

# **Measuring service availability and readiness**

## **Core questionnaire**



June 2012  
**World Health  
Organization**

COVER PAGE				
<b>INTERVIEWER VISITS</b>				
001	Facility number	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
002	Is this a supervisor validation check of a facility?	DATA COLLECTION FOR FACILITY ASSESSMENT.....	1	
		SUPERVISOR VALIDATION.....	2	
Date	1	2	3	<b>FINAL VISIT</b>  DAY MONTH YEAR INT. NUMBER <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Interviewer Name				
<b>FACILITY IDENTIFICATION</b>				
003	Name of facility	_____		
004	Location of facility	_____		
005	Region/Province	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
006	District	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
007	Type of facility*	NATIONAL REFERRAL HOSPITAL ..... DISTRICT/PROVINCIAL HOSPITAL ..... HEALTH CENTRE/CLINIC ..... HEALTH POST ..... MATERNAL/CHILD HEALTH CLINIC ..... OTHER (SPECIFY) _____	1 2 3 4 5 96	
	* These should be adapted at country level prior to implementation*			
008	Managing Authority (Ownership)	GOVERNMENT/PUBLIC ..... NGO/NOT-FOR-PROFIT ..... PRIVATE-FOR-PROFIT ..... MISSION/FAITH-BASED ..... OTHER (SPECIFY) _____	1 2 3 4 96	
009	Urban/Rural	URBAN ..... RURAL .....	1 2	
010	Outpatient only	YES ..... NO .....	1 2	

## GEOGRAPHIC COORDINATES

Record the GPS reading according to the instructions.

Set default settings for GPS:

1. Set coordinate system to latitude/longitude
2. Set coordinate format to decimal degrees
3. Set datum to WGS84

Move to main entrance of the building. Stand within 30 meters of door where entrance is in plain view to the sky.

1. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION".
2. WRITE ALTITUDE
3. PRESS "MARK"
4. HIGHLIGHT "AVERAGE" AND PRESS "ENTER"
5. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"
6. ENTER FACILITY CODE
7. WAIT 5 MINUTES
8. HIGHLIGHT "SAVE" AND PRESS "ENTER"
9. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"
10. HIGHLIGHT YOUR WAYPOINT
11. COPY INFORMATION FROM WAYPOINT LIST PAGE- THIS IS THE AVERAGE OF ALL



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

011	Waypoint name (Facility number)	<input type="text"/>
012	Altitude	<input type="text"/>
013	Latitude	N/S..... a <input type="text"/> DEGREES/DEC b <input type="text"/> <input type="text"/> . c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
014	Longitude	E/W..... a <input type="text"/> DEGREES/DEC b <input type="text"/> <input type="text"/> <input type="text"/> . c <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Number	Question	Result	Skip
<b>GENERAL INFORMATION</b>			
<b>FACILITY NUMBER</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		<b>INTERVIEWER CODE</b> <div> <div></div> <div></div> </div>	
<p>FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:</p> <p>Good day! My name is _____. We are here on behalf of [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].</p> <p>Now I will read a statement explaining the study.</p> <p>Your facility was selected to participate in this study. We will be asking you questions about various health services. Information about your facility may be used by the [MOH], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.</p> <p>Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.</p> <p>If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.</p> <p>At this point, do you have any questions about the study? Do I have your agreement to proceed?</p> <div> <div></div> <div></div> <div></div> <div></div> <div>2</div> <div>0</div> <div>1</div> <div></div> </div>			
<b>INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED</b>		<b>DAY</b>	<b>MONTH</b>
<b>YEAR</b>			
015	May I begin the interview?	YES ..... 1 NO ..... 2	→ STOP
016	INTERVIEW START TIME (use the 24 hour-clock system)	<div> <div></div> <div></div> </div> : <div> <div></div> <div></div> </div>	



Number	Question	Result		Skip
<b><u>MODULE 1: SERVICE AVAILABILITY</u></b>				
<b><u>SECTION 1: SERVICES AVAILABLE</u></b>				
<b>100</b>	I would like to begin by asking about the services that are offered and are available in this facility. Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services?	<b>YES</b>	<b>NO</b>	
<b>01</b>	Family planning services	1	2	
<b>02</b>	Antenatal care (ANC) services	1	2	
<b>03</b>	Services for the prevention of mother-to-child transmission of HIV (PMTCT)	1	2	
<b>04</b>	Delivery (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services	1	2	
<b>05</b>	Child immunization services, either at the facility or as outreach	1	2	
<b>06</b>	Preventative and curative care services for children under 5	1	2	
<b>07</b>	Adolescent health services	1	2	
<b>08</b>	HIV counselling and testing services	1	2	
<b>09</b>	HIV & AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	
<b>10</b>	HIV & AIDS care and support services, including treatment of opportunistic infections and provisions of palliative care	1	2	
<b>11</b>	Diagnosis or treatment of STIs, excluding HIV	1	2	
<b>12</b>	Diagnosis, treatment prescription, or treatment follow-up of tuberculosis	1	2	
<b>13</b>	Diagnosis or treatment of malaria	1	2	
<b>14</b>	Diagnosis or management of non-communicable diseases, such as diabetes, cardiovascular disease, or chronic respiratory disease	1	2	
<b>15</b>	Any surgical services, including caesarean section	1	2	
<b>16</b>	Blood transfusion services	1	2	
<b>17</b>	Laboratory diagnostics, including any rapid diagnostic testing	1	2	
<b>18</b>	Storage of medicines, vaccines, or contraceptive commodities	1	2	

Number	Question	Result		Skip
<b>SECTION 2: STAFFING</b>				
<b>200</b>	I have a few questions on staffing for this facility. Please tell me how many staff with each of the following qualifications are currently assigned to, employed by, or seconded to this facility. Please count each staff member only once, on the basis of the highest technical or professional qualification. For doctors, I would also like to know, of the total number, how many are part-time in this facility.	<b>A) ASSIGNED/ EMPLOYED/ SECONDED</b>	<b>B) PART TIME</b>	
<b>01</b>	Generalist (non-specialist) medical doctors	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>02</b>	Specialist medical doctors	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	CHECK Q007: <div>IF HOSPITAL: </div>	IF NOT HOSPITAL: 		200_03
<b>02C</b>	Of the specialist medical doctors, how many are practitioners in obstetric and gynaecological specialties?	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>02D</b>	Of the specialist medical doctors, how many are practitioners in paediatric specialties?	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>02E</b>	Of the specialist medical doctors, how many are practitioners in psychiatric specialties?	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>02F</b>	Of the specialist medical doctors, how many are practitioners in the medical group of specialties?	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>02G</b>	Of the specialist medical doctors, how many are practitioners in the surgical group of specialties?	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>03</b>	Non-physician clinicians/paramedical professionals	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>04</b>	Nursing professionals	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>05</b>	Midwifery professionals	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>06</b>	Nursing associate professionals	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>07</b>	Midwifery associate professionals	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>08</b>	Pharmacists	<input type="text"/> <input type="text"/> <input type="text"/>		
<b>09</b>	Pharmaceutical technicians	<input type="text"/> <input type="text"/> <input type="text"/>		

Number	Question	Result	Skip
10	Laboratory scientists/technologists	<input type="text"/> <input type="text"/> <input type="text"/>	
11	Laboratory technicians/assistants	<input type="text"/> <input type="text"/> <input type="text"/>	
12	Community health workers	<input type="text"/> <input type="text"/> <input type="text"/>	
13	Health workers not elsewhere classified	<input type="text"/> <input type="text"/> <input type="text"/>	
14	Health management and support workers	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>SECTION 3: SERVICE UTILIZATION</b>			
300	Does this facility routinely provide inpatient care?	YES ..... 1 NO ..... 2	→ 302
301	Does this facility have beds for overnight observation?	YES ..... 1 NO ..... 2	→ 400
302	Excluding any delivery beds, how many overnight/inpatient beds in total does this facility have, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS. .... <input type="text"/> <input type="text"/> <input type="text"/>	
303	Of the overnight/inpatient beds in this facility, how many are dedicated maternity beds? <b>THIS DOES NOT INCLUDE DELIVERY BEDS</b>	# OF DEDICATED MATERNITY BEDS. .... <input type="text"/> <input type="text"/> <input type="text"/>	

Number	Question	Result	Skip
<b>MODULE 2: SERVICE READINESS</b>			
<b>SECTION 4: INFRASTRUCTURE</b>			
This section will focus on questions related to infrastructure.			
<b>COMMUNICATIONS</b>			
400	Does this facility have a <b><u>functioning land line telephone</u></b> that is available to call outside at all times client services are offered?  CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES ..... 1 NO ..... 2	
401	Does this facility have a <b><u>functioning cellular telephone or a private cellular phone</u></b> that is supported by the facility?	YES ..... 1 NO ..... 2	
402	Does this facility have a <b><u>functioning short-wave radio</u></b> for radio calls?	YES ..... 1 NO ..... 2	
403	Does this facility have <b><u>a functioning computer?</u></b>	YES ..... 1 NO ..... 2	
404	Is there access to email or internet within the facility today?	YES ..... 1 NO ..... 2	
<b>AMBULANCE/TRANSPORT FOR EMERGENCIES</b>			
405	Does this facility have a <b><u>functional ambulance</u></b> or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility?	YES ..... 1 NO ..... 2	→407
406	Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility?	YES ..... 1 NO ..... 2	→408 →408
407	Is fuel available today?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
<b>POWER SUPPLY</b>			
408	Is this facility connected to the central supply electricity grid?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	→410 →410
409	During the past 7 days, was electricity (excluding any back-up generator) available during at all times when the facility was open for services or interrupted for less than two hours at a time?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	





Number	Question	Result		Skip
<b>410</b>	Does this facility have any of the following other sources of electricity?	<b>YES</b>	<b>NO</b>	
<b>01</b>	Fuel operated generator	1	2	
<b>02</b>	Battery operated generator	1	2	
<b>03</b>	Solar system	1	2	
<b>04</b>	Others _____ (SPECIFY)	1	2	
	CHECK Q410_01 AND Q410_02: GENERATOR ( "YES" CIRCLED FOR EITHER) 	NO GENERATOR ("NO" CIRCLED FOR BOTH) 		Q413
<b>411</b>	Is the generator functional?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98		→413 →413
<b>412</b>	Is there fuel or a charged battery available today?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98		
<b>ENVIRONMENTAL HEALTH</b>				
<b>413</b>	What is the <b><i>most commonly used</i></b> source of water for the facility <b><i>at this time?</i></b>	PIPED INTO FACILITY ..... 1 PIPED ONTO FACILITY GROUNDS ... 2 PUBLIC TAP/STANDPIPE ..... 3 TUBEWELL/BOREHOLE ..... 4 PROTECTED DUG WELL ..... 5 UNPROTECTED DUG WELL ..... 6 PROTECTED SPRING ..... 7 UNPROTECTED SPRING ..... 8 RAINWATER COLLECTION ..... 9 BOTTLED WATER ..... 10 CART W/SMALL TANK/DRUM ..... 11 TANKER TRUCK ..... 12 SURFACE WATER ..... 13 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98 NO WATER SOURCE ..... 00		→415 →415  →415 →415 →415  →415 →415
<b>414</b>	Is a water outlet from this source available within 500 meters of the facility?	YES ..... 1 NO ..... 2		
<b>415</b>	Is there a waiting area for clients where they are <b><u>protected from the sun and rain?</u></b>	YES ..... 1 NO ..... 2		

Number	Question	Result	Skip
416	Is there a room with auditory and visual privacy available for patient consultations? <b>IF YES, ASK TO SEE THE ROOM.</b>	AUDITORY PRIVACY ONLY ..... 1 VISUAL PRIVACY ONLY ..... 2 BOTH AUDITORY AND VISUAL PRIVACY . 3 NO PRIVACY ..... 4	
417	Is there a toilet (latrine) in <b>functioning condition</b> that is available for general outpatient client use?  IF YES: What type of toilet?	FLUSH TOILET ..... 1 VENTILATED IMPROVED PIT LATRINE (VIP) ..... 2 PIT LATRINE WITH SLAB ..... 3 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 4 COMPOSTING TOILET ..... 5 BUCKET ..... 6 HANGING TOILET/ HANGING LATRINE ..... 7 NO FACILITIES/BUSH/FIELD ..... 8	
<b>INFECTION CONTROL</b>			
418	What is the main type of needle and syringes for general health services (apart from immunization) used in this facility: disposable, re-usable, or auto-disable?	DISPOSABLE ..... 1 RE-USABLE ..... 2 AUTO-DISABLE ..... 3 Other ..... 96 (SPECIFY)	
419	Does this facility have any guidelines on standard precautions for infection prevention? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
420	Does this facility have any guidelines isolation/additional transmission-based precautions? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
421	Is there a designated area (e.g. single room or ward) and defined procedures, adequate number of staff, and appropriate equipment for the care of patients requiring specific isolation precautions?	YES ..... 1 NO ..... 2	
422	Does this facility have an occupational health program for protecting, monitoring, and treatment of health care workers in this facility? (e.g. influenza or hepatitis vaccinations for health care workers and post-exposure prophylaxis?)	YES ..... 1 NO ..... 2	
<b>PROCESSING OF EQUIPMENTS FOR REUSE</b>			



Number	Question	Result	Skip												
423	<p>I have a few questions about how medical equipment is processed for re-use in this facility. Are equipment that are used in the facility processed (i.e., sterilized or chemical HLD) for re-use?</p> <p>IF YES, ASK: Is the final processing done in this facility, outside this facility, or both?</p> <p><b>WE ARE INTERESTED IN METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.</b></p>	<p>ONLY IN THIS FACILITY ..... 1</p> <p>ONLY AT AN OUTSIDE FACILITY ..... 2</p> <p>BOTH IN FACILITY AND OUTSIDE ..... 3</p> <p>NEVER USE PROCESSED EQUIPMENT</p> <p>ONLY DISPOSABLE EQUIPMENT ..... 4</p>	<p>→425</p> <p>→425</p>												
424	<p>ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT AND INDICATE IF IT IS FUNCTIONING OR NOT. e.g. Do you use [METHOD] in this facility? IF YES, THEN CONTINUE AND ASK TO SEE IT.</p>	<table border="1"> <thead> <tr> <th colspan="3">A) AVAILABLE</th><th colspan="3">B) FUNCTIONING</th></tr> <tr> <th>OBSERVED</th><th>REPORTED NOT SEEN</th><th>NOT AVAILABLE</th><th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> </table>	A) AVAILABLE			B) FUNCTIONING			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
A) AVAILABLE			B) FUNCTIONING												
OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW										
01	Electric autoclave (pressure & wet heat)	<p>1 → b</p> <p>2 → b</p> <p>3 02 ↙</p>	1	2	8										
02	Non-electric autoclave	<p>1 → b</p> <p>2 → b</p> <p>3 03 ↙</p>	1	2	8										
03	Electric dry heat sterilizer	<p>1 → b</p> <p>2 → b</p> <p>3 04 ↙</p>	1	2	8										
04	Electric boiler or steamer (no pressure)	<p>1 → b</p> <p>2 → b</p> <p>3 05 ↙</p>	1	2	8										
05	Non-electric pot with cover for boiling/steam	<p>1 06 ↙</p> <p>2 06 ↙</p> <p>3 06 ↙</p>													
06	Heat source for non-electric equipment	<p>1 → b</p> <p>2 → b</p> <p>3 07 ↙</p>	1	2	8										
07	Automatic timer (may be on equipment)	<p>1 → b</p> <p>2 → b</p> <p>3 08 ↙</p>	1	2	8										
08	TST indicator strips or other item that indicates process is complete	<p>1 09 ↙</p> <p>2 09 ↙</p> <p>3 09 ↙</p>													
09	Any chemicals for chemical HLD	<p>1 425 ↙</p> <p>2 425 ↙</p> <p>3 425 ↙</p>													
425	<p>Does this facility have any guidelines on final processing or sterilization of equipment?</p> <p><b>IF YES, ASK TO SEE THE GUIDELINES.</b></p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED NOT SEEN ..... 2</p> <p>NO ..... 3</p>													

Number	Question	Result	Skip
<b>HEALTH CARE WASTE MANAGEMENT</b>			
426	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility <i>finally</i> dispose of sharps waste (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE.</p> <p>NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".</p>	<p><b>BURN INCINERATOR</b></p> <p>2-chamber industrial (800-1000+° C). 2</p> <p>1-chamber drum/brick ..... 3</p> <p><b>OPEN BURNING</b></p> <p>Flat ground - no protection ..... 4</p> <p>Pit or protected ground ..... 5</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>Flat ground - no protection ..... 6</p> <p>Covered pit or pit latrine ..... 7</p> <p>Open-pit - no protection ..... 8</p> <p>Protected ground or pit ..... 9</p> <p><b>REMOVE OFFSITE</b></p> <p>Stored in covered container ..... 10</p> <p>Stored in other protected environment ..... 11</p> <p>Stored unprotected ..... 12</p> <p>Other ..... 96</p> <p>(SPECIFY)</p> <p>Never has sharp waste ..... 95</p>	→428
427	<p>ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.</p>	<p>NO WASTE VISIBLE ..... 1</p> <p>WASTE VISIBLE BUT PROTECTED AREA ..... 2</p> <p>WASTE VISIBLE, <b>NOT</b> PROTECTED ... 3</p> <p>WASTE SITE NOT INSPECTED..... 4</p>	
428	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages.</p> <p>How does this facility <i>finally</i> dispose of medical waste other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE.</p> <p>NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".</p>	<p>Same as for sharp items ..... 1</p> <p><b>BURN INCINERATOR</b></p> <p>2-chamber industrial (800-1000+° C) 2</p> <p>1-chamber drum/brick ..... 3</p> <p><b>OPEN BURNING</b></p> <p>Flat ground - no protection ..... 4</p> <p>Pit or protected ground ..... 5</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>Flat ground - no protection ..... 6</p> <p>Covered pit or pit latrine ..... 7</p> <p>Open-pit - no protection ..... 8</p> <p>Protected ground or pit ..... 9</p> <p><b>REMOVE OFFSITE</b></p> <p>Stored in covered container ..... 10</p> <p>Stored in other protected environment ..... 11</p> <p>Stored unprotected ..... 12</p> <p>Other ..... 96</p> <p>(SPECIFY)</p> <p>Never has sharp waste ..... 95</p>	→430

Number	Question	Result	Skip
429	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	NO WASTE VISIBLE ..... 1 WASTE VISIBLE BUT PROTECTED AREA ..... 2 WASTE VISIBLE, <b>NOT</b> PROTECTED ... 3 WASTE SITE NOT INSPECTED..... 4	
430	CHECK Q426 AND Q428: INCINERATOR USED (EITHER "2" OR "3" CIRCLED) 	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) 	Q433
431	Is the incinerator functional today?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	→433 →433
432	Is fuel available today?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
433	Does this facility have any guidelines on health care waste management? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
434	Have you or any provider(s) received training in health care waste management practices in the past two years?	YES ..... 1 NO ..... 2	
<b>THANK YOUR RESPONDENT AND EXPLAIN TO HIM/HER THAT YOU HAVE QUESTIONS PERTAINING TO SPECIFIC SERVICES OFFERED IN THE FACILITY. ASK TO BE SHOWN THE PERSON MOST KNOWLEDGEABLE ABOUT CLIENT SERVICES.</b>			




Number	Question	Result			Skip		
<b>SECTION 5: AVAILABLE SERVICES</b>							
This section will focus on questions related to available services.							
<b>A. GENERAL OUTPATIENT SERVICE AREA</b>							
<b>ASK TO BE SHOWN THE GENERAL OUTPATIENT SERVICE AREA WHERE MOST CLIENT SERVICES ARE PROVIDED. EXPLAIN TO YOUR RESPONDENT THAT YOU WILL BE ASKING SOME GENERAL QUESTIONS ABOUT SERVICES, FOLLOWED BY SEVERAL QUESTIONS SPECIFIC TO THOSE CLIENT SERVICES AVAILABLE IN THE FACILITY.</b>							
<b>BASIC EQUIPMENT</b>							
<b>500</b>	I am interested in knowing if the following basic equipments and supplies used in the provision of client services are available in the general outpatient area of this facility. For each equipment or item, please tell me if it is available today and functioning. <b>ASK TO SEE THE ITEMS.</b>						
		<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b>	Adult weighing scale	1 → b	2 → b	3 02 ↙	1	2	8
<b>02</b>	Child/infant weighing scale- 100 gram gradation	1 → b	2 → b	3 03 ↙	1	2	8
<b>03</b>	Thermometer	1 → b	2 → b	3 04 ↙	1	2	8
<b>04</b>	Stethoscope	1 → b	2 → b	3 05 ↙	1	2	8
<b>05</b>	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 → b	2 → b	3 06 ↙	1	2	8
<b>06</b>	Light source (flashlight acceptable)	1 → b	2 → b	3 07 ↙	1	2	8
<b>07</b>	Micronebulizer	1 → b	2 → b	3 08 ↙	1	2	8
<b>08</b>	Pulse oximeter	1 → b	2 → b	3 09 ↙	1	2	8
<b>09</b>	Oxygen concentrators	1 → b	2 → b	3 10 ↙	1	2	8
<b>10</b>	Oxygen cylinders	1 → b	2 → b	3 11 ↙	1	2	8
<b>11</b>	Intravenous infusion kits	1 600 ↙	2 600 ↙	3 600 ↙			

Number	Question	Result			Skip
<b>INFECTION CONTROL PRECAUTIONS</b>					
<b>600</b>	I am interested in knowing if the following resources/supplies used for infection control are available in the general outpatient area of this facility. For each resource or supply, please tell me if it is available today or not available today. <b>ASK TO SEE THE ITEMS.</b>				
		<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>	
<b>01</b>	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
<b>02</b>	Hand-washing soap/liquid soap	1	2	3	
<b>03</b>	Alcohol based hand rub	1	2	3	
<b>04</b>	Disposable latex gloves	1	2	3	
<b>05</b>	Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3	
<b>06</b>	Sharps container ("safety box")	1	2	3	
<b>07</b>	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3	
<b>08</b>	Gowns	1	2	3	
<b>09</b>	Eye protection (goggles, face shields)	1	2	3	
<b>10</b>	Medical (surgical or procedural) masks	1	2	3	
<b>11</b>	Disposable syringes with disposable needles	1	2	3	
<b>12</b>	Auto-disable syringes	1	2	3	
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>					



Number	Question	Result	Skip
<b>B. MATERNAL AND NEWBORN HEALTH</b>			
<b>FAMILY PLANNING SERVICES</b>			
700	CHECK Q100_01: FAMILY PLANNING SERVICES OFFERED 	FAMILY PLANNING SERVICES NOT OFFERED 	Q800
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.			
701	Does this facility <b>provide</b> or <b>prescribe</b> any of the following modern methods of family planning:	YES	NO
01	Combined oral contraceptive pills	1	2
02	Progestin-only contraceptive pills	1	2
03	Combined injectable contraceptives	1	2
04	Progestin-only injectable contraceptives	1	2
05	Male condoms	1	2
06	Female condoms	1	2
07	Intrauterine contraceptive device (IUCD)	1	2
08	Implant	1	2
09	Cycle beads for standard days method	1	2
10	Emergency contraceptive pills	1	2
11	Male sterilization	1	2
12	Female sterilization	1	2
702	Does this facility <b>provide</b> or <b>prescribe</b> any of the following modern methods of family planning for <b>unmarried adolescents</b> :	YES	NO
01	Combined oral contraceptive pills	1	2
02	Male condoms	1	2
03	Female condoms	1	2
04	Emergency contraceptive pills	1	2
703	Do you have the national family planning guidelines available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
704	Have you or any provider(s) of family planning services received any family planning training in the last two years?	YES ..... 1 NO ..... 2	



Number	Question	Result					Skip
705	Have you or any provider(s) of family planning services received any training in adolescent sexual and reproductive health in the last two years?	YES ..... 1 NO ..... 2					
706	I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 → b	2 → b	3 707 ↖	1	2	8
707	Does this facility stock contraceptive commodities at this service site?	YES ..... 1 NO ..... 2					→ 800
708	Are any of the following <b>reproductive health</b> medicines and commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
01	Combined oral contraceptive pills	1	2	3	4	5	
02	Progestin-only contraceptive pills	1	2	3	4	5	
03	Combined injectable contraceptives	1	2	3	4	5	
04	Progestin-only injectable contraceptives	1	2	3	4	5	
05	Male condoms	1	2	3	4	5	
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>							

Number	Question	Result			Skip		
<b>ANTENATAL CARE SERVICES</b>							
800	CHECK Q100_02: ANTENATAL CARE SERVICES OFFERED 	ANTENATAL CARE SERVICES NOT OFFERED 			Q900		
<b>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.</b>							
801	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services?	YES	NO				
01	Iron supplementation	1	2				
02	Folic acid supplementation	1	2				
03	Intermittent preventive treatment (IPT) for malaria	1	2				
04	Tetanus toxoid vaccination	1	2				
05	Monitoring for hypertensive disorder of pregnancy	1	2				
802	Do you have the national ANC guidelines available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
803	Do you have IPT guidelines available in this facility today? IF YES, ASK TO SEE THE GUIDELINES. ACCEPTABLE IF PART OF ANC GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
804	Have you or any provider(s) of ANC services received any ANC training in the last two years?	YES ..... 1 NO ..... 2					
805	Have you or any provider(s) of IPT services received any IPT training in the last two years?	YES ..... 1 NO ..... 2					
806	I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. ASK TO SEE THE ITEMS.	<b>A) AVAILABLE</b>		<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 → b	2 → b	3 807 	1	2	8
807	Does this facility stock any medicines for ANC in this service site?	YES ..... 1 NO ..... 2			→ 900		

Number	Question	Result					Skip
808	Are any of the following medicines and commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
01	Iron tablets	1	2	3	4	5	
02	Folic acid tablets	1	2	3	4	5	
03	Iron and folic acid combination tablets	1	2	3	4	5	
04	Tetanus toxoid vaccine	1	2	3	4	5	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

Number	Question	Result		Skip
<b>PREVENTION OF MOTHER-TO-CHILD TRANSMISSION</b>				
900	CHECK Q100_03: PMTCT SERVICES OFFERED 	PMTCT SERVICES NOT OFFERED 		Q1000
<b>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.</b>				
901	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients:	YES	NO	
01	Provide HIV counselling and testing services to HIV positive pregnant women for PMTCT	1	2	
02	Provide HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT	1	2	
03	Provide ARV prophylaxis to HIV positive pregnant women for PMTCT	1	2	
04	Provide ARV prophylaxis to newborns of HIV positive pregnant women for PMTCT	1	2	
05	Provide infant and young child feeding counselling for PMTCT	1	2	
06	Provide nutritional counselling for HIV positive pregnant women and their infants for PMTCT	1	2	
07	Provide family planning counselling to HIV positive pregnant women for PMTCT	1	2	
902	Do you have the national guidelines for PMTCT available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3		
903	Do you have guidelines for infant and young child feeding counselling available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3		
904	Have you or any provider(s) of PMTCT services received any training in PMTCT in the last two years?	YES ..... 1 NO ..... 2		
905	Have you or any provider(s) of PMTCT services received any training in infant and young child feeding in the last two years?	YES ..... 1 NO ..... 2		
906	Is the PMTCT service room or area a private room/area with auditory and visual privacy? OBSERVE THE ROOM.	AUDITORY PRIVACY ONLY ..... 1 VISUAL PRIVACY ONLY ..... 2 BOTH AUDITORY AND VISUAL PRIVACY . 3 NO PRIVACY ..... 4		
907	Does this facility offer HIV rapid diagnostic testing in this service site?	YES ..... 1 NO ..... 2		→ 909

Number	Question	Result						Skip
908	I would like to know if the following equipment items for rapid HIV testing are available and functional today in this service site. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	HIV rapid test (with valid expiration date)	1 909	2 909	3 909				
909	Does this facility offer Dry Blood Spot (DBS) collection in this service site?	YES ..... 1 NO ..... 2						→911
910	I would like to know if the following equipment items for DBS testing are available and functional today in this service site. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Filter paper for DBS (with valid expiration date)	1 911	2 911	3 911				
911	Does this facility stock any medicines for PMTCT in this service site?	YES ..... 1 NO ..... 2						→1000
912	Are any of the following medicines and commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	OBSERVED AVAILABLE		NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
01	Zidovudine (AZT) syrup	1	2	3	4	5		
02	Nevirapine (NVP) syrup	1	2	3	4	5		
03	Zidovudine (ZDV, AZT)	1	2	3	4	5		
04	Abacavir (ABC)	1	2	3	4	5		
05	Lamivudine (3TC)	1	2	3	4	5		
06	Tenofovir Disoproxil Fumarate (TDF)	1	2	3	4	5		
07	Nevirapine (NVP)	1	2	3	4	5		
08	Efavirenz (EFV)	1	2	3	4	5		
09	Emtricitabine (FTC)	1	2	3	4	5		
10	Lamivudine + Abacavir (3TC + ABC)	1	2	3	4	5		
11	Zidovudine + Lamivudine (AZT + 3TC)	1	2	3	4	5		
12	Zidovudine + Lamivudine + Abacavir (AZT + 3TC + ABC)	1	2	3	4	5		
13	Zidovudine + Lamivudine + Nevirapine (AZT + 3TC + NVP)	1	2	3	4	5		
14	Tenofovir + Emtricitabine (TDF + FTC)	1	2	3	4	5		
15	Tenofovir + Lamivudine (TDF + 3TC)	1	2	3	4	5		
16	Tenofovir + Lamivudine + Efavirenz (TDF + 3TC + EFV)	1	2	3	4	5		
17	Tenofovir + Emtricitabine + Efavirenz (TDF + FTC + EFV)	1	2	3	4	5		



Number	Question	Result					Skip
18	Lopinavir (LPV)	1	2	3	4	5	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

DRAFT

Number	Question	Result				Skip	
OBSTETRIC AND NEWBORN CARE SERVICES							
1000	CHECK Q100_04: DELIVERY/NEWBORN CARE SERVICES OFFERED	DELIVERY/NEWBORN CARE SERVICES NOT OFFERED			Q1100		
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OBSTETRIC AND NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT OBSTETRIC AND NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1001	Does this facility provide any facility-based normal delivery services?	YES ..... 1 NO ..... 2					
1002	Please tell me if any of the following interventions are carried out by providers of delivery services as part of their work in this facility.	YES		NO			
01	Parenteral administration of antibiotics (IV or IM)	1		2			
02	Parenteral administration of oxytocic (IV or IM)	1		2			
03	Parenteral administration of anticonvulsant for hypertensive disorders of pregnancy (IV or IM)	1		2			
04	Assisted vaginal delivery	1		2			
05	Manual removal of placenta	1		2			
06	Removal of retained products after delivery	1		2			
07	Neonatal resuscitation	1		2			
08	Caesarean section	1		2			
09	Blood transfusion	1		2			
1003	Do you have the national guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC) available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
1004	Have you or any provider(s) of delivery service received any training in the Integrated Management of Pregnancy and Childbirth (IMPAC) in the last two years?	YES ..... 1 NO ..... 2					
1005	I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. ASK TO SEE THE ITEMS.	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Examination light (flashlight ok)	1 → b	2 → b	3 02 ↻	1	2	8

Number	Question	Result					Skip	
02	Delivery pack	1 03	2 03	3 03				
03	Cord clamp	1 04	2 04	3 04				
04	Episiotomy scissors	1 05	2 05	3 05				
05	Scissors or blade to cut cord	1 06	2 06	3 06				
06	Suture material with needle	1 07	2 07	3 07				
07	Needle holder	1 08	2 08	3 08				
08	Suction apparatus (mucus extractor)	1 → b	2 → b	3 09	1	2	8	
09	Manual vacuum extractor	1 → b	2 → b	3 10	1	2	8	
10	Vacuum aspirator or D&C kit	1 → b	2 → b	3 11	1	2	8	
11	Neonatal bag and mask	1 → b	2 → b	3 12	1	2	8	
12	Incubator	1 → b	2 → b	3 13	1	2	8	
13	Disposable latex gloves	1 14	2 14	3 14				
14	Blank partograph	1 15	2 15	3 15				
15	Delivery bed	1 1006	2 1006	3 1006				
1006	Does this facility stock any medicines for obstetric care in this service site?	YES ..... 1 NO ..... 2					→1008	
1007	Are any of the following medicines and commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>				
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
01	Antibiotic eye ointment for newborn	1	2	3	4	5		
02	Injectable antibiotic (e.g. ampicillin, gentamicin)	1	2	3	4	5		
03	Injectable uterotonic (e.g. oxytocin)	1	2	3	4	5		
04	Injectable magnesium sulphate	1	2	3	4	5		
05	Injectable diazepam	1	2	3	4	5		





Number	Question	Result				Skip
06	Skin disinfectant	1	2	3	4	5
07	Intravenous solution with infusion set	1	2	3	4	5
<b>CESAREAN SECTION</b>						
1008	CHECK Q1002_08: CESAREAN SECTION OFFERED 	CESAREAN SECTION NOT OFFERED 				Q1100
1009	Do you have the national guidelines for Comprehensive Emergency Obstetric Care (CEmOC) available today in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3				
1010	Have you or any provider(s) of delivery service received any training in Comprehensive Emergency Obstetric Care (CEmOC) in the last two years?	YES ..... 1 NO ..... 2				
1011	Does this facility have a health worker who can perform caesarean section present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2				
1012	Does this facility have an anaesthetist present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2				
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>						





Number	Question	Result	Skip																								
<b>C. CHILD AND ADOLESCENT HEALTH</b>																											
<b>CHILD IMMUNIZATION</b>																											
1100	CHECK Q100_05: CHILD IMMUNIZATION SERVICES OFFERED	CHILD IMMUNIZATION SERVICES NOT OFFERED	Q1200																								
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>																											
1101	Does this facility provide any of the following immunization services for children under 5 years of age:  IF YES, ASK: Is the service provided in the facility only, as outreach only, or both?	<table border="1"> <thead> <tr> <th colspan="2">(A) IN FACILITY</th><th colspan="2">(B) OUTREACH</th></tr> <tr> <th>YES</th><th>NO</th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td><td>1</td><td>2</td></tr> </tbody> </table>	(A) IN FACILITY		(B) OUTREACH		YES	NO	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
(A) IN FACILITY		(B) OUTREACH																									
YES	NO	YES	NO																								
1	2	1	2																								
1	2	1	2																								
1	2	1	2																								
1	2	1	2																								
01	Routine measles immunization	1	2	1	2																						
02	Routine DPT-Hib+HepB immunization (pentavalent)	1	2	1	2																						
03	Routine polio immunization	1	2	1	2																						
04	BCG immunization	1	2	1	2																						
1102	Do you have the national guidelines for child immunizations available in this facility today? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																									
1103	Have you or any provider(s) of immunization services received any training in child immunization services in the last two years?	YES ..... 1 NO ..... 2																									
1104	I would like to know if the following items for immunization are available in this service area today. For each item, please tell me if it is available today. ASK TO SEE THE ITEMS.	<table border="1"> <thead> <tr> <th>OBSERVED</th><th>REPORTED NOT SEEN</th><th>NOT AVAILABLE</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3							
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1	2	3																									
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1	2	3																									
01	Disposable syringes with disposable needles	1	2	3																							
02	Auto-disable syringes	1	2	3																							
03	Sharps container	1	2	3																							
04	Vaccine carrier(s)	1	2	3																							
05	Set of ice packs for vaccine carriers (Note: 4-5 ice packs make one set)	1	2	3																							
1105	Does this facility store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	YES, STORE VACCINES ..... 1 NO STORAGE OF VACCINES ..... 2	→1200																								

Number	Question	Result						Skip
1106	Does this facility have a refrigerator for the storage of vaccines? <b>IF YES, ASK TO SEE THE REFRIGERATOR.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
		1 → b	2 → b	3 1107 ↖	1	2	8	
1107	Are any of the following vaccines available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>				
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
01	Measles vaccine and diluent	1	2	3	4	5		
02	DPT-Hib+HepB (pentavalent)	1	2	3	4	5		
03	Oral polio vaccine	1	2	3	4	5		
04	BCG vaccine and diluent	1	2	3	4	5		
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>								

Number	Question	Result			Skip		
<b>CHILD PREVENTATIVE AND CURATIVE CARE SERVICES</b>							
1200	CHECK Q100_06: CHILD PREVENTATIVE AND CURATIVE CARE SERVICES OFFERED	CHILD PREVENTATIVE AND CURATIVE CARE SERVICES NOT OFFERED			Q1300		
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTATIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTATIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1201	Please tell me if providers in this facility provide the following services:	YES	NO				
01	Diagnose and/or treat child malnutrition	1	2				
02	Provide vitamin A supplementation	1	2				
03	Provide iron supplementation	1	2				
04	Provide ORS and zinc supplementation to children with diarrhea	1	2				
05	Child growth monitoring	1	2				
1202	Do you have the IMCI guidelines for the diagnosis and management of childhood illnesses available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
1203	Do you have the national guidelines for growth monitoring available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
1204	Have you or any provider(s) of curative care services for sick children received any training in the Integrated Management of Childhood Illnesses (IMCI) in the last two years?	YES ..... 1 NO ..... 2					
1205	Have you or any provider(s) of growth monitoring services for children received any training in growth monitoring in the last two years?	YES ..... 1 NO ..... 2					
1206	I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. ASK TO SEE THE ITEMS.	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Child/infant weighing scale- 100 gram gradation	1 → b	2 → b	3 02 ↙	1	2	8
02	Length/height measuring equipment	1 → b	2 → b	3 03 ↙	1	2	8



Number	Question	Result					Skip
03	Thermometer	1 → b	2 → b	3 04 ↙	1	2	8
04	Stethoscope	1 → b	2 → b	3 05 ↙	1	2	8
05	Growth charts	1 1207 ↙	2 1207 ↙	3 1207 ↙			
1207	Does this facility stock any medicines for child health curative care in this service site?	YES ..... 1 NO ..... 2					→ 1209
1208	Are any of the following medicines and commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
01	Oral rehydration salts (ORS) sachets	1	2	3	4	5	
02	Amoxicillin syrup/suspension	1	2	3	4	5	
03	Co-trimoxazole syrup/suspension	1	2	3	4	5	
04	Paracetamol syrup/suspension	1	2	3	4	5	
05	Vitamin A capsules	1	2	3	4	5	
06	Albendazole or Mebendazole cap/tab	1	2	3	4	5	
07	Zinc tablets	1	2	3	4	5	
1209	Does this facility offer malaria rapid diagnostic testing in this service site?	YES ..... 1 NO ..... 2					→ 1300
1210	I would like to know if the following equipment items for rapid malaria testing are available and functional today or not available or not functioning today in this service site. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Malaria rapid diagnostic kit (with valid expiration date)	1 1300 ↙	2 1300 ↙	3 1300 ↙			
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>							

Number	Question	Result	Skip
<b>ADOLESCENT HEALTH SERVICES</b>			
1300	CHECK Q100_07: ADOLESCENT HEALTH SERVICES OFFERED 	ADOLESCENT HEALTH SERVICES NOT OFFERED 	Q1400
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ADOLESCENT HEALTH SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ADOLESCENT HEALTH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>			
1301	Do you have the national guidelines for service provision to adolescents available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
1302	Have you or any providers of adolescent health services received any training on the provision of adolescent health services in the last two years?	YES ..... 1 NO ..... 2	
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>			


Number	Question	Result	Skip
<b>D. COMMUNICABLE DISEASES</b>			
<b>HIV COUNSELLING &amp; TESTING</b>			
1400	CHECK Q100_08: HIV COUNSELLING AND TESTING SERVICES OFFERED 	HIV COUNSELLING AND TESTING SERVICES NOT OFFERED 	Q1500
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV COUNSELLING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELLING AND TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>			
1401	When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, which of the following procedures are followed? In other words, what are the possible options for the client to receive the test?	<b>YES</b>	<b>NO</b>
01	HIV rapid test in this service site	1	2
02	Blood drawn here, sent to lab	1	2
03	Client sent to other site in facility	1	2
04	Client sent to lab in facility	1	2
05	Client sent to external site	1	2
06	Blood drawn here sent to external site	1	2
1402	Do you have the national HIV counselling and testing guidelines available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
1403	Have you or any provider(s) of HIV/AIDS counselling and testing received any training in voluntary counselling and testing (VCT) in the last two years?	YES ..... 1 NO ..... 2	
1404	Have you or any provider(s) of HIV counselling and testing services received any training in HIV/AIDS prevention, care, and management for adolescents in the last two years?	YES ..... 1 NO ..... 2	
1405	Does this facility provide HIV counselling and testing services to minor adolescents?	YES ..... 1 NO ..... 2	
1406	Is the HIV testing and counselling service room or area a private room/area with auditory and visual privacy? <b>OBSERVE THE ROOM.</b>	AUDITORY PRIVACY ONLY ..... 1 VISUAL PRIVACY ONLY ..... 2 BOTH AUDITORY AND VISUAL PRIVACY . 3 NO PRIVACY ..... 4	
	CHECK Q1401_01: HIV RAPID TESTING IN SERVICE SITE 	NO HIV RAPID TESTING IN SERVICE SITE 	Q1408

Number	Question	Result						Skip
1407	I would like to know if the following equipment items for rapid HIV testing are available and functional today or not available or not functioning today in this service site. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	HIV rapid test (with valid expiration date)	1 1408	2 1408	3 1408				
1408	Do you have condoms available in this service site to give to clients receiving services? <b>IF YES, ASK TO SEE CONDOMS.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3						
1409	ASK IF THE FOLLOWING INFECTION CONTROL ITEMS LISTED BELOW ARE EITHER IN THE ROOM OR AREA WHERE THE SERVICE IS PROVIDED OR IN AN ADJACENT ROOM.  IF THE SAME ROOM/AREA HAS ALREADY BEEN OBSERVED, INDICATE WHERE THE DATA IS RECORDED.	GENERAL INFORMATION [Q600] ..... 1 SURGERY [Q2109] ..... 3 NOT PREVIOUSLY SEEN ..... 4						➔1500 ➔1500
1410	I am interested in knowing if the following resources/supplies used for infection control are available in this service area. For each resource or supply, please tell me if it is available today or not available today. <b>ASK TO SEE THE ITEMS.</b>	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE				
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3				
02	Hand-washing soap/liquid soap	1	2	3				
03	Alcohol based hand rub	1	2	3				
04	Disposable latex gloves	1	2	3				
05	Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3				
06	Sharps container ("safety box")	1	2	3				
07	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3				
08	Gowns	1	2	3				
09	Eye protection (goggles, face shields)	1	2	3				
10	Medical (surgical or procedural) masks	1	2	3				
11	Disposable syringes with disposable needles	1	2	3				
12	Auto-disable syringes	1	2	3				
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>								



Number	Question	Result	Skip																																																																																																																			
<b>HIV TREATMENT</b>																																																																																																																						
1500	CHECK Q100_09: HIV TREATMENT SERVICES OFFERED 	HIV TREATMENT SERVICES NOT OFFERED 	Q1600																																																																																																																			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.																																																																																																																						
1501	Do providers in this facility prescribe ART?	YES ..... 1 NO ..... 2																																																																																																																				
1502	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES ..... 1 NO ..... 2																																																																																																																				
1503	Do you have the national ART guidelines available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																																																																																																																				
1504	Have you or any provider(s) of ART received any training in ART prescription and management in the last two years?	YES ..... 1 NO ..... 2																																																																																																																				
1505	Does this facility stock any antiretroviral medicines or protease inhibitors for the treatment of HIV/AIDS in this service site?	YES ..... 1 NO ..... 2	➔ 1600																																																																																																																			
1506	Are any of the following <b>ARVs</b> and <b>protease inhibitors</b> available today in this facility? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1"> <thead> <tr> <th colspan="2">OBSERVED AVAILABLE</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE VALID</th><th>AVAILABLE NON VALID</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> <tbody> <tr><td>01</td><td>Zidovudine (ZDV, AZT)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>02</td><td>Zidovudine (ZDV, AZT) syrup</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>03</td><td>Abacavir (ABC)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>04</td><td>Didanosine (DDI)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>05</td><td>Lamivudine (3TC)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>06</td><td>Lamivudine (3TC) syrup</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>07</td><td>Stavudine 30 or 40 (D4T)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>08</td><td>Stavudine syrup</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>09</td><td>Tenofovir Disoproxil Fumarate (TDF)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>10</td><td>Nevirapine (NVP)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>11</td><td>Nevirapine (NVP) syrup</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>12</td><td>Efavirenz (EFV)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>13</td><td>Efavirenz (EFV) syrup</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>14</td><td>Emtricitabine (FTC)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>15</td><td>Delavirdine (DLV)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	OBSERVED AVAILABLE		NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	01	Zidovudine (ZDV, AZT)	1	2	3	4	5	02	Zidovudine (ZDV, AZT) syrup	1	2	3	4	5	03	Abacavir (ABC)	1	2	3	4	5	04	Didanosine (DDI)	1	2	3	4	5	05	Lamivudine (3TC)	1	2	3	4	5	06	Lamivudine (3TC) syrup	1	2	3	4	5	07	Stavudine 30 or 40 (D4T)	1	2	3	4	5	08	Stavudine syrup	1	2	3	4	5	09	Tenofovir Disoproxil Fumarate (TDF)	1	2	3	4	5	10	Nevirapine (NVP)	1	2	3	4	5	11	Nevirapine (NVP) syrup	1	2	3	4	5	12	Efavirenz (EFV)	1	2	3	4	5	13	Efavirenz (EFV) syrup	1	2	3	4	5	14	Emtricitabine (FTC)	1	2	3	4	5	15	Delavirdine (DLV)	1	2	3	4	5	
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15	Delavirdine (DLV)	1	2	3	4	5																																																																																																																



Number	Question	Result				Skip
16	Enfuvirtide (T-20)	1	2	3	4	5
17	Lamivudine + Abacavir (3TC + ABC)	1	2	3	4	5
18	Stavudine + Lamivudine (D4T + 3TC)	1	2	3	4	5
19	Stavudine + Lamivudine + Nevirapine (D4T + 3TC + NVP)	1	2	3	4	5
20	Zidovudine + Lamivudine (AZT + 3TC)	1	2	3	4	5
21	Zidovudine + Lamivudine + Abacavir (AZT + 3TC + ABC)	1	2	3	4	5
22	Zidovudine + Lamivudine + Nevirapine (AZT + 3TC + NVP)	1	2	3	4	5
23	Tenofovir + Emtricitabine (TDF + FTC)	1	2	3	4	5
24	Tenofovir + Lamivudine (TDF + 3TC)	1	2	3	4	5
25	Tenofovir + Lamivudine + Efavirenz (TDF + 3TC + EFV)	1	2	3	4	5
26	Tenofovir + Emtricitabine + Efavirenz (TDF + FTC + EFV)	1	2	3	4	5
27	Lopinavir (LPV)	1	2	3	4	5
28	Indinavir (IDV)	1	2	3	4	5
29	Nelfinavir (NFV)	1	2	3	4	5
30	Saquinavir (SQV)	1	2	3	4	5
31	Ritonavir (RTV)	1	2	3	4	5
32	Atazanavir (ATV)	1	2	3	4	5
33	Fosamprenavir (FPV)	1	2	3	4	5
34	Tipranavir (TPV)	1	2	3	4	5
35	Darunavir (DRV)	1	2	3	4	5
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.						

Number	Question	Result	Skip
<b>HIV CARE AND SUPPORT</b>			
1600	CHECK Q100_10: HIV CARE AND SUPPORT SERVICES OFFERED 	HIV CARE AND SUPPORT SERVICES NOT OFFERED 	Q1700
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>			
1601	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	YES	NO
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2
02	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients?	1	2
03	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2
04	Provide treatment for Kaposi's sarcoma?	1	2
05	Provide nutritional rehabilitation services? e.g., client education and provision of nutritional supplements?	1	2
06	Prescribe or provide fortified protein supplementation (FPS)?	1	2
07	Care for paediatric HIV/AIDS patients?	1	2
08	Prescribe or provide preventive treatment for TB (INH + Pyridoxine)?	1	2
09	Primary preventive treatment for opportunistic infections, such as co-trimoxazole preventive treatment (CPT)?	1	2
10	Provide or prescribe micronutrient supplementation, such as vitamins or iron?	1	2
11	Family planning counselling?	1	2
12	Provide condoms for preventing further transmission of HIV?	1	2
1602	Do providers in this facility screen or test HIV clients for TB or have a system for diagnosis of TB among HIV positive clients? <b>IF YES, ASK TO SEE A REGISTER OR RECORD OF HIV-POSITIVE CLIENTS TESTED FOR TB.</b>	YES, REGISTER OBSERVED ..... 1 YES, REGISTER REPORTED NOT SEEN ..... 2 YES, REGISTER NOT MAINTAINED ..... 3 NO SYSTEM ..... 4	



Number	Question	Result	Skip																																																																		
1603	Do you have the national guidelines for the clinical management of HIV/AIDS available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																																																																			
1604	Do you have any guidelines for palliative care available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																																																																			
1605	Have you or any provider(s) of HIV care and support services received any training in the clinical management of HIV/AIDS in the last two years?	YES ..... 1 NO ..... 2																																																																			
1606	Do you have condoms available in this service site to give to clients receiving services? IF YES, ASK TO SEE CONDOMS.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																																																																			
1607	Does this facility stock any medicines for HIV care and support in this service site?	YES ..... 1 NO ..... 2	→1609																																																																		
1608	Are any of the following medicines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1"> <thead> <tr> <th colspan="2">OBSERVED AVAILABLE</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE VALID</th><th>AVAILABLE NON VALID</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> <tbody> <tr> <td>01</td><td>IV treatment for fungal infections</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>02</td><td>Co-trimoxazole cap/tab</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>03</td><td>Pain management medication (e.g. codeine, demerol, diclofenac)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>04</td><td>IV solution with infusion set</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	OBSERVED AVAILABLE		NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	01	IV treatment for fungal infections	1	2	3	4	5	02	Co-trimoxazole cap/tab	1	2	3	4	5	03	Pain management medication (e.g. codeine, demerol, diclofenac)	1	2	3	4	5	04	IV solution with infusion set	1	2	3	4	5																													
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04	IV solution with infusion set	1	2	3	4	5																																																															
1609	Does this facility stock any medicines for TB in this service site?	YES ..... 1 NO ..... 2	→1700																																																																		
1610	Are any of the following medicines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1"> <thead> <tr> <th colspan="2">OBSERVED AVAILABLE</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE VALID</th><th>AVAILABLE NON VALID</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> <tbody> <tr> <td>01</td><td>Ethambutol</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>02</td><td>Isoniazid</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>03</td><td>Pyrazinamide</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>04</td><td>Rifampicin</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>05</td><td>Isoniazid + Rifampicin (2FDC)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>06</td><td>Isoniazid + Ethambutol (EH) (2FDC)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>07</td><td>Isoniazid + Rifampicin + Pyrazinamide (RHZ) (3FDC)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>08</td><td>Isoniazid + Rifampicin + Ethambutol (RHE) (3FDC)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	OBSERVED AVAILABLE		NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	01	Ethambutol	1	2	3	4	5	02	Isoniazid	1	2	3	4	5	03	Pyrazinamide	1	2	3	4	5	04	Rifampicin	1	2	3	4	5	05	Isoniazid + Rifampicin (2FDC)	1	2	3	4	5	06	Isoniazid + Ethambutol (EH) (2FDC)	1	2	3	4	5	07	Isoniazid + Rifampicin + Pyrazinamide (RHZ) (3FDC)	1	2	3	4	5	08	Isoniazid + Rifampicin + Ethambutol (RHE) (3FDC)	1	2	3	4	5	
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Number	Question	Result				Skip
09	Isoniazid + Rifampicin + Pyrazinamide + Ethambutol (4FDC)	1	2	3	4	5
10	Streptomycin Injectable	1	2	3	4	5
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.						

DRAFT

Number	Question	Result	Skip																															
<b>SEXUALLY TRANSMITTED INFECTIONS</b>																																		
1700	CHECK Q100_11: STI SERVICES OFFERED 	STI SERVICES NOT OFFERED 	Q1800																															
<b>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.</b>																																		
1701	Do providers in this facility diagnose STIs?	YES ..... 1 NO ..... 2																																
1702	Do providers in this facility prescribe treatment for STIs?	YES ..... 1 NO ..... 2																																
1703	Are STI clients seen by this service routinely referred for HIV counselling and testing, or are they referred only if they are suspected to be infected with HIV?	YES, ROUTINELY ..... 1 REFERRED ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED ..... 2 NEVER REFER ..... 3																																
1704	Do you have the national guidelines for the diagnosis and treatment of STIs available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																																
1705	Have you or any provider(s) of STI services received any training in STI diagnosis and treatment in the last two years?	YES ..... 1 NO ..... 2																																
1706	Do you have condoms available in this service site to give to clients receiving services? IF YES, ASK TO SEE CONDOMS.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																																
1707	Does this facility stock any medicines for STI treatment in this service site?	YES ..... 1 NO ..... 2	→ 1709																															
1708	Are any of the following medicines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1"> <thead> <tr> <th colspan="2">OBSERVED AVAILABLE</th> <th colspan="3">NOT OBSERVED</th> </tr> <tr> <th>AT LEAST ONE VALID</th> <th>AVAILABLE NON VALID</th> <th>REPORTED AVAILABLE BUT NOT SEEN</th> <th>NOT AVAILABLE TODAY</th> <th>NEVER AVAILABLE</th> </tr> </thead> <tbody> <tr> <td>01</td><td>Metronidazole cap/tab</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>02</td><td>Ciprofloxacin cap/tab</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>03</td><td>Ceftriaxone injection</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </tbody> </table>	OBSERVED AVAILABLE		NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	01	Metronidazole cap/tab	1	2	3	4	5	02	Ciprofloxacin cap/tab	1	2	3	4	5	03	Ceftriaxone injection	1	2	3	4	5	
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02	Ciprofloxacin cap/tab	1	2	3	4	5																												
03	Ceftriaxone injection	1	2	3	4	5																												
1709	Does this facility offer rapid syphilis testing in this service site?	YES ..... 1 NO ..... 2	→ 1800																															



Number	Question	Result						Skip
1710	I would like to know if the following equipment items for rapid syphilis testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Syphilis rapid test kit (with valid expiration date)	1 1800	2 1800	3 1800				
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.								

Number	Question	Result	Skip
<b>TUBERCULOSIS</b>			
1800	CHECK Q100_12: TB SERVICES OFFERED 	TB SERVICES NOT OFFERED 	Q1900
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TUBERCULOSIS SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT TUBERCULOSIS SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>			
1801	Do providers in this facility diagnose TB?	YES ..... 1 NO ..... 2	→1803
1802	What is the most common method used by providers in this facility for diagnosing TB? <b>PROBE TO DETERMINE METHOD USED.</b>	SPUTUM SMEAR ONLY ..... 1 X-RAY ONLY ..... 2 EITHER SPUTUM OR X-RAY ..... 3 BOTH SPUTUM AND X-RAY ..... 4 CLINICAL SYMPTOMS ONLY ..... 5	
1803	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES ..... 1 NO ..... 2	→1805
1804	What treatment strategy is followed by providers in this facility for <i>newly diagnosed</i> TB? <b>PROBE TO ARRIVE AT CORRECT RESPONSE.</b>	DIRECT OBSERVE 2M, FU 4M ..... 1 DIRECT OBSERVE 6M ..... 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE ..... 3 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP ..... 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERV PHASE ..... 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP ..... 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE ..... 7	
1805	Do providers in this facility screen or test TB clients for HIV or have a system for diagnosis of HIV among TB clients? <b>IF YES, ASK TO SEE A REGISTER OR RECORD OF TB CLIENTS TESTED FOR HIV.</b>	YES, REGISTER OBSERVED ..... 1 YES, REGISTER REPORTED NOT SEEN ..... 2 YES, REGISTER NOT MAINTAINED ..... 3 NO SYSTEM ..... 4	
1806	Does this facility offer HIV rapid diagnostic testing in this service site?	YES ..... 1 NO ..... 2	→1808





Number	Question	Result					Skip
1807	I would like to know if the following equipment items for rapid HIV testing are available and functional today or not available or not functioning today in this service site. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	HIV rapid test (with valid expiration date)	1 1808	2 1808	3 1808			
1808	Do you have the national guidelines for the diagnosis and treatment of TB available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
1809	Do you have any guidelines for the management of HIV and TB co-infection available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
1810	Do you have any guidelines related to MDR-TB treatment available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
1811	Do you have any guidelines related to TB infection control available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					
1812	Have you or any provider(s) of TB services received any training in the TB diagnosis and treatment in the last two years?	YES ..... 1 NO ..... 2					
1813	Have you or any provider(s) of TB services received any training in management of HIV and TB co-infection in the last two years?	YES ..... 1 NO ..... 2					
1814	Have you or any provider(s) of TB services received any training in MDR-TB treatment or identification of need for referral in the last two years?	YES ..... 1 NO ..... 2					
1815	Have you or any provider(s) of TB services received any training in TB infection control in the last two years?	YES ..... 1 NO ..... 2					
1816	Does this facility stock any medicines for TB treatment in this service site?	YES ..... 1 NO ..... 2					➔1900
1817	Are any of the following medicines available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
01	Ethambutol	1	2	3	4	5	
02	Isoniazid	1	2	3	4	5	
03	Pyrazinamide	1	2	3	4	5	
04	Rifampicin	1	2	3	4	5	

Number	Question	Result				Skip
05	Isoniazid + Rifampicin (2FDC)	1	2	3	4	5
06	Isoniazid + Ethambutol (EH) (2FDC)	1	2	3	4	5
07	Isoniazid + Rifampicin + Pyrazinamide (RHZ) (3FDC)	1	2	3	4	5
08	Isoniazid + Rifampicin + Ethambutol (RHE) (3FDC)	1	2	3	4	5
09	Isoniazid + Rifampicin + Pyrazinamide + Ethambutol (4FDC)	1	2	3	4	5
10	Streptomycin Injectable	1	2	3	4	5
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



Number	Question	Result	Skip																		
<b>MALARIA</b>																					
1900	CHECK Q100_13: MALARIA SERVICES OFFERED 	MALARIA SERVICES NOT OFFERED 	Q2000																		
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE 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.</b>																					
1901	Do providers in this facility diagnose malaria?	YES ..... 1 NO ..... 2	→ 1904																		
1902	Do providers in this facility use blood tests (blood smears or RDTs) to verify the diagnosis of malaria?  IF YES, ASK: Is this done always or only sometimes?	YES, ALWAYS ..... 1 YES, SOMETIMES ..... 2 NO ..... 3	→ 1904																		
1903	I would like to know if the following equipment items for malaria RDTs are available and functional today or not available or not functioning today in this service site. <b>ASK TO SEE THE ITEMS.</b>	<table border="1"> <thead> <tr> <th colspan="3">A) AVAILABLE</th><th colspan="3">B) FUNCTIONING</th></tr> <tr> <th>OBSERVED</th><th>REPORTED NOT SEEN</th><th>NOT AVAILABLE</th><th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> <tbody> <tr> <td>1 1904 ←</td><td>2 1904 ←</td><td>3 1904 ←</td><td></td><td></td><td></td></tr> </tbody> </table>	A) AVAILABLE			B) FUNCTIONING			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	1 1904 ←	2 1904 ←	3 1904 ←				
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OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW																
1 1904 ←	2 1904 ←	3 1904 ←																			
01	Malaria rapid diagnostic kit (with valid expiration date)																				
1904	Do providers in this facility prescribe treatment for malaria?	YES ..... 1 NO ..... 2																			
1905	Do you have the national guidelines for the diagnosis and treatment of malaria available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																			
1906	Have you or any provider(s) of malaria services received any training in malaria diagnosis and treatment in the last two years?	YES ..... 1 NO ..... 2																			
1907	Does this facility stock any medicines or commodities for malaria in this service site, including ITNs?	YES ..... 1 NO ..... 2	→ 2000																		
1908	Are any of the following medicines and commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<table border="1"> <thead> <tr> <th colspan="2">OBSERVED AVAILABLE</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE VALID</th><th>AVAILABLE NON VALID</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	OBSERVED AVAILABLE		NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	1	2	3	4	5				
OBSERVED AVAILABLE		NOT OBSERVED																			
AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE																	
1	2	3	4	5																	
01	ACT (Artemether + Lumefantrine)																				
02	Artemisinin not as combination therapy																				
03	SP (Sulfadoxine + Pyrimethamine)																				
04	Quinine oral or injectable																				



Number	Question	Result				Skip
05	Paracetamol cap/tab (adult oral formulation)	1	2	3	4	5
06	Other antimalarial drugs oral or injectable	1	2	3	4	5
07	Insecticide treated bednets for patients and their families and households	1	2	3	4	5
08	Insecticide treated bednet vouchers for patients and their families and households	1	2	3	4	5
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.						

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

Number	Question	Result	Skip
<b>E. NON-COMMUNICABLE DISEASES</b>			
2000	CHECK Q100_14: NCD SERVICES OFFERED 	NCD SERVICES NOT OFFERED 	Q2100
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NON-COMMUNICABLE DISEASE 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>			
2001	Do providers in this facility diagnose and/or manage diabetes in patients?	YES ..... 1 NO ..... 2	→ 2004
2002	Do you have the national guidelines for the diagnosis and management of diabetes available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
2003	Have you or any provider(s) of diabetes services received any training in the diagnosis and management of diabetes in the last two years?	YES ..... 1 NO ..... 2	
2004	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES ..... 1 NO ..... 2	→ 2007
2005	Do you have the national guidelines for the diagnosis and management of cardiovascular diseases available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
2006	Have you or any provider(s) of services for cardiovascular diseases received any training in the diagnosis and management of cardiovascular diseases in the last two years?	YES ..... 1 NO ..... 2	
2007	Do providers in this facility diagnose and/or manage chronic respiratory diseases in patients?	YES ..... 1 NO ..... 2	→ 2010
2008	Do you have the national guidelines for the diagnosis and management of chronic respiratory disease available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
2009	Have you or any provider(s) of chronic respiratory disease services received any training in the diagnosis and management of chronic respiratory diseases in the last two years?	YES ..... 1 NO ..... 2	

Number	Question	Result					Skip
<b>2010</b>	I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b>	Measuring tape-height board/stadiometre	1 → b	2 → b	3 02 ↙	1	2	8
<b>02</b>	Peak flow meters	1 → b	2 → b	3 03 ↙	1	2	8
<b>03</b>	Spacers for inhalers	1 → b	2 → b	3 04 ↙	1	2	8
<b>04</b>	Adult weighing scale	1 → b	2 → b	3 05 ↙	1	2	8
<b>05</b>	Stethoscope	1 → b	2 → b	3 06 ↙	1	2	8
<b>06</b>	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 → b	2 → b	3 2011 ↙	1	2	8
<b>2011</b>	Does this facility stock any medicines for non-communicable diseases in this service site?	YES ..... 1 NO ..... 2					→ 2100
<b>2012</b>	Are any of the following commodities available in this service site today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
<b>01</b>	Metformin cap/tab	1	2	3	4	5	
<b>02</b>	Glibenclamide cap/tab	1	2	3	4	5	
<b>03</b>	Insulin injection	1	2	3	4	5	
<b>04</b>	Glucose injectable solution	1	2	3	4	5	
<b>05</b>	ACE inhibitors (e.g. enalapril)	1	2	3	4	5	
<b>06</b>	Thiazides	1	2	3	4	5	
<b>07</b>	Beta blockers (e.g. atenolol)	1	2	3	4	5	
<b>08</b>	Calcium channel blockers (e.g. amlodipine)	1	2	3	4	5	
<b>09</b>	Aspirin cap/tab	1	2	3	4	5	
<b>10</b>	Salbutamol inhaler	1	2	3	4	5	
<b>11</b>	Beclomethasone inhaler	1	2	3	4	5	
<b>12</b>	Prednisolone cap/tab	1	2	3	4	5	
<b>13</b>	Hydrocortisone cap/tab	1	2	3	4	5	
<b>14</b>	Epinephrine injection	1	2	3	4	5	
<b>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</b>							

Number	Question	Result		Skip
<b>F. SURGERY</b>				
<b>SURGICAL SERVICES</b>				
<b>2100</b>	CHECK Q100_15 OR Q1002_08: ANY SURGICAL SERVICES OFFERED INCLUDING CESAREAN SECTION 	SURGICAL SERVICES NOT OFFERED 		Q2200
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE SURGICAL SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
<b>2101</b>	Please tell me if providers in this facility provide the following services:	<b>YES</b>	<b>NO</b>	
<b>01</b>	Incision and drainage of abscesses	1	2	
<b>02</b>	Wound debridement	1	2	
<b>03</b>	Acute burn management	1	2	
<b>04</b>	Suturing	1	2	
<b>05</b>	Closed treatment of fracture	1	2	
<b>06</b>	Cricothyroidotomy	1	2	
<b>07</b>	Male circumcision	1	2	
<b>08</b>	Hydrocele reduction	1	2	
<b>09</b>	Chest tube insertion	1	2	
	CHECK Q007: IF HOSPITAL: 	IF NOT HOSPITAL: 		Q2102
<b>10</b>	Tracheostomy	1	2	
<b>11</b>	Tubal ligation	1	2	
<b>12</b>	Vasectomy	1	2	
<b>13</b>	Dilatation & Curettage	1	2	
<b>14</b>	Obstetric fistula repair	1	2	
<b>15</b>	Episiotomy, cervical and vaginal laceration	1	2	
<b>16</b>	Appendectomy	1	2	
<b>17</b>	Hernia repair (strangulated, elective)	1	2	
<b>18</b>	Cystostomy	1	2	
<b>19</b>	Urethral stricture dilatation	1	2	
<b>20</b>	Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, intestinal obstruction, perforation, injuries)	1	2	
<b>21</b>	Congenital hernia repair	1	2	
<b>22</b>	Neonatal surgery (abdominal wall defect, colostomy imperforate anus, intussusceptions)	1	2	

Number	Question	Result			Skip		
23	Cleft lip repair	1	2				
24	Contracture release	1	2				
25	Skin grafting	1	2				
26	Open treatment of fracture	1	2				
27	Amputation	1	2				
28	Cataract surgery	1	2				
2102	I would like to know if the following equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Self-inflating bag and mask- adult	1 → b	2 → b	3 02 ↩	1	2	8
02	Self-inflating bag and mask- paediatric	1 → b	2 → b	3 03 ↩	1	2	8
03	Needle holder	1 → b	2 → b	3 04 ↩	1	2	8
04	Scalpel handle with blade	1 → b	2 → b	3 05 ↩	1	2	8
05	Retractor	1 → b	2 → b	3 06 ↩	1	2	8
06	Surgical scissors	1 → b	2 → b	3 07 ↩	1	2	8
07	Nasogastric tube (10-16G)	1 → b	2 → b	3 08 ↩	1	2	8
08	Tourniquet	1 → b	2 → b	3 09 ↩	1	2	8
09	Suction apparatus (manual or electric sucker)	1 → b	2 → b	3 10 ↩	1	2	8
10	CHECK Q007 AND Q1002_08: IF HOSPITAL OR HEALTH FACILITY OFFERS CESAREAN SECTION: 	IF NOT HOSPITAL AND CESAREAN SECTION NOT OFFERED: 					Q2103
11	Oropharyngeal airway- adult	1 → b	2 → b	3 12 ↩	1	2	8
12	Oropharyngeal airway- paediatric	1 → b	2 → b	3 13 ↩	1	2	8
13	Magills forceps- adult	1 → b	2 → b	3 14 ↩	1	2	8
14	Magills forceps- paediatric	1 → b	2 → b	3 15 ↩	1	2	8








Number	Question	Result					Skip
15	Endotracheal tube- uncuffed sizes 3.0 to 5.0	1 → b	2 → b	3 16 ↙	1	2	8
16	Endotracheal tube- cuffed sizes 5.5 to 9.0	1 → b	2 → b	3 17 ↙	1	2	8
17	Laryngoscope handle and blade- adult	1 → b	2 → b	3 18 ↙	1	2	8
18	Laryngoscope handle and blade- paediatric	1 → b	2 → b	3 19 ↙	1	2	8
19	Anaesthesia machine	1 → b	2 → b	3 20 ↙	1	2	8
20	Tubings and connectors (to connect endotracheal tube)	1 → b	2 → b	3 21 ↙	1	2	8
21	Stylet	1 → b	2 → b	3 22 ↙	1	2	8
22	Spinal needle	1 → b	2 → b	3 2103 ↙	1	2	8
2103	Please tell me if any of the following materials or medicines are available in this service site today. I would like to see those that are available. <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>			<b>NOT OBSERVED</b>		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
01	Absorbable suture material	1	2	3	4	5	
02	Non-absorbable suture material	1	2	3	4	5	
03	Skin disinfectant	1	2	3	4	5	
04	Ketamine (injection)	1	2	3	4	5	
05	Lidocaine 1% or 2% (anesthesia)	1	2	3	4	5	
	CHECK Q007 AND Q1002_08: IF HOSPITAL OR HEALTH FACILITY OFFERS CESAREAN SECTION: 	IF NOT HOSPITAL AND CESAREAN SECTION NOT OFFERED: 					Q2104
06	Thiopental (powder)	1	2	3	4	5	
07	Suxamethonium bromide (powder)	1	2	3	4	5	
08	Atropine (injection)	1	2	3	4	5	
09	Diazepam (injection)	1	2	3	4	5	
10	Halothane (inhalation)	1	2	3	4	5	
11	Bupivacaine (injection)	1	2	3	4	5	
12	Lidocaine 5% (heavy spinal solution)	1	2	3	4	5	
13	Epinephrine (injection)	1	2	3	4	5	
14	Ephedrine (injection)	1	2	3	4	5	

Number	Question	Result			Skip
2104	Do you have guidelines on Integrated management of emergency and essential surgical care (IMEESC) available in this facility today? <b>IF YES, ASK TO SEE THE GUIDELINES.</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3			
2105	Have you or any provider(s) of basic surgical services received any training in IMEESC in the last two years?	YES ..... 1 NO ..... 2			
2106	Does this facility have a staff member trained in surgery (clinical officer, general physician, or surgeon) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2			
2107	Does this facility have a staff member trained in anesthesia (nurse, clinical officer, general physician, surgeon, or anaesthesiologist) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2			
2108	ASK IF THE FOLLOWING INFECTION CONTROL ITEMS LISTED BELOW ARE EITHER IN THE ROOM OR AREA WHERE THE SERVICE IS PROVIDED OR IN AN ADJACENT ROOM.  <b>IF THE SAME ROOM/AREA HAS ALREADY BEEN OBSERVED, INDICATE WHERE THE DATA IS RECORDED.</b>	GENERAL INFORMATION [Q600] ..... 1 HIV COUNSELLING AND TESTING [Q1409] .... 2 NOT PREVIOUSLY SEEN ..... 4			→ 2200 → 2200
2109	I am interested in knowing if the following resources/supplies used for infection control are available in this service area. For each resource or supply, please tell me if it is available today or not available today. <b>ASK TO SEE THE ITEMS.</b>	<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>	
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
02	Hand-washing soap/liquid soap	1	2	3	
03	Alcohol based hand rub	1	2	3	
04	Disposable latex gloves	1	2	3	
05	Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3	
06	Sharps container ("safety box")	1	2	3	
07	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3	
08	Gowns	1	2	3	
09	Eye protection (goggles, face shields)	1	2	3	
10	Medical (surgical or procedural) masks	1	2	3	
11	Disposable syringes with disposable needles	1	2	3	
12	Auto-disable syringes	1	2	3	

Number	Question	Result	Skip
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			



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Number	Question	Result	Skip																		
<b>BLOOD TRANSFUSION</b>																					
2200	CHECK Q100_16 OR Q1002_09: BLOOD TRANSFUSION SERVICES OFFERED 	BLOOD TRANSFUSION SERVICES NOT OFFERED 	Q3000																		
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.																					
2201	Which of the following types of blood donors does this facility use?	YES	NO																		
01	Replacement	1	2																		
02	Paid	1	2																		
03	Voluntary	1	2																		
2202	Have there been any interruptions in blood availability during the past 3 months?	YES ..... 1 NO ..... 2																			
2203	Does this facility obtain blood from a national or regional blood centre?	YES ..... 1 NO ..... 2																			
2204	Does this facility obtain ANY blood from sources other than the national or regional blood centre?	YES ..... 1 NO ..... 2																			
2205	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES ..... 1 NO ..... 2	→ 2207																		
2206	Is the blood that is transfused in the facility screened for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?	ALWAYS    SOMETIMES    RARELY    NEVER																			
01	HIV	1    2    3    4																			
02	Syphilis	1    2    3    4																			
03	Hepatitis B	1    2    3    4																			
04	Hepatitis C	1    2    3    4																			
2207	Is there a refrigerator available for blood storage in this service area? IF YES, PLEASE ASK TO SEE REFRIGERATOR.	<table border="1"> <thead> <tr> <th colspan="3">A) AVAILABLE</th> <th colspan="3">B) FUNCTIONING</th> </tr> <tr> <th>OBSERVED</th> <th>REPORTED NOT SEEN</th> <th>NOT AVAILABLE</th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>1 → b</td> <td>2 → b</td> <td>3 2208 </td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>	A) AVAILABLE			B) FUNCTIONING			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	1 → b	2 → b	3 2208 	1	2	8	
A) AVAILABLE			B) FUNCTIONING																		
OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW																
1 → b	2 → b	3 2208 	1	2	8																
2208	Do you have any guidelines on the appropriate use of blood and safe transfusion practices? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3																			

Number	Question	Result	Skip
2209	Have any provider(s) of blood transfusion services received any training in the appropriate use of blood and safe transfusion practices in the last two years?	YES ..... 1 NO ..... 2	
<b>THANK YOUR RESPONDENT AND EXPLAIN TO HIM/HER THAT YOU HAVE QUESTIONS PERTAINING TO DIAGNOSTIC SERVICES OFFERED IN THE FACILITY. ASK TO BE SHOWN THE PERSON MOST KNOWLEDGEABLE ABOUT DIAGNOSTIC SERVICES.</b>			

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

Number	Question	Result	Skip																								
<b>SECTION 6: DIAGNOSTICS</b>																											
3000	CHECK Q100_17: DIAGNOSTIC SERVICES INCLUDING RDTs OFFERED	DIAGNOSTIC SERVICES INCLUDING RDTs NOT OFFERED	Q4000																								
<p><b>ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY, THEN ASK THE FOLLOWING QUESTIONS.</b></p> <p><b>I would like to know if the following diagnostic tests are available today in this facility. I would also like to observe the equipment that is available for these tests. If any of the diagnostic tests I mention is conducted in another location in the facility, please tell me where in the facility it is conducted so I can go there to verify.</b></p>																											
<b>CLINICAL CHEMISTRY</b>																											
3001	Does this facility do blood glucose tests using a glucometer?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3	→ 3003 → 3003																								
3002	I would like to know if the following equipment items for glucose testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<table border="1"> <thead> <tr> <th colspan="3">A) AVAILABLE</th> <th colspan="3">B) FUNCTIONING</th> </tr> <tr> <th>OBSERVED</th> <th>REPORTED NOT SEEN</th> <th>NOT AVAILABLE</th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>1 → b</td> <td>2 → b</td> <td>3 02</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1 3003</td> <td>2 3003</td> <td>3 3003</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	A) AVAILABLE			B) FUNCTIONING			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	1 → b	2 → b	3 02	1	2	8	1 3003	2 3003	3 3003				
A) AVAILABLE			B) FUNCTIONING																								
OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW																						
1 → b	2 → b	3 02	1	2	8																						
1 3003	2 3003	3 3003																									
01	Glucometer																										
02	Glucometer test strips (with valid expiration date)																										
3003	Does this facility do urine chemical testing using dipsticks?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3	→ 3008 → 3008																								
3004	Does this facility do urine protein dipstick tests?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3																									
3005	Does this facility do urine glucose dipstick tests?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3																									
3006	Does this facility do urine ketone dipstick tests?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3																									

Number	Question	Result						Skip
3007	I would like to know if the following equipment items for urine dipstick testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Dipsticks for urine protein (with valid expiration date)	1 02 ↩	2 02 ↩	3 02 ↩				
02	Dipsticks for urine glucose (with valid expiration date)	1 03 ↩	2 03 ↩	3 03 ↩				
03	Dipsticks for urine ketones (with valid expiration date)	1 3008 ↩	2 3008 ↩	3 3008 ↩				
3008	Does this facility do urine rapid tests for pregnancy?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3					→ 3010 → 3010	
3009	I would like to know if the following equipment items for urine pregnancy testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Urine pregnancy test kit	1 3010 ↩	2 3010 ↩	3 3010 ↩				
3010	Does this facility do ALT or creatinine testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
3011	Does this facility do liver function tests?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
3012	Does this facility do renal function tests?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
3013	Does this facility do serum electrolyte testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
	CHECK Q3010 - Q3013 liver function/renal function/serum electrolytes: IF "YES, ONSITE" CIRCLED FOR ANY TEST 	IF ONLY "YES, OFFSITE" OR "NO" ARE CIRCLED 					Q3015	

Number	Question	Result						Skip
3014	I would like to know if the following equipment items and reagents for liver and kidney function testing and serum electrolyte testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Blood chemistry analyzer	1 → b	2 → b	3 02 ↩	1	2	8	
02	Centrifuge	1 → b	2 → b	3 03 ↩	1	2	8	
03	Specific assay kit- liver function test	1 04 ↩	2 04 ↩	3 04 ↩				
04	Specific assay kit- renal function test	1 05 ↩	2 05 ↩	3 05 ↩				
05	Specific assay kit- serum electrolyte test	1 3015 ↩	2 3015 ↩	3 3015 ↩				
3015	CHECK Q007: <div>IF HOSPITAL: ↩</div>	IF NOT HOSPITAL: ↗						Q3100
3016	Does this facility do urine dipstick with microscopy testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→ 3100 → 3100
3017	I would like to know if the following reagents for urine dipstick microscopy testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Urinalysis strips	1 3100 ↩	2 3100 ↩	3 3100 ↩				
<b>HEMATOLOGY</b>								
3100	Does this facility do haemoglobin testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→ 3102 → 3102
3101	I would like to know if the following equipment items for haemoglobin testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Colorimeter or haemoglobinometer	1 → b	2 → b	3 02 ↩	1	2	8	
02	HemoCue	1 → b	2 → b	3 3102 ↩	1	2	8	



Number	Question	Result						Skip
3102	Does this facility do full blood count and differential testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3104 →3104
3103	I would like to know if the following equipment items and reagents for full blood count testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Haematology analyzer (for total lymphocyte count, full blood count, platelet count)	1 → b	2 → b	3 02 ↙	1	2	8	
02	Stains for full blood count and differential	1 3104 ↙	2 3104 ↙	3 3104 ↙				
3104	Does this facility do CD4 count (absolute and percentage) testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3200 →3200
3105	I would like to know if the following equipment items for CD4 testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	CD4 counter	1 → b	2 → b	3 02 ↙	1	2	8	
02	Specific assay kit- CD4 test	1 3200 ↙	2 3200 ↙	3 3200 ↙				
<b>PARASITOLOGY</b>								
3200	Does this facility do malaria rapid diagnostic testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3202 →3202
3201	I would like to know if the following equipment items for malaria RDTs are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Malaria rapid diagnostic kit (with valid expiration date)	1 3202 ↙	2 3202 ↙	3 3202 ↙				
3202	Does this facility do malaria smear tests?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3300 →3300



Number	Question	Result						Skip
3203	I would like to know if the following equipment items for malaria smear tests are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Wright-Giemsa stain or other acceptable malarial stain (e.g. Field Stain A and B)	1 3300	2 3300	3 3300				
<b>BACTERIOLOGY</b>								
3300	Does this facility do Ziehl-Neelson testing for TB (AFB)?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3					→ 3302 → 3302	
3301	I would like to know if the following equipment items for Ziehl-Neelson testing for TB are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Fluorescence microscope (FM)	1 → b	2 → b	3 02	1	2	8	
02	Ziehl-Neelson stain	1 3302	2 3302	3 3302				
3302	Does this facility do rapid syphilis testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3					→ 3304 → 3304	
3303	I would like to know if the following equipment items for rapid syphilis testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Syphilis rapid test kit (with valid expiration date)	1 3304	2 3304	3 3304				
3304	CHECK Q007: <div>IF HOSPITAL: </div>	IF NOT HOSPITAL: 						Q3400
3305	Does this facility do syphilis serology testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3					→ 3307 → 3307	
3306	I would like to know if the following reagents for syphilis serology testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Specific assay kit- syphilis serology	1 3307	2 3307	3 3307				

Number	Question	Result						Skip
3307	Does this facility do gram stain testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3400 →3400
3308	I would like to know if the following reagents for gram stain testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Gram stains	1 3400	2 3400	3 3400				
<b>VIROLOGY</b>								
3400	Does this facility do HIV rapid testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3402 →3402
3401	I would like to know if the following equipment items for rapid HIV testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	HIV rapid test (with valid expiration date)	1 3402	2 3402	3 3402				
3402	Does this facility do Dry Blood Spot (DBS) collection?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3404 →3404
3403	I would like to know if the following equipment items for DBS collection are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Filter paper for DBS (with valid expiration date)	1 3404	2 3404	3 3404				
3404	Does this facility do HIV antibody testing by ELISA?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						→3406 →3406
3405	I would like to know if the following equipment items and reagents for HIV antibody testing by ELISA are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	ELISA washer	1 → b	2 → b	3 02	1	2	8	
02	ELISA reader	1 → b	2 → b	3 03	1	2	8	

Number	Question	Result						Skip
03	Incubator	1 → b	2 → b	3 04 ↩	1	2	8	
04	Specific assay kit- HIV antibody testing by ELISA	1 3406 ↩	2 3406 ↩	3 3406 ↩				
3406	Does this facility do quantitative nucleic acid testing for HIV monitoring (PCR for viral load)?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3					→ 3500 → 3500	
3407	I would like to know if the following equipment items and reagents for quantitative nucleic acid testing for HIV monitoring are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>  OBSERVED    REPORTED NOT SEEN    NOT AVAILABLE			<b>B) FUNCTIONING</b>  YES    NO    DON'T KNOW			
01	Assay specific automated system	1 → b	2 → b	3 02 ↩	1	2	8	
02	Centrifuge	1 → b	2 → b	3 03 ↩	1	2	8	
03	Vortex mixer	1 → b	2 → b	3 04 ↩	1	2	8	
04	Pipettes	1 → b	2 → b	3 3500 ↩	1	2	8	
<b>OTHER</b>								
3500	Does this facility do general microscopy/wetmounts?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
3501	I would like to know if the following general equipment items are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<b>A) AVAILABLE</b>  OBSERVED    REPORTED NOT SEEN    NOT AVAILABLE			<b>B) FUNCTIONING</b>  YES    NO    DON'T KNOW			
01	Light microscope	1 → b	2 → b	3 02 ↩	1	2	8	
02	Glass slides and cover slips	1 03 ↩	2 03 ↩	3 03 ↩				
03	Refrigerator	1 → b	2 → b	3 3600 ↩	1	2	8	
<b>MYCOLOGY</b>								
3600	CHECK Q007: <div>IF HOSPITAL: ↩</div>	IF NOT HOSPITAL: ↩					Q3700	
3601	Does this facility do CSF/ body fluid counts?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						

Number	Question	Result						Skip
3602	Does this facility do Cryptococcal antigen testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						➔3700 ➔3700
3603	I would like to know if the following reagents for cryptococcal antigen testing are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Specific assay kit- cryptococcal antigen test	1 3700	2 3700	3 3700				
<b>BLOOD GROUP SEROLOGY</b>								
3700	Does this facility do ABO blood grouping testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
3701	Does this facility do Rhesus blood grouping testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
3702	Does this facility do crossmatch testing by direct agglutination testing?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
3703	Does this facility do cross-match testing by indirect anti-globulin testing or a test with equivalent sensitivity?  IF YES: Ask onsite or offsite.	YES, ONSITE ..... 1 YES, OFFSITE ..... 2 NO ..... 3						
	CHECK Q3700 - Q3703 Blood typing and cross match:  IF "YES, ONSITE" CIRCLED FOR ANY TEST	IF ONLY "YES, OFFSITE" OR "NO" ARE CIRCLED						Q3800
3704	I would like to know if the following equipment items and reagents for blood typing and cross match are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Centrifuge	1 → b	2 → b	3 02	1	2	8	
02	37° C incubator	1 → b	2 → b	3 03	1	2	8	
03	Grouping sera	1 3800	2 3800	3 3800				

Number	Question	Result	Skip												
<b>IMAGING</b>															
<b>3800</b>	Does this facility perform diagnostic x-rays, ultrasound, or computerized tomography?  IF YES, ASK TO GO WHERE THE EQUIPMENT IS LOCATED.	YES ..... 1 NO ..... 2	→4000												
<b>3801</b>	I would like to know if the following imaging equipment items are available and functional today or not available or not functioning today. <b>ASK TO SEE THE ITEMS.</b>	<table border="1"> <thead> <tr> <th colspan="3">A) AVAILABLE</th><th colspan="3">B) FUNCTIONING</th></tr> <tr> <th>OBSERVED</th><th>REPORTED NOT SEEN</th><th>NOT AVAILABLE</th><th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> </table>	A) AVAILABLE			B) FUNCTIONING			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
A) AVAILABLE			B) FUNCTIONING												
OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW										
<b>01</b>	X-ray machine	1 → b      2 → b      3 02 ↙	1	2	8										
<b>02</b>	Ultrasound equipment	1 → b      2 → b      3 03 ↙	1	2	8										
<b>03</b>	CT scan	1 → b      2 → b      3 04 ↙	1	2	8										
<b>04</b>	ECG	1 → b      2 → b      3 4000 ↙	1	2	8										
<b>THANK YOUR RESPONDENT AND EXPLAIN TO HIM/HER THAT YOU HAVE QUESTIONS PERTAINING TO MEDICINES AND COMMODITIES STORED IN THE FACILITY. ASK TO BE SHOWN THE PERSON MOST KNOWLEDGEABLE ABOUT MEDICINES AND COMMODITIES.</b>															

Number	Question	Result																																																																																																					
<b>SECTION 7: MEDICINES AND COMMODITIES</b>																																																																																																							
4000	CHECK Q100_18: MEDICINE STORAGE OFFERED 	MEDICINE STORAGE NOT OFFERED  Q5000																																																																																																					
<p><b>ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b></p> <p><b>I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. 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.</b></p>																																																																																																							
4001	Are any of the following <b>general medicines</b> available in this facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<table border="1"> <thead> <tr> <th colspan="2">OBSERVED AVAILABLE</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE VALID</th><th>AVAILABLE NON VALID</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> <tbody> <tr> <td>01</td><td>Amitriptyline 25 mg cap/tab (Depression)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>02</td><td>Amoxicillin 500 mg cap/tab (Bacterial Infection)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>03</td><td>Atenolol 50 mg cap/tab (Beta-blocker, Angina/Hypertension)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>04</td><td>Captopril 25 mg cap/tab (Vaso-dilatation, Cardiac Hypertension)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>05</td><td>Ceftriaxone injection 1g/vial (2nd-line injectable antibiotic)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>06</td><td>Ciprofloxacin 500 mg cap/tab (2nd-line oral antibiotic)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>07</td><td>Co-trimoxazole 8+40 mg/ml suspension (Oral antibiotics for children)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>08</td><td>Diazepam 5mg cap/tab (Anxiety/muscle relaxant)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>09</td><td>Diclofenac 50/75 mg cap/tab (Strong oral pain medicine)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>10</td><td>Glibenclamide 5 mg cap/tab (Oral treatment for type-2 diabetes)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>11</td><td>Omeprazole 20 mg cap/tab (Gastro-esophageal reflux)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>12</td><td>Paracetamol 24mg/1ml suspension (Fever in children)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr> <td>13</td><td>Salbutamol .1mg/dose inhaler (Bronchospasms/Chronic asthma)</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	OBSERVED AVAILABLE		NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	01	Amitriptyline 25 mg cap/tab (Depression)	1	2	3	4	5	02	Amoxicillin 500 mg cap/tab (Bacterial Infection)	1	2	3	4	5	03	Atenolol 50 mg cap/tab (Beta-blocker, Angina/Hypertension)	1	2	3	4	5	04	Captopril 25 mg cap/tab (Vaso-dilatation, Cardiac Hypertension)	1	2	3	4	5	05	Ceftriaxone injection 1g/vial (2nd-line injectable antibiotic)	1	2	3	4	5	06	Ciprofloxacin 500 mg cap/tab (2nd-line oral antibiotic)	1	2	3	4	5	07	Co-trimoxazole 8+40 mg/ml suspension (Oral antibiotics for children)	1	2	3	4	5	08	Diazepam 5mg cap/tab (Anxiety/muscle relaxant)	1	2	3	4	5	09	Diclofenac 50/75 mg cap/tab (Strong oral pain medicine)	1	2	3	4	5	10	Glibenclamide 5 mg cap/tab (Oral treatment for type-2 diabetes)	1	2	3	4	5	11	Omeprazole 20 mg cap/tab (Gastro-esophageal reflux)	1	2	3	4	5	12	Paracetamol 24mg/1ml suspension (Fever in children)	1	2	3	4	5	13	Salbutamol .1mg/dose inhaler (Bronchospasms/Chronic asthma)	1	2	3	4	5
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Number	Question	Result				
14	Simvastatin 20 mg cap/tab (High cholesterol)	1	2	3	4	5
4002	Are any of the following medicines for the treatment of <b>infectious diseases</b> available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Co-trimoxazole cap/tab (Oral antibiotic)	1	2	3	4	5
02	Fluconazole cap/tab or suspension	1	2	3	4	5
03	Albendazole or Mebendazole cap/tab	1	2	3	4	5
04	Metronidazole cap/tab	1	2	3	4	5
4003	Are any of the following medicines for the management of <b>non-communicable diseases</b> available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Metformin cap/tab	1	2	3	4	5
02	Insulin injection	1	2	3	4	5
03	Glucose injectable solution	1	2	3	4	5
04	ACE inhibitor (e.g. enalapril)	1	2	3	4	5
05	Thiazides	1	2	3	4	5
06	Beta blocker (e.g. atenolol)	1	2	3	4	5
07	Calcium channel blocker (e.g. amlodipine)	1	2	3	4	5
08	Aspirin cap/tab	1	2	3	4	5
09	Beclomethasone inhaler	1	2	3	4	5
10	Prednisolone cap/tab	1	2	3	4	5
11	Hydrocortisone cap/tab	1	2	3	4	5
12	Epinephrine injection	1	2	3	4	5
4004	Are any of the following <b>reproductive health</b> medicines and commodities available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Combined oral contraceptive pills	1	2	3	4	5
02	Progestin-only contraceptive pills	1	2	3	4	5
03	Combined injectable contraceptives	1	2	3	4	5
04	Progestin-only injectable contraceptives	1	2	3	4	5
05	Male condoms	1	2	3	4	5
4005	Are any of the following <b>maternal health</b> medicines available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Diazepam injection	1	2	3	4	5
02	Oxytocin injection	1	2	3	4	5



Number	Question	Result				
03	Sodium chloride injectable solution	1	2	3	4	5
04	Calcium gluconate injection	1	2	3	4	5
05	Magnesium sulphate injection	1	2	3	4	5
06	Ampicillin powder for injection	1	2	3	4	5
07	Gentamicin injection	1	2	3	4	5
08	Metronidazole injection	1	2	3	4	5
09	Misoprostol cap/tab	1	2	3	4	5
10	Azithromycin cap/tab or oral liquid	1	2	3	4	5
11	Cefixime cap/tab	1	2	3	4	5
12	Benzathine benzylpenicillin powder for injection	1	2	3	4	5
13	Betamethasone or Dexamethasone injection	1	2	3	4	5
14	Nifedipine cap/tab	1	2	3	4	5
4006	Are any of the following <b>child health</b> medicines available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Amoxicillin syrup/suspension (Oral antibiotics for children)	1	2	3	4	5
02	Procaine benzylpenicillin powder for injection	1	2	3	4	5
03	Oral Rehydration Salts (ORS) sachets	1	2	3	4	5
04	Zinc tablets	1	2	3	4	5
05	Vitamin A capsules	1	2	3	4	5
06	Morphine granule, injection, or cap/tab	1	2	3	4	5
07	Iron tablets	1	2	3	4	5
08	Folic acid tablets	1	2	3	4	5
09	Iron and folic acid combined tablets	1	2	3	4	5
10	Antibiotic eye ointment for newborn	1	2	3	4	5
4007	Are any of the following <b>vaccines</b> available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Measles vaccine and diluent	1	2	3	4	5
02	DPT - Hib + HepB (pentavalent)	1	2	3	4	5
03	Oral polio vaccine	1	2	3	4	5
04	BCG vaccine and diluent	1	2	3	4	5
05	Tetanus toxoid vaccine	1	2	3	4	5
4008	Does this facility stock any medicines for malaria treatment?	YES ..... 1 NO ..... 2				→4010

Number	Question	Result				
4009	Are any of the following <b>malaria medicines</b> available today in this facility? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	ACT (Artemether + Lumefantrine)	1	2	3	4	5
02	Artemisinin not as combination therapy	1	2	3	4	5
03	Artesunate rectal or injection dosage forms	1	2	3	4	5
04	SP (Sulfadoxine + Pyrimethamine)	1	2	3	4	5
05	Quinine oral or injectable	1	2	3	4	5
06	Paracetamol cap/tab (adult oral formulation)	1	2	3	4	5
07	Other antimalarial drugs oral or injectable	1	2	3	4	5
4010	Does this facility stock any medicines for tuberculosis treatment?	YES ..... 1 NO ..... 2				→4012
4011	Are any of the following <b>TB medicines</b> available today in this facility? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Ethambutol	1	2	3	4	5
02	Isoniazid	1	2	3	4	5
03	Pyrazinamide	1	2	3	4	5
04	Rifampicin	1	2	3	4	5
05	Isoniazid + Rifampicin (2FDC)	1	2	3	4	5
06	Isoniazid + Ethambutol (EH) (2FDC)	1	2	3	4	5
07	Isoniazid + Rifampicin + Pyrazinamide (RHZ) (3FDC)	1	2	3	4	5
08	Isoniazid + Rifampicin + Ethambutol (RHE) (3FDC)	1	2	3	4	5
09	Isoniazid + Rifampicin + Pyrazinamide + Ethambutol (4FDC)	1	2	3	4	5
10	Streptomycin Injectable	1	2	3	4	5
4012	Does this facility stock any antiretroviral medicines for the treatment of HIV/AIDS?	YES ..... 1 NO ..... 2				→4014
4013	Are any of the following <b>ARVs</b> available today in this facility? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Zidovudine (ZDV, AZT)	1	2	3	4	5
02	Zidovudine (ZDV, AZT) syrup	1	2	3	4	5
03	Abacavir (ABC)	1	2	3	4	5
04	Didanosine (DDI)	1	2	3	4	5
05	Lamivudine (3TC)	1	2	3	4	5
06	Lamivudine (3TC) syrup	1	2	3	4	5

Number	Question	Result				
07	Stavudine 30 or 40 (D4T)	1	2	3	4	5
08	Stavudine syrup	1	2	3	4	5
09	Tenofovir Disoproxil Fumarate (TDF)	1	2	3	4	5
10	Nevirapine (NVP)	1	2	3	4	5
11	Nevirapine (NVP) syrup	1	2	3	4	5
12	Efavirenz (EFV)	1	2	3	4	5
13	Efavirenz (EFV) syrup	1	2	3	4	5
14	Emtricitabine (FTC)	1	2	3	4	5
15	Delavirdine (DLV)	1	2	3	4	5
16	Enfuvirtide (T-20)	1	2	3	4	5
17	Lamivudine + Abacavir (3TC + ABC)	1	2	3	4	5
18	Stavudine + Lamivudine (D4T + 3TC)	1	2	3	4	5
19	Stavudine + Lamivudine + Nevirapine (D4T + 3TC + NVP)	1	2	3	4	5
20	Zidovudine + Lamivudine (AZT + 3TC)	1	2	3	4	5
21	Zidovudine + Lamivudine + Abacavir (AZT + 3TC + ABC)	1	2	3	4	5
22	Zidovudine + Lamivudine + Nevirapine (AZT + 3TC + NVP)	1	2	3	4	5
23	Tenofovir + Emtricitabine (TDF + FTC)	1	2	3	4	5
24	Tenofovir + Lamivudine (TDF + 3TC)	1	2	3	4	5
25	Tenofovir + Lamivudine + Efavirenz (TDF + 3TC + EFV)	1	2	3	4	5
26	Tenofovir + Emtricitabine + Efavirenz (TDF + FTC + EFV)	1	2	3	4	5
4014	Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?	YES ..... 1 NO ..... 2				→4016
4015	Are any of the following <b>protease inhibitors</b> available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Lopinavir (LPV)	1	2	3	4	5
02	Indinavir (IDV)	1	2	3	4	5
03	Nelfinavir (NFV)	1	2	3	4	5
04	Saquinavir (SQV)	1	2	3	4	5
05	Ritonavir (RTV)	1	2	3	4	5
06	Atazanavir (ATV)	1	2	3	4	5
07	Fosamprenavir (FPV)	1	2	3	4	5
08	Tipranavir (TPV)	1	2	3	4	5
09	Darunavir (DRV)	1	2	3	4	5

Number	Question	Result				
4016	Are any of the following <b>other</b> medicines and commodities available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>	OBSERVED AVAILABLE		NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	Normal saline IV solution	1	2	3	4	5
02	Ringers lactate IV solution	1	2	3	4	5
03	5% dextrose IV solution	1	2	3	4	5
04	IV treatment for fungal infections	1	2	3	4	5
05	Skin disinfectant	1	2	3	4	5
We have now completed all of the questions in this module of the survey. Thank you for your participation. We will now move on to the data verification module of the survey.						

Number	Question	Result	Skip
<b>SECTION 8: INTERVIEWER'S OBSERVATIONS</b>			
5000	INTERVIEW END TIME (use the 24 hour-clock system)	<div> <div></div> <div></div> </div> : <div> <div></div> <div></div> </div>	
5001	RESULT CODES (LAST VISIT):	<div> <div>COMPLETED .....</div> <div>RESPONDENT NOT AVAILABLE ...</div> <div>REFUSED .....</div> <div>PARTIALLY COMPLETED .....</div> <div>Other _____</div> <div>(SPECIFY)</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>96</div> </div>	
COMMENTS ABOUT THE RESPONDENT:			
<div> <div></div> <div></div> <div></div> <div></div> </div>			
COMMENTS ON SPECIFIC QUESTIONS:			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
ANY OTHER COMMENTS:			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
SUPERVISOR'S OBSERVATIONS:			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
NAME OF SUPERVISOR: _____		DATE: _____	