654	Now I would like to ask about the availability of **medicines and commodities** in this emergency services site.		
R_C	2655	Are any essential life-saving medicines kept in this emergency unit?	YES .... 1 NO.. 2	→Q2659
R_C	2656	Are essential life-saving medicines and resuscitation equipment kept in a cart/box/tray where they can be rapidly used for an emergency situation? IF YES, ASK TO SEE THE LOCATION AND MARK THE SITUATION OBSERVED.	YES, OBSERVED LOCKED EMERGENCY CART/BOX .... 1 YES, OBSERVED UNLOCKED EMERGENCY CART/BOX OR TRAY THAT CAN EASILY BE CARRIED .... 2 NO, OBSERVED IN CABINET/CUPBOARD NOT EASILY TRANSPORTED.. 3 NO, NOT AVAILABLE/NOT OBSERVED CART/CABINET........ 4	
R_C	i2657	ASK TO BE SHOWN WHERE MEDICINES ARE KEPT FOR EMERGENCY SERVICES		

Module	No.	Question	AVAILABLE					Skip
R_C	2658	Please tell me if any of the following medicines and commodities are available in the emergency cart/box, or elsewhere in the emergency services site where they can be accessed quickly in an emergency. For each item that I ask about, please show it to me.	OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
		EMERGENCY MEDICINES						
R_C	01	Adrenaline or epinephrine injection	1	2	3	4	5	
R_C	02	Glucose 50% injection	1	2	3	4	5	
R_C	03	Atropine injection	1	2	3	4	5	
R_C	04	Calcium gluconate injection	1	2	3	4	5	
R_C	05	Sodium bicarbonate	1	2	3	4	5	
R_C	06	Volume replacement intravenous solutions – dextrose 5% and saline (D5NS) or normal saline (NS) or Ringer's lactate (RL)	1	2	3	4	5	
R_C	07	Intravenous solutions for medicine administration, e.g normal saline	1	2	3	4	5	
R_C	08	Water for injection	1	2	3	4	5	
		OTHER MEDICINES						

Module	No.	Question	Response					Skip
R_C	09	Lidocaine 1% or 2% injection	1	2	3	4	5	
R_C	10	Ketamine injection	1	2	3	4	5	
R_C	11	Benzodiazepine injection (e.g. diazepam. midazolam)	1	2	3	4	5	
R_C	12	Magnesium sulphate injection	1	2	3	4	5	
R_C	13	Naloxone (Narcan) injection	1	2	3	4	5	
R_C	14	Oxytocin injection	1	2	3	4	5	
R_C	15	Any NSAID injection or tablet (e.g. diclofenac, ibuprofen)	1	2	3	4	5	
R_C	16	Any opioid injection (e.g. morphine)	1	2	3	4	5	
R_C	17	Salbutamol nebulizer solution	1	2	3	4	5	
		COMMODITIES						
R_C	18	Sutures	1	2	3	4	5	
R_C	19	Intravenous infusion set	1	2	3	4	5	
R_C	20	Sterile needle	1	2	3	4	5	
R_C	21	Disposable syringe	1	2	3	4	5	
R_C	22	Intravenous catheter	1	2	3	4	5	
R_C	23	Skin antiseptic (e.g. chlorhexidine)	1	2	3	4	5	
R_C	24	Materials for splinting extremities	1	2	3	4	5	
R_C	25	Cervical collar	1	2	3	4	5	
R_C	26	Materials for casts	1	2	3	4	5	
R_C	27	Urinary catheter and bag	1	2	3	4	5	
R_C	28	Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine	1	2	3	4	5	

26.5. DIAGNOSTICS

Module	No.	Question	AVAILABLE					Skip
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	i2659	Now I would like to ask about **tests** available in this emergency services site today. For each item I ask about, please show me the item.						
R_C	2660	CHECK TO SEE IF AT LEAST ONE OF EACH TEST IS VALID AND THAT ALL ITEMS TO PEFORM THE TEST ARE AVAILABLE AND FUNCTIONAL. DO NOT GO TO A LABORATORY OUTSIDE OF THE EMERGENCY SERVICE SITE TO ASSESS THESE TESTS.						
R_C	01	Urine dipstick for protein (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	02	Urine dipstick for glucose (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	03	Urine dipstick for ketones (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	04	Urine pregnancy test	1	2	3	4	5	
R_C	05	Blood glucose	1	2	3	4	5	
R_C	06	Malaria RDT	1	2	3	4	5	
R_C	07	HIV RDT	1	2	3	4	5	

Module	No.	Question	Response			Skip
		26.6. SUPPORT FOR QUALITY SERVICES				
R_C	i2661	Now I would like to know if the following documents are available in this service site today. These may be separate documents or may be part of an inclusive document.				
R_C	2662	For each document that I will ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Structured triage tool, such as the Interagency Integrated Triage Tool	1	2	3	
R_C	02	Protocol for initial approach to ABCs (airway, breathing, circulation, etc.) and basic neurologic function	1	2	3	
R_C	03	Trauma care checklist	1	2	3	
R_C	04	Medical emergency checklist	1	2	3	
R_C	05	Standardized clinical form for emergency service site visits, such as the WHO clinical form for emergency visits	1	2	3	
R_C	2663	Have you or any provider(s) of emergency services received any training in any aspect of emergency services in the past 2 years?	YES ....1 NO...2			
R_C	2664	Have staff been trained in using the triage tool?	YES ....1 NO...2			
M_C	2665	Are there meetings specifically to review emergency cases for quality improvement? This may be meetings to review data, morbidity or mortality conferences that include patients from the emergency service site, or preventable death panels.	YES, SPECIFIC FOR EMERGENCY SERVICE PATIENTS.........1 YES, NOT SPECIFIC TO EMERGENCY SERVICE PATIENTS BUT AS PART OF FACILITY CASE REVIEW PROCESS ....2 NO...3			➔END OF SECTION
M_C	2666	Is there a routine system for tracking implementation of quality improvement or corrective actions after reviews of data or case reviews for emergency services? IF YES, ASK TO SEE EVIDENCE OF MONITORING TO FOLLOW-UP ON ACTIONS.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO...3			

Module	No.	Question	Response								Skip
		27. IMAGING/RADIOLOGY AND OTHER SPECIALITY SERVICES									
R_C	i2700	Now I would like to know about specific diagnostic services that may be available for patients in this facility. PROVIDE EXAMPLES OF THE TYPES OF DIAGNOSTIC PROCEDURES YOU ARE INTERESTED IN FROM THE LIST BELOW AND FIND THE MOST KNOWLEDGEABLE PERSON FOR THESE PROCEDURES. THERE MAY BE MULTIPLE RESPONDENTS AND THE PROCEDURES MAY TAKE PLACE IN MULTIPLE SETTINGS. THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM THE CURRENT LOCATION.								
R_C	i2701	For each item I mention please tell me if the procedure is offered in this facility. If yes, please tell me if the equipment needed for the procedure is available and functioning today, whether staff to carry out the procedure is available either 24/7 (on site or on call) or part time (not 24/7), and if results are interpreted onsite or sent offsite for interpretation.									

Module	No.	Question	(A) PROCEDURE OFFERED		(B) EQUIPMENT		(C) STAFF TO CONDUCT PROCEDURE		(D) RESULTS INTERPRETED		Skip
R_C	2702	IF THE RESPONDENT IS NOT SURE, FIND THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.	YES	NO	AVAILABLE AND FUNCTIONING TODAY	NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, AVAILABLE 24/7 (ON SITE OR ON CALL)	YES, AVAILABLE PART TIME (NOT 24/7)	ONSITE	OFFSITE	
R_C	01	Electrocardiogram (ECG)	1 ➔B	2 ➔02	1 ➔C	2 ➔ C	1 ➔D	2 ➔D	1	2	
R_C	02	Ultrasound	1 ➔B	2 ➔Q2703	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	

Module	No.	Question	Response	Skip
R_C	2703	Does this facility perform any imaging procedures?	YES..1 NO 2	➔Q2706
R_C	i2704	IF YOU ARE NOT ALREADY IN THE IMAGING DEPARTMENT, ASK TO GO THERE AND TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT MANAGEMENT FOR IMAGING.		

Module	No.	Question	(A) PROCEDURE OFFERED		(B) EQUIPMENT		(C) STAFF TO CONDUCT PROCEDURE		(D) RESULTS INTERPRETED		Skip
R_C	2705	Does this facility perform any of the following procedures:	YES	NO	AVAILABLE AND FUNCTIONING TODAY	NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, AVAILABLE 24/7 (ON SITE OR ON CALL)	YES, AVAILABLE PART TIME (NOT 24/7)	ONSITE	OFFSITE	
R_C	01	CT scan	1 ➔B	2 ➔02	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	02	Magnetic resonance scan (MRI)	1 ➔B	2 ➔03	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	03	Digital X-ray	1 ➔B	2 ➔04	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	04	Non-digital X-ray	1 ➔B	2 ➔05	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	05	Fluoroscopy	1 ➔B	2 ➔06	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	06	Angiography/catheterization	1 ➔B	2 ➔07	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	
R_C	07	Electroencephalogram (EEG)	1 ➔B	2 ➔Q2706	1 ➔C	2 ➔C	1 ➔D	2 ➔D	1	2	

Module	No.	Question	Response	Skip
R_C	2706	Does this facility have ventilators/respirators? IF YES, ASK TO BE SHOWN WHERE VENTILATORS/RESPIRATORS ARE KEPT AND ASK IF THERE IS AT LEAST ONE FUNCTIONAL VENTILATOR/RESPIRATOR.	YES, AT LEAST ONE FUNCTIONAL ....1 YES, NONE FUNCTIONAL ....2 NO...3	

Module	No.	Question	Response	Skip
R_C	2707	Does this facility have renal dialysis machines? IF YES, ASK TO BE SHOWN WHERE RENAL DIALYSIS MACHINES ARE KEPT AND ASK IF THERE IS AT LEAST ONE FUNCTIONAL MACHINE.	YES, AT LEAST ONE FUNCTIONAL ....1 YES, NONE FUNCTIONAL ....2 NO..3	
R_C	2708	Does this facility have radiotherapy machines? IF YES, ASK TO BE SHOWN WHERE RADIOTHERAPY MACHINES ARE KEPT AND ASK IF THERE IS AT LEAST ONE FUNCTIONAL MACHINE.	YES, AT LEAST ONE FUNCTIONAL ....1 YES, NONE FUNCTIONAL ....2 NO..3	

Module	No.	Question	Response			Skip
		28. BLOOD TRANSFUSION SERVICES				
		28.1. SERVICE AVAILABILITY				
R_C	2800	Does this facility offer blood transfusion services?	YES .... 1 NO.. 2			➔END OF SECTION
R_C	i2801	I would like to ask about blood transfusion resources and services available in this facility. ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, PROCESSED, TESTED, STORED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT BLOOD TRANSFUSION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
		28.2. BLOOD SUPPLY SUFFICIENCY AND SAFETY				
R_C	2802	Have there been any interruptions in availability of blood for transfusion during the past 3 months?	YES .... 1 NO.. 2			
R_C	2803	Does this facility obtain blood for transfusion from a national or regional blood centre or blood bank?	YES .... 1 NO.. 2			
R_C	2804	Does this facility obtain any blood from sources other than the national or regional blood centre?	YES .... 1 NO.. 2			➔Q2807
R_C	2805	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES .... 1 NO.. 2			➔Q2807
R_C	2806	Please tell me if the blood that is transfused in the facility is "always", "sometimes," or "never" screened for any of the following infectious diseases:	ALWAYS	SOMETIMES	NEVER	
R_C	01	HIV	1	2	3	
R_C	02	Syphilis	1	2	3	
R_C	03	Hepatitis B	1	2	3	
R_C	04	Hepatitis C	1	2	3	
		28.3. EQUIPMENT (COLD CHAIN)				
R_C	2807	Does this facility ever store blood for blood transfusion services? IF YES, ASK: May I see where blood is stored?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN.......................................2 NO.. 3			➔Q2815 ➔Q2815

R_C	2808	Does this facility have a refrigerator in this service site for the storage of blood?
		
		IF YES, ASK TO SEE THE REFRIGERATOR AND ASK; Is the refrigerator functional today?
			YES, OBSERVED:
			  FUNCTIONAL 1
			  NOT FUNCTIONAL 2
			  DON'T KNOW………………………………………………3
			YES, REPORTED:
			  FUNCTIONAL 4
			  NOT FUNCTIONAL 5
			  DON'T KNOW………………………………………………6
			NO.. 7
						➔Q2815
						
						➔Q2815
						➔Q2815
						➔Q2815
						➔Q2815

R_C	2809	I would like to ask you about devices for monitoring refrigerator temperature available and functioning in the refrigerator today.				
R_C	2810	For each item that I ask about, please show me the item and tell me if it is functioning or not.	(A) AVAILABLE		(B) FUNCTIONAL		

Module	No.	Question	YES	NO	YES	NO	DON'T KNOW	Skip
R_C	01	Continuous temperature recorder/logger	1 ➔B	2 ➔02	1	2	8	
R_C	02	Thermometer	1 ➔B	2 ➔Q2815	1	2 ➔Q2815	8 ➔Q2815	

Module	No.	Question	Response	Skip
R_C	2811	Is the temperature of the refrigerator monitored at least once every 24 hours? IF YES, PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO.. 3	➔Q2814 ➔Q2814
R_C	2812	Has the temperature log been completed for the past 30 days? PLEASE REVIEW THE LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE EVERY 24 HOURS DURING THE PAST 30 DAYS).	YES, FULLY COMPLETE .... 1 NO, AT LEAST ONE DAY NOT COMPLETED 2	➔Q2814

Module	No.	Question	Response	Skip
R_C	2813	Has the temperature been out of the range 2–6 °C inclusive in the past 30 days? PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE PAST 30 WORKING DAYS IN ORDER TO ANSWER THE QUESTION.	NEVER OUT OF RANGE...1 OUT OF RANGE AT LEAST ONCE............................2	
R_C	2814	What is the temperature in the fridge now?	BETWEEN 2–6 °C (INCLUSIVE)...............................1 OUT OF RANGE ....2 DON'T KNOW 8	
		28.4. SUPPORT FOR QUALITY SERVICES		
R_C	2815	Are there any national guidelines on the appropriate use of blood and safe transfusion practices available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
R_C	2816	Are there any other guidelines on the appropriate use of blood and safe transfusion practices available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
R_C	2817	Have any provider(s) of blood transfusion services received any training in the appropriate use of blood and safe transfusion practices in the past 2 years?	YES ....1 NO..2	

Module	No.	Question	Response	Skip
		29. LABORATORY SERVICES		
		29.1. SERVICE AVAILABILITY		
R_C, M_C	2900	Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests? This includes tests performed in a laboratory or in a service site at this facility, as well as sending a specimen outside for testing and receiving the results back.	YES .... 1 NO LABORATORY DIAGNOSTIC TESTS PERFORMED 2	➔END OF SECTION
R_C, M_C	i2901	ASK TO BE SHOWN THE MAIN LABORATORY IN THE FACILITY OR THE LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT LABORATORY TESTS CONDUCTED BY THIS FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in learning about any diagnostic tests conducted by this facility or about tests where the facility collects specimens that are sent elsewhere for testing where the results are returned to this facility for use. The questions I ask may apply to a special laboratory service site, or sometimes may refer to service sites where diagnostic tests are conducted or where specimens are collected and sent outside the facility for testing.		
		29.2. SITE CONDITIONS		
R_C	2902	Does this facility have a site dedicated for laboratory testing, such as an actual laboratory or another room where laboratory tests are performed?	YES .... 1 NO 2	➔Q2906
R_C	2903	Is there electricity in this service site that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED .... 1 NO, NOT TODAY .... 2 NO, NEVER HAVE ELECTRICITY 3	➔Q2907
R_C	2904	Does the laboratory have a back-up source of electricity when the main electricity is not functioning?	YES .... 1 NO 2	
R_C	2905	At any time during the past 7 days has the electricity for the laboratory been off for more than 2 hours at a time?	YES .... 1 NO 2	
R_C	i2906	Now I would like to know about items for **infection prevention and control** available in this service site today.		

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	2907	For each item that I ask about, please show it to me. IF THERE IS MORE THAN ONE SITE SPECIFIC FOR LABORATORY TESTING OR IF THERE IS NOT A LABORATORY, START IN THE LOCATION WHERE MOST BLOOD TESTS, SUCH AS HIV TESTS, ARE CONDUCTED.				
R_C	01	Clean running water (piped; covered bucket with tap)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➔12	3 ➔12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	

Module	No.	Question	Response			Skip
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	
R_C	15	Surgical masks	1	2	3	
R_C	16	N95 face masks	1	2	3	
R_C	17	Non-sterile protective gowns	1	2	3	
R_C	18	Sterile protective gowns	1	2	3	
R_C	19	Aprons	1	2	3	
R_C	20	Eye protection (goggles, face shields)	1	2	3	
R_C	21	Gumboots or clogs	1	2	3	
R_C	22	Hair cover	1	2	3	

29.3. RAPID AND HANDHELD DIAGNOSTICS, EQUIPMENT AND COMMODITIES

RAPID AND HANDHELD DIAGNOSTICS

Module	No.	Question	(A) AVAILABLE					(B) STOCK OUT IN THE PAST 3 MONTHS		Skip
			OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	2908	I would like to know if the following tests are available in this service site today. For each test that I ask about, please show it to me.								
R_C	01	Malaria RDT	1 ➔B	2	3 ➔B	4	5	1	2	
R_C	02	HIV RDT	1 ➔B	2	3 ➔B	4	5	1	2	

Module	No.	Question	Response			Skip
R_C	2909	Does this facility have external quality control mechanisms for HIV RDT test results?	YES .... 1 NO .... 2 DOES NOT USE HIV RAPID TEST........................... 5			➔Q2911
R_C	2910	Does this facility routinely conduct internal testing of the quality of the HIV RDT test kit?	YES .... 1 NO 2			

Module	No.	Question	AVAILABLE					Skip
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	2911	Continuing with tests available in this service site today, for each test that I ask about, please show it to me. (ALL URINE DIPSTICK TESTS MAY BE PART OF MULTI-TEST DIPSTICK)						
R_C	01	Syphilis RDT	1	2	3	4	5	
R_C	02	Urine rapid tests for pregnancy	1	2	3	4	5	
R_C	03	Urine dipstick for protein	1	2	3	4	5	
R_C	04	Urine dipstick for glucose	1	2	3	4	5	
R_C	05	Urine dipstick for ketones	1	2	3	4	5	
R_C	06	Urine dipstick for bilirubin	1	2	3	4	5	
R_C	07	Urine dipstick for blood	1	2	3	4	5	
R_C	08	Urine dipstick for white blood cells or nitrites (for UTI)	1	2	3	4	5	
R_C	09	Hepatitis B RDT	1	2	3	4	5	

Module	No.	Question	Response					Skip
R_C	10	Hepatitis C RDT	1	2	3	4	5	
R_C	11	Filariasis test strip (FTS)	1	2	3	4	5	
R_C	12	Dengue RDT	1	2	3	4	5	
R_C	13	Visceral leishmaniasis RDT	1	2	3	4	5	
R_C	14	COVID-19 RDT	1	2	3	1	2	
R_C	15	HbA1C RDT	1	2	3	4	5	
R_C	16	Haemoglobin handheld test	1	2	3	4	5	

HANDHELD EQUIPMENT AND COMMODITIES

Module	No.	Question						Skip
R_C	2912	I would like to know if the following **handheld items** are available in this service site today.						

Module	No.	2913 For each item that I ask you about, please show it to me and tell me if it is functioning or not, or if it has a valid expiry date in the case of tests.	(A) AVAILABLE			(B) FUNCTIONAL/VALID		Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	
R_C	01	Colourimeter or haemoglobinometer (for anaemia handheld test)	1 ➜ B	2 ➜ B	3 ➜ 02	1	2	
R_C	02	Glucometer (for glucose handheld test)	1 ➜ B	2 ➜ B	3 ➜ 03	1	2	
R_C	03	Glucometer test strips/discs	1 ➜ B	2 ➜ B	3 ➜ Q2913_04	1	2	

SPECIMENS FOR SURVEILLANCE/NOTIFIABLE DISEASES

Module	No.	Question	Response	Skip
R_C	2913_04	Does this facility collect any specimens for surveillance or notifiable diseases and send them out for offsite testing?	YES .... 1 NO 2	

29.4. OTHER LABORATORY DIAGNOSTICS, EQUIPMENT AND COMMODITIES

Module	No.	Question	Response	Skip
R_C	2914	Other than the rapid or handheld diagnostics and specimens for surveillance that I just asked about, does this facility provide any other laboratory diagnostics either onsite or by sending the specimen offsite?	YES .... 1 NO 2	➜Q2918

OTHER LABORATORY DIAGNOSTICS

Module	No.	2915 Now I would like to know if the following diagnostics are available onsite at any location in this facility, if specimens are sent offsite and results are returned, or if the diagnostic service is not provided.	AVAILABLE			Skip
			YES		NO	
			ONSITE	SPECIMEN SENT OUT AND RESULT RETURNED		

HAEMATOLOGY

Module	No.	Question	ONSITE	SPECIMEN SENT OUT AND RESULT RETURNED	NO	Skip
R_C	01	Any test of white and red blood cells	1	2 ➜ 09	3 ➜ 09	
R_C	02	Haematocrit or haemoglobin	1	2	3	
R_C	03	White cell count	1	2	3	
R_C	04	Platelet count	1	2	3	
R_C	05	Complete blood count	1	2	3	
R_C	06	Erythrocyte sedimentation rate	1	2	3	
R_C	07	Blood coagulation test: PT/INR	1	2	3	
R_C	08	Blood coagulation test: PTT	1	2	3	

BLOOD CHEMISTRY

Module	No.	Question	Response			Skip
R_C	09	Any blood chemistry tests	1	2➜20	3➜20	
R_C	10	Electrolytes	1	2	3	
R_C	11	Glucose	1	2	3	
R_C	12	Creatinine	1	2	3	
R_C	13	Blood urea nitrogen	1	2	3	
R_C	14	Albumin	1	2	3	
R_C	15	Bilirubin	1	2	3	
R_C	16	Other liver function tests	1	2	3	
R_C	17	Total cholesterol	1	2	3	
R_C	18	Lipid profile	1	2	3	
R_C	19	Amylase or lipase	1	2	3	
R_C	20	Blood pH and gasses	1	2	3	
R_C	21	HBA1C	1	2	3	
R_C	22	Cardiac marker test (CK or troponin)	1	2	3	
R_C	23	Thyroid stimulating hormone (TSH)	1	2	3	
		MICROBIOLOGY, MYCOLOGY AND PARASITOLOGY				
R_C	24	Microscopy – wet mount	1	2	3	
R_C	25	Microscopy - Gram stain	1	2	3	
R_C	26	Culture (any specimen)	1	2	3	
R_C	27	Blood culture	1	2	3	
R_C	28	Any antimicrobial sensitivity testing	1	2	3	
		BLOOD TRANSFUSION				
R_C	29	Any blood group and serology test	1	2➜34	3➜34	
R_C	30	ABO blood grouping test	1	2	3	
R_C	31	Rhesus factor blood test	1	2	3	
R_C	32	Cross-match test by direct agglutination	1	2	3	
R_C	33	Cross-match test by indirect anti-globulin testing or other test with equivalent sensitivity	1	2	3	
		DISEASE-SPECIFIC DIAGNOSTICS				
R_C	34	Hepatitis B	1	2	3	
R_C	35	Hepatitis C	1	2	3	
R_C	36	Syphilis (other than RDT)	1	2	3	
R_C	37	COVID 19 PCR	1	2	3	
R_C	38	HIV viral load	1	2	3	
R_C	39	CD4 count	1	2	3	

Module	No.	Question	Response					Skip
R_C	40	Cryptococcal antigen test	1	2	3			
R_C	41	Sputum microscopy with Ziehl-Neelsen stain for TB (AFB)	1	2	3			
R_C	42	Xpert MTB/RIF for TB	1	2	3			
R_C	43	Malaria smear	1	2	3			
R_C	44	Kato Katz test (for helminths/worms)	1	2	3			
R_C	45	HPV test (Cervista)	1	2	3			
R_C	46	Guaiac test (FOBT) or faecal immunochemical test (FIT) for blood in stool	1	2	3			
R_C	47	Prostate specific antigen (PSA) test	1	2	3			
R_C	48	Any tissue or specimen sample biopsy	1	2	3			
		LABORATORY EQUIPMENT AND COMMODITIES						
R_C	i2916	For the tests conducted onsite, I would like to ask you about the availability and functionality of the associated **equipment** and **commodities**.						

Module	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL/VALID		Skip
R_C	2917	For each item that I ask you about, please show it to me and, when relevant, tell me if it is functioning or not, or if it has a valid expiry date in the case of tests.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	
		MULTIPURPOSE LABORATORY EQUIPMENT AND COMMODITIES						
R_C	01	Light microscope	1 ➜ B	2 ➜ B	3 ➜ 02	1	2	
R_C	02	Glass slides	1	2	3	✕	✕	
R_C	03	Cover slips for glass slides	1	2	3	✕	✕	
R_C	04	Centrifuge for plasma and urine separation	1 ➜ B	2 ➜ B	3 ➜ 05	1	2	
R_C	05	Test tubes	1	2	3	✕	✕	
R_C	06	Incubator (37 °C)	1 ➜ B	2 ➜ B	3 ➜ 07	1	2	
R_C	07	Agar plates for culture	1	2	3	✕	✕	
R_C	08	Vortex mixer	1 ➜ B	2 ➜ B	3 ➜ 09	1	2	
R_C	09	Rocker/shaker	1 ➜ B	2 ➜ B	3 ➜ 10	1	2	
		HAEMATOLOGY EQUIPMENT AND COMMODITIES						
R_C	10	Haematology analyser	1 ➜ B	2 ➜ B	3 ➜ 11	1	2	
R_C	11	Stains for full blood count and differential	1 ➜ B	2 ➜ B	3 ➜ 12	1	2	
R_C	12	White blood cell counting chamber/haemocytometer	1 ➜ B	2 ➜ B	3 ➜ 13	1	2	
R_C	13	Micro-centrifuge & pipettes for haematocrit/PCV	1 ➜ B	2 ➜ B	3 ➜ 14	1	2	
R_C	14	Blood coagulation analyser (PT/PTT)	1 ➜ B	2 ➜ B	3 ➜ 15	1	2	
R_C	15	Westergren tube and rack for ESR	1	2	3	✕	✕	
		BLOOD CHEMISTRY EQUIPMENT AND COMMODITIES						
R_C	16	Blood chemistry analyser	1 ➜ B	2 ➜ B	3 ➜ 17	1	2	
R_C	17	Assay kit – liver function test including ALT	1 ➜ B	2 ➜ B	3 ➜ 18	1	2	

Module	No.	Question	Response					Skip
R_C	18	Assay kit – renal function test including creatinine and urea nitrogen	1 ➔ B	2 ➔ B	3 ➔ 19	1	2	
R_C	19	Assay kit – serum electrolytes	1 ➔ B	2 ➔ B	3 ➔ 20	1	2	
R_C	20	Assay kit/reagents for measuring lipase	1 ➔ B	2 ➔ B	3 ➔ 21	1	2	
R_C	21	Assay kit/reagents for measuring thyroid stimulating hormone (TSH)	1 ➔ B	2 ➔ B	3 ➔ 22	1	2	
R_C	22	Assay kit/reagents for measuring blood lipids	1 ➔ B	2 ➔ B	3 ➔ 23	1	2	
R_C	23	All items for blood gas measurement	1 ➔ B	2 ➔ B	3 ➔ 24	1	2	
R_C	24	All items for any cardiac marker test	1 ➔ B	2 ➔ B	3 ➔ 25	1	2	
R_C	25	All items for HbA1C measurement	1 ➔ B	2 ➔ B	3 ➔ 26	1	2	
		EIA/ELISA EQUIPMENT AND COMMODITIES						
R_C	26	EIA/ELISA washer	1 ➔ B	2 ➔ B	3 ➔ 27	1	2	
R_C	27	EIA/ELISA reader	1 ➔ B	2 ➔ B	3 ➔ 28	1	2	
R_C	28	Assay kit – HIV antibody testing by EIA/ELISA	1 ➔ B	2 ➔ B	3 ➔ 29	1	2	
		POLYMERASE CHAIN REACTION (PCR) EQUIPMENT AND COMMODITIES						
R_C	29	PCR for HIV viral load or HIV early-infant diagnosis	1 ➔ B	2 ➔ B	3 ➔ 30	1	2	
R_C	30	PCR for COVID-19	1 ➔ B	2 ➔ B	3 ➔ 31	1	2	
		CD4 EQUIPMENT AND COMMODITIES						
R_C	31	CD4 counter	1 ➔ B	2 ➔ B	3 ➔ 32	1	2	
R_C	32	Specific assay kit – CD4 test	1 ➔ B	2 ➔ B	3 ➔ 33	1	2	
		SYPHILIS EQUIPMENT AND COMMODITIES						
R_C	33	Assay kit – syphilis serology (RPR)	1 ➔ B	2 ➔ B	3 ➔ 34	1	2	
R_C	34	VDRL test kit	1 ➔ B	2 ➔ B	3 ➔ 35	1	2	
R_C	35	Treponemal specific tests (FTA-Abs)	1 ➔ B	2 ➔ B	3 ➔ 36	1	2	
		TUBERCULOSIS EQUIPMENT AND COMMODITIES						
R_C	36	Fluorescence microscope (FM)	1 ➔ B	2 ➔ B	3 ➔ 37	1	2	
R_C	37	Ziehl-Neelsen stain	1 ➔ B	2 ➔ B	3 ➔ 38	1	2	
R_C	38	Auramine rhodamine stain for fluorescent microscopy	1 ➔ B	2 ➔ B	3 ➔ 39	1	2	
R_C	39	GeneXpert 4 module unit with laptop	1 ➔ B	2 ➔ B	3 ➔ 40	1	2	
R_C	40	GeneXpert 4 test cartridge	1 ➔ B	2 ➔ B	3 ➔ 41	1	2	
R_C	41	Cartridge for Ultra test	1 ➔ B	2 ➔ B	3 ➔ 42	1	2	
		OTHER EQUIPMENT AND COMMODITIES						
R_C	42	Kato Katz kit (for helminths)	1 ➔ B	2 ➔ B	3 ➔ 43	1	2	
R_C	43	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field stain A and B)	1 ➔ B	2 ➔ B	3 ➔ 44	1	2	
R_C	44	Specific assay kit – cryptococcal antigen test	1 ➔ B	2 ➔ B	3 ➔ 45	1	2	
R_C	45	India ink stain preparation	1 ➔ B	2 ➔ B	3 ➔ 46	1	2	

Module	No.	Question	Response					Skip
R_C	46	All items for gram stain	1 ➜ B	2 ➜ B	3 ➜ 47	1	2	
R_C	47	All items for wet mount preparation/stain	1 ➜ B	2 ➜ B	3 ➜ 48	1	2	
R_C	48	Filter paper for dried blood spot (DBS)	1 ➜ B	2 ➜ B	3 ➜ 48_1	1	2	
R_C	48_1	Specific assay kit - HIV viral load test	1 ➜ B	2 ➜ B	3 ➜ 49	1	2	
		CULTURE AND SENSITIVITY EQUIPMENT AND COMMODITIES						
R_C	49	Media for antimicrobial sensitivity tests	1 ➜ B	2 ➜ B	3 ➜ 50	1	2	
R_C	50	Any medicine sensitivity disk other than for TB medicines	1 ➜ B	2 ➜ B	3 ➜ 51	1	2	
R_C	51	Medicine sensitivity disks for MDR TB (rifampicin)	1 ➜ B	2 ➜ B	3 ➜ 52	1	2	
R_C	52	All items for blood cultures	1 ➜ B	2 ➜ B	3 ➜ 53	1	2	
		CANCER SPECIFIC EQUIPMENT AND COMMODITIES						
R_C	53	All items for PSA test	1 ➜ B	2 ➜ B	3 ➜ 54	1	2	
R_C	54	Guaiac kit (FOBT) or faecal immunochemical kit (FIT) for blood in stool	1 ➜ B	2 ➜ B	3 ➜ 55	1	2	
R_C	55	Microtome for slicing biopsy samples	1 ➜ B	2 ➜ B	3 ➜ 56	1	2	
R_C	56	All items for HPV test (Cervista)	1 ➜ B	2 ➜ B	3 ➜ 57	1	2	
R_C	57	Acetic acid	1 ➜ B	2 ➜ B	3 ➜ 58	1	2	
		BLOOD GROUPING AND SEROLOGY EQUIPMENT AND COMMODITIES						
R_C	58	ABO grouping sera	1 ➜ B	2 ➜ B	3 ➜ 59	1	2	
R_C	59	RH test sera	1 ➜ B	2 ➜ B	3 ➜ 60	1	2	
R_C	60	All items for cross-match testing by direct agglutination	1 ➜ B	2 ➜ B	3 ➜ 61	1	2	
R_C	61	All items for cross-match testing by indirect antiglobulin testing or other test with equivalent sensitivity	1 ➜ B	2 ➜ B	3 ➜ Q2918	1	2	
		29.5. SUPPORT FOR QUALITY LABORATORY SERVICES						
R_C	2918	Does this facility have an accredited/certified microscopist?	YES .... 1 NO 2					
R_C	2919	Have you or any laboratory staff received biosafety training in the past 2 years?	YES, ALL STAFF .... 1 YES, SOME BUT NOT ALL STAFF........................... 2 NO 3					
R_C	2920	Is there a system for documenting the movement of specimens from the time they are received to the delivery of results to the patient/provider? IF YES, ASK: May I see any records documenting this?	YES .... 1 NO 2					➜ Q2922

Module	No.	Question	Response			Skip
R_C	2921	REVIEW SYSTEM AND RECORDS FOR ONE TYPE OF SPECIMEN AND INDICATE WHICH OF THE FOLLOWING ARE TRUE. IF UNCERTAIN, ASK THE RESPONDENT TO EXPLAIN THE SYSTEM TO YOU.	OBSERVED	REPORTED, NOT SEEN	NO	
R_C	01	Received specimens are labelled with patient identifier	1	2	3	
R_C	02	Received specimens are logged in with patient identifier	1	2	3	
R_C	03	Test results can be traced from received specimen to recording of results	1	2	3	
R_C	04	There is documentation to show results were provided to the patient or service provider requesting the test	1	2	3	
R_C	2922	Are any specimens sent outside for testing with results returned to the facility for follow-up?	YES .... 1 NO 2			➜Q2924

Module	No.	Question	(A) TEST SENT OUTSIDE		(B) RECORD FOR SPECIMENS			Skip
R_C	2923	Please tell me if specimens for each of the following tests are sent outside for testing. If yes, please show me a register that documents specimens for the test were sent and results were returned.	YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Specimen to test for TB infection	1 ➜B	2 ➜02	1	2	3	
R_C	02	Specimens to test for TB drug resistance	1 ➜B	2 ➜03	1	2	3	
R_C	03	CD4	1 ➜B	2 ➜04	1	2	3	
R_C	04	OTHER TYPES OF SPECIMENS AND TESTS	1 ➜B _____ (SPECIFY)	2 ➜Q2924	1	2	3	
M_C	2924	Is there an established external quality assessment mechanism for any of the laboratory tests conducted? IF YES, ASK: Is this a routine system?	YES, ROUTINE .... 1 YES, NOT ROUTINE BUT SOMETIMES .... 2 NO 3			➜END OF SECTION

Module	No.	Question	YES	NO	NOT APPLICABLE	Skip
M_C	2925	For which of the following tests does this facility have a system for routine external quality assessment checks:	YES	NO	NOT APPLICABLE	
M_C	01	HIV serology (e.g. ELISA)	1	2	5	
M_C	02	Blood chemistries	1	2	5	
M_C	03	TB sputum test	1	2	5	
M_C	04	CD4 testing	1	2	5	
M_C	05	Other_____ (SPECIFY)	1	2	✕	

Module	No.	Question	Response						Skip
		30. CONSUMABLE COMMODITIES							
		30.1. CONSUMABLE SUPPLIES							
R_C	i3000	Now I would like to assess the availability and management of pharmaceutical and other consumable commodities. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT AVAILABILITY AND MANAGEMENT OF PHARMACEUTICALS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in learning about the availability and management of **pharmaceutical commodities** in this facility.							
R_C	3001	I would like to check on the availability of consumable commodities. Please show me the main storage site for these types of commodities and for each item I ask about, if the facility has the item, please show it to me.	AVAILABLE						
			OBSERVED		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
		CONSUMABLE SUPPLIES							
R_C	01	Sutures - absorbable	1	2	3	4	5		
R_C	03	Sutures – non absorbable	1	2	3	4	5		
R_C	04	Intravenous infusion set	1	2	3	4	5		
R_C	05	Blood giving set	1	2	3	4	5		
R_C	06	Intravenous cannula (any size)	1	2	3	4	5		
R_C	07	Intravenous cannula gauge 14 or 16	1	2	3	4	5		
R_C	08	Intravenous cannula gauge 18	1	2	3	4	5		
R_C	09	Intravenous cannula gauge 20	1	2	3	4	5		
R_C	10	Intravenous cannula gauge 22	1	2	3	4	5		
R_C	11	Intravenous needle for children	1	2	3	4	5		
R_C	12	Sterile needle (any size)	1	2	3	4	5		
R_C	13	Sterile needles gauge 19	1	2	3	4	5		
R_C	14	Sterile needles gauge 21	1	2	3	4	5		
R_C	15	Sterile needles gauge 23	1	2	3	4	5		
R_C	16	Disposable syringes 2 or 3 mL	1	2	3	4	5		
R_C	17	Disposable syringes 10 mL	1	2	3	4	5		
R_C	18	4% chlorhexidine solution for umbilical cord (or cleaning perineum/cervix or skin antiseptic)	1	2	3	4	5		
R_C	19	Materials for splinting extremities	1	2	3	4	5		
R_C	20	Cervical collar	1	2	3	4	5		
R_C	21	Material for casts	1	2	3	4	5		
R_C	22	Disposable latex gloves (non-sterile)	1	2	3	4	5		
R_C	23	Alcohol swabs	1	2	3	4	5		
R_C	24	Sterile gauze swabs (any size)	1	2	3	4	5		

Module	No.	Question	Response					Skip
R_C	25	Adhesive tape (strapping)	1	2	3	4	5	
R_C	26	Male condoms for non-family planning services	1	2	3	4	5	
R_C	27	Straight urinary catheter	1	2	3	4	5	
R_C	28	Urinary catheter with bulb for indwelling	1	2	3	4	5	
R_C	29	Urine collection bag for use with indwelling urinary catheter	1	2	3	4	5	
R_C	30	Endotracheal tube (adult)	1	2	3	4	5	
R_C	31	Endotracheal tube (paediatric)	1	2	3	4	5	
R_C	32	Long-lasting insecticidal nets (LLINs)	1	2	3	4	5	
R_C	33	Voucher for long-lasting insecticidal nets (COUNTRY ADAPT)	1	2	3	4	5	
R_C	34	Infant LLINs	1	2	3	4	5	
		30.2. COMMODITIES FOR STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL						
R_C	i3002	I would like to check on the availability of **protective clothing and commodities** for standard precautions and infection prevention and control.						

Module	No.	Question	AVAILABLE					Skip
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	3003	Please show me the main storage site for these types of items and for each item I ask about, if the facility has the item, please show it to me.						
R_C	01	Surgical masks	1	2	3	4	5	
R_C	02	N95 face masks	1	2	3	4	5	
R_C	03	Non-sterile protective gowns	1	2	3	4	5	
R_C	04	Sterile protective gowns	1	2	3	4	5	
R_C	05	Aprons (impermeable)	1	2	3	4	5	
R_C	06	Eye protection (goggles, face shields)	1	2	3	4	5	
R_C	07	Gumboots or clogs	1	2	3	4	5	
R_C	08	Hair cover	1	2	3	4	5	
R_C	09	Sharps container ("safety box")	1	2	3	4	5	
R_C	10	Disposable latex gloves (sterile)	1	2	3	4	5	
R_C	11	Environmental disinfectant for surfaces	1	2	3	4	5	
R_C	12	Alcohol-based handrub	1	2	3	4	5	
R_C	13	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	✕	3	4	5	
R_C	14	Disposable paper towels for drying hands or single use hand towels	1	✕	3	4	5	
R_C	15	Waste receptacle bin with lid	1	✕	3	4	5	
R_C	16	Plastic bin liner	1	✕	3	4	5	

Module	No.	Question	Response					Skip
R_C	17	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	4	5	
		30.3. PROCEDURE KITS AND PATIENT EQUIPMENT						
R_C	3004	Is there a central location where procedure kits or patient equipment are kept or are these only found in the unit where the procedure is conducted or the patient receives services? IF YES, ASK TO BE SHOWN THE CENTRAL LOCATION(S) WHERE EACH OF THE FOLLOWING MAY BE CENTRALLY STORED AND SUPPLIED TO UNITS ON REQUEST. DO NOT GO TO PATIENT UNITS TO SEE THESE ITEMS; THEY ARE CHECKED IN PATIENT UNITS IN OTHER SECTIONS.	YES, CENTRAL STORE(S) FOR KITS AND PATIENT EQUIPMENT..1 NO CENTRAL STORE(S) FOR KITS OR PATIENT EQUIPMENT..2					➔END OF SECTION
R_C	i3005	I would like to check on the availability of **procedure kits and patient equipment**.						

Module	No.	3006 Please show me the main storage site for these items. For each item I ask about, if the facility has the item, please show it to me.	AVAILABLE					Skip
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Lumbar puncture kit	1	2	3	4	5	
R_C	02	Minor surgical kit	1	2	3	4	5	
R_C	03	Cricothyroidotomy or tracheostomy set	1	2	3	4	5	
R_C	04	Laryngeal mask or other supraglottic airway	1	2	3	4	5	
R_C	05	Chest tubes	1	2	3	4	5	
R_C	06	Chest tube insertion kit	1	2	3	4	5	
R_C	07	Device for intraosseous access	1	2	3	4	5	
R_C	08	CPAP equipment	1	✕	3	4	5	
R_C	09	Pelvic binder	1	✕	3	4	5	
R_C	10	External cardiac pacemaker	1	✕	3	4	5	
R_C	11	Patient restraints for arms and legs	1	✕	3	4	5	
R_C	12	Peak flow meters	1	✕	3	4	5	
R_C	13	Spacers for inhalers	1	✕	3	4	5	

Module	No.	Question	Response						Skip
		31. PHARMACEUTICAL COMMODITIES							
		31.1. MAIN STORAGE SITE FOR PHARMACEUTICALS							
		31.1.1. MEDICINES AVAILABILITY							
R_C	3100	Does this facility stock any medicines, vaccines or contraceptive commodities?	YES .... 1 NO 2						➔ END OF SECTION
R_C, M_C	i3101	ASK TO BE SHOWN THE MAIN STORAGE SITE FOR PHARMACEUTICALS. I would like to know if the following **medicines** are available in this facility today. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify. I will also be asking about stock outs for some specific medicines.							
R_C	3102	For each medicine I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED	AVAILABLE						
			OBSERVED		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
		GENERAL MEDICINES							
R_C	3103	**ANTI-INFECTIVE AND ANTI-PARASITIC**							
R_C	01	Albendazole or mebendazole tab/cap	1	2	3	4	5		
R_C	02	Amoxicillin tab/cap	1	2	3	4	5		
R_C	03	Amoxicillin suspension/or dispersible tab	1	2	3	4	5		
R_C	04	Ampicillin powder for injection	1	2	3	4	5		
R_C	05	Amphotericin injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5		
R_C	06	Azithromycin tab/cap or suspension	1	2	3	4	5		
R_C	07	Benzathine benzylpenicillin powder for injection (long-acting)	1	2	3	4	5		
R_C	08	Cefixime tab/cap	1	2	3	4	5		
R_C	09	Ceftriaxone injection	1	2	3	4	5		
R_C	10	Ciprofloxacin tab/cap	1	2	3	4	5		
R_C	11	Cotrimoxazole tab/cap	1	2	3	4	5		
R_C	12	Cotrimoxazole syrup or dispersible tab	1	2	3	4	5		
R_C	13	Diethylcarbamazine tab/cap	1	2	3	4	5		
R_C	14	Doxycycline tab/cap	1	2	3	4	5		
R_C	15	Fluconazole tab/cap [FOLLOW-UP TREATMENT FOR FUNGAL INFECTION]	1	2	3	4	5		
R_C	16	Flucytosine injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5		
R_C	17	Gentamicin injection	1	2	3	4	5		
R_C	18	Ivermectin tab/cap (onchocerciasis)	1	2	3	4	5		
R_C	19	Metronidazole tab/cap	1	2	3	4	5		
R_C	20	Metronidazole injection	1	2	3	4	5		

Module	No.	Question	Response					Skip
R_C	21	Nystatin tab/cap	1	2	3	4	5	
R_C	22	Pentamidine injection	1	2	3	4	5	
R_C	23	Potassium permanganate (topical)	1	2	3	4	5	
R_C	24	Praziquantel tab/cap	1	2	3	4	5	
R_C	25	Procaine benzylpenicillin injection	1	2	3	4	5	
R_C	26	Vancomycin injection	1	2	3	4	5	
R_C	27	Whitfield's ointment	1	2	3	4	5	
R_C	28	Topical antibiotic cream or ointment (e.g. bacitracin)	1	2	3	4	5	
R_C	3104	**RESPIRATORY**						
R_C	01	Beclometasone or other corticosteroid inhaler	1	2	3	4	5	
R_C	02	Salbutamol or terbutaline inhaler	1	2	3	4	5	
R_C	03	Salbutamol nebuliser solution	1	2	3	4	5	
R_C	3105	**CARDIOVASCULAR**						
R_C	01	ACE inhibitor tab/cap (e.g. enalapril	1	2	3	4	5	
R_C	02	Acetylsalicylic acid (aspirin) tab/cap	1	2	3	4	5	
R_C	03	Beta blocker tab/cap (e.g. bisoprolol, metoprolol)	1	2	3	4	5	
R_C	04	Calcium channel blocker tab/cap (e.g. amlodipine)	1	2	3	4	5	
R_C	05	Digoxin injection	1	2	3	4	5	
R_C	06	Digoxin tab/cap	1	2	3	4	5	
R_C	07	Dopamine injection [COUNTRY ADAPT VASOPRESSOR]	1	2	3	4	5	
R_C	08	Furosemide injection	1	2	3	4	5	
R_C	09	Furosemide tab/cap	1	2	3	4	5	
R_C	10	Glyceryl trinitrate sublingual tab	1	2	3	4	5	
R_C	11	Heparin sodium injection	1	2	3	4	5	
R_C	12	Isosorbide dinitrate tab/cap	1	2	3	4	5	
R_C	13	Statin tab/cap (e.g. simvastatin)	1	2	3	4	5	
R_C	14	Spironolactone tab/cap	1	2	3	4	5	
R_C	15	Streptokinase injection	1	2	3	4	5	
R_C	16	Thiazide/thiazide-type diuretic tab/cap (e.g. hydrochlorothiazide, chlorthalidone, indapamide)	1	2	3	4	5	
R_C	17	Warfarin tab/cap	1	2	3	4	5	
R_C	3106	**DIABETES**						
R_C	01	Gliclazide or other sulfonylurea tab/cap (e.g. glipizide)	1	2	3	4	5	

Module	No.	Question	Response					Skip
R_C	02	Glucose 50% injection	1	2	3	4	5	
R_C	03	Insulin injection (regular)	1	2	3	4	5	
R_C	04	Insulin injection (other than regular)	1	2	3	4	5	
R_C	05	Metformin tab/cap	1	2	3	4	5	
R_C	3107	**CANCER**						
R_C	01	Cisplatin injection (cervical cancer)	1	2	3	4	5	
R_C	02	Cyclophosphamide injection	1	2	3	4	5	
R_C	03	Fluorouracil (5FU) injection (colorectal cancer)	1	2	3	4	5	
R_C	04	Tamoxifen tab/cap	1	2	3	4	5	
R_C	3108	**OTHER/GENERAL MEDICINES**						
R_C	01	Adrenaline or epinephrine injection	1	2	3	4	5	
R_C	02	Atropine injection	1	2	3	4	5	
R_C	03	Betamethasone injection	1	2	3	4	5	
R_C	04	Calcium gluconate injection	1	2	3	4	5	
R_C	05	Dexamethasone injection	1	2	3	4	5	
R_C	06	Diazepam suppository/gel	1	2	3	4	5	
R_C	07	Diazepam injection	1	2	3	4	5	
R_C	08	Hydrocortisone injection	1	2	3	4	5	
R_C	09	Hyoscine (butylbromide) injection	1	2	3	4	5	
R_C	10	Ibuprofen tab/cap	1	2	3	4	5	
R_C	11	Levothyroxine tab/cap	1	2	3	4	5	
R_C	12	Loperamide tab/cap	1	2	3	4	5	
R_C	13	Metoclopramide injection	1	2	3	4	5	
R_C	14	Morphine or other related opioid analgesics injection	1	2	3	4	5	
R_C	15	Morphine or meperidine or other related opioid analgesics tab/cap/solution	1	2	3	4	5	
R_C	16	Naloxone injection (NARCAN®)	1	2	3	4	5	
R_C	17	Paracetamol tab/cap	1	2	3	4	5	
R_C	18	Paracetamol syrup/suspension	1	2	3	4	5	
R_C	19	Prednisolone tab/cap	1	2	3	4	5	
R_C	20	Protamine (sulphate) injection	1	2	3	4	5	
R_C	21	Proton pump inhibitor (e.g. omeprazole or ranitidine) tab/cap	1	2	3	4	5	
R_C	22	Pyridoxine tab/cap	1	2	3	4	5	

Module	No.	Question	Response					Skip
R_C	23	Ranitidine injection	1	2	3	4	5	
R_C	24	Senna or other laxative tab/cap	1	2	3	4	5	
R_C	25	Vitamin A (retinol) tab/cap	1	2	3	4	5	
R_C	26	Vitamin K injection	1	2	3	4	5	
R_C	3109	**MENTAL HEALTH/NEUROLOGICAL**						
R_C	01	Amitriptyline tab/cap	1	2	3	4	5	
R_C	02	Buprenorphine (oral)	1	2	3	4	5	
R_C	03	Carbamazepine tab/cap	1	2	3	4	5	
R_C	04	Chlorpromazine injection	1	2	3	4	5	
R_C	05	Clomipramine tab/cap	1	2	3	4	5	
R_C	06	Clozapine tab/cap	1	2	3	4	5	
R_C	07	Diazepam or other benzodiazepine tab/cap	1	2	3	4	5	
R_C	08	Fluoxetine tab/cap	1	2	3	4	5	
R_C	09	Fluphenazine injection	1	2	3	4	5	
R_C	10	Haloperidol injection	1	2	3	4	5	
R_C	11	Haloperidol tab/cap	1	2	3	4	5	
R_C	12	Lamotrigine tab/cap	1	2	3	4	5	
R_C	13	Levodopa/carbidopa preparation tab/cap	1	2	3	4	5	
R_C	14	Lithium carbonate tab/cap	1	2	3	4	5	
R_C	15	Lorazepam injection	1	2	3	4	5	
R_C	16	Methadone (opioid dependence treatment) (oral)	1	2	3	4	5	
R_C	17	Midazolam injection	1	2	3	4	5	
R_C	18	Phenobarbital tab/cap	1	2	3	4	5	
R_C	19	Phenobarbital injection	1	2	3	4	5	
R_C	20	Phenytoin tab/cap	1	2	3	4	5	
R_C	21	Risperidone tab/cap	1	2	3	4	5	
R_C	22	Trihexyphenidyl or biperiden tab/cap	1	2	3	4	5	
R_C	23	Valproic acid tab/cap	1	2	3	4	5	
R_C	3110	**MATERNAL/NEONATAL**						
R_C	01	Anti-D for RH incompatibility injection	1	2	3	4	5	
R_C	02	Caffeine citrate injection	1	2	3	4	5	
R_C	03	Calcium tablet	1	2	3	4	5	
R_C	04	Chlorhexidine solution 4%	1	2	3	4	5	

Module	No.	Question	Response					Skip
R_C	05	Ferrous sulphate tab/cap	1	2	3	4	5	
R_C	06	Ferrous and folic combined tab/cap	1	2	3	4	5	
R_C	07	Folic acid tab/cap	1	2	3	4	5	
R_C	08	Hydralazine tab/cap	1	2	3	4	5	
R_C	09	Hydralazine injection	1	2	3	4	5	
R_C	10	Magnesium sulphate injection	1	2	3	4	5	
R_C	11	Methyldopa tab/cap	1	2	3	4	5	
R_C	12	Mifepristone tab/cap	1	2	3	4	5	
R_C	13	Misoprostol tab/cap 200 mcg	1	2	3	4	5	
R_C	14	Nifedipine 10 mg immediate release tablet	1	2	3	4	5	
R_C	15	Oral rehydration salts (ORS)	1	2	3	4	5	
R_C	16	Tetracycline eye ointment (newborn/trachoma)	1	2	3	4	5	
R_C	17	Zinc sulphate tab, dispersible tab, or syrup	1	2	3	4	5	
R_C	18	Oxytocin injection	1	2 ➔Q3112	3	4 ➔Q3112	5 ➔Q3112	
R_C	3111	Is the oxytocin stored in cold storage?	YES .... 1 NO 2					
R_C	3112	**INTRAVENOUS FLUIDS**						
R_C	01	0.9% sodium chloride (normal saline) (0.9NS)	1	2	3	4	5	
R_C	02	Dextrose 5% and normal saline (D5NS)	1	2	3	4	5	
R_C	03	Sodium lactate (Ringer's lactate) (RL)	1	2	3	4	5	
R_C	04	Dextrose 5% and water (D5W)	1	2	3	4	5	
		ANTIMALARIAL MEDICINES						
R_C	3113	Does this facility stock any medicines or supplies for malaria prevention or treatment?	YES .... 1 NO 2					➔Q3116

Module	No.	Question	Response							Skip
R_C	i3114	I would like to know if the following malaria medicines are available in this facility today. I will also be asking about stock outs for some specific medicines.								
R_C	3115	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED	(A) AVAILABLE						(B) ANY STOCK OUT IN THE PAST 3 MONTHS?	
			OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	01	Artemether + lumefantrine (AL): 6 or 12 dispersible tablet/pack or Artesunate + amodiaquine (25 mg + 67.5 mg) or (50 mg + 135 mg) or Artesunate + mefloquine (25 mg + 55 mg) or Dihydroartemisinin + Piperaquine (20mg + 160 mg)	1➜B	2➜02	3 ➜B	4➜02	5➜02	1	2	
R_C	02	Artemether + lumefantrine (AL): 18 or 24 tablet/pack or Artesunate + amodiaquine (100 mg + 270 mg) or Artesunate + mefloquine (100 mg + 220 mg) or Dihydroartemisinin + Piperaquine (40mg + 320 mg)	1➜B	2➜03	3 ➜B	4➜03	5➜03	1	2	
R_C	03	Fansidar (sulfadoxine + pyrimethamine) tab/cap	1 ➜B	2➜04	3 ➜B	4➜04	5➜04	1	2	
R_C	04	Quinine tab/cap	1	2	3	4	5	✕	✕	
R_C	05	Quinine injection	1	2	3	4	5	✕	✕	
R_C	06	Artesunate injection	1	2	3	4	5	✕	✕	
R_C	07	Artesunate suppositories/rectal	1	2	3	4	5	✕	✕	
R_C	08	Chloroquine tab/cap	1	2	3	4	5	✕	✕	
R_C	09	Primaquine tab/cap	1	2	3	4	5	✕	✕	
R_C	10	Other antimalarial _____ (SPECIFY)	1	2	3	4	5	✕	✕	
		ANTI-TUBERCULOSIS MEDICINES								
R_C	3116	Does this facility stock any medicines for tuberculosis treatment?	YES .... 1 NO 2							➜Q3120

Module	No.	Question	Response							Skip
R_C	3117	Where is the main storage site for tuberculosis medicines? GOT TO THE MAIN SITE TO ASSESS AVAILABILITY OF TB MEDICINES	MAIN STORAGE SITE FOR PHARMACEUTICALS .... 1 OTHER SITE IN FACILITY.. 2							
R_C	i3118	I would like to know if the following tuberculosis medicines are available in this facility today. I will also be asking about stock outs for some specific medicines.								

Module	No.	CHECK TO SEE IF AT LEAST ONE IS NOT EXPIRED [COUNTRY ADAPT]	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		Skip
			OBSERVED		NOT OBSERVED					
R_C	3119		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	01	Ethambutol tab/cap	1 ➔ B	2 ➔ 02	3 ➔ B	4 ➔ 02	5 ➔ 02	1	2	
R_C	02	Isoniazid (INH) tab/cap	1 ➔ B	2 ➔ 03	3 ➔ B	4 ➔ 03	5 ➔ 03	1	2	
R_C	03	Moxifloxacin tab/cap	1 ➔ B	2 ➔ 04	3 ➔ B	4 ➔ 04	5 ➔ 04	1	2	
R_C	04	Pyrazinamide tab/cap	1 ➔ B	2 ➔ 05	3 ➔ B	4 ➔ 05	5 ➔ 05	1	2	
R_C	05	Rifampicin tab/cap	1 ➔ B	2 ➔ 06	3 ➔ B	4 ➔ 06	5 ➔ 06	1	2	
R_C	06	Rifapentine tab/cap	1 ➔ B	2 ➔ 07	3 ➔ B	4 ➔ 07	5 ➔ 07	1	2	
R_C	07	Isoniazid + rifampicin (2FDC) tab/cap	1 ➔ B	2 ➔ 08	3 ➔ B	4 ➔ 08	5 ➔ 08	1	2	
R_C	08	Isoniazid + ethambutol (2FDC) tab/cap	1 ➔ B	2 ➔ 09	3 ➔ B	4 ➔ 09	5 ➔ 09	1	2	
R_C	09	Isoniazid + rifapentine tab/cap	1 ➔ B	2 ➔ 10	3 ➔ B	4 ➔ 10	5 ➔ 10	1	2	
R_C	10	Isoniazid + rifampicin + pyrazinamide (3FDC) tab/cap	1 ➔ B	2 ➔ 11	3 ➔ B	4 ➔ 11	5 ➔ 11	1	2	
R_C	11	Isoniazid + rifampicin + ethambutol (3FDC) tab/cap	1 ➔ B	2 ➔ 12	3 ➔ B	4 ➔ 12	5 ➔ 12	1	2	
R_C	12	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC) tab/cap	1 ➔ B	2 ➔ 13	3 ➔ B	4 ➔ 13	5 ➔ 13	1	2	
R_C	13	Paediatric formulation for INH – as a single medicine for isoniazid preventive therapy (IPT) tab/cap	1 ➔ B	2 ➔ 14	3 ➔ B	4 ➔ 14	5 ➔ 14	1	2	
R_C	14	Paediatric formulation for rifampicin (may be in a combined formulation)	1 ➔ B	2 ➔ 15	3 ➔ B	4 ➔ 15	5 ➔ 15	1	2	
R_C	15	Paediatric formulation for pyrazinamide (may be in a combined formulation)	1 ➔ B	2 ➔ 16	3 ➔ B	4 ➔ 16	5 ➔ 16	1	2	
R_C	16	Paediatric formulation for ethambutol (may be in a combined formulation)	1 ➔ B	2 ➔ 17	3 ➔ B	4 ➔ 17	5 ➔ 17	1	2	

Module	No.	Question	Response							Skip
R_C	17	National first-line multidrug-resistant (MDR) treatment regimen [COUNTRY ADAPT]	1 ➔B 2 ➔Q3120 3 ➔B 4 ➔Q3120 5 ➔Q3120 1 2							
		ANTIRETROVIRALS AND PROTEASE INHIBITORS								
R_C	3120	Does this facility stock any antiretroviral (ARV) medicines for PMTCT or the treatment of HIV/AIDS?	YES .... 1 NO 2							➔Q3127
R_C	3121	Where is the main storage site for antiretroviral medicines? GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF ANTIRETROVIRAL MEDICINES.	MAIN STORAGE SITE FOR PHARMACEUTICALS .... 1 OTHER SITE IN FACILITY.. 2							
R_C	i3122	I would like to know if the following **antiretrovirals** are available in this facility today.								

Module	No.	Question	AVAILABLE				
			OBSERVED		NOT OBSERVED		
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
R_C	3123	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED [COUNTRY ADAPT}					
R_C	01	Zidovudine (ZDV, AZT) (tab/cap)	1	2	3	4	5
R_C	02	Zidovudine (ZDV, AZT) syrup	1	2	3	4	5
R_C	03	Abacavir (ABC) (oral)	1	2	3	4	5
R_C	04	Lamivudine (3TC) 2 tab/cap	1	2	3	4	5
R_C	05	Lamivudine (3TC) syrup	1	2	3	4	5
R_C	06	Tenofovir disoproxil fumarate (TDF) tab/cap	1	2	3	4	5
R_C	07	Nevirapine (NVP) tab/cap	1	2	3	4	5
R_C	08	Nevirapine (NVP) syrup	1	2	3	4	5
R_C	09	Efavirenz (EFV) tab/cap	1	2	3	4	5
R_C	10	Efavirenz (EFV) syrup	1	2	3	4	5
R_C	11	Emtricitabine (FTC) tab/cap	1	2	3	4	5
R_C	12	Lamivudine + abacavir (3TC + ABC) tab/cap	1	2	3	4	5
R_C	13	Zidovudine + lamivudine (AZT + 3TC) tab/cap	1	2	3	4	5
R_C	14	Zidovudine + lamivudine + abacavir (AZT + 3TC + ABC) tab/cap	1	2	3	4	5
R_C	15	Zidovudine + lamivudine + nevirapine (AZT + 3TC + NVP) tab/cap	1	2	3	4	5
R_C	16	Tenofovir + emtricitabine (TDF + FTC) tab/cap	1	2	3	4	5
R_C	17	Tenofovir + lamivudine (TDF + 3TC) tab/cap	1	2	3	4	5
R_C	18	Tenofovir + lamivudine + efavirenz (TDF + 3TC + EFV) tab/cap	1	2	3	4	5
R_C	19	Tenofovir + emtricitabine + efavirenz (TDF + FTC + EFV) tab/cap	1	2	3	4	5

Module	No.	Question	Response	Skip
R_C	3124	Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?	YES .... 1 NO 2	➔Q3127

Module	No.	Question	Response					Skip
R_C	i3125	I would like to know if the following **protease inhibitors** are available in this facility today.						
R_C	3126	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST IS VALID (NOT EXPIRED). [COUNTRY ADAPT}	AVAILABLE					
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Lopinavir (LPV) tab/cap/pellet	1	2	3	4	5	
R_C	02	Lopinavir (LPV) syrup	1	2	3	4	5	
R_C	03	Ritonavir (RTV) tab/cap	1	2	3	4	5	
R_C	04	Atazanavir (ATV) tab/cap	1	2	3	4	5	
R_C	05	Darunavir (DRV) tab/cap	1	2	3	4	5	
R_C	06	Lopinavir + ritonavir tab/cap	1	2	3	4	5	
R_C	07	Atazanavir + ritonavir tab/cap	1	2	3	4	5	
R_C	08	Raltegravir tab/cap	1	2	3	4	5	
R_C	09	Dolutegravir tab/cap	1	2	3	4	5	
R_C	10	Etravirine tab/cap	1	2	3	4	5	
R_C	11	Third-line non-nucleoside reverse transcriptase inhibitor (NNRTI) (capsule/tablet) [COUNTRY ADAPT]	1	2	3	4	5	
		COMMODITIES (FAMILY PLANNING AND MALNUTRITION SUPPLEMENTS)						
R_C	3127	Does this facility stock any family planning commodities or contraceptives?	YES .... 1 NO 2					➔Q3131
R_C	3128	Where is the main storage site for contraceptive commodities? GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF COMMODITIES.	MAIN STORAGE SITE FOR PHARMACEUTICALS .... 1 OTHER SITE IN FACILITY... 2					
R_C	i3129	I would like to know if the following **family planning** commodities are available in this facility today.						
R_C	3130	For each commodity that I ask about, please show it to me. CHECK TO SEE IF AT LEAST IS NOT EXPIRED	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?	
			OBSERVED		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES / NO	
R_C	01	Combined estrogen progesterone oral contraceptive pills	1	2	3	4	5	✕ ✕	
R_C	02	Progestin-only contraceptive pills	1	2	3	4	5	✕ ✕	
R_C	03	Combined estrogen progesterone injectable contraceptives	1	2	3	4	5	✕ ✕	
R_C	04	Progestin-only injectable contraceptives	1	2	3	4	5	✕ ✕	
R_C	05	Male condoms	1	2	3	4	5	✕ ✕	
R_C	06	Female condoms	1 ➔B	2 ➔07	3 ➔B	4 ➔07	5 ➔07	1 2	

Module	No.	Question	Response							Skip
R_C	07	Implant (e.g. levonorgestrel, etonogestrel)	1 ➜B	2 ➜08	3 ➜B	4 ➜08	5 ➜08	1	2	
R_C	08	Emergency contraceptive (e.g. levonorgestrel, ulipristal acetate, mifepristone tablet)	1 ➜B	2 ➜09	3 ➜B	4 ➜09	5 ➜09	1	2	
R_C	09	Intrauterine contraceptive device (IUCD)	1	2	3	4	5	✕	✕	
R_C	10	Cycle beads for standard days method	1	2	3	4	5	✕	✕	

Module	No.	Question	Response	Skip
R_C	3131	Are any nutritional supplements for malnutrition available in this facility? IF YES, GO TO WHERE NUTRITIONAL SUPPLEMENTS ARE STORED TO CHECK AVAILABILITY.	YES .... 1 NO 2	➜Q3134
R_C	i3132	I would like to know if the following **nutritional supplements** for malnutrition are available in this facility today.		

Module	No.	Question	AVAILABLE					Skip
			OBSERVED		NOT OBSERVED			
R_C	3133	For each supplement that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE IS NOT EXPIRED	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Ready-to-use therapeutic food (RUTF)	1	2	3	4	5	
R_C	02	F-75 (Formula 75)	1	2	3	4	5	
R_C	03	F-100 (Formula 100)	1	2	3	4	5	
R_C	04	Micronutrient powder (MNP)	1	2	3	4	5	

31.1.2. SITE CONDITIONS

Module	No.	Question	YES	NO	Skip
R_C	3134	OBSERVE THE **MAIN STORAGE SITE FOR PHARMACEUTICALS** (IF THERE ARE SEPARATE PHARMACIES FOR IN- AND OUTPATIENT, ASSESS THE OUTPATIENT PHARMACY) AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES	NO	
R_C	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
R_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
R_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
R_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (COCKROACHES, ETC.)?	1	2	
R_C	05	IS THE ROOM SWEPT, WITH NO SPILLS OR OBVIOUS DIRT ON COUNTERS OR FLOOR?	1	2	
R_C	06	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1	2	
R_C	3135	LOOK AT THE STORAGE SITE AND VERIFY ITEM WITH RESPONDENT.	YES	NO	
R_C	01	Can the main pharmaceutical storage site (s) be locked?	1	2	
R_C	02	Is there limited access to the main pharmaceutical storage sites?	1	2	
R_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE SITES FROM NON-PHARMACEUTICAL STORAGE SITES ARE SOLID.	1	2	
R_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF NO WINDOWS, MARK 'YES'.	1	2	

Module	No.	Question	Response	Skip
R_C	3136	Is there a thermometer/thermostat for the room? IF YES, ASK: May I see the thermometer/thermostat? CHECK TO SEE IF THE THERMOMETER/THERMO-STAT IS FUNCTIONING.	YES, FUNCTIONING..1 YES, NOT FUNCTIONING....................................2 NO 3	➔Q3138 ➔Q3138
R_C	3137	What is the temperature in the room now?	BELOW 15 °C ....1 BETWEEN 15–25 °C (INCLUSIVE) ....2 ABOVE 25 °C..3 DON'T KNOW 8	
R_C	3138	Is there a functioning refrigerator, separate from one used for vaccines that is used to store some medicines or reconstituted vials? IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT.	OBSERVED, FUNCTIONING ....1 OBSERVED, NOT FUNCTIONING ....2 NO FRIDGE FOR MEDICINES 3	➔Q3142 ➔Q3142
R_C	3139	CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY.	BETWEEN 2–8 °C (INCLUSIVE) ....1 OUT OF RANGE...2 DON'T KNOW 8	
R_C	3140	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN (E.G. NO SPILLED MEDICINES, NO GARBAGE, ETC.)?	YES ....1 NO 2	
R_C	3141	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES ....1 NO 2	
		31.1.3. SUPPORT FOR QUALITY SERVICES		
R_C/ M_C	i3142	I would like to know if the following documents are available in this service site today.		

Module	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C/ M_C	3143	For each document that I will ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Record that shows individual pharmacy commodities received, disbursed, and the balance THIS IS USUALLY A REGISTER OR STOCK CARD.	1	2	3	
R_C	02	Record that shows expired/unusable medicines being removed from inventory THIS MAY BE IN THE SAME RECORD FOR STOCK RECEIVED AND DISBURSED.	1	2	3	
M_C	03	Guidelines/protocols for pharmacovigilance (PV), that include guidelines for reporting on adverse reactions	1	2	3	
M_C	04	Guidelines for monitoring prescription practices at any level	1	2	3	
M_C	05	Written policies and procedures for identifying and managing medicine-use problems, including: monitoring adverse reactions, prescription monitoring and medicine utilization	1	2	3	

Module	No.	Question	YES	NO	Skip
M_C	3144	Which of the following medicine-use problems are monitored in this facility:	YES	NO	
M_C	01	Adverse reactions	1	2	
M_C	02	Prescription practices for specific types of medicines such as pain medicine or antibiotics	1	2	
M_C	03	General prescription practices, such as numbers and combinations of medicines prescribed	1	2	
M_C	04	Medicine utilization, such as comparing medicine use to types of patients being treated	1	2	
M_C	05	Other _____ (SPECIFY)	1	2	

Module	No.	Question	Response	Skip
		31.2. BULK STORAGE SITE FOR PHARMACEUTICALS		
R_C	3145	Is there a bulk store in this facility for pharmaceuticals? IF YES, ASK TO BE TAKEN TO THE BULK STORE FOR PHARMACEUTICALS.	YES ....1 NO 2	➔END OF SECTION

Module	No.	Question	Response		Skip
R_C	i3146	Now I would like to assess the storage conditions in the bulk store for pharmaceutical commodities. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE BULK STORE FOR PHARMACEUTICAL COMMODITIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in seeing the bulk store for pharmaceutical commodities to assess the store conditions.			
		31.2.1. SITE CONDITIONS			
R_C	3147	OBSERVE THE BULK PHARMACY STORE AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES	NO	
R_C	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
R_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
R_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
R_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2	
R_C	3148	LOOK AT THE STORAGE SITE AND VERIFY ITEM WITH RESPONDENT	YES	NO	
R_C	01	Can the bulk pharmaceutical storage site(s) be locked?	1	2	
R_C	02	Is there limited access to the bulk pharmaceutical storage sites?	1	2	
R_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE SITE FROM NON-PHARMACEUTICAL STORAGE SITES ARE SOLID	1	2	
R_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY	YES .... 1 NO .... 2 NOT APPLICABLE 5		
R_C	3149	Is there a thermometer for the room? IF YES, ASK: May I see the thermometer? CHECK TO SEE IF THE THERMOMETER IS FUNCTIONING.	YES, FUNCTIONING... 1 YES, NOT FUNCTIONING...................................... 2 NO 3		➔Q3151 ➔Q3151
R_C	3150	What is the temperature in the room now?	BELOW 15 °C .... 1 BETWEEN 15–25 °C (INCLUSIVE) .... 2 ABOVE 25 °C.. 3 DON'T KNOW 8		
R_C	3151	Is there a functioning refrigerator, separate from one used for vaccines that is used to store some medicines, or reconstituted vials? IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT	OBSERVED, FUNCTIONING .... 1 OBSERVED, NOT FUNCTIONING .... 2 NO FRIDGE FOR MEDICINES 3		➔END OF SECTION ➔END OF SECTION
R_C	3152	CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	BETWEEN 2–8 °C (INCLUSIVE) .... 1 OUT OF RANGE... 2 DON'T KNOW 8		
R_C	3153	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN? E.G., NO SPILLED MEDICINES, NO GARBAGE, ETC.	YES .... 1 NO 2		
R_C	3154	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES .... 1 NO 2		

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