

# Harmonized health facility assessment (HHFA)

Combined questionnaire  
(Availability and Readiness)

Core questions only

OCTOBER 2022



World Health  
Organization



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

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# Acknowledgements

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

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

The ministries of health of Burkina Faso, Kenya, Liberia, Malawi and Zambia are gratefully acknowledged for assistance in testing the implementation of the HHFA modules and resource package.

The HHFA modules and resource package were produced with the support of grants from Bloomberg Philanthropies Data for Health Initiative; Gavi, the Vaccine Alliance; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the Howard G. Buffett Foundation; the Kingdom of Saudi Arabia; the Norwegian Agency for Development Cooperation (Norad); and the Canada Department of Foreign Affairs, Trade and Development (DFTAD).

# HHFA overview

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

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

## HHFA content

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

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

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

**Fig. 1 HHFA modules and questionnaires**

Service availability	Service readiness	Quality of care	Management and finance
<ul style="list-style-type: none"> <li>• Facility infrastructure</li> <li>• Staff</li> <li>• Beds</li> <li>• Specific services</li> <li>• Building structure</li> </ul>	<ul style="list-style-type: none"> <li>• Guidelines</li> <li>• Trained staff</li> <li>• Equipment</li> <li>• Diagnostics</li> <li>• Medicines and commodities</li> </ul>	<ul style="list-style-type: none"> <li>• Adherence to standards in patient care process</li> </ul>	<ul style="list-style-type: none"> <li>• Management systems</li> <li>• Finance systems</li> <li>• Health information systems</li> <li>• Quality assurance systems</li> </ul>
Stand-alone questionnaires	Stand-alone questionnaires	Stand-alone questionnaires	Stand-alone questionnaires
<ul style="list-style-type: none"> <li>• Availability: <b>Core</b></li> <li>• Availability: <b>Core+Additional</b></li> <li>• Availability: <b>Additional/Supplementary</b> <i>Building structure</i></li> </ul>	<ul style="list-style-type: none"> <li>• Readiness: <b>Core</b></li> </ul>	<ul style="list-style-type: none"> <li>• Quality of care: <b>Additional/Supplementary</b> <i>Record review</i></li> </ul>	<ul style="list-style-type: none"> <li>• Management and Finance: <b>Core</b></li> <li>• Management and Finance: <b>Core+Additional</b></li> </ul>
Combined questionnaire			

## HHFA resource package

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

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

## HHFA questionnaire structure

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

Column 1: Mod

Column 2: No.

Column 3: QUESTION

Column 4: RESPONSE

Column 5: SKIP

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

- **Column 1 - Mod:** The first letter in Column 1 shows the module to which the question belongs: A for Availability, R for Readiness, M for Management and finance, or Q for Quality of care. The second letter (after the underscore symbol) denotes the kind of question: C for Core or A for Additional.
- **Column 2 – No:** Column 2 contains the number of the HHFA question. There may be a single number per question, or a main number with sub-questions below it, e.g., Q1701 (main question), Q1701\_01 (sub-question). (Note that for some rows, the number corresponds to an instruction rather than a question, e.g. Q1702.)
- **Column 3 - QUESTION:** Column 3 contains the question that is read to the respondent by the interviewer. It may also contain additional clarifying information (in non-capitalized font) that the interviewer reads to the respondent. This column may also include instructions (in CAPITALS) to the interviewer. (These capitalized instructions are not read to the respondent.)
- **Column 4 - RESPONSE:** Column 4 contains the response options. Different types of response options are used for different types of questions, e.g., pre-coded responses where one or more options are selected, fields requiring entry of a number or text, or combinations of these.
- **Column 5 - SKIP:** This column contains arrows that instruct the interviewer to skip to a specific question, to the end of a section, or to other instructions, if necessary.

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

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

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Mod/Ind	No.	Question	Response	Skip																											
		<b>1. FACILITY IDENTIFIERS</b>																													
		<b>1.1. FACILITY IDENTIFIERS</b>																													
		[COUNTRY ADAPT QUESTIONS FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]																													
ALL	100	Facility code	_____																												
ALL	101	Is this a supervisor validation check of a facility?	YES, SUPERVISOR VALIDATION .....1 NO, DATA COLLECTION FOR FACILITY SURVEY .....2																												
ALL	102	Official name of facility (name used for reporting)	_____																												
ALL	103	Address or description of facility location	_____																												
ALL	104	Name and code of region/province	NAME  _____  REGION/PROVINCE CODE _____																												
ALL	105	Name and code of district	NAME  _____  DISTRICT CODE _____  [COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]																												
ALL	106	RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN	URBAN .....1 RURAL .....2 PERIURBAN .....3																												
ALL	107	Interview date	<p style="text-align: center;">FIRST VISIT(S)</p> <table border="1"> <thead> <tr> <th rowspan="2">VISIT NO.</th><th colspan="3">DATE</th><th rowspan="2">INTERVIEWER CODE</th><th rowspan="2">RESULT CODE*</th></tr> <tr> <th>DD</th><th>MM</th><th>YYYY</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>3</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>*RESULT CODE  1 = INTERVIEW STARTED  2 = POSTPONED  3 = FACILITY CLOSED  4 = FACILITY DESTROYED  5 = FACILITY NOT FOUND  6 = OTHER  COMPLETE GPS COORDINATES FOR RESULTS CODES 1 THROUGH 4.</p>	VISIT NO.	DATE			INTERVIEWER CODE	RESULT CODE*	DD	MM	YYYY	1						2						3						
VISIT NO.	DATE				INTERVIEWER CODE	RESULT CODE*																									
	DD	MM	YYYY																												
1																															
2																															
3																															
ALL	108		<p style="text-align: center;">FINAL VISIT</p> DAY _____ MONTH _____ YEAR _____ INTERVIEWER CODE _____ RESULT CODE _____																												
ALL	109	SET DEFAULT SETTINGS FOR GPS: 1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE 2. SET COORDINATE FORMAT TO DECIMAL DEGREES 3. SET DATUM TO WGS84 MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY: 4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION" 5. WRITE ALTITUDE 6. PRESS "MARK" 7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER" 8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER" 9. ENTER FACILITY CODE 10. WAIT 5 MINUTES 11. HIGHLIGHT "SAVE" AND PRESS "ENTER"																													

Mod/Ind	No.	Question	Response	Skip
		12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER" 13. HIGHLIGHT YOUR WAYPOINT 14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW. BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM		
ALL	110	Waypoint name (facility number)	_____	
ALL	111	Elevation (m)	_____	
ALL	112	Latitude	N/S.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — — —	
ALL	113	Longitude	E/W.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — — —	
ALL	114	Consent given by facility contact?	YES.....1 NO .....2	→ END
		<b>1.2. FACILITY CHARACTERISTICS</b>		
ALL	115	Type of facility [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	NATIONAL REFERRAL HOSPITAL .....01 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL.....02 DISTRICT HOSPITAL.....03 OTHER GENERAL HOSPITAL .....04 SPECIALTY HOSPITAL .....05 COMPREHENSIVE HEALTH CENTRE/POLY CLINIC.....06 HEALTH CENTRE .....07 CLINIC/DISPENSARY.....08 HEALTH POST.....09 MATERNAL/CHILD HEALTH CLINIC.....10 OTHER.....96 (SPECIFY)	
ALL	116	Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility. [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	GOVERNMENT/PUBLIC.....1 NGO/PRIVATE NOT-FOR-PROFIT.....2 PRIVATE-FOR-PROFIT.....3 MISSION/FAITH-BASED.....4 PARASTATAL (MILITARY/POLICE/NATIONAL GUARD) .....5 UNIVERSITY.....6 OTHER.....7 (SPECIFY)	
ALL	117	Service levels available	OUTPATIENT ONLY .....1 INPATIENT ONLY.....2 BOTH OUT AND INPATIENT .....3	

Mod/Ind	No.	Question	Response	Skip
		<b>2. CLIENT SERVICES</b>		
		<p>SECTION 2 IS IMPLEMENTED ONLY AS PART OF THE STAND-ALONE AVAILABILITY MODULE, OR WHEN A COMBINED QUESTIONNAIRE INCLUDING ONLY THE AVAILABILITY AND MANAGEMENT AND FINANCE MODULES IS IMPLEMENTED.</p> <p>THE QUESTIONS IN THIS SECTION HAVE BEEN INTEGRATED INTO THE READINESS MODULE. THEREFORE, WHEN IMPLEMENTING ANY VERSION OF THE COMBINED QUESTIONNAIRE THAT INCLUDES THE READINESS MODULE, SECTION 2 IS REMOVED.</p>		

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

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

Mod/Ind	No.	Question	Response	Skip
A_C	02	Pharmacist	<div>— — —</div> <div>— — —</div> <div>— — —</div> <div>— — —</div> <div>— — —</div>	
		<b>3.4. VISITING SPECIALISTS</b>		
A_C	314	Does this facility ever receive visits from external specialists (“visiting specialists”) who conduct consultations, patient reviews and / or surgery at this facility?	YES.....1 NO .....2	➔END OF SECTION
A_C	315	On average, how often does this facility receive a visit from a visiting specialist?	EVERY DAY/WEEK ..... 1 EVERY MONTH ..... 2 EVERY 1–3 MONTHS..... 3 LESS OFTEN THAN EVERY 3 MONTHS ..... 4 DON'T KNOW ..... 8	

Mod/Ind	No.	Question	Response	Skip
		<b>4. FACILITY BEDS AND ISOLATION UNITS</b>		
		<b>4.1 FACILITY BEDS</b>		
		Now I would like to ask about facility beds used for overnight care or for inpatient care. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
A_C	400	Does this facility have any inpatient beds? (This includes beds for overnight observation of patients in the emergency unit, as well as intensive care unit beds. This excludes delivery beds/tables, surgical tables, recovery trolleys, emergency room stretchers, beds for same-day care, beds smaller than adult size (infant cots and paediatric-size beds), and beds in wards that were closed for any reason.)	YES ..... 1 NO.....2	→Q408
A_C	401	What is the total official number of authorized inpatient beds (official bed capacity) of this facility? (Use the same inclusion and exclusion criteria as in the previous question)	NO. OF AUTHORIZED INPATIENT BEDS — — — — ZERO AUTHORIZED INPATIENT BEDS .....0000 DON'T KNOW.....9998	
A_C	402	What is the total number of actual adult-size overnight / inpatient beds in this facility?	NO. OF ACTUAL ADULT OVERNIGHT/ INPATIENT BEDS — — — — ZERO ADULT BEDS FOR OVERNIGHT/INPATIENT CARE .. 0000	→Q404
A_C	403	Of the total adult-size overnight/inpatient beds reported in the previous question, how many of the following dedicated bed types does this facility have:	NO. OF DEDICATED BEDS ZERO DEDICATED BEDS	
A_C	01	Maternity beds (excluding delivery beds/tables)	— — — 000	
A_C	02	Surgical beds	— — — 000	
A_C	03	Psychiatric beds	— — — 000	
A_C	04	Emergency unit beds	— — — 000	
A_C	05	Intensive care unit (ICU) beds	— — — 000	
A_C	06	Neonatal ICU beds/cots	— — — 000	
A_C	07	High-dependency beds (for more frequent care than in general wards, but less than in ICU)	— — — 000	
A_C	404	What is the total number of actual paediatric-size overnight/inpatient beds (smaller than adult-size beds) and infant cots in this facility (excluding neonatal cots)?	NO. OF PAEDIATRIC BEDS/COTS — — — ZERO PAEDIATRIC BEDS/COTS.....000	→Q406
A_C	405	Of the total paediatric-size beds and infant cots reported in the previous question, how many are dedicated paediatric ICU beds/cots?	NO. OF PAEDIATRIC ICU BEDS/COTS — — — ZERO PAEDIATRIC ICU BEDS/COTS.....000	
A_C	406	What is the total number of actual neonatal cots in this facility?	NO. OF NEONATAL COTS — — — ZERO NEONATAL COTS .....000	→Q408
A_C	407	Of the total neonatal cots reported in the previous question, how many are dedicated neonatal ICU cots?	NO. OF NEONATAL ICU COTS — — — ZERO NEONATAL ICU COTS.....000	
		<b>4.2 PATIENT ISOLATION ROOMS AND BEDS</b>		
A_C	408	Does this facility have any specific units or dedicated rooms where patients requiring isolation are placed?	YES .....1 NO.....2	→END OF SECTION
A_C	409	What types of isolation rooms or units does this facility have? ASK FOR EACH OF THE FOLLOWING AND INDICATE NUMBER OF BEDS FOR EACH SITUATION.	(A) ISOLATION SITUATION EXISTS YES NO (B) NUMBER OF BEDS	
A_C	01	Dedicated inpatient room/ward/unit for isolation	1 →B 2 →02 — —	

Mod/Ind	No.	Question	Response			Skip
A_C	02	Dedicated room in the outpatient service area for isolation	1 →B	2 →03	— —	
A_C	03	Dedicated room in the emergency service area for isolation	1 →B	2 →04	— —	
A_C	04	Room that can be used for isolation but that is not dedicated for this purpose	1 →B	2 →Q410	— —	
A_C	410	Is the number of isolation rooms and beds in this facility considered adequate to meet potential future needs?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			



Mod/Ind	No.	Question	Response	Skip
		<b>5. GOVERNANCE AND MANAGEMENT</b>		
		<b>5.3. DISASTER PREPAREDNESS</b>		
	521	Now I want to ask you about facility plans and practices concerning disaster preparedness and response, and facility safety		
R_C	522	Does this facility have a policy that bans smoking anywhere in the facility grounds?	YES ..... 1 NO ..... 2	
R_C	523	Does this facility have any written disaster/emergency management or facility safety plans? These might include fire, disease outbreaks, or events with large numbers of trauma victims.	YES ..... 1 NO ..... 2	→ Q533
R_C	524	Does this facility have a written fire safety plan? IF YES, ASK: May I see the plan?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ Q526
R_C	525	When was the most recent drill/simulation exercise for staff to practice following the fire safety plan?	WITHIN THE PAST 6 MONTHS ..... 1 7–12 MONTHS AGO ..... 2 13–24 MONTHS AGO ..... 3 MORE THAN 24 MONTHS AGO ..... 4 NEVER CONDUCTED ..... 5 DON'T KNOW ..... 8	
R_C	526	Does this facility have any specific written emergency response plan for outbreaks, such as ebola, meningitis, SARS, COVID-19, cholera, etc.? THIS MAY BE A PART OF A COMPREHENSIVE EMERGENCY RESPONSE PLAN. IF YES, ASK: May I see the plan?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ Q528
R_C	527	How often are drills/simulation exercises conducted for staff on how to follow the emergency response plans for outbreaks?	AT LEAST EVERY 6 MONTHS ..... 1 AT LEAST ANNUALLY ..... 2 LESS OFTEN THAN ANNUALLY ..... 3 NEVER CONDUCTED ..... 4	→ Q529
R_C	528	When was the most recent drill/simulation exercise for staff on how to follow the emergency response plans for outbreaks?	WITHIN THE PAST 6 MONTHS ..... 1 7–12 MONTHS AGO ..... 2 13–24 MONTHS AGO ..... 3 MORE THAN 24 MONTHS AGO ..... 4 NEVER CONDUCTED ..... 5 DON'T KNOW ..... 8	
R_C	529	Other than for fire or outbreaks, does this facility have a written emergency response plan for any other emergencies?	YES ..... 1 NO ..... 2	→ Q533
R_C	530	Which other types of emergency response have a written plan? THE TOPIC MAY BE COVERED IN ONE COMPREHENSIVE EMERGENCY RESPONSE PLAN, OR IN SEPARATE EMERGENCY RESPONSE PLANS.	YES NO	
R_C	01	Natural disasters such as earthquakes or floods	1 2	
R_C	02	Non-natural disasters related to war or civil conflict	1 2	
R_C	03	Other non-natural disasters resulting in mass civilian casualties, e.g. transportation accidents	1 2	
R_C	04	Other	1 2 (SPECIFY)	
R_C	531	How often are drills/simulation exercises conducted for staff on how to follow the emergency response plans for natural and non-natural disasters with mass casualties?	AT LEAST EVERY 6 MONTHS ..... 1 AT LEAST ANNUALLY ..... 2 LESS OFTEN THAN ANNUALLY ..... 3 NEVER CONDUCTED ..... 4	
R_C	532	When was the most recent drill/simulation exercise for natural or non-natural disasters with mass casualties?	WITHIN THE PAST 6 MONTHS ..... 1 7–12 MONTHS AGO ..... 2 13–24 MONTHS AGO ..... 3 MORE THAN 24 MONTHS AGO ..... 4 NEVER CONDUCTED ..... 5 DON'T KNOW ..... 8	
R_C	533	Does this facility have a strategy for meeting increased staffing needs for emergency situations?	YES ..... 1 NO ..... 2	

Mod/Ind	No.	Question	Response			Skip
R_C	534	Does this facility have the following documented? IF YES, ASK: May I see the documents?	OBSERVED	REPORTED, NOT SEEN	NO	
R_C	01	Designated team or focal persons for disaster/emergency management	1	2	3	
R_C	02	Designated team or focal persons for maintaining service continuity during a disaster	1	2	3	
R_C	03	List of prioritized primary care services to be maintained during a disaster	1	2	3	
R_C	04	Protocols for case management of priority health emergencies, updated in last 5 years [COUNTRY ADAPT]	1	2	3	
R_C	05	Assessment of risks, and structural and non-structural safety, functionality and preparedness of the facility	1	2	3	
R_C	535	Have staff in this facility received any training in the last 2 years on:	YES		NO	
R_C	01	Fire safety preparedness and response	1	2		
R_C	02	Disease outbreak preparedness and response	1	2		
R_C	03	Mass casualty event preparedness and response	1	2		
R_C	04	Other emergencies (COUNTRY ADAPT)	1	2		
R_C	536	Does this facility have a budget line for management of emergencies?	YES.....1 NO .....2			

Mod/Ind	No.	Question	Response	Skip
		<b>12. BASIC INFRASTRUCTURE AND SYSTEMS</b>		
		<b>12.1. INFRASTRUCTURE</b>		
		<b>12.1.1. COMMUNICATIONS</b>		
	1200	I would like to know about the infrastructure resources available in this facility as well as systems for final waste disposal and transportation that are used by this facility. If conditions are different in different sections of the facility, for example for outpatient and inpatient services, please provide the response for the highest level of infrastructure that is available for the facility.		
R_C	1201	Does this facility have a means for communicating outside the facility such as a phone or radio that are supported by the facility?	YES, FUNCTIONAL ..... 1 YES, NOT FUNCTIONAL ..... 2 NO, ONLY PRIVATE PHONES ..... 3 NO OUTSIDE COMMUNICATION..... 4	
R_C	1202	Does this facility have a functioning computer?	YES ..... 1 NO ..... 2	
R_C	1203	Is there access to email or internet within the facility today? IF YES, CLARIFY IF THERE IS A FACILITY DEVICE THAT CAN BE USED FOR INTERNET ACCESS OR IF ACCESS IS ONLY THROUGH PRIVATE DEVICES.	YES, FACILITY DEVICE ..... 1 YES, ONLY PRIVATE DEVICES..... 2 NO ..... 3	→Q1206
R_C	1204	How consistently is internet available in the facility?	ALWAYS SOMETIMES	
R_C	01	Everywhere in the facility	1 → Q1205 2	
R_C	02	Some parts of the facility	1 2	
R_C	1205	Is the connecting time for the internet paid or reimbursed by the management?	YES ..... 1 NO ..... 2	
		<b>12.1.2. POWER SUPPLY</b>		
R_C	1206	Does this facility have electricity from any source such as electricity grid, generator, solar or other source, including for stand-alone devices such as those used to maintain the EPI cold chain?	YES ..... 1 NO ..... 2	→Q1210
R_C	1207	What is the facility's main source of electricity?  IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE AREAS, PROVIDE RESPONSE FOR INPATIENT SERVICE AREAS. [COUNTRY ADAPT]	CENTRAL SUPPLY OF ELECTRICITY (E.G. NATIONAL OR COMMUNITY GRID) ..... 1 GENERATOR (FUEL OR BATTERY-OPERATED) ..... 2 SOLAR-POWERED SYSTEM..... 3 OTHER ..... 6 _____ (SPECIFY)	
R_C	1208	Other than the main source, does the facility have a backup source of electricity?	YES ..... 1 NO ..... 2	
R_C	1209	During the past 7 days, was electricity available, from the main or any backup source, at all times the facility was open for services?	ALWAYS AVAILABLE (NO INTERRUPTIONS)..... 1 OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) ..... 2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) ..... 3	
		<b>12.1.3. WATER AVAILABILITY</b>		
R_C	1210	What is the most commonly used source of water for the facility at this time?  IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE AREAS, PROVIDE RESPONSE FOR INPATIENT SERVICE AREAS.	PIPED INTO FACILITY ..... 01 PIPED TO FACILITY GROUNDS ..... 02 PUBLIC TAP/STANDPIPE ..... 03 TUBEWELL/BOREHOLE ..... 04 PROTECTED DUG WELL..... 05 UNPROTECTED DUG WELL..... 06 PROTECTED SPRING..... 07 UNPROTECTED SPRING..... 08 RAINWATER..... 09 BOTTLED WATER ..... 10 CART WITH SMALL TANK/DRUM ..... 11 TANKER TRUCK ..... 12 SURFACE WATER (RIVER/DAM/LAKE/POND)..... 13 OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98 NO WATER SOURCE..... 00	→Q1212 →Q1212 →Q1213

Mod/Ind	No.	Question	Response	Skip
R_C	1211	Is water available from this source on the facility premise (in building or within facility grounds)? IF YES, ASK: May I see water from this source that is available today? If the water is inside the facility building, please show me that. Otherwise, show me the water elsewhere on the premises. WATER MAY BE PIPED OR IN A CONTAINER.	YES, OBSERVED INSIDE THE FACILITY ..... 1 YES, OBSERVED WITHIN THE GROUNDS OF THE FACILITY ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO, OR AVAILABLE ONLY OUTSIDE THE FACILITY GROUNDS. 4	
R_C	1212	Is water available (from the main source or any backup source) at all times the facility is open for services?	ALWAYS AVAILABLE (NO INTERRUPTIONS) ..... 1 OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) ..... 2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) ..... 3	
		<b>12.2. CONDITIONS FOR INFECTION PREVENTION AND CONTROL</b>		
		<b>12.2.1. HEALTH CARE WASTE MANAGEMENT</b>		
	1213	Now I would like to ask about waste management practices for sharps waste, such as needles or blades.		
R_C	1214	How does this facility <b>finally</b> dispose of sharps waste (e.g. filled sharps boxes)?  PROBE TO ARRIVE AT CORRECT RESPONSE.  NOTE: IF ANY OF THE RESPONSES 02–09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".	<b>BURN INCINERATOR:</b> 2-CHAMBER INDUSTRIAL (800–1000+ °C) ..... 02 1-CHAMBER DRUM/BRICK ..... 03 <b>OPEN BURNING:</b> OPEN PIT OR FLAT GROUND – NO PROTECTION ..... 04 OPEN PIT OR FLAT GROUND - PROTECTED ..... 05 <b>DUMP WITHOUT BURNING:</b> FLAT GROUND – NO PROTECTION ..... 06 FLAT GROUND – PROTECTED ..... 07 COVERED PIT OR PIT LATRINE (PROTECTED) ..... 08 OPEN-PIT – NO PROTECTION ..... 09 <b>REMOVE OFFSITE:</b> STORED IN COVERED CONTAINER ..... 10 STORED IN OTHER PROTECTED ENVIRONMENT ..... 11 STORED UNPROTECTED ..... 12 OTHER ..... 96  (SPECIFY) NEVER HAS SHARPS WASTE ..... 95	→Q1216
R_C	1215	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF SHARP WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARP WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	NO SHARP WASTE VISIBLE ..... 1 SHARP WASTE VISIBLE BUT PROTECTED AREA ..... 2 SHARP WASTE VISIBLE, NOT PROTECTED ..... 3 SHARP WASTE SITE NOT INSPECTED ..... 4	
R_C	1216	Now I would like to ask about waste management practices for infectious waste other than sharps, such as used bandages.  How does this facility <b>finally</b> dispose of infectious waste other than sharps?  PROBE TO ARRIVE AT CORRECT RESPONSE.  NOTE: IF ANY OF THE RESPONSES 02–09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".	SAME AS FOR SHARP ITEMS ..... 01 <b>BURN INCINERATOR:</b> 2-CHAMBER INDUSTRIAL (800–1000+°C) ..... 02 1-CHAMBER DRUM/BRICK ..... 03 <b>OPEN BURNING:</b> OPEN PIT OR FLAT GROUND – NO PROTECTION ..... 04 OPEN PIT OR FLAT GROUND - PROTECTED ..... 05 <b>DUMP WITHOUT BURNING:</b> FLAT GROUND – NO PROTECTION ..... 06 FLAT GROUND – PROTECTED ..... 07 COVERED PIT OR PIT LATRINE (PROTECTED) ..... 08 OPEN-PIT – NO PROTECTION ..... 09 <b>REMOVE OFFSITE:</b> STORED IN COVERED CONTAINER ..... 10 STORED IN OTHER PROTECTED ENVIRONMENT ..... 11 STORED UNPROTECTED ..... 12 OTHER ..... 96  (SPECIFY) NEVER HAS INFECTIOUS WASTE ..... 95	→Q1218
R_C	1217	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF INFECTIOUS WASTE AND INDICATE THE CONDITION OBSERVED. IF INFECTIOUS WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	NO INFECTIOUS WASTE VISIBLE ..... 1 INFECTIOUS WASTE VISIBLE BUT PROTECTED AREA ..... 2 INFECTIOUS WASTE VISIBLE, NOT PROTECTED ..... 3 INFECTIOUS WASTE SITE NOT INSPECTED ..... 4	
R_C	1218	IS AN INCINERATOR USED FOR FINAL DISPOSAL OF SHARPS OR INFECTIOUS WASTE?	YES ..... 1 NO ..... 2	→Q1221

Mod/Ind	No.	Question	Response	Skip												
R_C	1219	Is the incinerator functional today?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8	→Q1221 →Q1221												
R_C	1220	Is fuel for the incinerator available today?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8													
R_C	1221	Does this facility have any guidelines on health care waste management? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO ..... 3													
R_C	1222	Have you or any other facility staff received formal training in health care waste management practices in the past 2 years?	YES..... 1 NO ..... 2													
<b>12.2.2. CENTRAL REPROCESSING OF MEDICAL EQUIPMENT</b>																
R_C	1223	Where is the main site for reprocessing reusable medical equipment for this facility located?	MAIN SITE IS SURGICAL UNIT ..... 1 MAIN SITE IS IN OUTPATIENT SERVICE UNIT ..... 2 MAIN SITE IS CENTRAL, AND NOT AFFILIATED WITH A PARTICULAR SERVICE/UNIT ..... 3 EQUIPMENT PROCESSED OUTSIDE FACILITY..... 4 NO EQUIPMENT IS PROCESSED FOR REUSE..... 5 MAIN SITE IS AFFILIATED WITH A DIFFERENT UNIT ..... 6  (SPECIFY LOCATION)	→Q1226 →Q1226												
	1224	ASK TO GO TO THE MAIN LOCATION WHERE EQUIPMENT IS FINALLY PROCESSED FOR REUSE. Now I would like to know about items for sterilizing or high-level disinfecting (HLD).														
R_C	1225	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	<table border="1"> <thead> <tr> <th colspan="3">(A) AVAILABLE</th><th colspan="3">(B) FUNCTIONAL</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) FUNCTIONAL			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
(A) AVAILABLE			(B) FUNCTIONAL													
OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW											
R_C	01	Electric autoclave (pressure and wet heat)	1 →B      2 →B      3 →02      1 →Q1226      2      8													
R_C	02	Electric dry heat sterilizer	1 →B      2 →B      3 →03      1 →Q1226      2      8													
R_C	03	Non-electric autoclave (pressure and wet heat)	1 →B      2 →B      3 →04      1      2      8													
R_C	04	Heat source for non-electric equipment	1 →B      2 →B      3 →Q1226      1      2      8													
<b>12.3. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS</b>																
	1226	Now I would like to know about patient referral and emergency transport systems.														
R_C	1227	Does this facility have a mechanism for referral of patients to other facilities for services that cannot be obtained in this facility?	YES..... 1 NO ..... 2	→Q1232												
R_C	1228	Does this facility have protocols or guidelines for referring patients to other facilities? IF YES, ASK: May I see them?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO ..... 3													
R_C	1229	Does this facility have protocols or guidelines for counter-referral (back-referral) of patients? THIS MEANS REFERRAL OF PATIENTS BACK TO THE ORIGINAL REFERRING FACILITY WITH WRITTEN FEEDBACK IF YES, ASK: May I see them?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO ..... 3 NOT APPLICABLE ..... 5													
R_C	1230	Does the facility maintain records (e.g. a register) of patients who are referred out? IF YES, ASK: May I see records of patients referred out?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO ..... 3													
R_C	1231	Does this facility receive feedback on referrals out?	YES, ROUTINELY..... 1 YES, SOMETIMES ..... 2 NO ..... 3													
R_C	1232	Does this facility have access to a functional ambulance or other vehicle for emergency transportation for clients that is either stationed at this facility or that the facility can call for?	YES, AMBULANCE ..... 1 YES, OTHER TYPE OF VEHICLE ..... 2 NO ..... 3	→END OF SECTION												

Mod/Ind	No.	Question	Response	Skip
R_C	1233	Is the emergency vehicle and a driver available 24 hours?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8	
R_C	1234	Is the vehicle available, in working order and with fuel and a driver available today? IF UNCERTAIN, ASK RESPONDENT TO CHECK WITH SOMEONE WHO WOULD KNOW.	YES..... 1 NO ..... 2 DON'T KNOW ..... 8	

Mod/Ind	No	Question	Response	Skip
		<b>13. OUTPATIENT SERVICE CONDITIONS</b>		
		<b>13.1. SERVICE AVAILABILITY</b>		
A_C, R_C	1300	Are any outpatient services offered?	YES..... 1 NO ..... 2	→ END OF SECTION
	1301	ASK TO BE SHOWN THE GENERAL OUTPATIENT SERVICE AREA IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE GENERAL OUTPATIENT SERVICE ORGANIZATION. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.  First, I would like to know about the <b>hours</b> that this facility provides outpatient services and the <b>infrastructure conditions</b> that exist for outpatient services.  IF OUTPATIENT SERVICES ARE OFFERED IN DIFFERENT BUILDINGS, PROVIDE THE RESPONSE THAT REFLECTS WHERE GENERAL CURATIVE CARE SERVICES FOR ADULTS ARE PROVIDED.		
A_C	1302	On average, how many hours per day is this facility open for outpatient services (i.e. non-emergency services)?	4 HOURS OR FEWER ..... 1 5–8 HOURS ..... 2 9–16 HOURS ..... 3 17–23 HOURS ..... 4 24 HOURS ..... 5	
A_C	1304	On average, how many days per week is this facility open for non-emergency outpatient services?	DAYS PER WEEK OPEN FOR NON-EMERGENCY SERVICES ____	
		<b>13.2. OUTPATIENT AMENITIES</b>		
R_C	1305	Is there a room with auditory and visual privacy available for patient consultations?  CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	BOTH AUDITORY AND VISUAL PRIVACY ..... 1 VISUAL PRIVACY ONLY ..... 2 AUDITORY PRIVACY ONLY..... 3 NO PRIVACY ..... 4	
R_C	1306	Is there a toilet (latrine) on the premises that is accessible for general outpatient service patients or staff?  IF YES, ASK: What type of toilet? May I see the toilet?  IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE.	FLUSH TOILET: TO SEWER CONNECTION ..... 1 TO SEPTIC TANK ONSITE ..... 2 TO OPEN DRAIN ..... 3 PIT LATRINE: WITH SLAB ..... 4 WITHOUT SLAB/ OPEN PIT..... 5 COMPOSTING TOILET ..... 6 HANGING TOILET/HANGING LATRINE ..... 7 NO TOILET/LATRINE FACILITIES ON PREMISES..... 8	→ Q1319
R_C	1307	Is there a usable (available, functional, private) toilet for outpatient service patients and visitors?  IF YES, INDICATE IF THE TOILET IS CLOSE TO THE OUTPATIENT SERVICES UNIT, SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ..... 3	→ Q1310
R_C	1308	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR OUTPATIENT SERVICE PATIENTS AND VISITORS, THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..... 1 NO ..... 2 NOT APPLICABLE..... 5	
R_C	1309	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE OUTPATIENT SERVICE TOILET.	YES..... 1 NO ..... 2	
R_C	1310	Is there a usable (available, functional, private) toilet specifically for female outpatient service patients and visitors?  IF YES, INDICATE IF THE TOILET IS CLOSE TO THE UNIT, SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ..... 3	→ Q1314
R_C	1311	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET DEDICATED FOR USE BY FEMALE OUTPATIENTS THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..... 1 NO ..... 2 NOT APPLICABLE..... 5	

Mod/Ind	No	Question	Response	Skip
R_C	1312	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET DEDICATED FOR USE BY FEMALE OUTPATIENTS	YES..... 1 NO ..... 2	
R_C	1313	Is there a bin with a lid on it for disposal of used menstrual hygiene products in or close to the women's toilet? IF YES, ASK: May I see it?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1314	Is there a private area with soap and water for women to use for cleaning themselves? IF YES, ASK: May I see it?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1315	Is there at least one usable (available, functional, private) toilet for outpatient staff?  IF YES, INDICATE IF THE TOILET IS CLOSE TO THE UNIT, SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ..... 3	→Q1318
R_C	1316	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR OUTPATIENT STAFF THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..... 1 NO ..... 2 NOT APPLICABLE..... 5	
R_C	1317	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE STAFF TOILET.	YES..... 1 NO ..... 2	
		<b>13.3. SITE CONDITIONS</b>		
	1318	Now I would like to look at actual <b>conditions of cleanliness and safety</b> in the outpatient service site today.  BRIEFLY WALK AROUND THE MAIN SERVICE SITE FOR GENERAL OUTPATIENT CONSULTATION SERVICES FOR ADULTS AND CHILDREN. IF THERE ARE MULTIPLE SITES, INDICATE THE WORST SITUATION OBSERVED.		
R_C	1319	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT:	YES NO	
R_C	01	FLOOR: SWEEPED; NO OBVIOUS DIRT OR WASTE	1 2	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN; NO OBVIOUS DUST OR WASTE	1 2	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1 2	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1 2	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1 2	
R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1 2	
R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1 2	
R_C	08	NO SMOKING SIGNS	1 2	
R_C	1320	Now I would like to know about <b>items for infection prevention and control</b> available in this service site today. For each item that I ask about, please show me the item.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
R_C	01	Clean running water (piped water supply, or covered bucket with tap)	1 2 3	
R_C	02	Soap (bar or liquid) for hand hygiene	1 2 3	
R_C	03	Alcohol-based handrub	1 2 3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1 2 3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1 2 3	
R_C	06	Disposable latex gloves (non-sterile)	1 2 3	



Mod/Ind	No	Question	Response			Skip		
R_C	07	Disposable latex gloves (sterile)	1	2	3			
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 → 10	3 → 10			
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3			
R_C	10	Sharps container ("safety box")	1	2	3			
R_C	11	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3			
R_C	12	Non-reusable syringes (autodisable or disposable needles and syringes)	1	2	3			
R_C	13	Surgical masks	1	2	3			
R_C	14	N95 face masks	1	2	3			
R_C	15	Non-sterile protective gowns	1	2	3			
R_C	16	Aprons (impermeable)	1	2	3			
R_C	17	Eye protection (goggles, face shields)	1	2	3			
<b>13.4. EQUIPMENT AND COMMODITIES</b>								
	1321	Now I would like to see <b>patient examination</b> equipment and commodities that are available in the outpatient service site. IF THERE ARE MULTIPLE OUTPATIENT SERVICE SITES, ASSESS THE ITEMS THAT ARE IN THE SERVICE SITE FOR GENERAL OUTPATIENT CURATIVE CARE FOR ADULTS.						
R_C	1322	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL		
			OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW
R_C	01	Adult weighing scale	1 → B	2 → B	3 → 02	1	2	8
R_C	02	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 → B	2 → B	3 → 03	1	2	8
R_C	03	Thermometer	1 → B	2 → B	3 → 04	1	2	8
R_C	04	Stethoscope	1 → B	2 → B	3 → 05	1	2	8
R_C	05	Examination light that can be aimed for client examination (flashlight acceptable)	1 → B	2 → B	3 → 06	1	2	8
R_C	06	Child weighing scale (250 g gradation)	1 → B	2 → B	3 → 07	1	2	8
R_C	07	Infant weighing scale (100 g gradation)	1 → B	2 → B	3 → 08	1	2	8
R_C	08	Height board/stadiometer	1 → B	2 → B	3 → 09	1	2	8
R_C	09	Pulse oximeter	1 → B	2 → B	3 → 10	1	2	8
R_C	10	Measuring tape	1	2	3	✗	✗	✗
R_C	11	Mid-upper-arm circumference (MUAC) tape	1	2	3	✗	✗	✗
R_C	12	Insecticide-treated nets (ITN) or vouchers for ITN (adult/paediatric) [WHERE APPLICABLE]	1	2	3	✗	✗	✗
R_C	13	ITN or vouchers for ITN (infant) [WHERE APPLICABLE]	1	2	3	✗	✗	✗

Mod/Ind	No	Question	Response							Skip
R_C	14	Otoscope	1 →B	2 →B	3 →15	1	2	8		
R_C	15	Ophthalmoscope	1 →B	2 →B	3 →16	1	2	8		
R_C	16	Pen light/flashlight (to see back of throat)	1 →B	2 →B	3 →17	1	2	8		
R_C	17	Tongue depressors	1	2	3	✕	✕	✕		
R_C	1323	Now I would like to know about the availability of <b>oxygen</b> for patients in the general outpatient service area/unit. Does this unit ever provide oxygen to patients?	YES ..... 1 NO ..... 2							→Q1328
R_C	1324	Is there any oxygen currently available in this unit?	YES..... 1 NO ..... 2							→Q1326
R_C	1325	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL				
			OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW		
R_C	01	Centrally piped oxygen supply	1 →B	2 →B	3 →02	1	2	8		
R_C	02	Oxygen concentrator	1 →B	2 →B	3 →03	1	2	8		
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 →B	2 →B	3 →04	1	2	8		
R_C	04	Flowmeter for oxygen source, with gradations in mL	1 →B	2 →B	3 →05	1	2	8		
R_C	05	Humidifier	1 →B	2 →B	3 →06	1	2	8		
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 →B	2 →B	3 →Q1326	1	2	8		
R_C	1326	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES ..... 1 NO ..... 2							
R_C	1327	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..... 1 NO ..... 2 NOT APPLICABLE..... 5							
		<b>13.5. SUPPORT FOR QUALITY SERVICES</b>								
R_C	1328	Are there any guidelines or job aids on standard precautions for infection prevention and control available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the document?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3							
R_C	1329	Have you or any other outpatient unit staff received any training in standard precautions for infection prevention and control in the past 2 years?	YES..... 1 NO ..... 2							

Mod/Ind	No.	Question	Response	Skip
		<b>14. COMMUNICABLE DISEASES SERVICES</b>		
		<b>14.1. MALARIA</b>		
		<b>14.1.1. SERVICE AVAILABILITY</b>		
R_C	1400	Does this facility offer diagnosis and/or treatment of malaria?	YES..... 1 NO ..... 2	→ Q1409
	1401	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OUTPATIENT MALARIA SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
R_C	1402	Does the facility support any malaria services outside of this facility, including links with community health workers (CHWs)?	YES..... 1 NO ..... 2	
R_C	1403	Do providers in this facility diagnose malaria?	YES..... 1 NO ..... 2	→ Q1405
R_C	1404	Which of the following methods are used at this facility for diagnosing malaria?	YES NO	
R_C	01	Clinical symptoms without verification by RDT or microscopy	1 2	
R_C	02	Rapid diagnostic testing (RDT)	1 2	
R_C	03	Microscopy	1 2	
R_C	1405	Do providers in this facility prescribe treatment for malaria?	YES..... 1 NO ..... 2	
		<b>14.1.2. SUPPORT FOR QUALITY SERVICES</b>		
R_C	1406	Are national guidelines for the diagnosis and/or treatment of malaria available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO ..... 3	
R_C	1407	Are any other guidelines for the diagnosis and/or treatment of malaria available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO ..... 3	
R_C	1408	In the past 2 years, have you or any provider(s) of malaria services received any training in:	YES NO	
R_C	01	Malaria diagnosis with RDTs	1 2	
R_C	02	Malaria treatment	1 2	
		<b>14.2. NEGLECTED TROPICAL DISEASES (NTDs)</b>		
		<b>14.2.1. SERVICE AVAILABILITY</b>		
R_C	1409	Does this facility offer diagnosis and/or treatment for neglected tropical diseases (NTDs), such as lymphoedema, soil-transmitted diseases, schistosomiasis, trachoma, onchocerciasis (ONCO), lymphatic filariasis (LF), dengue, guinea-worm disease or visceral leishmaniasis?	YES..... 1 NO ..... 2	→ Q1414
R_C	1410	Which of the following NTDs does this facility diagnose and/or treat: [COUNTRY ADAPT]	YES NO	
R_C	01	Lymphoedema resulting from NTDs	1 2	
R_C	02	Soil-transmitted diseases (roundworm, hookworm, whipworm)	1 2	
R_C	03	Schistosomiasis (bilharzia)	1 2	
R_C	04	Trachoma	1 2	
R_C	05	Onchocerciasis (ONCO)	1 2	
R_C	06	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1 2	

Mod/Ind	No.	Question	Response	Skip
R_C	07	Dengue	1 2	
R_C	08	Guinea-worm disease (Dracunculiasis)	1 2	
R_C	09	Visceral leishmaniasis	1 2	
<b>14.2.2. COMMUNITY INTERVENTIONS</b>				
R_C	1411	Does the facility support any services related to any of the previously mentioned NTDs outside of this facility, including links with CHWs?	YES..... 1 NO ..... 2	→ Q1414
<b>14.3. SEXUALLY TRANSMITTED INFECTIONS (STIs)</b>				
<b>14.3.1. SERVICE AVAILABILITY</b>				
R_C	1414	Does this facility offer diagnosis and/or treatment of any STIs other than HIV?	YES..... 1 NO ..... 2	→ END OF SECTION
	1415	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
R_C	1416	Do providers in this facility diagnose STIs?	YES..... 1 NO ..... 2	
R_C	1417	Do providers in this facility prescribe treatment for STIs?	YES..... 1 NO ..... 2	
<b>14.3.2. SUPPORT FOR QUALITY SERVICES</b>				
R_C	1418	Are national guidelines for diagnosis and/or treatment of STIs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NOT AVAILABLE ..... 3	
R_C	1419	Are any other guidelines for diagnosis and/or treatment of STIs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NOT AVAILABLE ..... 3	
R_C	1420	Have you or any provider(s) of STI services received any training in STI diagnosis and/or treatment in the past 2 years?	YES..... 1 NO ..... 2	

Mod/Ind	No.	Question	Response	Skip
		<b>15. NONCOMMUNICABLE DISEASES SERVICES</b>		
		<b>15.1. NONCOMMUNICABLE DISEASES (NCDs)</b>		
R_C	1500	Does this facility offer diagnosis and/or management of chronic noncommunicable diseases (NCDs), such as diabetes, cardiovascular disease (e.g. hypertension), or chronic respiratory disease (e.g. asthma)?	YES..... 1 NO ..... 2	→Q1522
R_C	1501	Does the facility support any NCD-related services outside of this facility, including links with CHWs?	YES..... 1 NO ..... 2	
	1502	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NCD SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NCD SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
		<b>15.1.1. SYSTEMS TO SUPPORT QUALITY SERVICES FOR NCDs</b>		
	1503	I would like to know if the following documents for noncommunicable diseases are available in this service site today.		
R_C	1504	For each document that I will ask about, please show it to me.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
R_C	01	A register or database for patients who are diagnosed with NCDs that records information about when patients start treatment, treatment adherence, and outcomes	1 2 3	
R_C	02	A register or database for patients who are diagnosed with NCDs that only records information about when patients start treatment	1 2 3	
R_C	03	An appointment schedule for routine follow-up for NCD patients	1 2 3	
R_C	04	Individual patient treatment cards/files (paper or electronic) maintained for patients with NCDs	1 2 3	
		<b>15.2. DIABETES</b>		
		<b>15.2.1. SERVICE AVAILABILITY</b>		
R_C	1505	Does this facility offer any services for diabetes?	YES..... 1 NO ..... 2	→Q1510
R_C	1506	Does this facility provide any of the following services:	YES NO	
R_C	01	Diagnose diabetes	1 2	
R_C	02	Prescribe treatment for diabetes	1 2	
R_C	03	Follow-up services for diabetes patients	1 2	
R_C	04	Counselling for diabetes self-management including dietary advice, footcare, and follow-up	1 2	
		<b>15.2.2. SUPPORT FOR QUALITY SERVICES</b>		
R_C	1507	Are national guidelines for diagnosis and/or management of diabetes available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1508	Are any other guidelines for diagnosis and/or management of diabetes available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1509	Have you or any provider(s) of diabetes services received any training in the diagnosis and/or management of diabetes in the past 2 years?	YES..... 1 NO ..... 2	
		<b>15.3. CARDIOVASCULAR DISEASE (CVD)</b>		
		<b>15.3.1. SERVICE AVAILABILITY</b>		
R_C	1510	Does this facility offer any services for cardiovascular diseases (CVDs), such as hypertension?	YES..... 1 NO ..... 2	→Q1515

Mod/Ind	No.	Question	Response				Skip				
R_C	1511	Which of the following CVDs does this facility diagnose, treat, counsel on, and/or refer:	DIAGNOSE, TREAT, AND PATIENT FOLLOW-UP	PATIENT FOLLOW-UP ONLY	COUNSELING ON SELF CARE	NO SERVICE/ REFER SUSPECT CASE					
R_C	01	Hypertension	1	2	3	4					
R_C	02	Acute myocardial infarction	1	2	3	4					
R_C	03	Congestive heart failure	1	2	3	4					
R_C	04	Cerebral vascular accident / stroke	1	2	3	4					
<b>15.3.2. SUPPORT FOR QUALITY SERVICES</b>											
R_C	1512	Are national guidelines for diagnosis and/or management of CVDs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3								
R_C	1513	Are any other guidelines for diagnosis and/or management of CVDs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3								
R_C	1514	Have you or any provider(s) of CVD services received any training in the diagnosis and/or management of CVDs, such as hypertension, in the past 2 years?	YES ..... 1 NO ..... 2								
<b>15.4. CHRONIC RESPIRATORY DISEASE (CRD)</b>											
<b>15.4.1. SERVICE AVAILABILITY</b>											
R_C	1515	Does this facility offer any services for chronic noncommunicable respiratory diseases (CRD), such as asthma?	YES ..... 1 NO ..... 2				→ Q1522				
R_C	1516	Which of the following CRDs does this facility diagnose, treat, counsel on, and/or refer:	DIAGNOSE, TREAT, AND PATIENT FOLLOW-UP	PATIENT FOLLOW-UP ONLY	COUNSELING ON SELF CARE	NO SERVICE/ REFER SUSPECT CASE					
R_C	01	Asthma	1	2	3	4					
R_C	02	Chronic obstructive pulmonary disease (COPD)	1	2	3	4					
<b>15.4.2. EQUIPMENT</b>											
	1517	Now I would like to ask about equipment for CRD services available in this service site today.									
R_C	1518	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT, THE ITEM MUST BE IN THE SERVICE AREA OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY EXPECTED TO USE IT.	(A) AVAILABLE			(B) FUNCTIONAL					
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW			
R_C	01	Peak flow meters	1 → B	2 → B	3 → 02	1	2	8			
R_C	02	Spacers for inhalers	1 → B	2 → B	3 → Q1519	1	2	8			
<b>15.4.3. SUPPORT FOR QUALITY SERVICES</b>											
R_C	1519	Are national guidelines for diagnosis and/or management of CRDs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3								
R_C	1520	Are any other guidelines for the diagnosis and/or management of CRDs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3								

Mod/Ind	No.	Question	Response	Skip	
R_C	1521	Have you or any provider(s) of CRD services received any training in the diagnosis and/or management of CRD in the past 2 years?	YES ..... 1 NO ..... 2		
		<b>15.5. CANCER</b>			
		<b>SERVICE AVAILABILITY</b>			
R_C	1522	Does this facility offer any cancer services?	YES ..... 1 NO ..... 2	→ END OF SECTION	
	1523	IF CANCERS ARE DIAGNOSED AND TREATED IN A DIFFERENT LOCATION IN THE FACILITY, ASK TO BE SHOWN THE LOCATION WHERE SERVICES FOR CANCER ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CANCER SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
		<b>SUPPORT FOR QUALITY SERVICES</b>			
R_C	1524	Are newly diagnosed cancer patients reported to a national cancer registry?	YES ..... 1 NO ..... 2		
R_C	1525	Are newly diagnosed cancer patients reported to/entered into a facility cancer registry/database? IF YES, ASK: May I see the registry/database?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3		
R_C	1526	Are there registers or databases for patients diagnosed with cancer, where information on treatment adherence and outcomes is recorded? IF YES, ASK: May I see the register/database?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3		
		<b>15.5.1. CERVICAL CANCER</b>			
		<b>SERVICE AVAILABILITY</b>			
R_C	1527	Does this facility offer any services for cervical cancer?	YES ..... 1 NO ..... 2	→ Q1535	
	1528	FIND THE MOST KNOWLEDGEABLE PERSON ABOUT THE CERVICAL CANCER SERVICES.			
R_C	1529	Which of the following services for cervical cancer screening, diagnosis, and/or treatment are offered in this facility:	YES NO		
R_C	01	Collect PAP smear specimen	1 2		
R_C	02	Read PAP smear results	1 2		
R_C	03	Read results for HPV test	1 2		
R_C	04	Colposcopy	1 2		
R_C	05	Cervical biopsy	1 2		
R_C	06	Perform digital cervicography	1 2		
R_C	07	Treatment of pre-invasive cervical cancer lesions (e.g. cryotherapy, thermal/cold coagulation or loop electrosurgical excision procedure [LEEP])	1 2		
		<b>EQUIPMENT AND COMMODITIES</b>			
	1530	Now I would like to know about equipment and commodities for cervical cancer services available in this service site today.			
R_C	1531	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE (B) FUNCTIONAL		
			OBSERVED REPORTED, NOT SEEN NOT AVAILABLE YES NO DON'T KNOW		
R_C	01	Acetic acid or Lugol's iodine for visual inspection (VIA or VIA/VILI)	1 2 3	✗ ✗ ✗	
R_C	02	Speculum	1 → B 2 → B 3 → 03	1 2 8	
R_C	03	Glass slides	1 2 3	✗ ✗ ✗	
R_C	04	Latex gloves	1 2 3	✗ ✗ ✗	

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



Mod/Ind	No.	Question	Response	Skip
R_C	1538	Are any other guidelines for breast cancer screening, diagnosis, and/or treatment available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1539	Have you or any provider(s) of breast cancer services received any training in breast cancer screening, diagnosis and/or treatment in the past 2 years?	YES ..... 1 NO ..... 2	
<b>15.5.3. COLORECTAL CANCER</b>				
<b>SERVICE AVAILABILITY</b>				
R_C	1540	Does this facility offer any services for colorectal cancer?	YES ..... 1 NO ..... 2	→ Q1545
R_C	1541	Which of the following services for colorectal cancer screening, diagnosis and/or treatment are offered in this facility:	PERFORM IN FACILITY      REFER FOR SERVICE      NOT AVAILABLE	
R_C	01	Stool guaiac test / faecal immunochemical test (FIT)	1      2      3	
R_C	02	Colonoscopy	1      2      3	
R_C	03	Biopsy of colon polyp	1      2      3	
R_C	04	Surgical interventions	1      2      3	
R_C	05	Chemotherapy	1      2      3	
<b>SUPPORT FOR QUALITY SERVICES</b>				
R_C	1542	Are national guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1543	Are any other guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today? IF YES ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1544	Have you or any provider(s) of colorectal cancer services received any training in colorectal cancer screening, diagnosis and/or treatment in the past 2 years?	YES ..... 1 NO ..... 2	
<b>15.5.4. PROSTATE CANCER</b>				
<b>SERVICE AVAILABILITY</b>				
R_C	1545	Does this facility offer any services for prostate cancer?	YES ..... 1 NO ..... 2	→ END OF SECTION
R_C	1546	Which of the following services for prostate screening, diagnosis and/or treatment are offered in this facility:	PERFORM IN FACILITY      REFER FOR SERVICE      NOT AVAILABLE	
R_C	01	Digital rectal examination (DRE)	1      2      3	
R_C	02	Prostate specific antigen (PSA) testing	1      2      3	
R_C	03	Prostate biopsy	1      2      3	
R_C	04	Surgical interventions	1      2      3	
R_C	05	Radiation therapy	1      2      3	
<b>SUPPORT FOR QUALITY SERVICES</b>				
R_C	1547	Are national guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	

Mod/Ind	No.	Question	Response	Skip
R_C	1548	Are any other guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today? IF YES ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1549	Have you or any provider(s) of prostate cancer services received any training in prostate cancer screening, diagnosis and/or treatment in the past 2 years?	YES ..... 1 NO ..... 2	

Mod/Ind	No.	Question	Response	Skip							
		<b>16. SERVICES FOR MENTAL HEALTH AND NEUROLOGICAL CONDITIONS</b>									
		<b>16.1. SERVICE AVAILABILITY</b>									
R_C	1600	Does this facility offer any services for mental health conditions (such as depression) and/or neurological conditions (such as epilepsy)?	YES ..... 1 NO ..... 2	→ END OF SECTION							
R_C	1601	For each service I ask about, please tell me if the service is offered in this facility. If yes, is it offered as an inpatient, outpatient, or both in- and outpatient service?	<table border="1"> <thead> <tr> <th colspan="3">YES</th> <th rowspan="2">NOT OFFERED</th> </tr> <tr> <th>INPATIENT ONLY</th> <th>OUTPATIENT ONLY</th> <th>BOTH IN- AND OUTPATIENT</th> </tr> </thead> </table>	YES			NOT OFFERED	INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT	
YES			NOT OFFERED								
INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT									
R_C	01	Mental disorders (e.g. depression, schizophrenia)	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	1	2	3	4				
1	2	3	4								
R_C	02	Neurological disorders (e.g. epilepsy, dementia)	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	1	2	3	4				
1	2	3	4								
	1602	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OUTPATIENT MENTAL HEALTH SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MENTAL HEALTH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.									
R_C	1603	Now I would like to know about specific types of mental and neurological services offered. For each diagnosis I mention, please tell me if this facility diagnoses and/or provides patient follow-up for the condition.	<table border="1"> <thead> <tr> <th>DIAGNOSE, TREAT, AND PATIENT FOLLOW-UP</th> <th>PATIENT FOLLOW-UP ONLY</th> <th>NO SERVICE/ REFER SUSPECT CASE</th> </tr> </thead> </table>	DIAGNOSE, TREAT, AND PATIENT FOLLOW-UP	PATIENT FOLLOW-UP ONLY	NO SERVICE/ REFER SUSPECT CASE					
DIAGNOSE, TREAT, AND PATIENT FOLLOW-UP	PATIENT FOLLOW-UP ONLY	NO SERVICE/ REFER SUSPECT CASE									
R_C	01	Mood disorders (e.g. depression, bipolar disorder)	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	1	2	3					
1	2	3									
R_C	02	Schizophrenia	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	1	2	3					
1	2	3									
R_C	03	Anxiety-related disorders	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	1	2	3					
1	2	3									
R_C	04	Epilepsy / seizures	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	1	2	3					
1	2	3									
R_C	05	Dementia	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	1	2	3					
1	2	3									
R_C	06	Disorders due to substance use or addictive behaviours	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	1	2	3					
1	2	3									
R_C	1604	Does the facility support any services related to mental/neurological health outside of this facility, including links with CHWs?	YES ..... 1 NO ..... 2								
		<b>16.2. SUPPORT FOR QUALITY SERVICES</b>									
R_C	1605	Are national guidelines for diagnosis and/or management of mental and/or neurological conditions available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3								
R_C	1606	Are any other guidelines for diagnosis and/or management of mental and/or neurological conditions available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3								
R_C	1607	Have you or any provider(s) of mental health services received training on diagnosis, counselling and/or treatment of mental health conditions in the past 2 years?	YES ..... 1 NO ..... 2								
R_C	1608	Have you or any provider(s) of neurological health services received training on diagnosis, counselling and/or treatment of neurological conditions in the past 2 years?	YES ..... 1 NO ..... 2								

Mod/Ind	No.	Question	Response	Skip
		<b>17. SERVICES FOR SPECIAL NEEDS</b>		
		<b>17.1. PALLIATIVE CARE</b>		
		<b>17.1.1. SERVICE AVAILABILITY</b>		
R_C	1700	Does this facility offer any palliative care services?	YES ..... 1 NO ..... 2	→ Q1706
R_C	1701	Which of the following palliative health services are offered in this facility:	YES NO	
R_C	01	Inpatient palliative care	1 2	
R_C	02	Outpatient palliative care	1 2	
R_C	03	Home care for palliative care	1 2	
R_C	04	Linkages with other organizations providing home-based palliative care	1 2	
	1702	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PALLIATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PALLIATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
		<b>17.1.2. SUPPORT FOR QUALITY SERVICES</b>		
R_C	1703	Are national guidelines for palliative care services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1704	Are any other guidelines for palliative care services available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	1705	Have you or any provider(s) of palliative care received training on palliative care services in the past 2 years?	YES ..... 1 NO ..... 2	
		<b>17.2. REHABILITATIVE CARE</b>		
		<b>17.2.1. SERVICE AVAILABILITY</b>		
R_C	1706	Does this facility offer any rehabilitative care or physiotherapy services?	YES ..... 1 NO ..... 2	→ Q1713
		<b>17.2.2. SITE CONDITIONS</b>		
R_C	1707	Is there a treatment area specific for rehabilitation or physiotherapy services?	YES ..... 1 NO ..... 2	
		<b>17.2.3. EQUIPMENT</b>		
	1708	Now I would like to know about equipment and commodities for rehabilitation services.		
R_C	1709	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE (B) FUNCTIONAL	
			OBSERVED REPORTED, NOT SEEN NOT AVAILABLE YES NO DON'T KNOW	
R_C	01	Parallel bars	1 → B 2 → B 3 → 02 1 2 8	
R_C	02	Height adjustable treatment bed/plinth	1 → B 2 → B 3 → 03 1 2 8	
R_C	03	Upper limb exercise equipment (weights/pulleys/TheraBand)	1 → B 2 → B 3 → 04 1 2 8	
R_C	04	Measuring tape/goniometer	1 → B 2 → B 3 → 05 1 2 8	
R_C	05	Walking frames/crutches/ walking sticks	1 → B 2 → B 3 → 06 1 2 8	
R_C	06	Compression bandages/tubigrip	1 → B 2 → B 3 → 07 1 2 8	
R_C	07	Casting and splinting kit	1 → B 2 → B 3 → 08 1 2 8	
R_C	08	Audiometric equipment and booth	1 → B 2 → B 3 → 09 1 2 8	

Mod/Ind	No.	Question	Response							Skip
R_C	09	Any equipment for paediatric rehabilitation (mats/toys/ walking frames/standing frames)	1 → B	2 → B	3 → 10	1	2	8		
R_C	10	Any patient education materials	1	2	3	✕	✕	✕		
<b>17.2.4. SUPPORT FOR QUALITY SERVICES</b>										
R_C	1710	Are national guidelines or national protocols or procedures for rehabilitation care available in this service area today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3							
R_C	1711	Are any other guidelines, protocols or procedures for rehabilitation care available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3							
R_C	1712	Have you or any provider(s) of rehabilitation services received training on assessment or treatment for rehabilitation needs of patients in the past 2 years?	YES ..... 1 NO ..... 2							
<b>17.3. RAPE OR INTIMATE PARTNER VIOLENCE SURVIVORS</b>										
<b>17.3.1. SERVICE AVAILABILITY</b>										
R_C	1713	Does this facility offer any services for survivors of rape and/or intimate partner violence?	YES ..... 1 NO ..... 2							→ Q1719
R_C	1714	Which of the following services are offered to survivors of rape and/or intimate partner violence?	YES		NO					
R_C	01	Forensic assessment and examinations	1		2					
R_C	02	Hepatitis B immunization	1		2					
R_C	03	Post exposure prophylaxis (PEP) for HIV	1		2					
R_C	04	Emergency contraception	1		2					
R_C	05	Presumptive treatment for sexually transmitted infections (STIs) according to national protocols	1		2					
R_C	06	Tetanus toxoid or immunoglobulin	1		2					
R_C	07	Counselling on induced abortion services	1		2					
R_C	08	Induced abortion services	1		2					
<b>17.3.2. SITE CONDITIONS</b>										
R_C	1715	Is there a safe and locked filing space to keep records confidential, or password-protected computer for electronic files? IF YES, ASK: May I see it?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3							
R_C	1716	Is a health worker of the same sex as the survivor always available to conduct the examination or to be in the same room during the examination?	YES ..... 1 NO ..... 2							
<b>17.3.3. SUPPORT FOR QUALITY SERVICES</b>										
	1717	Now I would like to know about documents for survivors of rape and/or intimate partner violence available in this service site today.								
R_C	1718	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN		NOT AVAILABLE				
R_C	01	National guidelines on services for rape and/or intimate partner violence survivors [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2		3				
R_C	02	Any other guidelines on services for rape and/or intimate partner violence survivors	1	2		3				

Mod/Ind	No.	Question	Response			Skip
R_C	03	Form or standard for documenting cases of rape or intimate partner violence	1	2	3	
R_C	04	Consent form	1	2	3	
R_C	1719	Have you or any provider(s) of services for rape and/or intimate partner violence received any training on care of survivors in the past 2 years?	YES ..... 1 NO ..... 2			
		<b>17.4. CHILDREN AFFECTED BY MALTREATMENT</b>				
		<b>17.4.1. SERVICE AVAILABILITY</b>				
R_C	1720	Does this facility offer any services for children affected by maltreatment? (Child maltreatment includes physical, sexual or emotional violence and neglect of persons aged 0–17 by parents or caregivers.)	YES ..... 1 NO ..... 2			➔ END OF SECTION
		<b>17.4.2. SUPPORT FOR QUALITY SERVICES</b>				
	1721	Now I would like to know about documents for children affected by maltreatment available in this service site today.				
R_C	1722	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines, procedures, or protocols for identification of and/or services for children affected by maltreatment [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines, procedures, or protocols for identification of and/or services for children affected by maltreatment	1	2	3	
R_C	03	Form or standard for the documentation of child maltreatment cases	1	2	3	
R_C	1723	Have you or any provider(s) of services for child maltreatment received training in the past 2 years on identification of and/or services for children affected by maltreatment?	YES ..... 1 NO ..... 2			

Mod/Ind	No.	Question	Response	Skip
		<b>18. MATERNAL AND NEWBORN SERVICES (OUTPATIENT)</b>		
		<b>18.1. FAMILY PLANNING</b>		
		<b>18.1.1. SERVICE AVAILABILITY</b>		
R_C	1800	Does this facility offer any family planning services?	YES ..... 1 NO ..... 2	→ Q1810
	1801	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
R_C	1802	Does this facility provide or prescribe any of the following modern methods of family planning:	YES NO	
R_C	01	Combined estrogen progesterone oral contraceptive pills	1 2	
R_C	02	Progestin-only contraceptive pills	1 2	
R_C	03	Combined estrogen progesterone injectable contraceptives	1 2	
R_C	04	Progestin-only injectable contraceptives	1 2	
R_C	05	Male condoms	1 2	
R_C	06	Female condoms	1 2	
R_C	07	Implants	1 2	
R_C	08	Emergency contraceptive pills	1 2	
R_C	09	Intrauterine contraceptive device (IUCD)	1 2	
R_C	10	Cycle beads for standard days method	1 2	
R_C	11	Male sterilization	1 2	
R_C	12	Female sterilization	1 2	
R_C	1803	Does this facility provide any family planning services for unmarried adolescents?	YES ..... 1 NO ..... 2	
R_C	1804	Does this facility support any family planning services outside of this facility, including links with CHWs?	YES ..... 1 NO ..... 2	
		<b>18.1.2. EQUIPMENT</b>		
	1805	Now I would like to ask about equipment for family planning available in this service site today.		
R_C	1806	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE (B) FUNCTIONAL	
			OBSERVED REPORTED, NOT SEEN NOT AVAILABLE YES NO DON'T KNOW	
R_C	01	Blood pressure apparatus	1→B 2→B 3→Q1807 1 2 8	
		<b>18.1.3. SUPPORT FOR QUALITY SERVICES</b>		
	1807	Now I would like to know if the following documents for family planning are available in this service site today.		
R_C	1808	For each document that I ask about, please show it to me.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
R_C	01	National family planning guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
R_C	02	Any other family planning guidelines	1 2 3	
R_C	03	Any family planning checklist and/or job aids	1 2 3	
R_C	04	National guidelines for adolescent reproductive health services [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
R_C	05	Any other guidelines for adolescent reproductive health services	1 2 3	

Mod/Ind	No.	Question	Response			Skip			
R_C	06	Individual client record/file/cards (These might be specific to family planning, or part of a comprehensive patient record)	1	2	3				
R_C	1809	In the past 2 years, have you or any provider(s) of family planning services received training in:	YES		NO				
R_C	01	Family planning	1	2					
R_C	02	Adolescent sexual and reproductive health	1	2					
		<b>18.2. ANTENATAL CARE (ANC)</b>							
		<b>18.2.1. SERVICE AVAILABILITY</b>							
R_C	1810	Does this facility offer antenatal care (ANC) services?	YES .....1 NO .....2			→Q1819			
	1811	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
R_C	1812	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services:	YES		NO				
R_C	01	Iron supplementation	1	2					
R_C	02	Folic acid supplementation	1	2					
R_C	03	Intermittent preventive treatment in pregnancy (IPTp) for malaria [WHERE APPLICABLE]	1	2					
R_C	04	ITNs or vouchers for ITNs for pregnant women [WHERE APPLICABLE]	1	2					
R_C	05	Tetanus toxoid immunization	1	2					
R_C	06	Monitoring for hypertensive disorder of pregnancy (measure blood pressure)	1	2					
R_C	07	Routinely check urine protein	1	2					
R_C	08	Calcium supplementation for women at risk of pre-eclampsia	1	2					
R_C	09	Low-dose aspirin for women at risk of pre-eclampsia	1	2					
R_C	10	HIV test for pregnant women	1	2					
R_C	11	Routine syphilis testing	1	2					
R_C	12	Treatment for syphilis	1	2					
R_C	13	Diagnosis and treatment for sexually transmitted infections	1	2					
R_C	14	Counselling for prevention of female genital mutilation (FGM)	1	2					
R_C	1813	Does this facility support any antenatal care services outside of this facility, including links with CHWs?	YES .....1 NO .....2						
		<b>18.2.2. EQUIPMENT AND COMMODITIES</b>							
	1814	Now I would like to ask about items for provision of antenatal care available in this service site today.							
R_C	1815	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Blood pressure apparatus	1→B	2→B	3→02	1	2	8	
R_C	02	Foetal stethoscope/pinard/ doppler	1→B	2→B	3→03	1	2	8	
R_C	03	Adult weighing scale	1→B	2→B	3→04	1	2	8	



Mod/Ind	No.	Question	Response						Skip
R_C	04	Examination bed	1→B	2→B	3→05	1	2	8	
R_C	05	Tape measure	1	2	3	✕	✕	✕	
R_C	06	ITN or vouchers for ITN (adult and/or /paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
<b>18.2.3. SUPPORT FOR QUALITY SERVICES</b>									
	1816	Now I would like to know if the following documents for antenatal care are available in this service site today.							
R_C	1817	For each document that I will ask about, please show it to me.	OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE		
R_C	01	National ANC guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3				
R_C	02	Any other ANC guidelines	1	2	3				
R_C	03	Any ANC checklists and/or job aids	1	2	3				
R_C	04	National guidelines on IPTp [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] [WHERE APPLICABLE] ACCEPTABLE IF PART OF ANC GUIDELINES	1	2	3				
R_C	05	IPTp checklists and/or job aids (including wall charts) [WHERE APPLICABLE]	1	2	3				
R_C	1818	In the past 2 years, have you or any provider(s) of ANC services received training in any of the following topics:	YES		NO				
R_C	01	Any aspect of ANC	1	2					
R_C	02	IPTp [WHERE APPLICABLE]	1	2					
R_C	03	Prevention and management of female genital mutilation (FGM)	1	2					
<b>18.3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION</b>									
<b>18.3.1. SERVICE AVAILABILITY</b>									
R_C	1819	Does this facility offer services for prevention of mother to child transmission of HIV (PMTCT)?	YES .....1 NO .....2					→ Q1826	
	1820	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. IT MAY BE NECESSARY TO GO TO ANOTHER SITE FOR PMTCT POSTPARTUM FOLLOW-UP.							
R_C	1821	As part of PMTCT services, please tell me if this facility provides the following services to clients:	YES		NO				
R_C	01	HIV testing services to all pregnant women attending ANC	1	2					
R_C	02	HIV counselling services to HIV-positive pregnant women for PMTCT	1	2					
R_C	03	HIV counselling to mothers about risks for exposed infants and testing services for infants born to HIV-positive women for PMTCT	1	2					
R_C	04	Provision of or referral for all HIV-positive pregnant women of any PMTCT antiretroviral (ARV) regimen	1	2					
R_C	05	ARV prophylaxis to newborns of HIV-positive pregnant women for PMTCT	1	2					
R_C	06	Repeat testing for HIV-negative pregnant women 3 months after first test, while pregnant or during labour/delivery	1	2					
R_C	07	Partner HIV testing	1	2					
R_C	08	Nutritional counselling for HIV-positive pregnant women	1	2					

Mod/Ind	No.	Question	Response			Skip
R_C	09	Infant and young child feeding counselling for infants of HIV-positive women	1	2		
R_C	10	Family planning counselling to HIV-positive pregnant women for PMTCT	1	2		
R_C	11	Early infant diagnosis (EID) services for all HIV-exposed infants	1	2		
		<b>18.3.2. SITE CONDITIONS</b>				
R_C	1822	Is the PMTCT service room or area a private room/area with auditory and visual privacy?  CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	BOTH AUDITORY AND VISUAL PRIVACY .....1 VISUAL PRIVACY ONLY.....2 AUDITORY PRIVACY ONLY .....3 NO PRIVACY .....4			
		<b>18.3.3. SUPPORT FOR QUALITY SERVICES</b>				
	1823	Now I would like to know if the following documents for PMTCT are available in this service site today.				
R_C	1824	For each document that I will ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for PMTCT [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for PMTCT	1	2	3	
R_C	03	National guidelines for infant and young child feeding counselling related to PMTCT [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Any other guidelines for infant and young child feeding counselling related to PMTCT	1	2	3	
R_C	1825	In the past 2 years, have you or any provider(s) of PMTCT services received any training in:	YES		NO	
R_C	01	PMTCT	1	2		
R_C	02	Infant and young child feeding related to PMTCT	1	2		
		<b>18.4. OUTPATIENT POSTNATAL CARE (PNC): MATERNAL AND/OR NEWBORN</b>				
R_C	1826	Does this facility routinely provide any maternal postnatal and/or newborn care as an outpatient service for women and newborns coming from home?	YES .....1 NO .....2			→ END OF SECTION
		<b>18.4.1. MATERNAL POSTNATAL CARE SERVICES</b>				
R_C	1827	Does this facility provide any maternal postnatal care as an outpatient service to women coming from home?	YES .....1 NO .....2			→ Q1834
R_C	1828	Does the facility support any postpartum care services outside of this facility, including links with CHWs?	YES .....1 NO .....2			
	1829	ASK WHERE POSTPARTUM WOMEN AND/OR THEIR NEWBORNS WHO ARRIVE FROM OUTSIDE THE FACILITY RECEIVE SERVICES FOR ROUTINE POSTPARTUM CARE IN THE OUTPATIENT SERVICE AREA AND GO THERE TO ASK THE FOLLOWING QUESTIONS.				
		<b>MATERNAL PNC SITE CONDITIONS</b>				
R_C	1830	Is there an area for postpartum examination that provides auditory and visual privacy?  CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	BOTH AUDITORY AND VISUAL PRIVACY .....1 VISUAL PRIVACY ONLY.....2 AUDITORY PRIVACY ONLY .....3 NO PRIVACY .....4			
		<b>SUPPORT FOR QUALITY MATERNAL PNC SERVICES</b>				
R_C	1831	Are there national guidelines for maternal postnatal care available in this service area today: [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, May I see the guidelines?	YES, OBSERVED .....1 YES, REPORTED, NOT SEEN.....2 NO .....3			
R_C	1832	Are there any other guidelines for maternal postnatal care available in this service area today? IF YES, May I see the guidelines?	YES, OBSERVED .....1 YES, REPORTED, NOT SEEN.....2 NO .....3			
R_C	1833	Have you or any other PNC service provider(s) received any training related to maternal PNC in the past 2 years?	YES .....1 NO .....2			

Mod/Ind	No.	Question	Response			Skip
		<b>18.4.2. NEWBORN CARE SERVICES</b>				
R_C	1834	Does this facility provide any newborn care as an outpatient service to women coming from home?	YES .....1 NO .....2			→ END OF SECTION
R_C	1835	Which of the following services are routinely offered as part of outpatient newborn care:	YES	NO		
R_C	01	Counselling on child immunization needs	1	2		
R_C	02	Counselling on child nutritional needs and good feeding practices	1	2		
R_C	03	Counselling on danger signs in the newborn	1	2		
R_C	04	Counselling on cord care and hygiene	1	2		
R_C	05	Counselling on family planning	1	2		
R_C	06	Provision of newborn vaccines (BCG)	1	2		
R_C	07	Provision of newborn vaccines (OPV)	1	2		
R_C	08	Provision of ITN for infant [WHERE APPLICABLE]	1	2		
R_C	09	Counselling on exclusive breast feeding	1	2		
R_C	1836	Does this facility support any newborn care services outside of this facility, including links with CHWs?	YES .....1 NO ..... 2			
		<b>SUPPORT FOR QUALITY NEWBORN SERVICES</b>				
	1837	Now I would like to know if the following documents for outpatient newborn care services are available in this service site today.				
R_C	1838	For each document that I will ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for essential newborn care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for essential newborn care	1	2	3	
R_C	03	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
R_C	04	Referral guidelines for the small newborn	1	2	3	
R_C	05	Guidelines or protocols for neonatal sepsis	1	2	3	
R_C	06	Checklists or job aids for neonatal sepsis	1	2	3	
R_C	1839	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES	NO		
R_C	01	Breastfeeding and counselling for promoting breastfeeding	1	2		
R_C	02	Essential newborn care, other than for breastfeeding	1	2		
R_C	03	Neonatal sepsis	1	2		

Mod/Ind	No.	Question	Response	Skip
		<b>19. ABORTION CARE SERVICES</b>		
	1900	Now I am going to ask questions about abortion care services. This includes services for management of incomplete spontaneous abortion/loss of pregnancy/miscarriage, as well as services for induced abortion.		
		<b>19.1. SERVICE AVAILABILITY</b>		
R_C	1901	Does this facility offer any abortion care services, including management of incomplete abortion and/or induced abortion services on approved legal grounds and/or upon request?	YES..... 1 NO ..... 2	→ END OF SECTION
R_C	1902	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ABORTION SERVICES ARE PROVIDED. IF SERVICES ARE PROVIDED IN BOTH INPATIENT AND OUTPATIENT LOCATIONS, GO TO THE OUTPATIENT LOCATION. IF SERVICES FOR INCOMPLETE AND INDUCED ABORTION ARE PROVIDED IN DIFFERENT LOCATIONS, GO TO THE LOCATION WHERE INDUCED ABORTION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ABORTION CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
R_C	1903	Does this facility offer any abortion services for adolescents?	YES..... 1 NO ..... 2	
R_C	1904	Does this facility offer any services for management of incomplete abortion? IF YES, ASK WHETHER PROVIDED AS AN OUTPATIENT SERVICE, AN INPATIENT SERVICE, OR BOTH	YES, OUTPATIENT ONLY..... 1 YES, INPATIENT ONLY ..... 2 YES, BOTH OUTPATIENT ..... 3 NO ..... 4	→ Q1906
R_C	1905	Does this facility offer any of the following services for management of incomplete abortion?	YES	NO
R_C	01	Misoprostol	1	2
R_C	02	Vacuum aspiration: manual (MVA) or electric (EVA)	1	2
R_C	03	Dilation and evacuation (D&E)	1	2
R_C	04	Dilation and curettage (D&C)	1	2
R_C	1906	Does this facility offer any services for induced abortion?	YES, OUTPATIENT ONLY..... 1 YES, INPATIENT ONLY ..... 2 YES, BOTH OUTPATIENT ..... 3 NO ..... 4	→ Q1910
R_C	1907	Does this facility offer any of the following services for induced abortion?	YES	NO
R_C	01	Induced abortion services on approved legal grounds < 12 weeks gestation	1	2
R_C	02	Induced abortion services on approved legal grounds ≥ 12 weeks gestation	1	2
R_C	03	Induced abortion services provided upon request < 12 weeks gestation	1	2
R_C	04	Induced abortion services provided upon request ≥ 12 weeks gestation	1	2
R_C	1908	Does this facility offer any of the following interventions for induced abortion?	YES	NO
R_C	01	Misoprostol alone for gestation < 12 weeks	1	2
R_C	02	Misoprostol alone for gestation ≥ 12 weeks	1	2
R_C	03	Mifepristone and misoprostol for gestation < 12 weeks	1	2
R_C	04	Mifepristone and misoprostol for gestation ≥ 12 weeks	1	2
R_C	05	Vacuum aspiration (MVA, EVA) for gestation < 14 weeks	1	2
R_C	06	Dilation and evacuation (D&E) for gestation ≥ 14 weeks	1	2
R_C	07	Dilation and curettage (D&C) for gestation < 14 weeks	1	2
R_C	08	Dilation and curettage (D&C) for gestation ≥ 14 weeks	1	2

Mod/Ind	No.	Question	Response	Skip
R_C	1909	Does this facility provide support for induced abortion taking place in non-facility locations (i.e. self-managed abortion, telemedicine)	YES..... 1 NO ..... 2	
R_C	1910	Are the following services offered at this facility to clients who have received any abortion care services (incomplete or induced)?	YES NO	
R_C	01	Counselling on contraceptive services	1 2	
R_C	02	Contraceptive services	1 2	
R_C	03	Counselling on sexually transmitted infections, including HIV	1 2	
R_C	04	Counselling on other health or support services, such as for gender-based violence or mental health	1 2	
		<b>19.2. SITE CONDITIONS</b>		
R_C	1911	Does this service area have a room with auditory and visual privacy available for providing abortion-related counselling to clients? IF YES, ASK TO BE SHOWN THE LOCATION. CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	BOTH AUDITORY AND VISUAL PRIVACY ..... 1 VISUAL PRIVACY ONLY ..... 2 AUDITORY PRIVACY ONLY ..... 3 NO PRIVACY ..... 4	
		<b>19.3. EQUIPMENT</b>		
	1912	Now I want to ask about equipment for abortion care that is available in this service site.		
R_C	1913	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE OBSERVED REPORTED, NOT SEEN NOT AVAILABLE (B) FUNCTIONAL YES NO DON'T KNOW	
R_C	01	Vacuum aspirator: manual (MVA) or electric (EVA)	1 →B 2 →B 3 →02 1 2 8	
R_C	02	Cannula for MVA/EVA	1 →B 2 →B 3 →06 1 2 8	
R_C	03	Forceps for D&E	1 →B 2 →B 3 →07 1 2 8	
R_C	04	Cervical/osmotic dilator	1 →B 2 →B 3 →08 1 2 8	
R_C	05	Speculum	1 →B 2 →B 3 →09 1 2 8	
R_C	06	Sharp/metal curette for D&C	1 →B 2 →B 3 →Q1914 1 2 8	
		<b>19.4. MEDICINES AND COMMODITIES</b>		
R_C	1914	Does this facility have medicines for management of abortion available in this service area today?	YES..... 1 NO ..... 2	→Q1918
R_C	1915	For each medicine that I ask about, please show me the item. CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS NOT EXPIRED.	OBSERVED AT LEAST ONE NOT EXPIRED AVAILABLE BUT EXPIRED NOT OBSERVED REPORTED AVAILABLE BUT NOT SEEN NOT AVAILABLE TODAY NEVER AVAILABLE	
R_C	01	Misoprostol 200 mcg	1 2 3 4 5	
R_C	02	Mifepristone	1 2 3 4 5	
R_C	03	Mifepristone and misoprostol combination package	1 2 3 4 5	
R_C	1916	Antibiotics for prophylaxis with surgical abortion procedure [COUNTRY ADAPT]		
R_C	01	-----	1 2 3 4 5	
R_C	02	-----	1 2 3 4 5	
R_C	03	-----	1 2 3 4 5	
R_C	1917	Abortion care pain management [COUNTRY ADAPT]		

Mod/Ind	No.	Question	Response					Skip			
R_C	01	NSAID ( e.g. Ibuprofen, diclofenac)	1	2	3	4	5				
R_C	02	Other (SPECIFY)	1	2	3	4	5				
R_C	1918	Does this facility have commodities for management of abortion available in this service site today?	YES ..... 1 NO ..... 2					→ Q1920			
R_C	1919	For each commodity that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE						
R_C	01	Skin antiseptic	1	2	3						
R_C	02	Clean disposable sanitary pads	1	2	3						
R_C	03	Disposable latex gloves (sterile)	1	2	3						
		<b>19.5. SUPPORT FOR QUALITY SERVICES</b>									
	1920	I would like to know if the following documents for abortion care are available in this service site today.									
R_C	1921	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE						
R_C	01	National guidelines that include procedures and services for abortion-related care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3						
R_C	02	Any other guidelines that include procedures and services for abortion-related care	1	2	3						
R_C	03	Any other guidelines that include contraceptive services post abortion	1	2	3						
R_C	04	Register for recording services for abortion	1	2	3						
R_C	1922	In the past 2 years, have you or any provider(s) of abortion services received any training in:	YES		NO						
R_C	01	Management of incomplete abortion	1		2						
R_C	02	Comprehensive Abortion Care (CAC) at < 12 weeks gestation (CAC entails provision of information, management of incomplete abortion and provision of induced abortion services).	1		2						
R_C	03	Comprehensive Abortion Care (CAC) at ≥ 12 weeks gestation	1		2						

Mod/Ind	No.	Question	Response	Skip	
		<b>20. SERVICES FOR CHILDREN UNDER 5 AND ADOLESCENTS</b>			
		<b>20.1. SERVICES FOR CHILDREN UNDER 5</b>			
		<b>20.1.1. SERVICE AVAILABILITY</b>			
R_C	2000	Does this facility offer any preventive and/or curative care services for children under 5?	YES..... 1 NO ..... 2	→ Q2007	
	2001	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
R_C	2002	Please tell me if this facility provides the following services for children under 5:	YES	NO	
R_C	01	Routine child growth monitoring / Plotting weight against height or age	1	2	
R_C	02	Diagnosis and/or treatment of child malnutrition / undernutrition	1	2 → 06	
R_C	03	Outpatient enrolment, follow-up and provision/prescription of ready-to-use therapeutic food (RUTF) for children with severe acute malnutrition without complications	1	2	
R_C	04	Outpatient enrolment, follow-up and management of other categories of children with malnutrition /undernutrition	1	2	
R_C	05	Inpatient management of severely malnourished children with complications	1	2	
R_C	06	Routine vitamin A supplementation	1	2	
R_C	07	Diagnose anaemia in children and provide/prescribe iron	1	2	
R_C	08	Diagnose pneumonia in children and provide/prescribe amoxicillin as first line treatment	1	2	
R_C	09	Diagnose malaria in children with blood test (RDT or blood smear) and provide/prescribe ACT as first line treatment	1	2	
R_C	10	ITN or voucher for ITN	1	2	
R_C	11	Diagnose watery diarrhoea in children and provide/prescribe oral rehydration salts and zinc	1	2	
R_C	2003	Does the facility support any child healthcare services outside of this facility, including links with CHWs?	YES..... 1 NO ..... 2		
		<b>20.1.2. SUPPORT FOR QUALITY SERVICES</b>			
	2004	I would like to know if the following documents for child under 5 services are available in this service site today.			
R_C	2005	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
R_C	01	National IMCI guidelines for diagnosis and management of childhood illnesses [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3
R_C	02	Any other guidelines for integrated diagnosis and management of childhood illnesses	1	2	3
R_C	03	Guidelines for growth monitoring [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3
R_C	04	Child health charts to plot child growth	1	2	3
R_C	05	Individual child health card/chart/file (for follow up of individual patient over time)	1	2	3
R_C	06	Standardized form for examination and management of sick child (e.g. IMCI form)	1	2	3

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



Mod/Ind	No.	Question	Response	Skip
		<b>21. IMMUNIZATION SERVICES</b>		
		<b>21.1. SERVICE AVAILABILITY</b>		
R_C	2100	Does this facility offer any immunization services, for adults or children?	YES..... 1 NO ..... 2	→ END OF SECTION
A_C	2101	How often does this facility offer all child immunization services at the facility?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 QUARTERLY ..... 4 NEVER ..... 5 OTHER ..... 6 (SPECIFY)	
A_C	2102	How often does this facility offer all child immunization services as outreach?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 QUARTERLY ..... 4 NEVER ..... 5 OTHER ..... 6 (SPECIFY)	
	2103	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
R_C	2104	Does this facility provide any of the following immunization services in the facility only, as outreach (at fixed posts) only, or both? [VACCINES SCHEDULE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION]	BOTH IN FACILITY AND AS OUTREACH IN FACILITY ONLY OUTREACH ONLY SERVICE NOT OFFERED	
R_C	01	<b>Birth</b> (hepB0)	1 2 3 4	
R_C	02	Birth (BCG)	1 2 3 4	
R_C	03	Birth (OPV0)	1 2 3 4	
R_C	04	<b>Infant</b> (under 1 year): BCG	1 2 3 4	
R_C	05	Infant: oral polio (OPV)	1 2 3 4	
R_C	06	Infant: DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1 2 3 4	
R_C	07	Infant: rotavirus	1 2 3 4	
R_C	08	Infant: IPV (inactivated polio vaccine)	1 2 3 4	
R_C	09	Infant and child: Measles-containing vaccine (e.g. measles-rubella/MMR)	1 2 3 4	
R_C	10	Infant and child: Pneumococcal	1 2 3 4	
R_C	11	<b>Child</b> (1–5 years): any vaccinations	1 2 3 4	
	12	Child: COVID-19	1 2 3 4	
R_C	13	<b>Adolescent/adult</b> : HPV	1 2 3 4	
R_C	14	Adolescent/adult: tetanus (TT) or tetanus/ diphtheria (TD)	1 2 3 4	
R_C	15	Adolescent/adult: any flu vaccines	1 2 3 4	
R_C	16	Adolescent/adult: COVID-19	1 2 3 4	
R_C	17	Adolescent/adult: Pneumococcal	1 2 3 4	

Mod/Ind	No.	Question	Response			Skip		
		<b>21.2. SITE CONDITIONS</b>						
	2105	Now I would like to know about items for <b>infection prevention and control</b> available in this service site today.						
R_C	2106	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3			
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3			
R_C	03	Alcohol-based handrub	1	2	3			
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3			
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3			
R_C	06	Sharps container ("safety box")	1	2	3			
R_C	07	Disposable latex gloves (non-sterile)	1	2	3			
R_C	08	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3			
		<b>21.3. EQUIPMENT</b>						
	2107	Now I would like to know about <b>equipment</b> for infant or child immunization available in this service site today.						
R_C	2108	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
R_C	01	Disposable syringes with disposable needles or auto-disable syringes	1	2	3			
R_C	02	Cold box with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)	1	2	3			
R_C	03	Vaccine carrier with set of ice packs	1	2	3			
		<b>21.4. COLD CHAIN</b>						
R_C	2109	Does this facility have a refrigerator available and functioning for the storage of infant/child vaccines?  IF THERE ARE DIFFERENT FRIDGES, GO TO THE MAIN STORAGE FRIDGE FOR CHILD IMMUNIZATIONS. NOTE: FOR A REFRIGERATOR TO BE FUNCTIONAL IT MUST HAVE SUFFICIENT CAPACITY TO ACCOMMODATE ALL NEEDED VACCINES.	AVAILABLE AND FUNCTIONAL ..... 1 AVAILABLE NOT FUNCTIONAL ..... 2 AVAILABLE DON'T KNOW IF FUNCTIONING ..... 3 NOT AVAILABLE ..... 4			→ Q2114 → Q2114 → Q2114		
R_C	2110	For each item that I ask about, please show me the item and tell me if it is functioning or not.	(A) AVAILABLE		(B) FUNCTIONAL			
			YES	NO	YES	NO	DON'T KNOW	
R_C	01	Continuous temperature recorder/logger	1 → B	2 → 02	1	2	8	
R_C	02	Thermometer	1 → B	2 → Q2115	1	2 → Q2115	8 → Q2115	
R_C	2111	Is the temperature of the refrigerator monitored at least once every 24 hours? IF YES, ASK: May I see the log used to record the temperature?	YES, LOG OBSERVED FOR CHECKING TEMPERATURE .. 1 YES, LOG REPORTED, NOT SEEN ..... 2 NO ..... 3					→ Q2114 → Q2114
R_C	2112	Has the temperature log been completed for the past 30 days? REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE DAILY DURING THE PAST 30 DAYS).	YES, FULLY COMPLETE ..... 1 NO, AT LEAST 1 DAY NOT COMPLETED ..... 2					→ Q2114
R_C	2113	Has the temperature been out of the range 2–8 °C inclusive, in the past 30 days? PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE PRIOR 30 DAYS IN ORDER TO ANSWER THE QUESTION.	NEVER OUT OF RANGE ..... 1 OUT OF RANGE AT LEAST ONCE ..... 2					
R_C	2114	What is the temperature in the refrigerator now?	BETWEEN 2–8 °C (INCLUSIVE) ..... 1 OUT OF RANGE ..... 2 DON'T KNOW ..... 8					

Mod/Ind	No.	Question	Response							Skip
		<b>21.5. VACCINES</b>								
R_C	2115	MARK IF THE FACILITY IS OFFERING CHILD IMMUNIZATION SERVICES TODAY OR IF THERE IS A FUNCTIONING REFRIGERATOR FOR THE STORAGE OF VACCINES.	YES, BOTH VACCINE FRIDGE AND SERVICES TODAY .... 1 YES, VACCINE FRIDGE, NO SERVICES TODAY ..... 2 YES, SERVICES TODAY, NO FRIDGE ..... 3 NO FRIDGE OR SERVICES TODAY ..... 4							→Q2118
	2116	Now I would like to know about vaccines that are available in this service site today.								
R_C	2117	For each vaccine I mention, please show me at least one vial that has a valid date of expiration with the central square in the vial monitor (VVM) (if present) lighter than the surrounding circle. [COUNTRY ADAPT LIST]	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		
			OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	01	Measles vaccine and diluent	1 →B	2 →B	3 →B	4 →02	5 →02	1	2	
R_C	02	DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1 →B	2 →B	3 →B	4 →03	5 →03	1	2	
R_C	03	Oral polio vaccine	1 →B	2 →B	3 →B	4 →04	5 →04	1	2	
R_C	04	BCG vaccine and diluent	1 →B	2 →B	3 →B	4 →05	5 →05	1	2	
R_C	05	Rotavirus vaccine	1 →B	2 →B	3 →B	4 →06	5 →06	1	2	
R_C	06	Pneumococcal vaccine	1 →B	2 →B	3 →B	4 →07	5 →07	1	2	
R_C	07	IPV (inactivated polio vaccine)	1 →B	2 →B	3 →B	4 →08	5 →08	1	2	
R_C	08	HPV (human papillomavirus vaccine)	1 →B	2 →B	3 →B	4 →09	5 →09	1	2	
R_C	09	Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine	1	2	3	4	5	×	×	
R_C	10	Rabies vaccine	1	2	3	4	5	×	×	
R_C	11	Flu vaccine	1	2	3	4	5	×	×	
R_C	12	COVID-19 vaccine	1	2	3	4	5	×	×	
		<b>21.6. SUPPORT FOR QUALITY SERVICES</b>								
	2118	I would like to know if the following documents for infant or child immunization are available in this service site today.								
R_C	2119	For each document that I ask about, please show it to me.	OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE			
R_C	01	National guidelines for routine child immunization [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1		2		3			
R_C	02	Any other guidelines for routine child immunization	1		2		3			
R_C	04	Immunization cards (or child health booklet)	1		2		3			
R_C	05	Official immunization tally sheets or integrated tally sheet	1		2		3			
R_C	06	Official immunization registers or equivalent	1		2		3			
R_C	2120	Have you or any provider(s) of infant or child immunization services received any training in any aspect of immunization services in the past 2 years?	YES..... 1 NO ..... 2							→END OF SECTION

Mod/Ind	No.	Question	Response		Skip
R_C	2121	In the past 2 years, have you or any provider(s) received training in the following topics:	YES	NO	
R_C	01	Immunization service delivery such as Immunization in Practice (IIP) or similar	1	2	
R_C	02	Vaccine management/ handling and cold chain	1	2	
R_C	03	Data reporting and monitoring of service delivery including data quality surveys (DQS*)	1	2	
R_C	04	Disease surveillance and reporting	1	2	
R_C	05	Injection safety and waste management	1	2	
R_C	06	RED (Reaching Every District)	1	2	

Mod/Ind	No.	Question	Response	Skip
		<b>22. DELIVERY, POSTNATAL AND NEWBORN SERVICES (INPATIENT)</b>		
		<b>22.1. DELIVERY CARE</b>		
		<b>22.1.1. SERVICE AVAILABILITY</b>		
	2200	Now I would like to ask about delivery services and resources available in this facility.		
R_C	2201	Does this facility offer any delivery care, including normal delivery, basic emergency obstetric and newborn care (BEmONC), and/or comprehensive emergency obstetric and newborn care (CEmONC)?	YES..... 1 NO ..... 2	→ Q2241
R_C	2202	Does the facility offer basic emergency obstetric and newborn care (BEmONC)?	YES..... 1 NO ..... 2	→ Q2205
R_C	2203	Does the facility offer comprehensive emergency obstetric and newborn care (CEmONC)?	YES..... 1 NO ..... 2	
	2204	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE DELIVERY AND NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY AND NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE SURVEY AND ASK THE FOLLOWING QUESTIONS.  I am interested in learning about the delivery services available in this facility. First, I will be asking about practices and staffing and then I would like to go into the delivery room to assess equipment and supplies.		
R_C	2205	Does the facility provide 24-hour coverage for delivery services?	YES..... 1 NO ..... 2	→ Q2207
R_C	2206	Is a skilled delivery service provider present at the facility or on-call in near proximity 24 hours a day, including weekends, to provide delivery care? IF YES, INDICATE WHICH RESPONSE BEST REFLECTS THE NORMAL SITUATION.	YES, 24 HOURS ONSITE ..... 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL ..... 2 NO SKILLED PROVIDER AVAILABLE 24 HOURS ..... 3	
R_C	2207	Please tell me if any of the following are routinely practised for deliveries in this facility:	YES	NO
R_C	01	Administration of oxytocin immediately after birth to all women for prevention of postpartum haemorrhage	1	2
R_C	02	Monitor and manage labour using a partograph	1	2
	2208	Now I want to know about routine practices in this facility for newborn care immediately postpartum.		
R_C	2209	For each practice I mention, please tell me if this is a routine practice that is expected for all newborns in this facility:	YES	NO
R_C	01	Hygienic cord care: (i) cut with sterile item; and (ii) apply country-specific disinfectant or nothing to tip and stump	1	2
R_C	02	Thermal protection (drying baby immediately after birth and wrapping)	1	2
R_C	03	Immediate skin to skin contact	1	2
R_C	04	Immediately (within 1 hour) putting the newborn to the breast	1	2
R_C	05	Rooming in (i.e. the newborn stays with the mother)	1	2
R_C	06	Delayed cord clamping	1	2
R_C	2210	Please tell me if any of the following interventions for management of complicated deliveries are provided in this facility:	YES	NO
R_C	01	Administration of antibiotics (IV or IM) for mothers	1	2
R_C	02	Administration of oxytocic drug (IV or IM) for treatment of postpartum haemorrhage	1	2
R_C	03	Administration of magnesium (IV or IM) sulfate for management of pre-eclampsia and eclampsia	1	2
R_C	04	Assisted vaginal delivery using manual vacuum extraction (MVE) or forceps	1	2
R_C	05	Manual removal of placenta	1	2

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

Mod/Ind	No.	Question	Response			Skip			
R_C	07	STAFF WERE WEARING ID BADGES	1	2					
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2					
	2220	Now I would like to go to where deliveries are conducted and ask about items for infection prevention and control available in this service site today, or in reasonable proximity such that they can be easily used by providers for maternity patients.							
R_C	2221	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
R_C	01	Clean running water (piped, covered bucket with tap)	1	2	3				
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3				
R_C	03	Alcohol-based handrub	1	2	3				
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3				
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3				
R_C	06	Disposable latex gloves (non-sterile)	1	2	3				
R_C	07	Disposable latex gloves (sterile)	1	2	3				
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 → 10	3 → 10				
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3				
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 → 12	3 → 12				
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3				
R_C	12	Sharps container ("safety box")	1	2	3				
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3				
R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3				
R_C	15	Surgical masks	1	2	3				
R_C	16	Non-sterile protective gowns	1	2	3				
R_C	17	Sterile protective gowns	1	2	3				
R_C	18	Non-permeable aprons	1	2	3				
R_C	19	Hair cover	1	2	3				
<b>22.1.3. EQUIPMENT AND COMMODITIES</b>									
	2222	Now I would like to ask about equipment for delivery services available in this service site today.							
R_C	2223	For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Blank partograph	1	2	3	✗	✗	✗	
R_C	02	Delivery bed with stirrups	1 → B	2 → B	3 → 03	1	2	8	
R_C	03	Examination light (flashlight ok)	1 → B	2 → B	3 → 04	1	2	8	

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



Mod/Ind	No.	Question	Response	Skip
R_C	2225	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES ..... 1 NO ..... 2	
R_C	2226	Does this unit have a resuscitation bag and mask size 0 for preterm infants?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL ..... 1 NOT FUNCTIONAL ..... 2 YES, REPORTED: FUNCTIONAL ..... 3 NOT FUNCTIONAL ..... 4 NOT AVAILABLE ..... 5	→ Q2228  → Q2228 → Q2228
R_C	2227	At any time during the past 3 months has the resuscitation bag and mask for preterm babies been unavailable for this unit for any reason?	YES ..... 1 NO ..... 2	
R_C	2228	Does this unit have a resuscitation bag and mask size 1 for term infants?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL ..... 1 NOT FUNCTIONAL ..... 2 YES, REPORTED: FUNCTIONAL ..... 3 NOT FUNCTIONAL ..... 4 NOT AVAILABLE ..... 5	→ Q2230  → Q2230 → Q2230
R_C	2229	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?	YES ..... 1 NO ..... 2	
R_C	2230	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES ..... 1 NO ..... 2	→ Q2235
R_C	2231	Is there any oxygen currently available in this unit?	YES ..... 1 NO ..... 2	
R_C	2232	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE OBSERVED REPORTED, NOT SEEN NOT AVAILABLE (B) FUNCTIONAL YES NO DON'T KNOW	
R_C	01	Centrally piped oxygen	1→B 2→B 3→02 1 2 8	
R_C	02	Oxygen concentrator	1→B 2→B 3→03 1 2 8	
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1→B 2→B 3→04 1 2 8	
R_C	04	Flowmeter for oxygen source, with gradations in mL	1→B 2→B 3→05 1 2 8	
R_C	05	Humidifier	1→B 2→B 3→06 1 2 8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1→B 2→B 3→07 1 2 8	
R_C	07	Paediatric-sized oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1→B 2→B 3→Q2233 1 2 8	
R_C	2233	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES ..... 1 NO ..... 2	
R_C	2234	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES ..... 1 NO ..... 2	
<b>22.1.4. MEDICINES</b>				
R_C	2235	Does this facility stock any medicines for delivery services in this service site today?	YES ..... 1 NO ..... 2	→ Q2239
R_C	2236	For each medicine that I ask about, please show it to me.  CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS NOT EXPIRED. DO NOT GO TO A PHARMACY OUTSIDE OF THE DELIVERY SERVICE AREA TO ASSESS THESE ITEMS.	(A) AVAILABLE OBSERVED AT LEAST ONE NOT EXPIRED AVAILABLE BUT EXPIRED NOT OBSERVED REPORTED AVAILABLE BUT NOT SEEN NOT AVAILABLE TODAY NEVER AVAILABLE (B) ANY STOCK OUT IN THE PAST 3 MONTHS? YES NO	
R_C	01	Magnesium sulfate injection	1→B 2→02 3→B 4→02 5→02 1 2	

Mod/Ind	No.	Question	Response							Skip
R_C	02	Betamethasone injection	1→B	2→03	3→B	4→03	5→03	1	2	
R_C	03	Dexamethasone injection	1→B	2→04	3→B	4→04	5→04	1	2	
R_C	04	Injectable broad-spectrum antibiotic for sepsis in mother or newborn [COUNTRY ADAPT]	1→B	2→05	3→B	4→05	5→05	1	2	
R_C	05	Misoprostol tablet 200 mcg	1→B	2→06	3→B	4→06	5→06	1	2	
R_C	06	Intravenous infusion set	1	2	3	4	5	X	X	
R_C	07	Dextrose and water 5% (D5W) intravenous solution	1	2	3	4	5	X	X	
R_C	08	Sodium chloride (0.9% NS) intravenous solution	1	2	3	4	5	X	X	
R_C	09	Other plasma expander such as Ringer's lactate (RL)	1	2	3	4	5	X	X	
R_C	10	Any skin antiseptic	1	2	3	4	5	X	X	
R_C	11	Tetracycline eye ointment	1	2	3	4	5	X	X	
R_C	12	Oxytocin injection	1→B	2→Q2238	3→B	4→Q2238	5→Q2238	1	2	
R_C	2237	Is the oxytocin stored in cold storage?	YES ..... 1 NO ..... 2							
<b>22.1.5. SUPPORT FOR QUALITY SERVICES</b>										
	2238	I would like to know if the following documents for delivery care are available in this service site today.								
R_C	2239	For each document that I ask about, please show it to me.	OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE			
R_C	01	National guidelines for essential childbirth care	1		2		3			
R_C	02	Any other guidelines for essential childbirth care	1		2		3			
R_C	03	Any checklists and/or job aids for essential childbirth care	1		2		3			
R_C	2240	In the past 2 years, have you or any provider(s) received training in the following topics?	YES				NO			
R_C	01	Neonatal resuscitation using the newborn bag and mask	1				2			
R_C	02	Any other aspect or practices that are components of essential childbirth care	1				2			
R_C	03	Use of antibiotics for PROM	1				2			
R_C	04	Use of corticosteroids for preterm labour	1				2			
<b>22.2. MATERNAL POSTNATAL CARE (PNC)</b>										
<b>22.2.1. SERVICE AVAILABILITY</b>										
R_C	2241	Does this facility have a postpartum ward for women who have delivered or a combined ward where most postpartum women stay? IF NO, ASK: Are there overnight beds for women who have delivered?	YES ..... 1 NO WARD, ONLY TEMPORARY/OVERNIGHT BEDS ..... 2 NO OVERNIGHT POSTPARTUM BEDS ..... 3							→ Q2244 → Q2244
<b>22.2.2. SITE CONDITIONS</b>										
R_C	2242	Is there an area for postpartum examination that provides auditory and visual privacy?  CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	BOTH AUDITORY AND VISUAL PRIVACY ..... 1 VISUAL PRIVACY ONLY ..... 2 AUDITORY PRIVACY ONLY ..... 3 NO PRIVACY ..... 4							

Mod/Ind	No.	Question	Response			Skip			
		<b>22.2.3. SUPPORT FOR QUALITY SERVICES</b>							
	2243	I would like to know if the following guidelines on maternal postnatal care are available in this service site today.							
R_C	2244	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
R_C	01	National guidelines for maternal postnatal care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3				
R_C	03	Any other guidelines for maternal postnatal care	1	2	3				
R_C	2245	Have you or any other PNC provider(s) received any training related to maternal PNC in the past 2 years?	YES ..... 1 NO ..... 2						
R_C	2246	Are maternal death reviews conducted routinely for women who die in this facility within 6 weeks of giving birth? By routine, I mean there are defined criteria for when a maternal death review will be carried out and a defined process for conducting the review.	YES, ROUTINELY ..... 1 YES, SOMETIMES ..... 2 NO ..... 3 NEVER HAD A MATERNAL DEATH ..... 4						
		<b>22.3. CARE OF THE HEALTHY NEWBORN</b>							
		<b>22.3.1. SERVICE AVAILABILITY</b>							
R_C	2247	Are healthy newborns routinely monitored postpartum for symptoms of possible risk, such as warning signs related to feeding, respiratory, temperature, and jaundice?	YES ..... 1 NO ..... 2						
R_C	2248	Which of the following services are routinely offered as part of inpatient newborn care:	YES	NO					
R_C	01	Counselling on child immunization needs	1	2					
R_C	02	Counselling on child nutritional needs and good feeding practices	1	2					
R_C	03	Counselling on danger signs in the newborn	1	2					
R_C	04	Counselling on cord care and hygiene	1	2					
R_C	05	Counselling on family planning	1	2					
R_C	06	Provision of newborn vaccines (BCG)	1	2					
R_C	07	Provision of newborn vaccines (OPV)	1	2					
R_C	08	Provision of ITN for child [WHERE APPLICABLE]	1	2					
R_C	09	Counselling on exclusive breast feeding	1	2					
		<b>22.3.2. EQUIPMENT</b>							
	2249	Now I would like to ask about items for examining or monitoring newborns available in this service site today							
R_C	2250	For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Thermometer	1 → B	2 → B	3 → 02	1	2	8	
R_C	02	Infant scale (100 g gradations)	1 → B	2 → B	3 → Q2251	1	2	8	
		<b>22.3.3. SUPPORT FOR QUALITY SERVICES</b>							
	2251	I would like to know if the following guidelines for inpatient newborn care are available in this service site today.							

Mod/Ind	No.	Question	Response			Skip
R_C	2252	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National guidelines for essential newborn care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for essential newborn care	1	2	3	
R_C	03	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
R_C	2253	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES		NO	
R_C	01	Breastfeeding and counselling for promoting breastfeeding	1		2	
R_C	02	Essential newborn care, other than for breastfeeding	1		2	
R_C	2254	Are perinatal death reviews conducted routinely for stillbirths and livebirths who die within 7 days of birth? By routine, I mean there are defined criteria for when a perinatal death review will be carried out and a defined process for conducting the review.	YES, ROUTINELY ..... 1 YES, SOMETIMES ..... 2 NO ..... 3			
<b>22.4. CARE OF THE SMALL AND SICK NEWBORN</b>						
<b>22.4.1. SERVICE AVAILABILITY</b>						
R_C	2255	Does this facility provide any inpatient services for the small or sick newborn? IF YES, ASK: Are there any special inpatient units for small or sick newborns?	YES, AT LEAST ONE SPECIAL CARE UNIT FOR SMALL/SICK INFANTS ..... 1 YES, BUT WITH NO SPECIAL UNIT FOR SMALL/SICK INFANTS ..... 2 NO INPATIENT CARE OF SICK INFANTS ..... 3			→ END OF SECTION
	2256	Now I would like to ask some questions about services available for small and sick infants in this facility.				
R_C	2257	Is KMC (kangaroo mother care) for premature/very small babies used in this facility? IF THERE IS A KMC UNIT, GO THERE TO COLLECT THIS INFORMATION.	YES ..... 1 NO ..... 2			→ Q2259
R_C	2258	Has KMC been provided at any time during the past 3 months?	YES ..... 1 NO ..... 2			
R_C	2259	Does this facility routinely provide alternative feeding for newborns who cannot breastfeed?	YES ..... 1 NO ..... 2			
R_C	2260	Are newborns with symptoms of sepsis ever provided services or referral in the inpatient service area?	YES ..... 1 NO ..... 2			
R_C	2261	In addition to the above special services for small/sick newborns, please tell me if any of the following services are routinely available for small/sick newborns when needed:	YES		NO	
R_C	01	Oxygen	1		2	
R_C	02	Exchange blood transfusion service	1		2	
R_C	03	Intravenous rehydration	1		2	
R_C	04	Infant incubation services	1		2	
R_C	05	Radiant warming	1		2	
R_C	06	Artificial ventilation	1		2	
R_C	07	Phototherapy (UV light therapy) for neonatal jaundice	1		2	
<b>22.4.2. EQUIPMENT</b>						
R_C	2262	Is there a bed or location where the caregiver providing KMC stays overnight while providing KMC? IF YES, ASK: May I see where the caregiver stays while providing KMC?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3			

Mod/Ind	No.	Question	Response	Skip
R_C	2263	Does the facility have caps/hats for the premature or underweight newborns? IF YES, ASK: May I see the caps/hats?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
<b>22.4.3. SUPPORT FOR QUALITY SERVICES</b>				
	2264	I would like to know if the following documents for care of the small or sick newborn are available in this service site today.		
R_C	2265	For each document that I ask about, please show it to me.	OBSERVED      REPORTED, NOT SEEN      NOT AVAILABLE	
R_C	01	National guidelines or protocols for newborn sepsis [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1      2      3	
R_C	02	Any other guidelines or protocols for newborn sepsis	1      2      3	
R_C	03	National guidelines or protocols for KMC [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1      2      3	
R_C	04	Any other guidelines or protocols for KMC	1      2      3	
R_C	05	Any job aids for KMC	1      2      3	
R_C	06	A register where it is recorded when KMC is provided	1      2      3	
R_C	2266	Have you or any provider(s) received training related to newborn sepsis in the past 2 years?	YES ..... 1 NO ..... 2	
R_C	2267	Have you or any provider(s) received training in KMC in the past 2 years?	YES ..... 1 NO ..... 2	

Mod/Ind	No.	Question	Result	Skip
		<b>23. HIV SERVICES</b>		
		<b>23.1. HIV TESTING</b>		
		<b>23.1.1. SERVICE AVAILABILITY</b>		
R_C	2300	Does this facility offer HIV testing services?	YES ..... 1 NO ..... 2	→ Q2311
R_C	2301	Does this facility provide HIV testing services for children below 5 years of age? IF NO, ASK: Are children referred elsewhere outside facility for HIV testing?	YES ..... 1 <b>NO HIV TESTING FOR CHILDREN:</b> CHILDREN ARE REFERRED FOR TESTING ..... 2 CHILDREN ARE NOT REFERRED FOR TESTING ..... 3	
R_C	2302	Does this facility provide HIV testing services for children 5 to 14 years old?	YES ..... 1 NO ..... 2	
R_C	2303	Does this facility provide HIV testing services for adolescents?	YES ..... 1 NO ..... 2	
	2304	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TESTING SERVICES ARE MOST OFTEN PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
		<b>23.1.2. SITE CONDITIONS</b>		
R_C	2305	Is the HIV counselling service site a private room/area with auditory and visual privacy?  CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	BOTH AUDITORY AND VISUAL PRIVACY ..... 1 VISUAL PRIVACY ONLY ..... 2 AUDITORY PRIVACY ONLY ..... 3 NO PRIVACY ..... 4	
		<b>23.1.3. MEDICINES AND COMMODITIES</b>		
R_C	2306	Does this facility have condoms available in this service site today to give to clients receiving services? IF YES, ASK: May I see the condoms?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
		<b>23.1.4. SUPPORT FOR QUALITY SERVICES</b>		
	2307	I would like to know if the following guidelines are available in this service site today.		
R_C	2308	For each guideline that I ask about, please show it to me.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
R_C	01	National guidelines for HIV counselling and testing [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
R_C	02	Any other guidelines for HIV counselling and testing	1 2 3	
R_C	2309	Have you or any provider(s) of HIV counselling and testing services received any training in HIV counselling services in the past 2 years?	YES ..... 1 NO ..... 2	
R_C	2310	Have you or any provider(s) of HIV/AIDS counselling and testing services received any training in HIV/AIDS prevention, care and/or management for adolescents in the past 2 years?	YES ..... 1 NO ..... 2	
		<b>23.2. HIV ANTIRETROVIRAL TREATMENT (ART), CARE AND SUPPORT</b>		
		<b>23.2.1. SERVICE AVAILABILITY</b>		
R_C	2311	Does the facility support any HIV-related services outside of this facility, including links with CHWs?	YES ..... 1 NO ..... 2	
R_C	2312	Does this facility provide/prescribe life-long ART or provide follow-up services for any life-long ART patients?	YES ..... 1 NO ..... 2	→ Q2316
	2313	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TREATMENT, CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT, CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		

Mod/Ind	No.	Question	Result				Skip
R_C	2314	For which of the following client subgroups does this facility provide/prescribe ART or provide any clinical follow-up services: IF YES, CLARIFY WHICH SERVICES ARE OFFERED.	ART AND CLINICAL FOLLOW-UP	ART BUT NO CLINICAL FOLLOW-UP	CLINICAL FOLLOW-UP, BUT NO ART	NO SERVICES	
R_C	01	Children under five	1	2	3	4	
R_C	02	Children 5 to 14 years old	1	2	3	4	
R_C	03	Adolescents	1	2	3	4	
R_C	04	Adults	1	2	3	4	
R_C	2315	Please tell me if this facility provides the following services for life-long ART clients:	YES		NO		
R_C	01	Routine adherence counselling	1		2		
R_C	02	ART patient clinical treatment follow-up	1		2		
R_C	03	Follow-up for adherence	1		2		
R_C	04	ART prescription/provision	1		2		
R_C	2316	Does this facility offer any HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care?	YES ..... 1 NO ..... 2				→ Q2322
R_C	2317	For which of the following client subgroups does this facility offer HIV/AIDS care and support services:	YES		NO		
R_C	01	Children under five	1		2		
R_C	02	Children 5 to 14 years old	1		2		
R_C	03	Adolescents	1		2		
R_C	04	Adults	1		2		
R_C	2318	Please tell me if this facility provides or prescribes the following services for HIV/AIDS clients:	YES		NO		
R_C	01	Treatment for any opportunistic infections related to HIV/AIDS. (Includes treating topical fungal infections)	1		2		
R_C	02	Palliative care such as pain management, or nursing care for the terminally ill or severely debilitated clients	1		2		
R_C	03	Nutritional rehabilitation services, including client education and nutritional supplements	1		2		
R_C	04	Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment (CPT)	1		2		
R_C	05	Condoms	1		2		
R_C	06	Family planning counselling	1		2		
R_C	07	Routine screening or testing for TB	1		2		
R_C	08	Preventive treatment for TB (isoniazid [INH] + pyridoxine) [COUNTRY ADAPT TREATMENT]	1		2		
R_C	09	Treatment for TB, or TB and HIV coinfection	1		2		
R_C	10	Counselling on risk reduction in TB and HIV coinfecting patients	1		2		

Mod/Ind	No.	Question	Result			Skip
R_C	11	Screening for cryptococcal infection for patients with CD4 below 100	1	2		
R_C	12	Intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2		
R_C	13	Treatment for Kaposi's sarcoma	1	2		
R_C	14	Screening for chronic cardiovascular diseases such as hypertension	1	2		
R_C	15	Screening for diabetes	1	2		
R_C	16	Routine STI screening tests and diagnosis	1	2		
R_C	17	STI treatments	1	2		
R_C	18	Diagnostic testing for hepatitis B and C	1	2		
R_C	19	Routine HIV testing and counselling for partner of HIV/AIDS client	1	2		
R_C	20	HIV testing for children of HIV/AIDS clients who are receiving services	1	2		
R_C	2319	Is there a system to support HIV infected patients being screened or tested for TB?	YES ..... 1 NO ..... 2			
R_C	2320	Is there a register or record of HIV positive clients who were tested for TB? IF YES, ASK: May I see the register or record?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3			
		<b>23.2.2. COMMODITIES</b>				
R_C	2321	Are condoms available in the service site for care and support services for HIV/AIDS clients? IF YES, ASK: May I see them?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3			
		<b>23.2.3. SUPPORT FOR QUALITY SERVICES</b>				
	2322	I would like to know if the following guidelines are available in this service site today.				
R_C	2323	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National ART guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other ART guidelines	1	2	3	
R_C	03	National guidelines for the clinical management of HIV/AIDS [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Any other guidelines for the clinical management of HIV/AIDS	1	2	3	
R_C	05	National guidelines for palliative care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	06	Any other guidelines for palliative care	1	2	3	
R_C	07	National guidelines for HIV/TB coinfection [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	08	Any other guidelines for HIV/TB coinfection	1	2	3	



Mod/Ind	No.	Question	Result			Skip
R_C	2324	In the past 2 years, have you or any provider(s) of ART and HIV care and support services received any training in:	YES	NO		
R_C	01	Any topic related to ART	1	2		
R_C	02	Any topic related to HIV care and support	1	2		
R_C	03	Clinical management of HIV/AIDS	1	2		
R_C	04	Initiation and management of ART for adolescents	1	2		
R_C	05	Adolescent care and support services	1	2		
		<b>23.3. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)</b>				
		<b>23.3.1. SERVICE AVAILABILITY</b>				
R_C	2325	Does this facility offer voluntary male medical circumcision (VMMC) services as an outpatient service?	YES ..... 1 NO ..... 2			→ END OF SECTION
R_C	2326	Is VMMC available for adolescents?	YES ..... 1 NO ..... 2			
	2327	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE VMMC SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT VMMC SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
		<b>23.3.2. SUPPORT FOR QUALITY SERVICES</b>				
	2328	I would like to know if the following guidelines are available in this service site today.				
R_C	2329	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	National VMMC guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other VMMC guidelines	1	2	3	
R_C	2330	Have you or any provider(s) of VMMC received any training in VMMC in the past 2 years?	YES ..... 1 NO ..... 2			

Mod/Ind	No.	Question	Result	Skip
		<b>24. TUBERCULOSIS (TB) SERVICES</b>		
		<b>24.1. SERVICE AVAILABILITY</b>		
R_C	2400	Does this facility provide any services for tuberculosis? This includes case detection, diagnosis, prescribing treatment, patient clinical follow-up, patient follow-up for treatment adherence, and/or periodic resupply of individual patient medicines.	YES ..... 1 NO ..... 2	→ END OF SECTION
	2401	First, I want to know about any TB testing and diagnosis. I would like to first speak with the most knowledgeable person in the facility about routine practices related to TB testing and diagnosis INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
R_C	2402	Does this facility offer testing for TB diagnosis?  IF YES, PROBE.	YES, ON SITE ..... 1 YES, DIAGNOSTIC SPECIMENT SENT OUTSIDE OF FACILITY AND RESULT RECEIVED BACK ..... 2 NO, PATIENT IS REFERRED OUTSIDE OF FACILITY FOR DIAGNOSIS ..... 3 NO, AND NO REFERRAL PROVIDED ..... 4	
R_C	2403	Do providers in this facility diagnose TB in adults?	YES ..... 1 NO ..... 2	→ Q2405
R_C	2404	Which of the following methods are ever used at this facility for diagnosing TB for adults:	YES NO	
R_C	01	Clinical symptoms only	1 2	
R_C	02	Sputum smear microscopy examination	1 2	
R_C	03	Culture	1 2	
R_C	04	Rapid test (GeneXpert MTB/RIF)	1 2	
R_C	05	Chest X-ray	1 2	
R_C	2405	Do providers in this facility diagnose TB in children under five?	YES ..... 1 NO ..... 2	
R_C	2406	Do providers in this facility diagnose TB in children 5 to 14?	YES ..... 1 NO ..... 2	
R_C	2407	Do providers in this facility diagnose TB in adolescents?	YES ..... 1 NO ..... 2	
R_C	2408	Do providers in this facility prescribe medicines for TB treatment?	YES ..... 1 NO ..... 2	→ Q2410
R_C	2409	For which of the following categories of patients does this facility prescribe medicines for TB treatment:	YES NO	
R_C	01	Children under five	1 2	
R_C	02	Children 5 to 14	1 2	
R_C	03	Adolescents	1 2	
R_C	04	Adults	1 2	
R_C	2410	Do providers in this facility provide patient follow-up services for patients enrolled in TB treatment?	YES ..... 1 NO ..... 2	→ Q2412
R_C	2411	Which of the following follow-up services does this facility provide:	YES NO	
R_C	01	Clinical follow-up, including prescription revision if needed	1 2	
R_C	02	Periodic resupply of TB medicines according to prescription	1 2	
R_C	03	Follow-up to support adherence to treatment and patient follow-up appointments	1 2	
R_C	2412	Do providers in this facility routinely provide HIV testing for TB patients?	YES ..... 1 NO ..... 2	→ Q2414

Mod/Ind	No.	Question	Result	Skip		
R_C	2413	Is there any register or record of TB patients who were tested for HIV? IF YES, ASK: May I see any record or other evidence that shows TB patients are routinely tested for HIV?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3			
R_C	2414	Does the facility support any TB-related services outside of this facility, including links with CHWs?	YES ..... 1 NO ..... 2			
R_C	2415	Does this facility provide any services related to case detection, testing or treatment for drug-resistant TB?	YES ..... 1 NO ..... 2			
		<b>24.2. MEDICINES</b>				
R_C	2416	Does this facility provide enrolled TB patients with individually packaged TB medicines specific to each patient and supplied from outside the facility?	YES ..... 1 NO ..... 2	→ Q2418		
R_C	2417	During the past 3 months has there been any shortage of the individually packaged- medicine supply on the day when patients came to pick up their medicines?	YES ..... 1 NO ..... 2			
		<b>24.3. SUPPORT FOR QUALITY SERVICES</b>				
	2418	I would like to know if the following guidelines are available in this service site today.				
R_C	2419	For each guideline that I ask about, please show it to me. THESE MAY BE IN ONE GUIDELINE OR IN DIFFERENT DOCUMENTS.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE			
R_C	01	National guidelines for diagnosis and management of TB in adults [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	02	Any other guidelines for diagnosis and management of TB in adults	1	2	3	
R_C	03	National guidelines for diagnosis and management of TB in children [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
R_C	04	Any other guidelines for diagnosis and management of TB in children	1	2	3	
R_C	05	Guidelines for TB infection control	1	2	3	
R_C	06	Guidelines for management of HIV and TB coinfection	1	2	3	
R_C	07	Guidelines for diagnosis and management of drug-resistant TB	1	2	3	
R_C	08	Guidelines for respiratory transmission-based precautions	1	2	3	
R_C	2420	In the past 2 years, have you or any provider(s) of TB services received any training in the following topics:	YES	NO		
R_C	01	TB diagnosis and management	1	2		
R_C	02	Management of HIV and TB coinfection	1	2		
R_C	03	Diagnosis and management of drug-resistant TB	1	2		
R_C	04	TB infection control	1	2		

Mod/Ind	No.	Question	Response	Skip																																																																													
		<b>25. SURGICAL SERVICES</b>																																																																															
R_C	2500	Does this facility offer any minor or major surgical procedures?	YES..... 1 NO ..... 2	→ END OF SECTION																																																																													
		<b>25.1. MINOR SURGERY</b>																																																																															
		<b>25.1.1. SERVICE AVAILABILITY</b>																																																																															
R_C	2501	Does this facility perform any minor surgical procedures either for outpatients or inpatients? A minor surgical procedure refers to the incision, excision or manipulation of tissue that does <b>not</b> need regional or general anaesthesia, or heavy sedation to control pain. (e.g. suturing, wound debridement, etc.) [COUNTRY ADAPT]	YES..... 1 NO ..... 2	→ Q2504																																																																													
	2502	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MOST MINOR SURGICAL PROCEDURES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MINOR SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.																																																																															
R_C	2503	Please tell me if this facility provides the following services:	<table border="1"> <thead> <tr> <th colspan="3">YES</th> <th rowspan="2">NO SERVICE</th> </tr> <tr> <th>OUTPATIENT ONLY</th> <th>INPATIENT ONLY</th> <th>BOTH OUT- AND INPATIENT</th> </tr> </thead> <tbody> <tr> <td>R_C</td><td>01</td><td>Incision and drainage of abscesses</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>02</td><td>Wound debridement</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>03</td><td>Acute burn management</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>04</td><td>Suturing of laceration</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>05</td><td>Closed repair of fracture</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>06</td><td>Closed reduction of dislocated joint</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>07</td><td>Male circumcision</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>08</td><td>Chest tube insertion</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>09</td><td>Biopsy of lymph node or mass</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>R_C</td><td>10</td><td>Removal of foreign body (throat, eye, ear of nose)</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>	YES			NO SERVICE	OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT	R_C	01	Incision and drainage of abscesses	1	2	3	4	R_C	02	Wound debridement	1	2	3	4	R_C	03	Acute burn management	1	2	3	4	R_C	04	Suturing of laceration	1	2	3	4	R_C	05	Closed repair of fracture	1	2	3	4	R_C	06	Closed reduction of dislocated joint	1	2	3	4	R_C	07	Male circumcision	1	2	3	4	R_C	08	Chest tube insertion	1	2	3	4	R_C	09	Biopsy of lymph node or mass	1	2	3	4	R_C	10	Removal of foreign body (throat, eye, ear of nose)	1	2	3	4	
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R_C	2504	Does this facility perform any major surgical procedures?  A major surgical procedure refers to the incision, excision or manipulation of tissue that requires regional or general anaesthesia, or heavy sedation to control pain. It often requires the patient to spend at least one night in hospital after the procedure. [COUNTRY ADAPT]	YES..... 1 NO ..... 2	→ END OF SECTION																																																																													
	2505	ASK TO BE SHOWN THE AREA WHERE MAJOR SURGICAL PROCEDURES ARE CARRIED OUT. IF THERE ARE SEVERAL OPERATING ROOMS/THEATRES, GO TO THE AREA MOST OFTEN USED FOR GENERAL SURGICAL PROCEDURES. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.																																																																															
R_C	2506	Does this facility perform any of the three Bellwether essential surgical procedures (caesarean section, reduction and fixation of open long-bone fractures, laparotomy)?	YES..... 1 NO ..... 2	→ Q2509																																																																													
R_C	2507	Which of the following Bellwether procedures does this facility perform?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	YES	NO																																																																												
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Mod/Ind	No.	Question	Response		Skip
		<b>ESSENTIAL SURGICAL PROCEDURES (BELLWETHER PROCEDURES)</b>			
R_C	01	Caesarean section	1	2	
R_C	02	Reduction and fixation of open long-bone fractures	1	2	
R_C	03	Laparotomy	1	2	
R_C	2508	Does this facility perform any major surgical procedures other than the Bellwether procedures mentioned above?	YES..... 1 NO ..... 2		→Q2512
R_C	2509	Does this facility perform any of the following surgical procedures?	YES	NO	
		<b>OBSTETRICS, GYNAECOLOGY, FAMILY PLANNING</b>			
R_C	01	Tubal ligation	1	2	
R_C	02	Vasectomy	1	2	
R_C	03	Dilatation and curettage (D&C) or vacuum aspiration for evacuation of uterus	1	2	
R_C	04	Ectopic pregnancy surgery	1	2	
R_C	05	Hysterectomy	1	2	
R_C	06	Any abortion services	1	2	
		<b>GENERAL SURGERY</b>			
R_C	07	Appendectomy	1	2	
R_C	08	Repair of intestinal perforation	1	2	
R_C	09	Bowel obstruction	1	2	
R_C	10	Cataract surgery	1	2	
R_C	11	Colostomy / ileostomy	1	2	
R_C	12	Gall bladder surgery	1	2	
R_C	13	Hernia repair (elective/strangulated)	1	2	
R_C	14	Hydrocele repair	1	2	
R_C	15	Suprapubic cystostomy / catheterization	1	2	
R_C	16	Tracheostomy	1	2	
		<b>INJURY-RELATED</b>			
R_C	17	Trauma laparotomy	1	2	
R_C	18	Amputation	1	2	
R_C	19	Escharotomy/fasciotomy/contracture release	1	2	
R_C	20	Skin grafting	1	2	
R_C	21	Irrigation and debridement of open fractures	1	2	
R_C	22	Placement of external fixator	1	2	
R_C	23	Burr hole	1	2	
R_C	24	Craniotomy (not burr hole)	1	2	

Mod/Ind	No.	Question	Response		Skip
		<b>NON-TRAUMA ORTHOPAEDIC</b>			
R_C	25	Drainage of septic arthritis	1	2	
R_C	26	Debridement of osteomyelitis	1	2	
R_C	2510	Is there a health professional in the facility or on-call 24 hours a day who:	YES	NO	
R_C	01	Can perform a caesarean section	1	2	
R_C	02	Can perform laparotomy	1	2	
R_C	03	Can perform a reduction and fixation of open long-bone fractures	1	2	
R_C	04	Is trained in anaesthesia	1	2	
		<b>25.2.2. SITE CONDITIONS</b>			
	2511	Now I would like to collect information from the main <b>inpatient surgical</b> service site.  IF THERE ARE MULTIPLE SURGICAL AREAS/UNITS, SELECT THE AREA WHERE CAESAREAN SECTIONS ARE MOST COMMONLY CARRIED OUT.			
R_C	2512	How many functional major and minor operating rooms/theatres are available in this facility?	MAJOR MINOR	— — — —	
R_C	2513	Is the surgical unit supported by a back-up power supply if there is a gap in the primary electricity supply?	YES..... 1 NO ..... 2		
R_C	2514	Is there a usable (available, functional, private) toilet for surgical unit patients? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT ..... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT ..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ..... 3		→Q2517
R_C	2515	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SURGICAL UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..... 1 NO ..... 2 NOT APPLICABLE ..... 3		
R_C	2516	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES..... 1 NO ..... 2		
R_C	2517	Is there a usable (available, functional, private) toilet for surgical unit staff?  IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO WARD/UNIT ..... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO WARD/UNIT ..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ..... 3		→Q2520
R_C	2518	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SURGICAL UNIT STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..... 1 NO ..... 2 NOT APPLICABLE ..... 3		
R_C	2519	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES..... 1 NO ..... 2		
R_C	2520	Is there a marked area or room in the surgical area that clearly identifies a point past which non-surgical shoes/clothing must be covered or left?	YES..... 1 NO ..... 2		
R_C	2521	Is there a site to scrub for surgery that is adjacent to but separate from the operating room?	YES..... 1 NO ..... 2		→Q2523
R_C	2522	Is running water functioning in the scrub area today?	YES..... 1 NO ..... 2		
R_C	2523	Please tell me if there are separate rooms for the following surgical service components:	YES	NO	
R_C	01	Preoperative room(s)	1	2	

Mod/Ind	No.	Question	Response			Skip
R_C	02	Storage space for sterile and high-level disinfected items (either a room with limited access or a cabinet that can be closed)	1	2		
R_C	03	Post-operative recovery room(s)	1	2		
	2524	Now I would like to conduct a brief observation of actual conditions about <b>cleanliness and waste disposal</b> today in the surgical service site.				
R_C	2525	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO		
R_C	01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2		
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2		
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2		
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2		
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2		
R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2		
R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2		
R_C	08	NON-SMOKING SIGNS	1	2		
	2526	Now I would like to ask about items for <b>infection prevention and control</b> available in this service site today.				
R_C	2527	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 →10	3 →10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 →12	3 →12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	
R_C	16	Surgical masks	1	2	3	

Mod/Ind	No.	Question	Response						Skip
R_C	17	N95 face masks	1	2	3				
R_C	18	Non-sterile protective gowns	1	2	3				
R_C	19	Sterile protective gowns	1	2	3				
R_C	20	Aprons (impermeable)	1	2	3				
R_C	21	Eye protection (goggles, face shields)	1	2	3				
R_C	22	Gumboots or clogs	1	2	3				
R_C	23	Hair cover	1	2	3				
<b>25.2.3. EQUIPMENT</b>									
R_C	2528	Now I would like to know about the availability of <b>oxygen</b> for patients in this unit. Does this unit ever provide oxygen to patients?	YES..... 1 NO ..... 2						→Q2534
R_C	2529	Is there any oxygen currently available in this unit?	YES..... 1 NO ..... 2						→Q2531
R_C	2530	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Centrally piped oxygen supply	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Oxygen concentrator	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Flowmeter for oxygen source, with gradations in mL	1 →B	2 →B	3 →05	1	2	8	
R_C	05	Humidifier	1 →B	2 →B	3 →06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 →B	2 →B	3 →Q2531	1	2	8	
R_C	2531	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES ..... 1 NO ..... 2						
R_C	2532	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..... 1 NO ..... 2 NOT APPLICABLE ..... 5						
	2533	Now I would like to ask about some <b>basic surgical equipment</b> available in this service site today.							
R_C	2534	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE AREA FOR SURGICAL EQUIPMENT.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Operating table	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Overhead operating light	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Light source (other than overhead operating light) that can be aimed (flashlight acceptable) to visualize site	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Capnograph	1 →B	2 →B	3 →05	1	2	8	



Mod/Ind	No.	Question	Response						Skip
R_C	05	Cardiac monitor	1 →B	2 →B	3 →06	1	2	8	
R_C	06	ECG electrodes	1 →B	2 →B	3 →07	1	2	8	
R_C	07	Defibrillator	1 →B	2 →B	3 →08	1	2	8	
R_C	08	Thermometer (manual or electronic)	1 →B	2 →B	3 →09	1	2	8	
R_C	09	Stethoscope	1 →B	2 →B	3 →10	1	2	8	
R_C	10	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 →B	2 →B	3 →11	1	2	8	
R_C	11	Suction apparatus (manual or electronic) with catheters	1 →B	2 →B	3 →12	1	2	8	
R_C	12	Needle holder	1 →B	2 →B	3 →13	1	2	8	
R_C	13	Scalpel handle	1 →B	2 →B	3 →14	1	2	8	
R_C	14	Retractor	1 →B	2 →B	3 →15	1	2	8	
R_C	15	Surgical scissors	1 →B	2 →B	3 →16	1	2	8	
R_C	16	Forceps	1 →B	2 →B	3 →17	1	2	8	
R_C	17	Haemostat	1 →B	2 →B	3 →18	1	2	8	
R_C	18	Spinal needle	1 →B	2 →B	3 →19	1	2	8	
R_C	19	Nasogastric tube adult	1 →B	2 →B	3 →20	1	2	8	
R_C	20	Tourniquet	1 →B	2 →B	3 →21	1	2	8	
R_C	21	Cricothyroidotomy set	1 →B	2 →B	3 →Q2535	1	2	8	
	2535	Now I would like to about <b>adult intubation and anaesthesia equipment</b> available in this service site today.							
R_C	2536	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE AREA FOR SURGICAL EQUIPMENT.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Oropharyngeal airway (adult)	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Endotracheal tube (adult, e.g. cuffed sizes 5.5–9.0)	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Adult intubation set (sealed) INSTRUCTION: IF AVAILABLE, ASK FOR ITEMS 04–06 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Laryngoscope handle and blade (adult)	1 →B	2 →B	3 →05	1	2	8	
R_C	05	Magill forceps (adult)	1 →B	2 →B	3 →06	1	2	8	
R_C	06	Stylet or bougie (adult)	1 →B	2 →B	3 →07	1	2	8	
R_C	07	Tubing and connectors (to connect adult endotracheal tube)	1 →B	2 →B	3 →08	1	2	8	
R_C	08	Anaesthesia machine	1 →B	2 →B	3 →09	1	2	8	

Mod/Ind	No.	Question	Response						Skip
R_C	09	Pulse oximeter	1 →B	2 →B	3 →10	1	2	8	
R_C	10	Electrocautery apparatus	1 →B	2 →B	3 →11	1	2	8	
R_C	11	Chest tube	1 →B	2 →B	3 →Q2537	1	2	8	
R_C	2537	Does this unit have an adult-sized resuscitation bag and mask?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL..... 1 NOT FUNCTIONAL..... 2 YES, REPORTED: FUNCTIONAL..... 3 NOT FUNCTIONAL..... 4 NOT AVAILABLE ..... 5						→Q2540  →Q2540 →Q2540
R_C	2538	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES..... 1 NO ..... 2						
	2539	Now I would like to ask about <b>paediatric intubation and anaesthesia equipment</b> available in this service site today.							
R_C	2540	For each item that I ask about, please show me the item and tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE AREA FOR SURGICAL EQUIPMENT.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Oropharyngeal airway (paediatric)	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Endotracheal tube (paediatric e.g. uncuffed, sizes 3.0 to 5.0)	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Paediatric intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–07 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Laryngoscope handle and blade (paediatric)	1 →B	2 →B	3 →05	1	2	8	
R_C	05	Laryngoscope handle and blade neonatal (size 1)	1 →B	2 →B	3 →06	1	2	8	
R_C	06	Magill forceps (paediatric)	1 →B	2 →B	3 →07	1	2	8	
R_C	07	Stylet or bougie (paediatric)	1 →B	2 →B	3 →08	1	2	8	
R_C	08	Tubing and connectors (to connect endotracheal tube) to fit paediatric endotracheal tubes	1 →B	2 →B	3 →Q2541	1	2	8	
	2541	Now I would like to ask about <b>paediatric resuscitation equipment</b> available in this service site today.							
R_C	2542	Does this unit have a paediatric-sized resuscitation bag and mask?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL..... 1 NOT FUNCTIONAL..... 2 YES, REPORTED: FUNCTIONAL..... 3 NOT FUNCTIONAL..... 4 NO ..... 5						→Q2544  →Q2544 →Q2544
R_C	2543	At any time during the past 3 months has the paediatric-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES..... 1 NO ..... 2						
R_C	2544	Does this unit have a resuscitation bag and mask size 0 for preterm infants?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL..... 1 NOT FUNCTIONAL..... 2 YES, REPORTED: FUNCTIONAL..... 3 NOT FUNCTIONAL..... 4 NO ..... 5						→Q2546  →Q2546 →Q2546

Mod/Ind	No.	Question	Response	Skip															
R_C	2545	At any time during the past 3 months has the resuscitation bag and mask for preterm infants been unavailable for this unit for any reason?	YES..... 1 NO ..... 2																
R_C	2546	Does this unit have a resuscitation bag and mask size 1 for term infants?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL..... 1 NOT FUNCTIONAL..... 2 YES, REPORTED: FUNCTIONAL..... 3 NOT FUNCTIONAL..... 4 NO ..... 5	→ Q2548  → Q2548 → Q2548															
R_C	2547	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?	YES..... 1 NO ..... 2																
<b>25.2.4. MEDICINES AND COMMODITIES</b>																			
	2548	Now I would like to know if the following <b>medicines and commodities for anaesthesia</b> are available in this service site today.																	
R_C	2549	For each medicine or commodity that I ask about, please show it to me.	<table border="1"> <thead> <tr> <th colspan="5">AVAILABILITY</th></tr> <tr> <th colspan="2">OBSERVED</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE NOT EXPIRED</th><th>AVAILABLE BUT EXPIRED</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> </table>	AVAILABILITY					OBSERVED		NOT OBSERVED			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
AVAILABILITY																			
OBSERVED		NOT OBSERVED																	
AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE															
R_C	01	Atracurium injection	1      2      3      4      5																
R_C	02	Bupivacaine	1      2      3      4      5																
R_C	03	Inhalational medicines for general anaesthesia (e.g. Halothane, Isoflurane, desflurane or sevoflurane)	1      2      3      4      5																
R_C	04	Ketamine injection	1      2      3      4      5																
R_C	05	Lidocaine 1% or 2% injection	1      2      3      4      5																
R_C	06	Lidocaine 5% heavy spinal injection	1      2      3      4      5																
R_C	07	Midazolam injection	1      2      3      4      5																
R_C	08	Nitrous oxide (gas)	1      2      3      4      5																
R_C	09	Suxamethonium injection	1      2      3      4      5																
R_C	10	Thiopental or propofol injection	1      2      3      4      5																
R_C	11	Atropine injection	1      2      3      4      5																
R_C	12	Neostigmine injection	1      2      3      4      5																
R_C	13	Adrenalin injection	1      2      3      4      5																
R_C	14	Ephedrine injection	1      2      3      4      5																
R_C	15	Diazepam injection	1      2      3      4      5																
R_C	16	Sutures	1      2      3      4      5																
R_C	17	Skin antiseptic	1      2      3      4      5																
R_C	18	Urinary catheter and bag	1      2      3      4      5																
<b>25.2.5. SUPPORT FOR QUALITY SERVICES</b>																			
	2550	I would like to know if the following documents for surgical services are available in this service site today.																	
R_C	2551	For each document that I ask about, please show it to me.	<table border="1"> <thead> <tr> <th>OBSERVED</th><th>REPORTED, NOT SEEN</th><th>NOT AVAILABLE</th></tr> </thead> </table>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE													
OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																	

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

Mod/Ind	No.	Question	Response	Skip
		<b>26. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES</b>		
	2600	Now I want to ask about different services and resources available in this facility for patients who arrive from outside this facility seeking emergency care, regardless of whether the patients walk in or whether they arrive by ambulance or other type of vehicle.		
		<b>26.1. SERVICE AVAILABILITY</b>		
R_C	2601	Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment.	YES ..... 1 NO ..... 2	→ END OF SECTION
	2602	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE EMERGENCY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT EMERGENCY SERVICES IN THE FACILITY. IF THERE ARE MULTIPLE LEVELS OF EMERGENCY SERVICES, ASK TO GO WHERE UNSTABLE PATIENTS RECEIVE EMERGENCY CARE. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.  I am interested in the types of emergency cases that arrive from outside the facility and that this facility manages, and the resources available for the emergency services. If some of the questions are better answered by another person, please call that person or take me to that person for the information.  Now I would like to know more about how the emergency walk-in services are organized.		
R_C	2603	What is the setting for emergency services?	DEDICATED EMERGENCY UNIT/AREA ..... 1 OFFERED IN SAME SERVICE SETTINGS AS NON-EMERGENCY OUTPATIENT SERVICES ..... 2 OTHER ..... 6 (SPECIFY)	
R_C	2604	How many hours per day are services provided in the emergency unit?	HOURS PER DAY ..... 24-HOUR EMERGENCY SERVICES ..... 24	
R_C	2605	Is there a formal triage system for the emergency service patients?	YES ..... 1 NO ..... 2	
R_C	2606	Does this emergency unit ever refer patients to another facility?	YES ..... 1 NO ..... 2	
R_C	2607	Is a nurse or doctor routinely assigned to accompany emergency patients who are referred to other facilities?	YES, ALL REFERRED PATIENTS ..... 1 SOMETIMES DEPENDING ON PATIENT NEEDS CARE DURING TRANSPORT ..... 2 NO ..... 3	
R_C	2608	Is there a system for emergency transportation of patients when referring them to another facility? IF YES, ASK: Is a vehicle and driver available 24 hours?	YES, 24 HOURS ..... 1 YES, NOT 24 HOURS ..... 2 NO ..... 3	→ Q2610
R_C	2609	Please estimate an average of the length of time it takes from requesting to the actual availability of emergency transportation vehicles for referral of patients to a location outside the facility. IF IT VARIES, PROBE FOR AN ESTIMATE FOR THE MOST COMMON EXPERIENCE.	IMMEDIATELY AVAILABLE ..... 1 LESS THAN 5 MINUTES ..... 2 5–14 MINUTES ..... 3 15 MINUTES TO ONE HOUR ..... 4 MORE THAN ONE HOUR ..... 5 NO CONSISTENCY IN AVAILABILITY ..... 6	
R_C	2610	How many hours per day are radiology services such as X-ray available for emergency service patients?	HOURS PER DAY ..... 24-HOUR RADIOLOGY SERVICES ..... 24	
R_C	2611	How many hours per day are laboratory diagnostic services (other than onsite rapid tests) available for emergency service?	HOURS PER DAY ..... 24-HOUR LABORATORY SERVICES ..... 24	
R_C	2612	How many hours per day are pharmacy services available for emergency unit patients?	HOURS PER DAY ..... 24-HOUR PHARMACY SERVICES ..... 24 NO PHARMACY ..... 00	
R_C	2613	Is there a core staff of fixed (non-rotating) providers permanently assigned to the emergency unit?	YES ..... 1 NO ..... 2	
R_C	2614	Are there any staff who are always available onsite or on-call for 24-hour emergency services?	YES ..... 1 NO ..... 2	→ Q2617

Mod/Ind	No.	Question	Response				Skip
R_C	2615	FOR EACH STAFF OCCUPATION, ASK: Is at least one person for the occupation I ask about always available 24-hours to provide emergency services?  IF YES, ASK: Is someone with this qualification always onsite in the emergency service unit for 24-hour emergency services?  IF NO, ASK: Is someone with this qualification always officially on-call, i.e. they are assigned on rotation to be available in near proximity for 24-hour emergency services?  [COUNTRY ADAPT OCCUPATION/ QUALIFICATION OF STAFF]	YES, STAFF ALWAYS AVAILABLE 24 HOURS FOR EMERGENCY SERVICES		NO, NOT AVAILABLE 24 HOURS FOR EMERGENCY SERVICES	NEVER AVAILABLE	
			ONSITE IN EMERGENCY UNIT	NOT ONSITE IN EMERGENCY UNIT BUT ON-CALL INSIDE FACILITY OR CLOSE TO FACILITY			
R_C	01	Emergency medicine specialist	1	2	3	4	
R_C	02	Generalist medical practitioner or paramedical practitioner (e.g. clinical officer)	1	2	3	4	
R_C	03	Nursing professional	1	2	3	4	
R_C	04	Other specialist doctors	1 (SPECIFY)	2 (SPECIFY)	3 (SPECIFY)	4	
		<b>26.2. SITE CONDITIONS</b>					
	2616	Now I would like to know about <b>infrastructure</b> available for emergency services. For each item that I ask about, please indicate if this is dedicated for the emergency service area, if it is shared across the facility, or if it is not available.					
R_C	2617	IF AVAILABLE, ASK TO SEE THE AREA AND OBSERVE THE CONDITION, AND ASK: Is the space sufficient for the "normal" / usual emergency service caseload?	(A) AVAILABLE		(B) CONDITION		
			YES, AVAILABLE		NOT AVAILABLE	SPACE REPORTED ADEQUATE FOR USUAL CASELOAD	SPACE REPORTED INADEQUATE FOR USUAL CASELOAD
			SPECIFIC FOR EMERGENCY SERVICES	NOT SPECIFIC FOR EMERGENCY SERVICES			
R_C	01	Isolation room for placing patients with suspect infectious diseases such as TB or haemorrhagic fever	1 → B	2 → B	3 → 02	1	2
R_C	02	Designated waiting area	1 → B	X	3 → 03	1	2
R_C	03	Designated triage area	1 → B	X	3 → 04	1	2
R_C	04	Designated resuscitation area	1 → B	X	3 → 05	1	2
R_C	05	Functional radio or phone for communicating between facilities and/or ambulance for transfers	1	2	3	X	X
R_C	2618	Is there electricity in this service area that is functioning now?  IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED ..... 1 NO, NOT TODAY ..... 2 NO, NEVER HAVE ELECTRICITY ..... 3				→ Q2620
R_C	2619	Is this unit supported by a back-up power supply if there is a gap in the primary electricity supply?	YES ..... 1 NO ..... 2				
R_C	2620	Is there a usable (available, functional, private) toilet for emergency service patients and visitors?  IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE EMERGENCY SERVICES UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT..... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE..... 3				→ Q2623
R_C	2621	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR EMERGENCY UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 5				

Mod/Ind	No.	Question	Response	Skip	
R_C	2622	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE EMERGENCY UNIT TOILET.	YES ..... 1 NO ..... 2		
R_C	2623	Is there at least one usable (available, functional, private) toilet for emergency services staff?  IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO WARD/UNIT..... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO WARD/UNIT..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ..... 3	→ Q2627	
R_C	2624	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR EMERGENCY UNIT STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 5		
R_C	2625	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES ..... 1 NO ..... 2		
	2626	Now I would like to conduct a brief observation of actual conditions about <b>cleanliness and waste disposal</b> in the emergency service site.			
R_C	2627	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	
R_C	01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	
R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2	
R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2	
R_C	08	NON-SMOKING SIGNS	1	2	
R_C	09	HAND HYGIENE MATERIALS (SOAP AND WATER OR HAND SANITIZER) OBSERVED IN EACH PATIENT CARE AREA	1	2	
	2628	Now I would like to know about items for <b>infection prevention and control</b> available in this service site today. For each item that I ask about, please show me the item.			
R_C	2629	IF THERE ARE MULTIPLE SITES WHERE EMERGENCY SERVICES ARE PROVIDED, ASK TO SEE THE SITE WHERE UNSTABLE EMERGENCY PATIENTS RECEIVE CARE. ASSESS IF THE FOLLOWING ITEMS ARE IN PROXIMITY TO THAT SITE SUCH THAT PROVIDERS THERE COULD REASONABLY BE EXPECTED TO USE THE ITEMS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
R_C	01	Clean running water (pipd, closed bucket with tap)	1	2	3
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3
R_C	03	Alcohol-based handrub	1	2	3
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3
R_C	06	Disposable latex gloves (non-sterile)	1	2	3
R_C	07	Disposable latex gloves (sterile)	1	2	3
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 → 10	3 → 10

Mod/Ind	No.	Question	Response						Skip
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3				
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 →12	3 →12				
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3				
R_C	12	Sharps container ("safety box")	1	2	3				
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3				
R_C	14	Non-reusable syringes (autodisable or disposable needles and syringes)	1	2	3				
R_C	15	Surgical/respiratory masks	1	2	3				
R_C	16	N95 face masks	1	2	3				
R_C	17	Non-sterile protective gowns	1	2	3				
R_C	18	Sterile protective gowns	1	2	3				
R_C	19	Aprons (impermeable)	1	2	3				
R_C	20	Eye protection (goggles, face shields)	1	2	3				
R_C	21	Gumboots or clogs	1	2	3				
R_C	22	Hair cover	1	2	3				
		<b>26.3. EQUIPMENT</b>							
	2630	Now I would like to ask about <b>equipment</b> for emergency services available in this service site today.							
R_C	2631	For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT THE ITEM MUST BE IN THE EMERGENCY SERVICE AREA OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD REASONABLY BE EXPECTED TO USE IT.	(A) AVAILABLE IN EMERGENCY SERVICE AREA			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	2632	<b>VITAL SIGNS EQUIPMENT AND CROSS-CUTTING ITEMS</b>							
R_C	01	Thermometer (manual or electronic)	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Stethoscope	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Adult weighing scale	1 →B	2 →B	3 →05	1	2	8	
R_C	05	Infant weighing scale (100 g gradation)	1 →B	2 →B	3 →06	1	2	8	
R_C	06	Child weighing scale (250 g gradation)	1 →B	2 →B	3 →07	1	2	8	
R_C	07	Examination light that can be aimed (flashlight acceptable)	1 →B	2 →B	3 →08	1	2	8	
R_C	08	Otoscope	1 →B	2 →B	3 →09	1	2	8	
R_C	09	Ophthalmoscope	1 →B	2 →B	3 →10	1	2	8	
R_C	10	Doppler	1 →B	2 →B	3 →11	1	2	8	
R_C	11	Nebuliser with attachments	1 →B	2 →B	3 →12	1	2	8	



Mod/Ind	No.	Question	Response						Skip
R_C	12	Infusion rate monitor	1 → B	2 → B	3 → Q2633	1	2	8	
R_C	2633	<b>MINOR SURGICAL EQUIPMENT</b>							
R_C	01	Minor surgical kit INSTRUCTION: IF AVAILABLE, ASK FOR ITEMS 02–04 AND MARK “REPORTED” IF THE ITEM IS IN THE SEALED KIT.	1 → B	2 → B	3 → 02	1	2	8	
R_C	02	Needle holder	1 → B	2 → B	3 → 03	1	2	8	
R_C	03	Scalpel handle	1 → B	2 → B	3 → 04	1	2	8	
R_C	04	Haemostat	1 → B	2 → B	3 → 05	1	2	8	
R_C	05	Forceps	1 → B	2 → B	3 → 06	1	2	8	
R_C	06	Surgical scissors	1 → B	2 → B	3 → Q2634	1	2	8	
R_C	2634	<b>AIRWAY INTERVENTIONS</b>							
R_C	01	Suction apparatus (manual or electronic) with catheters	1 → B	2 → B	3 → 02	1	2	8	
R_C	02	Cricothyroidotomy or tracheostomy set	1 → B	2 → B	3 → Q2635	1	2	8	
R_C	2635	<b>ADULT AIRWAY</b>							
R_C	01	Oropharyngeal airway (adult)	1 → B	2 → B	3 → 02	1	2	8	
R_C	02	Nasopharyngeal airway (adult)	1 → B	2 → B	3 → 03	1	2	8	
R_C	03	Adult intubation set (sealed)  IF AVAILABLE, ASK FOR ITEMS 04–06 AND MARK “REPORTED” IF THE ITEM IS IN THE SEALED KIT.	1 → B	2 → B	3 → 04	1	2	8	
R_C	04	Laryngoscope handle and blade (adult)	1 → B	2 → B	3 → 05	1	2	8	
R_C	05	Magill forceps (adult)	1 → B	2 → B	3 → 06	1	2	8	
R_C	06	Stylet or bougie (adult)	1 → B	2 → B	3 → 07	1	2	8	
R_C	07	Tubing and connectors (to connect adult endotracheal tube)	1 → B	2 → B	3 → Q2636	1	2	8	
R_C	2636	<b>PAEDIATRIC AIRWAY</b>							
R_C	01	Oropharyngeal airway (paediatric)	1 → B	2 → B	3 → 01	1	2	8	
R_C	02	Nasopharyngeal airway (paediatric)	1 → B	2 → B	3 → 02	1	2	8	
R_C	03	Paediatric intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–07 AND MARK “REPORTED” IF THE ITEM IS IN THE SEALED KIT.	1 → B	2 → B	3 → 03	1	2	8	
R_C	04	Laryngoscope handle and blade (paediatric)	1 → B	2 → B	3 → 04	1	2	8	
R_C	05	Laryngoscope handle and blade neonatal (size 1)	1 → B	2 → B	3 → 05	1	2	8	
R_C	06	Magill forceps (paediatric)	1 → B	2 → B	3 → 06	1	2	8	
R_C	07	Stylet or bougie (paediatric)	1 → B	2 → B	3 → 07	1	2	8	
R_C	08	Tubing and connectors (to connect paediatric endotracheal tube)	1 → B	2 → B	3 → Q2637	1	2	8	
R_C	2637	<b>BREATHING INTERVENTIONS</b>							
R_C	01	Pulse oximeter	1 → B	2 → B	3 → 02	1	2	8	

Mod/Ind	No.	Question	Response						Skip
R_C	02	Chest tubes and insertion set and underwater seal bottle	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Continuous positive airway pressure (CPAP) equipment	1 →B	2 →B	3 →Q2638	1	2	8	
R_C	2638	Does this unit have an adult-sized resuscitation bag and mask?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 YES, REPORTED: FUNCTIONAL.....3 NOT FUNCTIONAL.....4 NO .....5						→Q2640  →Q2640 →Q2640
R_C	2639	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES.....1 NO .....2						
R_C	2640	Does this unit have a paediatric-sized resuscitation bag and mask?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 YES, REPORTED: FUNCTIONAL.....3 NOT FUNCTIONAL.....4 NO .....5						→Q2642  →Q2642 →Q2642
R_C	2641	At any time during the past 3 months has the paediatric-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES.....1 NO .....2						
R_C	2642	Does this unit have a resuscitation bag and mask size 1 for term infants?  IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 YES, REPORTED: FUNCTIONAL.....3 NOT FUNCTIONAL.....4 NO .....5						→Q2644  →Q2644 →Q2644
R_C	2643	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?	YES.....1 NO .....2						
R_C	2644	Continuing with availability of equipment for emergency services, for each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.	(A) AVAILABLE IN EMERGENCY SERVICE AREA			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	2645	<b>CONTROL OF BLEEDING</b>							
R_C	01	Tourniquet	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Pelvic binder	1 →B	2 →B	3 →Q2646	1	2	8	
R_C	2646	<b>CARDIAC INTERVENTIONS</b>							
R_C	01	Cardiac monitor with electrodes	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Defibrillator	1 →B	2 →B	3 →03	1	2	8	
R_C	03	External cardiac pacer pads	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Electrocardiogram (ECG) machine	1 →B	2 →B	3 →Q2648	1	2 →Q2648	8 →Q2648	
R_C	05	Electrodes and leads for ECG machine	1 →B	2 →B	3 →Q2648	1	2 →Q2648	8 →Q2648	
R_C	2647	Is there a staff person onsite or on-call 24 hours to interpret the ECG?	YES.....1 NO .....2						
	2648	Now I would like to know about the availability of <b>oxygen</b> for patients in this unit.							
R_C	2649	Does this unit ever provide oxygen to patients?	YES.....1 NO .....2						→Q2654
R_C	2650	Is there any oxygen currently available in the unit?	YES.....1 NO .....2						→Q2652

Mod/Ind	No.	Question	Response						Skip
R_C	2651	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Centrally piped oxygen supply	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Oxygen concentrator	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Flowmeter for oxygen source, with gradations in mL	1 →B	2 →B	3 →05	1	2	8	
R_C	05	Humidifier	1 →B	2 →B	3 →06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 →B	2 →B	3 →Q2652	1	2	8	
R_C	2652	Is oxygen called for from a central location if needed?	YES .....1 NO .....2						
R_C	2653	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES.....1 NO .....2						
		<b>26.4. MEDICINES AND COMMODITIES</b>							
	2654	Now I would like to ask about the availability of <b>medicines and commodities</b> for in this emergency unit /emergency services site.							
R_C	2655	Are any essential life-saving medicines kept in this emergency unit?	YES.....1 NO .....2						→ Q2659
R_C	2656	Are essential life-saving medicines and resuscitation equipment kept in a cart/box/tray where they can be rapidly used for an emergency situation? IF YES, ASK TO SEE THE LOCATION AND MARK THE SITUATION OBSERVED.	YES, OBSERVED LOCKED EMERGENCY CART/BOX .....1 YES, OBSERVED UNLOCKED EMERGENCY CART/BOX OR TRAY THAT CAN EASILY BE CARRIED .....2 NO, OBSERVED IN CABINET/CUPBOARD NOT EASILY TRANSPORTED .....3 NO, NOT AVAILABLE/NOT OBSERVED CART/CABINET .....4						
	2657	ASK TO BE SHOWN WHERE MEDICINES ARE KEPT FOR EMERGENCY SERVICES							
R_C	2658	Please tell me if any of the following medicines and commodities are available in the emergency cart/box, or elsewhere in the emergency services area where they can be accessed quickly in an emergency. For each item that I ask about, please show it to me.	AVAILABLE						
			OBSERVED		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
		<b>EMERGENCY MEDICINES</b>							
R_C	01	Adrenaline or epinephrine injection	1	2	3	4	5		
R_C	02	Glucose 50% injection	1	2	3	4	5		
R_C	03	Atropine injection	1	2	3	4	5		
R_C	04	Calcium gluconate injection	1	2	3	4	5		
R_C	05	Sodium bicarbonate	1	2	3	4	5		
R_C	06	Volume replacement intravenous solutions – dextrose 5% and saline (D5NS) or normal saline (NS) or Ringer's lactate (RL)	1	2	3	4	5		
R_C	07	Intravenous solutions for medicine administration, e.g normal saline	1	2	3	4	5		
R_C	08	Water for injection	1	2	3	4	5		
		<b>OTHER MEDICINES</b>							
R_C	09	Lidocaine 1% or 2% injection	1	2	3	4	5		

Mod/Ind	No.	Question	Response					Skip
R_C	10	Ketamine injection	1	2	3	4	5	
R_C	11	Benzodiazepine injection (e.g. diazepam, midazolam)	1	2	3	4	5	
R_C	12	Magnesium sulphate injection	1	2	3	4	5	
R_C	13	Naloxone (Narcan) injection	1	2	3	4	5	
R_C	14	Oxytocin injection	1	2	3	4	5	
R_C	15	Any NSAID injection or tablet (e.g. diclofenac, ibuprofen)	1	2	3	4	5	
R_C	16	Any opioid injection (e.g. morphine)	1	2	3	4	5	
R_C	17	Salbutamol nebulizer solution	1	2	3	4	5	
		<b>COMMODITIES</b>						
R_C	18	Sutures	1	2	3	4	5	
R_C	19	Intravenous infusion set	1	2	3	4	5	
R_C	20	Sterile needle	1	2	3	4	5	
R_C	21	Disposable syringe	1	2	3	4	5	
R_C	22	Intravenous catheter	1	2	3	4	5	
R_C	23	Skin antiseptic	1	2	3	4	5	
R_C	24	Materials for splinting extremities	1	2	3	4	5	
R_C	25	Cervical collar	1	2	3	4	5	
R_C	26	Materials for casts	1	2	3	4	5	
R_C	27	Urinary catheter and bag	1	2	3	4	5	
R_C	28	Endotracheal tube (adult) (e.g. cuffed sizes 5.5–9.0)	1	2	3	4	5	
R_C	29	Endotracheal tube (paediatric) (e.g. uncuffed sizes 3.0–5.0)	1	2	3	4	5	
		<b>26.5. DIAGNOSTICS</b>						
	2659	Now I would like to ask about <b>tests</b> available in this emergency unit / emergency services site today. For each item I ask about, please show me the item.						
R_C	2660	CHECK TO SEE IF AT LEAST ONE OF EACH TEST IS VALID AND THAT ALL ITEMS TO PERFORM THE TEST ARE AVAILABLE AND FUNCTIONAL. DO NOT GO TO A LABORATORY OUTSIDE OF THE EMERGENCY UNIT TO ASSESS THESE TESTS.	AVAILABLE					
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Urine dipstick for protein (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	02	Urine dipstick for glucose (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	03	Urine dipstick for ketones (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	04	Urine pregnancy test	1	2	3	4	5	
R_C	05	Blood glucose	1	2	3	4	5	
R_C	06	Malaria RDT	1	2	3	4	5	

Mod/Ind	No.	Question	Response					Skip
R_C	07	HIV RDT	1	2	3	4	5	
		<b>26.6. SUPPORT FOR QUALITY SERVICES</b>						
	2661	Now I would like to know if the following documents are available in this service site today. These may be separate documents or may be part of an inclusive document.						
R_C	2662	For each document that I will ask about, please show it to me.	OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE	
R_C	01	Structured triage tool, such as the Interagency Integrated Triage Tool	1	2	3			
R_C	02	Protocol for initial approach to ABCs (airway, breathing, circulation, etc.) and basic neurologic function	1	2	3			
R_C	03	Trauma care checklist	1	2	3			
R_C	04	Medical emergency checklist	1	2	3			
R_C	05	Standardized clinical form for emergency unit visits, such as the WHO clinical form for emergency visits	1	2	3			
R_C	2663	Have you or any provider(s) of emergency services received any training in any aspect of emergency services in the past 2 years?	YES..... 1 NO ..... 2					
R_C	2664	Have staff been trained in using the triage tool?	YES..... 1 NO ..... 2					

Mod/Ind	No.	Question	Response										Skip	
		<b>27. IMAGING AND SPECIALITY TREATMENT SERVICES</b>												
	2700	Now I would like to know about specific diagnostic and treatment services that may be available for patients in this facility.  PROVIDE EXAMPLES OF THE TYPES OF DIAGNOSTIC AND TREATMENT PROCEDURES YOU ARE INTERESTED IN FROM THE LIST BELOW AND FIND THE MOST KNOWLEDGEABLE PERSON FOR THESE PROCEDURES. THERE MAY BE MULTIPLE RESPONDENTS AND THE PROCEDURES MAY TAKE PLACE IN MULTIPLE SETTINGS. THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM THE CURRENT LOCATION.												
	2701	For each item I mention please tell me if the procedure or treatment is offered in this facility. If yes, please tell me if the equipment needed for the procedure is available and functioning today, whether staff trained to carry out the procedures are available either full or part time, and, where applicable, if results are interpreted onsite or sent offsite for interpretation.												
R_C	2702	IF THE RESPONDENT IS NOT SURE, FIND THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.	(A) PROCEDURE OFFERED		(B) EQUIPMENT		(C) TRAINED STAFF TO CONDUCT PROCEDURE			(D) RESULTS INTERPRETED				
			YES	NO	AVAILABLE AND FUNCTIONING TODAY	NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, AVAILABLE FULL TIME	YES, AVAILABLE PART TIME	NOT AVAILABLE	ONSITE	OFFSITE			
R_C	01	Electrocardiogram (ECG)	1 → B	2 → 02	1 → C	2 → 02	1 → D	2 → D	3 → 02	1	2			
R_C	02	Ultrasound	1 → B	2 → Q2703	1 → C	2 → Q2703	1 → D	2 → D	3 → Q2703	1	2			
R_C	2703	Does this facility perform any imaging procedures?					YES.....1 NO .....2					→ Q2706		
	2704	IF YOU ARE NOT ALREADY IN THE IMAGING DEPARTMENT, ASK TO GO THERE AND TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT MANAGEMENT FOR IMAGING.												
R_C	2705	Does this facility perform any of the following procedures:	(A) PROCEDURE OFFERED		(B) EQUIPMENT		(C) TRAINED STAFF TO CONDUCT PROCEDURE			(D) RESULTS INTERPRETED				
			YES	NO	AVAILABLE AND FUNCTIONING TODAY	NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, AVAILABLE FULL TIME	YES, AVAILABLE PART TIME	NOT AVAILABLE	ONSITE	OFFSITE			
R_C	01	CT scan	1 → B	2 → 02	1 → C	2 → 02	1 → D	2 → D	3 → 02	1	2			
R_C	02	Magnetic resonance scan (MRI)	1 → B	2 → 03	1 → C	2 → 03	1 → D	2 → D	3 → 03	1	2			
R_C	03	Digital X-ray machine	1 → B	2 → 04	1 → C	2 → 04	1 → D	2 → D	3 → 04	1	2			
R_C	04	Non-digital X-ray	1 → B	2 → 05	1 → C	2 → 05	1 → D	2 → D	3 → 05	1	2			
R_C	05	Fluoroscopy	1 → B	2 → Q2706	1 → C	2 → Q2706	1 → D	2 → D	3 → Q2706	1	2			
R_C	2706	Does this facility have ventilators/respirators? IF YES, ASK TO BE SHOWN WHERE VENTILATORS/ RESPIRATORS ARE KEPT AND ASK IF THERE IS AT LEAST ONE FUNCTIONAL VENTILATOR/ RESPIRATOR.					YES, AT LEAST ONE FUNCTIONAL .....1 YES, NONE FUNCTIONAL .....2 NO .....3							

Mod/Ind	No.	Question	Response	Skip
		<b>28. BLOOD TRANSFUSION SERVICES</b>		
		<b>28.1. SERVICE AVAILABILITY</b>		
R_C	2800	Does this facility offer blood transfusion services?	YES ..... 1 NO ..... 2	➔ END OF SECTION
	2801	I would like to ask about blood transfusion resources and services available in this facility.  ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, PROCESSED, TESTED, STORED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT BLOOD TRANSFUSION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
		<b>28.2. BLOOD SUPPLY SUFFICIENCY AND SAFETY</b>		
R_C	2802	Have there been any interruptions in availability of blood for transfusion during the past 3 months?	YES ..... 1 NO ..... 2	
R_C	2803	Does this facility obtain blood for transfusion from a national or regional blood centre or blood bank?	YES ..... 1 NO ..... 2	
R_C	2804	Does this facility obtain any blood from sources other than the national or regional blood centre?	YES ..... 1 NO ..... 2	➔ Q2807
R_C	2805	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES ..... 1 NO ..... 2	➔ Q2807
R_C	2806	Please tell me if the blood that is transfused in the facility is "always", "sometimes," or "never" screened for any of the following infectious diseases:	ALWAYS      SOMETIMES      NEVER	
R_C	01	HIV	1      2      3	
R_C	02	Syphilis	1      2      3	
R_C	03	Hepatitis B	1      2      3	
R_C	04	Hepatitis C	1      2      3	
		<b>28.3. EQUIPMENT (COLD CHAIN)</b>		
R_C	2807	Does this facility ever store blood for blood transfusion services? IF YES, ASK: May I see where blood is stored?	YES ..... 1 NO ..... 2	➔ Q2815
R_C	2808	Does this facility have a refrigerator available and functioning in this service area for the storage of blood? IF YES, CLARIFY THE AVAILABILITY AND FUNCTIONAL STATUS.	AVAILABLE AND FUNCTIONAL ..... 1 AVAILABLE AND NOT FUNCTIONAL ..... 2 AVAILABLE DON'T KNOW IF FUNCTIONING ..... 3 NOT AVAILABLE ..... 4	➔ Q2815 ➔ Q2815
	2809	I would like to ask you about devices for monitoring refrigerator temperature available and functioning in the refrigerator today.		
R_C	2810	For each item that I ask about, please show me the item and tell me if it is functioning or not.	(A) AVAILABLE YES      NO (B) FUNCTIONAL YES      NO      DON'T KNOW	
R_C	01	Continuous temperature recorder/logger	1 ➔ B      2 ➔ 02      1 ➔ Q2813      2      8	
R_C	02	Thermometer	1 ➔ B      2 ➔ Q2815      1      2 ➔ Q2815      8 ➔ Q2815	
R_C	2811	Is the temperature of the refrigerator monitored at least once every 24 hours? IF YES, PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	➔ Q2814 ➔ Q2814
R_C	2812	Has the temperature log been completed for the past 30 days? PLEASE REVIEW THE LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE EVERY 24 HOURS DURING THE PAST 30 DAYS).	YES, FULLY COMPLETE ..... 1 NO, AT LEAST ONE DAY NOT COMPLETED ..... 2	➔ Q2814
R_C	2813	Has the temperature been out of the range 1–6 °C inclusive in the past 30 days? PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE PAST 30 WORKING DAYS IN ORDER TO ANSWER THE QUESTION.	NEVER OUT OF RANGE ..... 1 OUT OF RANGE AT LEAST ONCE ..... 2	

Mod/Ind	No.	Question	Response	Skip
R_C	2814	What is the temperature in the fridge now?	BETWEEN 1–6 °C (INCLUSIVE) ..... 1 OUT OF RANGE ..... 2 DON'T KNOW ..... 8	
		<b>28.4. SUPPORT FOR QUALITY SERVICES</b>		
R_C	2815	Are there any national guidelines on the appropriate use of blood and safe transfusion practices available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	2816	Are there any other guidelines on the appropriate use of blood and safe transfusion practices available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
R_C	2817	Have any provider(s) of blood transfusion services received any training in the appropriate use of blood and safe transfusion practices in the past 2 years?	YES ..... 1 NO ..... 2	



Mod/Ind	No.	Question	Response			Skip
		<b>29. LABORATORY SERVICES</b>				
		<b>29.1. SERVICE AVAILABILITY</b>				
R_C	2900	Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests? This includes tests performed in a laboratory or in a service site at this facility, as well as sending a specimen outside for testing and receiving the results back.	YES ..... 1 NO LABORATORY DIAGNOSTIC TESTS PERFORMED ..... 2			➔ END OF SECTION
	2901	ASK TO BE SHOWN THE MAIN LABORATORY IN THE FACILITY OR THE LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT LABORATORY TESTS CONDUCTED BY THIS FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.  I am interested in learning about any diagnostic tests conducted by this facility or about tests where the facility collects specimens that are sent elsewhere for testing where the results are returned to this facility for use. The questions I ask may apply to a special laboratory service area, or sometimes may refer to service sites where diagnostic tests are conducted or where specimens are collected and sent outside the facility for testing.				
		<b>29.2. SITE CONDITIONS</b>				
R_C	2902	Does this facility have an area dedicated for laboratory testing, such as an actual laboratory or another room where laboratory tests are performed?	YES ..... 1 NO ..... 2			➔ Q2907
R_C	2903	Is there electricity in this service area that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED ..... 1 NO, NOT TODAY ..... 2 NO, NEVER HAVE ELECTRICITY ..... 3			➔ Q2907
R_C	2904	Does the laboratory have a back-up source of electricity when the main electricity is not functioning?	YES ..... 1 NO ..... 2			
R_C	2905	At any time during the past 7 days has the electricity for the laboratory been off for more than 2 hours at a time?	YES ..... 1 NO ..... 2			
	2906	Now I would like to know about items for <b>infection prevention and control</b> available in this service site today.				
R_C	2907	For each item that I ask about, please show it to me.  IF THERE IS MORE THAN ONE SITE SPECIFIC FOR LABORATORY TESTING OR IF THERE IS NOT A LABORATORY, START IN THE LOCATION WHERE MOST HAEMATOLOGY TESTS, SUCH AS HIV TESTS, ARE CONDUCTED.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped; covered bucket with tap)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔ 10	3 ➔ 10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➔ 12	3 ➔ 12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	

Mod/Ind	No.	Question	Response						Skip
R_C	12	Sharps container ("safety box")	1	2	3				
R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3				
R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3				
R_C	15	Surgical masks	1	2	3				
R_C	16	N95 face masks	1	2	3				
R_C	17	Non-sterile protective gowns	1	2	3				
R_C	18	Sterile protective gowns	1	2	3				
R_C	19	Aprons	1	2	3				
R_C	20	Eye protection (goggles, face shields)	1	2	3				
R_C	21	Gumboots or clogs	1	2	3				
R_C	22	Hair cover	1	2	3				
<b>29.3. RAPID AND HANDHELD DIAGNOSTICS, EQUIPMENT AND COMMODITIES</b>									
<b>RAPID AND HANDHELD DIAGNOSTICS</b>									
R_C	2908	I would like to know if the following tests are available in this service site today. For each test that I ask about, please show it to me.	(A) AVAILABLE					(B) STOCK OUT IN THE PAST 3 MONTHS	
			OBSERVED		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
R_C	01	Malaria RDT	1 → B	2	3 → B	4	5	1	2
R_C	02	HIV RDT	1 → B	2	3 → B	4	5	1	2
R_C	2909	Does this facility have external quality control mechanisms for HIV RDT test results?	YES ..... 1 NO ..... 2 DOES NOT USE HIV RAPID TEST ..... 5						→ Q2911
R_C	2910	Does this facility routinely conduct internal testing of the quality of the HIV RDT test kit?	YES ..... 1 NO ..... 2						
R_C	2911	Continuing with tests available in this service site today, for each test that I ask about, please show it to me. (ALL URINE DIPSTICK TESTS MAY BE PART OF MULTI-TEST DIPSTICK)	AVAILABLE						
			OBSERVED		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
R_C	01	Syphilis RDT	1	2	3	4	5		
R_C	02	Urine rapid tests for pregnancy	1	2	3	4	5		
R_C	03	Urine dipstick for protein	1	2	3	4	5		
R_C	04	Urine dipstick for glucose	1	2	3	4	5		
R_C	05	Urine dipstick for ketones	1	2	3	4	5		
R_C	06	Urine dipstick for bilirubin	1	2	3	4	5		
R_C	07	Urine dipstick for blood	1	2	3	4	5		
R_C	08	Urine dipstick for white blood cells or nitrites (for UTI)	1	2	3	4	5		

Mod/Ind	No.	Question	Response					Skip	
R_C	09	Hepatitis B RDT	1	2	3	4	5		
R_C	10	Hepatitis C RDT	1	2	3	4	5		
R_C	11	Filariasis test strip (FTS)	1	2	3	4	5		
R_C	12	Dengue RDT	1	2	3	4	5		
R_C	13	Visceral leishmaniasis RDT	1	2	3	4	5		
R_C	14	COVID-19 RDT	1	2	3	1	2		
R_C	15	HbA1C RDT	1	2	3	4	5		
		<b>HANDHELD EQUIPMENT AND COMMODITIES</b>							
	2912	I would like to know if the following <b>handheld items</b> are available in this service site today.							
R_C	2913	For each item that I ask you about, please show it to me and tell me if it is functioning or not, or if it has a valid expiry date in the case of tests.	(A) AVAILABLE			(B) FUNCTIONAL/VALID			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO		
R_C	01	Colourimeter or haemoglobinometer (for anaemia handheld test)	1 → B	2 → B	3 → 02	1	2		
R_C	02	Glucometer (for glucose handheld test)	1 → B	2 → B	3 → 03	1	2		
R_C	03	Glucometer test strips/discs	1 → B	2 → B	3 → Q2914	1	2		
		<b>29.4. OTHER LABORATORY DIAGNOSTICS, EQUIPMENT AND COMMODITIES</b>							
R_C	2914	Other than the rapid or handheld diagnostics I just asked about, does this facility provide any other laboratory diagnostics either onsite or by sending the specimen offsite?	YES ..... 1 NO ..... 2					→ Q2918	
		<b>OTHER LABORATORY DIAGNOSTICS</b>							
R_C	2915	Now I would like to know if the following diagnostics are available onsite at any location in this facility, if specimens are sent offsite and results are returned, or if the diagnostic service is not provided.	AVAILABLE YES NO ONSITE      SPECIMEN SENT OUT AND RESULT RETURNED						
		<b>HAEMATOLOGY</b>							
R_C	01	Any test of white and red blood cells	1		2 → 09		3 → 09		
R_C	02	Haematocrit	1		2		3		
R_C	03	White cell count	1		2		3		
R_C	04	Platelet count	1		2		3		
R_C	05	Complete blood count	1		2		3		
R_C	06	Erythrocyte sedimentation rate	1		2		3		
R_C	07	Blood coagulation test: PT/INR	1		2		3		
R_C	08	Blood coagulation test: PTT	1		2		3		
		<b>BLOOD CHEMISTRY</b>							
R_C	09	Any blood chemistry tests	1		2 → 20		3 → 20		
R_C	10	Electrolytes	1		2		3		
R_C	111	Glucose	1		2		3		

Mod/Ind	No.	Question	Response			Skip
R_C	12	Creatinine	1	2	3	
R_C	13	Blood urea nitrogen	1	2	3	
R_C	14	Albumin	1	2	3	
R_C	15	Bilirubin	1	2	3	
R_C	16	Other liver function tests	1	2	3	
R_C	17	Total cholesterol	1	2	3	
R_C	18	Lipid profile	1	2	3	
R_C	19	Amylase or lipase	1	2	3	
R_C	20	Blood pH and gasses	1	2	3	
R_C	21	HBA1C	1	2	3	
R_C	22	Cardiac marker test (CK or troponin)	1	2	3	
R_C	23	Thyroid stimulating hormone (TSH)	1	2	3	
		<b>MICROBIOLOGY, MYCOLOGY AND PARASITOLOGY</b>				
R_C	24	Microscopy – wet mount	1	2	3	
R_C	25	Microscopy - Gram stain	1	2	3	
R_C	26	Culture (any specimen)	1	2	3	
R_C	27	Blood culture	1	2	3	
R_C	28	Any antimicrobial sensitivity testing	1	2	3	
		<b>BLOOD TRANSFUSION</b>				
R_C	29	Any blood group and serology test	1	2→34	3→34	
R_C	30	ABO blood grouping test	1	2	3	
R_C	31	Rhesus factor blood test	1	2	3	
R_C	32	Cross-match test by direct agglutination	1	2	3	
R_C	33	Cross-match test by indirect anti-globulin testing or other test with equivalent sensitivity	1	2	3	
		<b>DISEASE-SPECIFIC DIAGNOSTICS</b>				
R_C	34	Hepatitis B	1	2	3	
R_C	35	Hepatitis C	1	2	3	
R_C	36	Syphilis (other than RDT)	1	2	3	
R_C	37	COVID 19 PCR	1	2	3	
R_C	38	HIV viral load	1	2	3	
R_C	39	CD4 count	1	2	3	
R_C	40	Cryptococcal antigen test	1	2	3	
R_C	41	Sputum microscopy with Ziehl-Neelsen stain for TB (AFB)	1	2	3	
R_C	42	Xpert MTB/RIF for TB	1	2	3	

Mod/Ind	No.	Question	Response					Skip
R_C	43	Malaria smear	1	2	3			
R_C	44	Kato Katz test (for helminths/worms)	1	2	3			
R_C	45	HPV test (Cervista)	1	2	3			
R_C	46	Guaiac test (FOBT) or faecal immunochemical test (FIT) for blood in stool	1	2	3			
R_C	47	Prostate specific antigen (PSA) test	1	2	3			
R_C	48	Any tissue or specimen sample biopsy	1	2	3			
		<b>LABORATORY EQUIPMENT AND COMMODITIES</b>						
	2916	For the tests conducted onsite, I would like to ask you about the availability and functionality of the associated equipment and commodities.						
R_C	2917	For each item that I ask you about, please show it to me and, when relevant, tell me if it is functioning or not, or if it has a valid expiry date in the case of tests.	(A) AVAILABLE			(B) FUNCTIONAL/VALID		
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	
		<b>MULTIPURPOSE LABORATORY EQUIPMENT AND COMMODITIES</b>						
R_C	01	Light microscope	1 → B	2 → B	3 → 02	1	2	
R_C	02	Glass slides	1	2	3			
R_C	03	Cover slips for glass slides	1	2	3			
R_C	04	Centrifuge for plasma and urine separation	1 → B	2 → B	3 → 05	1	2	
R_C	05	Test tubes	1	2	3			
R_C	06	Incubator (37 °C)	1 → B	2 → B	3 → 07	1	2	
R_C	07	Agar plates for culture	1	2	3			
R_C	08	Vortex mixer	1 → B	2 → B	3 → 09	1	2	
R_C	09	Rocker/shaker	1 → B	2 → B	3 → 10	1	2	
		<b>HAEMATOLOGY EQUIPMENT AND COMMODITIES</b>						
R_C	10	Haematology analyser	1 → B	2 → B	3 → 11	1	2	
R_C	11	Stains for full blood count and differential	1 → B	2 → B	3 → 12	1	2	
R_C	12	White blood cell counting chamber/haemocytometer	1 → B	2 → B	3 → 13	1	2	
R_C	13	Micro-centrifuge & pipettes for haematocrit/PCV	1 → B	2 → B	3 → 14	1	2	
R_C	14	Blood coagulation analyser (PT/PTT)	1 → B	2 → B	3 → 15	1	2	
R_C	15	Westergren tube and rack for ESR	1	2	3			
		<b>BLOOD CHEMISTRY EQUIPMENT AND COMMODITIES</b>						
R_C	16	Blood chemistry analyser	1 → B	2 → B	3 → 17	1	2	
R_C	17	Assay kit – liver function test including ALT	1 → B	2 → B	3 → 18	1	2	
R_C	18	Assay kit – renal function test including creatinine and urea nitrogen	1 → B	2 → B	3 → 19	1	2	
R_C	19	Assay kit – serum electrolytes	1 → B	2 → B	3 → 20	1	2	
R_C	20	Assay kit/reagents for measuring lipase	1 → B	2 → B	3 → 21	1	2	

Mod/Ind	No.	Question	Response					Skip
R_C	21	Thyroid stimulating hormone (TSH)	1 → B	2 → B	3 → 22	1	2	
R_C	22	Assay kit/reagents for measuring blood lipids	1 → B	2 → B	3 → 23	1	2	
R_C	23	All items for blood gas measurement	1 → B	2 → B	3 → 24	1	2	
R_C	24	All items for any cardiac marker test	1 → B	2 → B	3 → 25	1	2	
R_C	25	All items for HbA1C measurement	1 → B	2 → B	3 → 26	1	2	
		<b>EIA/ELISA EQUIPMENT AND COMMODITIES</b>						
R_C	26	EIA/ELISA washer	1 → B	2 → B	3 → 27	1	2	
R_C	27	EIA/ELISA reader	1 → B	2 → B	3 → 28	1	2	
R_C	28	Assay kit – HIV antibody testing by EIA/ELISA	1 → B	2 → B	3 → 29	1	2	
		<b>POLYMERASE CHAIN REACTION (PCR) EQUIPMENT AND COMMODITIES</b>						
R_C	29	PCR for HIV viral load or HIV early-infant diagnosis	1 → B	2 → B	3 → 30	1	2	
R_C	30	PCR for COVID-19	1 → B	2 → B	3 → 31	1	2	
		<b>CD4 EQUIPMENT AND COMMODITIES</b>						
R_C	31	CD4 counter	1 → B	2 → B	3 → 32	1	2	
R_C	32	Specific assay kit – CD4 test	1 → B	2 → B	3 → 33	1	2	
		<b>SYPHILIS EQUIPMENT AND COMMODITIES</b>						
R_C	33	Assay kit – syphilis serology (RPR)	1 → B	2 → B	3 → 34	1	2	
R_C	34	VDRL test kit	1 → B	2 → B	3 → 35	1	2	
R_C	35	Treponemal specific tests (FTA-Abs)	1 → B	2 → B	3 → 36	1	2	
		<b>TUBERCULOSIS EQUIPMENT AND COMMODITIES</b>						
R_C	36	Fluorescence microscope (FM)	1 → B	2 → B	3 → 37	1	2	
R_C	37	Ziehl-Neelsen stain	1 → B	2 → B	3 → 38	1	2	
R_C	38	Auramine rhodamine stain for fluorescent microscopy	1 → B	2 → B	3 → 39	1	2	
R_C	39	GeneXpert 4 module unit with laptop	1 → B	2 → B	3 → 40	1	2	
R_C	40	GeneXpert 4 test cartridge	1 → B	2 → B	3 → 41	1	2	
R_C	41	Cartridge for Ultra test	1 → B	2 → B	3 → 42	1	2	
		<b>OTHER EQUIPMENT AND COMMODITIES</b>						
R_C	42	Kato Katz kit (for helminths)	1 → B	2 → B	3 → 43	1	2	
R_C	43	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field stain A and B)	1 → B	2 → B	3 → 44	1	2	
R_C	44	Specific assay kit – cryptococcal antigen test	1 → B	2 → B	3 → 45	1	2	
R_C	45	India ink stain preparation	1 → B	2 → B	3 → 46	1	2	
R_C	46	All items for gram stain	1 → B	2 → B	3 → 47	1	2	
R_C	47	All items for wet mount preparation/stain	1 → B	2 → B	3 → 48	1	2	
R_C	48	Filter paper for dried blood spot (DBS)	1 → B	2 → B	3 → 49	1	2	

Mod/Ind	No.	Question	Response					Skip	
		<b>CULTURE AND SENSITIVITY EQUIPMENT AND COMMODITIES</b>							
R_C	49	Media for antimicrobial sensitivity tests	1 → B	2 → B	3 → 50	1	2		
R_C	50	Any medicine sensitivity disk other than for TB medicines	1 → B	2 → B	3 → 51	1	2		
R_C	51	Medicine sensitivity disks for MDR TB (rifampicin)	1 → B	2 → B	3 → 52	1	2		
R_C	52	All items for blood cultures	1 → B	2 → B	3 → 53	1	2		
		<b>CANCER SPECIFIC EQUIPMENT AND COMMODITIES</b>							
R_C	53	All items for PSA test	1 → B	2 → B	3 → 54	1	2		
R_C	54	Guaiac kit (FOBT) or faecal immunochemical kit (FIT) for blood in stool	1 → B	2 → B	3 → 55	1	2		
R_C	55	Microtome for slicing biopsy samples	1 → B	2 → B	3 → 56	1	2		
R_C	56	All items for HPV test (Cervista)	1 → B	2 → B	3 → 57	1	2		
R_C	57	Acetic acid	1 → B	2 → B	3 → 58	1	2		
		<b>BLOOD GROUPING AND SEROLOGY EQUIPMENT AND COMMODITIES</b>							
R_C	58	ABO grouping sera	1 → B	2 → B	3 → 59	1	2		
R_C	59	RH test sera	1 → B	2 → B	3 → 60	1	2		
R_C	60	All items for cross-match testing by direct agglutination	1 → B	2 → B	3 → 61	1	2		
R_C	61	All items for cross-match testing by indirect antiglobulin testing or other test with equivalent sensitivity	1 → B	2 → B	3 → Q2918	1	2		
		<b>29.5. SUPPORT FOR QUALITY LABORATORY SERVICES</b>							
R_C	2918	Does this facility have an accredited/certified microscopist?	YES ..... 1 NO ..... 2						
R_C	2919	Have you or any laboratory staff received biosafety training in the past 2 years?	YES, ALL STAFF ..... 1 YES, SOME BUT NOT ALL STAFF ..... 2 NO ..... 3						
R_C	2920	Is there a system for documenting the movement of specimens from the time they are received to the delivery of results to the patient/provider? IF YES, ASK: May I see any records documenting this?	YES ..... 1 NO ..... 2					→ Q2922	
R_C	2921	REVIEW SYSTEM AND RECORDS FOR ONE TYPE OF SPECIMEN AND INDICATE WHICH OF THE FOLLOWING ARE TRUE. IF UNCERTAIN, ASK THE RESPONDENT TO EXPLAIN THE SYSTEM TO YOU.	OBSERVED	REPORTED, NOT SEEN	NO				
R_C	01	Received specimens are labelled with patient identifier	1	2	3				
R_C	02	Received specimens are logged in with patient identifier	1	2	3				
R_C	03	Test results can be traced from received specimen to recording of results	1	2	3				
R_C	04	There is documentation to show results were provided to the patient or service provider requesting the test	1	2	3				
R_C	2922	Are any specimens sent outside for testing with results returned to the facility for follow-up?	YES ..... 1 NO ..... 2					→ END OF SECTION	

Mod/Ind	No.	Question	Response					Skip
R_C	2923	Please tell me if specimens for each of the following tests are sent outside for testing. If yes, please show me a register that documents specimens for the test were sent and results were returned.	(A) TEST SENT OUTSIDE		(B) RECORD FOR SPECIMENS			
			YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Specimen to test for TB infection	1 → B	2 → 02	1	2	3	
R_C	02	Specimens to test for TB drug resistance	1 → B	2 → 03	1	2	3	
R_C	03	CD4	1 → B	2 → 04	1	2	3	
R_C	04	OTHER TYPES OF SPECIMENS AND TESTS	1 → B	2 → Q2924	1	2	3	
			(SPECIFY)					



Mod/Ind	No.	Question	Response					Skip					
		<b>30. CONSUMABLE COMMODITIES</b>											
		<b>30.1. CONSUMABLE SUPPLIES</b>											
	3000	<p>Now I would like to assess the availability and management of pharmaceutical and other consumable commodities.</p> <p>FIND THE PERSON MOST KNOWLEDGEABLE ABOUT AVAILABILITY AND MANAGEMENT OF PHARMACEUTICALS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p> <p>I am interested in learning about the availability and management of <b>pharmaceutical commodities</b> in this facility.</p>											
R_C	3001	I would like to check on the availability of consumable commodities. Please show me the main storage site for these types of commodities and for each item I ask about, if the facility has the item, please show it to me.	AVAILABLE										
			OBSERVED		NOT OBSERVED								
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE						
		<b>CONSUMABLE SUPPLIES</b>											
R_C	01	Suture thread absorbable	1	2	3	4	5						
R_C	02	Needles for suturing	1	2	3	4	5						
R_C	03	Non-absorbable suture thread	1	2	3	4	5						
R_C	04	Intravenous infusion set	1	2	3	4	5						
R_C	05	Blood giving set	1	2	3	4	5						
R_C	06	Intravenous cannula (any size)	1	2	3	4	5						
R_C	07	Intravenous cannula gauge 14 or 16	1	2	3	4	5						
R_C	08	Intravenous cannula gauge 18	1	2	3	4	5						
R_C	09	Intravenous cannula gauge 20	1	2	3	4	5						
R_C	10	Intravenous cannula gauge 22	1	2	3	4	5						
R_C	11	Intravenous needle for children	1	2	3	4	5						
R_C	12	Sterile needle (any size)	1	2	3	4	5						
R_C	13	Sterile needles gauge 19	1	2	3	4	5						
R_C	14	Sterile needles gauge 21	1	2	3	4	5						
R_C	15	Sterile needles gauge 23	1	2	3	4	5						
R_C	16	Disposable syringes 2 or 3 mL	1	2	3	4	5						
R_C	17	Disposable syringes 10 mL	1	2	3	4	5						
R_C	18	4% chlorhexidine solution (for umbilical cord or cleaning perineum/cervix or skin disinfectant)	1	2	3	4	5						
R_C	19	Materials for splinting extremities	1	2	3	4	5						
R_C	20	Cervical collar	1	2	3	4	5						
R_C	21	Material for casts	1	2	3	4	5						
R_C	22	Disposable latex gloves (non-sterile)	1	2	3	4	5						

Mod/Ind	No.	Question	Response					Skip	
R_C	23	Alcohol swabs	1	2	3	4	5		
R_C	24	Sterile gauze swabs (any size)	1	2	3	4	5		
R_C	25	Adhesive tape (strapping)	1	2	3	4	5		
R_C	26	Male condoms for non-family planning services	1	2	3	4	5		
R_C	27	Straight urinary catheter	1	2	3	4	5		
R_C	28	Urinary catheter with bulb for indwelling	1	2	3	4	5		
R_C	29	Urine collection bag for use with indwelling urinary catheter	1	2	3	4	5		
R_C	30	Endotracheal tube (adult)	1	2	3	4	5		
R_C	31	Endotracheal tube (paediatric)	1	2	3	4	5		
		<b>30.2. COMMODITIES FOR STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL</b>							
	3002	I would like to check on the availability of <b>protective clothing and commodities</b> for standard precautions and infection prevention and control.							
R_C	3003	Please show me the main storage site for these types of items and for each item I ask about, if the facility has the item, please show it to me.	AVAILABLE						
			OBSERVED		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
R_C	01	Surgical masks	1	2	3	4	5		
R_C	02	N95 face masks	1	2	3	4	5		
R_C	03	Non-sterile protective gowns	1	2	3	4	5		
R_C	04	Sterile protective gowns	1	2	3	4	5		
R_C	05	Aprons (impermeable)	1	2	3	4	5		
R_C	06	Eye protection (goggles, face shields)	1	2	3	4	5		
R_C	07	Gumboots or clogs	1	2	3	4	5		
R_C	08	Hair cover	1	2	3	4	5		
R_C	09	Sharps container ("safety box")	1	2	3	4	5		
R_C	10	Disposable latex gloves (sterile)	1	2	3	4	5		
R_C	11	Environmental disinfectant for surfaces	1	2	3	4	5		
R_C	12	Alcohol-based handrub	1	2	3	4	5		
R_C	13	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	4	5		
R_C	14	Disposable paper towels for drying hands or single use hand towels	1	2	3	4	5		
R_C	15	Waste receptacle bin with lid	1	2	3	4	5		
R_C	16	Plastic bin liner	1	2	3	4	5		
R_C	17	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	4	5		

Mod/Ind	No.	Question	Response	Skip				
		<b>30.3. PROCEDURE KITS AND PATIENT EQUIPMENT</b>						
R_C	3004	<p>Is there a central location where procedure kits or patient equipment are kept or are these only found in the unit where the procedure is conducted or the patient receives services?</p> <p>IF YES, ASK TO BE SHOWN THE CENTRAL LOCATION(S) WHERE EACH OF THE FOLLOWING MAY BE CENTRALLY STORED AND SUPPLIED TO UNITS ON REQUEST. DO NOT GO TO PATIENT UNITS TO SEE THESE ITEMS; THEY ARE CHECKED IN PATIENT UNITS IN OTHER SECTIONS.</p>	<p>YES, CENTRAL STORE(S) FOR KITS AND PATIENT EQUIPMENT..... 1</p> <p>NO CENTRAL STORE(S) FOR KITS OR PATIENT EQUIPMENT..... 2</p>	➔ END OF SECTION				
	3005	I would like to check on the availability of <b>procedure kits and patient equipment</b> .						
R_C	3006	Please show me the main storage site for these items. For each item I ask about, if the facility has the item, please show it to me.	AVAILABLE					
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Lumbar puncture kit	1	2	3	4	5	
R_C	02	Minor surgical kit	1	2	3	4	5	
R_C	03	Cricothyroidotomy or tracheostomy set	1	2	3	4	5	
R_C	04	Laryngeal mask or other supraglottic airway	1	2	3	4	5	
R_C	05	Chest tubes	1	2	3	4	5	
R_C	06	Chest tube insertion kit	1	2	3	4	5	
R_C	07	Device for intraosseous access	1	2	3	4	5	
R_C	08	CPAP equipment	1	2	3	4	5	
R_C	09	Pelvic binder	1	2	3	4	5	
R_C	10	External cardiac pacemaker	1	2	3	4	5	
R_C	11	Patient restraints for arms and legs	1	2	3	4	5	
R_C	12	Peak flow meters	1	2	3	4	5	
R_C	13	Spacers for inhalers	1	2	3	4	5	

Mod/Ind	No.	Question	Response	Skip																				
		<b>31. PHARMACEUTICAL COMMODITIES</b>																						
		<b>31.1. MAIN STORAGE AREA FOR PHARMACEUTICALS</b>																						
		<b>31.1.1. MEDICINES AVAILABILITY</b>																						
R_C	3100	Does this facility stock any medicines, vaccines or contraceptive commodities?	YES ..... 1 NO ..... 2	→ END OF SECTION																				
	3101	ASK TO BE SHOWN THE MAIN STORAGE AREA FOR PHARMACEUTICALS. I would like to know if the following <b>medicines</b> are available in this facility today. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify. I will also be asking about stock outs for some specific medicines.																						
R_C	3102	For each medicine I ask about, please show it to me.	<table border="1"> <thead> <tr> <th colspan="5">AVAILABLE</th></tr> <tr> <th colspan="2">OBSERVED</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE NOT EXPIRED</th><th>AVAILABLE BUT EXPIRED</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> <tbody> <tr> <td>CHECK TO SEE IF AT LEAST ONE FROM THE REGIMEN IS NOT EXPIRED</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	AVAILABLE					OBSERVED		NOT OBSERVED			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	CHECK TO SEE IF AT LEAST ONE FROM THE REGIMEN IS NOT EXPIRED					
AVAILABLE																								
OBSERVED		NOT OBSERVED																						
AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE																				
CHECK TO SEE IF AT LEAST ONE FROM THE REGIMEN IS NOT EXPIRED																								
		<b>GENERAL MEDICINES</b>																						
R_C	3103	ANTI-INFECTIVE AND ANTI-PARASITIC																						
R_C	01	Albendazole or mebendazole tab/cap	1 2 3 4 5																					
R_C	02	Amoxicillin tab/cap	1 2 3 4 5																					
R_C	04	Amoxicillin suspension/or dispersible tab	1 2 3 4 5																					
R_C	05	Ampicillin powder for injection	1 2 3 4 5																					
R_C	06	Amphotericin injection [IV MEDICINE FOR FUNGAL INFECTION]	1 2 3 4 5																					
R_C	07	Azithromycin tab/cap or suspension	1 2 3 4 5																					
R_C	08	Benzathine benzylpenicillin powder for injection (long-acting)	1 2 3 4 5																					
R_C	09	Cefixime tab/cap	1 2 3 4 5																					
R_C	10	Ceftriaxone injection	1 2 3 4 5																					
R_C	11	Ciprofloxacin tab/cap	1 2 3 4 5																					
R_C	12	Cotrimoxazole tab/cap	1 2 3 4 5																					
R_C	13	Cotrimoxazole syrup or dispersible tab	1 2 3 4 5																					
R_C	14	Diethylcarbamazine tab/cap	1 2 3 4 5																					
R_C	15	Doxycycline tab/cap	1 2 3 4 5																					
R_C	16	Fluconazole tab/cap [FOLLOW-UP TREATMENT FOR FUNGAL INFECTION]	1 2 3 4 5																					
R_C	17	Flucytosine injection [IV MEDICINE FOR FUNGAL INFECTION]	1 2 3 4 5																					
R_C	18	Gentamicin injection	1 2 3 4 5																					
R_C	19	Ivermectin tab/cap (onchocerciasis)	1 2 3 4 5																					
R_C	20	Metronidazole tab/cap	1 2 3 4 5																					
R_C	21	Metronidazole injection	1 2 3 4 5																					

Mod/Ind	No.	Question		Response				Skip
R_C	22	Nystatin tab/cap	1	2	3	4	5	
R_C	23	Pentamidine injection	1	2	3	4	5	
R_C	24	Potassium permanganate (topical)	1	2	3	4	5	
R_C	25	Praziquantel tab/cap	1	2	3	4	5	
R_C	26	Procaine benzylpenicillin injection	1	2	3	4	5	
R_C	27	Vancomycin injection	1	2	3	4	5	
R_C	28	Whitfield's ointment	1	2	3	4	5	
R_C	29	Topical antibiotic cream or ointment (e.g. bacitracin)	1	2	3	4	5	
R_C	3104	<b>RESPIRATORY</b>						
R_C	01	Beclometasone or other corticosteroid inhaler	1	2	3	4	5	
R_C	02	Salbutamol or terbutaline inhaler	1	2	3	4	5	
R_C	03	Salbutamol nebuliser solution	1	2	3	4	5	
R_C	3105	<b>CARDIOVASCULAR</b>						
R_C	01	ACE inhibitor tab/cap (e.g. enalapril)	1	2	3	4	5	
R_C	02	Acetylsalicylic acid (aspirin) tab/cap	1	2	3	4	5	
R_C	03	Beta blocker tab/cap (e.g. bisoprolol, metoprolol)	1	2	3	4	5	
R_C	04	Calcium channel blocker tab/cap (e.g. amlodipine)	1	2	3	4	5	
R_C	05	Digoxin injection	1	2	3	4	5	
R_C	06	Digoxin tab/cap	1	2	3	4	5	
R_C	07	Dopamine injection [COUNTRY ADAPT VASOPRESSOR]	1	2	3	4	5	
R_C	08	Furosemide injection	1	2	3	4	5	
R_C	09	Furosemide tab/cap	1	2	3	4	5	
R_C	10	Glyceryl trinitrate sublingual tab	1	2	3	4	5	
R_C	11	Heparin sodium injection	1	2	3	4	5	
R_C	12	Isosorbide dinitrate tab/cap	1	2	3	4	5	
R_C	13	Statin tab/cap (e.g. simvastatin)	1	2	3	4	5	
R_C	14	Spironolactone tab/cap	1	2	3	4	5	
R_C	15	Streptokinase injection	1	2	3	4	5	
R_C	16	Thiazide/thiazide-type diuretic tab/cap (e.g. hydrochlorothiazide, chlorthalidone, indapamide)	1	2	3	4	5	
R_C	17	Warfarin tab/cap	1	2	3	4	5	
R_C	3106	<b>DIABETES</b>						

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

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

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



Mod/Ind	No.	Question	Response							Skip
	3114	I would like to know if the following malaria medicines are available in this facility today. I will also be asking about stock outs for some specific medicines.								
R_C	3115	For each medicine that I ask about, please show it to me.  CHECK TO SEE IF AT LEAST ONE FROM THE REGIMEN IS NOT EXPIRED	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		
			OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	01	Artemether lumefantrine (LA): 6 or 12 dispersible tablet/pack or Artesunate + mefloquine (25 mg + 55 mg) or Dihydroartemisinin + Piperaquine (20mg + 160mg)	1→B	2→02	3 →B	4→02	5→02	1	2	
R_C	02	Artemether lumefantrine (LA): 18 or 24 tablet/pack or Artesunate + mefloquine (100 mg + 220 mg) or Dihydroartemisinin + Piperaquine (40mg + 320mg)	1→B	2→03	3 →B	4→03	5→03	1	2	
R_C	03	Fansidar (sulfadoxine + pyrimethamine) tab/cap	1 →B	2→04	3 →B	4→04	5→04	1	2	
R_C	04	Quinine tab/cap	1	2	3	4	5	×	×	
R_C	05	Quinine injection	1	2	3	4	5	×	×	
R_C	06	Artesunate injection	1	2	3	4	5	×	×	
R_C	07	Artesunate suppositories/rectal	1	2	3	4	5	×	×	
R_C	08	Chloroquine tab/cap	1	2	3	4	5	×	×	
R_C	09	Primaquine tab/cap	1	2	3	4	5	×	×	
R_C	10	Other antimalarial  (SPECIFY)	1	2	3	4	5	×	×	
R_C	11	Insecticide-treated bed nets (ITNs)	1	2	3	4	5	×	×	
R_C	12	Voucher for insecticide-treated bed nets	1	2	3	4	5	×	×	
R_C	13	Infant ITNs	1	2	3	4	5	×	×	
		<b>ANTI-TUBERCULOSIS MEDICINES</b>								
R_C	3116	Does this facility stock any medicines for tuberculosis treatment?	YES..... 1 NO ..... 2					→Q3120		
R_C	3117	Where is the main storage area for tuberculosis medicines? GOT TO THE MAIN SITE TO ASSESS AVAILABILITY OF TB MEDICINES	MAIN STORAGE AREA FOR PHARMACEUTICALS ..... 1 OTHER SITE IN FACILITY ..... 2							

Mod/Ind	No.	Question	Response							Skip	
	3118	I would like to know if the following tuberculosis medicines are available in this facility today. I will also be asking about stock outs for some specific medicines.									
R_C	3119	CHECK TO SEE IF AT LEAST ONE IS NOT EXPIRED	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?			
		[COUNTRY ADAPT]	OBSERVED		NOT OBSERVED			YES	NO		
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE				
R_C	01	Ethambutol tab/cap	1 → B	2 → 02	3 → B	4 → 02	5 → 02	1	2		
R_C	02	Isoniazid (INH) tab/cap	1 → B	2 → 03	3 → B	4 → 03	5 → 03	1	2		
R_C	03	Moxifloxacin tab/cap	1 → B	2 → 04	3 → B	4 → 04	5 → 04	1	2		
R_C	04	Pyrazinamide tab/cap	1 → B	2 → 05	3 → B	4 → 05	5 → 05	1	2		
R_C	05	Rifampicin tab/cap	1 → B	2 → 06	3 → B	4 → 06	5 → 06	1	2		
	06	Rifapentine tab/cap	1 → B	2 → 07	3 → B	4 → 07	5 → 07	1	2		
R_C	07	Isoniazid + rifampicin (2FDC) tab/cap	1 → B	2 → 08	3 → B	4 → 08	5 → 08	1	2		
R_C	08	Isoniazid + ethambutol (EH) (2FDC) tab/cap	1 → B	2 → 09	3 → B	4 → 09	5 → 09	1	2		
R_C	09	Isoniazid + rifapentine tab/cap	1 → B	2 → 10	3 → B	4 → 10	5 → 10	1	2		
R_C	10	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC) tab/cap	1 → B	2 → 11	3 → B	4 → 11	5 → 11	1	2		
R_C	11	Isoniazid + rifampicin + ethambutol (RHE) (3FDC) tab/cap	1 → B	2 → 12	3 → B	4 → 12	5 → 12	1	2		
R_C	12	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC) tab/cap	1 → B	2 → 13	3 → B	4 → 13	5 → 13	1	2		
R_C	13	Paediatric formulation for INH – as a single medicine for isoniazid preventive therapy (IPT) tab/cap	1 → B	2 → 14	3 → B	4 → 14	5 → 14	1	2		
R_C	14	Paediatric formulation for rifampicin (may be in a combined formulation)	1 → B	2 → 15	3 → B	4 → 15	5 → 15	1	2		
R_C	15	Paediatric formulation for pyrazinamide (may be in a combined formulation)	1 → B	2 → 16	3 → B	4 → 16	5 → 16	1	2		
R_C	16	Paediatric formulation for ethambutol (may be in a combined formulation)	1 → B	2 → 17	3 → B	4 → 17	5 → 17	1	2		

Mod/Ind	No.	Question	Response							Skip
R_C	17	National first-line multidrug-resistant (MDR) treatment regimen [COUNTRY ADAPT]	1 → B	2 → Q3120	3 → B	4 → Q3120	5 → Q3120	1	2	
		<b>ANTIRETROVIRALS AND PROTEASE INHIBITORS</b>								
R_C	3120	Does this facility stock any antiretroviral (ARV) medicines for PMTCT or the treatment of HIV/AIDS?	YES..... 1 NO ..... 2							→ Q3127
R_C	3121	Where is the main storage area for antiretroviral medicines? GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF ANTIRETROVIRAL MEDICINES.	MAIN STORAGE AREA FOR PHARMACEUTICALS ..... 1 OTHER SITE IN FACILITY ..... 2							
	3122	I would like to know if the following <b>antiretrovirals</b> are available in this facility today.								
R_C	3123	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE FROM THE REGIMEN IS NOT EXPIRED [COUNTRY ADAPT]	AVAILABLE							
			OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE			
R_C	01	Zidovudine (ZDV, AZT) (tab/cap)	1	2	3	4	5			
R_C	02	Zidovudine (ZDV, AZT) syrup	1	2	3	4	5			
R_C	03	Abacavir (ABC) (oral)	1	2	3	4	5			
R_C	04	Lamivudine (3TC) 2 tab/cap	1	2	3	4	5			
R_C	05	Lamivudine (3TC) syrup	1	2	3	4	5			
R_C	06	Tenofovir disoproxil fumarate (TDF) tab/cap	1	2	3	4	5			
R_C	07	Nevirapine (NVP) tab/cap	1	2	3	4	5			
R_C	08	Nevirapine (NVP) syrup	1	2	3	4	5			
R_C	09	Efavirenz (EFV) tab/cap	1	2	3	4	5			
R_C	11	Efavirenz (EFV) syrup	1	2	3	4	5			
R_C	12	Emtricitabine (FTC) tab/cap	1	2	3	4	5			
R_C	13	Lamivudine + abacavir (3TC + ABC) tab/cap	1	2	3	4	5			
R_C	14	Zidovudine + lamivudine (AZT + 3TC) tab/cap	1	2	3	4	5			
R_C	15	Zidovudine + lamivudine + abacavir (AZT + 3TC + ABC) tab/cap	1	2	3	4	5			
R_C	16	Zidovudine + lamivudine + nevirapine (AZT + 3TC + NVP) tab/cap	1	2	3	4	5			
R_C	17	Tenofovir + emtricitabine (TDF + FTC) tab/cap	1	2	3	4	5			
R_C	18	Tenofovir + lamivudine (TDF + 3TC) tab/cap	1	2	3	4	5			
R_C	19	Tenofovir + lamivudine + efavirenz (TDF + 3TC + EFV) tab/cap	1	2	3	4	5			
R_C	20	Tenofovir + emtricitabine + efavirenz (TDF + FTC + EFV) tab/cap	1	2	3	4	5			

Mod/Ind	No.	Question	Response					Skip																			
R_C	3124	Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?	YES ..... 1 NO ..... 2					→ Q3127																			
	3125	I would like to know if the following <b>protease inhibitors</b> are available in this facility today.																									
R_C	3126	For each medicine that I ask about, please show it to me.  CHECK TO SEE IF AT LEAST IS VALID (NOT EXPIRED). [COUNTRY ADAPT]	<table border="1"> <thead> <tr> <th colspan="5">AVAILABLE</th> </tr> <tr> <th colspan="2">OBSERVED</th> <th colspan="3">NOT OBSERVED</th> </tr> <tr> <th>AT LEAST ONE NOT EXPIRED</th> <th>AVAILABLE BUT EXPIRED</th> <th>REPORTED AVAILABLE BUT NOT SEEN</th> <th>NOT AVAILABLE TODAY</th> <th>NEVER AVAILABLE</th> </tr> </thead> </table>					AVAILABLE					OBSERVED		NOT OBSERVED			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE					
AVAILABLE																											
OBSERVED		NOT OBSERVED																									
AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE																							
R_C	01	Lopinavir (LPV) tab/cap/pellet	1	2	3	4	5																				
R_C	02	Lopinavir (LPV) syrup	1	2	3	4	5																				
R_C	03	Ritonavir (RTV) tab/cap	1	2	3	4	5																				
R_C	04	Atazanavir (ATV) tab/cap	1	2	3	4	5																				
R_C	05	Darunavir (DRV) tab/cap	1	2	3	4	5																				
R_C	06	Lopinavir + ritonavir tab/cap	1	2	3	4	5																				
R_C	07	Atazanavir + ritonavir tab/cap	1	2	3	4	5																				
R_C	08	Raltegravir tab/cap	1	2	3	4	5																				
R_C	09	Dolutegravir tab/cap	1	2	3	4	5																				
R_C	10	Etravirine tab/cap	1	2	3	4	5																				
R_C	11	Third-line non-nucleoside reverse transcriptase inhibitor (NNRTI) (capsule/tablet) [COUNTRY ADAPT]	1	2	3	4	5																				
		<b>COMMODITIES (FAMILY PLANNING AND MALNUTRITION SUPPLEMENTS)</b>																									
R_C	3127	Does this facility stock any family planning commodities or contraceptives?	YES ..... 1 NO ..... 2					→ Q3131																			
R_C	3128	Where is the main storage area for contraceptive commodities? GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF COMMODITIES.	MAIN STORAGE AREA FOR PHARMACEUTICALS ..... 1 OTHER SITE IN FACILITY ..... 2																								
	3129	I would like to know if the following <b>family planning</b> commodities are available in this facility today.																									
R_C	3130	For each commodity that I ask about, please show it to me. CHECK TO SEE IF AT LEAST IS NOT EXPIRED	<table border="1"> <thead> <tr> <th colspan="5">(A) AVAILABLE</th> <th colspan="2">(B) ANY STOCK OUT IN THE PAST 3 MONTHS?</th> </tr> <tr> <th colspan="2">OBSERVED</th> <th colspan="3">NOT OBSERVED</th> <th rowspan="2">YES</th> <th rowspan="2">NO</th> </tr> <tr> <th>AT LEAST ONE NOT EXPIRED</th> <th>AVAILABLE BUT EXPIRED</th> <th>REPORTED AVAILABLE BUT NOT SEEN</th> <th>NOT AVAILABLE TODAY</th> <th>NEVER AVAILABLE</th> </tr> </thead> </table>					(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		OBSERVED		NOT OBSERVED			YES	NO	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?																						
OBSERVED		NOT OBSERVED			YES	NO																					
AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE																							
R_C	01	Combined estrogen progesterone oral contraceptive pills	1	2	3	4	5	✗	✗																		
R_C	02	Progestin-only contraceptive pills	1	2	3	4	5	✗	✗																		
R_C	03	Combined estrogen progesterone injectable contraceptives	1	2	3	4	5	✗	✗																		
R_C	04	Progestin-only injectable contraceptives	1	2	3	4	5	✗	✗																		
R_C	05	Male condoms	1	2	3	4	5	✗	✗																		

Mod/Ind	No.	Question	Response							Skip
R_C	06	Female condoms	1 →B	2 →07	3 →B	4 →07	5 →07	1	2	
R_C	07	Implant (e.g. levonorgestrel, etonogestrel)	1 →B	2 →08	3 →B	4 →08	5 →08	1	2	
R_C	08	Emergency contraceptive (e.g. levonorgestrel, ulipristal acetate, mifepristone tablet)	1 →B	2 →09	3 →B	4 →09	5 →09	1	2	
R_C	09	Intrauterine contraceptive device (IUCD)	1	2	3	4	5	X	X	
R_C	10	Cycle beads for standard days method	1	2	3	4	5	X	X	
R_C	3131	Are any nutritional supplements for malnutrition available in this facility? IF YES, GO TO WHERE NUTRITIONAL SUPPLEMENTS ARE STORED TO CHECK AVAILABILITY.	YES..... 1 NO ..... 2							→Q3134
	3132	I would like to know if the following <b>nutritional supplements</b> for malnutrition are available in this facility today.								
R_C	3133	For each supplement that I ask about, please show it to me.	AVAILABLE							
		CHECK TO SEE IF AT LEAST IS NOT EXPIRED	OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE			
R_C	01	Ready-to-use therapeutic food (RUTF)	1	2	3	4	5			
R_C	02	F-75 (Formula 75)	1	2	3	4	5			
R_C	03	F-100 (Formula 100)	1	2	3	4	5			
R_C	04	Micronutrient powder (MNP)	1	2	3	4	5			
<b>31.1.2. SITE CONDITIONS</b>										
R_C	3134	OBSERVE THE <b>MAIN STORAGE AREA FOR PHARMACEUTICALS</b> (IF THERE ARE SEPARATE PHARMACIES FOR IN- AND OUTPATIENT, ASSESS THE OUTPATIENT PHARMACY) AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES			NO				
R_C	01	ARE THE MEDICINES OFF THE FLOOR?	1			2				
R_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1			2				
R_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1			2				
R_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (COCKROACHES, ETC.)?	1			2				
R_C	05	IS THE ROOM SWEEPED, WITH NO SPILLS OR OBVIOUS DIRT ON COUNTERS OR FLOOR?	1			2				
R_C	06	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1			2				

Mod/Ind	No.	Question	Response			Skip
R_C	3135	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO		
R_C	01	Can the main pharmaceutical storage area(s) be locked?	1	2		
R_C	02	Is there limited access to the main pharmaceutical storage areas?	1	2		
R_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID.	1	2		
R_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF NO WINDOWS, MARK 'YES'.	1	2		
R_C	3136	Is there a thermometer/ thermostat for the room? IF YES, ASK: May I see the thermometer/ thermostat? CHECK TO SEE IF THE THERMOMETER/THERMO-STAT IS FUNCTIONING.	YES, FUNCTIONING ..... 1 YES, NOT FUNCTIONING ..... 2 NO ..... 3			→ Q3138 → Q3138
R_C	3137	What is the temperature in the room now?	BELOW 15 °C ..... 1 BETWEEN 15–25 °C (INCLUSIVE)..... 2 ABOVE 25 °C ..... 3 DON'T KNOW ..... 8			
R_C	3138	Is there a functioning refrigerator, separate from one used for vaccines that is used to store some medicines or reconstituted vials? IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT.	OBSERVED, FUNCTIONING..... 1 OBSERVED, NOT FUNCTIONING..... 2 NO FRIDGE FOR MEDICINES ..... 3			→ Q3142 → Q3142
R_C	3139	CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY.	BETWEEN 2–8 °C (INCLUSIVE)..... 1 OUT OF RANGE ..... 2 DON'T KNOW ..... 8			
R_C	3140	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN (E.G. NO SPILLED MEDICINES, NO GARBAGE, ETC.)?	YES ..... 1 NO ..... 2			
R_C	3141	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES ..... 1 NO ..... 2			
<b>31.1.3. SUPPORT FOR QUALITY SERVICES</b>						
	3142	I would like to know if the following documents are available in this service site today.				
	3143	For each document that I will ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Record that shows individual pharmacy commodities received, disbursed, and the balance THIS IS USUALLY A REGISTER OR STOCK CARD.	1	2	3	
R_C	02	Record that shows expired/unusable medicines being removed from inventory THIS MAY BE IN THE SAME RECORD FOR STOCK RECEIVED AND DISBURSED.	1	2	3	
<b>31.2. BULK STORAGE AREA FOR PHARMACEUTICALS</b>						
R_C	3145	Is there a bulk store in this facility for pharmaceuticals? IF YES, ASK TO BE TAKEN TO THE BULK STORE FOR PHARMACEUTICALS.	YES ..... 1 NO ..... 2			→ END OF SECTION
	3146	Now I would like to assess the storage conditions in the bulk store for pharmaceutical commodities.  FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE BULK STORE FOR PHARMACEUTICAL COMMODITIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in seeing the bulk store for pharmaceutical commodities to assess the store conditions.				

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







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