

# Harmonized health facility assessment (HHFA)

## Combined questionnaire

(Availability, Readiness, and Management and finance)

Core questions only

VERSION 2.0  
JUNE 2023



World Health  
Organization





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## **Combined questionnaire**

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## **Core questions**

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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>

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# Acknowledgements

The Harmonized Health Facility Assessment (HHFA) modules and resource package are a key deliverable of the Health Data Collaborative Facility Surveys Working Group. The modules provide a harmonized approach to health facility assessments/surveys, building on existing internationally tested tools, such as the World Health Organization (WHO) Service Availability and Readiness Assessment (SARA), the United States Agency for International Development Service Provision Assessment (SPA) and the World Bank Service Delivery Indicators (SDI), and as well as consolidating best practices and lessons learned through implementation in many countries.

Overall guidance for the development of the initial version HHFA modules was provided by the Health Data Collaborative Facility Surveys Working Group. Kathryn O'Neill, Amani Siyam and Kavitha Viswanathan coordinated the development of the initial version. Wendy Venter coordinated the revisions of the modules, and the development of the HHFA resource package with technical support from the Johns Hopkins Bloomberg School of Public Health. Substantial technical contributions to the resource package were made by Eman Aly, Yolanda Barbera, Sandro Colombo, Benson Droti, Nancy Fronczak, Sherrell Goggin, Fern Greenwell, Geoff Greenwell, Jaya Gupta, Heidi Johnston, Shannon King, Hillary Kipruto, Benito Koubemba, Davy Audrey Liboko Gnekabassa, Geoffrey Lutwama, Boniface Muganda, Timothy Robertson, Ashley Sheffel, and Moussa Traore. Technical inputs concerning guidelines, service standards, measurement methods and indicators were provided by multiple WHO technical programmes and regional offices as well as other agencies within the health sector.

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# 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.

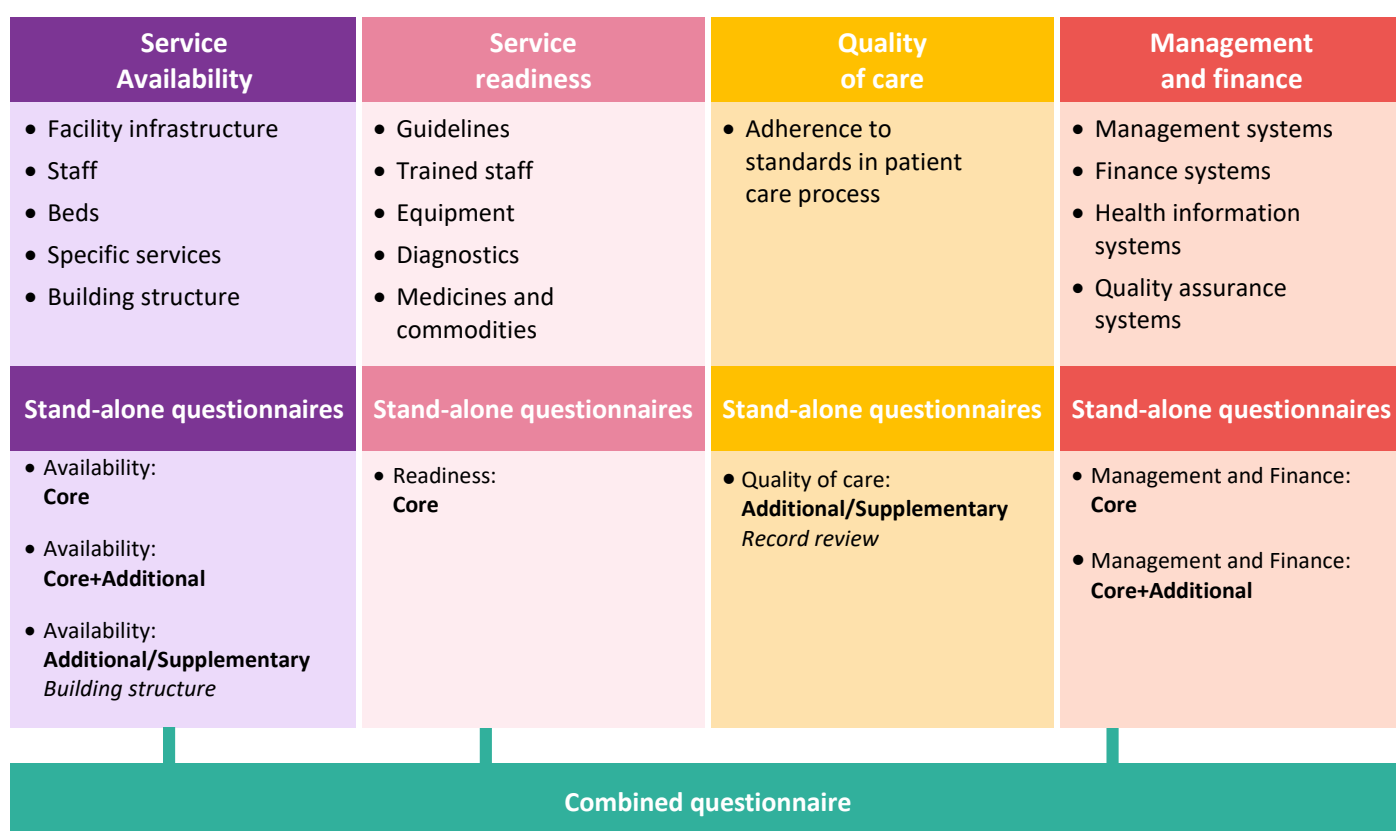
## HHFA content

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**



## 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    |
|  |      | <b>17.1. PALLIATIVE CARE</b>  |   |         |
|  |      | <b>17.1.1. SERVICE AVAILABILITY</b>   |   |         |
| R_C                                    | 1700 | Does this facility offer any palliative care services?  | YES ..... 1<br>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. |   |         |
|  |      | <b>SUPPORT FOR QUALITY SERVICES</b>   |   |         |
| R_C                                    | 1703 | Are national guidelines for palliative care services available in this service site today?<br><br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED NOT SEEN ..... 2<br>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 read and agreed by the person in-charge/acting in-charge*

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*Signature of facility staff authorizing data collection and position of the person providing authorization*

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| Module    | No.  | Question  | Response   | Skip      |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|-----------|------|---|--|-----------|------------------|--------------|--|--|------------------|--------------|----|----|------|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
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|           |      | [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<br>NO, DATA COLLECTION FOR FACILITY SURVEY .....2  |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| ALL       | 103  | Address or description of facility location   | _____  |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| ALL       | 104  | Name and code of region/province  | NAME<br><br>_____<br><br>REGION/PROVINCE CODE _____  |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| ALL       | 105  | Name and code of district   | NAME<br><br>_____<br><br>DISTRICT CODE _____<br><br>[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:<br>URBAN OR RURAL OR PERIURBAN  | URBAN .....1<br>RURAL .....2<br>PERIURBAN .....3   |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| ALL       | 107  | Interview dates and result  | <p style="text-align: center;">VISIT(S)</p> <table border="1"> <thead> <tr> <th rowspan="2">VISIT NO.</th><th colspan="4">DATE</th><th rowspan="2">INTERVIEWER CODE</th><th rowspan="2">RESULT CODE*</th></tr> <tr> <th>DD</th><th>MM</th><th colspan="2">YYYY</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>*RESULT CODE<br/>           1 = FACILITY LOCATED AND OPEN<br/>           2 = FACILITY LOCATED, BUT NOT OPEN TODAY<br/>           3 = FACILITY PERMANENTLY CLOSED<br/>           4 = FACILITY DESTROYED<br/>           5 = FACILITY NOT FOUND<br/>           6 = OTHER<br/>           COMPLETE GPS COORDINATES FOR RESULTS CODES 1 THROUGH 6.</p> | VISIT NO. | DATE             |              |  |  | INTERVIEWER CODE | RESULT CODE* | DD | MM | YYYY |  | 1 |  |  |  |  |  |  | 2 |  |  |  |  |  |  | 3 |  |  |  |  |  |  |  |
| VISIT NO. | DATE |   |  |           | INTERVIEWER CODE | RESULT CODE* |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|           | DD   | MM  | YYYY   |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 1         |      |   |  |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 2         |      |   |  |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 3         |      |   |  |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| ALL       | 109  | RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS<br>SET DEFAULT SETTINGS FOR GPS:<br>1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE<br>2. SET COORDINATE FORMAT TO DECIMAL DEGREES<br>3. SET DATUM TO WGS84<br>MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY:<br>4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION"<br>5. WRITE ALTITUDE<br>6. PRESS "MARK"<br>7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER"<br>8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"<br>9. ENTER FACILITY CODE<br>10. WAIT 5 MINUTES<br>11. HIGHLIGHT "SAVE" AND PRESS "ENTER"<br>12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"<br>13. HIGHLIGHT YOUR WAYPOINT<br>14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW.<br>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<br>(facility number)  | _____  |           |                  |              |  |  |                  |              |    |    |      |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |

| Module                               | No.   | Question  | Response  | Skip  |
|--------------------------------------|-------|---|---|-------|
| ALL                                  | 111   | Elevation (m)   | — — — —   |       |
| ALL                                  | 112   | Latitude  | N/S.....(a) —<br>DEGREES.....(b) — —<br>DECIMAL.....(c) — — — —   |       |
| ALL                                  | 113   | Longitude   | E/W.....(a) —<br>DEGREES.....(b) — —<br>DECIMAL.....(c) — — — —   |       |
| ALL                                  | 114   | Consent given by facility contact?  | YES.....1<br>NO .....2  | → END |
| <b>1.2. FACILITY CHARACTERISTICS</b> |       |   |   |       |
| 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?<br>[COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]  | NATIONAL REFERRAL HOSPITAL .....01<br>REGIONAL (PROVINCIAL) REFERRAL HOSPITAL.....02<br>DISTRICT HOSPITAL.....03<br>OTHER GENERAL HOSPITAL .....04<br>SPECIALTY HOSPITAL .....05<br>COMPREHENSIVE HEALTH CENTRE/POLY CLINIC.....06<br>HEALTH CENTRE .....07<br>CLINIC/DISPENSARY.....08<br>HEALTH POST.....09<br>MATERNAL/CHILD HEALTH CLINIC.....10<br>OTHER.....96<br>(SPECIFY) |       |
| ALL                                  | 116   | Which of the responses best describes the managing authority for this facility?<br>That is, the authority that makes policy decisions and provides supervision for the facility.<br>[COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION] | GOVERNMENT/PUBLIC.....1<br>NGO/PRIVATE NOT-FOR-PROFIT.....2<br>PRIVATE-FOR-PROFIT.....3<br>MISSION/FAITH-BASED.....4<br>PARASTATAL (MILITARY/POLICE/NATIONAL GUARD) .....5<br>UNIVERSITY.....6<br>OTHER.....7<br>(SPECIFY)  |       |
| ALL                                  | 117   | What service levels are available?  | OUTPATIENT ONLY .....1<br>INPATIENT ONLY.....2<br>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 |
|--------|------|---|---------------------------|------|
|        |      | <b>3. HEALTH WORKFORCE</b>  |                           |      |
|        |      | <b>3.1. FACILITY STAFF NUMBERS AND OCCUPATION</b>   |                           |      |
|        |      | <b>3.1.1. STAFFING PLAN</b>   |                           |      |
| 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<br>NO ..... 2 |      |
| A_C    | i302 | <p>I would like to know about personnel who work in this facility. These may be full-time, part-time, or seconded persons.</p> <p>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.</p> <p>A_C Finally, I would like to know how many positions of the total number of assigned staff are female [COLUMN E].</p> <p>ONLY COUNT STAFF WHO ARE UNDER THE AUTHORITY OF THE FACILITY MANAGER.</p> <p>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.</p> |                           |      |

| Module | No. | Question  | Response |  |  |  | Skip |
|--------|-----|---|----------|--|--|--|------|
|        |     | <b>3.1.2. MEDICAL DOCTORS</b>   |          |  |  |  |      |
|        | 303 | OCCUPATION/QUALIFICATION<br>[COUNTRY ADAPT<br>ALL OCCUPATION/QUALIFICATIONS<br>ACCORDING TO NATIONAL NORMS]                     |          | A_C<br>(C)<br>TOTAL STAFF<br>ASSIGNED,<br>EMPLOYED, or<br>SECONDED<br>(INCLUDING<br>PART-TIME<br>STAFF)<br>(IF 0, SKIP TO<br>NEXT ROW) |  | A_C<br>(E)<br>TOTAL<br>FEMALE<br>STAFF<br>(FROM<br>AMONG<br>THOSE IN<br>COL C) |      |
|        |     | <b>GENERALIST MEDICAL PRACTITIONERS/DOCTORS</b>   |          |  |  |  |      |
| A_C    | 304 | Total generalist medical practitioners  |          | — — —<br>If 000 → Q306   |  | — — —  |      |
|        | 305 | <b>Subgroups of generalist medical practitioners</b>  |          |  |  |  |      |
| A_C    | 01  | Medical officer (general)/general practitioner (non-specialist)   |          | — — —  |  | <u>N/A</u>   |      |
| A_C    | 02  | Family medicine specialist  |          | — — —  |  | <u>N/A</u>   |      |
| A_C    | 03  | Other generalist medical doctors not classified elsewhere   |          | — — —  |  | <u>N/A</u>   |      |
|        |     | <b>SPECIALIST MEDICAL PRACTITIONERS/DOCTORS</b>   |          |  |  |  |      |
| A_C    | 306 | Total specialist medical practitioners  |          | — — —<br>If 000 → Q308   |  | — — —  |      |
|        | 307 | <b>Subgroups of specialist medical practitioners</b>  |          |  |  |  |      |
| A_C    | 01  | Medical group of specialists (e.g. internal medicine specialist, cardiologist, etc.)  |          | — — —  |  | <u>N/A</u>   |      |
| A_C    | 02  | Paediatricians  |          | — — —  |  | <u>N/A</u>   |      |
| A_C    | 03  | Obstetricians and gynaecologists  |          | — — —  |  | <u>N/A</u>   |      |
| A_C    | 04  | Psychiatrists   |          | — — —  |  | <u>N/A</u>   |      |
| A_C    | 05  | Surgical group of specialists (e.g. general surgeon, orthopaedic surgeon, etc. Specialist anaesthetists are also included here) |          | — — —  |  | <u>N/A</u>   |      |
| A_C    | 06  | Other specialists not elsewhere classified  |          | — — —  |  | <u>N/A</u>   |      |
|        | 308 | <b>3.1.3 PARAMEDICAL, NURSING AND MIDWIFERY PROFESSIONALS</b>   |          |  |  |  |      |
| 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 | <b>3.1.4. OTHER HEALTH PROFESSIONALS</b>  |          |  |  |  |      |
| A_C    | 01  | Dentist   |          | — — —  |  | — — —  |      |
| A_C    | 02  | Pharmacist  |          | — — —  |  | — — —  |      |
| 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  |      |

| Module | No. | Question  | Response  |   |  |     | Skip             |
|--------|-----|---|---|---|--|-----|------------------|
| 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 |                  |
|        |     | <b>3.1.5. HEALTH ASSOCIATE PROFESSIONALS</b>  |   |   |  |     |                  |
| A_C    | 310 | OCCUPATION/QUALIFICATION<br>[COUNTRY ADAPT<br>ALL OCCUPATION/ QUALIFICATIONS<br>ACCORDING TO NATIONAL NORMS]  |   | (C)<br>TOTAL STAFF<br>ASSIGNED,<br>EMPLOYED,<br>SECONDED<br>(INCLUDING PART-<br>TImESTAFF)<br>(IF 0, SKIP TO NEXT<br>ROW) |  |     |                  |
| 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)  |   | — — —   |  |     |                  |
|        |     | <b>3.4. VISITING SPECIALISTS</b>  |   |   |  |     |                  |
| 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<br>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<br>EVERY MONTH .....2<br>EVERY 1–3 MONTHS .....3<br>LESS OFTEN THAN EVERY 3 MONTHS.....4<br>DON'T KNOW .....8 |   |  |     |                  |

| Module | No.  | Question  | Response   | Skip             |
|--------|------|---|--|------------------|
|        |      | <b>4. FACILITY BEDS AND ISOLATION UNITS</b>   |  |                  |
|        |      | <b>4.1 FACILITY BEDS</b>  |  |                  |
| 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?<br>(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<br>NO.....2  | → Q405           |
| A_C    | 402  | What is the total official number of authorized adult-size inpatient beds (official bed capacity) of this facility?<br>(Use the same inclusion and exclusion criteria as in the previous question)  | NO. OF AUTHORIZED ADULT INPATIENT BEDS — — — —<br>ZERO AUTHORIZED ADULT INPATIENT BEDS.....0000<br>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 — — — —<br>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<br>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 — — —<br>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 — — —<br>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 — — —<br>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 — — —<br>ZERO NEONATAL ICU COTS.....000   |                  |
|        |      | <b>4.2 PATIENT ISOLATION ROOMS AND BEDS</b>   |  |                  |
| A_C    | 409  | Does this facility have any specific units or dedicated rooms where patients requiring isolation are placed?  | YES .....1<br>NO.....2   | → END OF SECTION |
| A_C    | 410  | What types of isolation rooms or units does this facility have?<br>ASK FOR EACH OF THE FOLLOWING AND INDICATE NUMBER OF BEDS FOR EACH SITUATION.  | (A)<br>ISOLATION SITUATION EXISTS<br>YES NO<br>(B)<br>NUMBER OF BEDS   |                  |
| 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<br>NO ..... 2<br>DON'T KNOW ..... 8 |          |     |      |

| Module | No.  | Question  | Response   | Skip             |
|--------|------|---|--|------------------|
|        |      | <b>5. GOVERNANCE AND MANAGEMENT</b>   |  |                  |
|        |      | <b>5.1. GOVERNANCE AND MANAGEMENT SYSTEMS AND PRACTICES</b>   |  |                  |
| 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_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?<br><br>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.<br>[COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A MANAGEMENT TEAM OR COMMITTEE IN FACILITIES] | YES..... 1<br>NO ..... 2   | → Q512           |
| M_C    | 506  | How often does the management committee meet?   | AT LEAST MONTHLY..... 1<br>AT LEAST EVERY 3 MONTHS ..... 2<br>AT LEAST EVERY 6 MONTHS ..... 3<br>LESS OFTEN THAN EVERY 6 MONTHS ..... 4<br>DON'T KNOW ..... 8              |                  |
| M_C    | 507  | When was the most recent management committee meeting?  | WITHIN THE PAST 1 MONTH ..... 1<br>2–3 MONTHS AGO ..... 2<br>4–6 MONTHS AGO ..... 3<br>MORE THAN 6 MONTHS AGO ..... 4<br>DON'T KNOW ..... 8                                | → Q521<br>→ Q521 |
| M_C    | 508  | Does this facility have a written operational or management plan?<br><br>IF YES, ASK TO SEE A COPY AND NOTE THE TIME PERIOD THE PLAN COVERS.  | YES, OBSERVED AND COVERS CURRENT YEAR..... 1<br>YES, OBSERVED AND COVERS PRIOR YEARS BUT NOT CURRENT YEAR ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4         | → Q521           |
| 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<br>AT SOME MANAGEMENT COMMITTEE MEETINGS..... 2<br>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<br>NO ..... 2   |                  |
|        |      | <b>5.3. DISASTER PREPAREDNESS</b>   |  |                  |
| 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<br>NO ..... 2   |                  |
| 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<br>NO ..... 2   | → Q533           |
| R_C    | 524  | Does this facility have a written fire safety plan?<br>IF YES, ASK: May I see the plan?   | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>7–12 MONTHS AGO ..... 2<br>13–24 MONTHS AGO ..... 3<br>MORE THAN 24 MONTHS AGO ..... 4<br>NEVER CONDUCTED ..... 5<br>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.<br>IF YES, ASK: May I see the plan?  | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → Q529           |

| Module | No. | Question  | Response  | Skip   |
|--------|-----|---|---|--------|
| 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<br>AT LEAST ANNUALLY ..... 2<br>LESS OFTEN THAN ANNUALLY ..... 3<br>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<br>7–12 MONTHS AGO ..... 2<br>13–24 MONTHS AGO ..... 3<br>MORE THAN 24 MONTHS AGO ..... 4<br>NEVER CONDUCTED ..... 5<br>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<br>NO ..... 2   | → Q533 |
| R_C    | 530 | Which other types of emergency response have a written plan?<br>THE TOPIC MAY BE COVERED IN ONE COMPREHENSIVE EMERGENCY RESPONSE PLAN, OR IN SEPARATE EMERGENCY RESPONSE PLANS. | <div>YES</div> <div>NO</div>  |        |
| 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   | <div>1</div> <div>(SPECIFY)</div>   | 2      |
| 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<br>AT LEAST ANNUALLY ..... 2<br>LESS OFTEN THAN ANNUALLY ..... 3<br>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<br>7–12 MONTHS AGO ..... 2<br>13–24 MONTHS AGO ..... 3<br>MORE THAN 24 MONTHS AGO ..... 4<br>NEVER CONDUCTED ..... 5<br>DON'T KNOW ..... 8 |        |
| R_C    | 533 | Does this facility have a strategy for meeting increased staffing needs for emergency situations?   | YES ..... 1<br>NO ..... 2   |        |
| R_C    | 534 | Does this facility have the following documented?<br>IF YES, ASK: May I see the documents?  | <div>OBSERVED</div> <div>REPORTED, NOT SEEN</div> <div>NO</div>   |        |
| R_C    | 01  | Designated team or focal persons for disaster/emergency management  | 1   | 2      |
| R_C    | 02  | Designated team or focal persons for maintaining service continuity during a disaster   | 1   | 2      |
| R_C    | 03  | List of prioritized primary care services to be maintained during a disaster  | 1   | 2      |
| R_C    | 04  | Protocols for case management of priority health emergencies, updated in last 5 years [COUNTRY ADAPT]   | 1   | 2      |
| R_C    | 05  | Assessment of risks, and structural and non-structural safety, functionality and preparedness of the facility   | 1   | 2      |
| R_C    | 535 | Have staff in this facility received any training in the last 2 years on:   | <div>YES</div> <div>NO</div>  |        |
| 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<br>NO ..... 2   |        |

| Module | No. | Question   | Response                 | Skip             |
|--------|-----|--|--------------------------|------------------|
|        |     | <b>5.4. FORMAL LINKAGES WITH SERVICES OUTSIDE</b>  |                          |                  |
|        |     | <b>5.4.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE</b>  |                          |                  |
| 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<br>NO ..... 2 |                  |
|        |     | <b>5.4.2. COMMUNITY LINKAGES</b>   |                          |                  |
| M_C    | 539 | Does this facility have any formal systems for linking with community health workers?  | YES..... 1<br>NO ..... 2 | → END OF SECTION |



| Module | No. | Question  | Response  | Skip                                 |
|--------|-----|---|---|--------------------------------------|
|        |     | <b>6. SYSTEMS TO SUPPORT STAFF</b>  |   |                                      |
|        |     | <b>6.3. PERSONNEL MANAGEMENT AND SUPERVISION</b>  |   |                                      |
|        |     | <b>6.3.2. EXTERNAL SUPERVISION</b>  |   |                                      |
| M_C    | 610 | Does this facility receive any external supervision, such as from district, regional or national offices?   | YES..... 1<br>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?<br><br>DO NOT INCLUDE VISITS WHERE GUESTS WERE BROUGHT OR THAT WERE FOR SUPPLIES ONLY. | WITHIN THE PAST 1 MONTH ..... 1<br>2-3 MONTHS AGO ..... 2<br>4-12 MONTHS AGO ..... 3<br>MORE THAN 12 MONTHS AGO ..... 4<br><br>DON'T KNOW ..... 8 | ➔ END OF SECTION<br>➔ END OF SECTION |
| M_C    | 613 | Is there any documentation showing feedback from external supervisory visits during the past 12 months?<br>IF YES, ASK: May I see the documentation?                                    | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                                      |

| Module               | No.                                       | Question   | Response  | Skip                 |  |  |                     |   |                  |   |   |   |  |
|----------------------|---|--|---|----------------------|--|--|---------------------|---|------------------|---|---|---|--|
|                      |   | <b>7. SYSTEMS FOR MONITORING SERVICE QUALITY</b>   |   |                      |  |  |                     |   |                  |   |   |   |  |
|                      |   | <b>7.1. EXTERNAL ASSESSMENTS AGAINST STANDARDS</b>   |   |                      |  |  |                     |   |                  |   |   |   |  |
| 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<br>NO ..... 2<br>DON'T KNOW ..... 8   | → Q704<br>→ Q704     |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 702                                       | Which of the following external assessment processes are used for certifying the facility or a specific service for meeting standards?<br>IF RESPONDENT DOES NOT KNOW, ASK TO CALL SOMEONE WHO WILL KNOW.<br>[COUNTRY ADAPT LIST]  | <table border="1"> <thead> <tr> <th colspan="3">CERTIFICATION STATUS</th> </tr> <tr> <th>CURRENTLY CERTIFIED</th><th>PROCESS USED, BUT NOT CURRENTLY CERTIFIED</th><th>PROCESS NOT USED</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td></tr> </tbody> </table> | CERTIFICATION STATUS |  |  | CURRENTLY CERTIFIED | PROCESS USED, BUT NOT CURRENTLY CERTIFIED | PROCESS NOT USED | 1 | 2 | 3 |  |
| CERTIFICATION STATUS |   |  |   |                      |  |  |                     |   |                  |   |   |   |  |
| CURRENTLY CERTIFIED  | PROCESS USED, BUT NOT CURRENTLY CERTIFIED | PROCESS NOT USED   |   |                      |  |  |                     |   |                  |   |   |   |  |
| 1                    | 2   | 3  |   |                      |  |  |                     |   |                  |   |   |   |  |
| 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<br><hr/> (SPECIFY SERVICE)  | 1 2 3   |                      |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 05  | OTHER<br><hr/> (SPECIFY)   | 1 2 3   |                      |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 703                                       | When was the most recent accreditation or certification process completed?<br>IF MORE THAN ONE SYSTEM IS IN USE, RECORD THE DATE FOR THE MOST RECENT.  | YEAR _____<br>DON'T KNOW ..... 9998   |                      |  |  |                     |   |                  |   |   |   |  |
|                      |   | <b>7.2. QUALITY ASSURANCE/IMPROVEMENT</b>  |   |                      |  |  |                     |   |                  |   |   |   |  |
| 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<br>NO ..... 2   | → Q714               |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 706                                       | Is this system implemented throughout the facility or only in specific services?   | THROUGHOUT FACILITY ..... 1<br>ONLY SPECIFIC SERVICES ..... 2   |                      |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 707                                       | Does this facility have a quality assurance committee?   | YES ..... 1<br>NO ..... 2   | → Q710               |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 708                                       | How often does the quality assurance committee meet?   | AT LEAST MONTHLY ..... 1<br>AT LEAST EVERY 3 MONTHS ..... 2<br>AT LEAST EVERY 6 MONTHS ..... 3<br>LESS OFTEN THAN EVERY 6 MONTHS ..... 4<br>DON'T KNOW ..... 8  |                      |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 709                                       | When was the most recent quality assurance committee meeting?  | WITHIN THE PAST 1 MONTH ..... 1<br>2–3 MONTHS AGO ..... 2<br>4–6 MONTHS AGO ..... 3<br>MORE THAN 6 MONTHS AGO ..... 4<br>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).<br>IF YES, ASK: May I see the documentation?       | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  |                      |  |  |                     |   |                  |   |   |   |  |
| M_C                  | 711                                       | Does this facility have a focal person for quality improvement and patient safety?   | YES ..... 1<br>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<br>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<br>NO ..... 2<br>DON'T KNOW ..... 8  |                  |
|        |      | <b>7.3. SYSTEMS FOR MONITORING QUALITY OF INPATIENT CARE</b>  |  |                  |
|        |      | <b>7.3.1. CASE REVIEWS AND DEATH REVIEWS</b>  |  |                  |
| M_C    | 714  | Does this facility have inpatient services?   | YES ..... 1<br>NO ..... 2  | → Q730           |
| 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<br>NO ..... 2  | → Q719           |
| M_C    | 717  | How often are formal case reviews carried out?  | AT LEAST WEEKLY ..... 1<br>AT LEAST MONTHLY ..... 2<br>AT LEAST QUARTERLY ..... 3<br>NO SPECIFIED TIMING ..... 4 |                  |
| M_C    | 718  | Was any formal case review carried out during the past 3 complete months?   | YES ..... 1<br>NO ..... 2  |                  |
| M_C    | 719  | Does this facility conduct formal death reviews for any deaths that occur in the facility?  | YES ..... 1<br>NO ..... 2<br>NEVER HAD A DEATH ..... 3   | → Q722<br>→ Q722 |
| M_C    | 720  | Does this facility conduct formal death reviews for any of the following deaths that occur in the facility?   | YES  | NO               |
| 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                |
| M_C    | 721  | Was any formal death review carried out during the past 3 complete months?  | YES ..... 1<br>NO ..... 2  |                  |
|        |      | <b>7.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS FOR INPATIENTS</b>  |  |                  |
| M_C    | 722  | Does this facility have a system for monitoring adverse events, such as patient falls or infections?  | YES ..... 1<br>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?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>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?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                  |
| M_C    | 726  | Are health care associated infections (HCAI) (nosocomial infections) reported and/or monitored by this facility?  | YES ..... 1<br>NO ..... 2  | → Q730           |
| M_C    | 727  | Are there any guidelines for identifying, reporting and/or monitoring nosocomial infections available in this facility today?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                  |

| Module | No.  | Question  | Response   | Skip   |
|--------|------|---|--|--------|
|        |      | <b>7.3.4. SYSTEMS TO ELICIT CLIENT OPINION (OUTPATIENT AND/OR INPATIENT SERVICES)</b>   |  |        |
| 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<br>NO ..... 2  | → Q733 |
| M_C    | 731  | Is there a routine procedure for reviewing or reporting on client opinions?<br>IF YES, ASK: May I see any notes or reports that relate to client opinion?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   | → Q733 |
| M_C    | 732  | How often is client feedback reviewed?  | AT LEAST MONTHLY ..... 1<br>AT LEAST EVERY 3 MONTHS ..... 2<br>AT LEAST EVERY 6 MONTHS ..... 3<br>LESS OFTEN THAN EVERY 6 MONTHS ..... 4<br>DON'T KNOW ..... 8 |        |
|        |      | <b>7.4. SYSTEMS FOR MONITORING AND IMPLEMENTING INFECTION PREVENTION AND CONTROL (IPC)</b>  |  |        |
| 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<br>NO ..... 2  | → Q737 |
| M_C    | 734  | What is the framework for the assessment?<br>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      2      3<br>(SPECIFY)      (SPECIFY)  |        |
| M_C    | 735  | When was the most recent IPC assessment?  | YEAR .....<br>DON'T KNOW ..... 9998  |        |
| M_C    | 736  | What was the interpretation of the most recent score?   | INADEQUATE ..... 1<br>BASIC ..... 2<br>INTERMEDIATE ..... 3<br>ADVANCED ..... 4<br>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 (HHSF) or an equivalent?  | YES ..... 1<br>NO ..... 2  | → Q741 |
| M_C    | 738  | What is the framework for the hand hygiene assessment?<br>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 (HHSF)   | 1      2      3  |        |
| M_C    | 02   | Other   | 1      2      3<br>(SPECIFY)      (SPECIFY)  |        |
| M_C    | 739  | When was the most recent hand hygiene promotion and practices assessment?   | YEAR .....<br>DON'T KNOW ..... 9998  |        |
| M_C    | 740  | What was the interpretation of the most recent score?   | INADEQUATE ..... 1<br>BASIC ..... 2<br>INTERMEDIATE ..... 3<br>ADVANCED ..... 4<br>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?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |        |

| Module | No. | Question  | Response   | Skip            |
|--------|-----|---|--|-----------------|
| M_C    | 743 | Does this facility have any guidelines for isolation?<br>IF YES, ASK: May I see the guidelines?<br><br>THESE MAY BE A PART OF GUIDELINES THAT COVER OTHER TOPICS.   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO..... 3  |                 |
| 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<br>NO..... 2   | ➔END OF SECTION |
| M_C    | 746 | Have any of the persons responsible for IPC monitoring been trained in an IPC control course in the last 2 years?<br>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<br>YES, SOME, NOT ALL ..... 2<br>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<br>2–3 MONTHS AGO ..... 2<br>4–6 MONTHS AGO ..... 3<br>MORE THAN 6 MONTHS AGO ..... 4<br>DON'T KNOW ..... 8 |                 |

| Module  | No.                      | Question   | Response  | Skip  |    |   |   |           |                          |       |                |   |   |   |   |  |
|---|--------------------------|--|---|---|----|---|---|-----------|--------------------------|-------|----------------|---|---|---|---|--|
|   |                          | <b>8. INFRASTRUCTURE AND EQUIPMENT MAINTENANCE</b>   |   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
|   |                          | <b>8.1. VEHICLE MAINTENANCE</b>  |   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| 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<br>NO ..... 2<br>FACILITY HAS NO VEHICLES..... 5  | → Q802<br>→ Q802                                  |    |   |   |           |                          |       |                |   |   |   |   |  |
| M_C   | 801                      | Does this facility adhere to vehicle maintenance schedules?  | YES, ROUTINELY ..... 1<br>YES, SOMETIMES BUT NOT ROUTINELY ..... 2<br>NEVER..... 3  |   |    |   |   |           |                          |       |                |   |   |   |   |  |
|   |                          | <b>8.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE</b>   |   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| 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<br>NO ..... 2   | → Q807  |    |   |   |           |                          |       |                |   |   |   |   |  |
| M_C   | 804                      | Is there a schedule for preventive or corrective maintenance for any of these facility infrastructure systems?<br>IF YES, ASK TO SEE THE SCHEDULE FOR ANY ONE OF THESE SYSTEMS.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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. | <table border="1"> <thead> <tr> <th colspan="4">PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT</th> </tr> <tr> <th>ROUTINELY</th><th>SOMETIMES, NOT ROUTINELY</th><th>NEVER</th><th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table> | PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT |    |   |   | ROUTINELY | SOMETIMES, NOT ROUTINELY | NEVER | NOT APPLICABLE | 1 | 2 | 3 | 5 |  |
| PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT |                          |  |   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| ROUTINELY   | SOMETIMES, NOT ROUTINELY | NEVER  | NOT APPLICABLE  |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| 1   | 2                        | 3  | 5   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| 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?  | <table border="1"> <thead> <tr> <th>YES</th><th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td><td>2</td> </tr> </tbody> </table>  | YES   | NO | 1 | 2 |           |                          |       |                |   |   |   |   |  |
| YES   | NO                       |  |   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| 1   | 2                        |  |   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| 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<br>_____<br>(SPECIFY)   | 2   |    |   |   |           |                          |       |                |   |   |   |   |  |
|   |                          | <b>8.3. MEDICAL EQUIPMENT MAINTENANCE</b>  |   |   |    |   |   |           |                          |       |                |   |   |   |   |  |
| 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<br>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?<br>IF YES, ASK: May I see the schedule for any major piece of equipment? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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,<br>NOT ROUTINELY | NEVER | NOT<br>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   |                             | 2     |                   |      |
|        |     |   | SPECIFY   |                             |       |                   |      |
| 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<br>YES, SOME EQUIPMENT ..... 2<br>NO ..... 3 |                             |       |                   |      |

| Module | No.  | Question   | Response   | Skip             |
|--------|------|--|--|------------------|
|        |      | <b>9. HEALTH FINANCING AND ACCOUNTING</b>  |  |                  |
|        |      | <b>9.1. BUDGET AND RESOURCES</b>   |  |                  |
|        |      | <b>9.1.1. BUDGET AND RESOURCE AVAILABILITY AND MANAGEMENT</b>  |  |                  |
| 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.<br><br>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?<br>IF YES, ASK: Is the inventory computerized or is it manual (paper-based), or are both systems used?   | YES, COMPUTERIZED ..... 1<br>YES, MANUAL/PAPER-BASED ..... 2<br>YES, BOTH COMPUTERIZED AND PAPER-BASED ..... 3<br>NO ..... 4<br>DON'T KNOW ..... 8 |                  |
| M_C    | 902  | Is this facility directly responsible for management of any funds to support facility functioning?<br>By this I mean: does the facility have authority to use specified funds to support facility functioning?   | YES ..... 1<br>NO ..... 2  | → Q905           |
|        |      | <b>BUDGET INFORMATION FOR CURRENT BUDGET YEAR</b>  |  |                  |
| M_C    | 905  | Does this facility have a budgeted annual work plan (AWP) for the current financial/budget year?<br>IF YES, ASK: May I see a copy of the budgeted work plan?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>DON'T KNOW ..... 8   |                  |
| M_C    | 906  | Is there an official allocated budget for this facility for the current financial year?<br>IF YES, ASK: May I see a copy of the allocated budget?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>DON'T KNOW ..... 8   | → Q909<br>→ 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 — — —<br>NONE ..... 000<br>DON'T KNOW ..... 998  |                  |
| M_C    | 908  | What percentage of the official allocated <b>recurrent</b> budget (excluding salaries) for the current financial year has this facility received as of today?  | PERCENTAGE RECEIVED — — —<br>NONE ..... 000<br>DON'T KNOW ..... 998  |                  |
|        |      | <b>BUDGET INFORMATION FOR MOST RECENT COMPLETED BUDGET YEAR</b>  |  |                  |
| 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?<br>IF YES, ASK: May I see a copy of the allocated budget?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>DON'T KNOW ..... 8   | → Q926<br>→ Q926 |
| M_C    | 911  | What percentage of the total official allocated budget did this facility receive for the last completed financial year?  | PERCENTAGE RECEIVED — — —<br>NONE ..... 000<br>DON'T KNOW ..... 998  |                  |
| M_C    | 912  | What percentage of the official allocated <b>recurrent</b> budget (excluding salaries) did this facility receive for the last completed financial year?  | PERCENTAGE RECEIVED — — —<br>NONE ..... 000<br>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 — — —<br>NONE ..... 000<br>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<br>FREQUENTLY DELAYED ..... 2<br>SOMETIMES DELAYED ..... 3<br>NEVER DELAYED ..... 4<br>DON'T KNOW ..... 8                   |                  |
|        |      | <b>9.3. CHARGING AND COSTS FOR SERVICES</b>  |  |                  |
| M_C    | 926  | Does this facility charge user fees for any outpatient or inpatient services?  | YES ..... 1<br>NO ..... 2  | → Q935           |
| M_C    | 927  | Does this facility charge user fees for any outpatient services?   | YES ..... 1<br>NO USER FEES CHARGED ..... 2<br>NO OUTPATIENT SERVICES ..... 5  | → Q929<br>→ Q929 |
| M_C    | 928  | Are the user fees for outpatient services posted anywhere so that patients can see them?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2   |                  |



| Module | No. | Question  | Response   | Skip             |
|--------|-----|---|--|------------------|
|        |     | IF YES, ASK: Please show me anywhere fees for outpatients are posted.   | NO ..... 3   |                  |
| M_C    | 929 | Does this facility charge user fees for any inpatient services?   | YES ..... 1<br>NO USER FEES CHARGED ..... 2<br>NO INPATIENT SERVICES ..... 5                 | → Q931<br>→ Q931 |
| M_C    | 930 | Are the user fees for inpatient services posted anywhere so that patients can see them?<br>IF YES, ASK: Please show me anywhere fees for inpatients are posted. | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3                       |                  |
| M_C    | 931 | Is there a written policy or guidelines for exemptions or discounts for any user fees?<br>IF YES, ASK: May I see the document?                                  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3                       | → Q933           |
| M_C    | 932 | Do the exemptions apply also to non-national users, e.g. refugees, migrants   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |                  |
| 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  |                  |
|        |     | <b>9.4. ACCOUNTABILITY FOR FUNDS RECEIVED</b>   |  |                  |
| M_C    | 935 | Does this facility receive an annual external audit of facility accounts?<br>IF YES, ASK: May I see the audit report?   | YES, EXTERNAL AUDIT REPORT OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                  |
| M_C    | 936 | Does this facility carry out an annual internal audit of facility accounts?<br>IF YES, ASK: May I see the audit report?   | YES, INTERNAL AUDIT REPORT OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                  |

| Module | No.  | Question   | Response  | Skip               |
|--------|------|--|---|--------------------|
|        |      | <b>10. DATA SOURCES AND SYSTEMS</b>  |   |                    |
|        |      | <b>10.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR INPATIENTS</b>  |   |                    |
| M_C    | 1007 | Does this facility provide any inpatient services?   | YES.....1<br>NO.....2   | → Q1019            |
|        |      | <b>10.2.1. UNIQUE PATIENT IDENTIFIERS FOR INPATIENTS</b>   |   |                    |
| 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<br>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<br>NO.....2   |                    |
| M_C    | 1010 | Is the same unique patient ID maintained for the patient for both in- and outpatient services?   | YES.....1<br>NO.....2<br>OUTPATIENT SERVICES NOT OFFERED .....5   |                    |
|        |      | <b>10.2.2. INDIVIDUAL PATIENT RECORDS FOR INPATIENTS</b>   |   |                    |
| 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?<br><br>AN INDIVIDUAL PATIENT RECORD MAY CONTAIN COMPREHENSIVE INFORMATION ABOUT THE PATIENT ACROSS ALL PROGRAMMES, OR ONLY ABOUT A SPECIFIC PROGRAMME, E.G. HIV<br>IF YES, CLARIFY IF THE FORMAT FOR INPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH. | YES, BOTH PAPER AND ELECTRONIC .....1<br>YES, PAPER ONLY .....2<br>YES, ELECTRONIC ONLY .....3<br>NO INDIVIDUAL PATIENT RECORDS FOR INPATIENTS .....4 | → Q1014<br>→ Q1019 |
| M_C    | 1012 | What kind of software is used for the individual inpatient electronic medical record system? [COUNTRY ADAPT]   | YES<br>NO   |                    |
| M_C    | 01   | [COUNTRY SPECIFIC]_____  | 1<br>2  |                    |
| M_C    | 02   | [COUNTRY SPECIFIC]_____  | 1<br>2  |                    |
| M_C    | 03   | [COUNTRY SPECIFIC]_____  | 1<br>2  |                    |
| M_C    | 04   | Other<br><br>_____   | 1<br>2<br>(SPECIFY)   |                    |
| M_C    | 1014 | Does this facility use any system of registers to capture <b>minimum</b> individual information on inpatients?<br>(Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis)   | YES, BOTH PAPER AND ELECTRONIC .....1<br>YES, PAPER ONLY .....2<br>YES, ELECTRONIC ONLY .....3<br>NO INPATIENT REGISTERS.....5                        |                    |
|        |      | <b>10.2.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR INPATIENTS</b>   |   |                    |
| M_C    | 1015 | Does this facility store any individual inpatient charts/files/records?  | YES.....1<br>NO.....2   | → Q1019            |
| M_C    | 1016 | How quickly are individual inpatient files/records retrieved from storage when needed?   | ALWAYS RETRIEVED QUICKLY .....1<br>RETRIEVAL SOMETIMES DELAYED.....2<br>RETRIEVAL FREQUENTLY DELAYED OR RECORDS LOST .....3<br>DON'T KNOW .....8      |                    |
| M_C    | 1017 | Which of the following methods to store individual inpatient files/records does this facility use?   | YES<br>NO   |                    |
| M_C    | 01   | Paper files stored in room dedicated for this purpose  | 1<br>2  |                    |
| M_C    | 02   | Paper files stored in room also used for other purposes, e.g. supervisor's office, consultation room   | 1<br>2  |                    |

| Module | No.  | Question   | Response  |    | Skip   |
|--------|------|--|---|----|--------|
| 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<br><hr/> (SPECIFY)  | 2  |        |
|        |      | <b>10.3. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR OUTPATIENTS</b>   |   |    |        |
| M_C    | 1019 | Does this facility provide any outpatient services?  | YES.....1<br>NO.....2   |    | →Q1031 |
|        |      | <b>10.3.1. UNIQUE PATIENT IDENTIFIERS FOR OUTPATIENTS</b>  |   |    |        |
| 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<br>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<br>NO.....2   |    |        |
|        |      | <b>10.3.2. INDIVIDUAL PATIENT RECORDS/CHARTS FOR OUTPATIENTS</b>   |   |    |        |
| 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?<br>IF YES, CLARIFY IF THE FORMAT FOR OUTPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH. | YES, BOTH PAPER AND ELECTRONIC .....1<br>YES, PAPER ONLY .....2<br>YES, ELECTRONIC ONLY .....3<br>NO INDIVIDUAL PATIENT RECORDS FOR OUTPATIENTS.....4 |    | →Q1031 |
| M_C    | 1025 | Does this facility use any system of registers to capture minimum individual information on outpatients?<br>(Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis)   | YES, BOTH PAPER AND ELECTRONIC .....1<br>YES, PAPER ONLY .....2<br>YES, ELECTRONIC ONLY .....3<br>NO OUTPATIENT REGISTERS .....4                      |    |        |
|        |      | <b>10.3.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS</b>  |   |    |        |
| M_C    | 1026 | Does this facility store any individual outpatient charts/files/records?   | YES.....1<br>NO.....2   |    | →Q1031 |
| M_C    | 1027 | How quickly are individual outpatient files/records retrieved from storage when needed?  | ALWAYS RETRIEVED QUICKLY .....1<br>RETRIEVAL SOMETIMES DELAYED .....2<br>RETRIEVAL FREQUENTLY DELAYE OR RECORDS LOST .....3<br>DON'T KNOW .....8      |    |        |
| M_C    | 1028 | Which of the methods to store individual outpatient files/records does this facility use?<br>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<br><hr/> (SPECIFY)  | 2  |        |

| Module | No.  | Question  | Response   | Skip             |
|--------|------|---|--|------------------|
|        |      | <b>10.4. COMPUTERIZED INFORMATION</b>   |  |                  |
| 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<br>YES, SOME INFORMATION MAINTAINED IN COMPUTERIZED DATABASES .....2<br>NO.....3 | → END OF SECTION |
| M_C    | 1033 | How often are electronic databases with individual patient information backed up?   | DAILY .....1<br>WEEKLY .....2<br>EVERY 2–3 WEEKS.....3<br>MONTHLY .....4<br>LESS OFTEN THAN MONTHLY.....5<br><br>(SPECIFY)<br>NO ROUTINE BACKUP .....6               |                  |
| M_C    | 1034 | Are electronic databases used in this facility password-protected?  | YES, ALL.....1<br>YES, SOME.....2<br>NO.....3  |                  |

| Module | No.  | Question   | Response  | Skip               |
|--------|------|--|---|--------------------|
|        |      | <b>11. FACILITY DATA REPORTING SYSTEMS</b>   |   |                    |
|        |      | <b>11.1. DATA REPORTING AND MANAGEMENT</b>   |   |                    |
|        |      | <b>11.1.1. REPORTS SUBMITTED EXTERNALLY</b>  |   |                    |
| M_C    | 1100 | Does this facility submit any data reports externally/to the next reporting level?   | YES .....1<br>NO .....2   | → Q1109            |
| M_C    | 1103 | How often are routine summary data reports on patient services and diagnoses submitted externally/to the next reporting level?   | WEEKLY .....1<br>MONTHLY .....2<br>QUARTERLY .....3<br>ANNUALLY .....4<br>NEVER .....5<br>OTHER .....6<br><br>(SPECIFY) |                    |
| M_C    | 1104 | How often are routine summary data reports on notifiable diseases submitted externally/to the next reporting level?  | WEEKLY .....1<br>MONTHLY .....2<br>QUARTERLY .....3<br>ANNUALLY .....4<br>NEVER .....5<br>OTHER .....6<br><br>(SPECIFY) |                    |
|        |      | <b>11.1.2. STORAGE OF DATA REPORTS</b>   |   |                    |
| M_C    | 1105 | Does this facility store copies of any routine summary data reports that were submitted externally?  | YES .....1<br>NO .....2<br>DON'T KNOW .....8  | → Q1109<br>→ 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 2<br>(SPECIFY)  |                    |
|        |      | <b>11.1.3. DATA QUALITY</b>  |   |                    |
| 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<br>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?<br>IF YES, ASK: May I see a copy of the policy or guidelines?                  | YES, OBSERVED .....1<br>YES, REPORTED, NOT SEEN .....2<br>NO .....3   |                    |
| M_C    | 1111 | Is there any written documentation of the findings from the routine data quality checking system?<br>IF YES, ASK: May I see a copy of any documentation of results from routine data quality checks? | YES, OBSERVED .....1<br>YES, REPORTED, NOT SEEN .....2<br>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<br>QUARTERLY .....2<br>SEMI-ANNUALLY .....3<br>ANNUALLY .....4<br>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<br>NO .....2   |                    |

| Module | No.  | Question  | Response  | Skip                          |
|--------|------|---|---|-------------------------------|
| 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<br>7-12 MONTHS AGO .....2<br>13-24 MONTHS AGO .....3<br>MORE THAN 24 MONTHS AGO .....4<br>EXTERNAL CHECK HAS NEVER BEEN CONDUCTED .....5<br>DON'T KNOW .....8 |                               |
|        |      | <b>11.1.4. HEALTH INFORMATION MANAGEMENT</b>  |   |                               |
| 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<br>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<br>NO .....2   |                               |
| M_C    | 1117 | How often does this facility hold meetings to review routine facility data?<br>(This may include facility management meetings where data review is included.)   | WEEKLY .....1<br>MONTHLY .....2<br>QUARTERLY .....3<br>ANNUALLY .....4<br>NEVER .....5<br>OTHER .....6<br>_____<br>(SPECIFY)  |                               |
| M_C    | 1118 | How often do facility staff use routine facility data to inform processes such as planning, procurement, and advocacy?  | OFTEN .....1<br>SOMETIMES .....2<br>NEVER .....3  |                               |
|        |      | <b>11.2. REPORTING SYSTEMS FOR MORBIDITY AND MORTALITY</b>  |   |                               |
|        |      | <b>11.2.1. REPORTING MORBIDITY</b>  |   |                               |
| M_C    | 1119 | Does this facility offer inpatient services?  | YES .....1<br>NO .....2   | → Q1122                       |
| M_C    | 1120 | Does this facility use a standardized coding system for reporting morbidity (diagnoses) of inpatients?<br><br>PROBE: FOR EXAMPLE, ICD CODES   | YES .....1<br>NO .....2   | → Q1122                       |
| M_C    | 1121 | Which coding system does this facility use for inpatient morbidity reporting?   | ICD11 .....1<br>ICD10 .....2<br>ICD9 .....3<br>NATIONALLY DEVELOPED CODING SYSTEM .....4<br>STANDARD LIST OF DIAGNOSES (WITHOUT CODES) .....5<br>OTHER .....6<br>_____<br>(SPECIFY)           |                               |
| M_C    | 1122 | Does this facility offer outpatients services?  | YES .....1<br>NO .....2   | → Q1133                       |
| M_C    | 1123 | Does this facility use a standardized coding system for reporting morbidity (diagnoses) of outpatients?<br><br>PROBE: FOR EXAMPLE, ICD CODES  | YES .....1<br>NO .....2   | → Q1133                       |
| M_C    | 1124 | Which coding system does this facility use for outpatient morbidity reporting?  | ICD11 .....1<br>ICD10 .....2<br>ICD9 .....3<br>NATIONALLY DEVELOPED CODING SYSTEM .....4<br>STANDARD LIST OF DIAGNOSES (WITHOUT CODES) .....5<br>OTHER .....6<br>_____<br>(SPECIFY)           | → Q1133<br>→ Q1133<br>→ Q1133 |
| M_C    | 1125 | Did the person(s) who assigns the ICD codes receive any formal coding training in the past 2 years?   | YES .....1<br>NO .....2   |                               |

| Module | No.  | Question  | Response   | Skip                                 |
|--------|------|---|--|--------------------------------------|
|        |      | <b>11.2.2. REPORTING MORTALITY</b>  |  |                                      |
|        |      | <b>CODING OF CAUSE OF DEATH</b>   |  |                                      |
| M_C    | 1133 | Does this facility use a standardized coding system for reporting certified causes of death?<br><br>PROBE: FOR EXAMPLE, ICD CODES | YES .....1<br>NO .....2<br><br>NOT APPLICABLE .....5   | → END OF SECTION<br>→ END OF SECTION |
| M_C    | 1134 | Which coding system does this facility use for reporting certified causes of death?   | ICD11.....1<br>ICD10.....2<br>ICD9.....3<br>NATIONALLY DEVELOPED CODING SYSTEM .....4<br>STANDARD LIST OF DIAGNOSES (WITHOUT CODES) .....5<br>OTHER .....6<br><br>_____<br>(SPECIFY) |                                      |

| Module | No.   | Question  | Response   | Skip                       |
|--------|-------|---|--|----------------------------|
|        |       | <b>12. BASIC INFRASTRUCTURE AND SYSTEMS</b>   |  |                            |
|        |       | <b>12.1. INFRASTRUCTURE</b>   |  |                            |
|        |       | <b>12.1.1. COMMUNICATIONS</b>   |  |                            |
| 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<br>YES, NOT FUNCTIONAL ..... 2<br>NO, ONLY PRIVATE PHONES ..... 3<br>NO OUTSIDE COMMUNICATION..... 4   |                            |
| R_C    | 1202  | Does this facility have a functioning computer?   | YES ..... 1<br>NO ..... 2  |                            |
| R_C    | 1203  | Is there access to email or internet within the facility today?<br>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<br>YES, ONLY PRIVATE DEVICES..... 2<br>NO ..... 3   | →Q1206                     |
| R_C    | 1204  | How consistently is internet available in the facility?   | ALWAYS<br>SOMETIMES  |                            |
| R_C    | 01    | Everywhere in the facility  | 1 → Q1205  | 2                          |
| R_C    | 02    | Some parts of the facility  | 1  | 2                          |
| R_C    | 1205  | Is the connecting time for the internet paid or reimbursed by the management?   | YES ..... 1<br>NO ..... 2  |                            |
|        |       | <b>12.1.2. POWER SUPPLY</b>   |  |                            |
| 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<br>NO ..... 2  | →Q1210                     |
| R_C    | 1207  | What is the facility's main source of electricity?<br><br>IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE SITES, PROVIDE RESPONSE FOR INPATIENT SERVICE SITES.<br>[COUNTRY ADAPT]   | CENTRAL SUPPLY OF ELECTRICITY (E.G. NATIONAL OR COMMUNITY GRID) ..... 1<br>GENERATOR (FUEL OR BATTERY-OPERATED) ..... 2<br>SOLAR-POWERED SYSTEM..... 3<br>OTHER ..... 6<br>_____<br>(SPECIFY)  |                            |
| R_C    | 1208  | Other than the main source, does the facility have a backup source of electricity?  | YES ..... 1<br>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<br>OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) ..... 2<br>SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) ..... 3  |                            |
|        |       | <b>12.1.3. WATER AVAILABILITY</b>   |  |                            |
| R_C    | 1210  | What is the most commonly used source of water for the facility at this time?<br><br>IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE SITES, PROVIDE RESPONSE FOR INPATIENT SERVICE SITES.   | PIPED INTO FACILITY ..... 01<br>PIPED TO FACILITY GROUNDS ..... 02<br>PUBLIC TAP/STANDPIPE ..... 03<br>TUBEWELL/BOREHOLE ..... 04<br>PROTECTED DUG WELL..... 05<br>UNPROTECTED DUG WELL..... 06<br>PROTECTED SPRING..... 07<br>UNPROTECTED SPRING..... 08<br>RAINWATER..... 09<br>BOTTLED WATER ..... 10<br>CART WITH SMALL TANK/DRUM ..... 11<br>TANKER TRUCK ..... 12<br>SURFACE WATER (RIVER/DAM/LAKE/POND)..... 13<br>OTHER ..... 96<br>_____<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>NO WATER SOURCE..... 00 | →Q1212<br>→Q1212<br>→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)?<br>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.<br>WATER MAY BE PIPED OR IN A CONTAINER.  | YES, OBSERVED INSIDE THE FACILITY ..... 1<br>YES, OBSERVED WITHIN THE GROUNDS OF THE FACILITY ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>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<br>OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) ..... 2<br>SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) ..... 3   |        |
|        |       | <b>12.2. CONDITIONS FOR INFECTION PREVENTION AND CONTROL</b>   |  |        |
|        |       | <b>12.2.1. HEALTH CARE WASTE MANAGEMENT</b>  |  |        |
| 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 <b>finally</b> dispose of sharps waste (e.g. filled sharps boxes)?<br><br>PROBE TO ARRIVE AT CORRECT RESPONSE.<br><br>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".   | <b>BURN INCINERATOR:</b><br>2-CHAMBER INDUSTRIAL (800–1000+ °C) – PROTECTED ... 02<br>2-CHAMBER INDUSTRIAL (800–1000+ °C) – NO PROTECTION ..... 03<br>1-CHAMBER DRUM/BRICK – PROTECTED ..... 04<br>1-CHAMBER DRUM/BRICK – NO PROTECTION ..... 05<br><b>OPEN BURNING:</b><br>OPEN PIT OR FLAT GROUND – NO PROTECTION ..... 06<br>OPEN PIT OR FLAT GROUND - PROTECTED ..... 07<br><b>DUMP WITHOUT BURNING:</b><br>FLAT GROUND – NO PROTECTION ..... 08<br>FLAT GROUND – PROTECTED ..... 09<br>COVERED PIT OR PIT LATRINE (PROTECTED) ..... 10<br>OPEN-PIT – NO PROTECTION ..... 11<br><b>STORED FOR REMOVAL OFFSITE:</b><br>STORED IN COVERED CONTAINER ..... 12<br>STORED IN OTHER PROTECTED ENVIRONMENT ..... 13<br>STORED UNPROTECTED ..... 14<br>OTHER ..... 96<br><br>_____<br>(SPECIFY)<br>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<br>SHARP WASTE VISIBLE BUT PROTECTED SITE ..... 2<br>SHARP WASTE VISIBLE, NOT PROTECTED ..... 3<br>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.<br><br>How does this facility <b>finally</b> dispose of infectious waste other than sharps?<br><br>PROBE TO ARRIVE AT CORRECT RESPONSE.<br><br>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<br><b>BURN INCINERATOR:</b><br>2-CHAMBER INDUSTRIAL (800–1000+ °C) – PROTECTED ... 02<br>2-CHAMBER INDUSTRIAL (800–1000+ °C) – NO PROTECTION ..... 03<br>1-CHAMBER DRUM/BRICK – PROTECTED ..... 04<br>1-CHAMBER DRUM/BRICK – NO PROTECTION ..... 05<br><b>OPEN BURNING:</b><br>OPEN PIT OR FLAT GROUND – NO PROTECTION ..... 06<br>OPEN PIT OR FLAT GROUND - PROTECTED ..... 07<br><b>DUMP WITHOUT BURNING:</b><br>FLAT GROUND – NO PROTECTION ..... 08<br>FLAT GROUND – PROTECTED ..... 09<br>COVERED PIT OR PIT LATRINE (PROTECTED) ..... 10<br>OPEN-PIT – NO PROTECTION ..... 11<br><b>STORED FOR REMOVAL OFFSITE:</b><br>STORED IN COVERED CONTAINER ..... 12<br>STORED IN OTHER PROTECTED ENVIRONMENT ..... 13<br>STORED UNPROTECTED ..... 14<br>OTHER ..... 96<br><br>_____<br>(SPECIFY)<br>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<br>INFECTIOUS WASTE VISIBLE BUT PROTECTED SITE..... 2<br>INFECTIOUS WASTE VISIBLE, NOT PROTECTED ..... 3<br>INFECTIOUS WASTE SITE NOT INSPECTED ..... 4  |                  |
| R_C  | 1218  | IS AN INCINERATOR USED FOR FINAL DISPOSAL OF SHARPS OR INFECTIOUS WASTE?  | YES..... 1<br>NO ..... 2   | →Q1221           |
| R_C  | 1219  | Is the incinerator functional today?  | YES..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   | →Q1221<br>→Q1221 |
| R_C  | 1220  | Is fuel for the incinerator available today?  | YES..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                  |
| R_C  | 1221  | Does this facility have any guidelines on health care waste management?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>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<br>NO ..... 2   |                  |
| <b>12.2.2. CENTRAL REPROCESSING OF MEDICAL EQUIPMENT</b>   |       |   |  |                  |
| R_C  | 1223  | Where is the main site for reprocessing reusable medical equipment for this facility located?   | MAIN SITE IS SURGICAL UNIT ..... 1<br>MAIN SITE IS IN OUTPATIENT SERVICE UNIT ..... 2<br>MAIN SITE IS CENTRAL, AND NOT AFFILIATED WITH A PARTICULAR SERVICE/UNIT ..... 3<br>EQUIPMENT PROCESSED OUTSIDE FACILITY..... 4<br>NO EQUIPMENT IS PROCESSED FOR REUSE..... 5<br>MAIN SITE IS AFFILIATED WITH A DIFFERENT UNIT ..... 6<br><br>(SPECIFY LOCATION) | →Q1226<br>→Q1226 |
| R_C  | i1224 | ASK TO GO TO THE MAIN LOCATION WHERE EQUIPMENT IS FINALLY PROCESSED FOR REUSE.<br>Now I would like to know about items for sterilizing or high-level disinfecting (HLD).  |  |                  |
| 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.  | (A) AVAILABLE<br>OBSERVED REPORTED NOT AVAILABLE<br>NOT SEEN<br>(B) FUNCTIONAL<br>YES NO DON'T KNOW  |                  |
| R_C  | 01    | Electric autoclave (pressure and wet heat)  | 1 →B 2 →B 3 →02<br>→Q1226  | 1 2 8            |
| R_C  | 02    | Electric dry heat sterilizer  | 1 →B 2 →B 3 →03<br>→Q1226  | 1 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<br>→Q1226  | 1 2 8            |
| <b>12.3. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS</b> |       |   |  |                  |
| 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<br>NO ..... 2   | →Q1232           |
| R_C  | 1228  | Does this facility have protocols or guidelines for referring patients to other facilities?<br>IF YES, ASK: May I see them?   | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>NO ..... 3   |                  |
| R_C  | 1229  | Does this facility have protocols or guidelines for counter-referral (back-referral) of patients?<br>THIS MEANS REFERRAL OF PATIENTS BACK TO THE ORIGINAL REFERRING FACILITY WITH WRITTEN FEEDBACK<br>IF YES, ASK: May I see them?        | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>NO ..... 3<br>NOT APPLICABLE ..... 5   |                  |
| R_C  | 1230  | Does the facility maintain records (e.g. a register) of patients who are referred out?<br>IF YES, ASK: May I see records of patients referred out?  | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>NO ..... 3   |                  |

| Module | No.  | Question  | Response   | Skip             |
|--------|------|---|--|------------------|
| R_C    | 1231 | Does this facility receive feedback on referrals out?   | YES, ROUTINELY..... 1<br>YES, SOMETIMES ..... 2<br>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<br>YES, OTHER TYPE OF VEHICLE ..... 2<br>NO ..... 3 | ➔ END OF SECTION |
| R_C    | 1233 | Is the emergency vehicle and a driver available 24 hours?   | YES..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8                             |                  |
| R_C    | 1234 | Is the vehicle available, in working order and with fuel and a driver available today?<br>IF UNCERTAIN, ASK RESPONDENT TO CHECK WITH SOMEONE WHO WOULD KNOW.                                    | YES..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8                             |                  |

| Module      | No    | Question  | Response  | Skip             |
|-------------|-------|---|---|------------------|
|             |       | <b>13. OUTPATIENT SERVICE CONDITIONS</b>  |   |                  |
|             |       | <b>13.1. SERVICE AVAILABILITY</b>   |   |                  |
| A_C,<br>R_C | 1300  | Are any outpatient services offered?  | YES..... 1<br>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.<br><br>First, I would like to know about the <b>hours</b> that this facility provides outpatient services and the <b>infrastructure conditions</b> that exist for outpatient services.<br><br>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<br>5–8 HOURS ..... 2<br>9–16 HOURS ..... 3<br>17–23 HOURS ..... 4<br>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 ____  |                  |
|             |       | <b>13.2. OUTPATIENT AMENITIES</b>   |   |                  |
| R_C         | 1305  | Is there a room with auditory and visual privacy available for patient consultations?<br><br>IF YES, ASK TO BE SHOWN THE LOCATION<br>CLARIFY THE LEVEL OF PRIVACY AVAILABLE.  | YES, OBSERVED:<br>BOTH AUDITORY AND VISUAL PRIVACY ..... 1<br>VISUAL PRIVACY ONLY ..... 2<br>AUDITORY PRIVACY ONLY ..... 3<br>YES, REPORTED, NOT SEEN:<br>BOTH AUDITORY AND VISUAL PRIVACY ..... 4<br>VISUAL PRIVACY ONLY ..... 5<br>AUDITORY PRIVACY ONLY ..... 6<br>NO ..... 7                        |                  |
| R_C         | 1306  | Is there a toilet (latrine) on the premises that is accessible for general outpatient service patients or staff?<br><br>IF YES, ASK: What type of toilet? May I see the toilet?<br><br>IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE.  | FLUSH TOILET:<br>TO SEWER CONNECTION ..... 1<br>TO SEPTIC TANK ONSITE ..... 2<br>TO OPEN DRAIN ..... 3<br>PIT LATRINE:<br>WITH SLAB ..... 4<br>WITHOUT SLAB/OPEN PIT ..... 5<br>COMPOSTING TOILET ..... 6<br>HANGING TOILET/HANGING LATRINE ..... 7<br>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?<br><br>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<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT ..... 2<br>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<br>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<br>NO ..... 2   |                  |
| R_C         | 1310  | Is there a usable (available, functional, private) toilet specifically for female outpatient service patients and visitors?<br><br>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<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT ..... 2<br>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<br>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<br>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?<br>IF YES, ASK: May I see it?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                    |               |
| R_C    | 1314  | Is there a private area with soap and water for women to use for cleaning themselves?<br>IF YES, ASK: May I see it?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                    |               |
| R_C    | 1315  | Is there at least one usable (available, functional, private) toilet for outpatient staff?<br><br>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<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT..... 2<br>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<br>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<br>NO ..... 2   |                    |               |
|        |       | <b>13.3. SITE CONDITIONS</b>  |  |                    |               |
| R_C    | i1318 | Now I would like to look at actual <b>conditions of cleanliness and safety</b> in the outpatient service site today.<br><br>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. |  |                    |               |
| R_C    | 1319  | INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT:   | YES  | NO                 |               |
| R_C    | 01    | FLOOR: SWEEPED; 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                  |               |
| R_C    | 1320  | Now I would like to know about <b>items for infection prevention and control</b> available in this service site today. 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 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     |                |    |            |
| <b>13.4. EQUIPMENT AND COMMODITIES</b> |       |   |               |                    |       |                |    |            |
| R_C                                    | i1321 | Now I would like to see <b>patient examination</b> equipment and commodities that are available in the outpatient service site.<br>IF THERE ARE MULTIPLE OUTPATIENT SERVICE SITES, ASSESS THE ITEMS THAT ARE IN THE SERVICE SITE FOR GENERAL OUTPATIENT CURATIVE CARE FOR ADULTS. |               |                    |       |                |    |            |
| R_C                                    | 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 |    |            |
|  |       |   | 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)<br>[WHERE APPLICABLE]  | 1             | 2                  | 3     | ✕              | ✕  | ✕          |
| R_C                                    | 13    | LLIN or vouchers for LLIN (infant)<br>[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 <b>oxygen</b> for patients in the general outpatient service site/unit. Does this unit ever provide oxygen to patients?  | YES ..... 1<br>NO ..... 2  |                    |           |                |    |            | → Q1328 |
| R_C                                       | 1324 | Is there any oxygen currently available in this unit?   | YES ..... 1<br>NO ..... 2  |                    |           |                |    |            | → Q1326 |
| 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.  | (A) AVAILABLE  |                    |           | (B) FUNCTIONAL |    |            |         |
|   |      |   | 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<br>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<br>NO ..... 2<br>NOT APPLICABLE ..... 5                    |                    |           |                |    |            |         |
| <b>13.5. SUPPORT FOR QUALITY SERVICES</b> |      |   |  |                    |           |                |    |            |         |
| R_C                                       | 1328 | Are there any guidelines or job aids on standard precautions for infection prevention and control available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the document? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                    |           |                |    |            |         |

| Module | No.   | Question  | Response   | Skip   |
|--------|-------|---|--|--------|
|        |       | <b>14. COMMUNICABLE DISEASES SERVICES</b>   |  |        |
|        |       | <b>14.1. MALARIA</b>  |  |        |
|        |       | <b>14.1.1. SERVICE AVAILABILITY</b>   |  |        |
| R_C    | 1400  | Does this facility offer diagnosis and/or treatment of malaria?   | YES..... 1<br>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<br>NO ..... 2   |        |
| R_C    | 1403  | Do providers in this facility diagnose malaria?   | YES..... 1<br>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<br>NO ..... 2   |        |
|        |       | <b>14.1.2. SUPPORT FOR QUALITY SERVICES</b>   |  |        |
| R_C    | 1406  | Are national guidelines for the diagnosis and/or treatment of malaria available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>NO ..... 3 |        |
| R_C    | 1407  | Are any other guidelines for the diagnosis and/or treatment of malaria available in this service site today?<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>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  |        |
|        |       | <b>14.2. NEGLECTED TROPICAL DISEASES (NTDs)</b>   |  |        |
|        |       | <b>14.2.1. SERVICE AVAILABILITY</b>   |  |        |
| 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<br>NO ..... 2   | →Q1414 |
| R_C    | 1410  | Which of the following NTDs does this facility diagnose and/or treat:<br>[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                |
| <b>14.2.2. COMMUNITY INTERVENTIONS</b>              |       |   |   |                  |
| 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<br>NO ..... 2  | → Q1414          |
| <b>14.3. SEXUALLY TRANSMITTED INFECTIONS (STIs)</b> |       |   |   |                  |
| <b>14.3.1. SERVICE AVAILABILITY</b>                 |       |   |   |                  |
| R_C   | 1414  | Does this facility offer diagnosis and/or treatment of any STIs other than HIV?   | YES..... 1<br>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<br>NO ..... 2  |                  |
| R_C   | 1417  | Do providers in this facility prescribe treatment for STIs?   | YES..... 1<br>NO ..... 2  |                  |
| <b>14.3.2. SUPPORT FOR QUALITY SERVICES</b>         |       |   |   |                  |
| R_C   | 1418  | Are national guidelines for diagnosis and/or treatment of STIs available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>NO ..... 3 |                  |
| R_C   | 1419  | Are any other guidelines for diagnosis and/or treatment of STIs available in this service site today?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>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<br>NO ..... 2  |                  |

| Module | No.   | Question  | Response   | Skip   |
|--------|-------|---|--|--------|
|        |       | <b>15. NONCOMMUNICABLE DISEASES SERVICES</b>  |  |        |
|        |       | <b>15.1. NONCOMMUNICABLE DISEASES (NCDs)</b>  |  |        |
| 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<br>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<br>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. |  |        |
|        |       | <b>15.1.1. SYSTEMS TO SUPPORT QUALITY SERVICES FOR NCDs</b>   |  |        |
| 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<br>REPORTED,<br>NOT SEEN<br>NOT<br>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   | 123  |        |
| R_C    | 02    | A register or database for patients who are diagnosed with NCDs that only records information about when patients start treatment   | 123  |        |
| R_C    | 03    | An appointment schedule for routine follow-up for NCD patients  | 123  |        |
| R_C    | 04    | Individual patient treatment cards/files (paper or electronic) maintained for patients with NCDs  | 123  |        |
|        |       | <b>15.2. DIABETES</b>   |  |        |
|        |       | <b>15.2.1. SERVICE AVAILABILITY</b>   |  |        |
| R_C    | 1505  | Does this facility offer any services for diabetes?   | YES..... 1<br>NO ..... 2   | →Q1510 |
| R_C    | 1506  | Does this facility provide any of the following services:   | YESNO  |        |
| R_C    | 01    | Diagnose diabetes   | 12   |        |
| R_C    | 02    | Prescribe treatment for diabetes  | 12   |        |
| R_C    | 03    | Clinical follow-up services for diabetes patients   | 12   |        |
| R_C    | 04    | Counselling for diabetes self-management including dietary advice, footcare, and follow-up  | 12   |        |
|        |       | <b>15.2.2. SUPPORT FOR QUALITY SERVICES</b>   |  |        |
| R_C    | 1507  | Are national guidelines for diagnosis and/or management of diabetes available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?                                       | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |        |
| R_C    | 1508  | Are any other guidelines for diagnosis and/or management of diabetes available in this service site today?<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2   |        |
|        |       | <b>15.3. CARDIOVASCULAR DISEASE (CVD)</b>   |  |        |
|        |       | <b>15.3.1. SERVICE AVAILABILITY</b>   |  |        |
| R_C    | 1510  | Does this facility offer any services for cardiovascular diseases (CVDs), such as hypertension?   | YES..... 1<br>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)<br>DIAGNOSE  |                    | (B)<br>TREAT  |       | (C)<br>COUNSEL |                   | (D)<br>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  |         |
|        |       | <b>15.3.2. SUPPORT FOR QUALITY SERVICES</b>   |  |                    |               |       |                |                   |              |    |         |
| R_C    | 1512  | Are national guidelines for diagnosis and/or management of CVDs available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                    |               |       |                |                   |              |    |         |
| R_C    | 1513  | Are any other guidelines for diagnosis and/or management of CVDs available in this service site today?<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                    |               |       |                |                   |              |    |         |
|        |       | <b>15.4. CHRONIC RESPIRATORY DISEASE (CRD)</b>  |  |                    |               |       |                |                   |              |    |         |
|        |       | <b>15.4.1. SERVICE AVAILABILITY</b>   |  |                    |               |       |                |                   |              |    |         |
| R_C    | 1515  | Does this facility offer any services for chronic noncommunicable respiratory diseases (CRD), such as asthma?   | YES ..... 1<br>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)<br>DIAGNOSE  |                    | (B)<br>TREAT  |       | (C)<br>COUNSEL |                   | (D)<br>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  |         |
|        |       | <b>15.4.2. EQUIPMENT</b>  |  |                    |               |       |                |                   |              |    |         |
| 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.<br>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)<br>AVAILABLE   |                    |               |       |                | (B)<br>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                 |              |    |         |
|        |       | <b>15.4.3. SUPPORT FOR QUALITY SERVICES</b>   |  |                    |               |       |                |                   |              |    |         |
| R_C    | 1519  | Are national guidelines for diagnosis and/or management of CRDs available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                    |               |       |                |                   |              |    |         |
| R_C    | 1520  | Are any other guidelines for the diagnosis and/or management of CRDs available in this service site today?<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |   |        |   |   |   |
|        |       | <b>15.5. CANCER</b>   |  |   |        |   |   |   |
|        |       | <b>SERVICE AVAILABILITY</b>   |  |   |        |   |   |   |
| R_C    | 1522  | Does this facility offer any cancer services?   | YES ..... 1<br>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. |  |   |        |   |   |   |
|        |       | <b>SUPPORT FOR QUALITY SERVICES</b>   |  |   |        |   |   |   |
| R_C    | 1524  | Are newly diagnosed cancer patients reported to a national cancer registry?   | YES ..... 1<br>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<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |   |        |   |   |   |
|        |       | <b>15.5.1. CERVICAL CANCER</b>  |  |   |        |   |   |   |
|        |       | <b>SERVICE AVAILABILITY</b>   |  |   |        |   |   |   |
| R_C    | 1527  | Does this facility offer any services for cervical cancer screening?  | YES ..... 1<br>NO ..... 2  | → Q1535                                   |        |   |   |   |
| R_C    | i1528 | FIND THE MOST KNOWLEDGEABLE PERSON ABOUT THE CERVICAL CANCER SERVICES.  |  |   |        |   |   |   |
| R_C    | 1529  | Which of the following services for cervical cancer screening, diagnosis, and/or treatment are offered in this facility:  | YES  | NO  |        |   |   |   |
| 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   |        |   |   |   |
|        |       | <b>EQUIPMENT AND COMMODITIES</b>  |  |   |        |   |   |   |
| R_C    | i1530 | Now I would like to know about equipment and commodities for cervical cancer services available in this service site today.   |  |   |        |   |   |   |
| 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.  | (A) AVAILABLE<br>OBSERVED    REPORTED, NOT SEEN    NOT AVAILABLE       | (B) FUNCTIONAL<br>YES    NO    DON'T KNOW |        |   |   |   |
| 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 |        |  |  |  |  |  |  |
|        |      | <b>SUPPORT FOR QUALITY SERVICES</b>   |  |                   |               |   |   |   |        |  |  |  |  |  |  |
| R_C    | 1532 | Are national guidelines for cervical cancer screening, diagnosis, and/or treatment available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                   |               |   |   |   |        |  |  |  |  |  |  |
| R_C    | 1533 | Are any other guidelines for cervical cancer screening, diagnosis, and/or treatment available in this service site today?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                   |               |   |   |   |        |  |  |  |  |  |  |
|        |      | <b>15.5.2. BREAST CANCER</b>  |  |                   |               |   |   |   |        |  |  |  |  |  |  |
|        |      | <b>SERVICE AVAILABILITY</b>   |  |                   |               |   |   |   |        |  |  |  |  |  |  |
| R_C    | 1535 | Does this facility offer any services for breast cancer?  | YES ..... 1<br>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             |   |   |   |        |  |  |  |  |  |  |
|        |      | <b>SUPPORT FOR QUALITY SERVICES</b>   |  |                   |               |   |   |   |        |  |  |  |  |  |  |
| R_C    | 1537 | Are national guidelines for breast cancer screening, diagnosis, and/or treatment available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?    | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                   |               |   |   |   |        |  |  |  |  |  |  |
| R_C    | 1538 | Are any other guidelines for breast cancer screening, diagnosis, and/or treatment available in this service site today?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                  |
|        |      | <b>15.5.3. COLORECTAL CANCER</b>   |  |                  |
|        |      | <b>SERVICE AVAILABILITY</b>  |  |                  |
| R_C    | 1540 | Does this facility offer any services for colorectal cancer?   | YES ..... 1<br>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  |                  |
|        |      | <b>SUPPORT FOR QUALITY SERVICES</b>  |  |                  |
| R_C    | 1542 | Are national guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES ASK: May I see the guidelines? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                  |
| R_C    | 1543 | Are any other guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today?<br>IF YES ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                  |
|        |      | <b>15.5.4. PROSTATE CANCER</b>   |  |                  |
|        |      | <b>SERVICE AVAILABILITY</b>  |  |                  |
| R_C    | 1545 | Does this facility offer any services for prostate cancer?   | YES ..... 1<br>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  |                  |
|        |      | <b>SUPPORT FOR QUALITY SERVICES</b>  |  |                  |
| R_C    | 1547 | Are national guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                  |
| R_C    | 1548 | Are any other guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today?<br>IF YES ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO .....2 |      |

| Module         | No.             | Question   | Response  | Skip             |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
|----------------|-----------------|--|---|------------------|-------|-----------|-------------|----------------|-----------------|-------------------------|---|-----|----|-----|----|-----|----|-----|----|-------|-------|-------|-------|-------|-------|---|---|-------|-------|-------|-------|-------|-------|---|---|-------|-------|-------|-------|-------|-------|---|---|-------|-------|-------|-------|-------|-------|---|---|-------|-------|-------|-------|-------|-------|---|---|--|
|                |                 | <b>16. SERVICES FOR MENTAL HEALTH AND NEUROLOGICAL CONDITIONS</b>  |   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
|                |                 | <b>16.1. SERVICE AVAILABILITY</b>  |   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 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<br>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?  | <table border="1"> <thead> <tr> <th colspan="3">YES</th> <th rowspan="2">NOT OFFERED</th> </tr> <tr> <th>INPATIENT ONLY</th> <th>OUTPATIENT ONLY</th> <th>BOTH IN- AND OUTPATIENT</th> </tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>   | YES              |       |           | NOT OFFERED | INPATIENT ONLY | OUTPATIENT ONLY | BOTH IN- AND OUTPATIENT | 1 | 2   | 3  | 4   | 1  | 2   | 3  | 4   |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| YES            |                 |  | NOT OFFERED   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| INPATIENT ONLY | OUTPATIENT ONLY | BOTH IN- AND OUTPATIENT  |   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 1              | 2               | 3  | 4   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 1              | 2               | 3  | 4   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 01              | Mental disorders (e.g depression, schizophrenia)   | 1   | 2                |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 02              | Neurological disorders (e.g. epilepsy, dementia)   | 1   | 2                |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 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. |   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 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.   | <table border="1"> <thead> <tr> <th colspan="2">(A) DIAGNOSE</th> <th colspan="2">(B) TREAT</th> <th colspan="2">(C) COUNSEL</th> <th colspan="2">(D) REFER</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1 → B</td><td>2 → B</td> <td>1 → C</td><td>2 → C</td> <td>1 → D</td><td>2 → D</td> <td>1</td><td>2</td> </tr> <tr> <td>1 → B</td><td>2 → B</td> <td>1 → C</td><td>2 → C</td> <td>1 → D</td><td>2 → D</td> <td>1</td><td>2</td> </tr> <tr> <td>1 → B</td><td>2 → B</td> <td>1 → C</td><td>2 → C</td> <td>1 → D</td><td>2 → D</td> <td>1</td><td>2</td> </tr> <tr> <td>1 → B</td><td>2 → B</td> <td>1 → C</td><td>2 → C</td> <td>1 → D</td><td>2 → D</td> <td>1</td><td>2</td> </tr> <tr> <td>1 → B</td><td>2 → B</td> <td>1 → C</td><td>2 → C</td> <td>1 → D</td><td>2 → D</td> <td>1</td><td>2</td> </tr> </tbody> </table> | (A) DIAGNOSE     |       | (B) TREAT |             | (C) COUNSEL    |                 | (D) REFER               |   | YES | NO | YES | NO | YES | NO | YES | NO | 1 → B | 2 → B | 1 → C | 2 → C | 1 → D | 2 → D | 1 | 2 | 1 → B | 2 → B | 1 → C | 2 → C | 1 → D | 2 → D | 1 | 2 | 1 → B | 2 → B | 1 → C | 2 → C | 1 → D | 2 → D | 1 | 2 | 1 → B | 2 → B | 1 → C | 2 → C | 1 → D | 2 → D | 1 | 2 | 1 → B | 2 → B | 1 → C | 2 → C | 1 → D | 2 → D | 1 | 2 |  |
| (A) DIAGNOSE   |                 | (B) TREAT  |   | (C) COUNSEL      |       | (D) REFER |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| YES            | NO              | YES  | NO  | YES              | NO    | YES       | NO          |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 1 → B          | 2 → B           | 1 → C  | 2 → C   | 1 → D            | 2 → D | 1         | 2           |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 1 → B          | 2 → B           | 1 → C  | 2 → C   | 1 → D            | 2 → D | 1         | 2           |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 1 → B          | 2 → B           | 1 → C  | 2 → C   | 1 → D            | 2 → D | 1         | 2           |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 1 → B          | 2 → B           | 1 → C  | 2 → C   | 1 → D            | 2 → D | 1         | 2           |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 1 → B          | 2 → B           | 1 → C  | 2 → C   | 1 → D            | 2 → D | 1         | 2           |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 01              | Mood disorders (e.g. depression, bipolar disorder)   | 1 → B   | 2 → B            |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 02              | Schizophrenia  | 1 → B   | 2 → B            |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 03              | Anxiety-related disorders  | 1 → B   | 2 → B            |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 04              | Epilepsy/seizures  | 1 → B   | 2 → B            |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 05              | Dementia   | 1 → B   | 2 → B            |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 06              | Disorders due to substance use or addictive behaviours   | 1 → B   | 2 → B            |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| 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<br>NO.....2   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
|                |                 | <b>16.2. SUPPORT FOR QUALITY SERVICES</b>  |   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |
| R_C            | 1605            | Are national guidelines for diagnosis and/or management of mental and/or neurological conditions available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED.....1<br>YES, REPORTED, NOT SEEN.....2<br>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?<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED.....1<br>YES, REPORTED, NOT SEEN.....2<br>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<br>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<br>NO.....2   |                  |       |           |             |                |                 |                         |   |     |    |     |    |     |    |     |    |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |       |       |       |       |       |       |   |   |  |



| Module | No.   | Question  | Response   |                    |               | Skip           |    |            |  |
|--------|-------|---|--|--------------------|---------------|----------------|----|------------|--|
|        |       | <b>17. SERVICES FOR SPECIAL NEEDS</b>   |  |                    |               |                |    |            |  |
|        |       | <b>17.1. PALLIATIVE CARE</b>  |  |                    |               |                |    |            |  |
|        |       | <b>17.1.1. SERVICE AVAILABILITY</b>   |  |                    |               |                |    |            |  |
| R_C    | 1700  | Does this facility offer any palliative care services?  | YES ..... 1<br>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. |  |                    |               |                |    |            |  |
|        |       | <b>17.1.2. SUPPORT FOR QUALITY SERVICES</b>   |  |                    |               |                |    |            |  |
| R_C    | 1703  | Are national guidelines for palliative care services available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                    |               |                |    |            |  |
| R_C    | 1704  | Are any other guidelines for palliative care services available in this service site today?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                    |               |                |    |            |  |
|        |       | <b>17.2. REHABILITATIVE CARE</b>  |  |                    |               |                |    |            |  |
|        |       | <b>17.2.1. SERVICE AVAILABILITY</b>   |  |                    |               |                |    |            |  |
| R_C    | 1706  | Does this facility offer any rehabilitative care or physiotherapy services?   | YES ..... 1<br>NO ..... 2  |                    | → Q1713       |                |    |            |  |
|        |       | <b>17.2.2. SITE CONDITIONS</b>  |  |                    |               |                |    |            |  |
| R_C    | 1707  | Is there a treatment site specific for rehabilitation or physiotherapy services?  | YES ..... 1<br>NO ..... 2  |                    |               |                |    |            |  |
|        |       | <b>17.2.3. EQUIPMENT</b>  |  |                    |               |                |    |            |  |
| R_C    | i1708 | Now I would like to know about equipment and commodities for rehabilitation services.   |  |                    |               |                |    |            |  |
| 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.  | (A) AVAILABLE  |                    |               | (B) FUNCTIONAL |    |            |  |
|        |       |   | OBSERVED   | REPORTED, NOT SEEN | NOT AVAILABLE | YES            | NO | DON'T KNOW |  |
| 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             | ✕ | ✕ | ✕ |         |  |
| <b>17.2.4. SUPPORT FOR QUALITY SERVICES</b>              |       |   |  |                    |               |   |   |   |         |  |
| R_C  | 1710  | Are national guidelines or national protocols or procedures for rehabilitation care available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                    |               |   |   |   |         |  |
| R_C  | 1711  | Are any other guidelines, protocols or procedures for rehabilitation care available in this service site today?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                    |               |   |   |   |         |  |
| <b>17.3. RAPE OR INTIMATE PARTNER VIOLENCE SURVIVORS</b> |       |   |  |                    |               |   |   |   |         |  |
| <b>17.3.1. SERVICE AVAILABILITY</b>                      |       |   |  |                    |               |   |   |   |         |  |
| R_C  | 1713  | Does this facility offer any services for survivors of rape and/or intimate partner/sexual violence?  | YES ..... 1<br>NO ..... 2  |                    |               |   |   |   | → Q1719 |  |
| R_C  | 1714  | Which of the following services are offered to survivors of rape and/or intimate partner violence?  | YES  |                    | NO            |   |   |   |         |  |
| 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             |   |   |   |         |  |
| <b>17.3.2. SITE CONDITIONS</b>                           |       |   |  |                    |               |   |   |   |         |  |
| R_C  | 1715  | Is there a safe and locked filing space to keep records confidential, or password-protected computer for electronic files?<br>IF YES, ASK: May I see it?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |                    |               |   |   |   |         |  |
| <b>17.3.3. SUPPORT FOR QUALITY SERVICES</b>              |       |   |  |                    |               |   |   |   |         |  |
| 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.   |  |                    |               |   |   |   |         |  |
| R_C  | 1718  | For each item that I ask about, please show me the item.  | OBSERVED   | REPORTED, NOT SEEN | NOT AVAILABLE |   |   |   |         |  |
| R_C  | 01    | National guidelines on services for rape and/or intimate partner violence survivors<br>[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<br>NO ..... 2 |                    |               |                  |
|        |       | <b>17.4. CHILDREN AFFECTED BY MALTREATMENT</b>  |                           |                    |               |                  |
|        |       | <b>17.4.1. SERVICE AVAILABILITY</b>   |                           |                    |               |                  |
| R_C    | 1720  | Does this facility offer any services for children affected by maltreatment?<br>(Child maltreatment includes physical, sexual or emotional violence and neglect of persons aged 0–17 by parents or caregivers.) | YES ..... 1<br>NO ..... 2 |                    |               | ➔ END OF SECTION |
|        |       | <b>17.4.2. SUPPORT FOR QUALITY SERVICES</b>   |                           |                    |               |                  |
| 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<br>[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<br>NO ..... 2 |                    |               |                  |

| Module | No.   | Question  | Response   | Skip                                      |
|--------|-------|---|--|---|
|        |       | <b>18. MATERNAL AND NEWBORN SERVICES (OUTPATIENT)</b>   |  |   |
|        |       | <b>18.1. FAMILY PLANNING</b>  |  |   |
|        |       | <b>18.1.1. SERVICE AVAILABILITY</b>   |  |   |
| R_C    | 1800  | Does this facility offer any family planning services?  | YES ..... 1<br>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<br>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<br>NO ..... 2  |   |
|        |       | <b>18.1.2. EQUIPMENT</b>  |  |   |
| 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<br>OBSERVED<br>REPORTED, NOT SEEN<br>NOT AVAILABLE | (B) FUNCTIONAL<br>YES<br>NO<br>DON'T KNOW |
| R_C    | 01    | Blood pressure apparatus  | 1→B<br>2→B<br>3→Q1807  | 1<br>2<br>8                               |
|        |       | <b>18.1.3. SUPPORT FOR QUALITY SERVICES</b>   |  |   |
| 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<br>REPORTED, NOT SEEN<br>NOT AVAILABLE                  |   |
| R_C    | 01    | National family planning guidelines<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]   | 1  | 2<br>3                                    |
| R_C    | 02    | Any other family planning guidelines  | 1  | 2<br>3                                    |
| R_C    | 03    | Any family planning checklist and/or job aids   | 1  | 2<br>3                                    |
| R_C    | 04    | National guidelines for adolescent reproductive health services<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]   | 1  | 2<br>3                                    |
| R_C    | 05    | Any other guidelines for adolescent reproductive health services  | 1  | 2<br>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                  |               |                |    |            |  |
|        |       | <b>18.2. ANTENATAL CARE (ANC)</b>   |                           |                    |               |                |    |            |  |
|        |       | <b>18.2.1. SERVICE AVAILABILITY</b>   |                           |                    |               |                |    |            |  |
| R_C    | 1810  | Does this facility offer antenatal care (ANC) services?   | YES .....1<br>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<br>[WHERE APPLICABLE]   | 1                         | 2                  |               |                |    |            |  |
| R_C    | 04    | LLINs or vouchers for LLINs for pregnant women<br>[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<br>NO ..... 2 |                    |               |                |    |            |  |
|        |       | <b>18.2.2. EQUIPMENT AND COMMODITIES</b>  |                           |                    |               |                |    |            |  |
| R_C    | i1814 | Now I would like to ask about items for provision of antenatal care available in this service site today.   |                           |                    |               |                |    |            |  |
| 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.  | (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→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                  | X  | X             | X       |      |
| R_C   | 06    | LLIN or vouchers for LLIN (adult and/or paediatric)<br>[WHERE APPLICABLE]   | 1                       | 2 | 3                  | X  | X             | X       |      |
| <b>18.2.3. SUPPORT FOR QUALITY SERVICES</b>             |       |   |                         |   |                    |    |               |         |      |
| R_C   | i1816 | Now I would like to know if the following documents for antenatal care are available in this service site today.  |                         |   |                    |    |               |         |      |
| 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<br>[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<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>[WHERE APPLICABLE]<br>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             |         |      |
| 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<br>[WHERE APPLICABLE]  | 1                       |   |                    | 2  |               |         |      |
| R_C   | 03    | Prevention and management of female genital mutilation (FGM)  | 1                       |   |                    | 2  |               |         |      |
| <b>18.3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION</b> |       |   |                         |   |                    |    |               |         |      |
| <b>18.3.1. SERVICE AVAILABILITY</b>                     |       |   |                         |   |                    |    |               |         |      |
| R_C   | 1819  | Does this facility offer services for prevention of mother to child transmission of HIV (PMTCT)?  | YES .....1<br>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. |                         |   |                    |    |               |         |      |
| 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                     |                  |                  |
|        |       | <b>18.3.2. SITE CONDITIONS</b>   |  |                       |                  |                  |
| R_C    | 1822  | Is the PMTCT service room or site a private room/area with auditory and visual privacy?<br><br>IF YES, ASK TO BE SHOWN THE LOCATION<br>CLARIFY THE LEVEL OF PRIVACY AVAILABLE.                               | YES, OBSERVED:<br>BOTH AUDITORY AND VISUAL PRIVACY ..... 1<br>VISUAL PRIVACY ONLY ..... 2<br>AUDITORY PRIVACY ONLY ..... 3<br>YES, REPORTED, NOT SEEN:<br>BOTH AUDITORY AND VISUAL PRIVACY ..... 4<br>VISUAL PRIVACY ONLY ..... 5<br>AUDITORY PRIVACY ONLY ..... 6<br>NO ..... 7 |                       |                  |                  |
|        |       | <b>18.3.3. SUPPORT FOR QUALITY SERVICES</b>  |  |                       |                  |                  |
| R_C    | i1823 | Now I would like to know if the following documents for PMTCT are available in this service site today.  |  |                       |                  |                  |
| R_C    | 1824  | For each document that I ask about, please show it to me.  | OBSERVED   | REPORTED,<br>NOT SEEN | NOT<br>AVAILABLE |                  |
| R_C    | 01    | National guidelines for PMTCT<br>[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<br>[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                     |                  |                  |
|        |       | <b>18.4. OUTPATIENT POSTNATAL CARE (PNC): MATERNAL AND/OR NEWBORN</b>  |  |                       |                  |                  |
| 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<br>NO .....2  |                       |                  | → END OF SECTION |
|        |       | <b>18.4.1. MATERNAL POSTNATAL CARE SERVICES</b>  |  |                       |                  |                  |
| R_C    | 1827  | Does this facility provide any maternal postnatal care as an outpatient service to women coming from home?   | YES .....1<br>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<br>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. |  |                       |                  |                  |
|        |       | <b>MATERNAL PNC SITE CONDITIONS</b>  |  |                       |                  |                  |
| R_C    | 1830  | Is there a site for postpartum examination that provides auditory and visual privacy?<br><br>IF YES, ASK TO BE SHOWN THE LOCATION<br>CLARIFY THE LEVEL OF PRIVACY AVAILABLE.                                 | YES, OBSERVED:<br>BOTH AUDITORY AND VISUAL PRIVACY .....1<br>VISUAL PRIVACY ONLY .....2<br>AUDITORY PRIVACY ONLY .....3<br>YES, REPORTED, NOT SEEN:<br>BOTH AUDITORY AND VISUAL PRIVACY .....4<br>VISUAL PRIVACY ONLY .....5<br>AUDITORY PRIVACY ONLY .....6<br>NO .....7        |                       |                  |                  |
|        |       | <b>SUPPORT FOR QUALITY MATERNAL PNC SERVICES</b>   |  |                       |                  |                  |
| R_C    | 1831  | Are there national guidelines for maternal postnatal care available in this service site today:<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, May I see the guidelines?                       | YES, OBSERVED .....1<br>YES, REPORTED, NOT SEEN .....2<br>NO .....3  |                       |                  |                  |
| R_C    | 1832  | Are there any other guidelines for maternal postnatal care available in this service site today?<br>IF YES, May I see the guidelines?  | YES, OBSERVED .....1<br>YES, REPORTED, NOT SEEN .....2<br>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<br>NO .....2                   |                  |
|        |       | <b>18.4.2. NEWBORN CARE SERVICES</b>   |   |                  |
| R_C    | 1834  | Does this facility provide any newborn care as an outpatient service to women coming from home?                                    | YES .....1<br>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<br>[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<br>NO .....2                   |                  |
|        |       | <b>SUPPORT FOR QUALITY NEWBORN SERVICES</b>  |   |                  |
| 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<br>[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             |
|--------|-------|--|---|------------------|
|        |       | <b>19. ABORTION CARE SERVICES</b>  |   |                  |
| 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.  |   |                  |
|        |       | <b>19.1. SERVICE AVAILABILITY</b>  |   |                  |
| 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<br>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<br>NO ..... 2   |                  |
| R_C    | 1904  | Does this facility offer any services for management of incomplete abortion?<br>IF YES, ASK WHETHER PROVIDED AS AN OUTPATIENT SERVICE, AN INPATIENT SERVICE, OR BOTH   | YES, OUTPATIENT ONLY ..... 1<br>YES, INPATIENT ONLY ..... 2<br>YES, BOTH OUTPATIENT ..... 3<br>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<br>YES, INPATIENT ONLY ..... 2<br>YES, BOTH OUTPATIENT ..... 3<br>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<br>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                     |                                 |                     |                 |            |  |
|        |       | <b>19.2. SITE CONDITIONS</b>   |  |                       |                                 |                     |                 |            |  |
| R_C    | 1911  | Does this service site have a room with auditory and visual privacy available for providing abortion-related counselling to clients?<br><br>IF YES, ASK TO BE SHOWN THE LOCATION.<br>CLARIFY THE LEVEL OF PRIVACY AVAILABLE. | YES, OBSERVED:<br>BOTH AUDITORY AND VISUAL PRIVACY ..... 1<br>VISUAL PRIVACY ONLY ..... 2<br>AUDITORY PRIVACY ONLY ..... 3<br>YES, REPORTED, NOT SEEN:<br>BOTH AUDITORY AND VISUAL PRIVACY ..... 4<br>VISUAL PRIVACY ONLY ..... 5<br>AUDITORY PRIVACY ONLY ..... 6<br>NO ..... 7 |                       |                                 |                     |                 |            |  |
|        |       | <b>19.3. EQUIPMENT</b>   |  |                       |                                 |                     |                 |            |  |
| 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.   | (A) AVAILABLE  |                       | (B) FUNCTIONAL                  |                     |                 |            |  |
|        |       |  | 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          |  |
|        |       | <b>19.4. MEDICINES AND COMMODITIES</b>   |  |                       |                                 |                     |                 |            |  |
| R_C    | 1914  | Does this facility have medicines for management of abortion available in this service site today?   | YES ..... 1<br>NO ..... 2  |                       |                                 | → Q1918             |                 |            |  |
| R_C    | 1915  | For each medicine that I ask about, please show me the item.<br><br>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS NOT EXPIRED.  | OBSERVED   |                       | NOT OBSERVED                    |                     |                 |            |  |
|        |       |  | 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<br>[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<br>[COUNTRY ADAPT]  |                           |                       |                  |   |   |        |
| R_C    | 01    | NSAID (e.g. Ibuprofen, diclofenac)  | 1                         | 2                     | 3                | 4 | 5 |        |
| R_C    | 02    | Other<br>_____<br>(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<br>NO ..... 2 |                       |                  |   |   | →Q1920 |
| R_C    | 1919  | For each commodity that I ask about, please show me the item.   | OBSERVED                  | REPORTED,<br>NOT SEEN | NOT<br>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                |   |   |        |
|        |       | <b>19.5. SUPPORT FOR QUALITY SERVICES</b>   |                           |                       |                  |   |   |        |
| 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,<br>NOT SEEN | NOT<br>AVAILABLE |   |   |        |
| R_C    | 01    | National guidelines that include procedures and services for abortion-related care<br>[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    |
|--------|-------|---|--------------------------|--------------------|---------------|---------|
|        |       | <b>20. SERVICES FOR CHILDREN UNDER 5 AND ADOLESCENTS</b>  |                          |                    |               |         |
|        |       | <b>20.1. SERVICES FOR CHILDREN UNDER 5</b>  |                          |                    |               |         |
|        |       | <b>20.1.1. SERVICE AVAILABILITY</b>   |                          |                    |               |         |
| R_C    | 2000  | Does this facility offer any preventive and/or curative care services for children under 5?   | YES..... 1<br>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<br>NO ..... 2 |                    |               |         |
|        |       | <b>20.1.2. SUPPORT FOR QUALITY SERVICES</b>   |                          |                    |               |         |
| 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<br>[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<br>[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  |                  |
|        |      | <b>20.2. SERVICES FOR ADOLESCENTS</b>  |   |    |                  |
|        |      | <b>20.2.1. SERVICE AVAILABILITY</b>  |   |    |                  |
| R_C    | 2007 | Does this facility offer any adolescent health services?   | YES..... 1<br>NO ..... 2  |    | ➔ END OF SECTION |
|        |      | <b>20.2.2. SUPPORT FOR QUALITY SERVICES</b>  |   |    |                  |
| R_C    | 2008 | Are national guidelines for general adolescent health issues and services available in this service site today?<br><b>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]</b><br>IF YES, ASK: May I see the guidelines? | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |    |                  |
| R_C    | 2009 | Are any other guidelines for general adolescent health issues and services available in this service site today?<br>IF YES, ASK: May I see the guidelines?   | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |    |                  |

| Module | No.   | Question  | Response   | Skip             |
|--------|-------|---|--|------------------|
|        |       | <b>21. IMMUNIZATION SERVICES</b>  |  |                  |
|        |       | <b>21.1. SERVICE AVAILABILITY</b>   |  |                  |
| R_C    | 2100  | Does this facility offer any immunization services?   | YES..... 1<br>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<br>WEEKLY ..... 2<br>MONTHLY ..... 3<br>QUARTERLY ..... 4<br>NEVER ..... 5<br>OTHER ..... 6<br>(SPECIFY)   |                  |
| A_C    | 2102  | How often does this facility offer all infant and child immunization services as outreach to other locations?   | DAILY ..... 1<br>WEEKLY ..... 2<br>MONTHLY ..... 3<br>QUARTERLY ..... 4<br>NEVER ..... 5<br>OTHER ..... 6<br>(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?<br><b>[VACCINES SCHEDULE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION]</b>                                       | <b>BOTH IN FACILITY AND AS OUTREACH</b><br><b>IN FACILITY ONLY</b><br><b>OUTREACH ONLY</b><br><b>SERVICE NOT OFFERED</b> |                  |
| R_C    | 01    | <b>Birth</b> (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    | <b>Infant</b> (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    | <b>Child</b> (1–5 years): any vaccinations  | 1 2 3 4  |                  |
| R_C    | 12    | Child: COVID-19   | 1 2 3 4  |                  |
| R_C    | 13    | <b>Adolescent/adult:</b> 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  |               |                    |
|--------|-------|---|---|-----------------------|------------------|---|---------------|--------------------|
|        |       | <b>21.2. SITE CONDITIONS</b>  |   |                       |                  |   |               |                    |
| R_C    | i2105 | Now I would like to know about items for <b>infection prevention and control</b> available in this service site today.  |   |                       |                  |   |               |                    |
| R_C    | 2106  | For each item that I ask about, please show me the item.  | OBSERVED  | REPORTED,<br>NOT SEEN | NOT<br>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                |   |               |                    |
|        |       | <b>21.3. EQUIPMENT</b>  |   |                       |                  |   |               |                    |
| R_C    | i2107 | Now I would like to know about <b>equipment</b> 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,<br>NOT SEEN | NOT<br>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                |   |               |                    |
|        |       | <b>21.4. COLD CHAIN</b>   |   |                       |                  |   |               |                    |
| R_C    | 2109  | Does this facility have a refrigerator for the storage of vaccines?<br><br>IF THERE ARE DIFFERENT FRIDGES, GO TO THE MAIN STORAGE FRIDGE FOR IMMUNIZATIONS.<br><br>IF YES, ASK TO SEE THE REFRIGERATOR AND ASK: Is the refrigerator functional today? | YES, OBSERVED:<br>FUNCTIONAL..... 1<br>NOT FUNCTIONAL..... 2<br>DON'T KNOW..... 3<br>YES, REPORTED:<br>FUNCTIONAL..... 4<br>NOT FUNCTIONAL..... 5<br>DON'T KNOW..... 6<br>NO..... 7 |                       |                  | → Q2115<br><br><br><br>→ Q2115<br>→ Q2115<br>→ Q2115<br>→ Q2115 |               |                    |
| R_C    | 2110  | 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   |   |               |                    |
|        |       |   | YES   | NO                    | YES              | NO  | DON'T<br>KNOW |                    |
| 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     |                    |
| R_C    | 2111  | Is the temperature of the refrigerator monitored at least once every 24 hours?<br>IF YES, ASK: May I see the log used to record the temperature?  | YES, OBSERVED..... 1<br>YES, REPORTED, NOT SEEN..... 2<br>NO..... 3   |                       |                  |   |               | → Q2114<br>→ Q2114 |
| R_C    | 2112  | Has the temperature log been completed for the past 30 days?<br>REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE DAILY DURING THE PAST 30 DAYS).   | YES, FULLY COMPLETE..... 1<br>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?<br>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<br>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<br>OUT OF RANGE ..... 2<br>DON'T KNOW ..... 8   |                    |  |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
|   |  | <b>21.5. VACCINES</b>  |  |                    |  |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| 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<br>YES, VACCINE FRIDGE, NO SERVICES TODAY ..... 2<br>YES, SERVICES TODAY, NO FRIDGE ..... 3<br>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.   |  |                    |  |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| R_C   | 2117                                     | 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.<br>[COUNTRY ADAPT LIST] | <table border="1"> <thead> <tr> <th colspan="5">(A)<br/>AVAILABLE</th> <th colspan="2">(B)<br/>ANY STOCK OUT<br/>IN THE<br/>PAST 3 MONTHS?</th> </tr> <tr> <th colspan="2">OBSERVED</th> <th colspan="3">NOT OBSERVED</th> <th rowspan="2">YES</th> <th rowspan="2">NO</th> </tr> <tr> <th>AT LEAST ONE<br/>NOT EXPIRED/<br/>VVM LIGHTER</th> <th>AVAILABLE BUT<br/>EXPIRED/<br/>VVM CHANGED</th> <th>REPORTED<br/>AVAILABLE<br/>BUT NOT SEEN</th> <th>NOT<br/>AVAILABLE<br/>TODAY</th> <th>NEVER<br/>AVAILABLE</th> </tr> </thead> </table> | (A)<br>AVAILABLE   |  |                  |  |  | (B)<br>ANY STOCK OUT<br>IN THE<br>PAST 3 MONTHS? |  | OBSERVED |  | NOT OBSERVED |  |  | YES | NO | AT LEAST ONE<br>NOT EXPIRED/<br>VVM LIGHTER | AVAILABLE BUT<br>EXPIRED/<br>VVM CHANGED | REPORTED<br>AVAILABLE<br>BUT NOT SEEN | NOT<br>AVAILABLE<br>TODAY | NEVER<br>AVAILABLE |  |
| (A)<br>AVAILABLE                            |  |  |  |                    | (B)<br>ANY STOCK OUT<br>IN THE<br>PAST 3 MONTHS? |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| OBSERVED                                    |  | NOT OBSERVED   |  |                    | YES  | NO               |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| AT LEAST ONE<br>NOT EXPIRED/<br>VVM LIGHTER | AVAILABLE BUT<br>EXPIRED/<br>VVM CHANGED | REPORTED<br>AVAILABLE<br>BUT NOT SEEN  | NOT<br>AVAILABLE<br>TODAY  | NEVER<br>AVAILABLE |  |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| 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             |  |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
|   |  | <b>21.6. SUPPORT FOR QUALITY SERVICES</b>  |  |                    |  |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| 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.  | <table border="1"> <thead> <tr> <th>OBSERVED</th> <th>REPORTED,<br/>NOT SEEN</th> <th>NOT<br/>AVAILABLE</th> </tr> </thead> </table>   | OBSERVED           | REPORTED,<br>NOT SEEN                            | NOT<br>AVAILABLE |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| OBSERVED                                    | REPORTED,<br>NOT SEEN                    | NOT<br>AVAILABLE   |  |                    |  |                  |  |  |  |  |          |  |              |  |  |     |    |   |  |                                       |                           |                    |  |
| R_C   | 01                                       | National guidelines for routine child immunization<br>[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<br>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    |
|--------|-------|---|--|---------|
|        |       | <b>22. DELIVERY, POSTNATAL AND NEWBORN SERVICES (INPATIENT)</b>   |  |         |
|        |       | <b>22.1. DELIVERY CARE</b>  |  |         |
|        |       | <b>22.1.1. SERVICE AVAILABILITY</b>   |  |         |
| 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<br>NO ..... 2   | → Q2241 |
| R_C    | 2202  | Does the facility offer basic emergency obstetric and newborn care (BEmONC)?  | YES..... 1<br>NO ..... 2   | → Q2204 |
| R_C    | 2203  | Does the facility offer comprehensive emergency obstetric and newborn care (CEmONC)?  | YES..... 1<br>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.<br><br>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<br>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?<br>IF YES, INDICATE WHICH RESPONSE BEST REFLECTS THE NORMAL SITUATION.  | YES, 24 HOURS ONSITE ..... 1<br>YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL ..... 2<br>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:<br>(i) cut with sterile item; and<br>(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<br>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  |         |
| <b>22.1.2. SITE CONDITIONS</b> |      |   |   |    |         |
| R_C                            | 2213 | Is there a usable (available, functional, private) toilet for delivery service patients and visitors?<br><br>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<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT ..... 2<br>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<br>NO ..... 2   |    |         |
| R_C                            | 2215 | OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.  | YES ..... 1<br>NO ..... 2   |    |         |
| R_C                            | 2216 | Is there at least one usable (available, functional, private) toilet for delivery services staff?<br><br>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<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT ..... 2<br>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<br>NO ..... 2   |    |         |
| R_C                            | 2218 | OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.  | YES ..... 1<br>NO ..... 2   |    |         |
| R_C                            | 2219 | INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.   | YES   | NO |         |
| R_C                            | 01   | FLOOR: SWEEPED, 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.   |               |                    |               |                |    |            |
| 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.   | (A) AVAILABLE |                    |               | (B) FUNCTIONAL |    |            |
|                                   |       |   | 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)<br><br>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       | X | X | X |                                    |
| 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       | X | X | X |                                    |
| 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       | X | X | X |                                    |
| 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?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?  | YES, OBSERVED:<br>FUNCTIONAL ..... 1<br>NOT FUNCTIONAL ..... 2<br>YES, REPORTED:<br>FUNCTIONAL ..... 3<br>NOT FUNCTIONAL ..... 4<br>NO ..... 5 |     |         |   |   |   | →Q2226<br><br><br>→Q2226<br>→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<br>NO ..... 2   |                                   |
| R_C                      | 2226 | Does this unit have a resuscitation bag and mask size 0 for preterm infants?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?  | YES, OBSERVED:<br>FUNCTIONAL ..... 1<br>NOT FUNCTIONAL ..... 2<br>YES, REPORTED:<br>FUNCTIONAL ..... 3<br>NOT FUNCTIONAL ..... 4<br>NO ..... 5  | → Q2228<br><br>→ Q2228<br>→ 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<br>NO ..... 2   |                                   |
| R_C                      | 2228 | Does this unit have a resuscitation bag and mask size 1 for term infants?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?   | YES, OBSERVED:<br>FUNCTIONAL ..... 1<br>NOT FUNCTIONAL ..... 2<br>YES, REPORTED:<br>FUNCTIONAL ..... 3<br>NOT FUNCTIONAL ..... 4<br>NO ..... 5  | → Q2230<br><br>→ Q2230<br>→ 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<br>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<br>NO ..... 2   | → Q2235                           |
| R_C                      | 2231 | Is there any oxygen currently available in this unit?   | YES ..... 1<br>NO ..... 2   |                                   |
| 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.  | (A) AVAILABLE<br>OBSERVED<br>REPORTED, NOT SEEN<br>NOT AVAILABLE<br>(B) FUNCTIONAL<br>YES<br>NO<br>DON'T KNOW   |                                   |
| R_C                      | 01   | Centrally piped oxygen  | 1→B<br>2→B<br>3→02<br>1<br>2<br>8   |                                   |
| R_C                      | 02   | Oxygen concentrator   | 1→B<br>2→B<br>3→03<br>1<br>2<br>8   |                                   |
| R_C                      | 03   | Oxygen tank/cylinder with attached pressure gauge, pressure regulator   | 1→B<br>2→B<br>3→04<br>1<br>2<br>8   |                                   |
| R_C                      | 04   | Flowmeter for oxygen source, with gradations in mL  | 1→B<br>2→B<br>3→05<br>1<br>2<br>8   |                                   |
| R_C                      | 05   | Humidifier  | 1→B<br>2→B<br>3→06<br>1<br>2<br>8   |                                   |
| R_C                      | 06   | Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)  | 1→B<br>2→B<br>3→07<br>1<br>2<br>8   |                                   |
| R_C                      | 07   | Paediatric-sized oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)   | 1→B<br>2→B<br>3→Q2233<br>1<br>2<br>8  |                                   |
| R_C                      | 2233 | Can oxygen be brought to this unit from a different unit/facility location if needed?   | YES ..... 1<br>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<br>NO ..... 2   |                                   |
| <b>22.1.4. MEDICINES</b> |      |   |   |                                   |
| R_C                      | 2235 | Does this facility stock any medicines for delivery services in this service site today?  | YES ..... 1<br>NO ..... 2   | → Q2238                           |
| 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. | (A) AVAILABLE<br>OBSERVED<br>AT LEAST ONE NOT EXPIRED<br>AVAILABLE BUT EXPIRED<br>NOT OBSERVED<br>REPORTED AVAILABLE BUT NOT SEEN<br>NOT AVAILABLE TODAY<br>NEVER AVAILABLE<br>(B) ANY STOCK OUT IN THE PAST 3 MONTHS?<br>YES<br>NO |                                   |
| R_C                      | 01   | Magnesium sulphate injection  | 1→B<br>2→02<br>3→B<br>4→02<br>5→02<br>1<br>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<br>[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<br>NO ..... 2   |         |                    |         |               |   |   |                    |
| <b>22.1.5. SUPPORT FOR QUALITY SERVICES</b> |       |   |   |         |                    |         |               |   |   |                    |
| 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<br>[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             |   |   |                    |
| <b>22.2. MATERNAL POSTNATAL CARE (PNC)</b>  |       |   |   |         |                    |         |               |   |   |                    |
| <b>22.2.1. SERVICE AVAILABILITY</b>         |       |   |   |         |                    |         |               |   |   |                    |
| R_C   | 2241  | Does this facility have a postpartum ward for women who have delivered or a combined ward where most postpartum women stay?<br>IF NO, ASK: Are there overnight beds for women who have delivered? | YES ..... 1<br>NO WARD, ONLY TEMPORARY/OVERNIGHT BEDS ..... 2<br>NO OVERNIGHT POSTPARTUM BEDS ..... 3 |         |                    |         |               |   |   | → Q2255<br>→ Q2255 |

| Module | No.   | Question  | Response   |                       |                  | Skip           |    |               |  |
|--------|-------|---|--|-----------------------|------------------|----------------|----|---------------|--|
|        |       | <b>22.2.2. SITE CONDITIONS</b>  |  |                       |                  |                |    |               |  |
| R_C    | 2242  | Is there a site for postnatal examination that provides auditory and visual privacy?<br><br>IF YES, ASK TO BE SHOWN THE LOCATION.<br>CLARIFY THE LEVEL OF PRIVACY AVAILABLE.  | <b>YES, OBSERVED:</b><br>BOTH AUDITORY AND VISUAL PRIVACY ..... 1<br>VISUAL PRIVACY ONLY ..... 2<br>AUDITORY PRIVACY ONLY ..... 3<br><b>YES, REPORTED, NOT SEEN:</b><br>BOTH AUDITORY AND VISUAL PRIVACY ..... 4<br>VISUAL PRIVACY ONLY ..... 5<br>AUDITORY PRIVACY ONLY ..... 6<br>NO ..... 7 |                       |                  |                |    |               |  |
|        |       | <b>22.2.3. SUPPORT FOR QUALITY SERVICES</b>   |  |                       |                  |                |    |               |  |
| 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,<br>NOT SEEN | NOT<br>AVAILABLE |                |    |               |  |
| R_C    | 01    | National guidelines for maternal postnatal care<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND<br>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<br>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<br>YES, SOMETIMES ..... 2<br>NO ..... 3   |                       |                  |                |    |               |  |
|        |       | <b>22.3. CARE OF THE HEALTHY NEWBORN</b>  |  |                       |                  |                |    |               |  |
|        |       | <b>22.3.1. SERVICE AVAILABILITY</b>   |  |                       |                  |                |    |               |  |
| 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<br>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<br>[WHERE APPLICABLE]   | 1  | 2                     |                  |                |    |               |  |
| R_C    | 09    | Counselling on exclusive breast feeding   | 1  | 2                     |                  |                |    |               |  |
|        |       | <b>22.3.2. EQUIPMENT</b>  |  |                       |                  |                |    |               |  |
| R_C    | i2249 | Now I would like to ask about items for examining or monitoring newborns available in this service site today.  |  |                       |                  |                |    |               |  |
| 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.  | (A) AVAILABLE  |                       |                  | (B) FUNCTIONAL |    |               |  |
|        |       |   | OBSERVED   | REPORTED,<br>NOT SEEN | NOT<br>AVAILABLE | YES            | NO | DON'T<br>KNOW |  |
| 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                |
|--------|-------|---|--|-----------------------|------------------|---------------------|
|        |       | <b>22.3.3. SUPPORT FOR QUALITY SERVICES</b>   |  |                       |                  |                     |
| 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,<br>NOT SEEN | NOT<br>AVAILABLE |                     |
| R_C    | 01    | National guidelines for essential newborn care<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND<br>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<br>breastfeeding practices  | 1  | 2                     | 3                |                     |
| R_C    | 2253  | In the past 2 years, have you or any provider(s) of<br>newborn care received any training in:   | YES  |                       | NO               |                     |
| R_C    | 01    | Breastfeeding and counselling for promoting<br>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<br>stillbirths and livebirths who die within 7 days of birth?<br>By routine, I mean there are defined criteria for when a<br>perinatal death review will be carried out and a defined<br>process for conducting the review. | YES, ROUTINELY ..... 1<br>YES, SOMETIMES ..... 2<br>NO ..... 3   |                       |                  |                     |
|        |       | <b>22.4. CARE OF THE SMALL AND SICK NEWBORN</b>   |  |                       |                  |                     |
|        |       | <b>22.4.1. SERVICE AVAILABILITY</b>   |  |                       |                  |                     |
| R_C    | 2255  | Does this facility provide any inpatient services for the<br>small or sick newborn?<br><br>IF YES, ASK: Are there any special inpatient units for<br>small or sick newborns?  | YES, AT LEAST ONE SPECIAL CARE UNIT FOR SMALL/<br>SICK INFANTS ..... 1<br>YES, BUT WITH NO SPECIAL UNIT FOR SMALL/SICK<br>INFANTS ..... 2<br>NO INPATIENT CARE OF SICK INFANTS ..... 3 |                       |                  | → END OF<br>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<br>small babies used in this facility?<br>IF THERE IS A KMC UNIT, GO THERE TO COLLECT THIS<br>INFORMATION.   | YES ..... 1<br>NO ..... 2  |                       |                  | → Q2259             |
| R_C    | 2258  | Has KMC been provided at any time during the past 3<br>months?  | YES ..... 1<br>NO ..... 2  |                       |                  |                     |
| R_C    | 2259  | Does this facility routinely provide alternative feeding<br>for newborns who cannot breastfeed?   | YES ..... 1<br>NO ..... 2  |                       |                  |                     |
| R_C    | 2260  | Are newborns with symptoms of sepsis ever provided<br>services or referral in the inpatient service site?   | YES ..... 1<br>NO ..... 2  |                       |                  |                     |
| R_C    | 2261  | In addition to the above special services for small/sick<br>newborns, please tell me if any of the following services<br>are routinely available for small/sick newborns when<br>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                     |                  |                     |
|        |       | <b>22.4.2. EQUIPMENT</b>  |  |                       |                  |                     |

| Module                                      | No.   | Question   | Response   | Skip |
|---|-------|--|--|------|
| R_C   | 2262  | Is there a bed or location where the caregiver providing KMC stays overnight while providing KMC?<br>IF YES, ASK: May I see where the caregiver stays while providing KMC? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |      |
| R_C   | 2263  | Does the facility have caps/hats for the premature or underweight newborns?<br>IF YES, ASK: May I see the caps/hats?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |      |
| <b>22.4.3. SUPPORT FOR QUALITY SERVICES</b> |       |  |  |      |
| 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<br>[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<br>[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<br>NO ..... 2  |      |
| R_C   | 2267  | Have you or any provider(s) received training in KMC in the past 2 years?  | YES ..... 1<br>NO ..... 2  |      |

| Module | No.     | Question  | Result   | Skip    |
|--------|---------|---|--|---------|
|        |         | <b>23. HIV SERVICES</b>   |  |         |
|        |         | <b>23.1. HIV TESTING</b>  |  |         |
|        |         | <b>23.1.1. SERVICE AVAILABILITY</b>   |  |         |
| R_C    | 2300    | Does this facility offer HIV testing services?  | YES ..... 1<br>NO ..... 2  | → Q2311 |
| R_C    | 2301    | Does this facility provide HIV testing services for children below 5 years of age?<br>IF NO, ASK: Are children referred elsewhere (outside facility) for HIV testing?   | YES ..... 1<br><b>NO HIV TESTING FOR CHILDREN:</b><br>CHILDREN ARE REFERRED FOR TESTING ..... 2<br>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<br>NO ..... 2  |         |
| R_C    | 2303    | Does this facility provide HIV testing services for adolescents?  | YES ..... 1<br>NO ..... 2  |         |
| R_C    | 2303_01 | Does this facility provide HIV testing services for adults?   | YES ..... 1<br>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.                              |  |         |
|        |         | <b>23.1.2. SITE CONDITIONS</b>  |  |         |
| R_C    | 2305    | Is the HIV counselling service site a private room/area with auditory and visual privacy?<br><br>IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.   | <b>YES, OBSERVED:</b><br>BOTH AUDITORY AND VISUAL PRIVACY ..... 1<br>VISUAL PRIVACY ONLY ..... 2<br>AUDITORY PRIVACY ONLY ..... 3<br><b>YES, REPORTED, NOT SEEN:</b><br>BOTH AUDITORY AND VISUAL PRIVACY ..... 4<br>VISUAL PRIVACY ONLY ..... 5<br>AUDITORY PRIVACY ONLY ..... 6<br>NO ..... 7 |         |
|        |         | <b>23.1.3. MEDICINES AND COMMODITIES</b>  |  |         |
| R_C    | 2306    | Does this facility have condoms available in this service site today to give to clients receiving services?<br>IF YES, ASK: May I see the condoms?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |         |
|        |         | <b>23.1.4. SUPPORT FOR QUALITY SERVICES</b>   |  |         |
| R_C    | i2307   | I would like to know if the following guidelines are available in this service site today.  |  |         |
| R_C    | 2308    | For each guideline that I ask about, please show it to me.  | OBSERVED<br>REPORTED, NOT SEEN<br>NOT AVAILABLE  |         |
| R_C    | 01      | National guidelines for HIV counselling and testing<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]   | 1<br>2<br>3  |         |
| R_C    | 02      | Any other guidelines for HIV counselling and testing  | 1<br>2<br>3  |         |
| 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<br>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<br>NO ..... 2  |         |
|        |         | <b>23.2. HIV ANTIRETROVIRAL TREATMENT (ART), CARE AND SUPPORT</b>   |  |         |
|        |         | <b>23.2.1. SERVICE AVAILABILITY</b>   |  |         |
| R_C    | 2311    | Does this facility have any formal systems for linking with community health workers (CHWs) for HIV-related services?   | YES ..... 1<br>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<br>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:<br>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<br>[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<br>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)<br>[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 coinfecting 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<br>NO ..... 2  |                    |               |      |
| R_C    | 2320  | Is there a register or record of HIV positive clients who were tested for TB?<br>IF YES, ASK: May I see the register or record? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                    |               |      |
|        |       | <b>23.2.2. COMMODITIES</b>  |  |                    |               |      |
| R_C    | 2321  | Are condoms available in the service site for care and support services for HIV/AIDS clients?<br>IF YES, ASK: May I see them?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3 |                    |               |      |
|        |       | <b>23.2.3. SUPPORT FOR QUALITY SERVICES</b>   |  |                    |               |      |
| 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<br>[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<br>[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                  |               |                  |
| <b>23.3. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)</b> |       |   |                           |                    |               |                  |
| <b>23.3.1. SERVICE AVAILABILITY</b>                     |       |   |                           |                    |               |                  |
| R_C   | 2325  | Does this facility offer voluntary male medical circumcision (VMMC) services as an outpatient service?  | YES ..... 1<br>NO ..... 2 |                    |               | → END OF SECTION |
| R_C   | 2326  | Is VMMC available for adolescents?  | YES ..... 1<br>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. |                           |                    |               |                  |
| <b>23.3.2. SUPPORT FOR QUALITY SERVICES</b>             |       |   |                           |                    |               |                  |
| 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<br>[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<br>NO ..... 2 |                    |               |                  |

| Module | No.   | Question   | Result   | Skip             |
|--------|-------|--|--|------------------|
|        |       | <b>24. TUBERCULOSIS (TB) SERVICES</b>  |  |                  |
|        |       | <b>24.1. SERVICE AVAILABILITY</b>  |  |                  |
| 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<br>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<br>INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. |  |                  |
| R_C    | 2402  | Does this facility offer testing for TB diagnosis?<br><br>IF YES, PROBE.   | YES, ON SITE ..... 1<br>YES, DIAGNOSTIC SPECIMENT SENT OUTSIDE OF FACILITY AND RESULT RECEIVED BACK ..... 2<br>YES, BOTH ON SITE AND OFF SITE ..... 3<br>NO, PATIENT IS REFERRED OUTSIDE OF FACILITY FOR DIAGNOSIS ..... 4<br>NO, AND NO REFERRAL PROVIDED ..... 5 |                  |
| R_C    | 2403  | Do providers in this facility diagnose TB in adults?   | YES ..... 1<br>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<br>NO ..... 2  |                  |
| R_C    | 2406  | Do providers in this facility diagnose TB in children 5 to 14?   | YES ..... 1<br>NO ..... 2  |                  |
| R_C    | 2407  | Do providers in this facility diagnose TB in adolescents?  | YES ..... 1<br>NO ..... 2  |                  |
| R_C    | 2408  | Do providers in this facility prescribe medicines for TB treatment?  | YES ..... 1<br>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<br>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<br>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?<br>IF YES, ASK: May I see any record or other evidence that shows TB patients are routinely tested for HIV? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2  |         |
| R_C    | 2415  | Does this facility provide any services related to case detection, testing or treatment for drug-resistant TB?  | YES ..... 1<br>NO ..... 2  |         |
|        |       | <b>24.2. MEDICINES</b>  |  |         |
| 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<br>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<br>NO ..... 2  |         |
|        |       | <b>24.3. SUPPORT FOR QUALITY SERVICES</b>   |  |         |
| 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.<br>THESE MAY BE IN ONE GUIDELINE OR IN DIFFERENT DOCUMENTS.  | OBSERVED<br>REPORTED,<br>NOT SEEN<br>NOT AVAILABLE                     |         |
| R_C    | 01    | National guidelines for diagnosis and management of TB in adults<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]  | 1<br>2<br>3  |         |
| R_C    | 02    | Any other guidelines for diagnosis and management of TB in adults   | 1<br>2<br>3  |         |
| R_C    | 03    | National guidelines for diagnosis and management of TB in children<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]  | 1<br>2<br>3  |         |
| R_C    | 04    | Any other guidelines for diagnosis and management of TB in children   | 1<br>2<br>3  |         |
| R_C    | 05    | Guidelines for TB infection control   | 1<br>2<br>3  |         |
| R_C    | 06    | Guidelines for management of HIV and TB coinfection   | 1<br>2<br>3  |         |
| R_C    | 07    | Guidelines for diagnosis and management of drug-resistant TB  | 1<br>2<br>3  |         |
| R_C    | 08    | Guidelines for respiratory transmission-based precautions   | 1<br>2<br>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<br>NO  |         |
| R_C    | 01    | TB diagnosis and management   | 1<br>2   |         |
| R_C    | 02    | Management of HIV and TB coinfection  | 1<br>2   |         |
| R_C    | 03    | Diagnosis and management of drug-resistant TB   | 1<br>2   |         |
| R_C    | 04    | TB infection control  | 1<br>2   |         |



| Module          | No.            | Question  | Response  | Skip             |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
|-----------------|----------------|---|---|------------------|---|---|------------|-----------------|----------------|-------------------------|-----|----|------------------------------------|---|---|---|---|-----|----|-------------------|---|---|---|---|-----|----|-----------------------|---|---|---|---|-----|----|------------------------|---|---|---|---|-----|----|---------------------------|---|---|---|---|-----|----|--------------------------------------|---|---|---|---|-----|----|-------------------|---|---|---|---|-----|----|----------------------|---|---|---|---|-----|----|------------------------------|---|---|---|---|-----|----|--|---|---|---|---|-----|----|---------------------------------------|---|---|---|---|--|
|                 |                | <b>25. SURGICAL SERVICES</b>  |   |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
| R_C             | 2500           | Does this facility offer any minor or major surgical procedures?  | YES..... 1<br>NO ..... 2  | → END OF SECTION |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
|                 |                | <b>25.1. MINOR SURGERY</b>  |   |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
|                 |                | <b>25.1.1. SERVICE AVAILABILITY</b>   |   |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
| R_C             | 2501           | Does this facility perform any minor surgical procedures either for outpatients or inpatients?<br>A minor surgical procedure refers to the incision, excision or manipulation of tissue that does <b>not</b> need regional or general anaesthesia, or heavy sedation to control pain.<br>(e.g. suturing, wound debridement, etc.)<br><b>[COUNTRY ADAPT]</b>   | YES..... 1<br>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.  |   |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
| R_C             | 2503           | Please tell me if this facility provides the following services:  | <table border="1"> <thead> <tr> <th colspan="3">YES</th> <th rowspan="2">NO SERVICE</th> </tr> <tr> <th>OUTPATIENT ONLY</th> <th>INPATIENT ONLY</th> <th>BOTH OUT- AND INPATIENT</th> </tr> </thead> <tbody> <tr><td>R_C</td><td>01</td><td>Incision and drainage of abscesses</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>02</td><td>Wound debridement</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>03</td><td>Acute burn management</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>04</td><td>Suturing of laceration</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>05</td><td>Closed repair of fracture</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>06</td><td>Closed reduction of dislocated joint</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>07</td><td>Male circumcision</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>08</td><td>Chest tube insertion</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>09</td><td>Biopsy of lymph node or mass</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>10</td><td>Removal of foreign body (throat, eye, ear or nose)</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>R_C</td><td>11</td><td>Suprapubic cystostomy/catheterization</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table> | YES              |   |   | NO SERVICE | OUTPATIENT ONLY | INPATIENT ONLY | BOTH OUT- AND INPATIENT | 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 |  |
| YES             |                |   | NO SERVICE  |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
| OUTPATIENT ONLY | INPATIENT ONLY | BOTH OUT- AND INPATIENT   |   |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
| 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 |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
|                 |                | <b>25.2. MAJOR SURGERY</b>  |   |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
|                 |                | <b>25.2.1. SERVICE AVAILABILITY</b>   |   |                  |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |
| R_C             | 2504           | Does this facility perform any major surgical procedures?<br><br>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.<br><b>[COUNTRY ADAPT]</b> | YES..... 1<br>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<br>NO ..... 2  | → Q2509          |   |   |            |                 |                |                         |     |    |                                    |   |   |   |   |     |    |                   |   |   |   |   |     |    |                       |   |   |   |   |     |    |                        |   |   |   |   |     |    |                           |   |   |   |   |     |    |                                      |   |   |   |   |     |    |                   |   |   |   |   |     |    |                      |   |   |   |   |     |    |                              |   |   |   |   |     |    |  |   |   |   |   |     |    |                                       |   |   |   |   |  |

| Module | No.  | Question   | Response                 |    | Skip    |
|--------|------|--|--------------------------|----|---------|
| R_C    | 2507 | Which of the following Bellwether procedures does this facility perform?                                       | YES                      | NO |         |
|        |      | <b>ESSENTIAL SURGICAL PROCEDURES (BELLWETHER PROCEDURES)</b>   |                          |    |         |
| 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<br>NO ..... 2 |    | → Q2512 |
| R_C    | 2509 | Does this facility perform any of the following surgical procedures?   | YES                      | NO |         |
|        |      | <b>OBSTETRICS, GYNAECOLOGY, FAMILY PLANNING</b>  |                          |    |         |
| 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  |         |
|        |      | <b>GENERAL SURGERY</b>   |                          |    |         |
| 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  |         |
|        |      | <b>INJURY-RELATED</b>  |                          |    |         |
| 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   |
|--------|-------|--|---|------------|--------|
|        |       | <b>NON-TRAUMA ORTHOPAEDIC</b>  |   |            |        |
| 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          |        |
|        |       | <b>25.2.2. SITE CONDITIONS</b>   |   |            |        |
| R_C    | i2511 | Now I would like to collect information from the main <b>inpatient surgical</b> service site.<br><br>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<br>MINOR  | — —<br>— — |        |
| 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<br>NO .....2  |            |        |
| R_C    | 2514  | Is there a usable (available, functional, private) toilet for surgical unit patients?<br>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<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT .....2<br>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<br>NO .....2  |            |        |
| R_C    | 2516  | OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.   | YES.....1<br>NO .....2  |            |        |
| R_C    | 2517  | Is there a usable (available, functional, private) toilet for surgical unit staff?<br><br>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<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO WARD/UNIT .....2<br>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<br>NO .....2  |            |        |
| R_C    | 2519  | OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.   | YES.....1<br>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<br>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<br>NO .....2  |            | →Q2523 |
| R_C    | 2522  | Is running water functioning in the scrub area today?  | YES.....1<br>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 <b>cleanliness and waste disposal</b> today in the surgical service site. |          |                    |               |      |
| R_C    | 2525  | INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.  | YES      | NO                 |               |      |
| R_C    | 01    | FLOOR: SWEEPED, 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 <b>infection prevention and control</b> 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             |                   |  |
| <b>25.2.3. EQUIPMENT</b> |       |  |   |                    |               |                   |  |
| R_C                      | 2528  | Now I would like to know about the availability of <b>oxygen</b> for patients in this unit. Does this unit ever provide oxygen to patients?  | YES.....1<br>NO .....2                          |                    |               | →Q2534            |  |
| R_C                      | 2529  | Is there any oxygen currently available in this unit?  | YES.....1<br>NO .....2                          |                    |               | →Q2531            |  |
| 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.   | (A) AVAILABLE                                   |                    |               | (B) FUNCTIONAL    |  |
|                          |       |  | 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 MI   | 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             |  |
| R_C                      | 2531  | Can oxygen be brought to this unit from a different unit/facility location if needed?  | YES .....1<br>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<br>NO .....2<br>NOT APPLICABLE .....5 |                    |               |                   |  |
| R_C                      | i2533 | Now I would like to ask about some <b>basic operating room equipment</b> available in this service site today.   |   |                    |               |                   |  |
| 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.<br>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    | 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 <b>adult intubation and anaesthesia equipment</b> 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)<br>AVAILABLE |                       |                  | (B)<br>FUNCTIONAL |    |               |      |
|        |       |   | OBSERVED         | REPORTED,<br>NOT SEEN | NOT<br>AVAILABLE | YES               | NO | DON'T<br>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)<br>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?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?   | YES, OBSERVED:<br>FUNCTIONAL.....1<br>NOT FUNCTIONAL.....2<br>YES, REPORTED:<br>FUNCTIONAL.....3<br>NOT FUNCTIONAL.....4<br>NO .....5   | → Q2540<br><br>→ Q2540<br>→ 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<br>NO .....2  |                                   |               |  |                   |  |  |          |                       |                  |     |    |               |  |
| R_C              | i2539                 | Now I would like to ask about <b>paediatric intubation equipment</b> available in this service site today.   |   |                                   |               |  |                   |  |  |          |                       |                  |     |    |               |  |
| R_C              | 2540                  | For each item that I ask about, please show me the item and tell me if it is functioning or not.<br>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. | <table border="1"> <thead> <tr> <th colspan="3">(A)<br/>AVAILABLE</th><th colspan="3">(B)<br/>FUNCTIONAL</th></tr> <tr> <th>OBSERVED</th><th>REPORTED,<br/>NOT SEEN</th><th>NOT<br/>AVAILABLE</th><th>YES</th><th>NO</th><th>DON'T<br/>KNOW</th></tr> </thead> </table> | (A)<br>AVAILABLE                  |               |  | (B)<br>FUNCTIONAL |  |  | OBSERVED | REPORTED,<br>NOT SEEN | NOT<br>AVAILABLE | YES | NO | DON'T<br>KNOW |  |
| (A)<br>AVAILABLE |                       |  | (B)<br>FUNCTIONAL   |                                   |               |  |                   |  |  |          |                       |                  |     |    |               |  |
| OBSERVED         | REPORTED,<br>NOT SEEN | NOT<br>AVAILABLE   | YES   | NO                                | DON'T<br>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)<br>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                   |               |  |                   |  |  |          |                       |                  |     |    |               |  |
| R_C              | i2541                 | Now I would like to ask about <b>paediatric resuscitation equipment</b> available in this service site today.  |   |                                   |               |  |                   |  |  |          |                       |                  |     |    |               |  |
| R_C              | 2542                  | Does this unit have a paediatric-sized resuscitation bag and mask?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?   | YES, OBSERVED:<br>FUNCTIONAL.....1<br>NOT FUNCTIONAL.....2<br>YES, REPORTED:<br>FUNCTIONAL.....3<br>NOT FUNCTIONAL.....4<br>NO .....5   | → Q2544<br><br>→ Q2544<br>→ 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<br>NO .....2  |                                   |               |  |                   |  |  |          |                       |                  |     |    |               |  |
| R_C              | 2544                  | Does this unit have a resuscitation bag and mask size 0 for preterm infants?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?   | YES, OBSERVED:<br>FUNCTIONAL.....1<br>NOT FUNCTIONAL.....2<br>YES, REPORTED:<br>FUNCTIONAL.....3<br>NOT FUNCTIONAL.....4<br>NO .....5   | → Q2546<br><br>→ Q2546<br>→ 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<br>NO .....2  |                                   |               |  |                   |  |  |          |                       |                  |     |    |               |  |

| Module                                      | No.                   | Question  | Response  | Skip                              |                    |               |   |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |
|---|-----------------------|---|---|-----------------------------------|--------------------|---------------|---|--|----------|--|--------------|--|--|--------------------------|-----------------------|---------------------------------|---------------------|-----------------|-----|----|----------------------|---|---|---|---|---|-----|----|-------------|---|---|---|---|---|-----|----|--|---|---|---|---|---|-----|----|--------------------|---|---|---|---|---|-----|----|------------------------------|---|---|---|---|---|-----|----|-------------------------------------|---|---|---|---|---|-----|----|---------------------|---|---|---|---|---|-----|----|---------------------|---|---|---|---|---|-----|----|-------------------------|---|---|---|---|---|-----|----|----------------------------------|---|---|---|---|---|-----|----|--------------------|---|---|---|---|---|-----|----|-----------------------|---|---|---|---|---|-----|----|---------------------|---|---|---|---|---|-----|----|---------------------|---|---|---|---|---|-----|----|--------------------|---|---|---|---|---|-----|----|--------------------|---|---|---|---|---|-----|----|-----------------|---|---|---|---|---|-----|----|--------------------------|---|---|---|---|---|-----|----|------------------------|---|---|---|---|---|--|
| R_C   | 2546                  | Does this unit have a resuscitation bag and mask size 1 for term infants?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today? | YES, OBSERVED:<br>FUNCTIONAL.....1<br>NOT FUNCTIONAL.....2<br>YES, REPORTED:<br>FUNCTIONAL.....3<br>NOT FUNCTIONAL.....4<br>NO .....5   | → Q2548<br><br>→ Q2548<br>→ 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<br>NO .....2  |                                   |                    |               |   |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |
| <b>25.2.4. MEDICINES AND COMMODITIES</b>    |                       |   |   |                                   |                    |               |   |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |
| R_C   | i2548                 | Now I would like to know if the following <b>medicines and commodities</b> are available in this service site today.                                    |   |                                   |                    |               |   |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |
| R_C   | 2549                  | For each medicine or commodity that I ask about, please show it to me.  | <table border="1"> <thead> <tr> <th colspan="5">AVAILABLE</th> </tr> <tr> <th colspan="2">OBSERVED</th><th colspan="3">NOT OBSERVED</th> </tr> <tr> <th>AT LEAST ONE NOT EXPIRED</th><th>AVAILABLE BUT EXPIRED</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th> </tr> </thead> <tbody> <tr><td>R_C</td><td>01</td><td>Atracurium injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>02</td><td>Bupivacaine</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>03</td><td>Inhalational medicines for general anaesthesia (e.g. Halothane, Isoflurane, desflurane or sevoflurane)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>04</td><td>Ketamine injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>05</td><td>Lidocaine 1% or 2% injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>06</td><td>Lidocaine 5% heavy spinal injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>07</td><td>Midazolam injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>08</td><td>Nitrous oxide (gas)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>09</td><td>Suxamethonium injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>10</td><td>Thiopental or propofol injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>11</td><td>Atropine injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>12</td><td>Neostigmine injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>13</td><td>Adrenalin injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>14</td><td>Ephedrine injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>15</td><td>Diazepam injection</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>16</td><td>Sutures-absorbable</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>17</td><td>Skin antiseptic</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>18</td><td>Urinary catheter and bag</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>R_C</td><td>19</td><td>Sutures-non absorbable</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table> | 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 | 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 |  |
| 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                    | 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 |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |
| <b>25.2.5. SUPPORT FOR QUALITY SERVICES</b> |                       |   |   |                                   |                    |               |   |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |
| 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.   | <table border="1"> <thead> <tr> <th>OBSERVED</th><th>REPORTED, NOT SEEN</th><th>NOT AVAILABLE</th> </tr> </thead> <tbody> </tbody> </table>   | OBSERVED                          | REPORTED, NOT SEEN | NOT AVAILABLE |   |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |
| OBSERVED                                    | REPORTED, NOT SEEN    | NOT AVAILABLE   |   |                                   |                    |               |   |  |          |  |              |  |  |                          |                       |                                 |                     |                 |     |    |                      |   |   |   |   |   |     |    |             |   |   |   |   |   |     |    |  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                              |   |   |   |   |   |     |    |                                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                         |   |   |   |   |   |     |    |                                  |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                       |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                     |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                    |   |   |   |   |   |     |    |                 |   |   |   |   |   |     |    |                          |   |   |   |   |   |     |    |                        |   |   |   |   |   |  |



| Module | No.  | Question   | Response |   |    | Skip |
|--------|------|--|----------|---|----|------|
| R_C    | 01   | National guidelines for comprehensive emergency obstetric care (CEmOC)<br>[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)<br>[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             |
|-------------|-------|--|--|------------------|
|             |       | <b>26. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES</b>   |  |                  |
| R_C,<br>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.  |  |                  |
|             |       | <b>26.1. SERVICE AVAILABILITY</b>  |  |                  |
| R_C,<br>M_C | 2601  | Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment.  | YES ..... 1<br>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.<br><br>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.<br><br>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<br>OFFERED IN SAME SERVICE SETTINGS AS NON-EMERGENCY OUTPATIENT SERVICES ..... 2<br>OTHER ..... 6<br>(SPECIFY)   |                  |
| R_C         | 2604  | How many hours per day are services provided?  | HOURS PER DAY .....<br>24-HOUR EMERGENCY SERVICES ..... 24   |                  |
| R_C         | 2605  | Is there a formal triage system for the emergency service patients?  | YES ..... 1<br>NO ..... 2  |                  |
| R_C         | 2606  | Does this facility ever refer emergency patients to another facility?  | YES ..... 1<br>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<br>SOMETIMES DEPENDING ON PATIENT NEEDS CARE DURING TRANSPORT ..... 2<br>NO ..... 3   |                  |
| R_C         | 2608  | Is there a system for emergency transportation of patients when referring them to another facility?<br>IF YES, ASK: Is a vehicle and driver available 24 hours?  | YES, 24 HOURS ..... 1<br>YES, NOT 24 HOURS ..... 2<br>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.<br>IF IT VARIES, PROBE FOR AN ESTIMATE FOR THE MOST COMMON EXPERIENCE.   | IMMEDIATELY AVAILABLE ..... 1<br>LESS THAN 5 MINUTES ..... 2<br>5–14 MINUTES ..... 3<br>15 MINUTES TO ONE HOUR ..... 4<br>MORE THAN ONE HOUR ..... 5<br>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 .....<br>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 .....<br>24-HOUR LABORATORY SERVICES ..... 24  |                  |
| R_C         | 2612  | How many hours per day are pharmacy services available for emergency service patients?   | HOURS PER DAY .....<br>24-HOUR PHARMACY SERVICES ..... 24<br>NO PHARMACY ..... 00  |                  |
| R_C         | 2613  | Is there a core staff of fixed (non-rotating) providers permanently assigned to the emergency service?   | YES ..... 1<br>NO ..... 2  |                  |
| R_C         | 2614  | Are there any staff who are always available onsite or on-call for 24-hour emergency services?   | YES ..... 1<br>NO ..... 2  | → Q2616          |

| Module | No.   | Question   | Response   |   |   |  | Skip   |  |
|--------|-------|--|--|---|---|--|--|--|
| R_C    | 2615  | <p>FOR EACH STAFF OCCUPATION, ASK: Is at least one person for the occupation I ask about always available 24-hours to provide emergency services?</p> <p>IF YES, ASK: Is someone with this qualification always onsite in the emergency service site for 24-hour emergency services?</p> <p>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?</p> <p>[COUNTRY ADAPT OCCUPATION/ QUALIFICATION OF STAFF]</p> | 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<br>(SPECIFY)   | 2<br>(SPECIFY)  | 3<br>(SPECIFY)                                    | 4  |  |  |
|        |       | <b>26.2. SITE CONDITIONS</b>   |  |   |   |  |  |  |
| R_C    | i2616 | Now I would like to know about <b>infrastructure</b> 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  | <p>IF AVAILABLE, ASK TO SEE THE SITE AND OBSERVE THE CONDITION, AND ASK:</p> <p>Is the space sufficient for the “normal”/usual emergency service caseload?</p>   | (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  | <p>Is there electricity in this service site that is functioning now?</p> <p>IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.</p>   | <p>YES, OBSERVED ..... 1</p> <p>NO, NOT TODAY ..... 2</p> <p>NO, NEVER HAVE ELECTRICITY ..... 3</p>  |   |   |  | → 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?   | <p>YES ..... 1</p> <p>NO ..... 2</p>   |   |   |  |  |  |
| R_C    | 2620  | <p>Is there a usable (available, functional, private) toilet for emergency service patients and visitors?</p> <p>IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE EMERGENCY SERVICES SITE SUCH THAT IT CAN BE EASILY USED.</p>   | <p>YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO SERVICE SITE ..... 1</p> <p>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO SERVICE SITE ..... 2</p> <p>NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3</p> |   |   |  | → 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  | <p>YES ..... 1</p> <p>NO ..... 2</p>   |   |   |  |  |  |

| 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<br>NO ..... 2   |         |
| R_C    | 2623  | Is there at least one usable (available, functional, private) toilet for emergency services staff?<br><br>IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE EMERGENCY SERVICE SITE SUCH THAT IT CAN BE EASILY USED.  | YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO SERVICE SITE ..... 1<br>YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO SERVICE SITE ..... 2<br>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<br>NO ..... 2   |         |
| R_C    | 2625  | OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.  | YES ..... 1<br>NO ..... 2   |         |
| R_C    | i2626 | Now I would like to conduct a brief observation of actual conditions about <b>cleanliness and waste disposal</b> in the emergency service site.   |   |         |
| R_C    | 2627  | INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.   | YES NO  |         |
| R_C    | 01    | FLOOR: SWEEPED, 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 <b>infection prevention and control</b> 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 (pipied, 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             |                   |    |            |      |
|        |       | <b>26.3. EQUIPMENT</b>   |  |                    |               |                   |    |            |      |
| R_C    | i2630 | Now I would like to ask about <b>equipment</b> for emergency services available in this service site today.  |  |                    |               |                   |    |            |      |
| 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. | (A)<br>AVAILABLE IN EMERGENCY SERVICE SITE |                    |               | (B)<br>FUNCTIONAL |    |            |      |
|        |       |  | OBSERVED                                   | REPORTED, NOT SEEN | NOT AVAILABLE | YES               | NO | DON'T KNOW |      |
| R_C    | 2632  | <b>VITAL SIGNS EQUIPMENT AND CROSS-CUTTING ITEMS</b>   |  |                    |               |                   |    |            |      |
| 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 | <b>MINOR SURGICAL EQUIPMENT</b>   |          |       |           |   |   |   |      |
| R_C    | 01   | Minor surgical kit<br>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 | <b>AIRWAY INTERVENTIONS</b>   |          |       |           |   |   |   |      |
| 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 | <b>ADULT AIRWAY</b>   |          |       |           |   |   |   |      |
| 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)<br>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 | <b>PAEDIATRIC AIRWAY</b>  |          |       |           |   |   |   |      |
| 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)<br>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 | <b>BREATHING INTERVENTIONS</b>  |  |                    |               |                   |          |            |  |                                |
| 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?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?                              | YES, OBSERVED:<br>FUNCTIONAL ..... 1<br>NOT FUNCTIONAL ..... 2<br>YES, REPORTED:<br>FUNCTIONAL ..... 3<br>NOT FUNCTIONAL ..... 4<br>NO ..... 5 |                    |               |                   |          |            |  | →Q2640<br><br>→Q2640<br>→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<br>NO ..... 2  |                    |               |                   |          |            |  |                                |
| R_C    | 2640 | Does this service site have a paediatric-sized resuscitation bag and mask?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?                          | YES, OBSERVED:<br>FUNCTIONAL ..... 1<br>NOT FUNCTIONAL ..... 2<br>YES, REPORTED:<br>FUNCTIONAL ..... 3<br>NOT FUNCTIONAL ..... 4<br>NO ..... 5 |                    |               |                   |          |            |  | →Q2642<br><br>→Q2642<br>→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<br>NO ..... 2  |                    |               |                   |          |            |  |                                |
| R_C    | 2642 | Does this service site have a resuscitation bag and mask size 1 for term infants?<br><br>IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?                   | YES, OBSERVED:<br>FUNCTIONAL ..... 1<br>NOT FUNCTIONAL ..... 2<br>YES, REPORTED:<br>FUNCTIONAL ..... 3<br>NOT FUNCTIONAL ..... 4<br>NO ..... 5 |                    |               |                   |          |            |  | →Q2644<br><br>→Q2644<br>→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<br>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)<br>AVAILABLE IN EMERGENCY SERVICE SITE   |                    |               | (B)<br>FUNCTIONAL |          |            |  |                                |
|        |      |   | OBSERVED   | REPORTED, NOT SEEN | NOT AVAILABLE | YES               | NO       | DON'T KNOW |  |                                |
| R_C    | 2645 | <b>CONTROL OF BLEEDING</b>  |  |                    |               |                   |          |            |  |                                |
| 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 | <b>CARDIAC INTERVENTIONS</b>  |  |                    |               |                   |          |            |  |                                |
| 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<br>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<br>NO ..... 2  |                    |               |                   |          |            |  | →Q2654                         |

| Module | No.   | Question   | Response  |                       |                                 |                     |                 |            | Skip    |
|--------|-------|--|---|-----------------------|---------------------------------|---------------------|-----------------|------------|---------|
| R_C    | 2650  | Is there any oxygen currently available in the service site?   | YES ..... 1<br>NO ..... 2   |                       |                                 |                     |                 |            | → Q2652 |
| 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.   | (A) AVAILABLE   |                       |                                 | (B) FUNCTIONAL      |                 |            |         |
|        |       |  | 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          |         |
| R_C    | 2652  | Is oxygen called for from a central location if needed?  | YES ..... 1<br>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<br>NO ..... 2   |                       |                                 |                     |                 |            |         |
|        |       | <b>26.4. MEDICINES AND COMMODITIES</b>   |   |                       |                                 |                     |                 |            |         |
| R_C    | i2654 | Now I would like to ask about the availability of <b>medicines and commodities</b> in this emergency services site.  |   |                       |                                 |                     |                 |            |         |
| R_C    | 2655  | Are any essential life-saving medicines kept in this emergency unit?   | YES ..... 1<br>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?<br><br>IF YES, ASK TO SEE THE LOCATION AND MARK THE SITUATION OBSERVED.   | YES, OBSERVED LOCKED EMERGENCY CART/BOX ..... 1<br>YES, OBSERVED UNLOCKED EMERGENCY CART/BOX OR TRAY THAT CAN EASILY BE CARRIED ..... 2<br>NO, OBSERVED IN CABINET/CUPBOARD NOT EASILY TRANSPORTED ..... 3<br>NO, NOT AVAILABLE/NOT OBSERVED CART/CABINET ..... 4 |                       |                                 |                     |                 |            |         |
| R_C    | i2657 | ASK TO BE SHOWN WHERE MEDICINES ARE KEPT FOR EMERGENCY SERVICES  |   |                       |                                 |                     |                 |            |         |
| 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.<br>For each item that I ask about, 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 |            |         |
|        |       | <b>EMERGENCY MEDICINES</b>   |   |                       |                                 |                     |                 |            |         |
| 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               |            |         |
|        |       | <b>OTHER MEDICINES</b>   |   |                       |                                 |                     |                 |            |         |



| 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               |      |
|        |       | <b>COMMODITIES</b>   |                          |                       |                                 |                     |                 |      |
| 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               |      |
|        |       | <b>26.5. DIAGNOSTICS</b>   |                          |                       |                                 |                     |                 |      |
| R_C    | i2659 | Now I would like to ask about <b>tests</b> 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 PERFORM THE TEST ARE AVAILABLE AND FUNCTIONAL. DO NOT GO TO A LABORATORY OUTSIDE OF THE EMERGENCY SERVICE SITE TO ASSESS THESE TESTS. | 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    | 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             |
|--------|-------|--|---|--------------------|---------------|------------------|
|        |       | <b>26.6. SUPPORT FOR QUALITY SERVICES</b>  |   |                    |               |                  |
| 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<br>NO..... 2   |                    |               |                  |
| R_C    | 2664  | Have staff been trained in using the triage tool?  | YES..... 1<br>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<br>YES, NOT SPECIFIC TO EMERGENCY SERVICE PATIENTS BUT AS PART OF FACILITY CASE REVIEW PROCESS ..... 2<br>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?<br><br>IF YES, ASK TO SEE EVIDENCE OF MONITORING TO FOLLOW-UP ON ACTIONS.     | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO..... 3   |                    |               |                  |

| Module | No.   | Question  | Response                 |           |                                 |   |  |                                     |                            |         | Skip    |
|--------|-------|---|--------------------------|-----------|---------------------------------|---|--|-------------------------------------|----------------------------|---------|---------|
|        |       | <b>27. IMAGING/RADIOLOGY AND OTHER SPECIALITY SERVICES</b>  |                          |           |                                 |   |  |                                     |                            |         |         |
| R_C    | i2700 | Now I would like to know about specific diagnostic services that may be available for patients in this facility.<br><br>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.   |                          |           |                                 |   |  |                                     |                            |         |         |
| R_C    | 2702  | IF THE RESPONDENT IS NOT SURE, FIND THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.   | (A)<br>PROCEDURE OFFERED |           | (B)<br>EQUIPMENT                |   | (C)<br>STAFF TO CONDUCT PROCEDURE        |                                     | (D)<br>RESULTS INTERPRETED |         |         |
|        |       |   | 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       |         |
| R_C    | 2703  | Does this facility perform any imaging procedures?  |                          |           |                                 |   | YES.....1<br>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.   |                          |           |                                 |   |  |                                     |                            |         |         |
| R_C    | 2705  | Does this facility perform any of the following procedures:   | (A)<br>PROCEDURE OFFERED |           | (B)<br>EQUIPMENT                |   | (C)<br>STAFF TO CONDUCT PROCEDURE        |                                     | (D)<br>RESULTS INTERPRETED |         |         |
|        |       |   | 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       |         |
| 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<br>YES, NONE FUNCTIONAL .....2<br>NO .....3 |  |                                     |                            |         |         |

| Module | No.  | Question  | Response  | Skip |
|--------|------|---|---|------|
| R_C    | 2707 | Does this facility have renal dialysis machines?<br>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<br>YES, NONE FUNCTIONAL .....2<br>NO .....3 |      |
| R_C    | 2708 | Does this facility have radiotherapy machines?<br>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<br>YES, NONE FUNCTIONAL .....2<br>NO .....3 |      |

| Module | No.   | Question  | Response   | Skip                                     |
|--------|-------|---|--|--|
|        |       | <b>28. BLOOD TRANSFUSION SERVICES</b>   |  |  |
|        |       | <b>28.1. SERVICE AVAILABILITY</b>   |  |  |
| R_C    | 2800  | Does this facility offer blood transfusion services?  | YES ..... 1<br>NO ..... 2  | ➔ END OF SECTION                         |
| R_C    | i2801 | I would like to ask about blood transfusion resources and services available in this facility.<br><br>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. |  |  |
|        |       | <b>28.2. BLOOD SUPPLY SUFFICIENCY AND SAFETY</b>  |  |  |
| R_C    | 2802  | Have there been any interruptions in availability of blood for transfusion during the past 3 months?  | YES ..... 1<br>NO ..... 2  |  |
| R_C    | 2803  | Does this facility obtain blood for transfusion from a national or regional blood centre or blood bank?   | YES ..... 1<br>NO ..... 2  |  |
| R_C    | 2804  | Does this facility obtain any blood from sources other than the national or regional blood centre?  | YES ..... 1<br>NO ..... 2  | ➔ Q2807                                  |
| R_C    | 2805  | Does any place in this facility do blood screening for infectious diseases prior to transfusion?  | YES ..... 1<br>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  |  |
|        |       | <b>28.3. EQUIPMENT (COLD CHAIN)</b>   |  |  |
| R_C    | 2807  | Does this facility ever store blood for blood transfusion services?<br>IF YES, ASK: May I see where blood is stored?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   | ➔ Q2815<br>➔ Q2815                       |
| R_C    | 2808  | Does this facility have a refrigerator in this service site for the storage of blood?<br><br>IF YES, ASK TO SEE THE REFRIGERATOR AND ASK: Is the refrigerator functional today?   | YES, OBSERVED:<br>FUNCTIONAL ..... 1<br>NOT FUNCTIONAL ..... 2<br>DON'T KNOW ..... 3<br>YES, REPORTED:<br>FUNCTIONAL ..... 4<br>NOT FUNCTIONAL ..... 5<br>DON'T KNOW ..... 6<br>NO ..... 7 | ➔ Q2815<br>➔ Q2815<br>➔ Q2815<br>➔ 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<br>YES      NO<br>(B) FUNCTIONAL<br>YES      NO      DON'T KNOW  |  |
| 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  |  |
| R_C    | 2811  | Is the temperature of the refrigerator monitored at least once every 24 hours?<br>IF YES, PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE.   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   | ➔ Q2814<br>➔ Q2814                       |
| R_C    | 2812  | Has the temperature log been completed for the past 30 days?<br>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<br>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?<br>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<br>OUT OF RANGE AT LEAST ONCE..... 2                  |      |
| R_C                                       | 2814 | What is the temperature in the fridge now?   | BETWEEN 2–6 °C (INCLUSIVE)..... 1<br>OUT OF RANGE ..... 2<br>DON'T KNOW ..... 8 |      |
| <b>28.4. SUPPORT FOR QUALITY SERVICES</b> |      |  |   |      |
| R_C                                       | 2815 | Are there any national guidelines on the appropriate use of blood and safe transfusion practices available in this service site today?<br>[COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]<br>IF YES, ASK: May I see the guidelines? | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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?<br>IF YES, ASK: May I see the guidelines?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>NO ..... 2   |      |

| Module      | No.   | Question   | Response   |                       |               | Skip             |
|-------------|-------|--|--|-----------------------|---------------|------------------|
|             |       | <b>29. LABORATORY SERVICES</b>   |  |                       |               |                  |
|             |       | <b>29.1. SERVICE AVAILABILITY</b>  |  |                       |               |                  |
| R_C,<br>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<br>NO LABORATORY DIAGNOSTIC TESTS PERFORMED ..... 2                      |                       |               | → END OF SECTION |
| R_C,<br>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.<br><br>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. |  |                       |               |                  |
|             |       | <b>29.2. SITE CONDITIONS</b>   |  |                       |               |                  |
| 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<br>NO ..... 2  |                       |               | → Q2906          |
| R_C         | 2903  | Is there electricity in this service site that is functioning now?<br>IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.  | YES, OBSERVED ..... 1<br>NO, NOT TODAY ..... 2<br>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<br>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<br>NO ..... 2  |                       |               |                  |
| R_C         | i2906 | Now I would like to know about items for <b>infection prevention and control</b> available in this service site today.   |  |                       |               |                  |
| R_C         | 2907  | For each item that I ask about, please show it to me.<br>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.   | OBSERVED   | REPORTED,<br>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             |                  |

| 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                               |                     |                 |                                    |    |
| <b>29.3. RAPID AND HANDHELD DIAGNOSTICS, EQUIPMENT AND COMMODITIES</b> |      |  |   |                       |                                 |                     |                 |                                    |    |
| <b>RAPID AND HANDHELD DIAGNOSTICS</b>                                  |      |  |   |                       |                                 |                     |                 |                                    |    |
| 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.  | (A) AVAILABLE   |                       |                                 |                     |                 | (B) 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   | 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  |
| R_C  | 2909 | Does this facility have external quality control mechanisms for HIV RDT test results?  | YES ..... 1<br>NO ..... 2<br>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<br>NO ..... 2                                       |                       |                                 |                     |                 |                                    |    |
| R_C  | 2911 | Continuing with tests available in this service site today, for each test that I ask about, please show it to me.<br>(ALL URINE DIPSTICK TESTS MAY BE PART OF MULTI-TEST DIPSTICK) | 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   | 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      |         |  |
|        |         | <b>HANDHELD EQUIPMENT AND COMMODITIES</b>  |                           |                                       |               |                      |        |         |  |
| R_C    | 2912    | I would like to know if the following <b>handheld items</b> are available in this service site today.  |                           |                                       |               |                      |        |         |  |
| R_C    | 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 |        |         |  |
|        |         |  | 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      |         |  |
|        |         | <b>SPECIMENS FOR SURVEILLANCE/NOTIFIABLE DISEASES</b>  |                           |                                       |               |                      |        |         |  |
| R_C    | 2913_04 | Does this facility collect any specimens for surveillance or notifiable diseases and send them out for offsite testing?  | YES ..... 1<br>NO ..... 2 |                                       |               |                      |        |         |  |
|        |         | <b>29.4. OTHER LABORATORY DIAGNOSTICS, EQUIPMENT AND COMMODITIES</b>   |                           |                                       |               |                      |        |         |  |
| 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<br>NO ..... 2 |                                       |               |                      |        | → Q2918 |  |
|        |         | <b>OTHER LABORATORY DIAGNOSTICS</b>  |                           |                                       |               |                      |        |         |  |
| R_C    | 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                 |                                       |               |                      | NO     |         |  |
|        |         |  | ONSITE                    | SPECIMEN SENT OUT AND RESULT RETURNED |               |                      |        |         |  |
|        |         | <b>HAEMATOLOGY</b>   |                           |                                       |               |                      |        |         |  |
| 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      |         |  |
|        |         | <b>BLOOD CHEMISTRY</b>   |                           |                                       |               |                      |        |         |  |

| 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    |      |
|        |     | <b>MICROBIOLOGY, MYCOLOGY AND PARASITOLOGY</b>   |          |      |      |      |
| 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    |      |
|        |     | <b>BLOOD TRANSFUSION</b>   |          |      |      |      |
| 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    |      |
|        |     | <b>DISEASE-SPECIFIC DIAGNOSTICS</b>  |          |      |      |      |
| 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                |                         |      |
|        |       | <b>LABORATORY EQUIPMENT AND COMMODITIES</b>  |                  |                       |                  |                         |      |
| 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.                            |                  |                       |                  |                         |      |
| 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. | (A)<br>AVAILABLE |                       |                  | (B)<br>FUNCTIONAL/VALID |      |
|        |       |  | OBSERVED         | REPORTED,<br>NOT SEEN | NOT<br>AVAILABLE | YES                     | NO   |
|        |       | <b>MULTIPURPOSE LABORATORY EQUIPMENT AND COMMODITIES</b>   |                  |                       |                  |                         |      |
| 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    |
|        |       | <b>HAEMATOLOGY EQUIPMENT AND COMMODITIES</b>   |                  |                       |                  |                         |      |
| 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                | ✗                       | ✗    |
|        |       | <b>BLOOD CHEMISTRY EQUIPMENT AND COMMODITIES</b>   |                  |                       |                  |                         |      |
| 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 |      |
|        |     | <b>EIA/ELISA EQUIPMENT AND COMMODITIES</b>  |          |       |        |   |   |      |
| 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 |      |
|        |     | <b>POLYMERASE CHAIN REACTION (PCR) EQUIPMENT AND COMMODITIES</b>                          |          |       |        |   |   |      |
| 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 |      |
|        |     | <b>CD4 EQUIPMENT AND COMMODITIES</b>  |          |       |        |   |   |      |
| 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 |      |
|        |     | <b>SYPHILIS EQUIPMENT AND COMMODITIES</b>   |          |       |        |   |   |      |
| 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 |      |
|        |     | <b>TUBERCULOSIS EQUIPMENT AND COMMODITIES</b>   |          |       |        |   |   |      |
| 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 |      |
|        |     | <b>OTHER EQUIPMENT AND COMMODITIES</b>  |          |       |        |   |   |      |
| 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 |         |
|        |      | <b>CULTURE AND SENSITIVITY EQUIPMENT AND COMMODITIES</b>  |  |       |           |   |   |         |
| 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 |         |
|        |      | <b>CANCER SPECIFIC EQUIPMENT AND COMMODITIES</b>  |  |       |           |   |   |         |
| 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 |         |
|        |      | <b>BLOOD GROUPING AND SEROLOGY EQUIPMENT AND COMMODITIES</b>  |  |       |           |   |   |         |
| 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 |         |
|        |      | <b>29.5. SUPPORT FOR QUALITY LABORATORY SERVICES</b>  |  |       |           |   |   |         |
| R_C    | 2918 | Does this facility have an accredited/certified microscopist?   | YES ..... 1<br>NO ..... 2  |       |           |   |   |         |
| R_C    | 2919 | Have you or any laboratory staff received biosafety training in the past 2 years?   | YES, ALL STAFF ..... 1<br>YES, SOME BUT NOT ALL STAFF..... 2<br>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?<br><br>IF YES, ASK: May I see any records documenting this? | YES ..... 1<br>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<br>NO ..... 2  |                    |   | → Q2924            |               |  |
| 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. | (A) TEST SENT OUTSIDE  |                    | (B) RECORD FOR SPECIMENS  |                    |               |  |
|        |      |  | 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<br>(SPECIFY)   | 2 → Q2924          | 1   | 2                  | 3             |  |
| M_C    | 2924 | Is there an established external quality assessment mechanism for any of the laboratory tests conducted?<br>IF YES, ASK: Is this a routine system?   | YES, ROUTINE ..... 1<br>YES, NOT ROUTINE BUT SOMETIMES ..... 2<br>NO ..... 3 |                    |   | → END OF SECTION   |               |  |
| 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 _____<br>(SPECIFY)   | 1  | 2                  |  |                    |               |  |

| Module | No.   | Question   | Response                 |                       |                                 |                     |                 | Skip |  |  |  |  |  |
|--------|-------|--|--------------------------|-----------------------|---------------------------------|---------------------|-----------------|------|--|--|--|--|--|
|        |       | <b>30. CONSUMABLE COMMODITIES</b>  |                          |                       |                                 |                     |                 |      |  |  |  |  |  |
|        |       | <b>30.1. CONSUMABLE SUPPLIES</b>   |                          |                       |                                 |                     |                 |      |  |  |  |  |  |
| R_C    | i3000 | <p>Now I would like to assess the availability and management of pharmaceutical and other consumable commodities.</p> <p>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.</p> <p>I am interested in learning about the availability and management of <b>pharmaceutical commodities</b> in this facility.</p> |                          |                       |                                 |                     |                 |      |  |  |  |  |  |
| 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 |      |  |  |  |  |  |
|        |       | <b>CONSUMABLE SUPPLIES</b>   |                          |                       |                                 |                     |                 |      |  |  |  |  |  |
| 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               |      |
|        |       | <b>30.2. COMMODITIES FOR STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL</b>   |                          |                       |                                 |                     |                 |      |
| R_C    | i3002 | I would like to check on the availability of <b>protective clothing and commodities</b> for standard precautions and infection prevention and control. |                          |                       |                                 |                     |                 |      |
| 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.       | 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    | 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                        | X                     | 3                               | 4                   | 5               |      |
| R_C    | 14    | Disposable paper towels for drying hands or single use hand towels   | 1                        | X                     | 3                               | 4                   | 5               |      |
| R_C    | 15    | Waste receptacle bin with lid  | 1                        | X                     | 3                               | 4                   | 5               |      |
| R_C    | 16    | Plastic bin liner  | 1                        | X                     | 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               |                  |
| <b>30.3. PROCEDURE KITS AND PATIENT EQUIPMENT</b> |       |   |  |                       |                                 |                     |                 |                  |
| R_C   | 3004  | <p>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?</p> <p>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.</p> | <p>YES, CENTRAL STORE(S) FOR KITS AND PATIENT EQUIPMENT..... 1</p> <p>NO CENTRAL STORE(S) FOR KITS OR PATIENT EQUIPMENT..... 2</p> |                       |                                 |                     |                 | → END OF SECTION |
| R_C   | i3005 | I would like to check on the availability of <b>procedure kits and patient equipment</b> .  |  |                       |                                 |                     |                 |                  |
| R_C   | 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  |                       |                                 |                     |                 |                  |
|   |       |   | 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  | X                     | 3                               | 4                   | 5               |                  |
| R_C   | 09    | Pelvic binder   | 1  | X                     | 3                               | 4                   | 5               |                  |
| R_C   | 10    | External cardiac pacemaker  | 1  | X                     | 3                               | 4                   | 5               |                  |
| R_C   | 11    | Patient restraints for arms and legs  | 1  | X                     | 3                               | 4                   | 5               |                  |
| R_C   | 12    | Peak flow meters  | 1  | X                     | 3                               | 4                   | 5               |                  |
| R_C   | 13    | Spacers for inhalers  | 1  | X                     | 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<br>NO ..... 2 |                       |                                 |                     |                 | ➔ END OF SECTION |  |
| R_C, M_C | i3101 | ASK TO BE SHOWN THE MAIN STORAGE SITE FOR PHARMACEUTICALS.<br>I would like to know if the following <b>medicines</b> 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.   | AVAILABLE                 |                       |                                 |                     |                 |                  |  |
|          |       |  | OBSERVED                  |                       | NOT OBSERVED                    |                     |                 |                  |  |
|          |       | CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED   | AT LEAST ONE NOT EXPIRED  | AVAILABLE BUT EXPIRED | REPORTED AVAILABLE BUT NOT SEEN | NOT AVAILABLE TODAY | NEVER AVAILABLE |                  |  |
|          |       | <b>GENERAL MEDICINES</b>   |                           |                       |                                 |                     |                 |                  |  |
| R_C      | 3103  | <b>ANTI-INFECTIVE AND ANTI-PARASITIC</b>   |                           |                       |                                 |                     |                 |                  |  |
| 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 | <b>RESPIRATORY</b>   |          |   |   |   |   |      |
| 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 | <b>CARDIOVASCULAR</b>  |          |   |   |   |   |      |
| 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   | Glycerol 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 | <b>DIABETES</b>  |          |   |   |   |   |      |
| 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 | <b>CANCER</b>  |          |   |   |   |   |      |
| 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 | <b>OTHER/GENERAL MEDICINES</b>   |          |   |   |   |   |      |
| 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 | <b>MENTAL HEALTH/NEUROLOGICAL</b>              |          |   |   |   |   |      |
| 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 | <b>MATERNAL/NEONATAL</b>                       |          |   |   |   |   |      |
| 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<br>NO ..... 2 |           |   |           |           |         |
| R_C    | 3112 | <b>INTRAVENOUS FLUIDS</b>   |                           |           |   |           |           |         |
| 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         |         |
|        |      | <b>ANTIMALARIAL MEDICINES</b>   |                           |           |   |           |           |         |
| R_C    | 3113 | Does this facility stock any medicines or supplies for malaria prevention or treatment? | YES ..... 1<br>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<br>or<br>Artesunate + amodiaquine (25 mg + 67.5 mg) or (50 mg + 135 mg)<br>or<br>Artesunate + mefloquine (25 mg + 55 mg)<br>or<br>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<br>or<br>Artesunate + amodiaquine (100 mg + 270 mg)<br>or<br>Artesunate + mefloquine (100 mg + 220 mg)<br>or<br>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<br>_____<br>(SPECIFY)   | 1                     | 2                               | 3                         | 4               | 5    | ×                                       | × |        |
|        |                          | <b>ANTI-TUBERCULOSIS MEDICINES</b>   |                       |                                 |                           |                 |      |   |   |        |
| R_C    | 3116                     | Does this facility stock any medicines for tuberculosis treatment?   |                       |                                 | YES ..... 1<br>NO ..... 2 |                 |      |   |   | →Q3120 |

| Module | No.   | Question   | Response   |                       |                                 |                     |                 |   |    | Skip |
|--------|-------|--|--|-----------------------|---------------------------------|---------------------|-----------------|---|----|------|
| R_C    | 3117  | Where is the main storage site for tuberculosis medicines?<br>GOT TO THE MAIN SITE TO ASSESS AVAILABILITY OF TB MEDICINES  | MAIN STORAGE SITE FOR PHARMACEUTICALS ..... 1<br>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. |  |                       |                                 |                     |                 |   |    |      |
| R_C    | 3119  | CHECK TO SEE IF AT LEAST ONE IS NOT EXPIRED<br><br>[COUNTRY ADAPT]   | (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    | 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<br>[COUNTRY ADAPT]   | 1 → B   | 2 → Q3120             | 3 → B                           | 4 → Q3120           | 5 → Q3120       | 1 | 2 |         |
|        |       | <b>ANTIRETROVIRALS AND PROTEASE INHIBITORS</b>   |   |                       |                                 |                     |                 |   |   |         |
| R_C    | 3120  | Does this facility stock any antiretroviral (ARV) medicines for PMTCT or the treatment of HIV/AIDS?  | YES ..... 1<br>NO ..... 2   |                       |                                 |                     |                 |   |   | → Q3127 |
| R_C    | 3121  | Where is the main storage site for antiretroviral medicines?<br>GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF ANTIRETROVIRAL MEDICINES.            | MAIN STORAGE SITE FOR PHARMACEUTICALS ..... 1<br>OTHER SITE IN FACILITY ..... 2 |                       |                                 |                     |                 |   |   |         |
| R_C    | i3122 | I would like to know if the following <b>antiretrovirals</b> are available in this facility today.   |   |                       |                                 |                     |                 |   |   |         |
| R_C    | 3123  | For each medicine that I ask about, please show it to me.<br>CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED<br>[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    | 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               |   |   |         |
| R_C    | 3124  | Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?  | YES ..... 1<br>NO ..... 2   |                       |                                 |                     |                 |   |   | → Q3127 |

| Module | No.   | Question  | Response   |                       |                                 |                     |                 | Skip                                       |  |
|--------|-------|---|--|-----------------------|---------------------------------|---------------------|-----------------|--|--|
| R_C    | i3125 | I would like to know if the following <b>protease inhibitors</b> are available in this facility today.                      |  |                       |                                 |                     |                 |  |  |
| R_C    | 3126  | For each medicine that I ask about, please show it to me.   | AVAILABLE  |                       |                                 |                     |                 |  |  |
|        |       | CHECK TO SEE IF AT LEAST IS VALID (NOT EXPIRED).<br>[COUNTRY ADAPT]   | 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)<br>[COUNTRY ADAPT]                       | 1  | 2                     | 3                               | 4                   | 5               |  |  |
|        |       | <b>COMMODITIES (FAMILY PLANNING AND MALNUTRITION SUPPLEMENTS)</b>   |  |                       |                                 |                     |                 |  |  |
| R_C    | 3127  | Does this facility stock any family planning commodities or contraceptives?   | YES ..... 1<br>NO ..... 2  |                       |                                 |                     |                 | → Q3131                                    |  |
| R_C    | 3128  | Where is the main storage site for contraceptive commodities?<br>GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF COMMODITIES. | MAIN STORAGE SITE FOR PHARMACEUTICALS ..... 1<br>OTHER SITE IN FACILITY..... 2 |                       |                                 |                     |                 |  |  |
| R_C    | i3129 | I would like to know if the following <b>family planning</b> commodities are available in this facility today.              |  |                       |                                 |                     |                 |  |  |
| R_C    | 3130  | For each commodity that I ask about, please show it to me.  | (A) AVAILABLE  |                       |                                 |                     |                 | (B)<br>ANY STOCK OUT IN THE PAST 3 MONTHS? |  |
|        |       | CHECK TO SEE IF AT LEAST IS NOT EXPIRED   | 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               | X X  |  |
| R_C    | 02    | Progestin-only contraceptive pills  | 1  | 2                     | 3                               | 4                   | 5               | X X  |  |
| R_C    | 03    | Combined estrogen progesterone injectable contraceptives  | 1  | 2                     | 3                               | 4                   | 5               | X X  |  |
| R_C    | 04    | Progestin-only injectable contraceptives  | 1  | 2                     | 3                               | 4                   | 5               | X X  |  |
| R_C    | 05    | Male condoms  | 1  | 2                     | 3                               | 4                   | 5               | X X  |  |
| 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               |   |   |         |
| R_C    | 3131  | Are any nutritional supplements for malnutrition available in this facility?<br>IF YES, GO TO WHERE NUTRITIONAL SUPPLEMENTS ARE STORED TO CHECK AVAILABILITY.  | YES ..... 1<br>NO ..... 2 |                       |                                 |                     |                 |   |   | → Q3134 |
| R_C    | i3132 | I would like to know if the following <b>nutritional supplements</b> for malnutrition are available in this facility today.  |                           |                       |                                 |                     |                 |   |   |         |
| R_C    | 3133  | For each supplement that I ask about, please show it to me.  | AVAILABLE                 |                       |                                 |                     |                 |   |   |         |
|        |       | CHECK TO SEE IF AT LEAST ONE IS NOT EXPIRED  | OBSERVED                  |                       | NOT OBSERVED                    |                     |                 |   |   |         |
|        |       |  | 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               |   |   |         |
|        |       | <b>31.1.2. SITE CONDITIONS</b>   |                           |                       |                                 |                     |                 |   |   |         |
| R_C    | 3134  | OBSERVE THE <b>MAIN STORAGE SITE FOR PHARMACEUTICALS</b> (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 SWEEPED, 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?<br>IF YES, ASK: May I see the thermometer/thermostat?<br>CHECK TO SEE IF THE THERMOMETER/THERMOSTAT IS FUNCTIONING.  | YES, FUNCTIONING..... 1<br>YES, NOT FUNCTIONING..... 2<br>NO..... 3                                     | → Q3138<br>→ Q3138 |               |  |
| R_C  | 3137  | What is the temperature in the room now?   | BELOW 15 °C ..... 1<br>BETWEEN 15–25 °C (INCLUSIVE) ..... 2<br>ABOVE 25 °C..... 3<br>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?<br>IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT. | OBSERVED, FUNCTIONING ..... 1<br>OBSERVED, NOT FUNCTIONING ..... 2<br>NO FRIDGE FOR MEDICINES ..... 3   | → Q3142<br>→ 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<br>OUT OF RANGE..... 2<br>DON'T KNOW ..... 8                         |                    |               |  |
| R_C  | 3140  | OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN (E.G. NO SPILLED MEDICINES, NO GARBAGE, ETC.)?  | YES ..... 1<br>NO ..... 2   |                    |               |  |
| R_C  | 3141  | ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?   | YES ..... 1<br>NO ..... 2   |                    |               |  |
| <b>31.1.3. SUPPORT FOR QUALITY SERVICES</b>        |       |  |   |                    |               |  |
| R_C/<br>M_C  | i3142 | I would like to know if the following documents are available in this service site today.  |   |                    |               |  |
| R_C/<br>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<br>THIS IS USUALLY A REGISTER OR STOCK CARD.  | 1   | 2                  | 3             |  |
| R_C  | 02    | Record that shows expired/unusable medicines being removed from inventory<br>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             |  |
| 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<br><br>(SPECIFY)   | 1   | 2                  |               |  |
| <b>31.2. BULK STORAGE SITE FOR PHARMACEUTICALS</b> |       |  |   |                    |               |  |
| R_C  | 3145  | Is there a bulk store in this facility for pharmaceuticals?<br>IF YES, ASK TO BE TAKEN TO THE BULK STORE FOR PHARMACEUTICALS.  | YES ..... 1<br>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.<br><br>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.<br><br>I am interested in seeing the bulk store for pharmaceutical commodities to assess the store conditions. |   |                                      |
|        |       | <b>31.2.1. SITE CONDITIONS</b>   |   |                                      |
| 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<br>NO ..... 2<br>NOT APPLICABLE ..... 5   |                                      |
| R_C    | 3149  | Is there a thermometer for the room?<br>IF YES, ASK: May I see the thermometer?<br>CHECK TO SEE IF THE THERMOMETER IS FUNCTIONING.   | YES, FUNCTIONING..... 1<br>YES, NOT FUNCTIONING..... 2<br>NO ..... 3                                      | → Q3151<br>→ Q3151                   |
| R_C    | 3150  | What is the temperature in the room now?   | BELOW 15 °C ..... 1<br>BETWEEN 15–25 °C (INCLUSIVE) ..... 2<br>ABOVE 25 °C..... 3<br>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?<br>IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT   | OBSERVED, FUNCTIONING ..... 1<br>OBSERVED, NOT FUNCTIONING ..... 2<br><br>NO FRIDGE FOR MEDICINES ..... 3 | → END OF SECTION<br>→ 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<br>OUT OF RANGE..... 2<br>DON'T KNOW ..... 8                           |                                      |
| R_C    | 3153  | OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN?<br>E.G., NO SPILLED MEDICINES, NO GARBAGE, ETC.  | YES ..... 1<br>NO ..... 2   |                                      |
| R_C    | 3154  | ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?   | YES ..... 1<br>NO ..... 2   |                                      |







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