Harmonized health facility assessment (HHFA)

Combined questionnaire
Core questions

DECEMBER 2021

World Health Organization

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Contents

Acknowledgements

HHFA overview

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

Availability and quality of health services are integral to achieving universal health coverage (UHC) and contribute to attaining the health-related Sustainable Development Goals (SDGs). HHFA data support health sector reviews and evidence-based decision-making for strengthening country health services. Developed through multi-stakeholder collaboration, the HHFA is based on global service standards and draws upon existing global facility survey instruments. The HHFA uses standardised indicators, questionnaires, data collection methodologies and data analysis tools. Standardization promotes alignment of facility survey approaches, enables comparability of results over time and across geographic areas, and can support capacity-building through consistent application of global standards.

HHFA modules

The HHFA includes four modules: 1) service availability, 2) service readiness, 3) quality of care, and 4) management and finance.

A module represents a set of questions (in questionnaire format) related to a defined set of indicators in a specific disease, programme or service management area. The modular approach, with core and additional questions, enables countries to adapt the survey to their needs. HHFA questionnaires are provided in two formats: "stand-alone" and "combined". 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 by service site or respondent to facilitate data collection at facility level.

Fig. 1 HHFA modules and questionnaires

Module 1 Service availability	Module 2 Service readiness	Module 3 Quality of care	Module 4 Management and finance
• Facility characteristics • Staff • Beds • Availability of specific services • Building structure	Capacity to provide services according to defined standards: • Guidelines, trained staff, equipment, diagnostics, commodities • Systems to support quality and safety • Provider competency	• Adherence to standards in patient care process • Patient experience	Practices to support continuous service availability and quality: • Management • Finance • Health information systems • Quality assurance • Health worker absenteeism
Questionnaires	**Questionnaires**	**Questionnaires**	**Questionnaires**
• Availability: **Core**	• Readiness: **Core**	• Quality of care: **Additional/Supplementary** - Record review*	• Management and Finance: **Core**
• Availability: **Core+Additional**	• Readiness: **Additional/Supplementary** - Provider competency†	• Quality of care: **Additional/Supplementary** - Patient experience†	• Management and Finance: **Core+Additional**
• Availability: **Additional/Supplementary** - Building structure			• Management and Finance: **Additional/Supplementary** - Health worker absenteeism†
Combined questionnaire			

*Available 2022   †Future development

HHFA questionnaire content and structure

The content of a 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/Ind
Column 2: No.
Column 3: Question
Column 4: Result
Column 5: Skip

Mod/Ind	No.	Question	Result	Skip
		10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES		
		10.1. INFRASTRUCTURE		
		10.1.1. COMMUNICATIONS		
		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 / APG, MHL, MHM	2500	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 / APH, MHL, MHM	2501	Does this facility have a functioning computer?	YES.. 1 NO 2	
R_C / APH, MHL, MHM	2502	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	➜Q2504

- Column 1 - Mod/Ind: 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. After the backslash symbol, there may be one or more sets of three-letter codes. Each three-letter code represents the unique permanent identification (ID) code of an HHFA indicator for which this question is needed. This unique ID can be used to find the indicator(s) associated with the question in the HHFA indicator inventory platform.
- 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., Q2401 (main question), Q2401_01 (sub-question).
- 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 instructions are not read to the respondent.)
- Column 4 - Result: 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 or to other instructions, if necessary.

The questionnaires also contain sentences in red font that often include the term "COUNTRY ADAPT". These sentences highlight questions that may need adaptation to the country context before the survey 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. All the questionnaires have been programmed into the HHFA CSPro electronic data collection tool. Data collectors use this tool to collect the HHFA data on handheld devices such as mobile phones or tablets.

HHFA resource package

WHO has developed a comprehensive package of downloadable resources and tools to support countries in adapting, planning, and implementing a HHFA. The HHFA resource package includes the following: Quick guide, Implementation guide, Indicator inventory platform, Questionnaires, CSPro electronic data collection tool, Data manager's guide, Data analysis platform, and Training resources. The resource package is available at:
https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction

Instrument

Mod/Ind	No.	Question	Result	Skip
		1. COVER		
		1.1. COVER PAGE AND FACILITY IDENTIFIERS		
		1.1.1. FACILITY IDENTIFIERS		
		[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	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	Name of facility	_____	
ALL	103	Is this facility known by any other names? IF YES, PLEASE SPECIFY	YES .... 1 NO.. 2 IF YES, SPECIFY:_____	
ALL	104	Location of facility	_____	
ALL	105	Name of region/province	NAME OF REGION/PROVINCE: _____ REGION/PROVINCE CODE — —	
ALL	106	Name of district	NAME OF DISTRICT: _____ 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]	

Mod/Ind	No.	Question	Result	Skip
ALL / CYL, CYM, CXP, AAA, AOY	107	Interview date	**FIRST VISIT(S)**	

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

*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.

FINAL VISIT	
DAY	— —
MONTH	— —
YEAR	— — — —
INTERVIEWER CODE	— — —
RESULT CODE	—

1.1.2. GEOGRAPHIC COORDINATES

Mod/Ind	No.	Question	Result	Skip
ALL		RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS SET DEFAULT SETTINGS FOR GPS: 1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE 2. SET COORDINATE FORMAT TO DECIMAL DEGREES 3. SET DATUM TO WGS84 MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY: 4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION" 5. WRITE ALTITUDE 6. PRESS "MARK" 7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER" 8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER" 9. ENTER FACILITY CODE 10. WAIT 5 MINUTES 11. HIGHLIGHT "SAVE" AND PRESS "ENTER" 12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER" 13. HIGHLIGHT YOUR WAYPOINT 14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW. BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM		
ALL	108	Waypoint name (facility number)	— — — — — — —	
ALL	109	Altitude (m)	— — — —	
ALL	110	Latitude	N/S........................(a) — DEGREES...............(b) — — DECIMAL...............(c) — — — — —	

Mod/Ind	No.	Question	Result	Skip
ALL	111	Longitude	E/W…………………(a) — DEGREES……………(b) .... — — DECIMAL……………(c) .... — — — — —	
		1.1.3. CONSENT		
		The [survey manager and survey implementer] in close collaboration with the [other relevant entities] are working to collect information about the availability of key health services in different facilities. This information will be collected in selected primary health care and secondary referral facilities across the country. The survey is part of the [government's] ongoing efforts to understand what services are being offered and where they are being offered. The present study will be conducted across the country. The facilities included in the survey were selected randomly from a list of all facilities at the [subnational level]. The selection process was done in a manner that ensured equal opportunity for every facility in each [state] to be included in the sample. As the in-charge of this facility, we are asking you to help us to collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person. We will want to speak with persons familiar with the various outpatient services, delivery services, and surgical services, if these are offered, so that we can correctly identify the components of these services that are offered in this facility. We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 10 minutes, depending on how busy each separate site is. Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with. The information on service availability will be shared with the Ministry of Health (MOH) and other relevant stakeholders who support the MOH, to provide information for planning purposes. No names of any respondents will be shared. In case you have any question(s) about this survey at any time, please feel free to contact any of the following people: [LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED] At this point do you have any questions about the study? Do I have your agreement to proceed? _____ _____ *Signature of team leader indicating informed consent was read and agreed by the person in-charge/acting in-charge* *Signature of facility staff authorizing data collection and position of the person providing authorization*		
ALL	112	Consent given by facility contact?	YES .... 1 NO 2	➔ END

Mod/Ind	No.	Question	Result	Skip
		1.1.4. FACILITY CHARACTERISTICS		
ALL / AAB, AAC	113	Type of facility [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	NATIONAL REFERRAL HOSPITAL...................... 1 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL. .... 2 DISTRICT HOSPITAL .... 3 OTHER GENERAL HOSPITAL .... 4 SPECIALTY HOSPITAL....................................... 5 COMPREHENSIVE HEALTH CENTRE/ POLY CLINIC.. 6 HEALTH CENTRE .... 7 CLINIC/DISPENSARY .... 8 HEALTH POST .... 9 MATERNAL/CHILD HEALTH CLINIC .... 10 OTHER_____ .... 96 (SPECIFY)	

ALL	114	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:
			    MINISTRY OF HEALTH 1
			    LOCAL GOVERNMENT 2
			GOVERNMENT (INSTITUTIONAL):
			    MILITARY/POLICE/NATIONAL GUARD......... 3
			UNIVERSITY 4
			NGO/NOT-FOR-PROFIT 5
			MISSION/FAITH-BASED 6
			PRIVATE-FOR-PROFIT 7
			OTHER_____ 96
			(SPECIFY)	

ALL	115	Are the managing authority and the ownership of the facility the same?	YES .... 1 NO... 2	→Q117

ALL	116	Which of the responses best describes the ownership for this facility?	*GOVERNMENT/PUBLIC:*
			    MINISTRY OF HEALTH 1
			    LOCAL GOVERNMENT 2
			GOVERNMENT (INSTITUTIONAL):
			    MILITARY/POLICE/NATIONAL GUARD......... 3
			UNIVERSITY 4
			NGO/NOT-FOR-PROFIT 5
			MISSION/FAITH-BASED 6
			PRIVATE-FOR-PROFIT 7
			OTHER_____ 96
			(SPECIFY)	

ALL	117	RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN (FROM SURVEY LIST)	URBAN .... 1 RURAL .... 2 PERIURBAN 3	
ALL / AAI, AAJ, AAK, AAM, AAZ, ABA, ABB, ABC, ABD, ABE, ABF, ABG, ABH, ABI, ABJ, ABK, AJK, AJL, AND, ANE, ANF, ANG, ANH, ANI, ANJ, ANK, ANL, CXV, CXW, CXX, CXY, CZH, CZI, CZJ, CZM, CZK, CZL, CZN, CZO, CZP, CZQ, CZR, CZS, CZT, CZX, CZY, CZZ, DAA, DAI, DAJ, DAK, DAL	118	Service levels available	OUTPATIENT ONLY.. 1 INPATIENT ONLY .... 2 BOTH OUT AND INPATIENT............................. 3	

Mod/Ind	No.	Question	Result				Skip
Mod/Ind	No.	Question	Result				Skip

Mod/Ind	No.	Question	Result				Skip
		2. CLIENT SERVICES NOTE: PROGRAMMERS AND SURVEY MANAGERS, SKIP Q200–Q601 IF BOTH SERVICE AVAILABILITY AND SERVICE READINESS QUESTIONNAIRES ARE BEING IMPLEMENTED AS QUESTIONS ARE DUPLICATED					
		2.1. SERVICES PROVIDED BY FACILITY					
		2.1.1. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT (RMNCAH)					
A_C	200	I want to ask about specific services which may be offered on an outpatient basis only, on an inpatient basis only, or both as out- and inpatient services. If the service is not offered at all, please say this.	OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT	SERVICE NOT OFFERED	
A_C / AJP	01	Paediatric preventive and curative – integrated management of childhood illness (IMCI) care	1	2	3	4	
A_C / AJQ	02	Adolescent health services	1	2	3	4	
A_C / AJR	03	Family planning	1	2	3	4	
A_C / AJS	04	Antenatal care (ANC)	1	2	3	4 ➔07	
A_C / AJT	05	Prevention of mother-to-child transmission (PMTCT)	1	2	3	4	
A_C / AJU	06	Intermittent preventive treatment of malaria in pregnancy (IPTp)	1	2	3	4	
A_C / AJV	07	Any delivery/childbirth services	1	2	3	4 ➔10	
A_C / AJW	08	Basic emergency obstetric and newborn care (BEmONC) services	1	2	3	4	
A_C / AJX	09	Comprehensive emergency obstetric and newborn care (CEmONC)	1	2	3	4	
A_C / AJY	10	Any newborn care services	1	2	3	4 ➔13	
A_C /AJZ	11	Care for the healthy newborn	1	2	3	4	
A_C / AKA	12	Care for the small and sick newborn	1	2	3	4	
A_C / AKB	13	Postpartum care	1	2	3	4	
A_C / AKC	14	Post-abortion care	1	2	3	4	
A_C	201	**2.1.2. IMMUNIZATION**					
A_C / AKD	01	Any immunization services	1	2	3	4 ➔Q202	
A_C / AKE	02	Infant (< 1 year) immunizations	1	2	3	4	
A_C / AKE, AKF	03	Adolescent/adult immunizations	1	2	3	4	
A_C	202	**2.1.3. COMMUNICABLE DISEASES**					
A_C / AKG	01	Malaria diagnosis and treatment	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
A_C / AKH	02	Any services for neglected tropical diseases (NTDs)	1	2	3	4 ➔12	
A_C / AKI	03	Lymphoedema (from any source)	1	2	3	4	
A_C / AKJ	04	Soil transmitted helminth (roundworm, hookworm, whipworm)	1	2	3	4	
A_C / AKK	05	Schistosomiasis	1	2	3	4	
A_C / AKL	06	Trachoma	1	2	3	4	
A_C / AKM	07	Onchocerciasis (ONCO)	1	2	3	4	
A_C / AKN	08	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1	2	3	4	
A_C / AKO	09	Dengue	1	2	3	4	
A_C / AKP	10	Guinea-worm disease (Dracunculiasis)	1	2	3	4	
A_C / AKQ	11	Visceral leishmaniasis	1	2	3	4	
A_C / AKR	12	Services for outbreaks (e.g. Ebola, Zika, dengue)	1	2	3	4	
A_C / AKS	13	Any services for human immunodeficiency virus (HIV) diagnosis and treatment	1	2	3	4 ➔19	
A_C / AKT	14	HIV testing	1	2	3	4	
A_C / AKU	15	HIV care and support	1	2	3	4	
A_C / AKV	16	Antiretroviral therapy (ART) for life-long HIV treatment	1	2	3	4	
A_C / AKW	17	Any paediatric HIV services	1	2	3	4	
A_C / AKX	18	Occupational health services for HIV	1	2	3	4	
A_C / AKY	19	Any tuberculosis (TB) services (diagnostic, prescription, case detection and follow-up)	1	2	3	4 ➔22	
A_C / AKZ	20	TB diagnosis and treatment services	1	2	3	4	
A_C / ALA	21	TB patient follow-up services	1	2	3	4	
A_C / ALB	22	Any diagnostic or treatment services for sexually transmitted infections (STI)	1	2	3	4	
A_C	203	**2.1.4. NONCOMMUNICABLE DISEASES**					
A_C / ALC	01	Any services for chronic diseases	1	2	3	4 ➔05	
A_C / ALD	02	Cardiovascular diseases	1	2	3	4	
A_C / ALE	03	Diabetes	1	2	3	4	
A_C / ALF	04	Chronic respiratory disease	1	2	3	4	
A_C / ALG	05	Any cancer services	1	2	3	4 ➔Q204	

Mod/Ind	No.	Question	Result				Skip
A_C / ALH	06	Routine screening services for cervical cancer	1	2	3	4	
A_C / ALI	07	Any diagnostic or treatment services for cervical cancer	1	2	3	4	
A_C / ALJ	08	Any diagnostic or treatment services for breast cancer	1	2	3	4	
A_C / ALK	09	Any diagnostic or treatment services for colorectal cancer	1	2	3	4	
A_C	204	**2.1.5. SPECIALTY MEDICAL SERVICES**					
A_C / AMD	01	Does this facility offer any specialty medical or health services? By this I mean that there is a specialist doctor who provides the service and medical equipment for diagnosis and treatment.	1	2	3	4	
A_C	206	**2.1.7. SURGICAL SERVICES**					
A_C / ALR	01	Any minor or major surgical services	1	2	3	4 ➜Q207	
A_C / ALS	02	Minor surgical procedures	1	2	3	4	
A_C / ALT	03	Voluntary male medical circumcision (VMMC)	1	2	3	4	
A_C / ALU	04	Essential surgical procedures	1	2	3	4	
A_C / ALW	06	Anaesthesia services	1	2	3	4	
A_C / ALX	07	Paediatric essential surgical procedures	1	2	3	4	
A_C	207	**2.1.8. EMERGENCY SERVICES**					
A_C / ALY	01	Any emergency services as the first entry to the facility	1	2	3	4 ➜Q208	
A_C / ALZ	02	24-hour dedicated emergency unit	1	2	3	4 ➜Q208	
A_C / AMA	03	24-hour essential resuscitation procedures in a dedicated emergency unit	1	2	3	4	
A_C	208	**2.1.9. PALLIATIVE CARE**					
A_C / AMB	01	Any palliative care services	1	2	3	4	
A_C	209	**2.1.10. REHABILITATIVE CARE**					
A_C / AMC	01	Any rehabilitative care	1	2	3	4	
A_C	210	**2.1.11. SERVICES FOR VICTIMS OF VIOLENCE**					
A_C / ALN	01	Any services for victims of violence	1	2	3	4 ➜Q211	
A_C / ALO	02	Services for victims of intimate partner/gender-based violence	1	2	3	4	
A_C / ALP	03	Services for child maltreatment	1	2	3	4	
A_C / ALQ	04	Services for youth violence	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
A_C	211	**2.1.12. MENTAL HEALTH SERVICES**					
A_C/ DGQ	01	Services for mental health	1	2	3	4	
A_C / ALM	02	Services for neurological disorders	1	2	3	4	
		2.3. FORMAL LINKAGES WITH SERVICES OUTSIDE THE FACILITY					
		2.3.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE					
M_C	400	Does this facility have formal linkages with providers of traditional, complementary or other integrative types of medicine (TCI)? This may be facility wide, or service specific.	YES...1 NO 2				➜Q402
		2.3.2. COMMUNITY LINKAGES					
M_C / CRP	402	Does this facility have any formal systems for linking with community health workers?	YES...1 NO 2				
		2.4. DIAGNOSTICS AND TREATMENT PROCEDURES NOTE: PROGRAMMERS AND SURVEY MANAGERS, SKIP Q500–Q601 IF BOTH SERVICE AVAILABILITY AND SERVICE READINESS QUESTIONNAIRES ARE BEING IMPLEMENTED AS QUESTIONS ARE DUPLICATED					
		2.4.1. RADIOGRAPHIC AND TREATMENT PROCEDURES					
		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 ASK TO SPEAK WITH 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 CURRENT LOCATION. IF THE RESPONDENT IS NOT SURE, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.					
		For each item I mention please tell me if the diagnostic or treatment procedure is offered in this facility.	YES		NO		
			AVAILABLE NOW	NOT AVAILABLE NOW			
A_C	500	**IMAGING DIAGNOSTICS AND PROCEDURES**					
A_C / ANM	01	Ultrasound	1	2	3		
A_C / ANN	02	X-ray	1	2	3		
A_C / ANP	05	Computed tomography (CT) scan	1	2	3		
A_C	501	**OTHER DIAGNOSTICS**					
A_C / AOA	03	Electrocardiogram (ECG)	1	2	3		
A_C	502	**MEDICAL EQUIPMENT FOR TREATMENTS**					
A_C / ANU	02	Infant incubator	1	2	3		
A_C / ANX	03	Anaesthesia machine	1	2	3		
A_C / ANV	04	Defibrillator	1	2	3		

Mod/Ind	No.	Question	Result			Skip
A_C / ANW	05	Ventilator	1	2	3	
		OTHER INTERVENTIONS FOR TREATMENTS				
A_C	503	Does this facility offer any of the following interventions?	YES		NO	
			AVAILABLE NOW	NOT AVAILABLE NOW		
A_C / AOF	01	Blood transfusion	1	2	3	
A_C / AOE	02	Oxygen administration	1	2	3	
		2.5. LABORATORY DIAGNOSTICS				
		2.5.1. LABORATORY DIAGNOSTICS				
A_C	600	Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests? This includes sending a specimen outside for testing and receiving results back for action, as well as tests performed in a laboratory or in a service site. IF YES, GO TO THE LABORATORY FOR RESPONSES. IF THERE IS NO LABORATORY, ASK THE RESPONDENT WHERE THE REPORTED TEST IS PERFORMED AND GO THERE TO VERIFY THE RESPONSE.	YES ....1 NO 2			➜Q700
A_C	601	For each of the following diagnostic tests, please tell me if the facility performs a test for the item, collects a specimen and sends it out for testing, but receives results back, or does not have diagnostic services for the item.	YES		NO	
			ONSITE	SEND SPECIMEN OUT AND RESULT IS RETURNED		
A_C		**SPECIFIC TESTING CAPACITY**				
A_C / AOG	01	General microscopy	1	2	3	
A_C / AOH	02	Culture and sensitivity	1	2	3	
A_C / AOI	03	Diagnostics for fungal infections	1	2	3	
A_C / AOJ	04	Malaria rapid test or blood smear	1	2	3	
A_C / AOK	05	Syphilis rapid test, venereal disease research laboratory (VDRL) or rapid plasma reagin (RPR)	1	2	3	
A_C / AOL	06	HIV rapid test or serum test	1	2	3	
A_C / AOM	07	Urine test for pregnancy	1	2	3	
A_C / AON	08	Urine protein test	1	2	3	
A_C / AOO	09	Urine glucose test	1	2	3	
A_C / AOP	10	Urine ketone test	1	2	3	

Mod/Ind	No.	Question	Result			Skip
A_C / AOQ	11	Full blood count	1	2	3	
A_C / AOR	12	Test for anaemia (haemoglobin or haematocrit)	1	2	3	
A_C / AOS	13	Renal function tests	1	2	3	
A_C / AOT	14	Liver function tests	1	2	3	
A_C / AOU	15	Serum electrolyte tests	1	2	3	
A_C / AOV	16	Blood glucose test	1	2	3	
A_C / AOW	17	Blood typing and grouping	1	2	3	
A_C / AOX	18	Tuberculosis diagnostic test	1	2	3	

Mod/Ind	No.	Question	Result	Skip
		3. STAFFING AND STAFF MANAGEMENT		
		3.1. FACILITY STAFF NUMBERS AND OCCUPATION		
		3.1.1. STAFFING PLAN		
		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	700	Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification?	YES .... 1 NO... 2	
		I would like to know about personnel who work in this facility. These may be full-time, part-time, or seconded persons. I would 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. ONLY COUNT STAFF WHO ARE UNDER THE AUTHORITY OF THE FACILITY MANAGER. 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.		

Mod/Ind	No.	Question	Result					Skip
		3.1.2. OCCUPATION/QUALIFICATION						
		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, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C	701	**PHYSICIAN PROFESSIONAL**						
A_C / AHM, AHQ, APB	01	Generalist medical practitioners/primary care medical doctors			— — —			
A_C / AHM, AHQ, APB	02	Specialist medical (non-surgical) physicians (e.g. cardiologist, obstetrician, paediatrician, radiologists, pathologists, etc.)			— — — 000 ➔Q704			
		3.1.3. SPECIALIST PHYSICIANS						
		FROM AMONG THE SPECIALIST PHYSICIANS (ASSIGNED/ EMPLOYED/ SECONDED) COUNTED IN THE PRIOR QUESTION, HOW MANY HAVE THE FOLLOWING QUALIFICATIONS?						
A_C	07	Internist			— — —			
A_C / AHS	12	Obstetricians			— — —			
A_C / AHT	18	Paediatrician			— — —			
A_C	19	Psychiatrist			— — —			
		3.1.4. STAFFING RELATED TO MAJOR SURGICAL PROCEDURES						
A_C	704	Is this facility authorized to perform any major surgical procedures, or does the facility perform any surgical procedures, including only for emergencies? IF YES, ASK ABOUT AVAILABILITY OF THE FOLLOWING STAFF RELATED TO SURGICAL SERVICES.	YES...1 NO 2					➔Q708

Mod/Ind	No.	Question	Result					Skip
A_C	705	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, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C / AHR, AHM, AHQ	01	Anaesthesiologist (physician specialist/ licensed)			— — —			
A_C, AHM, AHQ	03	General or specialist surgeons (either board certified/licensed, or not)			— — — 000 ➜Q708			
A_C / AHX	05	FROM AMONG ALL SURGEONS Board certified/ licensed surgeons			— — —			
A_C	708	Does this facility have any other non-physician medical staff or professional nursing or midwifery staff? IF YES, ASK ABOUT AVAILABILITY OF EACH OF THE FOLLOWING STAFF OCCUPATIONS.	YES...1 NO 2					➜Q710
		3.1.6. OTHER NON-PHYSICIAN MEDICAL/NURSING PROFESSIONALS						
A_C	709	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, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C / AHN, AHQ, APB	01	Non-physician paramedical practitioner or clinical officer			— — —			
A_C / AHO, AHQ, APB	02	Nursing professional			— — —			
A_C / AHP, AHQ, APB	03	Midwifery professional			— — —			
A_C / AHO, AHQ, APB	04	Nurse-midwife (dual trained) professional			— — —			
A_C	710	Does this facility have any other professional staff? IF YES, ASK ABOUT AVAILABILITY OF EACH OF THE FOLLOWING STAFF OCCUPATIONS.	YES...1 NO 2					➜Q712

Mod/Ind	No.	Question	Result					Skip
		3.1.7. ALLIED HEALTH PROFESSIONALS						
A_C	711	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, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C / AIA	01	Dentist			— — —			
A_C / AID	14	Laboratory technologist			— — —			
A_C / AHZ	17	Biomedical engineer			— — —			
A_C / AIO	18	Traditional and complementary medical professional			— — —			
		3.1.8. ALLIED HEALTH ASSOCIATES (NOT PREVIOUSLY REPORTED)						
A_C	712	Does this facility have any health associates or technical staff? IF YES, ASK ABOUT AVAILABILITY OF THE FOLLOWING STAFF OCCUPATIONS.	YES..1 NO 2					➜Q714
A_C	713	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, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C / AJG	17	Qualified health service manager			— — —			
A_C / AJH	18	Qualified commodity logistics manager			— — —			
		3.1.9. OTHER HEALTH/ALLIED HEALTH ASSOCIATES (NOT PREVIOUSLY REPORTED)						
A_C	714	Does this facility have any other non-professional staff? IF YES, ASK ABOUT AVAILABILITY OF THE FOLLOWING STAFF OCCUPATIONS.	YES..1 NO 2					➜Q1100

Mod/Ind	No.	Question	Result					Skip
A_C	715	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, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C / AJI	05	Community health worker			— — —			

Mod/Ind	No.	Question	Result		Skip
		4. FACILITY BEDS			
		4.1. GENERAL			
		4.1.1. NUMBER OF DEDICATED BEDS			
		Now I would like to ask you questions on facility beds either for overnight care or for inpatient services. 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 / AAD, AAF, AAI, AOZ	1100	Excluding any beds/tables used for delivery, and excluding beds smaller than adult size (infant/paediatric) how many overnight/inpatient beds in total does this facility have, both for adults and children? This includes beds used for observation of emergency patients and intensive care beds.	NO. OF OVERNIGHT/INPATIENT BEDS — — — — NO BEDS FOR OVERNIGHT CARE..............................0000		➔Q1200
A_C / AAE, AAH, AAK, APA	1101	How many of the overnight/inpatient beds reported in the previous question are dedicated maternity beds? THIS DOES NOT INCLUDE BEDS/TABLES USED FOR DELIVERY SERVICES.	NO. OF DEDICATED MATERNITY BEDS — — — NO DEDICATED MATERNITY BEDS.............................000		
A_C / AAG, AAJ	1102	In total, what is the official number of authorized inpatient beds, including dedicated maternity beds? DO NOT INCLUDE SMALLER BEDS USED FOR INFANTS/PAEDIATRIC OR OVERNIGHT/EMERGENCY OBSERVATION BEDS IN THIS NUMBER.	NO. OF AUTHORIZED INPATIENT BEDS — — — — NO AUTHORIZED INPATIENT BEDS..........................0000		
		4.2. SPECIFIC WARDS AND BEDS FOR THE WARDS			
		4.2.1. NUMBER OF DEDICATED BEDS			
A_C	1200	Now I would like to know about specific inpatient units or wards in this facility. First please tell me how many of each unit or ward type I mention currently are functioning in this facility. Please also tell me how many established beds in total are in each ward type that I mention. For example, if you have two medical wards, please tell me how many established beds in total there are in both medical wards. IF THERE IS NO WARD OF THE TYPE I MENTION, CIRCLE "00" (NONE). DO NOT DOUBLE COUNT BEDS IN TWO DIFFERENT TYPES OF WARDS. Please tell me how many units or wards of each type I ask about are functioning in this facility. Please also tell me how many established beds there are across all ICUs/wards.			
		Type of ward	(A) NUMBER OF UNITS	(B) NUMBER OF BEDS/COTS	
A_C / ANH	1203	Total intensive care units/beds/cots	NO. OF TOTAL INTENSIVE CARE UNITS __ NONE..........................0 ➔1204	NO. OF TOTAL INTENSIVE CARE BEDS/COTS — —	
		PATIENT ISOLATION BEDS			
A_C / AAM	1204	Does this facility have specific units or dedicated rooms where patients requiring isolation are placed?	YES ....1 NO 2		➔Q1305

Mod/Ind	No.	Question	(A) ISOLATION SITUATION EXISTS		(B) NUMBER OF BEDS	
			YES	NO		
A_C	1205	What types of isolation rooms or units does this facility have? ASK FOR EACH OF THE FOLLOWING AND INDICATE NUMBER OF BEDS FOR EACH SITUATION.				
A_C / BMB	01	Does the facility have a dedicated ward for tuberculosis patients?	1 ➔B	2 ➔02	— —	

Mod/Ind	No.	Question	Result			Skip
A_C / AAM	02	Does the facility have a dedicated inpatient ward for isolating illnesses other than tuberculosis?	1 ➜B	2 ➜03	— —	
A_C / AAM	03	Does the facility have dedicated inpatient private rooms for isolation?	1 ➜B	2 ➜04	— —	
A_C / BMB, AAM	04	Does the facility have a dedicated room in the outpatient service area for isolation?	1 ➜B	2 ➜05	— —	
A_C / AAM	05	Does the facility have a dedicated room in the emergency service area for isolation?	1 ➜B	2 ➜06	— —	
A_C / AAM	06	Does the facility have rooms that can be used for isolation but that are not dedicated for this purpose?	1 ➜B	2 ➜Q1305	— —	

Mod/Ind	No.	Question	Result	Skip
		5. GOVERNANCE AND MANAGEMENT		
		5.1. GOVERNANCE AND MANAGEMENT SYSTEMS AND PRACTICES		
		5.1.1. GOVERNANCE AND MANAGEMENT SYSTEMS		
		Now I would like to ask you questions related to governance and routine systems implemented by this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
M_C / CRM	1305	Does this facility have a core management team or a management committee that is responsible for oversight of the day-to-day functioning of the facility? PROBE TO ENSURE THAT THE MANAGEMENT TEAM IDENTIFIED ADDRESSES DAY-TO-DAY MANAGEMENT ISSUES. IN SMALL FACILITIES THIS RESPONSIBILITY MAY BE FILLED BY A STAFF MEETING. [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A MANAGEMENT TEAM OR COMMITTEE IN FACILITIES]	YES .... 1 NO.. 2	➔Q1809
M_C / CRO	1306	Is there any routine system for including community representation for some aspects of the management team or committee work? By routine system, I mean community participation is sought for either all or only specified meetings of the management team or community meetings are held at set intervals.	YES .... 1 NO.. 2	
M_C / CRM	1307	When was the most recent management team or management committee meeting?	WITHIN PAST 1 MONTH.................................. 1 WITHIN PAST 2–3 MONTHS .... 2 WITHIN PAST 4–6 MONTHS .... 3 MORE THAN 6 MONTHS .... 4 DON'T KNOW.. 8	

Mod/Ind	No.	Question	Result	Skip
		7. SYSTEMS AND PRACTICES TO SUPPORT STAFF		
		7.3. PERSONNEL MANAGEMENT AND SUPERVISION		
		7.3.2. EXTERNAL SUPERVISION		
M_C / CVU	1809	Does this facility receive any external supervision, such as from district, regional or national offices?	YES...1 NO 2	➜Q1900
M_C / CVU	1810	When was the last time a supervisor from outside this facility came here on a supervisory visit? DO NOT INCLUDE VISITS WHERE GUESTS WERE BROUGHT OR THAT WERE FOR SUPPLIES ONLY.	THIS MONTH ....1 WITHIN PAST 2–3 MONTHS ....2 MORE THAN 3 MONTHS AGO ....3 DON'T KNOW 8	➜Q1900 ➜Q1900
		SUPERVISION ACTIVITY		
M_C / CVV	1812	Is there any documentation from external supervisory visits during the past 3 months? IF YES, ASK TO SEE DOCUMENTATION.	YES, OBSERVED...1 REPORTED, NOT SEEN ....2 NO 3	

Mod/Ind	No.	Question	Result					Skip
		8. MONITORING AND IMPLEMENTATION OF SYSTEMS FOR QUALITY						
		8.1. EXTERNAL ASSESSMENTS AGAINST STANDARDS						
		8.1.1. EXTERNAL ASSESSMENTS						
		I would like to talk with the person most familiar with activities related to quality improvement and quality assurance for this facility.						
M_C / CXI	1900	Does this facility participate in any periodic external assessment of conditions in the facility against standards, where a resulting score or status is provided? This might be accreditation or certification, or some other indication of the result of the assessment.	YES...1 NO ....2 DON'T KNOW 8					➔Q2000 ➔Q2000

Mod/Ind	No.	Question	(A) CERTIFICATION STATUS			(B) LEVELS WHERE PROCESS IS APPLIED		Skip
			CURRENTLY CERTIFIED	PROCESS USED, BUT NOT CURRENTLY CERTIFIED	PROCESS NOT USED	FACILITY WIDE	SERVICE SPECIFIC	
M_C	1901	Which of the following external processes are used for certifying the facility or a specific service for meeting standards? IF RESPONDENT DOES NOT KNOW, ASK TO CALL SOMEONE WHO WILL KNOW. [COUNTRY ADAPT LIST]						
M_C / CXJ, CXK	01	Accreditation	1	2	3 ➔02	1	2	
M_C / CXL, CXM	02	Licensed or registered with government authority	1	2	3 ➔03	1	2	
M_C / CXN, CXO	03	National external quality assurance (NEQA)	1	2	3 ➔04	1	2	
M_C	04	Service specific certification _____ (SPECIFY SERVICE)	1	2	3 ➔05	1	2	
M_C	05	OTHER _____ (SPECIFY)	1	2	3 ➔Q1902	1	2	

Mod/Ind	No.	Question	Result	Skip
M_C / CXP	1902	When was the most recent accreditation or certification process completed? IF MORE THAN ONE SYSTEM IS IN USE, RECORD THE DATE FOR THE MOST RECENT. IF RESPONDENT IS UNCERTAIN OF MONTH, BUT KNOWS YEAR, PROBE FOR A BEST ESTIMATE.	(a) MONTH — — DON'T KNOW ....98 (b) YEAR — — — — DON'T KNOW 9998	
		8.2. QUALITY ASSURANCE/IMPROVEMENT		
		8.2.1. QUALITY ASSURANCE/IMPROVEMENT		
		Now I would like to talk with the person most familiar with activities related to quality improvement and quality assurance (QA) for this facility.		
M_C / CXQ, CXT	2000	Does this facility routinely carry out quality assurance activities for any service areas? By this I mean some formal review system or comparison of work or systems to a standard?	YES...1 NO 2	➔Q2100
M_C	2001	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY ....1 ONLY SPECIFIC SERVICES 2	
M_C / CXR	2002	Does this facility have a quality assurance committee?	YES...1 NO 2	➔Q2004
M_C / CXR	2003	When was the most recent time the quality assurance committee met?	WITHIN PAST 1 MONTH ....1 2–3 MONTHS AGO ....2 4–6 MONTHS AGO ....3 MORE THAN 6 MONTHS AGO ....4 DON'T KNOW 8	

Mod/Ind	No.	Question	Result	Skip
M_C / CXS	2004	Is there any documentation that shows quality assurance information being reviewed? This may be by a QA committee or other management group. IF YES, ASK: May I see the documentation?	YES, DOCUMENTATION OBSERVED ....1 YES, DOCUMENTATION REPORTED, NOT SEEN ....2 NO 3	
		8.3. SYSTEMS AND INDICATORS FOR MONITORING QUALITY OF INPATIENT CARE		
		8.3.1. CASE REVIEWS		
M_C / CXV, CXW, CXZ, CYA, CYC, CYD, CYE	2100	Does this facility have inpatient services?	YES..1 NO...2	➜Q2125
		Now I would like to know about any patient case reviews or reviews of deaths for patients in this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
M_C / CXV	2101	Does this facility routinely carry out formal case reviews for patients who have not died, where individual patient management is reviewed for quality and potential for improved case management?	YES..1 NO...2	➜Q2104
M_C	2102	How frequently are formal case reviews carried out?	AT LEAST WEEKLY...1 AT LEAST MONTHLY ....2 AT LEAST QUARTERLY...3 NO SPECIFIED TIMING 4	
M_C	2103	During the previous 3 complete months was there any case management review for a paediatric case, that is for a child under 5 years of age?	YES..1 NO...2	
M_C / CXW	2104	Does this facility conduct death reviews for some proportion of deaths?	YES..1 NO...2 NEVER HAD A DEATH 3	➜Q2107 ➜Q2107
M_C	2105	Are the results of the death reviews recorded?	YES..1 NO...2	
M_C	2106	Do these reviews routinely include paediatric patients who are below 5 years of age if there is a death?	YES..1 NO...2 NEVER HAD A PAEDIATRIC DEATH 3	
		8.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS		
M_C / CXZ	2107	Does this facility have a system for identifying and monitoring adverse events, such as patient falls or infections?	YES..1 NO 2	➜Q2109

Mod/Ind	No.	Question	YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	Skip
M_C	2108	I would like to see written guidelines for how monitoring of adverse events is to be conducted. Please show me any documentation related to each of the items I mention.				
M_C / CXZ	01	Which events are considered adverse and required to be reported.	1	2	3	
M_C / CXZ	02	When and how to submit reports of adverse events.	1	2	3	
M_C / CXZ	03	Who is responsible for submitting reports of adverse events.	1	2	3	
M_C / CXZ	04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems.	1	2	3	
M_C / CXZ	05	Notes or reports that show evidence of review and plan of action for the reports about adverse events.	1	2	3	

Mod/Ind	No.	Question	Result	Skip
M_C / CYA	2109	Are health care associated infections (HCAI) (nosocomial infections) either reportable adverse events or are nosocomial infections monitored?	YES...1 NO 2	➜Q2113
M_C / CYA	2110	Are there written guidelines that define nosocomial infections and the process for reporting them? IF YES ASK: May I see the guidelines?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN......................................2 NO 3	
M_C / CYA	2111	Is there any report or record that shows nosocomial infections reported over the past 6 months? THIS MAY BE A SEPARATE RECORD OR MAY BE INCLUDED IN REPORTS WITH OTHER ADVERSE EVENTS. IF YES, ASK: May I see the records?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN......................................2 NO 3	
M_C / CYA	2112	Is a system in place for monitoring of health care associated infections (HCAI) (nosocomial infections) in high-risk settings such as intensive care and neonatal care units?	YES...1 NO 2	
		8.3.3. SYSTEMS FOR MONITORING QUALITY OF CARE FOR SURGICAL SERVICES		
M_C / CYC, CYD, CYE	2113	Does the facility have inpatient surgical services?	YES...1 NO 2	➜Q2125
		SURGICAL PATIENT CASE REVIEWS		
M_C / CYC	2114	How often does the hospital hold a mortality and morbidity conference related to surgery?	AT LEAST WEEKLY..1 AT LEAST MONTHLY ....2 AT LEAST QUARTERLY..3 NO SPECIFIED TIMING ....4 NONE CONDUCTED 5	➜Q2120
M_C / CYC	2115	Are the results of the mortality or morbidity conference related to surgery recorded? IF YES, ASK: May I see a copy of the most recent documentation of this conference?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN......................................2 NO 3	➜Q2117 ➜Q2117
M_C	2116	When was the most recent mortality and morbidity conference related to surgery for which documentation was observed?	WITHIN PAST WEEK..1 WITHIN PAST MONTH ....2 WITHIN PAST 3 MONTHS...3 MORE THAN 3 MONTHS AGO 4	
M_C	2117	How often does the hospital hold a mortality and morbidity conference related to children's surgery?	AT LEAST WEEKLY..1 AT LEAST MONTHLY ....2 AT LEAST QUARTERLY..3 NO SPECIFIED TIMING ....4 NONE CONDUCTED ....5 NO PAEDIATRIC SURGERY 6	 ➜Q2120 ➜Q2120
M_C	2118	Are the results of the mortality or morbidity conference related to children's surgery recorded? IF YES, ASK: May I see a copy of the most recent documentation of this conference where children's surgery was discussed?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN......................................2 NO 3	 ➜Q2120 ➜Q2120
M_C	2119	When was the most recent mortality and morbidity conference related to children's surgery for which documentation was observed?	WITHIN PAST WEEK..1 WITHIN PAST MONTH ....2 WITHIN PAST 3 MONTHS...3 MORE THAN 3 MONTHS AGO 4	

Mod/Ind	No.	Question	Result			Skip
		SYSTEMS FOR MONITORING SURGICAL ADVERSE EVENTS				
M_C / CYD, CYE	2120	Does this facility have a system for identifying and monitoring adverse events related to surgery, such as infections and deaths?	YES..1 NO 2			➔Q2125
M_C / CYD	2121	Are there any written guidelines or instructions for reporting on adverse events related to surgery? IF YES, ASK TO SEE THE DOCUMENT.	YES, OBSERVED...1 YES, REPORTED, NOT SEEN.....................................2 NO ....3 DON'T KNOW 8			 ➔Q2123 ➔Q2123 ➔Q2123
M_C	2122	ASK THE RESPONDENT TO SHOW WHERE IN THE DOCUMENT THE FOLLOWING INFORMATION DESCRIBED	YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	
M_C / CYD	01	Which events are considered adverse and required to be reported.	1	2	3	
M_C / CYD	02	When and how to submit reports of adverse events.	1	2	3	
M_C / CYD	03	Who is responsible for submitting reports of adverse events.	1	2	3	
M_C / CYD	04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems.	1	2	3	
M_C / CYD	05	Notes or reports that show evidence of review and plan of action for the reports about adverse events.	1	2	3	
M_C / CYE	2123	Does this facility have a system for identifying and monitoring post-operative infections?	YES..1 NO 2			➔Q2125
M_C	2124	I would like to see written guidelines for how monitoring of adverse surgical events, including postoperative infections, is to be conducted. Please show me any documentation related to each of the items I mention.	YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	
M_C / CYE	01	Definition of postoperative infection	1	2	3	
M_C / CYE	02	When and how to submit reports of postoperative infection	1	2	3	
M_C / CYE	03	Who is responsible for submitting reports of postoperative infection	1	2	3	
M_C / CYE	04	Review process for reports on postoperative infection includes recommendations for actions to address problems	1	2	3	
M_C / CYE	05	Notes or reports that show evidence of review and plan of action for the reports about postoperative infection	1	2	3	
		8.3.4. SYSTEM TO ELICIT CLIENT OPINION				
M_C / CYB	2125	Does this facility have any system for determining clients' opinions or receiving feedback about the health facility or its services?	YES..1 NO 2			➔Q2200
M_C / CYB	2126	Is there a routine procedure for reviewing or reporting on clients' opinions? IF YES, ASK TO SEE ANY NOTES OR REPORTS THAT RELATE TO CLIENT OPINION.	YES, DOCUMENTATION OBSERVED ....1 YES, DOCUMENTATION REPORTED, NOT SEEN ....2 NO 3			

Mod/Ind	No.	Question	Result				Skip
		8.4. REVIEW OF INFORMATION					
		8.4.1. REVIEW					
M_C / CYX	2200	At the facility level, is there a routine process for reviewing data on facility services, outcomes, or patient feedback?	YES...1 NO 2				➔Q2300
M_C	2201	IF YES, ASK TO SEE ANY DOCUMENTATION RELEVANT TO THE TOPIC MENTIONED AND CHECK THE MOST RECENT DATE FOR WHICH THE INFORMATION IS AVAILABLE.	DOCUMENTATION OBSERVED		ROUTINE REVIEW REPORTED, NO DOCUMENTATION OBSERVED	INFORMATION NOT ROUTINELY REVIEWED	
			CURRENT WITHIN THE PAST 3 MONTHS	MOST RECENT DATA > 3 MONTHS AGO			
M_C / CYY	01	Information from routine HMIS reports (e.g. numbers of patients, numbers by diagnoses)	1	2	3	4	
M_C / CYY	02	Information from special reports such as quality indicators	1	2	3	4	
M_C / CYY	03	Information from patient surveys	1	2	3	4	
M_C / CYY	04	Information from staff surveys	1	2	3	4	
M_C / CYZ	05	Any tables or reports that present immunization data	1	2	3	4	
M_C / CYZ	06	Any tables or reports that present data other than for immunization	1	2	3	4	
M_C / CYZ	07	Any graphic presentation of immunization data	1	2	3	4	
M_C / CYZ	08	Any graphic presentation of data other than for immunization	1	2	3	4	
M_C	09	Other information source routinely reviewed	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3 _____ (SPECIFY)	4	

Mod/Ind	No.	Question	Result	Skip
		9. PATIENT SAFETY		
		9.1. DISASTER PLANNING, FACILITY SAFETY AND SECURITY		
		9.1.1. DISASTER PLANNING, FACILITY SAFETY AND SECURITY		
		Now I want to ask you about facility safety and securing plans and practices.		
M_C	2300	Does this facility have a "no smoking" policy for facility grounds?	YES...1 NO 2	
M_C	2301	Does this facility have any written disaster or facility safety plans? These might include fire, epidemics, or events with large numbers of trauma victims.	YES...1 NO 2	➔Q2309
M_C / CXD	2302	Does this facility have a written fire safety plan?	YES, OBSERVED...1 YES, REPORTED, NOT SEEN..2 NO 3	➔Q2304
M_C / CXG	2303	When was the most recent drill or in-service education for staff to practice following the fire safety plan?	WITHIN PAST 6 MONTHS...1 WITHIN PAST 7–12 MONTHS..2 WITHIN PAST 13–24 MONTHS......................................3 MORE THAN 24 MONTHS AGO......................................4 NO ....5 DON'T KNOW 8	
M_C / CXE	2304	Does this facility have a 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.	YES, OBSERVED...1 YES, REPORTED, NOT SEEN..2 NO 3	➔Q2306
M_C / CXG	2305	When was the most recent drill or in-service education for staff on how to follow the emergency response plan for outbreaks(s)?	WITHIN PAST 6 MONTHS...1 WITHIN PAST 7–12 MONTHS..2 WITHIN PAST 13–24 MONTHS......................................3 MORE THAN 24 MONTHS AGO......................................4 NO ....5 DON'T KNOW 8	
M_C	2306	Other than for fire or outbreaks does this facility have a written emergency response plan for any other emergencies?	YES...1 NO 2	➔Q2309

Mod/Ind	No.	Question	YES	NO	Skip
M_C	2307	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.			
M_C / CXF	01	Natural disasters such as earthquakes or floods	1	2	
M_C / CXF	02	Non-natural disasters – war	1	2	
M_C / CXF	03	Other non-natural disaster with massive civilian trauma such as transportation accidents or events resulting in massive casualties	1	2	
M_C	04	Other	1 _____ (SPECIFY)	2	

Mod/Ind	No.	Question	Result			Skip
M_C / CXG	2308	When was the most recent drill or in-service education for other natural or non-natural disasters with massive casualties?	WITHIN PAST 6 MONTHS............1 WITHIN PAST 7–12 MONTHS............2 WITHIN PAST 13–24 MONTHS............3 MORE THAN 24 MONTHS AGO............4 NO ....5 DON'T KNOW 8			
R_C / CXH	2309	Does this facility have a strategy for meeting increased staffing needs for emergency situations?	YES............1 NO 2			➔Q2400
R_C	2310	Are any of the following part of a planned strategy to meet increased staffing needs for emergency situations?	YES	NO		
R_C	01	District/region will temporarily transfer staff	1	2		
R_C	02	Budget for temporary hire of retired/private professionals and auxiliaries	1	2		
R_C	03	Cancel planned staff absences (e.g. vacation, training)	1	2		
R_C	04	Budget for paying staff for overtime	1	2		
R_C	05	Request volunteers from the community	1	2		
R_C	06	Other	1 _____ (SPECIFY)	2		

9.2. MONITORING AND REINFORCING THE CORE COMPONENTS OF INFECTION PREVENTION AND CONTROL (IPC)

9.2.1. MONITORING AND REINFORCING THE CORE COMPONENTS OF INFECTION PREVENTION AND CONTROL (IPC)

Mod/Ind	No.	Question	Result			Skip
M_C / CYL	2400	Does this facility implement a systematic process for assessing infection prevention and control (IPC) using a specified framework for the assessment such as the WHO Infection Prevention and Control Assessment Framework (IPCAF) or an equivalent?	YES............1 NO 2			➔Q2404
M_C	2401	What is the framework for the assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED.	YES, OBSERVED	REPORTED, NOT SEEN	NOT USED	
M_C / CYL	01	The WHO Infection Prevention and Control Assessment Framework (IPCAF)	1	2	3	
M_C / CYL	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
M_C / CYL	2402	When was the most recent IPC assessment?	(a) MONTH — — DON'T KNOW ....98 (b) YEAR — — — — DON'T KNOW 9998			
M_C	2403	What was the interpretation of the most recent score?	INADEQUATE ....1 BASIC ....2 INTERMEDIATE ....3 ADVANCED ....4 DON'T KNOW 8			

Mod/Ind	No.	Question	Result			Skip
M_C / CYM	2404	Does this facility implement a systematic process for assessing hand hygiene promotion and practices such as the WHO Hand Hygiene and Safety Assessment Framework (HHSAF) or an equivalent?	YES...1 NO 2			➔Q2408
M_C	2405	What is the framework for the hand hygiene assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED.	YES, OBSERVED	REPORTED, NOT SEEN	NOT USED	
M_C / CYM	01	The WHO Hand Hygiene and Safety Assessment Framework (HHSAF)	1	2	3	
M_C	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
M_C / CYM	2406	When was the most recent hand hygiene promotion and practices assessment?	(a) MONTH — — DON'T KNOW ....98 (b) YEAR — — — — DON'T KNOW 9998			
M_C	2407	What was the interpretation of the most recent score?	INADEQUATE ....1 BASIC ....2 INTERMEDIATE ....3 ADVANCED ....4 DON'T KNOW 8			
		Now I want to ask questions about facility management practices for infection prevention and control (IPC). If there is another person who is more familiar with these practices, please call them so we receive the most accurate information.				
M_C / CWM	2408	Does this facility have IPC guidelines? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED...1 YES, REPORTED, NOT SEEN.............................2 NO 3			
M_C / CWN	2409	Does this facility have any guidelines for isolation? IF YES, ASK: May I see the guidelines? THESE MAY BE A PART OF GUIDELINES THAT COVER OTHER TOPICS.	YES, OBSERVED...1 YES, REPORTED, NOT SEEN.............................2 NO 3			
M_C / CWO	2410	Does this facility have any guidelines for respiratory transmission-based precautions? IF YES, ASK: May I see the guidelines? THESE MAY BE A PART OF GUIDELINES THAT COVER OTHER TOPICS.	YES, OBSERVED...1 YES, REPORTED, NOT SEEN.............................2 NO 3			
M_C	2411	Now I will ask a few questions to clarify the infection prevention and control (IPC) structure for this facility. For each item I ask for, please tell me if this is applicable in this facility.	YES	NO	DON'T KNOW	
M_C / CWR	01	Technical IPC committee	1	2	8	
M_C / CWS	02	Multidisciplinary meetings where IPC results are reported/reviewed	1	2	8	

Mod/Ind	No.	Question	Result	Skip
M_C	2412	Are there any full- or part-time staff assigned to IPC monitoring activities?	YES..1 NO 2	➔Q2500
M_C / CWQ	01	NUMBER OF FULL-TIME IPC STAFF	(a) — —	
M_C	02	NUMBER OF PART-TIME IPC STAFF	(b) — —	
M_C / CWP	2413	Have any of the persons responsible for IPC monitoring been trained in an IPC control course? IF YES, CLARIFY IF ALL STAFF WITH SPECIFIC IPC RESPONSIBILITIES ONLY SOME ARE IPC CERTIFIED. IF RESPONDENT IS UNCERTAIN ASK TO CALL SOMEONE WHO WOULD KNOW.	YES, ALL .... 1 YES SOME, NOT ALL... 2 NO 3	
M_C	2414	What is the qualification of the person responsible for IPC? This may be the committee chair, or the person assigned for IPC.	DOCTOR.. 1 CLINICAL OFFICER... 2 NURSING/MIDWIFERY STAFF .... 3 OTHER .... 6 _____ (SPECIFY)	
M_C / CWT	2415	When was the most recent meeting of the IPC committee or with the person responsible for IPC? This might be a technical IPC meeting or an interdisciplinary meeting where IPC findings were discussed.	WITHIN PAST 1 MONTH .... 1 2–3 MONTHS AGO... 2 4–6 MONTHS AGO... 3 MORE THAN 6 MONTHS AGO.......................... 4 DON'T KNOW 8	

Mod/Ind	No.	Question	Result	Skip
		10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES		
		10.1. INFRASTRUCTURE		
		10.1.1. COMMUNICATIONS		
		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 / APG, MHL, MHM	2500	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 / APH, MHL, MHM	2501	Does this facility have a functioning computer?	YES .... 1 NO.. 2	
R_C / APH, MHL, MHM	2502	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	➔Q2504
R_C / APH, MHL, MHM	2503	Is the connecting time for the internet paid or reimbursed by the management?	YES .... 1 NO.. 2	
		10.1.2. POWER SUPPLY		
R_C / APC, AVQ, MHL, MHM	2504	Does this facility have electricity from any source such as electricity grid, generator, solar or other, including for stand-alone devices such as those used to maintain the EPI cold chain?	YES .... 1 NO.. 2	➔Q2509
R_C / APC, MHL, MHM	2505	What is the electricity used for in the facility?	ONLY STAND-ALONE MEDICAL DEVICES/APPLIANCES (E.G. EPI COLD ROOM, REFRIFERATOR, SUCTION APPARATUS, ETC.)... 1 ELECTRIC LIGHTING (EXCLUDING FLASHLIGHTS) AND COMMUNICATIONS .... 2 ELECTRIC LIGHTING, COMMUNICATIONS AND ONE OR TWO ELECTRIC MEDICAL DEVICES/APPLIANCES............................. 3 ALL ELECTRICAL NEEDS OF FACILITY 4	
R_C	2506	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 GENERATOR).... 2 SOLAR SYSTEM... 3 OTHER... 6 _____ (SPECIFY)	
R_C	2507	Other than the main or primary source, does the facility have a secondary or backup source of electricity?	YES .... 1 NO.. 2	
R_C / APC, MHL, MHM	2508	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	

Mod/Ind	No.	Question	Result	Skip
		10.1.3. WATER AVAILABILITY		
R_C / APD, APJ, APK, APL, MHL, MHM	2509	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	➔Q2511 ➔Q2511 ➔Q2600
R_C / APD, APJ, APK, APL, MHL, MHM	2510	Is water available from this source on facility premises? IF YES, ASK: May I see water from this source that is available today? If the water is inside, please show me that, otherwise, show me the water 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	2511	During the past 7 days, was there any time when there was no water for the facility for more than 2 hours at a time?	YES .... 1 NO.. 2 DON'T KNOW.. 8	
		10.2. CONDITIONS FOR INFECTION PREVENTION AND CONTROL		
		10.2.1. HEALTH CARE WASTE MANAGEMENT		
		Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.		

R_C / APS, APT, APU, AQJ, AQK, NBL, NBM	2600	How does this facility **finally** dispose of sharps waste (e.g. filled sharps boxes)?
		
		PROBE TO ARRIVE AT CORRECT RESPONSE.
		
		NOTE: IF ANY OF THE RESPONSES 2–9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".
			BURN INCINERATOR:
			   2-CHAMBER INDUSTRIAL (800–1000+ °C).......................... 2
			   1-CHAMBER DRUM/BRICK 3
			OPEN BURNING:
			   FLAT GROUND – NO PROTECTION 4
			   PIT OR PROTECTED GROUND 5
			DUMP WITHOUT BURNING:
			   FLAT GROUND – NO PROTECTION 6
			   COVERED PIT OR PIT LATRINE 7
			   OPEN-PIT – NO PROTECTION 8
			   PROTECTED GROUND OR PIT 9
			REMOVE OFFSITE:
			   STORED IN COVERED CONTAINER..................................... 10
			   STORED IN OTHER PROTECTED ENVIRONMENT 11
			   STORED UNPROTECTED 12
			OTHER.. 96
			
			_____
			(SPECIFY)
			NEVER HAS SHARPS WASTE 95
				
				➔Q2602

Mod/Ind	No.	Question	Result	Skip
R_C / APS, APT, APU, AQJ, NBL, NBM	2601	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 WASTE VISIBLE... 1 WASTE VISIBLE BUT PROTECTED AREA................................. 2 WASTE VISIBLE, NOT PROTECTED... 3 WASTE SITE NOT INSPECTED 4	

R_C / APS, APT, APU, AQK, NBL, NBM	2602	Now I would like to ask you a few questions about waste management practices for infectious waste other than sharps, such as used bandages.
		
		How does this facility **finally** dispose of infectious waste other than sharps?
		
		PROBE TO ARRIVE AT CORRECT RESPONSE.
		
		NOTE: IF ANY OF THE RESPONSES 2–9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE".
			SAME AS FOR SHARP ITEMS 1
			BURN INCINERATOR:
			  2-CHAMBER INDUSTRIAL (800–1000+°C)........................... 2
			  1-CHAMBER DRUM/BRICK 3
			OPEN BURNING:
			  FLAT GROUND – NO PROTECTION 4
			  PIT OR PROTECTED GROUND 5
			DUMP WITHOUT BURNING:
			  FLAT GROUND – NO PROTECTION 6
			  COVERED PIT OR PIT LATRINE 7
			  OPEN-PIT – NO PROTECTION 8
			  PROTECTED GROUND OR PIT 9
			REMOVE OFFSITE:
			  STORED IN COVERED CONTAINER.................................... 10
			  STORED IN OTHER PROTECTED ENVIRONMENT 11
			  STORED UNPROTECTED 12
			OTHER... 96
			
			_____
			(SPECIFY)
			NEVER HAS INFECTIOUS WASTE 95
				➔Q2604

R_C / APS, APT, APU, AQK, NBL, NBM	2603	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 WASTE VISIBLE... 1 WASTE VISIBLE BUT PROTECTED AREA................................. 2 WASTE VISIBLE, NOT PROTECTED .... 3 WASTE SITE NOT INSPECTED 4	
R_C	2604	IS AN INCINERATOR USED FOR FINAL DISPOSAL OF SHARPS OR INFECTIOUS WASTE?	YES .... 1 NO.. 2	➔Q2607
R_C	2605	Is the incinerator functional today?	YES .... 1 NO.. 2 DON'T KNOW.. 8	➔Q2607 ➔Q2607
R_C	2606	Is fuel for the incinerator available today?	YES .... 1 NO.. 2 DON'T KNOW.. 8	
R_C / AQS, NBL, NBM	2607	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 / AQT, NBL, NBM	2608	Have you or any provider(s) received formal training in health care waste management practices in the past 2 years?	YES .... 1 NO.. 2	
		10.2.2. CENTRAL REPROCESSING OF REUSABLE MEDICAL EQUIPMENT		
R_C / AQU, CEB, CGK, NBL, NBM, LRO, LRY, LRZ, KWO, KWY, KWZ	2609	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)	➔Q2700 ➔Q2700

Mod/Ind	No.	Question	Result							Skip
		ASK TO GO TO THE MAIN LOCATION WHERE EQUIPMENT IS FINALLY PROCESSED FOR REUSE. Please tell me about your facility's routine processes for decontaminating reusable medical devices.								
R_C	2610	Now I would like to know about items for sterilizing or high-level disinfecting (HLD) equipment. For each item I ask about, please tell me if it is available, and show me the item. Where relevant, also please tell me if the item is functioning today.	(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C / AQU, AZH, CEB, CGK, NBL, NBM, MEB, MEL, MEM, LRO, LRY, LRZ, KWO, KWY, KWZ	01	Electric autoclave (pressure and wet heat)	1 ➔B	2 ➔B	3 ➔02	1 ➔2700	2	8	
R_C / AQU, AZH, CEB, CGK, NBL, NBM, MEB, MEL, MEM, LRO, LRY, LRZ, KWO, KWY, KWZ	02	Electric dry heat sterilizer	1 ➔B	2 ➔B	3 ➔03	1 ➔2700	2	8	
R_C / AQU, AZH, CEB, CGK, NBL, NBM, MEB, MEL, MEM, LRO, LRY, LRZ, KWO, KWY, KWZ	03	Non-electric autoclave (pressure and wet heat)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / AQU, AZH, CEB, CGK, NBL, NBM, MEB, MEL, MEM, LRO, LRY, LRZ, KWO, KWY, KWZ	04	Heat source for non-electric equipment	1 ➔B	2 ➔B	3 ➔2700	1	2	8	

10.3. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS

10.3.1. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS

Mod/Ind	No.	Question	Result	Skip
		Now I would like to know about the facility resources and practices related to patient referral and emergency preparedness plans.		
R_C / CZU, CZV, CZW	2700	Where does this facility most often send patients who need services that cannot be provided here?	NATIONAL HOSPITAL ....1 REGIONAL REFERRAL HOSPITAL...2 GENERAL HOSPITAL ....3 SPECIALITY HOSPITAL ....4 OTHER..6 _____ (SPECIFY) NEVER REFER PATIENTS OUT 7	➔Q2704
R_C / CZU	2701	Does the facility use a pre-printed referral form when patients are referred elsewhere? IF YES, ASK TO SEE A COPY OF THE FORM.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
R_C / CZV	2702	Does the facility maintain records of patients who are referred out? IF YES, ASK TO SEE EVIDENCE OF DOCUMENTED REFERRALS OUT.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
R_C / CZW	2703	Does this facility routinely receive feedback on referrals out? IF YES, ASK TO SEE EVIDENCE.	YES, ROUTINELY, EVIDENCE OBSERVED ....1 YES, SOMETIMES, BUT NOT MORE THAN HALF THE TIME, EVIDENCE OBSERVED..2 YES, ANY FEEDBACK, REPORTED, NOT SEEN ....3 NO..4	

Mod/Ind	No.	Question	Result	Skip
R_C / API, MHL, MHM, AZG, MEB, MEL, MEM	2704	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 you can call for?	YES, AMBULANCE ....1 YES, OTHER TYPE OF VEHICLE ....2 NO...3	➔Q2900
R_C	2705	Is the emergency vehicle and a driver available 24 hours?	YES ....1 NO...2 DON'T KNOW...8	
R_C / API, MHL, MHM, AZG, MEB, MEL, MEM	2706	Is the vehicle available and functional today? IF UNCERTAIN, ASK RESPONDENT TO CHECK WITH SOMEONE WHO WOULD KNOW.	YES ....1 NO...2 DON'T KNOW...8	

Mod/Ind	No.	Question	Result				Skip
		11. FACILITY VEHICLES, INFRASTRUCTURE AND EQUIPMENT: MAINTENANCE AND REPAIR					
		11.1. FACILITY VEHICLES, INFRASTRUCTURE AND EQUIPMENT: MAINTENANCE AND REPAIR					
		11.1.1. VEHICLE MAINTENANCE					
M_C / CSL	2900	Does this facility follow a routine maintenance schedule for any vehicles? By routine maintenance, I mean the maintenance is carried out on a fixed schedule regardless of whether there is a problem or not.	YES .... 1 NO .... 2 FACILITY HAS NO VEHICLES 5				
		11.1.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE AND REPAIR					
M_C / CSN	2903	Is preventive/corrective maintenance ever carried out for any facility infrastructure systems such as electrical, water, sanitation, sewerage or ventilation or equipment used for these systems?	YES .... 1 NO 2				➔Q3004
M_C	2904	For each of the systems I ask about, please tell me if preventive/ corrective maintenance is carried out routinely, sometimes, but not routine, or never. By preventive maintenance, I mean the service is carried out even when there is no problem with the system.	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				
			ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	
M_C / CSO	01	Electric system	1	2	3	5	
M_C / DGL	04	Water system	1	2	3	5	
M_C / DGM	06	Sanitation and sewage system(s)	1	2	3	5	
M_C / DGN	08	Ventilation system	1	2	3	5	
M_C	11	Communications systems (loudspeakers)	1	2	3	5	
M_C	2906	Is there a contract for maintenance and/or repair for any infrastructure systems or equipment? IF RESPONDENT IS UNCERTAIN PROBE FOR PERSON WHO WOULD KNOW RESPONSE, SUCH AS BIOMEDICAL ENGINEER.	YES .... 1 NO 2				➔Q3004
M_C	2907	For which of the following infrastructure systems or equipment is there a contract for maintenance and repair [COUNTRY ADAPT]	CONTRACT FOR LAB EQUIPMENT MAINTENANCE AND REPAIR				
			YES, CONTRACT INCLUDES PARTS	YES, PARTS PURCHASED SEPARATELY	NO		
M_C	01	Generator	1	2	3		
M_C	02	Solar power system	1	2	3		
M_C	03	[COUNTRY SPECIFIC]_____	1	2	3		
M_C	04	[COUNTRY SPECIFIC]_____	1	2	3		

Mod/Ind	No.	Question	Result	Skip
		12. HEALTH FINANCING AND ACCOUNTING		
		12.1. BUDGET AND RESOURCES		
		12.1.1. BUDGET AND RESOURCE AVAILABILITY		
		Now I have some questions about this facility's sources of funding and budget. If I ask something where another person can provide the exact information, please call that person or we can go to their office to get the information. ASK TO SPEAK WITH THE PERSON WHO IS MOST FAMILIAR WITH THE BUDGET FOR THE FACILITY. THIS MAY BE A SPECIAL FINANCE PERSON, THE IN-CHARGE, OR THE FACILITY ADMINISTRATOR, OR ALL OF THESE.		
		CURRENT BUDGET INFORMATION		
M_C	3004	I would like to know information on your current budget. May I speak with the person most familiar with your current budget?	AGREED TO PROVIDE INFORMATION.................................1 REFUSED TO PROVIDE INFORMATION ....2 FACILITY HAS NO OFFICIAL BUDGET...................................3 FACILITY DOES NOT KNOW THEIR CURRENT BUDGET 8	 ➜Q3009 ➜Q3009 ➜Q3009
M_C / CSU	3005	What is your officially allocated recurrent budget for this year, excluding salaries? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	 AMOUNT — — — — — — DON'T KNOW 9999998	
M_C	3006	What is your officially allocated budget for salaries for this year? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	 AMOUNT — — — — — — NO BUDGET FOR SALARIES................................... 0000000 DON'T KNOW 9999998	
		BUDGET AND FINANCIAL RESOURCES FOR MOST RECENT COMPLETED BUDGET YEAR		
		Now I want to ask you about the facility resources for the most recent completed financial or budget year.		
M_C	3009	I would like to know how much funding was received during the past completed financial year from your managing authority. If you do not have this information, please introduce me to the person who would know about funds received.	AGREED TO PROVIDE INFORMATION.................................1 REFUSED TO PROVIDE INFORMATION ....2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY..8	 ➜Q3200 ➜Q3200
M_C / CSW	3015	What percentage of your recurrent budget did you receive for the past complete financial year?	PERCENTAGE RECEIVED — — — NONE..000 DON'T KNOW 998	
		12.3. CHARGING AND COSTS FOR SERVICES		
		12.3.1. CHARGES FOR PRIMARY HEALTH CARE SERVICES		
M_C	3200	Please tell me if this facility charges patients for any of the following services. IF YES, ASK: What is the average charge per patient?		

Mod/Ind	No.	Question	(A) YES	(A) NO	(A) NOT APPLICABLE	(B) AVERAGE CHARGE PER PATIENT IN LOCAL CURRENCY	Skip
M_C / CTF	01	Outpatient consultation services for adults	1 ➜B	2 ➜02	5 ➜02	— — — —	
M_C / CTG	02	Outpatient consultation services for children	1 ➜B	2 ➜03	5 ➜03	— — — —	
M_C / CTH	03	Any routine child immunizations	1 ➜B	2 ➜04	5 ➜04	— — — —	
M_C / CTI	04	Any contraceptive commodities	1 ➜B	2 ➜08	5 ➜08	— — — —	

Mod/Ind	No.	Question	Result				Skip
M_C / CTJ	05	Pills or injections	1 ➔B	2 ➔06	5 ➔06	— — — —	
M_C / CTK	06	Implant	1 ➔B	2 ➔07	5 ➔07	— — — —	
M_C / CTL	07	Intrauterine device (IUD) insertion	1 ➔B	2 ➔08	5 ➔08	— — — —	
M_C / CTM	08	HIV diagnostic tests	1 ➔B	2 ➔09	5 ➔09	— — — —	
M_C / CTN	09	Malaria rapid diagnostic test	1 ➔B	2 ➔Q3300	5 ➔Q3300	— — — —	
		12.4. ACCOUNTABILITY FOR FUNDS RECEIVED					
		12.4.1. FINANCIAL AUDITS					
M_C / CTO	3300	Does this facility receive an annual external audit of facility accounts?	YES..1 NO 2				
		USER FEES					
M_C / CTE, CTR, CTS, CTT	3302	Does this facility charge user fees for any outpatient or inpatient services?	YES..1 NO 2				➔Q3600
M_C / CTA, CTB	3303	Does this facility charge user fees for any outpatient services?	YES..1 NO USER FEES CHARGED ....2 NO OUTPATIENT SERVICES..3				➔Q3305 ➔Q3305
M_C / CTB	3304	Are the user fees for outpatient services posted anywhere so that patients can see them? IF YES, ASK: Please show me anywhere fees for outpatients are posted.	YES, OBSERVED..1 YES, REPORTED, NOT SEEN...2 NO 3				
M_C / CTC, CTD	3305	Does this facility charge user fees for any inpatient services?	YES..1 NO USER FEES CHARGED ....2 NO INPATIENT SERVICES 3				➔Q3307 ➔Q3307
M_C / CTD	3306	Are the user fees for inpatient services posted anywhere so that patients can see them? IF YES, ASK: Please show me anywhere fees for inpatients are posted.	YES, OBSERVED..1 YES, REPORTED, NOT SEEN...2 NO 3				
M_C / CTE	3307	Is there a written policy or guidelines for exemptions or discounts for any user fees? IF YES, ASK TO SEE THE DOCUMENT.	YES, OBSERVED..1 YES, REPORTED, NOT SEEN...2 NO 3				

Mod/Ind	No.	Question	Result			Skip
		13. INFORMATION SOURCES AND SYSTEMS				
		13.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS				
		13.2.1. UNIQUE PATIENT IDENTIFIERS				
M_C / CZO	3600	Does this facility use unique patient ID numbers for inpatients? That is, whenever the patient receives services in this facility, the same identification number is used for that person?	YES ....1 NO...2 NO INPATIENT SERVICES 3			➜Q3602 ➜Q3602
M_C / CZO	3601	Is the same unique patient ID maintained for the same patient for at least 5 years?	YES ....1 NO...2			
M_C / CZI	3602	Does this facility use unique patient ID numbers for outpatients? That is, whenever the patient receives services in this facility the same identification number is used for that person?	YES ....1 NO...2 NO OUTPATIENT SERVICES 3			➜Q3604 ➜Q3604
M_C / CZI	3603	Is the same unique patient ID maintained for the same patient for at least 5 years?	YES ....1 NO...2			
M_C / CZP	3604	Is the same unique patient ID maintained for the patient for both in- and outpatient services?	YES ....1 NO...2 BOTH INPATIENT AND OUTPATIENT SERVICES NOT OFFERED 3			
		13.2.2. INDIVIDUAL PATIENT RECORDS FOR INPATIENTS				
M_C / CZQ, CZR, CZS, CZT	3605	Does this facility use individual patient charts or records for inpatients? IF YES, CLARIFY IF THE FORMAT FOR INPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY...3 NO INDIVIDUAL PATIENT RECORDS FOR INPATIENTS.........4 NO INPATIENT SERVICES.......................................5			➜Q3608 ➜Q3816 ➜Q3816
M_C / CZN, CZR	3606	Does this facility utilize a standardized set of electronic data entry screens to comprise a complete medical chart or record for each inpatient?	YES ....1 NO...2			
M_C	3607	What kind of software is used for the individual inpatient patient electronic medical record system? [COUNTRY ADAPT]	YES	NO		
M_C	01	Open medical records systems (MRS)	1	2		
M_C	02	[COUNTRY SPECIFIC]_____	1	2		
M_C	03	[COUNTRY SPECIFIC]_____	1	2		
M_C	04	Other	1 _____ (SPECIFY)	2		
M_C / CZN, CZS	3608	Does this facility utilize a standardized set of paper forms to comprise a complete medical chart or record for each inpatient?	YES ....1 NO...2 NO PAPER RECORDS 5			➜Q3816 ➜Q3816
M_C / CZT	3609	Has there been a stock out of the official inpatient medical record form in the past 6 months?	YES ....1 NO...2			

Mod/Ind	No.	Question	Result	Skip
		14. FACILITY STATISTICS REPORTING SYSTEMS		
		14.1. ADMISSION AND DISCHARGE RECORDS		
		14.1.3. REPORTS SUBMITTED EXTERNALLY		
M_C / CZA, CZB, CZC, CZD	3816	Does this facility submit any reports externally?	YES ....1 NO...2	➜Q3900
M_C / CZA	3818	How often are routine summary statistics on patient services and diagnoses submitted externally?	WEEKLY..1 MONTHLY ....2 QUARTERLY..3 ANNUALLY ....4 NEVER ....5 OTHER..6 _____ (SPECIFY)	
		14.2. DATA QUALITY		
		14.2.1. DATA QUALITY		
M_C / CYV	3900	Is there any routine and systematic process within the facility for checking the quality of data compiled for reports?	YES ....1 NO.. 2	➜Q4000
M_C / CYW	3901	Is there a written policy for data quality checking or written guideline for how to carry out data quality checking? IF YES, ASK TO SEE A COPY OF THE POLICY OR METHODOLOGY GUIDELINES.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3	
		14.3. HMIS STAFF		
		14.3.1. HMIS STAFF		
M_C / CYT	4000	Does this facility have a designated person, such as a health information officer or person with any other background, who is dedicated full time with the responsibility for recording or collating health services data in this facility?	YES ....1 NO..2	
M_C / CYU	4001	What is the professional qualification of the person who has final responsibility for compiling and reporting on health services data in this facility? This may be the full-time person described above, or a person who compiles reports along with other responsibilities.	HEALTH INFORMATION OFFICER/DATA MANAGER..1 OTHER TECHNICAL STAFF WITH DATA TRAINING..2 OTHER NON-TECHNICAL STAFF WITH SPECIAL DATA TRAINING ....3 OTHER TECHNICAL STAFF WITH NO DATA TRAINING..4 OTHER NON-TECHNICAL STAFF WITH NO SPECIAL DATA TRAINING ....5 NO ONE..95 OTHER..96 _____ (SPECIFY)	

Mod/Ind	No.	Question	Result	Skip
		18. SERVICES AND INFRASTRUCTURE		
		18.1. OUTPATIENT SERVICE CONDITIONS **NOTE: IF THE READINESS CORE QUESTIONNAIRE IS BEING IMPLEMENTED AS A STAND-ALONE SURVEY, THERE ARE ESSENTIAL INFRASTRUCTURE COMPONENTS THAT MUST BE COMPLETED FROM THE AVAILABILITY QUESTIONNAIRE. THESE INCLUDE: SECTION 3. STAFFING AND STAFF MANAGEMENT; SECTION 4. FACILITY BEDS; AND SECTION 10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES. YOU MAY CHOOSE TO IMPLEMENT THESE SECTIONS IN EITHER CORE OR CORE+ADDITIONAL FORM.**		
		18.1.1. SERVICE AVAILABILITY		
A_C, R_C / AJK, APS, APT, APU, AQP, AQQ, AQL, AQM, NBL, NBM	6500	Are any outpatient services offered?	YES..1 NO 2	➜ Q9300
		ASK TO BE SHOWN THE 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 the infrastructure conditions that exist for outpatient services. IF OUTPATIENT SERVICES ARE OFFERED IN DIFFERENT BUILDINGS, PROVIDE THE RESPONSE THAT REFLECTS THAT SITUATION WHERE CURATIVE CARE SERVICES FOR ADULTS ARE PROVIDED.		
		I would like to know about the hours that this facility provides outpatient and emergency services and about specific outpatient services.		
A_C / AJM	6501	On average, how many hours per day is this facility open for non-emergency outpatient services?	4 HOURS OR FEWER...1 5–8 HOURS..2 9–16 HOURS..3 17–23 HOURS..4 24 HOURS.. 5	
A_C / AJN, AJO	6502	On average, how many days per week is this facility open for non-emergency outpatient services?	DAYS PER WEEK OPEN FOR NON-EMERGENCY SERVICES __	
R_C	6503	Is the outpatient service served by the same electricity and water sources assessed for the overall facility? IF THE FACILITY HAS INPATIENT SERVICES, THIS MEANS THE IN- AND OUTPATIENT SERVICES HAVE THE SAME ELECTRICITY AND WATER SOURCES.	YES..1 NO 2	➜ Q6507
		18.1.2. OUTPATIENT INFRASTRUCTURE		
R_C	6504	What is the most commonly used source of water for the outpatient service area at this time?	PIPED INTO FACILITY ....1 PIPED ONTO FACILITY GROUNDS ....2 PUBLIC TAP/STANDPIPE ....3 TUBEWELL/BOREHOLE..4 PROTECTED DUG WELL ....5 UNPROTECTED DUG WELL ....6 PROTECTED SPRING ....7 UNPROTECTED SPRING ....8 RAINWATER ....9 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	➜ Q6506 ➜ Q6506 ➜ Q6507

Mod/Ind	No.	Question	Result	Skip
R_C	6505	Is water available from this source on facility premises? IF YES, ASK: May I see water from this source that is available today? If the water is inside, please show me that, otherwise, show me the water on the premises.	YES, OBSERVED INSIDE THE FACILITY ....1 YES, OBSERVED WITHIN THE GROUND OF THE FACILITY ....2 YES, REPORTED, NOT SEEN ....3 NO, OR AVAILABLE ONLY OUTSIDE THE FACILITY GROUNDS 4	
R_C	6506	During the past 7 days, was there any time when there was no water for the outpatient service area for more than 2 hours at a time?	YES...1 NO ....2 DON'T KNOW 8	
R_C	6507	Is electricity in the outpatient service area functioning today?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO ....3 NEVER HAVE ELECTRICITY 5	➜Q6509 ➜Q6510
R_C	6508	During the past 7 days, was electricity available at all times from the main or any backup source when outpatient services were being provided?	ALWAYS AVAILABLE (NO INTERRUPTIONS) ....1 OFTEN AVAILABLE (INTERRUPTIONS OF UNDER 2 HOURS PER DAY) ....2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY)................3	
R_C	6509	What is the electricity used for in the outpatient service area?	ONLY STAND-ALONE ELECTRIC MEDICAL DEVICES/ APPLIANCES (E.G. EPI COLD ROOM, REFRIGERATOR, SUCTION APPARATUS) ....1 ELECTRIC LIGHTING (EXCLUDING FLASHLIGHTS) AND COMMUNICATIONS ....2 ELECTRIC LIGHTING, COMMUNICATIONS, AND ONE OR TWO ELECTRIC MEDICAL DEVICES/APPLIANCES. ....3 ALL ELECTRICAL NEEDS OF OUTPATIENT SERVICE AREA… 4	
		18.1.3. OUTPATIENT AMENITIES		
R_C / APE, MHL, MHM	6510	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 / APF, APM, APN, APO, MHL, MHM	6511	Is there a toilet (latrine) on the premises in functioning condition that is accessible for patients or staff in the general outpatient service area?
		
		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/BUSH/FIELD 8
				➜Q6521

R_C / APM, APN	6512	Is there a usable (available, functional, private) toilet for outpatient service patients and visitors to use? 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 WARD/UNIT ....1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO WARD/UNIT ....2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	➜Q6514
R_C	6513	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE GENERAL OUTPATIENT TOILET.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	

Mod/Ind	No.	Question	Result	Skip
R_C / APN	6514	Is there a usable (available, functional, private) toilet for dedicated use by 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 WARD/UNIT .... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO WARD/UNIT .... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	➔Q6517
R_C	6515	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE WOMEN'S TOILET.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3	
R_C / APM, APN	6516	Is there a bin with a lid on it for disposal of used menstrual hygiene products with the women's toilet? IF YES, ASK TO SEE THIS.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C / APM, APN	6517	Is there a private area with soap and water for women to use for cleaning themselves?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C / APM, APN	6518	Is there at least one usable (available, functional, private) toilet designated 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 WARD/UNIT ....1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO WARD/UNIT ....2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	➔Q6521
R_C	6519	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE STAFF TOILET.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
		18.1.4. SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY		
		Now I would like to conduct a brief observation of actual conditions with regard to cleanliness and waste disposal today in the outpatient service area. BRIEFLY WALK AROUND THE MAIN SERVICE AREA FOR OUTPATIENT CONSULTATION SERVICES FOR ADULTS AND CHILDREN. IF THERE ARE MULTIPLE SITES, INDICATE THE WORST SITUATION OBSERVED.		

Mod/Ind	No.	Question	YES	NO	NOT APPLICABLE	Skip
R_C	6521	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
R_C	01	FLOOR: SWEPT; NO OBVIOUS DIRT OR WASTE	1	2	✕	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN; NO OBVIOUS DUST OR WASTE	1	2	✕	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
R_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
R_C	09	THERE IS AT LEAST ONE FUNCTIONAL GENERAL OUTPATIENT TOILET, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	

Mod/Ind	No.	Question	Result			Skip
R_C	10	THERE IS AT LEAST ONE FUNCTIONAL TOILET DESIGNATED FOR FEMALES ONLY, CLEAN, WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	
R_C	11	THERE IS AT LEAST ONE FUNCTIONAL DESIGNATED STAFF TOILET, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	

18.1.5. PATIENT EXAMINATION EQUIPMENT

Now I would like to see equipment and resources that are available in the outpatient service area.

IF THERE ARE MULTIPLE OUTPATIENT SERVICE AREAS, ASSESS THE RESOURCES AND EQUIPMENT THAT ARE IN THE VICINITY OF THE SERVICE AREA FOR OUTPATIENT CURATIVE CARE FOR ADULTS.

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C / APY, BFM, JRY, JRZ, MKB, MKL, MKM	6522	Please tell me if the following basic equipment and supplies used in the provision of client services are available anywhere in the outpatient service area and are functional:							
R_C / APX, BUP, BVT, JRY, JRZ, MNB, MNL, MNM, MNO, MNY, MNZ	01	Adult weighing scale	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / AQB, BUN, BVS, JRY, JRZ, MNB, MNL, MNM, MNO, MNY, MNZ	02	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / APZ, BEN, BFO, JRY, JRZ, LUB, LUL, LUM, MKB, MKL, MKM	03	Thermometer	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / AQA, BFP, BUO, BWL, JRY, JRZ, MKB, MKL, MKM, MNB, MNL, MNM, MIO, MIY, MIZ	04	Stethoscope	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / AQC, JRY, JRZ	05	Examination light that can be aimed for client examination (flashlight acceptable)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / APY, BFM, JRY, JRZ, MKB, MKL, MKM	06	Child weighing scale (250 g gradation)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C / AQD, BEM, BFM, JRY, JRZ, LUB, LUL, LUM, MKB, MKL, MKM	07	Infant weighing scale (100 g gradation)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / AQE, JRY, JRZ, BFN, MKB, MKL, MKM	08	Height board/stadiometer	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C / BFT, MKB, MKL, MKM	09	Facility provided device for measuring 1 minute (for counting respirations)	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C / AQF, AVO, JRY, JRZ, MZL, MZM	10	Pulse oximeter	1 ➔B	2 ➔B	3 ➔11	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C / AQG, BVU, JRY, JRZ, MNO, MNY, MNZ	11	Measuring tape	1	2	3	✕	✕	✕	
R_C / BFS, MKB, MKL, MKM	12	Mid-upper-arm circumference (MUAC) tape	1	2	3	✕	✕	✕	
R_C / AXZ, BGE, BKP, KEA, KEB, KEC, KEL, KEM, LEP, LEY, LEZ, MKD, MKL, MKM	13	Insecticide-treated net (ITN) or vouchers for ITN (adult/paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
R_C / AXZ, BEO, BGE, BKP, KEA, KEB, KEC, KEL, KEM, LEP, LEY, LEZ, LUC, LUL, LUM, MKD, MKL, MKM	14	ITN or vouchers for ITN (infant) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
R_C / AQH, JRY, JRZ	15	Otoscope	1 ➔B	2 ➔B	3 ➔16	1	2	8	
R_C / AQI, JRY, JRZ	16	Ophthalmoscope	1 ➔B	2 ➔B	3 ➔17	1	2	8	
R_C	17	Pen light/flashlight (to see back of throat)	1 ➔B	2 ➔B	3 ➔18	1	2	8	
R_C	18	Tongue depressors	1	2	3	✕	✕	✕	

18.1.6. OXYGEN FOR OUTPATIENT SERVICES

Mod/Ind	No.	Question	Result	Skip
R_C / AVK, AVL, AVO, AVM, MZL, MZM, BUQ, BWO, MNC, MNL, MNM, MIQ, MIY, MIZ	6523	Now I would like to know about the availability of oxygen for patients in the outpatient service area. Does this unit ever provide oxygen to patients?	YES...1 NO 2	➔Q6528
R_C / AVL, BUQ, BWO, MZL, MZM, MNC, MNL, MNM, MIQ, MIY, MIZ	6524	Is there any oxygen currently in the unit?	YES...1 NO 2	➔Q6526
R_C / AVL, BUQ, BWO, MZL, MZM, MNC, MNL, MNM, MIQ, MIY, MIZ	6525	Is oxygen called for from a central location if needed? IF YES, ASK: How is oxygen is supplied when needed?	YES, SUPPLIED BY BOTH OXYGEN TANK AND OXYGEN CONCENTRATOR ....1 YES, SUPPLIED BY OXYGEN TANK ONLY ....2 YES, SUPPLIED BY OXYGEN CONCENTRATOR ONLY ....3 NO, NOT CALLED FOR FROM A CENTRAL LOCATION..................4	

Mod/Ind	No.	Question	(A) AVAILABLE IN THIS SERVICE AREA			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C	6526	Now I would like to see the following items and to know if they are functional or not: ASK TO SEE EACH ITEM THAT IS AVAILABLE.							
R_C	01	Central 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 with attached pressure gauge, pressure regulator	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / AVL, BUQ, BWO, MZL, MZM, MNC, MNL, MNM, MIQ, MIY, MIZ	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C / AVL, BUQ, BWO, MZL, MZM, MNC, MNL, MNM, MIQ, MIY, MIZ	05	Humidifier	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C / AVL, BUQ, BWO, MZL, MZM, MNC, MNL, MNM, MIQ, MIY, MIZ	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➜B	2 ➜B	3 ➜Q6528	1	2 ➜Q6528	8 ➜Q6528	
R_C / AVM, MZL, MZM, BUQ, BWO, MNC, MNL, MNM, MIQ, MIY, MIZ	6527	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..1 NO 2						
		18.1.7. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL							
R_C	6528	Please tell me if the following resources/supplies used for infection control are available in the general outpatient area of this facility today: ASK TO SEE EACH ITEM THAT IS AVAILABLE.	OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE		
R_C / DGT, APQ, APR, AQP, NBL, NBM	01	Clean running water (piped, bucket with tap or pour pitcher)	1		2		3		
R_C / DGT, APQ, APR, AQP, NBL, NBM	02	Soap (bar or liquid) for hand hygiene	1		2		3		
R_C / DGT, APQ, APR, AQP, NBL, NBM	03	Alcohol-based handrub	1		2		3		
R_C / AQP, NBL, NBM	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1		2		3		
R_C / AQP, NBL, NBM	05	Disposable paper towels for drying hands	1		2		3		
R_C / AQQ, AQV, NBL, NBM, MEY, MEZ	06	Disposable latex gloves (non-sterile)	1		2		3		
R_C / AQQ, AQV, NBL, NBM, MEY, MEZ	07	Disposable latex gloves (sterile)	1		2		3		
R_C / APS, APT, APU, AQM, NBL, NBM	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 / APS, APT, APU, AQM, NBL, NBM	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1		2		3		
R_C / APS, APT, APU, AQL, NBL, NBM	10	Sharps container ("safety box")	1		2		3		
R_C / AQN, NBL, NBM	11	Environmental disinfectant (e.g. chlorine, alcohol)	1		2		3		
R_C / AQO, BDV, NBL, NBM, OAO, OAY, OAZ	12	Disposable syringes with disposable needles	1		2		3		
R_C / AQO, NBL, NBM	13	Auto-disable syringes	1		2		3		

Mod/Ind	No.	Question	Result			Skip
R_C / AQW, MEY, MEZ	14	Surgical/respiratory masks	1	2	3	
R_C / AQX, MEY, MEZ	15	N95 face masks	1	2	3	
R_C / AQY, MEY, MEZ	16	Non-sterile protective gowns	1	2	3	
R_C / AQY, MEY, MEZ	17	Sterile protective gowns	1	2	3	
R_C / AQZ, MEY, MEZ	18	Aprons (impermeable)	1	2	3	
R_C / ARA, MEY, MEZ	19	Eye protection (goggles, face shields)	1	2	3	
R_C / ARB, MEY, MEZ	20	Gumboots or clogs	1	2	3	
R_C / ARC, MEY, MEZ	21	Hair cover	1	2	3	
R_C / AQR, NBL, NBM	6529	Does this facility have any guidelines on standard precautions for infection prevention and control? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
		18.2. OUTPATIENT: INFECTIOUS AND COMMUNICABLE DISEASES				
		18.2.1. MALARIA SERVICES				
R_C / AKG, AMR, APS, APT, APU, BJY, BKH, BKI, BKJ, BKK, BKL, BKM, BKN, BKO, BKP, KEA, KEB, KEC, KEL, KEM, BKQ, BKR, BKS, BKT, BKU, BKV, BKW, BKX, BKY, BKZ, BLA, BLB, BLC, BLD, BLE, BLF, BLJ, BLK, BLI, BLG, BLH	6600	Does this facility offer diagnosis and/or treatment of malaria?	YES...1 NO 2			➜Q6700
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MALARIA SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
R_C / BKG	6601	Does the facility have links with community health workers (CHWs) for any malaria related services?	YES...1 NO 2			
		DIAGNOSIS AND TREATMENT OF MALARIA				
R_C / BJZ	6602	Do providers in this facility diagnose malaria?	YES...1 NO 2			➜Q6608
R_C	6603	Which of the following methods are used at this facility for diagnosing malaria?	YES		NO	
R_C / BKB	01	Clinical symptoms without parasitology test verification	1		2	
R_C / ARJ, BFW, BKA, BKC, MFL, MFM, MKC, MKL, MKM	02	Rapid diagnostic testing (RDT)	1		2	
R_C / BKA, BKD	03	Microscopy	1		2	

Mod/Ind	No.	Question	Result			Skip
R_C / ARJ, BFW, BKL, BKS, BKT, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM	6604	Does this facility have malaria RDT kits (with valid expiration date) in stock in this service site today? CHECK TO SEE IF VALID (NOT EXPIRED).	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			➔Q6608
R_C / BKU, BKV, BKW	6605	Has there been a stock out of malaria RDT kits in the past 4 weeks?	YES...1 NO 2			➔Q6607
R_C / BKU, BKV, BKW	6606	How many days of stock out?	LESS THAN 7 DAYS...1 7–14 DAYS...2 MORE THAN 14 DAYS...3			

STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL OF MALARIA AT TEST SITE

Mod/Ind	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	6607	Please tell me if the following resources/supplies used for infection control are available where malaria rapid testing is conducted in this service site: ASK TO SEE EACH ITEM THAT IS AVAILABLE.				
R_C / DGT, APQ, APR, BLJ	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C / DGT, APQ, APR, BLJ	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / DGT, APQ, APR, BLJ	03	Alcohol-based handrub	1	2	3	
R_C / BLJ	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C / BLJ	05	Disposable paper towels for drying hands	1	2	3	
R_C / AQV, BLK, MEY, MEZ	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C / AQV, BLK, MEY, MEZ	07	Disposable latex gloves (sterile)	1	2	3	
R_C / APS, APT, APU, BLH	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 / APS, APT, APU, BLH	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C / APS, APT, APU, BLG	10	Sharps container ("safety box")	1	2	3	
R_C / AQN, BLI, NBL, NBM	11	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C/ BKE	6608	Do providers in this facility prescribe treatment for malaria?	YES.............................1 NO 2			

SUPPORT FOR QUALITY MALARIA SERVICES

Mod/Ind	No.	Question	Result	Skip
R_C / BKH, KEA, KEL, KEM	6609	Do you have the national guidelines for the diagnosis and 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	6610	Have you or any provider(s) of malaria services received any training related to malaria in the past 2 years?	YES...1 NO 2	➔Q6700

Mod/Ind	No.	Question	Result				Skip
R_C	6611	In the past 2 years, have you or any provider(s) of malaria services received any training in:	YES		NO		
R_C / BKJ, BKS, KEA, KEL, KEM	01	Malaria diagnosis with RDTs	1		2		
R_C / BKJ, KEA, KEL, KEM	02	Malaria treatment	1		2		

18.2.2. NEGLECTED TROPICAL DISEASES (NTDs)

Mod/Ind	No.	Question	Result				Skip
R_C / AKH, AMR, BTA, BTX, BTW, BTV, BTT, BTU, BTY, BTZ, BUE, BUC, BUB, BUD, BUA, BUF, NPA, NPB, NPL, NPM	6700	Does this facility offer diagnosis and treatment for any other tropical diseases commonly called "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				➔Q6800

Mod/Ind	No.	Question	YES			NO	Skip
R_C	6701	Which of the following NTDs does this facility diagnose and treat: CLARIFY IF THE SERVICE IS PROVIDED ONLY FOR INPATIENTS, ONLY FOR OUTPATIENTS OR FOR BOTH IN- AND OUTPATIENTS.	INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT	NO	
R_C / AKI, BTB	01	Lymphoedema resulting from NTDs	1	2	3	4	
R_C / AKJ, BTC	02	Soil-transmitted diseases, (roundworm, hookworm, whipworm)	1	2	3	4	
R_C / AKK, BTD	03	Schistosomiasis (bilharzia)	1	2	3	4	
R_C / AKL, BTE	04	Trachoma	1	2	3	4	
R_C / AKM, BTF	05	Onchocerciasis (ONCO)	1	2	3	4	
R_C / AKN, BTG	06	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1	2	3	4	
R_C / AKO, BTH	07	Dengue	1	2	3	4	
R_C / AKP, BTI	08	Guinea-worm disease (Dracunculiasis)	1	2	3	4	
R_C / AKQ, BTJ	09	Visceral leishmaniasis	1	2	3	4	
R_C / BTK	6702	Does this facility provide case management for hydrocele related to any of the neglected tropical diseases previously mentioned?	YES, INPATIENT ONLY..1 YES, OUTPATIENT ONLY ....2 YES, BOTH IN- AND OUTPATIENT ....3 NO 4				

SUPPORT FOR QUALITY NTD SERVICES

Mod/Ind	No.	Question	Result			Skip
R_C / BTL	6703	Does the facility support any services related to any of the previously mentioned tropical illnesses outside of this facility, including links with CHWs?	YES...1 NO 2			➔Q6800

Mod/Ind	No.	Question	STAFF PROVIDE SERVICE	STAFF SUPPORT OTHERS OUTSIDE FACILITY PROVIDING SERVICE	FACILITY NOT INVOLVED IN SERVICE	Skip
R_C	6704	Which of the following community-based services related to neglected tropical diseases does this facility either support or provide:				
R_C / BTM	01	Mass drug administration (MDA)	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / BTN	02	Active case findings	1	2	3	
R_C / BTO	03	Contact tracing activities	1	2	3	
R_C / BTP	04	Vector surveillance control activities (e.g. reducing breeding sites in and around homes, abate treatment) for NTDs (not malaria-related)	1	2	3	
R_C / BTQ	05	Veterinary public health interventions (e.g. vaccination of dogs to prevent human rabies)?	1	2	3	
R_C / BTR	06	Community awareness for any of the neglected tropical diseases (NTDs)?	1	2	3	
R_C / BTS	07	School health programmes	1	2	3	
R_C / BTL	6705	Is there a specific facility focal or liaison person identified who is responsible for linking the facility and community for any activities related to any of the mentioned neglected tropical diseases?	YES...1 NO 2			
		18.2.3. SEXUALLY TRANSMITTED INFECTIONS (STIs)				
R_C / ALB, AMR, BSN, BSQ, BSR, BSS, BST, BSU, BSW, BSX, BSY, BSZ, BSV, OIA, OIB, OIC, OIL, OIM	6800	Does this facility offer diagnosis and/or treatment of STIs other than HIV?	YES...1 NO 2			➔ Q6900
		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 / BSO	6801	Do providers in this facility diagnose STIs?	YES...1 NO 2			
R_C / BSP	6802	Do providers in this facility prescribe treatment for STIs?	YES...1 NO 2			
R_C / BSQ, OIA, OIL, OIM	6803	Do you have the national guidelines for the diagnosis and treatment of STIs available in this facility today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NOT AVAILABLE..3			
R_C / BSR, OIA, OIL, OIM	6804	Have you or any provider(s) of STI services received any training in STI diagnosis and treatment in the past 2 years?	YES...1 NO 2			
		18.3. OUTPATIENT: NONCOMMUNICABLE DISEASES (NCDs)				
		18.3.1. CHRONIC DISEASES				
R_C / ALC, BWV, BWW, BWX	6900	Does this facility offer diagnosis or management of chronic diseases, such as diabetes, cardiovascular disease, chronic respiratory disease?	YES...1 NO 2			➔ Q7300
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NONCOMMUNICABLE DISEASE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NCD SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				

Mod/Ind	No.	Question	Result			Skip
		SYSTEMS TO SUPPORT QUALITY SERVICES FOR CHRONIC DISEASES				
R_C / BWW	6901	Is there a register or database for patients who are diagnosed with NCDs where information such as when patients start treatment, compliance and outcomes are recorded? IF YES, ASK TO SEE THE REGISTER.	YES, START AND OUTCOMES/COMPLIANCE INFORMATION RECORDED ....1 YES, START RECORDED ....2 NO 3			
R_C / BWV	6902	Does the facility have an appointment system for routine follow-up for patients diagnosed with NCDs? IF YES, ASK TO SEE AN APPOINTMENT SCHEDULE FOR ANY NCD.	YES, SCHEDULE OBSERVED..1 YES, REPORTED, NO SCHEDULE SEEN..2 NO 3			
R_C / BWX	6903	Are individual patient treatment cards/files maintained for patients with chronic diseases? IF YES, ASK TO SEE A PATIENT TREATMENT CARD.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
		18.3.2. DIABETES				
R_C / ALE, BVL, BVQ, BVR, BVS, BVT, BVU, BVV, BVW, BVX, BVY, BVZ, BWA, BWB, BWC, MNN, MNO, MNP, MNQ, MNY, MNZ, BWD, BWE, BWF	7000	Do providers in this facility diagnose and/or manage diabetes in patients?	YES...1 NO 2			➜Q7100
R_C	7001	Does this facility provide any of the following services for diabetic patients:	YES	NO		
R_C / BVM	01	Diagnose diabetes	1	2		
R_C / BVN	02	Prescribe treatment for diabetes	1	2		
R_C / BVO	03	Provide follow-up services for diabetic patients	1	2		
R_C / BVP	04	Counselling for diabetic patient self-management including dietary advice, footcare, and follow-up	1	2		
R_C	7002	Does this facility have any of the following documents in this service site: IF YES, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BVQ, MNN, MNY, MNZ	01	National guidelines for the diagnosis and management of diabetes available in this facility today	1	2	3	
R_C / BVR, MNN, MNY, MNZ	7003	Have you or any provider(s) of diabetes services received any training in the diagnosis and management of diabetes in the past 2 years?	YES...1 NO 2			

Mod/Ind	No.	Question	Result			Skip
		18.3.3. CARDIOVASCULAR DISEASE (CVD)				
R_C / ALD, BUG, BUL, BUM, BUN, BUO, BUP, BUQ, BUR, BUS, DGW, BUU, BUV, BUW, MNA, MNB, MNC, MNL, MNM, BUX, BUY, BUZ, BVA, BVB, BVC, BVD, BVE, BVF, BVG, BVH, BVI, BVK, BVJ	7100	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES..1 NO 2			➔Q7200
R_C	7101	Which of the following CVDs does this facility diagnose and treat or refer:	DIAGNOSE, TREAT, AND PATIENT FOLLOW-UP	PATIENT FOLLOW-UP ONLY	NO SERVICE/ REFER SUSPECT CASE	
R_C / BUH	01	Hypertension	1	2	3	
R_C / BUJ	02	Acute myocardial infarction	1	2	3	
R_C / BUI	03	Congestive heart failure	1	2	3	
R_C / BUK	04	Cerebral vascular event (stroke)	1	2	3	
R_C	7102	Does this facility have any of the following documents in this service site: IF YES, ASK: May I see the documents?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BUL, MNA, MNL, MNM	01	National guidelines for the diagnosis and management of cardiovascular diseases available in this facility today	1	2	3	
R_C / BUM, MNA, MNL, MNM	7103	Have you or any provider(s) of services for cardiovascular diseases received any training in the diagnosis and management of cardiovascular diseases, such as hypertension, in the past 2 years?	YES..1 NO 2			
		18.3.4. CHRONIC RESPIRATORY DISEASE (CRD)				
R_C / ALF, BWG, BWJ, BWK, BWL, BWM, BWU, BWN, BWO, BWP, BWQ, BWR, BWS, BWT, MIN, MIO, MIP, MIQ, MIY, MIZ	7200	Do providers in this facility diagnose and/or manage chronic respiratory diseases in patients?	YES..1 NO 2			➔Q7300
R_C	7201	Which of the following chronic respiratory diseases does this facility diagnose and treat or refer: SPECIFY EXACTLY HOW THE FACILITY MANAGES CHRONIC RESPIRATORY DISEASE.	DIAGNOSE, TREAT, AND PATIENT FOLLOW-UP	PATIENT FOLLOW-UP ONLY	NO SERVICE/ REFER SUSPECT CASE	
R_C / BWH	01	Asthma	1	2	3	
R_C / BWI	02	Chronic obstructive pulmonary disease (COPD)	1	2	3	
R_C	7202		(A) AVAILABLE		(B) FUNCTIONING	

Mod/Ind	No.	Question	Result						Skip
		Please tell me if the following basic equipment items are available and functional in this service area today: ASK TO SEE EACH ITEM THAT IS AVAILABLE.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C / BWM, MIO, MIY, MIZ	01	Peak flow meters	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C / BWN, MIQ, MIY, MIZ	02	Spacers for inhalers	1 ➜B	2 ➜B	3 ➜Q7203	1	2	8	
R_C	7203	Does this facility have any of the following documents in this service site: IF YES, ASK: May I see the documents?	YES, OBSERVED		YES, REPORTED, NOT SEEN		NO		
R_C / BWJ, MIN, MIY, MIZ	01	National guidelines for the diagnosis and management of chronic respiratory diseases available in this facility today	1		2		3		
R_C / BWK, MIN, MIY, MIZ	7204	Have you or any provider(s) of services for chronic respiratory diseases received any training in the diagnosis and management of chronic respiratory diseases in the past 2 years?	YES...1 NO 2						
		18.3.5. CANCER							
R_C / ALG, BZB, BZC, BZD, BZE, BZF, BZG, BZH, BZI, BZJ, BZK, BZL, BZM	7300	Does this facility offer screening, diagnosis and/or treatment services for any cancers?	YES...1 NO 2						➜Q7800
		IF CANCERS ARE DIAGNOSED AND TREATED IN A DIFFERENT LOCATION THAN WHERE YOU ARE, ASK TO BE SHOWN THE LOCATION IN THE FACILITY 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.							
R_C		**PRACTICES FOR MONITORING AND EVALUATING CANCER SERVICES**							
R_C / BZB	7301	Are there registers or databases where information is recorded for patients who are screened or tested for cancer and then diagnosed, that provide information on treatment adherence and outcomes? IF YES, ASK: May I see the register or database?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3						
R_C / BZC	7302	Are newly diagnosed cancer patients reported to a national cancer registry?	YES...1 NO 2						
R_C / BZD	7303	Are newly diagnosed cancer patients reported to/entered into a facility cancer registry? IF YES, ASK TO SEE THE REGISTRY DATABASE.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3						
		18.3.6. CERVICAL CANCER							
R_C / ALH, ALI, BWY, BXF, BXG, BXH, BXI, JTN, JTO, JTY, JTZ, BXJ, BXK, BXL, BXM, BXN, BXO, BXP, BXQ, BXR, BXS, BXT	7400	Does this facility have any services for screening, diagnosing or treating cervical cancer?	YES...1 NO 2						➜Q7500

Mod/Ind	No.	Question	Result						Skip
		FIND THE MOST KNOWLEDGEABLE PERSON ABOUT THE CERVICAL CANCER DIAGNOSTIC SERVICES.							
R_C	7401	Which of the following services for cervical cancer screening, diagnosis, and treatment are used in this facility:	YES			NO			
R_C / BWZ	01	Collect PAP smear specimen	1			2			
R_C / BXA	02	Read PAP smear results	1			2			
R_C / BXB	03	Read results for HPV test	1			2			
R_C / BXC	04	Colposcopy and biopsy	1			2			
R_C / BXD	05	Perform digital cervicography	1			2			
R_C / BXE	06	Treatment of pre-invasive cervical cancer lesions (e.g. cryotherapy, thermal/cold coagulation or loop electrosurgical excision procedure [LEEP])	1			2			
R_C	7402	Please tell me if the following basic equipment/items are available in this service area today: ASK TO SEE EACH ITEM THAT IS AVAILABLE.	(A) AVAILABLE			(B) FUNCTIONING			
			YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C / BXI, JTN, JTO, JTY, JTZ	01	Acetic acid or Lugol's iodine for visual inspection (VIA or VIA/VILI)	1	2	3	✕	✕	✕	
R_C / BXH, JTO, JTY, JTZ	02	Speculum	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / BXN	03	Glass slides	1	2	3	✕	✕	✕	
R_C / BXO	04	Latex gloves	1	2	3	✕	✕	✕	
R_C / AQV, BXM, MEY, MEZ	05	Goose-neck lamp	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / BXL	06	Gynaecological examination table	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C / BXQ	07	Digital cervicography equipment	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / BXP	08	Colposcopy equipment	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C / BXR, BXS	09	Materials for providing loop electrosurgical excision procedure (LEEP)	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C / BXS	10	Materials for providing cryotherapy/thermal-cold coagulation	1 ➔B	2 ➔B	3 ➔11	1	2	8	
R_C / BXK	11	HPV test (e.g. Cervista test)	1 ➔B	2 ➔B	3 ➔Q7403	1	2	8	
R_C / BXF, JTN, JTY, JTZ	7403	Does this facility have any guidelines for cervical cancer screening, diagnosis or treatment in this service site today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3						

Mod/Ind	No.	Question	Result			Skip
R_C / BXG, JTN, JTY, JTZ	7404	Have you or any provider(s) received any training in obtaining cervical specimen procedures or reading HPV tests or visual inspection with acetic acid (VIA) in the past 2 years?	YES..1 NO 2			
		18.3.7. BREAST CANCER				
R_C / ALJ, BXU, BYE, BYF, BYG, BYH, LWN, LWO, LWY, LWZ	7500	Does this facility have any services for screening, diagnosing or treating breast cancer?	YES..1 NO 2			➜Q7600
R_C	7501	Which of the methods for screening, diagnosing, and/or treating breast cancer are used in this facility:	PERFORM IN FACILITY	REFER FOR TEST	NOT USED	
R_C / BXV	01	Manual breast examination	1	2	3	
R_C / BXW	02	Mammography	1	2	3	
R_C / BXX	03	Fine needle aspiration cytology	1	2	3	
R_C / BXY	04	Core needle biopsy of lump specimen	1	2	3	
R_C / BXZ	05	Chemotherapy	1	2	3	
R_C / BYA	06	Radiation therapy	1	2	3	
R_C / BYB	07	Lumpectomy	1	2	3	
R_C / BYC	08	Mastectomy	1	2	3	
R_C / BYD	09	Outpatient maintenance treatment for breast cancer	1	2	3	
		SUPPORT FOR QUALITY SERVICES FOR DIAGNOSING AND TREATING BREAST CANCER				
R_C / BYE, LWN, LWY, LWZ	7502	Does this facility have any guidelines for breast cancer screening, diagnosis or treatment in this service site today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C / BYF, LWN, LWY, LWZ	7503	Have you or any provider(s) received any training in breast cancer screening, diagnosis or treatment in the past 2 years?	YES..1 NO 2			
		18.3.8. COLORECTAL CANCER				
R_C / ALK, BYR, BYX, BYY, BYZ, BZA, ODN, ODO, ODP, ODY, ODZ	7600	Does this facility have any services for screening, diagnosing or treating colorectal cancer?	YES..1 NO 2			➜Q7700

Mod/Ind	No.	Question	Result			Skip
R_C	7601	Which of the following methods for screening for, diagnosing or treating colorectal cancer are used in this facility:	PERFORM IN FACILITY	REFER FOR TEST	NOT USED	
R_C / BYS	01	Stool guaiac test	1	2	3	
R_C / BYT	02	Colonoscopy	1	2	3	
R_C / BYU	03	Biopsy of colon polyp	1	2	3	
R_C / BYV	04	Surgical interventions	1	2	3	
R_C / BYW	05	Chemotherapy	1	2	3	
		SUPPORT FOR QUALITY SERVICES FOR DIAGNOSING AND TREATING COLORECTAL CANCER				
R_C / BYX, ODN, ODY, ODZ	7602	Do you have the national guidelines for colorectal cancer diagnosis and treatment 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 / BYY, ODN, ODY, ODZ	7603	Have you or any provider(s) received any training in colorectal cancer screening, diagnosis or treatment in the past 2 years?	YES...1 NO 2			
		18.3.9. PROSTATE CANCER				
R_C / BYI, BYO, BYP, BYQ, JWA, JWB, JWL, JWM	7700	Does this facility screen for, diagnose or treat prostate cancer?	YES...1 NO 2			➔Q7800
R_C	7701	Which of the following methods for diagnosing and/or treating prostate cancer are used in this facility:	PERFORM IN FACILITY	REFER FOR TEST	NOT USED	
R_C / BYJ	01	Digital rectal examination (DRE)	1	2	3	
R_C / BYK	02	Prostate specific antigen (PSA) testing	1	2	3	
R_C / BYL	03	Prostate biopsy	1	2	3	
R_C / BYM	04	Surgical interventions	1	2	3	
R_C / BYN	05	Radiation therapy	1	2	3	
		SUPPORT FOR QUALITY SERVICES FOR DIAGNOSING AND TREATING PROSTATE CANCER				
R_C / BYO, JWA, JWL, JWM	7702	Do you have the national guidelines for prostate cancer diagnosis and treatment 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 / BYP, JWA, JWL, JWM	7703	Have you or any provider(s) received any training in prostate cancer screening, diagnosis or treatment in the past 2 years?	YES...1 NO 2			

Mod/Ind	No.	Question	Result				Skip
		18.4. SERVICES FOR SPECIAL NEEDS					
		18.4.1. MENTAL HEALTH SERVICES					
R_C / AMT, ANA, BZN, BZY, BZZ, CAA, CAB, CAC, CAD, CAE, MRN, MRO, MRY, MRZ	7800	Does this facility offer any services for mental and/or neurological conditions such as epilepsy or dementia?	YES...1 NO 2				➔Q7900
R_C	7801	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, an outpatient or both as an in- and outpatient service?	YES OFFERED			NOT OFFERED	
			INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT		
R_C / DGQ, BZO	01	Mental disorders (depression, psychosis and bipolar disorder)	1	2	3	4	
R_C / ALM, BZP	02	Neurological disorders (epilepsy and dementia)	1	2	3	4	
R_C / BZQ	03	Mental health inpatient services	1	✕	✕	4	
R_C / BZR	04	Neurological inpatient services	1	✕	✕	4	
		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	7802	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.	DIAGNOSES ONLY	PROVIDES PATIENT FOLLOW-UP ONLY	DIAGNOSES *AND* PROVIDES PATIENT FOLLOW-UP	NO SERVICE	
R_C / BZS	01	Depression	1	2	3	4	
R_C / BZU	02	Psychosis	1	2	3	4	
R_C / BZT	03	Bipolar disorder	1	2	3	4	
R_C / BZV	04	Epilepsy	1	2	3	4	
R_C / BZW	05	Dementia	1	2	3	4	
R_C / BZX	7803	Does this facility have any links with community services for mental/neurological health services?	YES...1 NO 2				
R_C / BZY, MRN, MRY, MRZ	7804	Does this facility have the mental health guidelines (e.g. mhGAP) for diagnosis and management of mental and neurological conditions? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3				
R_C / BZZ, MRN, MRY, MRZ	7805	Have you or any provider(s) of mental health services received training related to diagnosis, counselling or treatment for mental health in the past 2 years?	YES...1 NO 2				
R_C / CAA, MRN, MRY, MRZ	7806	Have you or any provider(s) of neurological health services received training related to diagnosis, counselling or treatment for neurological conditions in the past 2 years?	YES...1 NO 2				

Mod/Ind	No.	Question	Result		Skip
		18.4.2. PALLIATIVE CARE			
R_C / AMB, AMQ, CQG, CQL, CQM, CQN, CQO, CQP, CQQ, CQR, CQS, CQT, CQU, MDA, MDB, MDL, MDM	7900	Does this facility offer any palliative care services?	YES...1 NO 2		➔Q8000
R_C	7901	Which of the following palliative health services are offered in this facility:	YES	NO	
R_C / CQH	01	Inpatient palliative care	1	2	
R_C / CQI	02	Outpatient palliative care	1	2	
R_C / CQJ	03	Home care for palliative care	1	2	
R_C / CQK	04	Linkages with other organizations providing home-based palliative care	1	2	
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OUTPATIENT PALLIATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT OUTPATIENT PALLIATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
R_C / CQL, MDA, MDL, MDM	7902	Does this facility have the national guidelines related to palliative care services? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3		
R_C / CQM, MDA, MDL, MDM	7903	Have you or any provider(s) of palliative care services received training related to diagnosis, counselling or treatment for palliative care in the past 2 years?	YES...1 NO 2		
		18.4.3. REHABILITATIVE CARE			
R_C / AMC, AMZ, CQV, CQW, CQX, CQY, CQZ, CRA, CRB, CRC, CRD, CRE, CRF, CRG, CRH, CRI, OBA, OBB, OBC, OBL, OBM, CRJ, CRK	8000	Does this facility offer any rehabilitative care or physical therapy care services?	YES...1 NO 2		➔Q8100
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE REHABILITATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT REHABILITATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
R_C	8001	Next, I want to know about the trained rehabilitation staff who are available for services in this facility. For each qualification I mention, please tell me how many full-time and part-time persons with the qualifications are employed by this facility. [COUNTRY ADAPT QUALIFICATIONS]	(A) FULL TIME	(B) PART TIME	
R_C / CRJ, CRK	01	Registered physical therapist	__ __	__ __	
R_C / CRJ, CRK	02	Registered occupational therapists	__ __	__ __	
R_C / CRJ, CRK	03	Registered speech/language therapists	__ __	__ __	

Mod/Ind	No.	Question	Result					Skip
R_C / CRJ, CRK	04	Rehabilitation medical doctors	— —			— —		
R_C / CRJ, CRK	05	Rehabilitation nurse	— —			— —		
R_C / CRJ, CRK	06	Prosthetists and orthotist	— —			— —		
		ADDITIONAL STAFF AVAILABLE FOR REHABILITATION PATIENTS						
R_C	07	Psychologist	— —			— —		
R_C	08	Audiologist	— —			— —		
R_C	09	Low vision specialist	— —			— —		
R_C	10	Orthopaedic technicians	— —			— —		
R_C	11	Plaster technicians	— —			— —		
R_C	12	Other trained rehabilitation staff, including therapy assistants. MARK "00" FOR EACH COLUMN WHERE THERE ARE NO OTHER TYPES OF REHABILITATION STAFF. _____ (SPECIFY)	— —			— —		
		PHYSICAL THERAPY TREATMENT SPACE						
R_C / CQY, OBB, OBL, OBM	8002	Is there a therapy treatment space specific for rehabilitation or physical therapy services?	YES...1 NO 2					

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONAL		Skip
R_C	8003	I would like to see different equipment and consumables for rehabilitation services. For each item I ask about, please show me the equipment and clarify if it is functional or not.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	YES	NO	
R_C / CQZ, OBB, OBL, OBM	01	Parallel bars	1 ➔B	2 ➔B	3 ➔02	1	2	
R_C / CRA, OBB, OBL, OBM	02	Height adjustable treatment bed/plinth	1 ➔B	2 ➔B	3 ➔03	1	2	
R_C / CRB, OBB, OBL, OBM	03	Upper limb exercise equipment (weights/ pulleys/TheraBand)	1 ➔B	2 ➔B	3 ➔04	1	2	
R_C / DGY, OBB, OBL, OBM	04	Measuring tape/goniometer	1 ➔B	2 ➔B	3 ➔05	1	2	
R_C / CRC, OBB, OBL, OBM	05	Walking frames/crutches/ walking sticks	1 ➔B	2 ➔B	3 ➔06	1	2	
R_C / CRE, OBC, OBL, OBM	06	Compression bandages/tubigrip	1 ➔B	2 ➔B	3 ➔07	1	2	
R_C / CRF, OBB, OBL, OBM	07	Casting and splinting kit	1 ➔B	2 ➔B	3 ➔08	1	2	
R_C / CRG, OBB, OBL, OBM	08	Audiometric equipment and booth	1 ➔B	2 ➔B	3 ➔09	1	2	
R_C / CRH, OBB, OBL, OBM	09	Any equipment for paediatric rehabilitation (mats/toys/ walking frames/standing frames)	1 ➔B	2 ➔B	3 ➔10	1	2	

Mod/Ind	No.	Question	Result					Skip
R_C / CRI, OBA, OBB, OBC, OBL, OBM	10	Any patient education materials	1	2	3	✕	✕	
R_C / CQW, OBA, OBL, OBM	8004	Does this facility have any national clinical practice guidelines or national protocols/procedures for rehabilitation care? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3					➔Q8006 ➔Q8006
R_C / CQW, OBA, OBL, OBM	8005	Does this facility have any other rehabilitation specific clinical practice guidelines, treatment procedures or any established guidance for rehabilitation care? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3					
R_C / CQX, OBA, OBL, OBM	8006	Have you or any provider(s) of rehabilitation care services received training related to assessment or treatment for rehabilitation needs of patients in the past 2 years?	YES..1 NO 2					
		18.4.4. SERVICES FOR VICTIMS OF VIOLENCE						
		VICTIMS OF INTIMATE PARTNER VIOLENCE						
R_C, M_A / ALN, ALO, CAF, CAG, CAN, CAP, CAO, CAQ, CAR, CAS, CAT, CAU, CAV, CAW, CAX, CAY, CAZ, CBA, CBB, CBC, CBD, CBE, CBF, CBG, LTA, LTB, LTC, LTL, LTM, CBH, CBI, CBJ, CBK	8100	Does this facility offer any services for victims of intimate partner violence such as physical or sexual violence by a partner and for victims of rape or physical abuse?	YES..1 NO 2					➔Q8200
R_C	8101	Which of the following services are offered to victims of rape and sexual attack: IF THE SERVICE IS OFFERED, ASK: Is this always offered to victims of sexual attack or only sometimes (i.e. on a case-by-case basis) or is the service not available?	OFFERED ROUTINELY	OFFERED SOMETIMES, NOT ALWAYS	NOT AVAILABLE			
R_C / CAJ	01	Forensic assessment and examinations	1	2	3			
R_C / CAL	02	Rapid HIV test	1	2	3			
R_C / CAK	03	Post exposure prophylaxis (PEP) for HIV	1	2	3			
R_C / CAM	04	Emergency contraceptive	1	2	3			
R_C / CBJ	8102	Does the facility have register or other means of documenting cases of intimate partner and/or sexual violence? IF YES, ASK: May I see the documentation?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3					

Mod/Ind	No.	Question	Result			Skip
R_C	8103	Please tell me if the following guidelines/protocols are available in this facility: IF AVAILABLE, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / CAN, LTA, LTL, LTM	01	National guidelines intimate partner violence, sexual violence, gender-based violence or violence against women	1	2	3	
R_C / CAP, LTA, LTL, LTM	02	Written procedures or algorithms for post-violence care services for adults	1	2	3	
R_C / CAS, LTA, LTL, LTM	03	Guidelines for PEP for adult and child	1	2	3	
R_C / CAT, LTA, LTL, LTM	8104	Have you or any provider(s) of services for intimate partner violence and/or sexual violence received any training on standard post-violence procedures in the past 2 years?	YES...1 NO 2			
		PEP FOR RAPE VICTIMS				
		ASK TO GO TO WHERE INFORMATION FOR RAPE VICTIMS CAN BE FOUND.				
R_C	8105	Is post-exposure prophylaxis (PEP) for HIV ever provided to rape victims?	YES...1 NO 2			➔Q8200
R_C	8106	Does this facility have a process with written documentation, for follow-up of those who receive post-exposure prophylaxis (PEP) to ensure completion of the full PEP regimen? IF YES ASK: May I see documentation for follow-up?	YES, OBSERVED ....1 YES, REPORTED NOT SEEN ....2 NO 3			
		18.4.5. VICTIMS OF CHILD MALTREATMENT				
R_C / ALN, ALP, CAF, CAH, CAN, CAP, CAO, CAQ, CAR, CAS, CAT, CAU, CAV, CAW, CAX, CAY, CAZ, CBA, CBB, CBC, CBD, CBE, CBF, CBG, LTA, LTB, LTC, LTL, LTM, CBH, CBI, CBJ, CBK	8200	Does this facility have the capacity to identify and offer services for victims of child maltreatment? Child maltreatment includes physical, sexual or emotional violence and neglect of persons aged 0–17 by parents or caregivers.	YES...1 NO 2			➔Q8300
R_C / CBK	8201	Victims of child maltreatment often do not seek health services for their exposure to violence. They are rather identified through other routine services such as vaccination services, paediatric services, antenatal care etc. Does your health facility systematically identify victims of child maltreatment through routine services?	YES, ROUTINELY ....1 SOMETIMES, NOT A SYSTEMATIC PRACTICE ....2 NO 3			

Mod/Ind	No.	Question	Result			Skip
R_C	8202	Please tell me if the following guidelines/protocols are available in this facility: IF AVAILABLE, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / CAQ, LTA, LTL, LTM	01	National guidelines for the health sector response to child maltreatment	1	2	3	
R_C / CAQ, LTA, LTL, LTM	02	Written procedures, clinical protocols or flowcharts for the identification and services for children affected by child maltreatment	1	2	3	
R_C / CBI	03	Form or standard for the documentation of child maltreatment cases	1	2	3	
R_C / CAR, LTA, LTL, LTM	04	Written procedures or algorithms for post- violence care services for children	1	2	3	
R_C / CAV, LTA, LTL, LTM	8203	Have you or any provider(s) of services for child maltreatment received training on clinical standards or protocols in the past 2 years?	YES..1 NO 2			
		18.4.6. VICTIMS OF YOUTH VIOLENCE				
R_C / ALN, ALQ, CAF, CAI, CAN, CAP, CAO, CAQ, CAR, CAS, CAT, CAU, CAV, CAW, CAX, CAY, CAZ, CBA, CBB, CBC, CBD, CBE, CBF, CBG, LTA, LTB, LTC, LTL, LTM, CBH, CBI, CBJ, CBK	8300	Does this facility have the capacity to identify and offer services for victims of youth violence? This includes physical, sexual or emotional violence in young people aged 10–29 years of age perpetrated by peers.	YES..1 NO 2			➔Q8400
R_C / CBJ	8301	Does the facility have a register or other means of documenting cases of youth violence? IF YES, ASK: May I see the documentation for youth violence cases?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	8302	Please tell me if the following guidelines/protocols are available in this facility: IF AVAILABLE, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / CAO, LTA, LTL, LTM	01	National guidelines for the health sector response to youth violence	1	2	3	
R_C / CAO, LTA, LTL, LTM	02	Written procedures, clinical protocols or flowcharts for the identification and services for young people affected by violence	1	2	3	
R_C / CBH	03	Form or standard for the documentation of violence-related injuries.	1	2	3	
R_C / CAU, LTA, LTL, LTM	8303	Have you or any provider(s) of services for youth violence/interpersonal violence received training on clinical standards or protocols in the past 2 years?	YES..1 NO 2			

Mod/Ind	No.	Question	Result			Skip
		18.5. OUTPATIENT: MATERNAL, NEWBORN AND CHILD HEALTH SERVICES				
		18.5.1. FAMILY PLANNING SERVICES				
R_C / AJR, AVR, AWF, AWG, AWH, AWI, AWJ, AWK, AWL, AWM, KRA, KRB, KRC, KRL, KRM, AWN, AWO, AWQ, AWR, AWS, AWT, AWU, AWV, AWW	8400	Does this facility offer any family planning services?	YES..1 NO 2			➔Q8500
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILIY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
		SERVICE AVAILABILITY				
R_C	8401	Does this facility provide or prescribe any of the following modern methods of family planning:	YES	NO		
R_C / AVS, AVT, AWS, AWT	01	Combined estrogen progesterone oral contraceptive pills	1	2		
R_C / AVS, AVU, AWS, AWT	02	Progestin-only contraceptive pills	1	2		
R_C / AVS, AVV, AWS, AWT	03	Combined estrogen progesterone injectable contraceptives	1	2		
R_C / AVS, AVW, AWS, AWT	04	Progestin-only injectable contraceptives	1	2		
R_C / AVS, AVX, AWS, AWT	05	Male condoms	1	2		
R_C / AVS, AVY, AWS, AWT	06	Female condoms	1	2		
R_C / AVS, AWA, AWS, AWT	07	Implants	1	2		
R_C / AVS, AWB, AWS, AWT	08	Emergency contraceptive pills	1	2		
R_C / AVS, AVZ, AWS, AWT	09	Intrauterine contraceptive device (IUCD)	1	2		
R_C / AWE	10	Cycle beads for standard days method	1	2		
R_C / AVS, AWC, AWS, AWT, BDA, MVN, MVO, MVP, MVY, MVZ	11	Male sterilization	1	2		
R_C / AVS, AWD, AWS, AWT, BDA, MVN, MVO, MVP, MVY, MVZ	12	Female sterilization	1	2		
R_C / BJD	8402	Does this facility provide any family planning services for unmarried minor adolescents? IF YES, CLARIFY IF THE SERVICES REQUIRE GUARDIAN PERMISSION OR NOT.	YES, GUARDIAN CONSENT REQUIRED ....1 YES, NO GUARDIAN CONSENT REQUIRED ....2 NO 3			➔Q8404

Mod/Ind	No.	Question	Result			Skip
R_C	8403	Does this facility provide or prescribe any of the following modern methods of family planning for unmarried minor adolescents:	YES		NO	
R_C / BJE	01	Combined estrogen progesterone oral contraceptive pills	1		2	
R_C / BJF	02	Male condoms	1		2	
R_C / BJH	03	Emergency contraceptive pills	1		2	
R_C / BJG	04	Intrauterine contraceptive device (IUCD)	1		2	
		SUPPORT FOR QUALITY FAMILY PLANNING SERVICES				
R_C	8404	Please tell me if the following documents are available in the facility today: IF YES, ASK: May I see them?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / AWF, KRA, KRL, KRM	01	National family planning guidelines	1	2	3	
R_C / AWG, KRA, KRL, KRM	02	Any family planning checklists and/or job aids	1	2	3	
R_C / BJQ, KTA, KTL, KTM	03	Guidelines for adolescent reproductive health services	1	2	3	
R_C / AWN	8405	Does the family planning service use individual client record/chart/cards? IF YES, ASK TO SEE A BLANK COPY.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	8406	In the past 2 years, have you or any provider(s) of family planning services received training in:	YES		NO	
R_C / AWH, KRA, KRL, KRM	01	Family planning	1		2	
R_C / BJS, KTA, KTL, KTM	02	Adolescent sexual and reproductive health	1		2	
		AVAILABILITY OF FAMILY PLANNING COMMODITIES IN FAMILY PLANNING SERVICE SITE				
R_C	8407	Does this facility stock contraceptive commodities at this service site?	YES..1 NO 2			➔Q8409

Mod/Ind	No.	Question	(A) AVAILABILITY					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		Skip
			(i) OBSERVED		(ii) NOT OBSERVED					
R_C	8408	Are any of the following contraceptive methods available in this service site today: CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED).	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C / ASQ, AWJ, AWO, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	01	Combined estrogen progesterone oral contraceptive pills	1 ➔B	2 ➔02	3 ➔B	4 ➔02	5 ➔02	1	2	
R_C / ASQ, AWK, AWO, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	02	Progestin-only contraceptive pills	1 ➔B	2 ➔03	3 ➔ B	4 ➔03	5 ➔03	1	2	

Mod/Ind	No.	Question	Result							Skip
R_C / ASQ, AWL, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	03	Combined estrogen progesterone injectable contraceptives	1 ➔B	2 ➔04	3 ➔ B	4 ➔04	5 ➔04	1	2	
R_C / ASQ, AWL, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	04	Progestin-only injectable contraceptives	1 ➔B	2 ➔05	3 ➔ B	4 ➔05	5 ➔05	1	2	
R_C / AWM, KRA, KRB, KRC, KRL, KRM, BCZ, BJX, KTA, KTB, KTC, KTL, KTM, MVP, MVY, MVZ	05	Male condoms	1 ➔B	2 ➔06	3 ➔ B	4 ➔06	5 ➔06	1	2	
R_C / ATM, AWM, KRA, KRB, KRC, KRL, KRM, BCZ, JXD, JXL, JXM, MVP, MVY, MVZ, AWU	06	Female condoms	1 ➔B	2 ➔07	3 ➔ B	4 ➔07	5 ➔07	1	2	
R_C / ASQ, ATN, AWQ, BDA, MVN, MVO, MVP, MVY, MVZ, NXL, NXM, JXD, JXL, JXM, AWV	07	Implant (e.g. levonorgestrel, etonogestrel)	1 ➔B	2 ➔08	3 ➔ B	4 ➔08	5 ➔08	1	2	
R_C / ATO, JXA, JXB, JXC, JXD, JXL, JXM, CBG, LTA, LTB, LTC, LTL, LTM, AWW	08	Emergency contraceptive (e.g. levonorgestrel, ulipristal acetate, mifepristone tablet)	1 ➔B	2 ➔09	3 ➔ B	4 ➔09	5 ➔09	1	2	
R_C / AWR, BDA, MVN, MVO, MVP, MVY, MVZ	09	Intrauterine contraceptive device (IUCD)	1 ➔B	2 ➔10	3 ➔ B	4 ➔10	5 ➔10	1	2	
R_C	10	Cycle beads for standard days method	1 ➔B	✕	3 ➔ B	4 ➔Q8409	5 ➔Q8409	1	2	

Mod/Ind	No.	Question	(A) AVAILABILITY			(B) FUNCTIONING			Skip
R_C	8409	Now I want to know about a few items for providing family planning. For each item I ask about please tell me if it is available and functional and then show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C / AWI, KRB, KRL, KRM	01	Blood pressure apparatus	1 ➔B	2 ➔B	3 ➔8500	1	2	8	

18.5.2. ANTENATAL CARE SERVICES (ANC)

Mod/Ind	No.	Question	Result	Skip
R_C / AJS, AWX, AXK, AXL, AXM, AXP, AXO, AXN, AXQ, AXR, AXS, AXT, AXU, AXV, AXW, AXX, AXY, AXZ, AYA, AYB, AYC, AYD, AYE, AYF, LEN, LEO, LEP, LEQ, LEY, LEZ	8500	Does this facility offer antenatal care (ANC) services?	YES ....1 NO 2	➔Q8600

Mod/Ind	No.	Question	Result			Skip
		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.				
		ANC SERVICES				
R_C	8501	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services:	YES		NO	
R_C / AWY	01	Iron supplementation	1		2	
R_C / AWZ	02	Folic acid supplementation	1		2	
R_C / AJU, AXA, BKF	03	Intermittent preventive treatment in pregnancy (IPTp) for malaria [WHERE APPLICABLE]	1		2	
R_C	04	Provide ITNs or vouchers for ITNs for pregnant women [WHERE APPLICABLE]	1		2	
R_C / AXB	05	Tetanus toxoid immunization	1		2	
R_C / AXC	06	Monitoring for hypertensive disorder of pregnancy (measure blood pressure)	1		2	
R_C / AXD	07	Routinely check urine protein	1		2	
R_C / AXE	08	Calcium supplementation for women at risk of pre-eclampsia	1		2	
R_C / AXF	09	Low-dose aspirin for women at risk of pre-eclampsia	1		2	
R_C / AXG, BRG	10	HIV test for pregnant women	1		2	
R_C / AXH	11	Routine syphilis testing	1		2	
R_C / AXI	12	Provide treatment for syphilis	1		2	
R_C / AXJ	13	Diagnosis and treatment for sexually transmitted infections	1		2	

ANC EQUIPMENT AND SUPPLIES

Mod/Ind	No.	Question	(A) AVAILABILITY			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	8502	Now I want to know about a few items for providing ANC. For each item I ask about please tell me if it is available and functional (or not expired) and then show it to me.							
R_C / AXQ, LEO, LEY, LEZ	01	Blood pressure apparatus	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / AXS, LEO, LEY, LEZ	02	Foetal stethoscope/pinard/ foetoscope/digital doplar	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / AXT, LEO, LEY, LEZ	03	Adult weighing scale	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / AXU, LEO, LEY, LEZ	04	Examination bed	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / AXR, LEO, LEY, LEZ	05	Tape measure	1	2	3	✕	✕	✕	

Mod/Ind	No.	Question	Result						Skip
R_C / AXZ, BGE, BKP, KEA, KEB, KEC, KEL, KEM, LEP, LEY, LEZ, MKD, MKL, MKM	06	ITN or vouchers for ITN (adult/paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
		SUPPORT FOR QUALITY ANTENATAL CARE SERVICES							
R_C	8503	Please tell me if the following documents are available in this service area today: IF YES, ASK: May I see the document?	YES, OBSERVED		YES, REPORTED, NOT SEEN		NO		
R_C / AXK, LEN, LEY, LEZ	01	National ANC guidelines	1		2		3		
R_C / AXL, LEN, LEY, LEZ	02	Any ANC checklists and/or job aids	1		2		3		
R_C / AXP, BKI, LEN, LEY, LEZ, KEA, KEL, KEM	03	National guidelines on IPTp [WHERE APPLICABLE] ACCEPTABLE IF PART OF ANC GUIDELINES	1		2		3		
R_C / AXO, LEN, LEY, LEZ	04	IPTp checklists and/or job aids (including wall charts) [WHERE APPLICABLE]	1		2		3		
R_C	8504	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 / AXM, LEN, LEY, LEZ	01	Any aspect of ANC	1			2			
R_C / AXN, BKK, LEN, LEY, LEZ, KEA, KEL, KEM	02	IPTp [WHERE APPLICABLE]	1			2			
		18.5.3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION							
R_C/ AJT, BRF, BRS, BRT, BRU, BRV, BRW, BRX, BRY, BRZ, BSA, BSB, BSC, KHA, KHB, KHC, KHD, KHL, KHM	8600	Does this facility offer HIV testing or other services to ANC clients for the prevention of mother-to-child transmission of HIV (PMTCT)?	YES……………………………………………. ………………………………………1 NO ………………………………………………………………………………………2						➔Q8700
		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.							
		PMTCT SERVICES							
R_C	8601	As part of PMTCT services, please tell me if this facility provides the following services to clients:	YES			NO			
R_C / BRG	01	Provide HIV testing services to all pregnant women attending ANC	1			2			
R_C / BRH	02	Provide HIV counselling services to HIV-positive pregnant women for PMTCT	1			2			
R_C / BRH	03	Provide 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 / BRI	04	Refer/provide all HIV-positive pregnant women for any PMTCT antiretroviral (ARV) regimen.	1			2			

Mod/Ind	No.	Question	Result			Skip
R_C	8602	Which of the following additional services are offered for PMTCT:	YES		NO	
R_C / BRJ	01	Provide ARV prophylaxis to newborns of HIV-positive pregnant women for PMTCT	1		2	
R_C / BRQ	02	Offer repeat testing for HIV-negative pregnant women 3 months after first test, while pregnant or during labour/delivery	1		2	
R_C / BRR	03	Partner HIV testing	1		2	
R_C / BRL	04	Provide nutritional counselling for HIV-positive pregnant women	1		2	
R_C / BRM	05	Offer infant and young child feeding counselling for infants of HIV-positive women	1		2	
R_C / BRN	06	Provide family planning counselling to HIV-positive pregnant women for PMTCT	1		2	
R_C / BRK	8603	Does this facility provide early infant diagnosis (EID) services for all HIV-exposed infants?	YES...1 NO 2			
R_C / BRW, KHB, KHL, KHM	8604	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			
R_C	8605	Please tell me if the following documents are available in this service area today: IF YES, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BRS, KHA, KHL, KHM	01	National guidelines for PMTCT	1	2	3	
R_C / BRT, KHA, KHL, KHM	02	Guidelines for infant and young child feeding counselling related to PMTCT	1	2	3	
R_C	8606	In the past 2 years, have you or any provider(s) of PMTCT services received any training in:	YES		NO	
R_C / BRU, KHA, KHL, KHM	01	PMTCT	1		2	
R_C / BRV, KHA, KHL, KHM	02	Infant and young child feeding related to PMTCT	1		2	
		COMMODITIES FOR PMTCT				
R_C	8607	Are any diagnostic tests or antiretrovirals for the HIV-positive mother or her infant kept in the PMTCT service site?	YES...1 NO 2			➔Q8700

Mod/Ind	No.	Question	Result					Skip
R_C	8608	Are any of the following medicines and diagnostics available in this service site today: CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED).	(A) AVAILABILITY					
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C / ARK, AYE, BJW, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, KHC, KHL, KHM	01	HIV rapid test	1	2	3	4	5	
R_C / BRY, KHC, KHL, KHM	02	Filter paper for dried blood spot	1	2	3	4	5	
R_C / BRZ, BSH, KHD, KHL, KHM, NXY, NXZ	03	Nevirapine syrup	1	2	3	4	5	
R_C / BSA, BSM, NXY, NXZ, KHD, KHL, KHM	04	Zidovudine syrup	1	2	3	4	5	
R_C / BSC, KHA, KHB, KHC, KHD, KHL, KHM, BSI, NXY, NXZ	05	Cotrimoxazole syrup	1	2	3	4	5	
R_C / BSB, KHD, KHL, KHM	06	Maternal first-line ARV prophylaxis [COUNTRY ADAPT]	1	2	3	4	5	
		18.5.4. OUTPATIENT POSTPARTUM/POSTNATAL CARE (PNC)						
R_C / AJY, AJZ, AKB, BDY, BEI, BEJ, BEK, BEL, BEM, BEN, BEO, BEP, BEQ, BER, BEU, BES, BET, LUA, LUB, LUC, LUL, LUM	8700	Does this facility routinely provide postpartum or newborn care as an outpatient service for women and infants coming from home?	YES, BOTH MATERNAL POSTPARTUM AND NEWBORN CARE .....1 YES, NEWBORN CARE BUT NOT ROUTINE MATERNAL POSTPARTUM CARE ....2 NO ROUTINE PNC FOR MOTHER OR NEWBORN 3					➔Q8705 ➔Q8800
		ASK WHERE POSTPARTUM WOMEN AND 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.						
R_C/ BEK, LUB, LUL, LUM	8701	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					
		SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY						
		Now I would like to conduct a brief observation of actual conditions with regard to cleanliness and waste disposal today in the postpartum unit. Where women with uncomplicated deliveries remain.						
R_C	8702	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES		NO		NOT APPLICABLE	
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1		2		✕	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1		2		✕	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1		2		✕	

Mod/Ind	No.	Question	Result			Skip
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	✕	
R_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
R_C / BEL, LUB, LUL, LUM	09	THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR POSTPARTUM UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	
R_C	8703	Does this facility have any of the following guidelines available in this service area: IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BEI, LUA, LUL, LUM	01	Guidelines for maternal postnatal care	1	2	3	
R_C / BEJ, LUA, LUL, LUM	8704	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			
R_C	8705	Among the following topics, which are routinely offered components of newborn care: IF THE COUNSELLING IS REPORTED TO BE PROVIDED, ASK: Do you routinely counsel all women on this topic or is the counselling selectively provided?	ROUTINELY PROVIDED FOR ALL CLIENTS	PROVIDED SELECTIVELY, FOR SOME CLIENTS	NOT PROVIDED	
R_C / BEE	01	Counselling on child immunization needs	1	2	3	
R_C / BEC	02	Counselling on child nutritional needs and good feeding practices	1	2	3	
R_C / BEA	03	Counselling on danger signs in the newborn	1	2	3	
R_C / BEB	04	Counselling on cord care and hygiene	1	2	3	
R_C / BDZ	05	Counselling on family planning	1	2	3	
R_C / BEF	06	Provision of newborn vaccines (BCG)	1	2	3	
R_C / BEG	07	Provision of newborn vaccines (OPV)	1	2	3	
R_C / BEH	08	Provision of ITN for infant [WHERE APPLICABLE]	1	2	3	
R_C / DGV	8706	Is it the policy of this facility to routinely encourage exclusive breast feeding?	YES..1 NO 2			
R_C	8707	Does this facility have any of the following documents or job aids for outpatient newborn care services: IF YES, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C	01	National guidelines for essential newborn care	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / BDL, OAN, OAY, OAZ	02	Written guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
R_C	8708	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES	NO	THERE IS NO POLICY	
R_C / BDO, OAN, OAY, OAZ	01	Breastfeeding and counselling for promoting breastfeeding	1	2	3	
R_C	02	Essential newborn care, other than for breastfeeding	1	2	3	
		18.5.5. OUTPATIENT CARE FOR THE SMALL OR SICK NEWBORN				
R_C / AKA, BDB, BDL, BDM, BDN, BDO, BDP, BDQ, BDR, BDS, BDT, BDU, BDV, BDW, BDX, OAN, OAO, OAP, OAY, OAZ	8800	Are sick or small newborns or infants ever provided services or referral in the outpatient service area?	YES...1 NO 2			➔Q8900
		Now I would like to know about referrals or services for sick/small newborns who come to the outpatient service area of this facility. IF THE INDICATED SERVICE IS PROVIDED IN THE OUTPATIENT SERVICE AREA MAKE SURE YOU SPEAK TO THE MOST KNOWLEDGEABLE PERSON ABOUT THE SERVICE.				
R_C / AYT, BDC, MYO, MYY, MYZ	8801	Is kangaroo mother care (KMC) ever provided for premature or underweight newborns who come to the outpatient service area after delivery?	YES...1 NO 2			➔Q8809
R_C / BDR, OAO, OAY, OAZ	8802	Is there a bed or location where the caregiver providing KMC stays overnight while providing KMC? IF YES, ASK: May I see where the caregiver stays while providing KMC?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C / BDS, OAO, OAY, OAZ	8803	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			
R_C / BDD	8804	Has KMC been provided at any time during the past 3 months?	YES...1 NO 2			
R_C / BDT, OAO, OAY, OAZ	8805	Is there a register where it is recorded when KMC is provided? IF YES ASK: May I see it?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C / BDQ, OAN, OAY, OAZ	8806	Have you or another provider received training in KMC during the past 2 years?	YES...1 NO 2			
R_C / BDN, OAN, OAY, OAZ	8807	Are there any protocols, guidelines or job aids for KMC? IF YES, ASK: May I see the guidelines or job aids?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	8808	Are there any referral guidelines for the small newborn? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C / BDF	8809	Are newborns or neonates with symptoms of sepsis ever provided services or referral in the outpatient service area?	YES...1 NO 2			➔Q8900

Mod/Ind	No.	Question	Result			Skip
R_C	8810	When there is a probable case of neonatal sepsis, what routine practices are taken for managing the case? FOR EACH PRACTICE, CLARIFY IF THIS IS ALWAYS, SOMETIMES OR NEVER PRACTISED.	YES, ALWAYS	YES, SOMETIMES	NEVER	
R_C	01	Immediately refer to another facility without providing any treatment	1 ➜Q8811	2	3	
R_C	02	Immediately refer to unit in this facility without providing any treatment	1 ➜Q8811	2	3	
R_C	03	Provide one dose injectable antibiotic and then refer to another facility	1 ➜Q8811	2	3	
R_C	04	Provide one dose injectable antibiotic and then refer to a unit in this facility	1 ➜Q8811	2	3	
R_C	05	Prescribe the full antibiotic regimen and follow-up in this service are	1	2	3	
R_C	8811	Have there been any cases of neonatal sepsis who arrived in the outpatient service area in the past 3 months?	YES...1 NO 2			
R_C / BDU, OAO, OAY, OAZ	8812	Is there a register or other document where neonatal sepsis is recorded for monitoring purposes? IF YES, ASK TO SEE THE DOCUMENT WHERE NEWBORN SEPSIS IS RECORDED.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C / BDP, OAN, OAY, OAZ	8813	Have you or any provider(s) received training related to neonatal sepsis in the past 2 years?	YES...1 NO 2			
R_C / BDM, OAN, OAY, OAZ	8814	Are there any protocols, guidelines or job aids for neonatal sepsis? IF YES, ASK: May I see the guidelines or job aids?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C / BDM, OAN, OAY, OAZ	8815	Are there any referral guidelines for neonatal sepsis? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
		18.5.6. POST-ABORTION CARE (PAC)				
R_C / AKC, BCQ	8900	Does this facility offer post-abortion care (PAC)? IF YES, ASK: Is the service provided as an outpatient service, inpatient service or both?	YES, OUTPATIENT ONLY ....1 YES, INPATIENT ONLY..2 YES, BOTH OUT- AND INPATIENT ....3 NO 4			➜Q9000
R_C	8901	Is the post-abortion care provided in the same service area as deliveries?	YES, ALWAYS ....1 YES, SOMETIMES..2 NO 3			➜Q9000
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE POST-ABORTION CARE SERVICES ARE PROVIDED. IF THE SERVICES ARE PROVIDED AS BOTH OUT- AND INPATIENT CARE AND ARE PROVIDED BY DIFFERENT SERVICE PROVIDERS AND IN DIFFERENT SITES, GO TO THE OUTPATIENT PAC SERVICE AREA. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT POST-ABORTION CARE 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	8902	I would like to ask about equipment for post-abortion services when provided outside of the delivery service area. 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, ITEM MUST BE IN THE SERVICE AREA FOR PAC OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT.	(A) AVAILABILITY			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C / BCT, MVO, MVY, MVZ	01	Vacuum aspirator	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C / BCT, MVO, MVY, MVZ	02	D&C kit	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C / BCT, MVO, MVY, MVZ	03	Speculum	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C / ASZ, NXL, NXM, BCV, MVP, MVY, MVZ	04	Antiseptic for washing vagina and cervix (e.g. chlorhexidine)	1	2	3	✕	✕	✕	
R_C / AQV, BCU, MEY, MEZ, MVO, MVY, MVZ	05	Sterile gloves	1	2	3	✕	✕	✕	
		SUPPORT FOR POST-ABORTION CARE (PAC) SERVICES							
R_C	8903	Now I want to ask about guidelines, job aids and patient service registers. FOR EACH DOCUMENT AVAILABLE, ASK: May I see it?	YES, OBSERVED		YES, REPORTED, NOT SEEN		NO		
R_C / BCR, MVN, MVY, MVZ	01	Are there any post-abortion care guidelines in this service area?	1		2		3		
R_C / BCS, MVN, MVY, MVZ	8904	Have you or any provider(s) of post-abortion care received any training in post-abortion care in the past 2 years?	YES..1 NO 2						
		18.5.7. SERVICES FOR CHILDREN UNDER 5							
R_C / AJP, AMY, BEV, BFI, BFJ, BFK, BFL, BFM, BFN, BFO, BFP, BFQ, BFR, BFS, BFT, BFU, BFV, BFW, BFX, BFY, BFZ, BGA, BGB, BGC, BGD, BGE, BGF, BGG, BGH, BGI, BGJ, BGK, MKA, MKB, MKC, MKD, MKL, MKM, BGL, BGM, BGN, BGO, BGP, BGQ, BGR, BGS, BGT, BGU, BGV, BGW, JDY, JDZ	9000	Does this facility offer preventive or curative care services for children under 5?	YES..1 NO 2						➜Q9100

Mod/Ind	No.	Question	Result			Skip
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTIVE AND CURATIVE CARE AND/OR SCREENING 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	9001	**PREVENTIVE NUTRITION MONITORING**				
		Please tell me if this facility provides the following services for children under 5: IF YES, ASK: For each service, when a child is eligible is the service always provided, provided sometimes, but not always or is the service not provided?	YES, ALWAYS	YES, SOMETIMES	NO	
R_C / BEW	01	Routine child growth monitoring	1	✕	3 ➜Q9002	
R_C / BEW	02	Plot weight against height or age	1	2	3	
R_C	9002	**MALNUTRITION**				
R_C / BEX	01	Diagnosis and/or treatment of child malnutrition	1	2	3 ➜Q9003	
R_C / BFA	02	Provide fortified protein supplements	1	2	3	
R_C / BFB	03	Provide therapeutic feeding onsite	1	2	3	
R_C / BFC	04	Provide or prescribe feeding supplements for home treatment	1	2	3	
R_C / BEY	05	Diagnose and treat acute child malnutrition as an outpatient service	1	2	3	
R_C / BEZ	06	Refer severely malnourished children elsewhere in this facility for treatment	1	2	3	
R_C	9003	**ROUTINE PREVENTIVE SERVICES**				
R_C / BFD	01	Routine vitamin A supplementation	1	✕	3	
R_C	9004	**ANAEMIA**				
R_C / BFE	01	Diagnose and treat anaemia	1	2	3 ➜Q9005	
R_C / BFE	02	Prescribe iron for child anaemia	1	2	3	
R_C	9005	**PNEUMONIA**				
R_C / BFF	01	Diagnose and treat pneumonia in children	1	2	3 ➜Q9006	
R_C / BFF	02	Prescribe amoxicillin for the first-line treatment for pneumonia in children	1	2	3	
R_C	9006	**MALARIA**				
R_C / BFG	01	Diagnose and treat malaria in children	1	2	3➜Q9007	
R_C / BFG	02	Conduct blood test for malaria prior to prescribing treatment	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / BFG	03	Provide ITN or voucher for ITN	1	2	3	
R_C/ BFG	04	Prescribe ACT for the first-line treatment for malaria in children	1	2	3	
R_C	9007	**DIARRHOEA**				
R_C / BFH	01	Diagnosis and treat watery diarrhoea in children	1	2	3 ➔ Q9008	
R_C / BFH	02	Prescribe oral rehydration salts for child diarrhoea	1	2	3	
R_C / BFH	03	Prescribe zinc tablets for child diarrhoea	1	2	3	
		SUPPORT FOR QUALITY CHILD HEALTH SERVICES				
R_C	9008	Please tell me if the following documents are available in the facility today: IF YES, ASK TO SEE THE DOCUMENTS.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BFI, MKA, MKL, MKM	01	IMCI guidelines for the diagnosis and management of childhood illnesses	1	2	3	
R_C / BFK, MKA, MKL, MKM	02	Guidelines for growth monitoring	1	2	3	
R_C / BFI, MKA, MKL, MKM	03	Any checklists and/or job aids for IMCI	1	2	3	
R_C / BFQ, MKB, MKL, MKM	04	Child health charts to plot child growth	1	2	3	
R_C / BFR, MKB, MKL, MKM	9009	Does this facility use individual child health card/charts for sick children? IF YES, ASK TO SEE A CHILD HEALTH CARD/CHART.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
R_C	9010	Have you or any provider(s) of child health services received any training related to child health in the past 2 years?	YES...1 NO 2			➔ Q9100
R_C	9011	In the past 2 years, have you or any provider(s) of child health services received training in:	YES		NO	
R_C / BFJ, MKA, MKL, MKM	01	Integrated Management of Childhood Illnesses (IMCI)	1		2	
R_C / BFL, MKA, MKL, MKM	02	Growth monitoring	1		2	
		18.5.8. IMMUNIZATION SERVICES AND RESOURCES				
R_C / AKD, BGX, BHS, BHT, BHU, BHV, BHW, BHX, BIA, BHZ, BHY, BIB, BIC, BID, BIE, BIF, BIG, BIH, BII, BIJ, BIK, BIL, BIM, KOA, KOB, KOC, KOL, KOM, BIN, BIO, BIP, BIQ, BIR, BIS, BIT, BIX, BIW, BJA, BIV, BIU, BIY, BIZ, BJB	9100	Does this facility offer any immunization services, for adults or children?	YES...1 NO 2			➔ Q9200

Mod/Ind	No.	Question	Result				Skip
R_C	9101	Is the facility providing immunization services today?	YES..1 NO 2				
A_C / BHC, BHD, BHE, BHF	9102	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 / BHC, BHD, BHE, BHF	9103	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)				
		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	9104	Does this facility provide any of the following immunization services in the facility only, as outreach at fixed post only or both? [VACCINES SCHEDULE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION]	BOTH IN THE FACILITY AND AS OUTREACH	IN THE FACILITY ONLY	OUTREACH ONLY	SERVICE NOT OFFERED	
R_C / BGY, BHG	01	Birth doses (hepB0)	1	2	3	4	
R_C / BGY, BHH	02	Birth doses (BCG)	1	2	3	4	
R_C / BGY, BHI	03	Birth doses (OPV0)	1	2	3	4	
R_C / AKE, BGZ, BHJ	04	Infant vaccines (under 1 year): BCG	1	2	3	4	
R_C / AKE, BGZ, BHK	05	Infant vaccines: polio	1	2	3	4	
R_C / AKE, BGZ, BHL	06	Infant vaccines: DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1	2	3	4	
R_C / AKE, BGZ, BHM	07	Infant vaccines: rotavirus	1	2	3	4	
R_C / AKE, BGZ, BHN	08	Infant vaccines: IPV (inactivated polio vaccine)	1	2	3	4	
R_C / BHA, BHO	09	Vaccine-containing measles (e.g. measles-rubella/MMR)	1	2	3	4	
R_C / BHA	10	Child immunizations (1–5 years)	1	2	3	4	
R_C / AKF, BHB, BHQ	11	Adolescent/adult vaccines: HPV	1	2	3	4	
R_C / AKF, BHB, BHP	12	Adolescent/adult vaccines: tetanus (TT) or tetanus/ diphtheria (TD)	1	2	3	4	
R_C / AKF, BHB, BHR	13	Adolescent/adult vaccines: any flu vaccines	1	2	3	4	

Mod/Ind	No.	Question	Result			Skip
		EQUIPMENT AND SUPPLIES FOR IMMUNIZATION SERVICES				
R_C	9105	I would like to know if the following items for infant or child immunization are available in this service area today. For each item, please tell me if it is available today, and then I would like to see it.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	
R_C/ AQO, BHZ, NBL, NBM, KOB, KOL, KOM	01	Single-use syringes and needles – not auto-disable	1	2	3	
R_C / AQO, BHZ, NBL, NBM, KOB, KOL, KOM	02	Auto-disable syringes	1	2	3	
R_C / BHU, KOA, KOL, KOM	03	Cold box with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)	1	2	3	
R_C / BHU, KOA, KOL, KOM	04	Vaccine carrier with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)	1	2	3	
R_C/ BIB, KOB, KOL, KOM	05	Immunization cards (or child health booklet)	1	2	3	
R_C / BIC, KOB, KOL, KOM	06	Official immunization tally sheets or integrated tally sheet	1	2	3	
R_C / BID, KOB, KOL, KOM	07	Official immunization registers or equivalent	1	2	3	
R_C	9106	Please tell me if the following resources/supplies used for infection control are available in the service area today: ASK TO SEE EACH ITEM THAT IS AVAILABLE.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	
R_C / DGT, APQ, APR, BIA, KOB, KOL, KOM	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C / DGT, APQ, APR, BIA, KOB, KOL, KOM	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / DGT, APQ, APR, BIA, KOB, KOL, KOM	03	Alcohol-based handrub	1	2	3	
R_C / BIA, KOB, KOL, KOM	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C / BIA, KOB, KOL, KOM	05	Disposable paper towels for drying hands	1	2	3	
R_C / BHY, KOB, KOL, KOM	06	Sharps container ("safety box")	1	2	3	
		VACCINE STORAGE AND AVAILABILITY				
R_C / BHV, KOB, KOL, KOM	9107	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			➔Q9113 ➔Q9113 ➔Q9113

Mod/Ind	No.	Question	Result					Skip
R_C	9108	Which of the following devices for monitoring refrigerator temperature are available and functioning in the refrigerator today: ASK TO SEE THE ITEMS.	**(A) AVAILABLE**		**(B) FUNCTIONING**			
			YES	NO	YES	NO	DON'T KNOW	
R_C / BHW, KOB, KOL, KOM	01	Continuous temperature recorder/logger	1 ➜B	2 ➜02	1 ➜Q9111	2	8	
R_C / BHW, KOB, KOL, KOM	02	Thermometer	1 ➜B	2 ➜Q9113	1	2 ➜Q9113	8 ➜Q9113	
R_C / BHX, KOB, KOL, KOM	9109	Is the temperature of the refrigerator monitored at least once every 24 hours? IF YES, ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE.	YES, LOG OBSERVED FOR CHECKING TEMPERATURE.................1 YES, LOG REPORTED, NOT SEEN...2 NO 3					➜Q9112 ➜Q9112
R_C / BHX, KOB, KOL, KOM	9110	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					➜Q9112
R_C / BHX, KOB, KOL, KOM	9111	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 / BHX, KOB, KOL, KOM	9112	What is the temperature in the fridge now?	BETWEEN 2–8 °C (INCLUSIVE) ....1 OUT OF RANGE...2 DON'T KNOW 8					
		VACCINE AVAILABILITY						
R_C	9113	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					➜Q9115

Mod/Ind	No.	Question	(A) AVAILABILITY					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		
			(i) OBSERVED		(ii) NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	9114	Now I would like to see the vaccines that are available today. For each vaccine I mention, please show me at least one vial that has a valid date of expiration and (if present) the vial monitor (VVM) on the vaccine vial has not turned. Are any of the following vaccines available in this service site today?								
R_C / BIE, KOC, KOL, KOM, BIU	01	Measles vaccine and diluent	1 ➜B	2 ➜B	3 ➜B	4 ➜02	5 ➜02	1	2	
R_C / BIF, KOC, KOL, KOM, BIV	02	DPT+Hib+HepB (pentavalent)	1 ➜B	2 ➜B	3 ➜B	4 ➜03	5 ➜03	1	2	
R_C / BER, BIG, LUC, LUL, LUM, KOC, KOL, KOM, BIW	03	Oral polio vaccine	1 ➜B	2 ➜B	3 ➜B	4 ➜04	5 ➜04	1	2	

Mod/Ind	No.	Question	Result							Skip
R_C / BEQ, BIH, LUC, LUL, LUM, KOC, KOL, KOM, BIX	04	BCG vaccine and diluent	1 ➜B	2 ➜B	3 ➜B	4 ➜05	5 ➜05	1	2	
R_C / BIJ, KOC, KOL, KOM, BIY	05	Rotavirus vaccine	1 ➜B	2 ➜B	3 ➜B	4 ➜06	5 ➜06	1	2	
R_C / BII, KOC, KOL, KOM, BIZ	06	Pneumococcal vaccine	1 ➜B	2 ➜B	3 ➜B	4 ➜07	5 ➜07	1	2	
R_C / BIK, KOC, KOL, KOM, BJA	07	IPV (inactivated polio vaccine)	1 ➜B	2 ➜B	3 ➜B	4 ➜08	5 ➜08	1	2	
R_C / BIL, KOC, KOL, KOM, BJB	08	HPV (human papillomavirus vaccine)	1 ➜B	2 ➜B	3 ➜B	4 ➜09	5 ➜09	1	2	
R_C / AXX, CHD, CPL, LEP, LEY, LEZ, KWP, KWY, KWZ, LHO, LHY, LHZ	09	Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine	1	2	3	4	5	✕	✕	
R_C / CPM, LHN, LHO, LHY, LHZ	10	Rabies vaccine	1	2	3	4	5	✕	✕	
R_C / BIM, KOA, KOB, KOC, KOL, KOM	11	Flu vaccine	1	2	3	4	5	✕	✕	
R_C	12	Typhoid vaccine	1	2	3	4	5	✕	✕	
R_C	13	Yellow fever vaccine	1	2	3	4	5	✕	✕	
R_C	14	Meningococcal vaccine	1	2	3	4	5	✕	✕	

SUPPORT FOR QUALITY OF IMMUNIZATION SERVICE

Mod/Ind	No.	Question	Result	Skip
R_C / BHS, KOA, KOL, KOM	9115	Do you have the national guidelines for routine child immunization available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C / BHT, KOA, KOL, KOM	9116	Have you or any provider(s) of infant or child immunization service delivery received any training in any aspect of immunization services in the past 2 years? IF YES, ASK: Was any of the training formal or was it all through supportive supervision, that is, informal training?	YES, FORMAL TRAINING ONLY ....1 YES, INFORMAL TRAINING ONLY................................2 NO TRAINING 3	➜Q9200

Mod/Ind	No.	Question	YES, FORMAL TRAINING	YES, SUPPORTIVE SUPERVISION	NO TRAINING	Skip
R_C	9117	In the past 2 years, have you or any provider(s) received training in the following topics: IF YES, ASK: Please specify if it was through formal training or supportive supervision.				
R_C / BIN	01	Immunization service delivery such as Immunization in Practice (IIP) or similar	1	2	3	
R_C / BIO	02	Vaccine management/ handling and cold chain	1	2	3	
R_C / BIP	03	Data reporting and monitoring of service delivery including data quality surveys (DQS)	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / BIQ	04	Disease surveillance and reporting	1	2	3	
R_C / BIR	05	Injection safety and waste management	1	2	3	
R_C / BIS	06	RED (Reaching Every District)	1	2	3	
R_C / BIT	07	New vaccine prior to introduction [COUNTRY ADAPT – DELETE IF NOT APPLICABLE]	1	2	3	
		18.5.9. ADOLESCENT REPRODUCTIVE HEALTH SERVICES				
R_C / AJQ, BJC, BJP, BJQ, BJR, BJS, BJT, BJU, BJV, BJW, BJX, KTA, KTB, KTC, KTL, KTM	9200	Does this facility offer any adolescent reproductive health services? That is, services that are targeted to the minor adolescent.	YES...1 NO 2			➔Q9300
R_C / BJR, KTA, KTL, KTM	9201	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			
R_C / BJP, KTA, KTL, KTM	9202	Does this facility have any guidelines for general adolescent health issues and services? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
		18.6. DELIVERY AND NEWBORN CARE SERVICES				
		18.6.1. SERVICE AVAILABILITY AND STAFFING				
		Now I would like to ask about delivery services and resources available in this facility.				
R_C / AJV, AJY, AJZ, AKB, APS, APT, APU, AQP, AQQ, AQL, AQM, AYG, AYK, AYL, AYM, AYN, AYO, AYP, AYQ, AYR, AYS, AYT, AYU, AYV, AYW, AYX, AYY, AYZ, AZA, MYN, MYO, MYP, MYY, MYZ, AZB, AZC, AZE, AZD, AZF, AZG, AZH, AZI, AZJ, AZK, AZL, AZM, AZN, AZO, AZP, AZQ, AZR, AZS, AZT, AZU, AZV, AZW, AZX, AZY, AZZ, BAA, BAB, BAC, BAD, MEA, MEB, MEC, MEL, MEM, BAE, BAF, BAG, BAH, BAI, BAO, BAP, BAQ, BAR, BAN, BAM, BAJ, BAK, BAL, BAS, BAT, BAU, BAV, BAW, BAX, BAY, BAZ, BBA, BBB, BBC, BBD, BBE, BBF, BBG, LOY, LOZ, BBH, BDY, BEI, BEJ, BEK, BEL, BEM, BEN, BEO, BEP, BEQ, BER, BEU, BES, BET, LUA, LUB, LUC, LUL, LUM, CXX, NBL, NBM	9300	Does this facility offer any delivery care, including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care (CEmOC), and/or newborn care services?	YES...1 NO 2			➔Q9900
R_C / AJW, AYI	9301	Does the facility offer basic emergency obstetric care (BEmOC)?	YES...1 NO 2			➔Q9303

Mod/Ind	No.	Question	Result			Skip
R_C / AJX, BBP, BBR, BBS, BBT, BBU, BBV, BBW, BBX, BBY, BBZ, BCA, BCB, BCC, BCD, BCE, BCK, BCG, BCI, BCJ, BCF, BCH, LWA, LWB, LWC, LWD, LWL, LWM	9302	Does the facility offer comprehensive emergency obstetric care (CEmOC)?	YES..1 NO 2			
		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	9303	Are delivery and newborn care services offered in the outpatient or inpatient service area?	OUTPATIENT ....1 INPATIENT ....2 BOTH OUT- AND INPATIENT AREAS 3			
R_C	9304	Does the facility provide 24-hour coverage for delivery services?	YES..1 NO 2			➔Q9306
R_C / AYH	9305	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			
		18.6.2. ROUTINE DELIVERY AND IMMEDIATE POSTNATAL NEWBORN CARE PRACTICES				
R_C	9306	Please tell me if any of the following are routinely practised for deliveries in this facility:	YES	NO		
R_C	01	Active management of third-stage labour (AMTSL), including oxytocin within 1 minute after delivery, controlled cord traction and fundal massage after delivery of placenta	1 ➔03	2		
R_C / AYV, MYP, MYY, MYZ	02	Administration of oxytocin immediately after birth to all women for the prevention of postpartum haemorrhage	1	2		
R_C / AYW, MYP, MYY, MYZ	03	Monitor and manage labour using a partograph	1	2		
R_C	9307	Now I want to know about routine practices in this facility for newborn care immediately postpartum. For each practice I mention, please tell me If this is a routine practice that is expected to be implemented for all newborns in this facility.	YES	NO		
R_C / AYY, MYP, MYY, MYZ	01	Hygienic cord care: (i) cut with sterile item; and (ii) apply country-specific disinfectant or apply nothing to tip and stump	1	2		
R_C / AYZ, MYP, MYY, MYZ	02	Thermal protection (drying baby immediately after birth and wrapping)	1	2		
R_C / AYZ, MYP, MYY, MYZ	03	Immediate skin to skin contact	1	2		

Mod/Ind	No.	Question	Result			Skip
R_C / AYX, MYP, MYY, MYZ	04	Immediately (within 1 hour) putting the newborn to the breast	1	2		
R_C / AZA, MYN, MYO, MYP, MYY, MYZ	05	Rooming in (i.e. the newborn stays with the mother)	1	2		
R_C	06	Delayed cord clamping	1	2		
R_C	9308	Have you or any provider(s) of delivery service received any training that addressed any essential newborn care at birth in the past 2 years?	YES.. 1 NO 2			

18.6.3. MANAGEMENT OF COMPLICATED DELIVERIES

Mod/Ind	No.	Question	Result			Skip
			YES	NO		
				SERVICE NOT OFFERED	TRAINED STAFF BUT NO CASES	
R_C	9309	Please tell me if any of the following interventions for the management of complications, during and after pregnancy and childbirth, have been carried out in the past 12 months by providers of delivery services as part of their work in this facility: IF NOT WITHIN THE PAST 12 MONTHS, ASK: Is this because the service is not offered or because there were not cases requiring the service?				
R_C / AYJ, AYK, BBQ, MYN, MYY, MYZ	01	Parenteral administration of antibiotics (IV or IM) for mothers	1	2	5	
R_C / AYJ, AYL, BBQ, MYN, MYY, MYZ	02	Parenteral administration of oxytocic for treatment of postpartum haemorrhage (IV or IM)	1	2	5	
R_C / AYJ, AYM, BBQ, MYN, MYY, MYZ	03	Parenteral administration of magnesium sulfate for management of pre-eclampsia and eclampsia (IV or IM)	1	2	5	
R_C / AYJ, AYN, BBQ, MYN, MYY, MYZ	04	Assisted vaginal delivery using manual vacuum extraction (MVE) or forceps	1	2	5	
R_C / AYJ, AYO, BBQ, MYN, MYY, MYZ	05	Manual removal of placenta	1	2	5	
R_C / AYJ, AYP, BBQ, MYN, MYY, MYZ	06	Removal of retained products of conception using D&C or manual vacuum aspiration	1	2	5	
R_C / AYJ, AYQ, BBQ, MYO, MYY, MYZ	07	Neonatal resuscitation with bag and mask	1	2	5	
R_C / BBN, BBQ, CCX, CDL	08	Caesarean section	1	2	5	
R_C / BBO, BBQ, CHR, CHS, CHT, CHU, CHV, CHW, CHX, CHY, KKA, KKB, KKC, KKD, KKL, KKM	09	Blood transfusion	1	2	5	
R_C / AYR, MYO, MYY, MYZ	9310	Does this facility administer antibiotics for preterm PROM (premature rupture of membranes) to prevent infection?	YES..1 NO 2			
R_C	9311	Have you or any provider(s) of delivery service received any training related to the use of antibiotics for preterm PROM in the past 2 years?	YES..1 NO 2			

Mod/Ind	No.	Question	Result			Skip
R_C / AYS, MYO, MYY, MYZ	9312	Does this facility administer corticosteroids for preterm labour to the mother to prevent respiratory complications in the newborn?	YES...1 NO 2			
R_C / BAE	9313	Have you or any provider(s) of delivery service received any training related to the use of corticosteroids for preterm labour in the past 2 years?	YES...1 NO 2			
R_C / AJT, BRF, BRS, BRT, BRU, BRV, BRW, BRX, BRY, BRZ, BSA, BSB, BSC, KHA, KHB, KHC, KHD, KHL, KHM	9314	Does this facility provide any PMTCT services for women who deliver in the facility?	YES...1 NO 2			➔Q9316
R_C	9315	Which of the following are routinely provided as part of PMTCT services during delivery:	YES		NO	
R_C	01	Assess maternal HIV status	1		2	
R_C / BRO	02	Perform HIV test if status is not known	1		2	
R_C / BRP	03	Provide maternal ARV to infected mothers for PMTCT if they are not on life-long ART	1		2	
R_C / BRJ	04	Provide ARV to newborns of infected mothers for PMTCT	1		2	
R_C	9316	Now I want to ask about specific guidelines/protocols and job aids related to delivery and newborn care through birth. Please tell me for each type of document I ask about if it is present in the delivery service area, or if the topic is included in existing guidelines, and if yes, please show it to me.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / AZB, MEA, MEL, MEM	01	Guidelines for essential childbirth care	1	2	3	
R_C / AZC, MEA, MEL, MEM	02	Any checklists and/or job aids for essential childbirth care	1	2	3	
R_C / AZF, MEA, MEL, MEM	9317	Have you or any provider(s) of delivery service received any training in neonatal resuscitation using the newborn bag and mask the past 2 years?	YES...1 NO 2			
R_C / AZE, MEA, MEL, MEM	9318	Apart from newborn resuscitation, have you or any provider(s) of delivery service received any training in any aspect or practices that are components of essential childbirth care the past 2 years?	YES...1 NO 2			

Mod/Ind	No.	Question	Result			Skip
		18.6.4. DELIVERY ROOM EQUIPMENT, SUPPLIES, INFRASTRUCTURE				
		STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL				
R_C	9319	Now I would like to go to where deliveries are conducted. Please tell me if the following resources/supplies used for infection control are available in the service area today, or are in reasonable proximity such that they can be easily used by providers for maternity patients: ASK TO SEE EACH ITEM THAT IS AVAILABLE.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / DGT, APQ, APR, AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C / DGT, APQ, APR, AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / DGT, APQ, APR, AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	03	Alcohol-based handrub	1	2	3	
R_C / AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C / AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	05	Disposable paper towels for drying hands	1	2	3	
R_C / AQQ, AQV, AZR, BAP, NBL, NBM, MEY, MEZ, MEB, MEL, MEM	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C / AQQ, AQV, AZR, BAP, NBL, NBM, MEY, MEZ, MEB, MEL, MEM	07	Disposable latex gloves (sterile)	1	2	3	
R_C / APS, APT, APU, AQM, BAK, NBL, NBM	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 / APS, APT, APU, AQM, BAK, NBL, NBM	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C / APS, APT, APU, BAL	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 / BAL	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C / AQL, BAJ, NBL, NBM	12	Sharps container ("safety box")	1	2	3	
R_C / AQN, BAM, NBL, NBM	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	

Mod/Ind	No.	Question	Result						Skip
R_C / AQO, BAN, NBL, NBM	14	Disposable syringes with disposable needles	1	2	3				
R_C / AQO, BAN, NBL, NBM	15	Auto-disable syringes	1	2	3				
R_C / AQW, BAQ, MEY, MEZ	16	Surgical/respiratory masks	1	2	3				
R_C / AQY, BAR, MEY, MEZ	17	Non-sterile protective gowns	1	2	3				
R_C / AQY, BAR, MEY, MEZ	18	Sterile protective gowns	1	2	3				
		EQUIPMENT FOR DELIVERY							
R_C	9320	Now I would like to ask about equipment for delivery services. 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 DELIVERY SERVICE AREA OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY EXPECTED TO USE IT. IF ANY ITEM 07 TO 11 IS IN STERILE DELIVERY PACK, MARK DELIVERY PACK (06) AND MARK "REPORTED, NOT SEEN" FOR ITEMS.	(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C / AZQ, MEB, MEL, MEM	01	Blank partograph	1	2	3	✕	✕	✕	
R_C / AZP, MEB, MEL, MEM	02	Delivery bed with stirrups	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / AQV, AZR, BAP, MEY, MEZ, MEB, MEL, MEM	03	Disposable non-sterile latex gloves	1	2	3	✕	✕	✕	
R_C / AQV, AZR, BAP, MEY, MEZ, MEB, MEL, MEM	04	Disposable sterile latex gloves	1	2	3	✕	✕	✕	
R_C / AZI, MEB, MEL, MEM	05	Examination light (flashlight ok)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / AZJ, MEB, MEL, MEM	06	Delivery pack (should include items 07 to 11) ASK IF EACH OF ITEMS 07 TO 11 ARE INCLUDED IN THE DELIVERY PACK. IF THEY ARE IN THE PACK AND IT IS SEALED, MARK THE ITEMS AS "REPORTED, NOT SEEN". IF THE ITEM CAN BE OBSERVED (EITHER FROM A USED PACK OR BECAUSE IT IS OUTSIDE THE PACK) MARK IT AS "OBSERVED".	1	2	3	✕	✕	✕	
R_C / AZJ, MEB, MEL, MEM	07	Cord clamp	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / AZJ, MEB, MEL, MEM	08	Episiotomy scissors	1 ➔B	2 ➔B	3 ➔09	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C / AZJ, MEB, MEL, MEM	09	Scissors or blade to cut cord	1 →B	2 →B	3 →10	1	2	8	
R_C / AZJ, MEB, MEL, MEM	10	Suture thread with needle	1	2	3	✕	✕	✕	
R_C / AZJ, MEB, MEL, MEM	11	Needle holder	1 →B	2 →B	3 →12	1	2	8	
R_C / AZL, CPZ, JVA, JVB, JVL, JVM, MEB, MEL, MEM	12	Manual vacuum extractor	1 →B	2 →B	3 →13	1	2	8	
R_C / AZL, MEB, MEL, MEM	13	Forceps for outlet application	1 →B	2 →B	3 →14	1	2	8	
R_C / AZM, BCT, MEB, MEL, MEM, MVO, MVY, MVZ	14	Vacuum aspirator	1 →B	2 →B	3 →15	1	2	8	
R_C / AZM, BCT, MEB, MEL, MEM, MVO, MVY, MVZ	15	D&C kit	1 →B	2 →B	3 →16	1	2	8	
R_C / AZM, BCT, MEB, MEL, MEM, MVO, MVY, MVZ	16	Speculum	1 →B	2 →B	3 →17	3	2	8	
R_C / BBL, MRL, MRM	17	Pulse oximeter	1 →B	2 →B	3 →18	1	2	8	
R_C / AZT, MEB, MEL, MEM	18	Blood pressure apparatus	1 →B	2 →B	3 →19	1	2	8	
R_C / BAG	19	Foetal stethoscope/pinard/ foetoscope/digital doplar	1 →B	2 →B	3 →20	1	2	8	
R_C / AZW, MEB, MEL, MEM	20	Towel for drying newborn	1	2	3	✕	✕	✕	
R_C / AZS, MEB, MEL, MEM	21	Infant scale (with 100 g gradation)	1 →B	2 →B	3 →22	1	2	8	
R_C / BAF	22	Ultrasound (anywhere in delivery service area)	1 →B	2 →B	3 →23	1	2	8	
R_C / BBW, LWB, LWL, LWM	23	Resuscitation table (with heat source) (for newborn resuscitation)	1 →B	2 →B	3 →24	1	2	8	
R_C / BBX, LWB, LWL, LWM	24	Infant incubator (anywhere in facility)	1 →B	2 →B	3 →25	1	2	8	
R_C / ATI, AZK, JXB, JXL, JXM, MEB, MEL, MEM	25	Electric or manual suction pump	1 →B	2 →B	3 →26	1	2	8	
R_C / ATI, AZK, JXB, JXL, JXM, MEB, MEL, MEM	26	Suction catheter for suctioning newborn	1 →B	2 →B	3 →27	1	2	8	
R_C / ATI, AZK, JXB, JXL, JXM, MEB, MEL, MEM	27	Suction bulb (single use)	1 →B	2 →B	3 →28	1	2	8	
R_C / ATI, AZK, JXB, JXL, JXM, MEB, MEL, MEM	28	Suction bulb (sterilizable multi-use)	1 →B	2 →B	3 →29	1	2	8	
R_C / AZU, MEB, MEL, MEM	29	Thermometer	1 →B	2 →B	3 →Q9321	1	2	8	

Facility ID _____

Mod/Ind	No.	Question	Result	Skip
R_C / AZN, MEB, MEL, MEM	9321	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 YES, OBSERVED, NOT FUNCTIONAL..2 YES, REPORTED, FUNCTIONAL...3 YES, REPORTED, NOT FUNCTIONAL...4 NOT AVAILABLE...5	 ➔Q9323 ➔Q9323 ➔Q9323
R_C / AZN, MEB, MEL, MEM	9322	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 / ATI, AZO, JXB, JXL, JXM, MEB, MEL, MEM	9323	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 YES, OBSERVED, NOT FUNCTIONAL..2 YES, REPORTED, FUNCTIONAL...3 YES, REPORTED, NOT FUNCTIONAL...4 NOT AVAILABLE...5	 ➔Q9325 ➔Q9325 ➔Q9325
R_C / AZO, MEB, MEL, MEM	9324	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 / ATI, AZO, JXB, JXL, JXM, MEB, MEL, MEM	9325	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 YES, OBSERVED, NOT FUNCTIONAL..2 YES, REPORTED, FUNCTIONAL...3 YES, REPORTED, NOT FUNCTIONAL...4 NOT AVAILABLE...5	 ➔Q9327 ➔Q9327 ➔Q9327
R_C / AZO, MEB, MEL, MEM	9326	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 / BBH, BBI, BBL, BBJ, MRL, MRM, BBY, LWB, LWL, LWM	9327	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	 ➔Q9332
R_C / BBI, BBY, MRL, MRM, LWB, LWL, LWM	9328	Is there any oxygen currently in the unit?	YES...1 NO 2	➔Q9330
R_C / BBI, BBY, MRL, MRM, LWB, LWL, LWM	9329	Is oxygen called for from a central location if needed? IF YES, ASK, How is oxygen is supplied when needed?	YES, SUPPLIED BY BOTH OXYGEN TANK AND OXYGEN CONCENTRATOR ....1 YES, SUPPLIED BY OXYGEN TANK ONLY ....2 YES, SUPPLIED BY OXYGEN CONCENTRATOR ONLY ....3 NO, NOT CALLED FOR FROM A CENTRAL LOCATION...................4	

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	9330	Now I would like to see the following items and to know if they are functional or not:							
R_C	01	Central 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 with attached pressure gauge, pressure regulator	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / BBI, BBY, MRL, MRM, LWB, LWL, LWM	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / BBI, BBY, MRL, MRM, LWB, LWL, LWM	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / BBI, BBY, MRL, MRM, LWB, LWL, LWM	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔07	1	2	8	

Mod/Ind	No.	Question	Result					Skip
R_C / BBY, LWB, LWL, LWM	07	Paediatric-sized oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B 2 ➔B 3 ➔Q9332 1 2 ➔Q9332 8 ➔Q9332					
R_C / BBJ, MRL, MRM, BBY, LWB, LWL, LWM	9331	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..1 NO 2					
		MEDICINES FOR DELIVERY SERVICES						
R_C	9332	Does this facility stock any medicines for obstetric care and delivery services in this service site?	YES..1 NO 2					➔Q9335

Mod/Ind	No.	Question	(A) AVAILABILITY					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		Skip
			(i) OBSERVED		(ii) NOT OBSERVED					
R_C	9333	Please tell me if any of the following medicines are available in the delivery service area. If the medicine is available, I would like to see it. CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS VALID (NOT EXPIRED). DO NOT GO TO A PHARMACY OUTSIDE OF THE DELIVERY SERVICE AREA TO ASSESS THESE ITEMS.	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C / ASU, ATE, BAA, BAV, NXL, NXM, JXA, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	01	Magnesium sulfate injection	1 ➔B	2 ➔02	3 ➔B	4 ➔02	5 ➔20	1	2	
R_C / ATG, BAD, MEA, MEB, MEC, MEL, MEM, BBD, JXB, JXL, JXM, LOY, LOZ	02	Betamethasone injection	1 ➔B	2 ➔03	3 ➔B	4 ➔03	5 ➔03	1	2	
R_C / ATG, BAD, MEA, MEB, MEC, MEL, MEM, BBD, JXB, JXL, JXM, LOY, LOZ	03	Dexamethasone injection	1 ➔B	2 ➔04	3 ➔B	4 ➔04	5 ➔04	1	2	
R_C/ BAC, MEC, MEL, MEM	04	Intravenous infusion set	1	2	3	4	5	✕	✕	
R_C / BAC, MEC, MEL, MEM	05	Dextrose and water 5% (D5W) intravenous solution	1	2	3	4	5	✕	✕	
R_C / BAC, BAT, MEC, MEL, MEM, LOY, LOZ	06	Sodium chloride (.09NS) intravenous solution	1	2	3	4	5	✕	✕	
R_C / BAC, MEC, MEL, MEM	07	Other plasma expander such as Ringer's lactate (RL)	1	2	3	4	5	✕	✕	
R_C / ATH, BAB, JXB, JXL, JXM, MEC, MEL, MEM	08	Any skin disinfectant	1	2	3	4	5	✕	✕	
R_C / ATD, BAH, BAZ, BCW, JXA, JXL, JXM, LOY, LOZ, MVP, MVY, MVZ	09	Misoprostol tablet 200 mcg	1	2	3	4	5	✕	✕	
R_C	10	Oxytocin injection	1 ➔B	2 ➔Q9355	3 ➔B	4 ➔Q9355	5 ➔Q9355	1	2	

Mod/Ind	No.	Question	Result				Skip
R_C	9334	Is the oxytocin stored in cold storage?	YES...1 NO 2				
		SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY					
R_C	9335	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO		NOT APPLICABLE	
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2		✕	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2		✕	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2		✕	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2		✕	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2		✕	
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2		✕	
R_C	07	STAFF WERE WEARING ID BADGES	1	2		✕	
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2		✕	
R_C	09	THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR DELIVERY UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2		5	

18.7. INPATIENT POSTPARTUM/POSTNATAL CARE (PNC)

18.7.1. MATERNAL POSTPARTUM CARE SERVICE SITE CONDITIONS

WARD OR UNIT BEDS

Mod/Ind	No.	Question	Result						Skip
R_C	9400	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, POSTPARTUM WARD..1 YES, MIXED WARD WITH POSTPARTUM WOMEN ....2 NO WARD, ONLY TEMPORARY/OVERNIGHT BEDS.....................3 NO OVERNIGHT POSTPARTUM BEDS 4						➔Q9500 ➔Q9500
R_C	9401	Now I would like to ask about items for examining or monitoring postpartum women and newborns. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO BE CLASSIFIED AS PRESENT THE ITEM MUST BE IN THE UNIT OR WARD OR IN THE IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD REASONABLY BE EXPECTED TO USE IT FOR PATIENTS IN THIS WARD OR UNIT.	(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C / BEN, LUB, LUL, LUM	01	Thermometer (manual) or electronic	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / BEM, LUB, LUL, LUM	02	Infant scale (100 g gradations)	1 ➔B	2 ➔B	3 ➔Q9402	1	2	8	

Mod/Ind	No.	Question	Result			Skip
R_C / BEK, LUB, LUL, LUM	9402	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			
		SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY				
		Now I would like to conduct a brief observation of actual conditions with regard to cleanliness and waste disposal today in the postpartum care service area.				
R_C	9403	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
R_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
R_C / BEL, LUB, LUL, LUM	09	THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR POSTPARTUM UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	
		18.7.2. MATERNAL POSTPARTUM CARE SERVICES				
R_C	9500	How long do women who have uncomplicated delivery in this facility most commonly remain prior to being sent home?	LESS THAN 24 HOURS...1 24–48 HOURS...2 2 OR MORE FULL DAYS...3 WIDE VARIATION 4			
R_C	9501	Does this service area have any of the following documents or job aids for PNC services: FOR EACH TYPE OF DOCUMENT AVAIALBLE, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BEI, LUA, LUL, LUM	01	Guidelines for maternal postnatal care	1	2	3	

Mod/Ind	No.	Question	Result						Skip
R_C	9502	In the past 2 years, have you or any provider(s) of postpartum care received any training in:	YES			NO			
R_C / BEJ, LUA, LUL, LUM	01	Any aspect of maternal PNC	1			2			
		18.7.3. PRACTICES TO SUPPORT QUALITY OF MATERNAL HEALTH SERVICES							
R_C / CXY	9503	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						
		18.7.4. WELL INFANT POSTPARTUM CARE SERVICE SITE CONDITIONS							
R_C	9700	Does this facility have a separate ward or unit for healthy newborns who are not staying with their mother?	YES...1 NO, ALL NEWBORNS STAY WITH MOTHER 2						➔Q9800

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	9701	Now I would like to ask about items for examining or monitoring infants in this ward or unit. 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, ITEM MUST BE IN THE UNIT OR WARD OR IN THE IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD REASONABLY BE EXPECTED TO USE IT FOR PATIENTS IN THIS WARD OR UNIT.							
R_C / BEN, LUB, LUL, LUM	01	Thermometer (manual) or electronic	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / BEM, LUB, LUL, LUM	02	Infant scale (100 g gradations)	1 ➔B	2 ➔B	3 ➔Q9800	1	2	8	

Mod/Ind	No.	Question	Result			Skip
		18.7.5. WELL INFANT POSTPARTUM CARE SERVICES				
R_C	9800	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 / DGV	9801	Is it the policy of this facility to routinely encourage exclusive breast feeding?	YES...1 NO 2			
R_C	9802	Does this facility have any of the following documents or job aids for inpatient newborn care services: IF YES, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / AZD, MEA, MEL, MEM	01	National guidelines for essential newborn care	1	2	3	
R_C / BDL, OAN, OAY, OAZ	02	Written guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / BDO, OAN, OAY, OAZ	9803	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES	NO	THERE IS NO POLICY	
R_C	01	Breastfeeding and counselling for promoting breastfeeding	1	2	3	
R_C	02	Essential newborn care, other than for breastfeeding	1	2	3	
R_C	9804	For each of the following services, please tell me if this service is routinely, that is, always offered, offered sometimes, but not routinely, or rarely/never offered to a person responsible for the newborn care prior to discharge:	YES, ROUTINELY PROVIDE/OFFER THE SERVICE	OFFER THE SERVICE IN SOME CASES, NOT ROUTINELY	THIS IS NOT POLICY AND RARELY IS FOLLOWED	
R_C / BEE	01	Counselling on child immunization needs	1	2	3	
R_C / BEC	02	Counselling on child nutritional needs and good feeding practices	1	2	3	
R_C / BEA	03	Counselling on danger signs in the newborn	1	2	3	
R_C / BEB	04	Counselling on cord care and hygiene	1	2	3	
R_C / BDZ	05	Counselling on family planning	1	2	3	
R_C / BEF	06	Provision of newborn vaccines (BCG)	1	2	3	
R_C / BEG	07	Provision of newborn vaccines (OPV)	1	2	3	
R_C	08	Provision of ITN for child [WHERE APPLICABLE]	1	2	3	
		SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY				
		Now I would like to conduct a brief observation of actual conditions with regard to cleanliness and waste disposal today in the well infant postpartum care service area.				
R_C	9805	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
R_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
R_C	09	THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR WELL INFANT POSTPARTUM UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	

Mod/Ind	No.	Question	Result	Skip
		18.7.6. SUPPORT FOR QUALITY NEWBORN CARE		
		PERINATAL DEATH REVIEWS		
R_C / CXX	9806	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	
		18.8. INPATIENT CARE FOR THE SMALL OR SICK INFANT		
		18.8.1. INPATIENT SERVICES FOR THE SMALL/SICK INFANT		
R_C / AKA, BDB, BDL, BDM, BDN, BDO, BDP, BDQ, BDR, BDS, BDT, BDU, BDV, BDW, BDX, OAN, OAO, OAP, OAY, OAZ	9900	Does this facility provide any inpatient services for the small or sick infant? IF YES, ASK: Are there any special inpatient units for small or sick infants?	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	➔Q10100
		18.8.2. SERVICES FOR THE SMALL/SICK INFANT		
		Now I would like to ask some questions about services available for small and sick infants in this facility.		
		KANGAROO MOTHER CARE (KMC)		
R_C / AYT, BDC, MYO, MYY, MYZ	10000	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	➔Q10007
R_C / BDR, OAO, OAY, OAZ	10001	Is there a bed or location where the caregiver providing KMC stays overnight while providing KMC? IF YES, ASK: May I see where the caregiver stays while providing KMC?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C / BDS, OAO, OAY, OAZ	10002	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	
R_C / BDD	10003	Has KMC been provided at any time during the past 3 months?	YES...1 NO 2	
R_C / BDT, OAO, OAY, OAZ	10004	Is there a register where it is recorded when KMC is provided? IF YES ASK: May I see it?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
R_C / BDQ, OAN, OAY, OAZ	10005	Have you or another provider received training in KMC during the past 2 years?	YES...1 NO 2	
R_C / BDN, OAN, OAY, OAZ	10006	Are there any protocols, guidelines or job aids for KMC? IF YES, ASK: May I see the guidelines or job aids?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3	
		ALTERNATIVE FEEDING		
R_C / BDE	10007	Does this facility routinely provide alternative feeding for newborns who cannot breastfeed?	YES...1 NO 2	

Mod/Ind	No.	Question	Result			Skip
		NEWBORN SEPSIS				
R_C / BDF	10008	Are newborns or neonates with symptoms of sepsis ever provided services or referral in the inpatient service area?	YES...1 NO 2			➔Q10012
R_C	10009	When there is a probable case of neonatal sepsis, what routine practices are taken for managing the case? FOR EACH PRACTICE, CLARIFY IF THIS IS ALWAYS, SOMETIMES OR NEVER PRACTISED.	YES, ALWAYS	YES, SOMETIMES	NEVER	
R_C	01	Immediately refer to another facility without providing any treatment	1 ➔Q10010	2	3	
R_C	02	Immediately refer to another unit in this facility without providing any treatment	1 ➔Q10010	2	3	
R_C	03	Provide one dose injectable antibiotic and then refer to another facility	1 ➔Q10010	2	3	
R_C	04	Provide one dose injectable antibiotic and then refer to another unit in this facility	1 ➔Q10010	2	3	
R_C	05	Prescribe the full antibiotic regimen and follow-up in this unit	1 ➔Q10010	2	3	
R_C / BDP, OAN, OAY, OAZ	10010	Have you or any provider(s) received training related to newborn sepsis in the past 2 years?	YES...1 NO 2			
R_C	10011	Does this facility have any guidelines or job aids for neonatal sepsis? IF YES, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BDM, OAN, OAY, OAZ	01	Protocols or guidelines for newborn sepsis	1	2	3	
		GENERAL INTERVENTIONS AND SUPPORT FOR QUALITY CARE FOR SMALL AND SICK NEWBORNS				

Mod/Ind	No.	Question	(A) ROUTINELY AVAILABLE		(B) AVAILABLE/FUNCTIONAL TODAY		Skip
R_C	10012	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	YES	NO	
R_C / BDG	01	Oxygen	1 ➔B	2 ➔02	1	2	
R_C / BDI	02	Exchange transfusion blood service	1 ➔B	2 ➔03	1	2	
R_C / BDJ	03	Intravenous rehydration	1 ➔B	2 ➔04	1	2	
R_C / BDH	04	Incubator	1 ➔B	2 ➔05	1	2	
R_C / BDH	05	Radiant warmer	1 ➔B	2 ➔06	1	2	
R_C / BDK	06	Artificial ventilation	1 ➔B	2 ➔Q10013	1	2	
		SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY				
		Now I would like to conduct a brief observation of actual conditions with regard to cleanliness and waste disposal today in the unit serving small/ sick infants.				

Mod/Ind	No.	Question	Result			Skip
R_C	10013	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
R_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
R_C	09	THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SMALL/ SICK INFANT UNIT CAREGIVERS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	
		18.9. HIV SERVICES				
		18.9.1. COMMUNITY LINKAGES FOR HIV SERVICES				
R_C / BOX	10100	Does the facility have links with community health workers or community volunteers for any HIV related services?	YES..1 NO 2			
		18.9.2. HIV TESTING SERVICES				
R_C / AKS, AKT, APS, APT, APU, AQP, AQQ, AQL, AQM, ARK, AYE, BJW, BOE, BOG, BOH, BOI, BOJ, BOK, KFN, KFO, KFP, KFQ, KFY, KFZ, BOL, BOM, BON, BOO, BOS, BOT, BOR, BOP, BOQ, NBL, NBM, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM	10200	Does this facility offer HIV testing services?	YES..1 NO 2			➔Q10300
R_C / BJJ, BOF	10201	Does this facility provide HIV testing services for minor adolescents? IF YES, CLARIFY IF GUARDIAN CONSENT IS REQUIRED OR NOT.	YES, GUARDIAN CONSENT REQUIRED ....1 YES, NO GUARDIAN CONSENT REQUIRED ....2 NO ADOLESCENT HIV TESTING 3			➔Q10203
R_C / BJT, KTA, KTL, KTM	10202	Have you or any provider(s) of HIV/AIDS counselling and testing services received any training in HIV/AIDS prevention, care and management for adolescents in the past 2 years?	YES..1 NO 2			

Mod/Ind	No.	Question	Result			Skip

R_C / AKS, AKW, BSD, BSE, BSH, BSI, BSJ, BSK, BSL, BSM, NXY, NXZ	10203	Does this facility ever provide HIV testing services for children below 5 years of age?
		
		IF NO, ASK: Are children referred elsewhere outside facility for HIV testing?
			YES...1
			NO HIV TESTING FOR CHILDREN:
			   CHILDREN ARE REFERRED FOR TESTING....................................2
			   CHILDREN ARE NOT REFERRED FOR TESTING..........................3			

		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.				
R_C / BOI, KFO, KFY, KFZ	10204	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			
R_C	10205	Where is the HIV test conducted? IF OTHER THAN LABORATORY, GO TO SITE.	LABORATORY ....1 OTHER SITE..2			
		GO TO WHERE HIV TEST FOR COUNSELLING AND TESTING IS CONDUCTED.				
R_C / ARK, AYE, BJW, BMM, BOJ, BOL, BRX, CAZ, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM, LTB, LTL, LTM	10206	Does this facility have HIV rapid test kits (with valid expiration date) in stock in this service site today? CHECK TO SEE IF VALID (NOT EXPIRED).	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			➔ Q10208
R_C / BOM	10207	Has there been any stock out of the HIV rapid test in the past 3 months?	YES...1 NO 2			
R_C / BON	10208	Does this facility have external quality control mechanisms for HIV RDT test results?	YES...1 NO 2			
R_C / BOO	10209	Does this facility routinely test the quality of the HIV RDT test kit?	YES...1 NO 2			
R_C	10210	Please tell me if the following resources/supplies used for infection control are available in this service area today: ASK TO SEE EACH ITEM THAT IS AVAILABLE.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / DGT, APQ, APR, AQP, BOS, NBL, NBM	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C / DGT, APQ, APR, AQP, BOS, NBL, NBM	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / DGT, APQ, APR, AQP, BOS, NBL, NBM	03	Alcohol-based handrub	1	2	3	
R_C / AQP, BOS, NBL, NBM	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C / AQP, BOS, NBL, NBM	05	Disposable paper towels for drying hands	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / AQQ, AQV, BOT, NBL, NBM, MEY, MEZ	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C / AQQ, AQV, BOT, NBL, NBM, MEY, MEZ	07	Disposable latex gloves (sterile)	1	2	3	
R_C / APS, APT, APU, AQM, BOQ, NBL, NBM	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 / APS, APT, APU, AQM, BOQ, NBL, NBM	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C / APS, APT, APU, AQL, BOP, NBL, NBM	10	Sharps container ("safety box")	1	2	3	
R_C / AQN, BOR, NBL, NBM	11	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C / BOK, KFN, KFO, KFP, KFQ, KFY, KFZ	10211	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			
		SUPPORT FOR QUALITY HIV TESTING SERVICES (HTS)				
R_C	10212	Are any of the following guidelines or job aids for HIV counselling and testing available in this facility today: IF YES, ASK: May I see the guidelines?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BOG, KFN, KFY, KFZ	01	National guidelines for HIV counselling and testing	1	2	3	
R_C / BOH, KFN, KFY, KFZ	10213	Have you or any provider(s) of HIV testing services received any training in HIV testing services (HTS) in the past 2 years?	YES...1 NO 2			
		18.9.3. HIV ANTIRETROVIRAL TREATMENT (ART) SERVICES				
R_C / AKS, AKV, BQJ, BQP, BQQ, BQR, BQS, BQT, BQU, BQV, KVN, KVO, KVP, KVY, KVZ, BQW, BQX, BQY, BQZ, BRA, BRB, BRC, BRD, BRE	10300	Does this facility prescribe life-long ART or provide follow-up services for life-long ART patients?	YES...1 NO 2			➔Q10400
		ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				

Mod/Ind	No.	Question	Result		Skip
R_C	10301	Which of the following services does this facility provide:	YES	NO	
R_C / BQN	01	Routine adherence counselling	1	2	
R_C / BQM	02	ART patient clinical treatment follow-up	1	2	
R_C / BQO	03	Follow-up for adherence and/or medicine supply services for ART	1	2	
R_C / BQL	04	ART prescription services	1	2	
		PAEDIATRIC AND ADOLESCENT ART SERVICES			
R_C / AKS, AKW, BSD, BSF, BSH, BSI, BSJ, BSK, BSL, BSM, NXY, NXZ	10302	Does this facility provide any ART prescription or clinical follow-up services for HIV-infected children below 5 years of age? IF YES, CLARIFY WHICH SERVICES ARE OFFERED.	YES, ART PRESCRIPTION AND CLINICAL FOLLOW-UP ....1 YES, ART PRESCRIPTION, NO CLINICAL FOLLOW-UP ....2 YES, CLINICAL FOLLOW-UP, NO ART PRESCRIPTION ....3 NO SERVICES FOR HIV-INFECTED CHILDREN 4		
R_C / BJK, BQK	10303	Does this facility provide any ART prescription or clinical follow-up services for HIV-infected adolescents? IF YES, CLARIFY WHICH SERVICES ARE OFFERED.	YES, ART PRESCRIPTION AND CLINICAL FOLLOW-UP ....1 YES, ART PRESCRIPTION, NO CLINICAL FOLLOW-UP ....2 YES, CLINICAL FOLLOW-UP, NO ART PRESCRIPTION ....3 NO SERVICES FOR HIV-INFECTED ADOLESCENTS 4		➜Q10306
R_C	10304	Is guardian permission required prior to providing any ART services for adolescents?	YES...1 NO 2		
R_C	10305	In the past 2 years, have you or any provider(s) of ART received any training in:	YES	NO	
R_C / BJU, KTA, KTL, KTM	01	Initiation and management of ART for adolescents	1	2	
R_C / BJV, KTA, KTL, KTM	02	Adolescent care and support services	1	2	
		SUPPORT FOR QUALITY ART SERVICES			
R_C / BQP, KVN, KVY, KVZ	10306	Are the national ART guidelines available in this facility today? IF YES, ASK: May I see them?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3		
R_C / BQQ, KVN, KVY, KVZ	10307	Have you or any provider(s) of ART received any training in any topic related to ART in the last 2 years?	YES...1 NO 2		
		18.9.4. HIV CARE AND SUPPORT SERVICES			
R_C / AKS, AKU, BOU, BPT, BPU, BPV, BPW, BPX, BPY, BPZ, BQA, BQB, BQC, BQD, BQE, BQF, BQG, BQH, BQI, MZN, MZO, MZP, MZY, MZZ	10400	Does this facility offer HIV/AIDS care and support services, including treatment of opportunistic infections and provisions of palliative care?	YES...1 NO 2		➜Q10500

Mod/Ind	No.	Question	Result		Skip
R_C	10401	For which of the following subgroups does this facility offer HIV/AIDS care and support services:	YES	NO	
R_C / BOV	01	Adults	1	2	
R_C / BJL, BOW	02	Adolescents (only with guardian permission)	1 ➜04	2	
R_C / BJL, BOW	03	Adolescents (without guardian permission	1	2	
R_C / AKW, BSD, BSG, BSH, BSI, BSJ, BSK, BSL, BSM, NXY, NXZ	04	Children	1	2	
R_C	10402	Please tell me if this facility provides the following services for HIV/AIDS clients:	YES	NO	
R_C / BPA	01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections	1	2	
R_C / BPD	02	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients	1	2	
R_C / BPE	03	Provide nutritional rehabilitation services, e.g. client education and provision of nutritional supplements	1	2	
R_C / BPF	04	Prescribe or provide fortified protein supplementation (FPS)	1	2	
R_C	05	Prescribe or provide other fortified supplementation	1	2	
R_C / BPG	06	Provide or prescribe micronutrient supplementation, such as vitamins or iron	1	2	
R_C / BOZ	07	Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment (CPT)	1	2	
R_C / BPI	08	Provide condoms for preventing further transmission of HIV	1	2	
R_C / BPH	09	Family planning counselling for HIV/AIDS clients	1	2	
R_C / BPM	10	Routine screening or testing for TB	1	2	
R_C / BOY	11	Prescribe or provide preventive treatment for TB (isoniazid [INH] + pyridoxine) [COUNTRY ADAPT TREATMENT]	1	2	
R_C / BPK	12	Provide/prescribe treatment for TB or TB and HIV coinfection	1	2	
R_C / BPL	13	Counsel on risk reduction in TB and HIV coinfected patients	1	2	
R_C / BPJ	14	Provide screening for cryptococcal infection for patients with CD4 below 100	1	2	
R_C / BPB	15	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	

Mod/Ind	No.	Question	Result			Skip
R_C / BPC	16	Provide treatment for Kaposi's sarcoma	1 ➔18		2	
R_C	17	Refer for treatment of Kaposi's sarcoma	1		2	
R_C / BPO	18	Screen HIV patients for chronic cardiovascular diseases	1		2	
R_C / BPO	19	Screen HIV patients for diabetes	1		2	
R_C / BPN	20	Routine STI screening tests and diagnosis	1		2	
R_C / BPR	21	Provide/prescribe STI treatments	1		2	
R_C / BPS	22	Diagnostic testing for hepatitis B and C	1		2	
R_C / BPP	23	Routine HIV testing and counselling for partner of HIV-infected patient	1		2	
R_C / BPQ	24	HIV testing for children of HIV-infected patients who are receiving services	1		2	
R_C / BQI, MZN, MZO, MZP, MZY, MZZ	10403	Are condoms available in the service site for care and support services for HIV-infected patients? IF YES, ASK: May I see them?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
		18.10. HIV/TB COINFECTION				
		18.10.1. HIV/TB COINFECTION				
R_C / BPY, MZO, MZY, MZZ	10500	Is there a system to support HIV-infected patients being screened or tested for TB?	YES...1 NO 2			➔Q11502
R_C / BPY, MZO, MZY, MZZ	10501	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			
		18.10.2. SUPPORT FOR QUALITY HIV CARE AND SUPPORT SERVICES				
R_C	10502	Please tell me if the following guidelines are available in this service area today: IF YES, ASK: May I see the documents?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BPT, MZN, MZY, MZZ	01	National guidelines for the clinical management of HIV/AIDS	1	2	3	
R_C / BPU, MZN, MZY, MZZ	02	National guidelines for palliative care	1	2	3	
R_C / BPV, MZN, MZY, MZZ	03	National guidelines for HIV/TB coinfection	1	2	3	
R_C / BPW, MZN, MZY, MZZ	10503	Have you or any provider(s) of HIV care and support services received any training in any topic related to HIV care and support in the past 2 years?	YES...1 NO 2			➔Q10600
R_C	10504	In the past 2 years, have you or any provider(s) of HIV care and support services received any training in:	YES		NO	
R_C / BPX, MZN, MZY, MZZ	01	Clinical management of HIV/AIDS	1		2	

Mod/Ind	No.	Question	Result			Skip
		18.11. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)				
		18.11.1. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)				
R_C / ALT, APS, APT, APU, CGG, CGI, CGJ, CGL, CGM, CGN, CGO, CGK, CGP, CGQ, CGR, CGS, CGT, CGU, CGV, CGW, CGX, CGY, CGZ, CHA, CHB, CHC, CHD, CHE, CHF, CHG, CHH, KWN, KWO, KWP, KWY, KWZ, CHL, CHO, CHP, CHN, CHM, CHI, CHJ, CHK, CHQ	10600	Does this facility offer voluntary male medical circumcision (VMMC) services as an outpatient service?	YES...1 NO 2			➜Q10700
R_C / BJM, CGH	10601	Is VMMC available for adolescents? IF YES, CLARIFY IF GUARDIAN CONSENT IS REQUIRED OR NOT.	YES, GUARDIAN CONSENT REQUIRED ....1 YES, NO GUARDIAN CONSENT REQUIRED ....2 NO 3			
		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.				
R_C	10602	ASK WHERE THE OUTPATIENT VMMC PROCEDURES ARE CONDUCTED AND INDICATE IF THE LOCATION HAS ALREADY BEEN ASSESSED FOR STANDARD PRECAUTIONS AGAINST INFECTION OR NOT.	OUTPATIENT PROCEDURE ROOM PREVIOUSLY ASSESSED..........1 OTHER ROOM, NOT PREVIOUSLY ASSESSED ....2 INPATIENT SITE, SURGICAL AREA 3			➜Q10604 ➜Q10609
		ASK TO BE SHOWN WHERE THE VMMC PROCEDURE IS PERFORMED IN THE OUTPATIENT SERVICE AREA. EXPLAIN THAT YOU WANT TO SEE EQUIPMENT AND SUPPLIES THAT ARE USED FOR THE VMMC PROCEDURE. IF THE ITEMS ARE IN ANOTHER AREA BUT ARE BROUGHT TO THE SITE WHEN PROCEDURES ARE PERFORMED ASK TO SEE THEM AND IF IT IS REASONABLE TO ASSUME THE ITEMS ARE BROUGHT AND USED WHEN PROCEDURES ARE CARRIED OUT, MARK THEM AS OBSERVED, OR REPORTED, NOT SEEN, DEPENDING ON THE CASE.				
R_C	10603	Please tell me if the following resources/supplies used for infection control are available where VMMC is conducted in this service site: ASK TO SEE EACH ITEM THAT IS AVAILABLE. IF ITEMS ARE REPORTED AVAILABLE DURING VMMC BUT ARE NOT AVAILABLE NOW BECAUSE VMMC SERVICES ARE NOT AVAILABLE TODAY, MARK "REPORTED, NOT SEEN".	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C / DGT, APQ, APR, CHL	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C / DGT, APQ, APR, CHL	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / DGT, APQ, APR, CHL	03	Alcohol-based handrub	1	2	3	
R_C / CHL	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / CHL	05	Disposable paper towels for drying hands	1	2	3	
R_C / AQV, CHP, MEY, MEZ	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C / AQV, CHO, MEY, MEZ	07	Disposable latex gloves (sterile)	1	2	3	
R_C / APS, APT, APU, CHJ	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 / APS, APT, APU, CHJ	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C / APS, APT, APU, CHK	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 / CHK	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C / CHI	12	Sharps container ("safety box")	1	2	3	
R_C / AQN, CHM, NBL, NBM	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C / AQO, CHN, NBL, NBM	14	Disposable syringes with disposable needles	1	2	3	
R_C / AQO, CHN, NBL, NBM	15	Auto-disable syringes	1	2	3	
R_C / AQW, CHQ, MEY, MEZ	16	Surgical/respiratory masks	1	2	3	

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING			Skip
R_C	10604	Please tell me if the following basic equipment and supplies used in the provision of client services are available and are functional in the service area where VMMC procedures are carried out: ASK TO SEE THE ITEMS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C / CGL, KWO, KWY, KWZ	01	Stethoscope	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C / CGM, KWO, KWY, KWZ	02	Blood pressure apparatus	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C / CGN, KWO, KWY, KWZ	03	Tourniquet	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C / CGP, KWO, KWY, KWZ	04	Oropharyngeal airway (green – size 3)	1 ➜B	2 ➜B	3 ➜05	1	2	8	
R_C / CGP, KWO, KWY, KWZ	05	Oropharyngeal airway (yellow – size 4)	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C / CGP, KWO, KWY, KWZ	06	Oropharyngeal airway (purple/red –size 5)	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C / CGO, KWO, KWY, KWZ	07	Surgical equipment for procedures	1 ➜B	2 ➜B	3 ➜Q10605	1	2	8	

Mod/Ind	No.	Question	Result			Skip
R_C / CGQ, KWO, KWY, KWZ	10605	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			➔Q10607 ➔Q10607 ➔Q10607
R_C / CGQ, KWO, KWY, KWZ	10606	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 / CGR, KWO, KWY, KWZ	10607	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 NOT AVAILABLE 5			➔Q10609 ➔Q10609 ➔Q10609
R_C / CGR, KWO, KWY, KWZ	10608	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			
		SUPPORT FOR QUALITY VMMC SERVICES				
R_C	10609	Are any of the following guidelines or other documents available in this facility: IF YES, ASK TO SEE THE DOCUMENTS.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / CGI, KWN, KWY, KWZ	01	National VMMC guidelines	1	2	3	
R_C / CGJ, KWN, KWY, KWZ	10610	Have you or any provider(s) of VMMC received any training in topics related to VMMC in the past 2 years?	YES...1 NO 2			
		18.12. TUBERCULOSIS (TB) SERVICES				
		18.12.1. CASE DETECTION AND PREVENTION OF AIRBORNE TRANSMISSION				
R_C / AKY, BLL, BME, BMF, BMG, BMH, BMI, BMJ, BMK, BML, BMM, BMN, BMO, BMP, BMQ, BMR, MJN, MJO, MJP, MJY, MJZ, BMW, BMX, BMY, BMZ, BNA, BNB, BNC, BND, BNE, BNF, BNG, BNH, BNI, BNJ, BNK, BNL, BNM, BNN, BNO, BNP, BNQ, BNR, BNS, BNT, BNU, BNV, BNW, BNX, BNY, BNZ, BOA, BOB, BOC, BOD	10700	Does this facility provide any services for tuberculosis? This includes case detection, diagnosis, prescribing treatment, patient clinical follow-up, patient follow-up for adherence, and/or periodic resupply of individual patient medicines.	YES...1 NO 2			➔Q11800
		First, I want to know about any TB case detection activities in the general outpatient service area for sick patients. I would like to first speak with the most knowledgeable person in the outpatient service area about routine practices related to identifying suspect TB patients and how these cases are managed. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				

Mod/Ind	No.	Question	Result				Skip
		TESTING SUSPECT TB PATIENTS					
R_C / BMD	10701	What is the process for managing patients with presumptive TB?	REFER PATIENT TO SITE IN THIS FACILITY FOR DIAGNOSIS ....1 REFER PATIENT OUTSIDE FACILITY FOR DIAGNOSIS ....2 COLLECT SPUTUM AND SEND FOR TESTING ....3 NEVER SEND PATIENT OR SPUTUM FOR TB DIAGNOSIS 5				➜Q10800 ➜Q10800 ➜Q10800
R_C / BMD	10702	Please tell me if any of the items I ask about are available in the site outside the laboratory where the sputum test is ordered and/or the specimen is collected: IF AVAILABLE, ASK: May I see the item?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE		
R_C / BMD	01	Sputum cup	1	2	3		
R_C / BMD	02	Referral form for sputum specimen or for patient	1	2	3		
R_C / BMD	10703	Does the site that ordered the TB sputum test receive the TB sputum test results for patients or specimens that are sent elsewhere for testing?	YES...1 NO 2				➜Q10800
R_C / BMD	10704	May I see a record that documents which patients or specimens were sent elsewhere for TB test, and the documented test result?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO..3				
R_C	10705	What is the action taken when a positive TB test is returned?	REQUIRE SECOND SPUTUM TEST ....1 DIAGNOSIS AND TREAT IN THIS SITE ....2 REFER ELSEWHERE IN THIS FACILITY FOR DIAGNOSIS AND TREATMENT...3 REFER OUTSIDE FACILITY FOR DIAGNOSIS AND TREATMENT......4				
		18.12.2. TB DIAGNOSIS					
R_C / AKZ, BLN	10800	Does this facility make the diagnosis of TB for any type of patients?	YES ....1 NO...2				➜Q10900
R_C / BJN, BLP	10801	Do providers in this facility diagnose TB for minor adolescents? IF YES, CLARIFY IF GUARDIAN PERMISSION IS REQUIRED OR NOT.	YES, GUARDIAN CONSENT REQUIRED ....1 YES, NO GUARDIAN CONSENT REQUIRED ....2 NO..3				
R_C / BLO	10802	Do providers in this facility diagnose TB for adults?	YES ....1 NO...2				➜Q10804
R_C	10803	Which of the following methods are ever used at this facility for diagnosing TB for adults:	YES		NO		
R_C / BLS	01	Clinical symptoms	1		2		
R_C / BLR, BLT	02	Sputum smear microscopy examination	1		2		
R_C / BLR, BLU	03	Culture	1		2		
R_C / BLR, BLV	04	Rapid test (GeneXpert MTB/RIF)	1		2		
R_C / BLR, BLW	05	Chest X-ray	1		2		
R_C / BLQ	10804	Do providers in this facility diagnose TB for children??	YES...1 NO 2				
		18.12.3. TB TREATMENT					
R_C / BLY	10900	Do providers in this facility prescribe the medicines for TB treatment for any category of patient?	YES ....1 NO...2				➜Q11000

Mod/Ind	No.	Question	Result		Skip
R_C	10901	For which of the following category of patients does this facility prescribe the medicines for TB treatment:	YES	NO	
R_C / BJO	01	Minor adolescents, guardian consent required	1	2	
R_C / BJO	02	Minor adolescents, guardian consent not required	1	2	
R_C	03	Adults	1	2	
R_C	04	Children	1	2	
		18.12.4. TREATMENT AND ENROLLED PATIENT FOLLOW-UP			
R_C / ALA	11000	Do providers in this facility provide patient follow-up services for patients enrolled in TB treatment?	YES...1 NO 2		➔Q11100
R_C	11001	Which of the following services do providers in this facility provide:	YES	NO	
R_C / BMA	01	Clinical follow-up, including prescription revision if needed?	1	2	
R_C / BLZ	02	Periodic resupply of TB medicines according to prescription?	1	2	
R_C / BMA	03	Follow-up to support adherence to treatment and patient follow-up appointments?	1	2	
		18.12.5. TB/HIV COINFECTION			
R_C / BLX	11100	Do providers in this facility screen or test TB patients for HIV or have a system for diagnosis of HIV among TB patients?	YES ....1 NO 2		➔Q11200
R_C / BMN, MJO, MJY, MJZ	11101	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		
		18.12.6. COMMUNITY LINKAGES FOR TB SERVICES			
R_C / BMC	11200	Does the facility have links with community health workers for any TB-related services?	YES...1 NO 2		
		18.12.7. DRUG-RESISTANT TB			
R_C / BLM, BMS, BMT, BMU, BMV, MHN, MHO, MHP, MHY, MHZ	11300	Does this facility provide any services related to case detection, testing or treatment for drug-resistant TB?	YES...1 NO 2		
		18.12.8. INFECTION CONTROL FOR TB			
R_C	11400	IS THIS THE SAME SERVICE SITE WHERE TB CASE DETECTION PRACTICES WERE ASSESSED?	YES...1 NO 2		➔Q11402
R_C	11401	Are the following materials available in this service site for coughing patients:	YES	NO	
R_C / BMQ, MJP, MJY, MJZ	01	Tissues	1	2	
R_C / BMR, MJN, MJO, MJP, MJY, MJZ	02	Surgical/respiratory masks	1	2	
R_C	11402	Does this facility have any guidelines, protocols or job aids related to TB services?	YES...1 NO 2		➔Q11501

Mod/Ind	No.	Question	Result			Skip
		18.12.9. SUPPORT FOR QUALITY TB SERVICES				
R_C	11500	Does this facility have any guidelines or documents related to the following topics: IF YES, ASK TO SEE THE DOCUMENTS. THESE MAY BE IN ONE GUIDELINE OR IN DIFFERENT DOCUMENTS.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / BME, MJN, MJY, MJZ	01	National guidelines for diagnosis and treatment of TB for adults	1	2	3	
R_C / BME, MJN, MJY, MJZ	02	National guidelines for diagnosis and treatment of TB for children	1	2	3	
R_C / BMF, MJN, MJY, MJZ	03	Guidelines for TB infection control	1	2	3	
R_C / BMG, MJN, MJY, MJZ	04	Guidelines for management of HIV and TB coinfection	1	2	3	
R_C / BMS, MHN, MHY, MHZ	05	Guidelines for drug-resistant TB	1	2	3	
R_C / BMF, MJN, MJY, MJZ	06	Guidelines for respiratory transmission-based precautions	1	2	3 ➜Q11501	
R_C / BMF, MJN, MJY, MJZ	07	Do the guidelines for transmission-based precautions include TB infection control?	1	2	3	
R_C	11501	Have you or any provider(s) of TB services received any training in any topic related to TB diagnosis, treatment or patient follow-up in the past 2 years?	YES..1 NO 2			➜Q11700
R_C	11502	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 / BMH, MJN, MJY, MJZ	01	TB diagnosis and management	1		2	
R_C / BMH, BMJ, MJN, MJY, MJZ	02	Management of HIV and TB coinfection	1		2	
R_C / BMH, BMT, MJN, MJY, MJZ, MHN, MHY, MHZ	03	Diagnosis and/or treatment for drug-resistant TB	1		2	
R_C / BMI, MJN, MJY, MJZ	04	TB infection control	1		2	
		18.12.10. TB MEDICINES				
R_C / BLZ	11700	Does the facility provide follow-up for enrolled TB patients by supplying medicines?	YES..1 NO 2			➜Q11800
R_C	11701	How does the facility receive the medicines that are provided to patients?	INDIVIDUAL PATIENT SUPPLY PROVIDED FROM OUTSIDE THE FACILITY ....1 ONLY RECEIVE BULK SUPPLY ....2 BOTH METHODS USED 3			➜Q11703
R_C	11702	During the past 3 months has there been any shortage of the individual medicine supply on the day when patients came to pick up their medicines?	YES..1 NO 2			

Mod/Ind	No.	Question	Result							Skip
		BULK STOCK SUPPLY OF TB MEDICINES								
R_C / BMW, BMX, BMY, BMZ, BNA, BNB, BNC, BND, BNE, BNF, BNG, BNH, BNI, BNJ, BNK, BNL, BNM, BNN, BNO, BNP, BNQ, BNR, BNS, BNT, BNU, BNV, BNW, BNX, BNY, BNZ, BOA, BOB, BOC, BOD	11703	Does this facility stock any medicines for TB treatment that are not allocated for individual patients, that is, bulk medicines? IF YES, ASK: Where is the main storage area for TB bulk medicines stored? IF THE MAIN MEDICINE STORAGE AREA IS NOT THE MAIN PHARMACY, GO TO THE SITE AND ASSESS TB MEDICINES AND MEDICINE STORAGE CONDITIONS.	YES, MAIN MEDICINE STORAGE SITE IS OTHER THAN MAIN PHARMACY...1 YES, MAIN SITE IS PHARMACY...2 NO, BULK TB MEDICINES NOT STOCKED 3						➔Q11800 ➔Q11800

Mod/Ind	No.	Question	(A) AVAILABILITY					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		Skip
			(i) OBSERVED		(ii) NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	11704	I would like to know if the following TB medicines are available today in this facility. I would also like to observe the medicines that are available. I will also be asking about stock outs for some specific medicines.								
R_C / BMO, BMW, BNA, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNP	01	Ethambutol	1 ➔B	2 ➔02	3 ➔B	4 ➔02	5 ➔02	1	2	
R_C / BMO, BMW, BMY, BQB, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNN	02	Isoniazid (INH)	1 ➔B	2 ➔03	3 ➔B	4 ➔03	5 ➔03	1	2	
R_C / BMO, BMW, BNB, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNQ	03	Pyrazinamide	1 ➔B	2 ➔04	3 ➔B	4 ➔04	5 ➔04	1	2	
R_C / BMO, BMW, BMZ, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNO	04	Rifampicin	1 ➔B	2 ➔05	3 ➔B	4 ➔05	5 ➔05	1	2	
R_C / BMO, BMW, BNC, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNR	05	Isoniazid + rifampicin (2FDC)	1 ➔B	2 ➔06	3 ➔B	4 ➔06	5 ➔06	1	2	
R_C / BMO, BMW, BND, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNS	06	Isoniazid + ethambutol (EH) (2FDC)	1 ➔B	2 ➔07	3 ➔B	4 ➔07	5 ➔07	1	2	
R_C / ATB, BMO, BMW, BNF, BQD, NXL, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNT	07	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC)	1 ➔B	2 ➔08	3 ➔B	4 ➔08	5 ➔08	1	2	

Mod/Ind	No.	Question	Result							Skip
R_C / BMO, BMW, BNE, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNU	08	Isoniazid + rifampicin + ethambutol (RHE) (3FDC)	1 ➜B	2 ➜09	3 ➜B	4 ➜09	5 ➜09	1	2	
R_C / BMO, BMW, BNG, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNV	09	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC)	1 ➜B	2 ➜10	3 ➜B	4 ➜10	5 ➜10	1	2	
R_C / BMP, BNH, MJP, MJY, MJZ, BNW	10	Paediatric formulation for INH – as a single medicine for IPT	1 ➜B	2 ➜11	3 ➜B	4 ➜11	5 ➜11	1	2	
R_C / BMP, BNI, MJP, MJY, MJZ, BNX	11	Paediatric formulation for rifampicin (may be in a combined formulation)	1 ➜B	2 ➜12	3 ➜B	4 ➜12	5 ➜12	1	2	
R_C / BMP, BNJ, MJP, MJY, MJZ, BNY	12	Paediatric formulation for pyrazinamide (may be in a combined formulation)	1 ➜B	2 ➜13	3 ➜B	4 ➜13	5 ➜13	1	2	
R_C / BMP, BNK, MJP, MJY, MJZ, BNZ	13	Paediatric formulation for ethambutol (may be in a combined formulation)	1 ➜B	2 ➜14	3 ➜B	4 ➜14	5 ➜14	1	2	
R_C	14	Streptomycin injectable	1 ➜B	2 ➜15	3 ➜B	4 ➜15	5 ➜15	1	2	
R_C / BMV, MHN, MHO, MHP, MHY, MHZ, BMX, BNM	15	National first-line multidrug-resistant (MDR) treatment regimen [COUNTRY ADAPT]	1 ➜B	2 ➜16	3 ➜B	4 ➜16	5 ➜16	1	2	
R_C / BQA, MZP, MZY, MZZ	16	Cotrimoxazole tablet	1 ➜B	2 ➜17	3 ➜B	4 ➜17	5 ➜17	1	2	
R_C / BFZ, BSC, KHA, KHB, KHC, KHD, KHL, KHM, BSI, MKD, MKL, MKM, NXY, NXZ	17	Cotrimoxazole syrup	1 ➜B	2 ➜Q11800	3 ➜B	4 ➜Q11800	5 ➜Q11800	1	2	

18.13. SURGICAL SERVICES

18.13.1. MINOR SURGERY

Mod/Ind	No.	Question	Result	Skip
R_C / ALR, ALS, APS, APT, APU, AQP, AQQ, AQL, AQM, CBL, CBY, CBZ, CCA, CCB, CCC, CCD, CCE, CCF, CCG, CCH, JKA, JKB, JKL, JKM, CIE, NBL, NBM	11800	Does this facility offer any minor surgical services either for out- or inpatients (such as suturing, circumcision, wound debridement, etc.)?	YES............1 NO 2	➜Q11900
		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.		

Mod/Ind	No.	Question	YES			NO SERVICE	
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT		
R_C	11801	Please tell me if this facility provides the following services:					
R_C / AMF, CBN	01	Incision and drainage of abscesses	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
R_C / CBM	02	Wound debridement	1	2	3	4	
R_C / CBQ	03	Acute burn management	1	2	3	4	
R_C / CBO	04	Suturing	1	2	3	4	
R_C / CBW	05	Closed repair of fracture	1	2	3	4	
R_C / CBX	06	Closed reduction of dislocated joint	1	2	3	4	
R_C / CBR	07	Cricothyroidotomy	1	2	3	4	
R_C / CBS	08	Male circumcision	1	2	3	4	
R_C / CBT	09	Hydrocele reduction	1	2	3	4	
R_C / CBP	10	Chest tube insertion	1	2	3	4	
R_C / CBU	11	Biopsy of lymph node or mass	1	2	3	4	
R_C / CBV	12	Removal of foreign body (throat, eye, ear of nose)	1	2	3	4	
		18.13.2. ESSENTIAL SURGERY					
R_C / ALU, APS, APT, APU, AQP, AQQ, AQL, AQM, CCI, CDK, CDO, CDP, CDQ, CDR, CDS, CDT, CDU, CDV, CDW, CDX, CDY, CDZ, CEA, CEB, CEC, CED, CEE, CEF, CEG, CEH, CEI, CEJ, CEK, CEL, CEM, CEN, CFA, CEO, CEP, CEQ, CER, CES, CET, CEU, CEV, CEW, CEX, CEY, CEZ, CFB, CFC, LRN, LRO, LRP, LRY, LRZ, CFD, CFE, CFF, CFG, CFH, CFI, CFJ, CFK, CFL, CFM, CFN, CFT, CFV, CFU, CFS, CFR, CFO, CGD, CFP, CFQ, CGE, CFW, CGC, CFX, CGA, CFY, CFZ, CGB, CGF, JHL, JHM, CIE, NBL, NBM	11900	Are any surgical procedures other than those minor surgical procedures already asked about carried out by this facility, either as out or inpatient procedures?	YES...1 NO 2				➜Q12000
		ASK TO BE SHOWN THE AREA WHERE GENERAL SURGICAL PROCEDURES ARE CARRIED OUT. IF THERE ARE BOTH INPATIENT AND OUTPATIENT OPERATING ROOMS, GO TO THE INPATIENT OPERATING AREA. 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 / BBN, CCX, CDL	11901	Does the facility conduct caesarean section?	YES...1 NO 2				➜Q11907
R_C / BBS, LWA, LWL, LWM	11902	Have you or any provider(s) of delivery service received any training in comprehensive emergency obstetric care (CEmOC) in the past 2 years?	YES...1 NO ....2 DON'T KNOW 8				

Mod/Ind	No.	Question	Result				Skip
R_C / BBR, LWA, LWL, LWM	11903	Do you have the national guidelines for comprehensive emergency obstetric care (CEmOC) available today in the surgical service area? IF YES, ASK: May I see the guidelines?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NOT AVAILABLE..3				
R_C / BBR, LWA, LWL, LWM	11904	Are there any checklists or job aids For CEmOC available in the surgical service area? IF YES ASK: May I see the job aids or checklists?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NOT AVAILABLE..3				
R_C / BBT, LWA, LWL, LWM	11905	Is a health professional who can perform caesarean section either in the facility or on-call 24 hours a day?	YES...1 NO ....2 DON'T KNOW 8				
R_C / BBU, CDS, LWA, LWL, LWM, LRN, LRY, LRZ	11906	Is a person trained in anaesthesia and all equipment and supplies needed to administer general anaesthesia either in the facility or on-call 24 hours a day?	YES...1 NO ....2 DON'T KNOW 8				
R_C	11907	Please tell me if this facility provides the following services:	YES			NO SERVICE	
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT		
		SURGICAL AND ANESTHETIC PROCEDURES					
R_C / CDB	01	Tubal ligation	1	2	3	4	
R_C / CDC	02	Vasectomy	1	2	3	4	
R_C / CCN	03	Cystostomy	1	2	3	4	
R_C / CCW	04	Urethral stricture dilation	1	2	3	4	
R_C / CCV	05	Tracheostomy	1	2	3	4	
		OBSTETRIC/GYNAECOLOGIC PROCEDURES					
R_C / CCY	06	Dilatation and curettage (D&C) or vacuum aspiration for evacuation of uterus	1	2	3	4	
R_C / CCZ	07	Episiotomy, cervical and vaginal laceration repair	1	2	3	4	
R_C / CDA	08	Obstetric fistula repair	1	2	3	4	
R_C / BBN, CCX, CDL	09	Caesarean section	1	2	3	4	
R_C / BCL, BCR, BCS, BCT, BCU, BCV, BCW, BCX, BCY, BCZ, BDA, MVN, MVO, MVP, MVY, MVZ	10	Any abortion services	1	2	3	4	
R_C / BCM, BCN	11908	Under what conditions are abortion services provided?	MEDICAL EMERGENCY ONLY.. 1 BOTH MEDICAL EMERGENCY AND ELECTIVE AS ALLOWED BY LAW..2				

Mod/Ind	No.	Question	Result				Skip
R_C / BCO, BCP, BJI	11909	Does this facility offer abortion services for minor adolescents? IF YES, ASK: Is guardian consent required for minor adolescents to receive an abortion?	YES, GUARDIAN CONSENT REQUIRED .... 1 YES, NO GUARDIAN CONSENT REQUIRED .... 2 NO ADOLESCENT ABORTION SERVICES 3				
		COMPREHENSIVE SURGICAL PROCEDURES					
R_C	11910	Does the facility perform any other types of surgical procedures?	YES... 1 NO 2				➔Q11912

Mod/Ind	No.	Question	YES			NO SERVICE	Skip
R_C	11911	Please tell me if this facility offers the procedure I will ask about, and if yes, if the procedure is offered for inpatients, outpatients, or for both inpatients and outpatients.	OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT	NO SERVICE	
R_C / CCJ	01	Amputation	1	2	3	4	
R_C / CCK	02	Appendectomy	1	2	3	4	
R_C / CCL	03	Cataract surgery	1	2	3	4	
R_C / CCM	04	Contracture release	1	2	3	4	
R_C / CCU	05	Skin grafting	1	2	3	4	
R_C / CCO	06	Drainage of osteomyelitis-septic arthritis	1	2	3	4	
R_C / CCP	07	Hernia repair (strangulated)	1	2	3	4	
R_C / CCP	08	Hernia repair (elective)	1	2	3	4	
R_C / CCQ, CDN	09	Irrigation and debridement of open fractures	1	2	3	4	
R_C / CCT	10	Placement of external fixator	1	2	3	4	
R_C / CCS	11	Open reduction and fixation for fracture	1	2	3	4	
R_C / CCR, CDM	12	Procedures using laparotomy	1	2	3	4	
		PAEDIATRIC SURGERY					
R_C / ALX, CDD	11912	Does this facility perform any neonatal or paediatric surgical procedures?	YES..1 NO 2				➔Q11914

Mod/Ind	No.	Question	ALWAYS AVAILABLE WHEN NEEDED DURING THE PAST 3 MONTHS	NOT ALWAYS AVAILABLE DURING THE PAST 3 MONTHS	NEVER AVAILABLE	Skip
R_C	11913	Now I want to know about the availability of essential surgeries for children younger than 15 years. For each procedure I asked about, please tell me if this was always available, not always available, or never available for children younger than 15 years old during the past 3 months.				
		GENERAL AND UROLOGICAL SURGERY				
R_C / CDH	01	Paediatric (congenital) hernia	1	2	3	
R_C / CDJ	02	Reduction of intussusception	1	2	3	

Mod/Ind	No.	Question	Result			Skip
		PROCEDURES RELATED TO PAEDIATRIC RESUSCITATION AND INJURY				
R_C / CDI	03	Paediatric escharotomy/ fasciotomy contracture release	1	2	3	
		ADVANCED PROCEDURES				
R_C / CDF	04	Repair of cleft lip and palate	1	2	3	
R_C / CDG	05	Repair of clubfoot	1	2	3	
R_C / CDE	06	Repair of anorectal malformation (Hirschsprung's disease)	1	2	3	
		18.13.3. HUMAN RESOURCES FOR SURGERY				
R_C / CDR, CIN, LRN, LRY, LRZ	11914	Does this facility have a health professional trained in general surgery present in the facility or on-call in near proximity (within 30 minutes) 24 hours a day, including weekends and on public holidays?	YES, 24 HOURS ONSITE .... 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL............ 2 NO 24-HOUR COVERAGE.. 3			
R_C / CDS, CIN, LRN, LRY, LRZ	11915	Does this facility have a health professional trained in anaesthesia present in the facility or on-call in near proximity (within 30 minutes) 24 hours a day, including weekends and on public holidays?	YES, 24 HOURS ONSITE .... 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL............ 2 NO 24-HOUR COVERAGE.. 3			
		18.13.4. SUPPORT FOR QUALITY SERVICES				
R_C / CDO, LRN, LRY, LRZ	11916	Do you have materials on integrated management of emergency and essential surgical care (IMEESC), such as best practices, protocols or other materials available today in the surgical service area? IF YES, ASK: May I see the guidelines or other documents?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NOT AVAILABLE.. 3			
R_C / CDQ, LRN, LRY, LRZ	11917	Is the WHO surgical safety checklist, or a similar tool, utilized routinely in the operating theatres? IF YES, ASK: May I see a copy of the checklist that is used?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NOT AVAILABLE.. 3			
R_C / CDP, LRN, LRY, LRZ	11918	Have you or any provider(s) of basic surgical services received any training in IMEESC in the past 2 years?	YES.. 1 NO .... 2 DON'T KNOW 8			
		18.13.5. SURGICAL SERVICE RESOURCES, EQUIPMENT, INFRASTRUCTURE				
		STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL				
R_C	11919	Please tell me if the following resources/supplies used for infection control are available in the surgical service area today: ASK TO SEE EACH ITEM THAT IS AVAILABLE.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C / DGT, APQ, APR, AQP, BAO, CFT, NBL, NBM, JHL, JHM	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / DGT, APQ, APR, AQP, BAO, CFT, NBL, NBM, JHL, JHM	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / DGT, APQ, APR, AQP, BAO, CFT, NBL, NBM, JHL, JHM	03	Alcohol-based handrub	1	2	3	
R_C / AQP, BAO, CFT, NBL, NBM, JHL, JHM	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C / AQP, BAO, CFT, NBL, NBM, JHL, JHM	05	Disposable paper towels for drying hands	1	2	3	
R_C / AQQ, AQV, CFV, NBL, NBM, MEY, MEZ, JHL, JHM	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C / AQQ, AQV, CFU, NBL, NBM, MEY, MEZ, JHL, JHM	07	Disposable latex gloves (sterile)	1	2	3	
R_C / APS, APT, APU, AQM, BAK, CFP, CGE, NBL, NBM, JHL, JHM	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 / APS, APT, APU, AQM, BAK, CFP, CGE, NBL, NBM, JHL, JHM	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C / APS, APT, APU, BAL, CFQ, JHL, JHM	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 / BAL, CFQ, JHL, JHM	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C / AQL, BAJ, CFO, CGD, NBL, NBM, JHL, JHM	12	Sharps container ("safety box")	1	2	3	
R_C / AQN, BAM, CFR, NBL, NBM, JHL, JHM	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C / AQO, BAN, CFS, NBL, NBM, JHL, JHM	14	Disposable syringes with disposable needles	1	2	3	
R_C / AQO, BAN, CFS, NBL, NBM, JHL, JHM	15	Auto-disable syringes	1	2	3	
R_C / AQW, BAQ, CFW, MEY, MEZ, JHL, JHM	16	Surgical/respiratory masks	1	2	3	
R_C / AQX, CGC, MEY, MEZ, JHL, JHM	17	N95 face masks	1	2	3	
R_C / AQY, BAR, MEY, MEZ	18	Non-sterile protective gowns	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / AQY, BAR, CFZ, MEY, MEZ, JHL, JHM	19	Sterile protective gowns	1	2	3	
R_C / AQZ, CFY, MEY, MEZ, JHL, JHM	20	Aprons (impermeable)	1	2	3	
R_C / ARA, CFX, MEY, MEZ, JHL, JHM	21	Eye protection (goggles, face shields)	1	2	3	
R_C / ARB, CGB, MEY, MEZ, JHL, JHM	22	Gumboots or clogs	1	2	3	
R_C / ARC, MEY, MEZ, CGA, JHL, JHM	23	Hair cover	1	2	3	
		SURGICAL SERVICE INFRASTRUCTURE AND RESOURCES				
R_C / CFD	11920	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			
		Now I would like to collect information from the main inpatient surgical service site. IF THERE ARE MULTIPLE SURGICAL AREAS, SELECT THE AREA WHERE CAESAREAN SECTIONS ARE MOST COMMONLY CARRIED OUT.				
R_C / CFE	11921	Is there a site to scrub for surgery that is adjacent to but separate from the operating room?	YES..1 NO 2			➔Q11923
R_C /CFE	11922	Is running water functioning in the scrub area today?	YES..1 NO 2			
R_C	11923	Please tell me if there are separate rooms for the following surgical service components:	YES		NO	
R_C / CFG	01	Preoperative room(s)	1		2	
R_C / CFF	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 / CFH	03	Post-operative recovery room(s)	1		2	
		EQUIPMENT AND COMMODITIES FOR SURGERY				
R_C / CEH, CIF, LRP, LRY, LRZ, MUL, MUM	11924	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			➔Q11929
R_C / CEH, CIE, CIF, CIG, MUL, MUM, LRP, LRY, LRZ	11925	Is there any oxygen currently in the unit?	YES..1 NO 2			➔Q11927
R_C / CEH, CIF, LRP, LRY, LRZ, MUL, MUM	11926	Is oxygen called for from a central location if needed? IF YES, ASK: How is oxygen is supplied when needed?	YES, SUPPLIED BY BOTH OXYGEN TANK AND OXYGEN CONCENTRATOR ....1 YES, SUPPLIED BY OXYGEN TANK ONLY ....2 YES, SUPPLIED BY OXYGEN CONCENTRATOR ONLY ....3 NO, NOT CALLED FOR FROM A CENTRAL LOCATION................4			

Mod/Ind	No.	Question	Result						Skip
R_C	11927	Now I would like to see the following items and to know if they are functional or not:	(A) AVAILABLE IN THIS SERVICE AREA			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Central 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 with attached pressure gauge, pressure regulator	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / CEH, CIF, LRP, LRY, LRZ, MUL, MUM	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / CEH, CIF, LRP, LRY, LRZ, MUL, MUM	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / CEH, CIF, LRP, LRY, LRZ, MUL, MUM	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔Q11929	1	2 ➔Q11929	8 ➔Q11929	
R_C / CEH, CIG, MUL, MUM, LRP, LRY, LRZ	11928	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES.. 1 NO 2						
		SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY							
		Now I would like to conduct a brief observation of actual conditions with regard to cleanliness and waste disposal today in the surgical service area.							
R_C	11929	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES		NO		NOT APPLICABLE		
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1		2		✕		
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1		2		✕		
R_C / CGD, JHL, JHM	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1		2		✕		
R_C / CGD, JHL, JHM	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1		2		✕		
R_C / CGE, JHL, JHM	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1		2		✕		
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1		2		✕		
R_C	07	STAFF WERE WEARING ID BADGES	1		2		✕		
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1		2		✕		
R_C / CGF, JHL, JHM	09	THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SURGICAL UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1		2		5		
		SURGICAL EQUIPMENT							

Mod/Ind	No.	Question	Result						Skip
			(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	11930	Now I would like to see some basic surgical equipment. For each item I ask about, please tell me if it is available, and show me the item. Where relevant, also please tell me if the item is functioning today. ASK TO SEE EACH OF THE FOLLOWING ITEMS. 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.							
R_C / CDT, LRO, LRY, LRZ	01	Basic operating table	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / CDU, LRO, LRY, LRZ	02	Overhead operating light	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / CDV, LRO, LRY, LRZ	03	Examination light (other than overhead surgical light) that can be aimed (flashlight acceptable) to visualize site being examined/surgical site	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / CEJ, LRO, LRY, LRZ	04	Gasometer	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / CEI, LRO, LRY, LRZ	05	Capnograph	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / CEE, LRO, LRY, LRZ	06	Cardiac monitor	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C / CEE, LRO, LRY, LRZ	07	ECG electrodes	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / CEF, LRO, LRY, LRZ	08	Defibrillator	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C / CEO, LRO, LRY, LRZ	09	Thermometer (manual/electronic/ digital)	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C / CED, LRO, LRY, LRZ	10	Stethoscope	1 ➔B	2 ➔B	3 ➔11	1	2	8	
R_C / CEC, LRO, LRY, LRZ	11	Blood pressure apparatus (manual sphygmomanometer with stethoscope or digital)	1 ➔B	2 ➔B	3 ➔12	1	2	8	
R_C / CEC, LRO, LRY, LRZ	12	Auto blood pressure machine	1 ➔B	2 ➔B	3 ➔13	1	2	8	
R_C / ATI, CEN, JXB, JXL, JXM, LRO, LRY, LRZ	13	Any suction apparatus (manual or electronic)	1 ➔B	2 ➔B	3 ➔14	1	2	8	
R_C / ATI, CEN, JXB, JXL, JXM, LRO, LRY, LRZ	14	Suction catheters	1 ➔B	2 ➔B	3 ➔15	1	2	8	
R_C / CDW, LRO, LRY, LRZ	15	Needle holder	1 ➔B	2 ➔B	3 ➔16	1	2	8	
R_C / CDW, LRO, LRY, LRZ	16	Scalpel handle with blade	1 ➔B	2 ➔B	3 ➔17	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C / CDW, LRO, LRY, LRZ	17	Retractor	1 ➔B	2 ➔B	3 ➔18	1	2	8	
R_C / CDW, LRO, LRY, LRZ	18	Surgical scissors	1 ➔B	2 ➔B	3 ➔19	1	2	8	
R_C / BBZ, CER, LWB, LWL, LWM, LRO, LRY, LRZ	19	Spinal needle	1 ➔B	2 ➔B	3 ➔20	1	2	8	
R_C / CFA, LRP, LRY, LRZ	20	Nasogastric tube adult (e.g. French gauge 14–16G)	1 ➔B	2 ➔B	3 ➔21	1	2	8	
R_C / CFA, LRP, LRY, LRZ	21	Nasogastric tube adult (e.g. French gauge 10–12G)	1 ➔B	2 ➔B	3 ➔22	1	2	8	
R_C / CEP, LRO, LRY, LRZ	22	Tourniquet	1 ➔B	2 ➔B	3 ➔23	1	2	8	
R_C / CDX, LRO, LRY, LRZ	23	Cricothyroidotomy set	1 ➔B	2 ➔B	3 ➔24	1	2	8	
R_C / CEQ, LRP, LRY, LRZ	24	Urinary catheters	1 ➔B	2 ➔B	3 ➔25	1	2	8	
R_C / AQV, CDZ, MEY, MEZ, LRP, LRY, LRZ	25	Sterile latex gloves	1	2	3	✕	✕	✕	
R_C	11931	Now I would like to see some adult intubation and anaesthesia equipment. For each item I ask about, please tell me if it is available, and show me the item. Where relevant, also please tell me if the item is functioning today. ASK TO SEE EACH OF THE FOLLOWING ITEMS. 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) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C / BBV, CEK, LWB, LWL, LWM, LRO, LRY, LRZ	01	Oropharyngeal airway (adult)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / CEK, LRO, LRY, LRZ	02	Laryngeal mask or other supraglottic airway (size 4 or 5 for adult)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / BBV, CEK, LWB, LWL, LWM, LRO, LRY, LRZ	03	Adult intubation set (sealed) INSTRUCTION: IF YES, 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 / BBV, CEK, LWB, LWL, LWM, LRO, LRY, LRZ	04	Endotracheal tube (adult, e.g. cuffed sizes 5.5–9.0)	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / BBV, CEK, LWB, LWL, LWM, LRO, LRY, LRZ	05	Laryngoscope handle and blade (adult)	1 ➔B	2 ➔B	3 ➔06	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C / BBV, CEK, LWB, LWL, LWM, LRO, LRY, LRZ	06	Magills forceps (adult)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C / BBV, CEK, LWB, LWL, LWM, LRO, LRY, LRZ	07	Stylet or bougie (adult)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / BBV, CEK, LWB, LWL, LWM, LRO, LRY, LRZ	08	Tubings and connectors (to connect adult endotracheal tube)	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Nasopharyngeal airways (adult)	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C / BBV, CEG, LWB, LWL, LWM, LRO, LRY, LRZ	10	Adult anaesthesia machine	1 ➔B	2 ➔B	3 ➔Q11932	1	2	8	

Mod/Ind	No.	Question	Result	Skip

R_C / BBV, CEM, LWB, LWL, LWM, LRO, LRY, LRZ	11932	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
				
				➔Q11934
				
				➔Q11934
				➔Q11934

R_C / BBV, CEM, LWB, LWL, LWM, LRO, LRY, LRZ	11933	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 / ALX, CDD	11934	Does this facility perform paediatric surgery? IF NO PAEDIATRIC SURGERY, ASK: Does the facility perform caesarean sections?	YES, PAEDIATRIC SURGERY..1 NO PAEDIATRIC SURGERY BUT YES PERFORM C-SECTION ....2 NO PAEDIATRIC SURGERY OR C-SECTION 3	➔Q12000
R_C / CFI	11935	Does this facility have a general paediatric surgical provider present in the facility or on-call in near proximity (within 30 minutes) 24 hours a day, including weekends and on public holidays?	YES, 24 HOURS ONSITE ....1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL..............2 NO 24-HOUR COVERAGE..3	
R_C / CFJ	11936	Does this facility have a general paediatric anaesthesia provider present in the facility or on-call in near proximity 24 hours a day, including weekends and on public holidays?	YES, 24 HOURS ONSITE ....1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL..............2 NO 24-HOUR COVERAGE..3	

Mod/Ind	No.	Question	Result						Skip
			(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	11937	Now I would like to see some paediatric intubation and anaesthesia equipment. For each item I ask about, please tell me if it is available, and show me the item. Where relevant, also please tell me if the item is functioning today. ASK TO SEE EACH OF THE FOLLOWING ITEMS. 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.							
R_C / BBV, CEL, LWB, LWL, LWM, LRO, LRY, LRZ	01	Oropharyngeal airway (paediatric)	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C / CEL, LRO, LRY, LRZ	02	Laryngeal mask or other supraglottic airway (size 2 or 3 for paediatric)	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C / BBV, CEL, LWB, LWL, LWM, LRO, LRY, LRZ	03	Paediatric intubation set (sealed) IF YES, ASK FOR ITEMS 04–08 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C / BBV, CEL, LWB, LWL, LWM, LRO, LRY, LRZ	04	Endotracheal tube (paediatric e.g. uncuffed sizes 3.0 to 5.0)	1 ➜B	2 ➜B	3 ➜05	1	2	8	
R_C / BBV, CEL, LWB, LWL, LWM, LRO, LRY, LRZ	05	Laryngoscope handle and blade (paediatric)	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C / BBV, CEL, LWB, LWL, LWM, LRO, LRY, LRZ	06	Laryngoscope handle and blade neonatal (size 1)	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C / BBV, CEL, LWB, LWL, LWM, LRO, LRY, LRZ	07	Magills forceps (paediatric)	1 ➜B	2 ➜B	3 ➜08	1	2	8	
R_C / BBV, CEL, LWB, LWL, LWM, LRO, LRY, LRZ	08	Stylet or bougie (paediatric)	1 ➜B	2 ➜B	3 ➜09	1	2	8	
R_C / CEL, LRO, LRY, LRZ	09	Tubings and connectors (to connect endotracheal tube) to fit paediatric endotracheal tubes	1 ➜B	2 ➜B	3 ➜Q11938	1	2	8	
R_C / CEM, LRO, LRY, LRZ	11938	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 NOT AVAILABLE..5						➜Q11940 ➜Q11940 ➜Q11940
R_C / CEM, LRO, LRY, LRZ	11939	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						

Mod/Ind	No.	Question	Result	Skip

R_C / ATI, BBV, CEM, JXB, JXL, JXM, LWB, LWL, LWM, LRO, LRY, LRZ	11940	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
				
				➜Q11942
				
				➜Q11942
				➜Q11942

R_C / BBV, CEM, LWB, LWL, LWM, LRO, LRY, LRZ	11941	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 / ATI, BBV, CEM, JXB, JXL, JXM, LWB, LWL, LWM, LRO, LRY, LRZ	11942	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
				➜Q12000
				
				➜Q12000
				➜Q12000

R_C / BBV, CEM, LWB, LWL, LWM, LRO, LRY, LRZ	11943	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	
		18.14. IMAGING AND SPECIALTY TREATMENT SERVICES		
		18.14.1. IMAGING AND SPECIALTY TREATMENT SERVICES		
		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.		

Mod/Ind	No.	Question	(A) IS THIS PROCEDURE OFFERED?		(B) EQUIPMENT		(C) TRAINED STAFF FOR CONDUCTING PROCEDURE/ THERAPY			(D) RESULTS INTERPRETED		Skip
			YES	NO	EQUIPMENT AVAILABLE AND FUNCTIONING TODAY	EQUIPMENT NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, ONSITE FULL TIME	YES, ONSITE PART TIME	NOT AVAILABLE	ONSITE	OFFSITE	
R_C	12000	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. IF THE RESPONDENT IS NOT SURE, FIND THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.										
R_C / BUX	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 ➜ Q12001	1 ➜ C	2 ➜ Q12001	1 ➜ D	2 ➜ D	3 ➜ Q12001	1	2	
R_C	12001	Does this facility perform any imaging procedures?	YES...1 NO 2									➜Q12004
		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.										

Mod/Ind	No.	Question	Result									Skip
R_C	12002	Does this facility perform any of the following procedures:	(A) IS THIS PROCEDURE OFFERED?		(B) EQUIPMENT		C) TRAINED STAFF FOR CONDUCTING PROCEDURE/ THERAPY			(D) RESULTS INTERPRETED		
			YES	NO	EQUIPMENT AVAILABLE AND FUNCTIONING TODAY	EQUIPMENT NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, ONSITE FULL TIME	YES, ONSITE 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 ➜ Q12004	1 ➜ C	2 ➜ Q12004	1 ➜ D	2 ➜ D	3 ➜ Q12004	1	2	
R_C	12003	Is unexpired film for X-ray available?	YES...1 NO 2									
R_C	12004	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, FUNCTIONAL..1 YES, NONE FUNCTIONAL ....2 NO 3									
		18.15. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES										
		18.15.1. ORGANIZATION AND INFRASTRUCTURE OF EMERGENCY SERVICES										
		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.										

Mod/Ind	No.	Question	Result	Skip
R_C. M_C / ALY, AMJ, APS, APT, APU, CIJ, CIT, CIU, CIV, CIW, CIX, CIY, CIZ, CJA, CJB, CJC, CJD, CJE, CJF, CJG, CJH, CJI, CJJ, CJK, CJL, CJM, CJN, CJO, CJP, CJQ, CJR, CJS, CJT, CJU, CJV, CJW, CJX, CJY, CJZ, CKA, LXA, LXB, LXC, LXD, LXL, LXM, CKC, CKD, CKE, CKB, CKF, CKG, CKH, CKI, CKJ, CKK, CKL, CKM, CKN, CKO, CKP, CKQ, CKW, CKX, CKU, CKV, CKR, CLF, CKS, CLG, CKT, CKY, CLE, CKZ, CLC, CLA, CLB, CLD, CLH, CLI, CLJ, CLK, CLL, KGL, KGM, CLM, CLN, CLO, CLP, CLQ, CLR, CLS, CLT, CLU, CLV, CLW, CLX, CLY, CLZ, LFL, LFM, CMA, CMB, CMC, CMD, CME, CMF, CMG, CMH, CMI, CMJ, CMK, CML, CMM, CMN, CMO, CMP, CMQ, LFN, LFO, LFY, LFZ, CMR, CMS, CMT, CMU, CMV, CMW, CMX, CMY, CMZ, CNA, CNB, CNC, CND, CNE, CNF, CNG, CNH, CNI, CNJ, CNK, KKN, KKO, KKY, KKZ, CNP, CNM, CNN, CNL, CNO, CNQ, CNR, CNS, CNW, CNT, CNU, CNV, CNX, CNY, CNZ, LMN, LMO, LMP, LMY, LMZ, COE, COF, COG, COH, KJN, KJO, KJY, KJZ, COI, COJ, COK, COL, COM, CON, COO, LSL, LSM, COP, COQ, COR, COS, COT, COU, COV, LKA, LKB, LKL, LKM, COW, COX, COY, COZ, CPD, CPA, CPB, CPC, CPE, CPF, CPG, CPH, CPI, CPJ, CPK, CPL, CPM, LHN, LHO, LHY, LHZ, CPN, CPO, CPP, CPQ, CPR, CPS, CPT, CPU, CPV, CPW, CPX, CPY, CPZ, JVA, JVB, JVL, JVM, CQA	12100	Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment.	YES... 1 NO 2	➔Q12200
		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 / ALZ, CIK	12101	What is the setting for emergency services?	SPECIAL EMERGENCY UNIT .... 1 OFFERED IN SAME SERVICE SETTINGS AS NON-EMERGENCY OUTPATIENT SERVICES... 2 OTHER _____.....6 (SPECIFY)	
R_C / ALZ, CIK	12102	How many hours per day are services provided in the emergency unit?	HOURS PER DAY .... __ __ 24-HOUR EMERGENCY SERVICES 24	

Mod/Ind	No.	Question	Result	Skip
		TRIAGE SERVICES		
R_C / CKK, CKM	12103	Is there a formal triage system for the emergency service patients?	YES..1 NO 2	➔Q12106
R_C / CKM	12104	Is a structured triage tool, such as the Interagency Integrated Triage Tool, used 24 hours per day, 7 days per week?	YES..1 NO 2	➔Q12106
R_C / CKN	12105	Have staff been trained in using the triage tool?	YES..1 NO 2	
		REFERRAL SERVICES		
R_C / CIS	12106	Does this unit ever refer patients to another facility?	YES..1 NO 2	➔Q12110
R_C / CIS	12107	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 / CIO	12108	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	➔Q12110
R_C / CIO	12109	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 6–15 MINUTES ....3 16–60 MINUTES ....4 NO CONSISTENCY IN AVAILABILITY 5	
		INFRASTRUCTURE FOR EMERGENCY SERVICE AREA		

Mod/Ind	No.	Question	(A) AVAILABILITY			(B) CONDITION		Skip
			YES, AVAILABLE		NOT AVAILABLE	ADEQUATE	INADEQUATE	
			SPECIFIC FOR EMEGENCY SERVICE AREA	NOT SPECIFIC FOR EMERGENCY SERVICES	SPACE REPORTED TO BE ADEQUATE FOR NORMAL PATIENT CASELOAD	SPACE REPORTED INADEQUATE FOR NORMAL PATIENT CASELOAD	SPACE REPORTED INADEQUATE FOR NORMAL PATIENT CASELOAD	
R_C	12110	Now I would like to know about infrastructure available for emergency services. For each item 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. IF AVAILABLE, ASK TO SEE THE AREA AND OBSERVE THE CONDITION, AND ASK: Is the space sufficient for the normal emergency service caseload?						
R_C / CKB	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 / CKC	02	Designated waiting area	1 ➔B	✕	3 ➔03	1	2	
R_C / CKD, CKL	03	Designated triage area	1 ➔B	✕	3 ➔04	1	2	
R_C / CKE	04	Designated resuscitation area	1 ➔B	✕	3 ➔05	1	2	
R_C / CKF	05	Functional radio or phone for communicating between facilities and/or ambulance for transfers	1	2	3	✕	✕	

Mod/Ind	No.	Question	Result	Skip
R_C / CKG	12111	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	→Q12113
R_C / CKH	12112	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 / CKI, CLH	12113	Is there a usable (available, functional, private) toilet for emergency service patients and visitors to use? 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	→Q12115
R_C / CKI	12114	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES, OBSERVED .... 1 REPORTED, NOT SEEN .... 2 NO 3	
R_C / CKJ, CLH	12115	Is there at least one usable (available, functional, private) toilet designated for emergency room 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	→Q12118
R_C / CKJ	12116	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES, OBSERVED ....1 REPORTED, NOT SEEN ....2 NO 3	
		18.15.2. HUMAN RESOURCES AVAILABLE FOR EMERGENCY SERVICE PATIENTS		
R_C / CIW, LXA, LXL, LXM	12118	Is there a core staff of fixed (non-rotating) providers permanently assigned to the emergency unit?	YES... 1 NO 2	
R_C / CIL	12119	Are there any staff who are always available onsite or on-call for 24-hour emergency services?	YES... 1 NO 2	→Q12121

Mod/Ind	No.	Question	YES, STAFF ALWAYS AVAILABLE 24 HOURS FOR EMERGENCY SERVICES			NO, NOT AVAILABLE 24 HOURS FOR EMERGENCY SERVICES	NEVER AVAILABLE
R_C	12120	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? IF STAFF ARE ALWAYS OFFICIALLY ON-CALL ASK: Is the on-call staff always available in the facility, or are they allowed to leave, but remain in reasonable proximity, for example, within 30 minutes. [COUNTRY ADAPT OCCUPATION/ QUALIFICATION OF STAFF]	ONSITE IN EMERGENCY UNIT	NOT ONSITE IN EMERGENCY UNIT BUT ON-CALL INSIDE FACILITY	NOT IN FACILITY BUT ON-CALL PROXIMATE TO FACILITY		
R_C / CIL	01	Emergency medicine specialist	1	2	3	4	5

Mod/Ind	No.	Question	Result					Skip
R_C / CIL	02	Generalist medical practitioner	1	2	3	4	5	
R_C / CIL	03	Mid-level provider or advanced practice nurses (e.g. clinical officers or nurse practitioners)	1	2	3	4	5	
R_C / CIL	04	Professional nurse-midwife (dual trained)	1	2	3	4	5	
R_C / CIL	05	Professional nurse	1	2	3	4	5	
R_C	06	Other specialist doctors	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3 _____ (SPECIFY)	4 _____ (SPECIFY)	5	

18.15.3. GUIDELINES AND STAFF TRAINING FOR EMERGENCY SERVICES

Mod/Ind	No.	Question	Result			Skip
R_C / CIX, LXA, LXL, LXM	12121	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	12122	Do you have any guidelines on caring for the emergency patient, available in the facility today?	YES..1 NO 2			➔Q12125

		Now I am going to ask you about protocols or guidelines for patient care and specific emergency service procedures or interventions. Please show me any guidelines or protocols for the topics I ask about. These may be separate documents or may be part of an inclusive document.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	12123	**PROTOCOLS**				
R_C / CKO	01	Is there a specific triage protocol or guidelines for children under 5 years of age?	1	2	3	
R_C / CKP	02	Is there a specific triage protocol or guidelines for pregnant women?	1	2	3	
R_C	12124	**CLINICAL MANAGEMENT PROTOCOLS**				
R_C / CIT, LXA, LXL, LXM	01	Protocol for initial approach to ABCs (airway, breathing, circulation, etc.) and basic neurologic function	1	2	3	
R_C / CIU, LXA, LXL, LXM	02	Trauma care checklist	1	2	3	

18.15.4. DIAGNOSTICS

Mod/Ind	No.	Question	Result	Skip
R_C / CIQ	12125	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 / CIR	12126	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	

Mod/Ind	No.	Question	Result			Skip
		18.15.5. SERVICES OFFERED				
		EMERGENCY SERVICE SIGNAL FUNCTIONS				
		Now I want to know about the specific services available in the emergency service area. If you do not know about a service that I mention, please identify someone who is present today who might be more familiar with the issue. For each service I ask, please tell me if it has always been available when needed during the past 3 months, has been available, but not always the past 3 months, or is never available. THE KEY INFORMANT FOR THIS SECTION SHOULD BE SOMEONE WITH DIRECT INVOLVEMENT IN CLINICAL CARE DELIVERY.	(A) AVAILABILITY			
			ALWAYS AVAILABLE WHEN NEEDED DURING THE PAST 3 MONTHS	NOT ALWAYS AVAILABLE DURING THE PAST 3 MONTHS	NEVER AVAILABLE	
R_C	12127	**VITAL SIGNS**				
R_C / CKQ	01	Are vital signs measured in the triage area?	1	2	3	
R_C / CLI	02	Are vital signs measured in the emergency unit?	1	2	3	
R_C	12128	**AIRWAY INTERVENTIONS**				
R_C / CLM	01	Use of manual manoeuvres (e.g. jaw thrust, chin lift)	1	2	3	
R_C / CLN	02	Use of suction	1	2	3	
R_C / CLO	03	Placement of oro- or nasopharyngeal airway device	1	2	3	
R_C / CLP	04	Placement of supraglottic device (local mask airway [LMA])	1	2	3	
R_C / CLQ	05	Endotracheal intubation	1	2	3	
R_C / CLR	06	Creation of surgical airway	1	2	3	
R_C	12129	**BREATHING INTERVENTIONS**				
R_C / CMA	01	Measurement of pulse oximetry at triage	1	2	3	
R_C / CMB	02	Measurement of pulse oximetry in emergency unit treatment area	1	2	3	
R_C / CMC	03	Administration of bronchodilators for reactive airway disease	1	2	3	
R_C / CMD	04	Administration of oxygen	1	2	3	
R_C / CME	05	Bag-valve-mask ventilation	1	2	3	
R_C / CMF	06	Non-invasive mechanical ventilation such as bilevel positive airway pressure (BiPAP) or continuous positive airway pressure (CPAP)	1	2	3	
R_C / CMG	07	Invasive mechanical ventilation	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / CMH	08	Perform needle decompression of tension pneumothorax	1	2	3	
R_C / CBP, CMI	09	Placement of chest tube	1	2	3	
		CIRCULATION				
R_C	12130	VOLUME RESUSCITATION INTERVENTIONS				
R_C / CMR	01	Administer oral rehydration	1	2	3	
R_C / CMS	02	Place peripheral IV access	1	2	3	
R_C / CMT	03	Establish intraosseous access	1	2	3	
R_C / CMU	04	Perform venous cutdown	1	2	3	
R_C / CMV	05	Establish central venous access	1	2	3	
R_C / CMW	06	Administration of IV fluids	1	2	3	
R_C / CMX	07	Adjust fluid resuscitation for malnutrition or severe anaemia	1	2	3	
R_C / CMY	08	Place urinary catheter	1	2	3	
R_C	12131	CONTROL OF BLEEDING				
R_C / CMZ	01	External control of haemorrhage	1	2	3	
R_C / CNA	02	Perform packing and/or suture control	1	2	3	
R_C / CNB	03	Apply arterial tourniquet	1	2	3	
R_C / CNC	04	Apply pelvic binding or sheeting	1	2	3	
R_C / CND	05	Ability to perform safe transfusion (including protocols for appropriate ratios for massive transfusion)	1	2	3	
R_C / CNE	06	Perform and interpret point-of-care ultrasound	1	2	3	
R_C	12132	**CARDIAC INTERVENTIONS**				
R_C / CNL	01	Perform pericardiocentesis	1	2	3	
R_C / CNM	02	Perform external defibrillation and/or cardioversion	1	2	3	
R_C / CNN	03	Perform external cardiac pacing	1	2	3	
R_C / CNO	04	Administration of adrenaline	1	2	3	
R_C / CNP	05	Perform and interpret ECG	1	2	3	
R_C / CNQ	06	Administer aspirin for ischaemia	1	2	3	
R_C / CNR	07	Administration of thrombolytics for myocardial infarction (MI)	1	2	3	

Mod/Ind	No.	Question	Result			Skip
		NEUROLOGIC				
R_C	12133	UNCONSCIOUS PATIENT				
R_C / COA	01	Check glucose level	1	2	3	
R_C / COB	02	Administer glucose for hypoglycaemia	1	2	3	
R_C / COC	03	Administer insulin for hyperglycaemia	1	2	3	
R_C / COD	04	Perform lumbar puncture	1	2	3	
R_C	12134	**SEIZURE**				
R_C / COI	01	Protect from secondary injury	1	2	3	
R_C / COJ	02	Administer benzodiazepine	1	2	3	
R_C / COK	03	Administer IV magnesium for pregnant patient	1	2	3	
R_C / COL	04	Administer locally appropriate antidote for narcotic overdose	1	2	3	
R_C	12135	**OTHERS**				
R_C / CPN	01	Perform mental status examination	1	2	3	
R_C / CPO	02	Management of extreme temperatures	1	2	3	
R_C / CPP	03	Ability to provide physical restraints	1	2	3	
R_C / CPQ	04	Administer appropriate therapeutics for agitation	1	2	3	
R_C / CPR	05	Perform procedural sedation	1	2	3	
R_C	12136	**SEPSIS INTERVENTIONS**				
R_C / COP	01	Administration of IV antibiotics	1	2	3	
R_C / COQ	02	Administration of IV vasopressors	1	2	3	
R_C / COR	03	Perform diagnostic paracentesis	1	2	3	
R_C / COS	04	Bedside minor surgical techniques for source control (e.g. abscess)	1	2	3	
R_C	12137	**INJURY SPECIFIC INTERVENTIONS**				
R_C / COW	01	Immobilize the cervical spine	1	2	3	
R_C / COX	02	Apply three-way dressing for sucking chest wound	1	2	3	
R_C / COZ	03	Perform fasciotomy or escharotomy for compartment syndrome	1	2	3	
R_C / COY	04	Administer opiate analgaesia	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / CPA	05	Immobilize fractures	1	2	3	
R_C / CPB	06	Perform closed reduction of fracture or dislocation	1	2	3	
R_C / CPC	07	Administer antibiotics for open fracture	1	2	3	
R_C / CPD	08	Perform appropriate initial wound care	1	2	3	
R_C / CPE	09	Administer tetanus vaccination or intravenous immunoglobin (IVIg) as appropriate	1	2	3	
R_C / CPF	10	Administer rabies vaccine or intravenous immunoglobin (IVIg) as appropriate	1	2	3	
R_C	12138	**OBSTETRIC INTERVENTIONS**				
R_C / CPS	01	Perform emergency vaginal delivery	1	2	3	
R_C / CPT	02	Administer uterotonic medicine (e.g. oxytocin)	1	2	3	
R_C / CPU	03	Perform neonatal resuscitation	1	2	3	
		OTHER SERVICES				
R_C / CIN	12139	How many hours per day are surgical services with general anaesthesia available for emergency unit patients?	HOURS PER DAY .... __ __ 24-HOUR SURGICAL SERVICES ....24 NO SURGICAL SERVICES 00			
		18.15.6. MEDICINES, DIAGNOSTICS, FURNISHINGS, EQUIPMENT				
		PHARMACEUTICAL AND COMMODITY AVAILABILITY FOR EMERGENCY SERVICES				
		Now I would like to ask about the availability of medicines for emergency services.				
R_C / CIP	12140	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 / CIM	12141	What is the closest setting, other than an emergency cart/box, from which medicines required for emergency services at night can be accessed? READ EACH OPTION TO MAKE SURE THE NEAREST LOCATION FOR MEDICINES FOR EMERGENCY PATIENTS IS IDENTIFIED.	MAIN PHARMACY...1 SATELLITE PHARMACY NOT ADJACENT TO THE EMERGENCY UNIT ....2 SATELLITE PHARMACY ADJACENT TO THE EMERGENCY UNIT ....3 CABINET/STORE LOCATED IN EMERGENCY SERVICE AREA ....4 NO 24-HOUR MEDICINE AVAILABILITY..5 OTHER _____ ....6 (SPECIFY)			➜Q12144 ➜Q12145
		ASK TO BE SHOWN WHERE MEDICINES ARE KEPT FOR EMERGENCY SERVICES AT NIGHT AND CHECK FOR THE AVAILABILITY OF AT LEAST ONE VALID UNIT.				

Mod/Ind	No.	Question	Result					Skip
R_C	12142	**EMERGENCY MEDICINES**	(A) AVAILABILITY					
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C / CNX, LMP, LMY, LMZ	01	Adrenaline or epinephrine injection	1	2	3	4	5	
R_C / COF, KJO, KJY, KJZ	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 / CNH, KKO, KKY, KKZ	06	Volume replacement intravenous solutions – dextrose 5% and normal saline (D5NS) or normal saline (NS) or Ringer's lactate (RL)	1	2	3	4	5	
R_C	07	Dextrose 5% and water intravenous solution (for medicine administration)	1	2	3	4	5	
R_C	12143	**OTHER MEDICINES**						
R_C / CKA, LXA, LXB, LXC, LXD, LXL, LXM, CPX, JVB, JVL, JVM	01	Lidocaine 1% or 2%	1	2	3	4	5	
R_C / CPX, JVB, JVL, JVM	02	Ketamine	1	2	3	4	5	
R_C / COM, CPW, LSL, LSM, JVB, JVL, JVM	03	Benzodiazepine	1	2	3	4	5	
R_C / CON, LSL, LSM	04	Magnesium sulfate	1	2	3	4	5	
R_C / COO, LSL, LSM	05	Naloxone (Narcan) narcotic antagonist	1	2	3	4	5	
R_C / AST, ATC, AZY, BAS, CPY, NXL, NXM, JXA, JXL, JXM, MEC, MEL, MEM, LOY, LOZ, JVB, JVL, JVM	06	Oxytocin in cold storage	1	2	3	4	5	
R_C / BCY, CHF, MVP, MVY, MVZ, KWP, KWY, KWZ	07	Any NSAID (e.g. diclofenac, ibuprofen)	1	2	3	4	5	
R_C / ASH, CPH, NXL, NXM, LHO, LHY, LHZ	08	Opioid (e.g. morphine)	1	2	3	4	5	
R_C	12144	**OTHER ITEMS**						
R_C / BDV, CNH, OAO, OAY, OAZ, KKO, KKY, KKZ	01	Intravenous infusion set	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C	02	Sterile needles (19 gauge)	1	2	3	4	5	
R_C	03	Sterile needles (21 gauge)	1	2	3	4	5	
R_C	04	Sterile syringes (3 mL)	1	2	3	4	5	
R_C	05	Sterile syringes (10 mL)	1	2	3	4	5	
R_C / CNH, KKO, KKY, KKZ	06	Intravenous catheter (14 or 16 gauge)	1	2	3	4	5	
R_C / CNH, KKO, KKY, KKZ	07	Intravenous catheter (18 gauge)	1	2	3	4	5	
R_C	08	Intravenous catheter (20 gauge)	1	2	3	4	5	
R_C	12145	Can the emergency room receive medicines from the main pharmacy 24-hours if needed medicines are not available elsewhere?	YES...1 NO 2					
		EMERGENCY CART						
R_C	12146	Are essential life-saving medicines and equipment for respiratory support 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					→Q12149 →Q12149

Mod/Ind	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	12147	Please tell me if any of the following life-saving medicines and equipment are available in the emergency cart/box in the area where emergency services are offered. If the item is available, I would like to see it.				
R_C / CJM, CNX, LXD, LXL, LXM, LMP, LMY, LMZ	01	Adrenaline or epinephrine injection	1	2	3	
R_C / CJP, COF, LXD, LXL, LXM, KJO, KJY, KJZ	02	Glucose 50% injection	1	2	3	
R_C / CJN, LXD, LXL, LXM	03	Atropine injection	1	2	3	
R_C / CJO, LXD, LXL, LXM	04	Calcium gluconate injection	1	2	3	
R_C / CJO, LXD, LXL, LXM	05	Sodium bicarbonate	1	2	3	
R_C / CJR, LXD, LXL, LXM	06	Intravenous infusion set	1	2	3	
R_C / CJT, CNH, LXD, LXL, LXM, KKO, KKY, KKZ	07	Volume replacement intravenous solutions – dextrose 5% and normal saline (D5NS) or normal saline (NS) or Ringer's lactate (RL)	1	2	3	
R_C / CJS, LXD, LXL, LXM	08	Dextrose 5% and water intravenous solution (for medicine administration)	1	2	3	
R_C	12148	**EMERGENCY RESPIRATORY EQUIPMENT**				
R_C / CJV, LXB, LXL, LXM	01	Oropharyngeal airway (adult)	1	2	3	

Mod/Ind	No.	Question	Result					Skip
R_C / CJV, LXB, LXL, LXM	02	Nasopharyngeal airways (adult)	1	2	3			
R_C / CJW, LXB, LXL, LXM	03	Oropharyngeal airway (paediatric)	1	2	3			
R_C / CJW, LXB, LXL, LXM	04	Nasopharyngeal airways (paediatric)	1	2	3			
R_C / CJX, LXB, LXL, LXM	05	Adult intubation set (with endotracheal tube, stylet or bougie, laryngoscope handle and blade, Magill forceps)	1	2	3			
R_C / CJY, LXB, LXL, LXM	06	Paediatric intubation set (with endotracheal tube, stylet or bougie, laryngoscope handle and blade, Magill forceps)	1	2	3			
		ONSITE RAPID TESTS						

Mod/Ind	No.	Question	(A) AVAILABILITY					Skip
			OBSERVED		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	12149	Please tell me if any of the following diagnostic tests are available in the area where emergency services are offered. If the item is available, I would like to see it. CHECK TO SEE IF AT LEAST ONE OF EACH TEST IS VALID AND THAT ALL ITEMS TO PEFORM THE TEST ARE AVAILABLE AND FUNCTIONAL. DO NOT GO TO A LABORATORY OUTSIDE OF THE EMERGENCY UNIT TO ASSESS THESE TESTS.						
R_C / ARG, AYD, CJH, MFL, MFM, LEQ, LEY, LEZ, LXC, LXL, LXM	01	Urine dipstick for protein (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C / ARF, CJH, MFL, MFM, LXC, LXL, LXM	02	Urine dipstick for glucose (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C / ARH, CJH, MFL, MFM, LXC, LXL, LXM	03	Urine dipstick for ketones (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C / ARI, CBA, CJI, MFL, MFM, LTB, LTL, LTM, LXC, LXL, LXM	04	Urine pregnancy test	1	2	3	4	5	
R_C / ARE, CJJ, COE, MFL, MFM, LXC, LXL, LXM, KJN, KJY, KJZ	05	Blood glucose	1	2	3	4	5	
R_C / ARJ, BFW, CJK, MFL, MFM, MKC, MKL, MKM, LXC, LXL, LXM	06	Malaria rapid diagnostic test (RDT)	1	2	3	4	5	
R_C / BOL, CAZ, CJL, LTB, LTL, LTM, LXC, LXL, LXM	07	Rapid HIV testing	1	2	3	4	5	

Mod/Ind	No.	Question	Result						Skip
		FURNISHING AND EQUIPMENT							
		Now I would like to ask about equipment for emergency patient examinations and for emergency treatment. 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) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	12150	**VITAL SIGNS AND OTHER BASIC MEASURES**							
R_C / CIY, CLL, KGL, KGM, LXB, LXL, LXM	01	Thermometer (manual, electronic or digital)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / CJA, CLJ, LXB, LXL, LXM, KGL, KGM	02	Stethoscope	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / CIZ, CLK, LXB, LXL, LXM, KGL, KGM	03	Blood pressure apparatus (manual sphygmomano-meter with stethoscope) or digital	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / CJB, LXB, LXL, LXM	04	Adult weighing scale	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / CJC, CJD, LXB, LXL, LXM	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 / CJE, LXB, LXL, LXM	07	Examination light that can be aimed (flashlight acceptable)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / CJF, LXB, LXL, LXM	08	Otoscope	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C / CJG, LXB, LXL, LXM	09	Ophthalmoscope	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C / CNK, KKN, KKO, KKY, KKZ	10	Doppler	1 ➔B	2 ➔B	3 ➔11	1	2	8	
R_C / CMK, LFN, LFY, LFZ	11	Micro-nebuliser	1 ➔B	2 ➔B	3 ➔Q12151	1	2	8	
R_C	12151	**AIRWAY INTERVENTIONS**							
R_C / CLS, LFL, LFM	01	Suction apparatus (manual)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / ATI, CLS, JXB, JXL, JXM, LFL, LFM	02	Suction apparatus (electronic)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / ATI, CLS, JXB, JXL, JXM, LFL, LFM	03	Suction catheters	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / CLT, LFL, LFM	04	Cricothyroidotomy or tracheostomy set	1 ➔B	2 ➔B	3 ➔Q12152	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C	12152	**ADULT INTUBATION**							
R_C / CLU, CLY, LFL, LFM	01	Oropharyngeal airway (adult)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / CLW, CLY, LFL, LFM	02	Laryngeal mask or other supraglottic airway, adult (size 4 or 5)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / CLY, LFL, LFM	03	Endotracheal tube (adult) (e.g. cuffed sizes 5.5–9.0)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / CLY, LFL, LFM	04	Adult intubation set (sealed) INSTRUCTION: IF YES, ASK FOR ITEMS 05–07 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / CLY, LFL, LFM	05	Laryngoscope handle and blade (adult)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / CLY, LFL, LFM	06	Magill forceps (adult)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C / CLY, LFL, LFM	07	Stylet or bougie (adult)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / CLY, LFL, LFM	08	Tubings and connectors (to connect adult endotracheal tube)	1 ➔B	2 ➔B	3 ➔Q12153	1	2	8	
R_C	12153	**PAEDIATRIC SIZES**							
R_C / CLV, CLZ, LFL, LFM	01	Oropharyngeal airway (paediatric)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / CLX, CLZ, LFL, LFM	02	Laryngeal mask or other supraglottic airway (size 2–3 for paediatric)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / CLZ, LFL, LFM	03	Endotracheal tube (paediatric) (e.g. uncuffed sizes 3.0–5.0)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / CLZ, LFL, LFM	04	Paediatric intubation set (sealed) INSTRUCTION: IF YES, ASK FOR ITEMS 05–08 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / CLZ, LFL, LFM	05	Laryngoscope handle and blade (paediatric)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / CLZ, LFL, LFM	06	Laryngoscope handle and blade neonatal (size 1)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C / CLZ, LFL, LFM	07	Magill forceps (paediatric)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C / CLZ, LFL, LFM	08	Stylet or bougie (paediatric)	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C / CLZ, LFL, LFM	09	Tubings and connectors (to connect paediatric endotracheal tube)	1 ➔B	2 ➔B	3 ➔Q12154	1	2	8	
R_C	12154	**BREATHING INTERVENTIONS**							
R_C / CMJ, CQE, MVL, MVM, LFN, LFY, LFZ	01	Pulse oximeter	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / CMQ, LFN, LFO, LFY, LFZ	02	Chest tubes and insertion set	1 ➔B	2 ➔B	3 ➔03	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C / CMP, LFN, LFY, LFZ	03	Continuous positive airway pressure (CPAP) equipment	1 →B	2 →B	3 →Q12155	1	2	8	
R_C / CMM, LFN, LFY, LFZ	12155	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						→Q12157 →Q12157 →Q12157
R_C / CMM, LFN, LFY, LFZ	12156	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 / CMN, LFN, LFY, LFZ	12157	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 NOT AVAILABLE...5						→Q12159 →Q12159 →Q12159
R_C / CMN, LFN, LFY, LFZ	12158	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 / ATI, CMO, JXB, JXL, JXM, LFN, LFY, LFZ	12159	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						→Q12161 →Q12161 →Q12161
R_C / CMO, LFN, LFY, LFZ	12160	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						

		Continuing with availability of equipment for emergency patient examinations and for emergency treatment, 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) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	12161	**VOLUME RESUSCITATION**							
R_C / CNF, KKN, KKY, KKZ	01	Urinary catheter (straight or with balloon and urine collection) bag/container	1 →B	2 →B	3 →Q12162	1	2	8	
R_C	12162	**CONTROL OF BLEEDING**							
R_C / CNG, KKN, KKY, KKZ	01	Tourniquet	1 →B	2 →B	3 →Q12163	1	2	8	
R_C	12163	**CARDIAC INTERVENTIONS**							
R_C / CNT, LMO, LMY, LMZ	01	Cardiac monitor with electrodes	1 →B	2 →B	3 →02	1	2	8	
R_C / CNU, LMO, LMY, LMZ	02	Defibrillator	1 →B	2 →B	3 →03	1	2	8	
R_C / CNV, LMO, LMY, LMZ	03	External cardiac pacer pads	1 →B	2 →B	3 →04	1	2	8	

Mod/Ind	No.	Question	Result						Skip
R_C / CNW, LMO, LMY, LMZ	04	Electrocardiogram (ECG) machine	1 →B	2 →B	3 →Q12165	1	2 →Q12165	8 →Q12165	
R_C / CNW, LMO, LMY, LMZ	05	Electrodes and leads for ECG machine	1 →B	2 →B	3 →Q12165	1	2 →Q12165	8 →Q12165	
R_C / CNS, LMN, LMY, LMZ	12164	Is there a staff person onsite or on-call 24 hours to interpret the ECG?	YES...1 NO 2						
R_C	12165	**OTHER: CROSS-CUTTING**							
R_C / CJZ, COV, LKA, LKB, LKL, LKM, CPI, LXB, LXL, LXM, LHN, LHY, LHZ	01	Minor surgical kit INSTRUCTION: IF YES, 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 / CJZ, COV, LKA, LKB, LKL, LKM, CPI, LXB, LXL, LXM, LHN, LHY, LHZ	02	Needle holder	1 →B	2 →B	3 →03	1	2	8	
R_C / CJZ, COV, LKA, LKB, LKL, LKM, CPI, LXB, LXL, LXM, LHN, LHY, LHZ	03	Scalpel handle with blade	1 →B	2 →B	3 →04	1	2	8	
R_C / CJZ, COV, LKA, LKB, LKL, LKM, CPI, LXB, LXL, LXM, LHN, LHY, LHZ	04	Haemostat	1 →B	2 →B	3 →05	1	2	8	
R_C / CJZ, COV, LKA, LKB, LKL, LKM, CPI, LXB, LXL, LXM, LHN, LHY, LHZ	05	Suture thread	1	2	3	✕	✕	✕	
R_C / CJZ, COV, LKA, LKB, LKL, LKM, CPI, LXB, LXL, LXM, LHN, LHY, LHZ	06	Suture needles	1	2	3	✕	✕	✕	
R_C / ASZ, NXL, NXM, CJZ, COV, LKA, LKB, LKL, LKM, CPI, LXB, LXL, LXM, LHN, LHY, LHZ	07	Chlorhexidine or other topical disinfectant	1	2	3	✕	✕	✕	
R_C / CJU, CML, CQA, CQB, CQC, CQE, MVL, MVM, LXD, LXL, LXM, LFO, LFY, LFZ	12166	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						→Q12171
R_C / CJU, CML, CQB, LXD, LXL, LXM, LFO, LFY, LFZ, MVL, MVM	12167	Is there any oxygen currently in the unit?	YES...1 NO 2						→Q12169

Mod/Ind	No.	Question	Result						Skip
R_C / CQB, MVL, MVM	12168	Is oxygen called for from a central location if needed? IF YES, ASK: How is oxygen is supplied when needed?	YES, SUPPLIED BY BOTH OXYGEN TANK AND OXYGEN CONCENTRATOR ....1 YES, SUPPLIED BY OXYGEN TANK ONLY ....2 YES, SUPPLIED BY OXYGEN CONCENTRATOR ONLY ....3 NO, NOT CALLED FOR FROM A CENTRAL LOCATION...................4						

Mod/Ind	No.	Question	(A) AVAILABLE IN EMERGENCY SERVICE AREA			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	12169	Now I would like to see the following items and to know if they are functional or not.							
R_C / CJU, CML, LXD, LXL, LXM, LFO, LFY, LFZ	01	Central oxygen supply	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C / CJU, CML, LXD, LXL, LXM, LFO, LFY, LFZ	02	Oxygen concentrator	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C / CJU, CML, LXD, LXL, LXM, LFO, LFY, LFZ	03	Oxygen tank with attached pressure gauge, pressure regulator	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C / CJU, CML, CQB, LXD, LXL, LXM, LFO, LFY, LFZ, MVL, MVM	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C / CJU, CML, CQB, LXD, LXL, LXM, LFO, LFY, LFZ, MVL, MVM	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C / CJU, CML, CQB, LXD, LXL, LXM, LFO, LFY, LFZ, MVL, MVM	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔Q12171	1	2 ➔Q12171	8 ➔Q12171	
R_C / CQC, MVL, MVM	12170	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES...1 NO 2						

| | | **18.15.7. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL** | | | | | | | |

Mod/Ind	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	12171	Now I would like to see the main area where emergency services are offered. Please tell me if the following resources/supplies for infection control are available in the service area today: ASK TO SEE EACH ITEM THAT IS AVAILABLE. 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.				
R_C / DGT, APQ, APR, CKW	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C / DGT, APQ, APR, CKW	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / DGT, APQ, APR, CKW	03	Alcohol-based handrub	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / CKW	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C / CKW	05	Disposable paper towels for drying hands	1	2	3	
R_C / AQV, CKX, MEY, MEZ	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C / AQV, CKX, MEY, MEZ	07	Disposable latex gloves (sterile)	1	2	3	
R_C / APS, APT, APU, CKS, CLG	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 / APS, APT, APU, CKS, CLG	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C / APS, APT, APU, CKT	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 / CKT	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C / CKR, CLF	12	Sharps container ("safety box")	1	2	3	
R_C / AQN, CKV, NBL, NBM	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C / AQO, CKU, NBL, NBM	14	Disposable syringes with disposable needles	1	2	3	
R_C / AQO, CKU, NBL, NBM	15	Auto-disable syringes	1	2	3	
R_C / AQW, CKY, MEY, MEZ	16	Surgical/respiratory masks	1	2	3	
R_C / AQX, CLE, MEY, MEZ	17	N95 face masks	1	2	3	
R_C / AQY, CLB, MEY, MEZ	18	Non-sterile protective gowns	1	2	3	
R_C / AQY, CLB, MEY, MEZ	19	Sterile protective gowns	1	2	3	
R_C / AQZ, CLA, MEY, MEZ	20	Aprons (impermeable)	1	2	3	
R_C / ARA, CKZ, MEY, MEZ	21	Eye protection (goggles, face shields)	1	2	3	
R_C / ARB, CLD, MEY, MEZ	22	Gumboots or clogs	1	2	3	
R_C / ARC, MEY, MEZ, CLC	23	Hair cover	1	2	3	
		18.15.8. SERVICE SITE CONDITIONS FOR PATIENT AND STAFF SAFETY				
R_C	12172	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
R_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
R_C / CLF	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	

Mod/Ind	No.	Question	Result			Skip
R_C / CLF	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
R_C / CLG	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
R_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
R_C / CLH	09	THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR EMERGENCY UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	
R_C / CLH	10	THERE IS AT LEAST ONE FUNCTIONAL DESIGNATED TOILET FOR EMERGENCY UNIT STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR OR WALLS	1	2	5	
R_C	11	HAND HYGIENE MATERIALS (SOAP AND WATER OR HAND SANITIZER) OBSERVED IN EACH PATIENT CARE AREA	1	2	✕	
		18.15.9. SUPPORT FOR QUALITY EMERGENCY UNIT SERVICES				
R_C / CIV, LXA, LXL, LXM	12173	Does this unit routinely use a standardized clinical form for emergency unit visits, such as the WHO clinical form for emergency visits? IF YES, ASK TO SEE A COPY OF THE FORM.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			
M_C	12174	Are there meetings specifically to review emergency cases for quality improvement? This may be meetings to review data, morbidity or mortality conferences that include patients from the emergency unit, or preventable death panels.	YES, SPECIFIC FOR EMERGENCY UNIT PATIENTS.........................1 YES, NOT SPECIFIC TO EMERGENCY UNIT PATIENTS BUT AS PART OF FACILITY CASE REVIEW PROCESS ....2 NO 3			➜Q12200
M_C	12175	Is there a routine system for tracking implementation of quality improvement or corrective actions after reviews of unit data or case reviews for emergency unit services? IF YES, ASK TO SEE EVIDENCE OF MONITORING TO FOLLOW-UP ON ACTIONS.	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO 3			

Mod/Ind	No.	Question	Result	Skip
		19. BLOOD TRANSFUSION SERVICES		
		19.1. BLOOD TRANSFUSION SERVICES		
		19.1.1. BLOOD PRODUCTS AND SUPPORT FOR QUALITY SERVICES		
R_C / BBO, CHR, CHS, CHT, CHU, CHV, CHW, CHX, CHY, KKA, KKB, KKC, KKD, KKL, KKM	12200	Does this facility offer blood transfusion services?	YES...1 NO 2	➔Q12300
		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.		
R_C / BCC, CHX, LWD, LWL, LWM, KKD, KKL, KKM	12201	Have there been any interruptions in availability of blood for transfusion during the past 3 months?	YES...1 NO 2	
R_C / BCD, CHY, KKA, KKB, KKC, KKD, KKL, KKM, CNI, LWD, LWL, LWM, KKO, KKY, KKZ	12202	Does this facility obtain blood for transfusion from a national or regional blood centre or blood bank?	YES...1 NO 2	
R_C / BCD, CHY, KKA, KKB, KKC, KKD, KKL, KKM, CNI, LWD, LWL, LWM, KKO, KKY, KKZ	12203	Does this facility obtain any blood from sources other than the national or regional blood centre?	YES...1 NO 2	➔Q12206
R_C / BCD, CHY, KKA, KKB, KKC, KKD, KKL, KKM, CNI, LWD, LWL, LWM, KKO, KKY, KKZ	12204	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES...1 NO 2	➔Q12206

Mod/Ind	No.	Question	Result			Skip
R_C	12205	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 / BCD, CHY, KKA, KKB, KKC, KKD, KKL, KKM, CNI, LWD, LWL, LWM, KKO, KKY, KKZ	01	HIV	1	2	3	
R_C / BCD, CHY, KKA, KKB, KKC, KKD, KKL, KKM, CNI, LWD, LWL, LWM, KKO, KKY, KKZ	02	Syphilis	1	2	3	
R_C / BCD, CHY, KKA, KKB, KKC, KKD, KKL, KKM, CNI, LWD, LWL, LWM, KKO, KKY, KKZ	03	Hepatitis B	1	2	3	
R_C / BCD, CHY, KKA, KKB, KKC, KKD, KKL, KKM, CNI, LWD, LWL, LWM, KKO, KKY, KKZ	04	Hepatitis C	1	2	3	

SUPPORT FOR QUALITY BLOOD TRANSFUSION SERVICES

Mod/Ind	No.	Question	Result	Skip
R_C / CHS, KKA, KKL, KKM	12206	Do you have any guidelines on the appropriate use of blood and safe transfusion practices? IF YES, ASK: May I see the guidelines?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3	

R_C / CHT, KKA, KKL, KKM	12207	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, TRAINING WITHIN THE LAST:*
			   12 MONTHS 1
			   13–24 MONTHS 2
			NO 3	

19.1.2. BLOOD STORAGE

Mod/Ind	No.	Question	Result	Skip
R_C	12208	Does this facility ever store blood for blood transfusion services? IF YES, ASK TO BE SHOWN WHERE BLOOD IS STORED.	YES... 1 NO 2	➔Q12300
R_C / CHU, KKB, KKL, KKM	12209	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	➔Q12300 ➔Q12300

Mod/Ind	No.	Question	(A) AVAILABLE		(B) FUNCTIONING			Skip
			YES	NO	YES	NO	DON'T KNOW	
R_C	12210	Which of the following devices for monitoring refrigerator temperature are available and functioning in the refrigerator today: ASK TO SEE THE ITEMS.						
R_C / CHU, KKB, KKL, KKM	01	Continuous temperature recorder/logger	1 ➔B	2 ➔02	1 ➔Q12213	2	8	
R_C / CHU, KKB, KKL, KKM	02	Thermometer	1 ➔B	2 ➔Q12300	1	2 ➔Q12300	8 ➔Q12300	

Mod/Ind	No.	Question	Result	Skip
R_C	12211	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, LOG OBSERVED.. 1 YES, LOG REPORTED, NOT SEEN .... 2 NO 3	➔Q12214 ➔Q12214
R_C / CHU, KKB, KKL, KKM	12212	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	➔Q12214
R_C / CHU, KKB, KKL, KKM	12213	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	
R_C / CHU, KKB, KKL, KKM	12214	What is the temperature in the fridge now?	BETWEEN 1–6 °C (INCLUSIVE) .... 1 OUT OF RANGE... 2 DON'T KNOW 8	

Mod/Ind	No.	Question	Result	Skip
		20. LABORATORY		
		20.1. LABORATORY		
		20.1.1. LABORATORY ORGANIZATION AND SYSTEMS		
R_C, M_C / ARM, ARN, ARO, ARP, ARQ, CYS, ARW, ARX, ARV, ARU, ARR, ARS, ART, MJL, MJM, CYN, CYO, CYP, CYQ, CYR	12300	Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests? This includes sending a specimen outside for testing and receiving the results back for action, and tests performed in a laboratory or in a service site.	YES .... 1 NO LABORATORY DIAGNOSTIC TESTS PERFORMED 2	➔Q12400
		STAFF		
R_C / BKL, BKQ, BKR, KEB, KEL, KEM	12301	Does this facility have an accredited/certified microscopist?	YES .... 1 NO 2	

R_C	12302	Is biosafety training routinely provided for all laboratory staff?
		
		 IF YES, ASK: May I see any documentation that indicates that staff have received biosafety training?
			YES, DOCUMENTS SHOW EVIDENCE OF TRAINING FOR:
			   ALL STAFF 1
			   SOME, BUT NOT ALL STAFF.............................. 2
			 YES, REPORTED, NOT SEEN.................................. 3
			 NO 4	

		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 DIAGNOSTIC 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.		
		20.1.2. SERVICE AVAILABILITY		
R_C	12303	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	➔Q12307
		20.1.3. POWER		
R_C / ARP, ARQ	12304	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	➔Q12307
R_C / ARQ	12305	Does the laboratory have a back-up source of power when the main power is not functioning?	YES .... 1 NO 2	
R_C / ARP	12306	At any time during the past 7 days has the power for the laboratory been off for more than 2 hours at a time?	YES .... 1 NO 2	
		20.1.4. LABORATORY RECORDS		
R_C / CYS	12307	Is there a system for documenting the flow of specimens from receipt to delivery of results to the patient/provider? IF YES, ASK: May I see related records?	YES .... 1 NO 2	➔Q12309

Mod/Ind	No.	Question	Result			Skip
R_C	12308	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 / CYS	01	Received specimens are labelled with patient identifier	1	2	3	
R_C / CYS	02	Received specimens are logged in with patient identifier	1	2	3	
R_C / CYS	03	Test results can be traced from received specimen to recording of results	1	2	3	
R_C / CYS	04	There is documentation to show results were provided to the patient or service provider requesting the test	1	2	3	
R_C / BMK, MJO, MJY, MJZ	12309	Are any specimens sent outside for testing with results returned to the facility for follow-up?	YES... 1 NO 2			➔Q12311

Mod/Ind	No.	Question	(A) TEST SENT OUTSIDE		(B) RECORD FOR SPECIMENS			Skip
R_C	12310	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. ASK TO SEE A REGISTER THAT DOCUMENTS SPECIMENS FOR THE TEST WERE SENT AND RESULTS WERE RETURNED.	YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C / BMK, MJO, MJY, MJZ	01	Specimen to test for TB infection	1 ➔B	2 ➔02	1	2	3	
R_C / BMU, MHO, MHY, MHZ	02	Specimens to test for TB drug resistance	1 ➔B	2 ➔03	1	2	3	
R_C	03	CD4	1 ➔B	2 ➔04	1	2	3	
R_C	04	OTHER TYPES OF SPECIMENS AND TESTS	1 ➔B _____ (SPECIFY)	2 ➔Q12311	1	2	3	

		20.1.5. SPECIFIC TESTS, EQUIPMENT AND LABORATORY CONDITIONS					
		AVAILABILITY OF RAPID AND HANDHELD TESTS					

Mod/Ind	No.	Question	(A) AVAILABILITY					(B) STOCK OUT IN THE PAST 3 MONTHS		Skip
		I would like to know if the following test is available today in this facility. I would also like to observe the test. I will also be asking about stock outs for the test.	OBSERVED AVAILABLE		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	YES	NO	
R_C / ARJ, BFW, BKL, BKS, BKT, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM, BKX	12311	Malaria RDT	1 ➔B	2 ➔Q12313	3 ➔B	4 ➔Q12313	5 ➔Q12314	1	2 ➔Q12314	
R_C / BKU, BKV, BKW	12312	Has there been a stock out of malaria RDT kits in the past 4 weeks?	YES... 1 NO 2							➔Q12314
R_C / BKU, BKV, BKW	12313	How many days of stock out?	LESS THAN 7 DAYS .... 1 7–14 DAYS .... 2 MORE THAN 14 DAYS 3							

Mod/Ind	No.	Question	Result							Skip
		I would like to know if the following test is available today in this facility. I would also like to observe the test. I will also be asking about stock outs for the test.	(A) AVAILABILITY					(B) STOCK OUT IN THE PAST 3 MONTHS		
			OBSERVED AVAILABLE		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	YES	NO	
R_C / ARK, AYE, BJW, BMM, BOJ, BOL, BRX, CAZ, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM, LTB, LTL, LTM, BOM	12314	HIV rapid test	1 ➜B	2 ➜Q12315	3 ➜B	4 ➜Q12315	5 ➜Q12315	1	2	

Mod/Ind	No.	Question	Result	Skip
R_C / BON	12315	Does this facility have external quality control mechanisms for HIV RDT test results?	YES.. 1 NO .... 2 DOES NOT USE HIV RAPID TEST... 5	➜Q12317 ➜Q12317
R_C	12316	What was the concordance for the most recent external quality control?	PERCENTAGE __ __ __ DON'T KNOW 998	
R_C / BOO	12317	Does this facility routinely test the quality of the HIV RDT test kit?	YES.. 1 NO 2	

Mod/Ind	No.	Question	Result					Skip
R_C	12318	I would like to know if the following tests are available today in this facility. I would also like to observe the test.	(A) AVAILABILITY					
			(i) OBSERVED		(ii) NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C / ARL, MFL, MFM, AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BSS, CAW, NOO, NOY, NOZ, LTB, LTL, LTM	01	Syphilis rapid test	1	2 ➜02	3	4 ➜02	5 ➜02	
R_C / ARI, CBA, MFL, MFM, LTB, LTL, LTM	02	Urine rapid tests for pregnancy	1	2 ➜03	3	4 ➜03	5 ➜03	
R_C / ARG, AYD, BVW, MFL, MFM, LEQ, LEY, LEZ, MNP, MNY, MNZ	03	Urine dipstick for protein (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2 ➜04	3	4 ➜04	5 ➜04	
R_C / ARF, MFL, MFM	04	Urine dipstick for glucose (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2 ➜05	3	4 ➜05	5 ➜05	
R_C / ARH, BVX, MFL, MFM, MNP, MNY, MNZ	05	Urine dipstick for ketones (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2 ➜06	3	4 ➜06	5 ➜06	
R_C	06	Dry blood spot (DBS) collection for HIV viral load or EID	1	2 ➜07	3	4 ➜07	5 ➜07	

Mod/Ind	No.	Question	Result					Skip
R_C	07	Hepatitis rapid test for hepatitis B and C	1	2 ➔08	3	4 ➔08	5 ➔08	
R_C	08	Reagent strips for blood chemistry analysis	1	2 ➔09	3	4 ➔09	5 ➔09	
R_C / BYZ, ODO, ODY, ODZ	09	Stool guaiac test (for blood)	1	2 ➔10	3	4 ➔10	5 ➔10	
R_C / BWE	10	A1C rapid test for average level of blood sugar over the past 2–3 months	1	2 ➔11	3	4 ➔11	5 ➔11	
R_C / BTV, NPA, NPL, NPM	11	Kato Katz kits (for helminth)	1	2 ➔12	3	4 ➔12	5 ➔12	
R_C / BTW, NPA, NPL, NPM	12	Filariasis test strip (FTS)	1	2 ➔13	3	4 ➔13	5 ➔13	
R_C / BTX, NPA, NPL, NPM	13	Dengue rapid test	1	2 ➔14	3	4 ➔14	5 ➔14	
R_C / BTY, NPA, NPL, NPM	14	Visceral leishmaniasis rapid test	1	2 ➔15	3	4 ➔15	5 ➔15	
R_C	15	Urine dipstick for blood	1	2 ➔Q12319	3	4 ➔Q12319	5 ➔ Q12319	

HANDHELD TESTS AND ITEMS NECESSARY FOR CONDUCTING THE TEST

Mod/Ind	No.	Question	(A) TEST USUALLY AVAILABLE		(B) AVAILABILITY				Skip
		I would like to know if the following tests are usually available at this facility. In addition, I would like to know if specific items required to conduct the test are available today in this facility. I would also like to observe the items.	YES	NO	OBSERVED, FUNCTIONAL/ VALID	REPORTED, (NOT SEEN) FUNCTIONAL/ VALID	NOT FUNCTIONAL/ NOT VALID	NOT AVAILABLE TODAY	
R_C	12319	Handheld test for anaemia	1	2 ➔Q12320	✖	✖	✖	✖	
R_C / ARD, AYC, BFU, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM	01	Colourimeter or haemoglobinometer	✖	✖	1 ➔C	2 ➔C	3 ➔02	4 ➔02	
R_C / ARD, AYC, BFU, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM	02	HemoCue	✖	✖	1 ➔C	2 ➔C	3 ➔Q12320	4 ➔Q12320	
R_C / ARE, MFL, MFM	12320	Handheld test for glucose	1	2 ➔Q12321	✖	✖	✖	✖	
R_C / ARE, BVV, MFL, MFM, MNP, MNY, MNZ	01	Glucometer	✖	✖	1 ➔C	2 ➔C	3 ➔Q12321	4 ➔Q12321	
R_C / ARE, BVV, MFL, MFM, MNP, MNY, MNZ	02	Glucometer test strips/discs (with valid expiration date)	✖	✖	1 ➔C	2 ➔C	3 ➔Q12321	4 ➔Q12321	

Mod/Ind	No.	Question	Result			Skip
		LABORATORY SAFETY AND INFECTION PREVENTION AND CONTROL				
		INFECTION PREVENTION AND CONTROL				
R_C	12321	Now I would like to observe the conditions in the main site for conducting laboratory tests. Please tell me if the following resources/supplies used for infection control are available in the laboratory services area today: ASK TO SEE EACH ITEM THAT IS AVAILABLE. 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. ASSESS IF THE FOLLOWING ITEMS ARE IN REASONABLE PROXIMITY TO THAT SITE SUCH THAT PROVIDERS THERE COULD REASONABLY BE EXPECTED TO USE THE ITEMS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C / ARW, MJL, MJM	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C / ARW, MJL, MJM	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C / ARW, MJL, MJM	03	Alcohol-based handrub	1	2	3	
R_C / ARW, MJL, MJM	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C / ARW, MJL, MJM	05	Disposable paper towels for drying hands	1	2	3	
R_C / AQV, ARX, MEY, MEZ, MJL, MJM	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C / AQV, ARX, MEY, MEZ, MJL, MJM	07	Disposable latex gloves (sterile)	1	2	3	
R_C / ARS, MJL, MJM	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 / ARS, MJL, MJM	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C / DGU, MJL, MJM	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 / DGU, MJL, MJM	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C / ARR, MJL, MJM	12	Sharps container ("safety box")	1	2	3	
R_C / AQN, ARU, NBL, NBM, MJL, MJM	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C / AQO, ARV, NBL, NBM, MJL, MJM	14	Disposable syringes with disposable needles	1	2	3	
R_C / AQO, ARV, NBL, NBM, MJL, MJM	15	Auto-disable syringes	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C / AQW, MEY, MEZ	16	Surgical/respiratory masks	1	2	3	
R_C / AQX, MEY, MEZ	17	N95 face masks	1	2	3	
R_C / AQY, MEY, MEZ	18	Non-sterile protective gowns	1	2	3	
R_C / AQY, MEY, MEZ	19	Sterile protective gowns	1	2	3	
R_C / AQZ, MEY, MEZ	20	Aprons	1	2	3	
R_C / ARA, MEY, MEZ	21	Eye protection (goggles, face shields)	1	2	3	
R_C / ARB, MEY, MEZ	22	Gumboots or clogs	1	2	3	
R_C / ARC, MEY, MEZ	23	Hair cover	1	2	3	
R_C	12322	Other than the rapid or handheld tests I just asked about, does this facility provide any other laboratory diagnostics either onsite or by sending the specimen offsite?	YES .... 1 NO 2			➔Q12400

MULTIPURPOSE LABORATORY EQUIPMENT

Mod/Ind	No.	Question	(A) AVAILABILITY				
			(i) OBSERVED AVAILABLE		(ii) NOT OBSERVED		
			FUNCTIONAL	NOT FUNCTIONAL	REPORTED AVAILABLE AND FUNCTIONAL	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE
R_C	12323	I would like to know if the following equipment items are available and, if relevant, functional today in this facility: ASK TO SEE THE ITEMS.					
R_C / ARD, ARJ, ARM, AYC, AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BFU, BFV, BFW, BKL, BMK, BQR, BSS, BST, BSU, BTT, BZH, CAW, CAX, CAY, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM, MJO, MJY, MJZ, KVO, KVY, KVZ, OIB, OIL, OIM, NPA, NPL, NPM, LTB, LTL, LTM	01	Light microscope	1	2	3	4	5

Mod/Ind	No.	Question	Result					Skip
R_C / ARD, ARJ, ARN, AYC, AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BFU, BFV, BFW, BKL, BKR, BMK, BQR, BSS, BST, BSU, BTT, BZH, CAW, CAX, CAY, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM, MJO, MJY, MJZ, KVO, KVY, KVZ, OIB, OIL, OIM, NPA, NPL, NPM, LTB, LTL, LTM	02	Glass slides	1	✕	3	4	5	
R_C / ARD, ARJ, ARO, AYC, AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BFU, BFV, BFW, BKL, BKR, BQR, BSS, BST, BSU, BTT, BZH, CAW, CAX, CAY, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM, KVO, KVY, KVZ, OIB, OIL, OIM, NPA, NPL, NPM, LTB, LTL, LTM	03	Cover slips for glass slides	1	✕	3	4	5	
R_C / BCA, BCB, BQT, BQU, BTU, BZI, BZJ, CHV, DGX, LWC, LWL, LWM, KVO, KVY, KVZ, NPA, NPL, NPM, KKC, KKL, KKM	04	Centrifuge for plasma and urine separation	1	2	3	4	5	
R_C / BTU, NPA, NPL, NPM	05	Test tubes	1	✕	3	4	5	
R_C / AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BCB, BMM, BMU, BOJ, BSS, CAW, DGX, LWC, LWL, LWM, MJO, MJY, MJZ, MHO, MHY, MHZ, KFP, KFY, KFZ, OIB, OIL, OIM, LTB, LTM, KKC, KKL, KKM	06	Incubator (37 °C)	1	2	3	4	5	

Mod/Ind	No.	Question	Result							Skip
R_C	07	Agar plates for culture	1	✕		3	4	5		
R_C	08	Vortex mixer	1	2		3	4	5		
R_C / AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BSS, CAW, OIB, OIL, OIM, LTB, LTL, LTM	09	Rocker/shaker	1	2		3	4	5		
R_C	10	Acetic acid	1	2		3	4	5		

OTHER DIAGNOSTIC TESTS

		Now I would like to know if the following tests are available either onsite at any location in this facility or if specimens are sent offsite for the test to be conducted. If the test in conducted onsite, I will ask you about the availability and functionality of the associated equipment and supplies.	(A) TEST USUALLY AVAILABLE			(B) AVAILABILITY				
			YES	NO		YES			NOT AVAILABLE TODAY	
			ONSITE	OFFSITE (SPECIMEN SENT)	NEVER AVAILABLE	OBSERVED, FUNCTIONAL/ VALID	REPORTED, (NOT SEEN) FUNCTIONAL/ VALID	NOT FUNCTIONAL/ NOT VALID		

BLOOD TESTS

Mod/Ind	No.	Question	ONSITE	OFFSITE (SPECIMEN SENT)	NEVER AVAILABLE	OBSERVED, FUNCTIONAL/ VALID	REPORTED, (NOT SEEN) FUNCTIONAL/ VALID	NOT FUNCTIONAL/ NOT VALID	NOT AVAILABLE TODAY	Skip
R_C / ARD, AYC, BFU, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM	12324	Any tests of white and red blood cells	1	2 ➔Q12325	3 ➔Q12325	✕	✕	✕	✕	
R_C / ARD, AYC, BFU, BQR, BZH, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM, KVO, KVY, KVZ	01	Haematology analyser	✕	✕	✕	1	2	3	4	
R_C / ARD, AYC, BFU, BQR, BZH, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM, KVO, KVY, KVZ	02	Stains for full blood count and differential	✕	✕	✕	1	2	3	4	
R_C / BQR, BZH, KVO, KVY, KVZ	03	White blood counting chamber	✕	✕	✕	1	2	3	4	
R_C / ARD, AYC, BFU, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM	04	Pack cell volume (centrifuge and pipettes for haematocrit)	✕	✕	✕	1	2	3	4	

COAGULATION

Mod/Ind	No.	Question	ONSITE	OFFSITE (SPECIMEN SENT)	NEVER AVAILABLE	OBSERVED, FUNCTIONAL/ VALID	REPORTED, (NOT SEEN) FUNCTIONAL/ VALID	NOT FUNCTIONAL/ NOT VALID	NOT AVAILABLE TODAY	Skip
R_C / BUZ	12325	Blood coagulation profile	1	2 ➔Q12326	3 ➔Q12326	✕	✕	✕	✕	
R_C / BUZ	01	Blood coagulation analyser (PT/PTT)	✕	✕	✕	1	2	3	4	

Mod/Ind	No.	Question	Result							Skip
		BLOOD CHEMISTRIES AND ELEMENTS								
R_C	12326	Any blood chemistry tests	1	2 ➔Q12327	3 ➔Q12327	✕	✕	✕	✕	
R_C / BQT, BQU, BZI, BZJ, KVO, KVY, KVZ	01	Blood chemistry analyser	✕	✕	✕	1	2	3	4	
R_C / BQU, BZI, KVO, KVY, KVZ	02	Assay kit(s) – liver function test including ALT	✕	✕	✕	1	2	3	4	
R_C / BQT, KVO, KVY, KVZ	03	Assay kit(s) – renal function test including creatinine and urea nitrogen	✕	✕	✕	1	2	3	4	
R_C / BZJ	04	Assay kit – serum electrolytes	✕	✕	✕	1	2	3	4	
R_C	05	Assay kit/reagents for measuring lipase	✕	✕	✕	1	2	3	4	
R_C	12327	Any other test for bilirubin	1	2 ➔Q12328	3 ➔Q12328	✕	✕	✕	✕	
R_C	01	SPECIFY TEST_____	✕	✕	✕	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3 _____ (SPECIFY)	4 _____ (SPECIFY)	
		ELISA TESTS								
R_C / ARK, AYE, BJW, BMM, BOJ, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	12328	Any EIA/ELISA testing	1	2 ➔Q12729	3 ➔Q12729	✕	✕	✕	✕	
R_C / ARK, AYE, BJW, BMM, BOJ, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	01	EIA/ELISA washer	✕	✕	✕	1	2	3	4	
R_C / ARK, AYE, BJW, BMM, BOJ, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	02	EIA/ELISA reader	✕	✕	✕	1	2	3	4	
R_C / ARK, AYE, BJW, BMM, BOJ, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	03	Assay kit – HIV antibody testing by EIA/ELISA	✕	✕	✕	1	2	3	4	
R_C	04	Schistosomiasis serology using FAST-ELISA	✕	✕	✕	1	2	3	4	

Mod/Ind	No.	Question	Result								Skip
R_C	05	Serological test (ELISA IgG or IgM)	✕	✕	✕	1	2	3	4		
		PCR TESTS									
R_C / BQS, KVO, KVY, KVZ	12329	Molecular biological technique (PCR)	1	2 →Q12330	3 →Q12330	✕	✕	✕	✕		
R_C / BQS, KVO, KVY, KVZ	01	PCR for HIV viral load or HIV early-infant diagnosis (PCR)	✕	✕	✕	1	2	3	4		
R_C	02	PCR for visceral leishmaniasis	✕	✕	✕	1	2	3	4		
R_C	03	PCR for dengue	✕	✕	✕	1	2	3	4		
		CD4									
R_C / BQS, KVO, KVY, KVZ	12330	CD4 count (absolute and percentage)	1	2 →Q12331	3 →Q12331	✕	✕	✕	✕		
R_C / BQS, KVO, KVY, KVZ	01	CD4 counter	✕	✕	✕	1	2	3	4		
R_C / BQS, KVO, KVY, KVZ	02	Specific assay kit – CD4 test	✕	✕	✕	1	2	3	4		
		SYPHILIS TESTS									
R_C	12331	Other blood tests for syphilis	1	2 →Q12332	3 →Q12332	✕	✕	✕	✕		
R_C / AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BSS, CAW, OIB, OIL, OIM, LTB, LTL, LTM	01	Assay kit – syphilis serology (RPR)	✕	✕	✕	1	2	3	4		
R_C / AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BSS, CAW, OIB, OIL, OIM, LTB, LTL, LTM	02	VDRL test kit	✕	✕	✕	1	2	3	4		
R_C / AYF, LEN, LEO, LEP, LEQ, LEY, LEZ, BSS, CAW, OIB, OIL, OIM, LTB, LTL, LTM	03	Treponemal specific tests (FTA-Abs)	✕	✕	✕	1	2	3	4		
		TUBERCULOSIS									
R_C	12332	Ziehl-Neelsen testing for TB (AFB)	1	2 →Q12333	3 →Q12333	✕	✕	✕	✕		
R_C / BMK, MJO, MJY, MJZ	01	Fluorescence microscope (FM)	✕	✕	✕	1	2	3	4		
R_C / BMK, MJO, MJY, MJZ	02	Ziehl-Neelsen stain	✕	✕	✕	1	2	3	4		
R_C / BMK, MJO, MJY, MJZ	03	Auramine rhodamine stain for fluorescent microscopy	✕	✕	✕	1	2	3	4		

Mod/Ind	No.	Question	Result							Skip
R_C / BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	12333	Xpert MTB/RIF rapid diagnostic testing for TB	1	2 →Q12334	3 →Q12334	✗	✗	✗	✗	
R_C / BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	01	GeneXpert 4 module unit with laptop	✗	✗	✗	1	2	3	4	
R_C / BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	02	GeneXpert 4 test cartridge	✗	✗	✗	1	2	3	4	
R_C / BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	03	Cartridge for Ultra test	✗	✗	✗	1	2	3	4	
		MICROSCOPY								
R_C / BTT, NPA, NPL, NPM	12334	Any microscopy	1	2 →Q12335	3 →Q12335	✗	✗	✗	✗	
R_C / BFV, BTT, MKC, MKL, MKM, NPA, NPL, NPM	01	Wet mount microscopy	✗	✗	✗	1	2	3	4	
R_C / BTT, NPA, NPL, NPM	02	Urine microscopy	✗	✗	✗	1	2	3	4	
R_C	03	Microscopy for schistosomiasis	✗	✗	✗	1	2	3	4	
R_C	04	Microscopy (microfilaria)	✗	✗	✗	1	2	3	4	
		MALARIA								
R_C / ARJ, BFW, BKD, BKL, BKR, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM	12335	Malaria smears	1	2 →Q12336	3 →Q12336	✗	✗	✗	✗	
R_C / ARJ, BFW, BKL, BKR, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM	01	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field stain A and B)	✗	✗	✗	1	2	3	4	
		OTHER MICROSCOPY								
R_C	12336	CSF body fluid counts	1	2 →Q12337	3 →Q12337	✗	✗	✗	✗	
R_C	01	All items for CSF body fluid counts	✗	✗	✗	1	2	3	4	
R_C	12337	Cryptococcal antigen testing	1	2 →Q12338	3 →Q12338	✗	✗	✗	✗	
R_C / BPZ, MZO, MZY, MZZ	01	Specific assay kit – cryptococcal antigen test	✗	✗	✗	1	2	3	4	
R_C	02	India ink stain preparation	✗	✗	✗	1	2	3	4	

Mod/Ind	No.	Question	Result							Skip
R_C / BST, BSU, CAX, CAY, OIB, OIL, OIM, LTB, LTL, LTM	12338	Gram stain testing	1	2 →Q12339	3 →Q12339	✗	✗	✗	✗	
R_C / BST, BSU, CAX, CAY, OIB, OIL, OIM, LTB, LTL, LTM	01	All items for gram stain	✗	✗	✗	1	2	3	4	
		CULTURE AND SENSITIVITY								
R_C / BMU, MHO, MHY, MHZ	12339	Culture and sensitivity	1	2 →Q12340	3 →Q12340	✗	✗	✗	✗	
R_C	01	Media for antimicrobial sensitivity testing	✗	✗	✗	1	2	3	4	
R_C	02	Any medicine sensitivity disks other than for TB drugs	✗	✗	✗	1	2	3	4	
R_C / BMU, MHO, MHY, MHZ	03	Medicine sensitivity disks for MDR TB (rifampicin)	✗	✗	✗	1	2	3	4	
R_C	12340	Blood cultures	1	2 →Q12341	3 →Q12341	✗	✗	✗	✗	
R_C	01	All items for blood cultures	✗	✗	✗	1	2	3	4	
R_C / BVA, BWF, BWU, MIP, MIY, MIZ	12341	Blood gas measurement	1	2 →Q12342	3 →Q12342	✗	✗	✗	✗	
R_C / BVA, BWF, BWU, MIP, MIY, MIZ	01	All items for blood gas measurement	✗	✗	✗	1	2	3	4	
R_C / BUY	12342	Cardiac marker (CK, troponin) tests and all items for test	1	2 →Q12343	3 →Q12743	✗	✗	✗	✗	
R_C / BUY	01	All items for any cardiac marker test	✗	✗	✗	1	2	3	4	
		CANCER SPECIFIC TESTS								
R_C / BYQ, JWA, JWB, JWL, JWM	12343	Prostate specific antigen (PSA) test	1	2 →Q12344	3 →Q12344	✗	✗	✗	✗	
R_C / BYQ, JWA, JWB, JWL, JWM	01	All items for PSA test	✗	✗	✗	1	2	3	4	
R_C / BZK	12344	Carcinoembryonic antigen (CEA) test	1	2 →Q12345	3 →Q12345	✗	✗	✗	✗	
R_C / BZK	01	All items for CEA test	✗	✗	✗	1	2	3	4	
R_C / BZL	12345	Carbohydrate antigen 19-9 (CA19-9) test	1	2 →Q12346	3 →Q12346	✗	✗	✗	✗	
R_C / BZL	01	All items for CA19-9 test	✗	✗	✗	1	2	3	4	
R_C / BZF	12346	Any tissue or specimen sample biopsy	1	2 →Q12347	3 →Q12347	✗	✗	✗	✗	
R_C / BZG	01	Microtome for slicing biopsy samples	✗	✗	✗	1	2	3	4	
R_C / BXP	12347	Biopsy test sample from colposcopy procedure	1	2 →Q12348	3 →Q12348	✗	✗	✗	✗	
R_C / BXP	01	All items for examination of colposcopy biopsy specimen	✗	✗	✗	1	2	3	4	

Mod/Ind	No.	Question	Result							Skip
R_C	12348	Skin biopsy for onchocerciasis	1	2 →Q12349	3 →Q12349	✕	✕	✕	✕	
R_C	01	All items for examination of skin biopsy for onchocerciasis	✕	✕	✕	1	2	3	4	
R_C	12349	Biopsy for schistosomiasis	1	2 →Q12350	3 →Q12350	✕	✕	✕	✕	
R_C	01	Haematoxylin and eosin (H&E stain) (for schisto, biopsy)	✕	✕	✕	1	2	3	4	
R_C	12350	Direct agglutination test (DAT) for visceral leishmaniasis (VL)	1	2 →Q12351	3 →Q12351	✕	✕	✕	✕	
R_C	01	All items for DAT examination for VL	✕	✕	✕	1	2	3	4	
R_C / BXK	12351	HPV test (Cervista)	1	2 →Q12352	3 →Q12352	✕	✕	✕	✕	
R_C / BXK	01	All items for HPV test (Cervista)	✕	✕	✕	1	2	3	4	
R_C / CNI, KKO, KKY, KKZ	12352	Any blood group and serology tests?	1	2 →Q12353	3 →Q12353	✕	✕	✕	✕	
R_C / BCA, CHV, CNI, LWC, LWL, LWM, KKC, KKL, KKM, KKO, KKY, KKZ	12353	ABO blood grouping testing	1	2 →Q12354	3 →Q12354	✕	✕	✕	✕	
R_C / BCA, CHV, CNI, LWC, LWL, LWM, KKC, KKL, KKM, KKO, KKY, KKZ	01	ABO grouping sera	✕	✕	✕	1	2	3	4	
R_C / BCA, CHV, CNI, LWC, LWL, LWM, KKC, KKM, KKO, KKY, KKZ	12354	Rhesus factor blood testing	1	2 →Q12355	3 →Q12355	✕	✕	✕	✕	
R_C / BCA, CHV, CNI, LWC, LWL, LWM, KKC, KKL, KKM, KKO, KKY, KKZ	01	RH test sera	✕	✕	✕	1	2	3	4	
R_C / BCB, CHW, CNI, LWC, LWL, LWM, KKC, KKL, KKM, KKO, KKY, KKZ	12355	Cross-match testing by direct agglutination	1	2 →Q12356	3 →Q12356	✕	✕	✕	✕	
R_C / BCB, CHW, CNI, LWC, LWL, LWM, KKC, KKL, KKM, KKO, KKY, KKZ	01	All items for cross-match testing by direct agglutination	✕	✕	✕	1	2	3	4	

Mod/Ind	No.	Question	Result							Skip
R_C / BCB, CHW, CNI, LWC, LWL, LWM, KKC, KKL, KKM, KKO, KKY, KKZ	12356	Cross-match testing by indirect anti-globulin testing or other test with equivalent sensitivity	1	2 →Q12357	3 →Q12357	✕	✕	✕	✕	
R_C / BCB, CHW, CNI, LWC, LWL, LWM, KKC, KKM, KKO, KKY, KKZ	01	All items for cross-match testing by indirect antiglobulin testing or other test with equivalent sensitivity	✕	✕	✕	1	2	3	4	
		20.1.6. HISTOPATHOLOGY								
R_C / BZE	12357	Does this facility have a histopathologist and/or a histopathology department?	YES...1 NO 2							→Q12361
R_C / BXA	12358	Does this facility read PAP smears onsite and provide results?	YES...1 NO 2							→Q12360
R_C / BXJ	12359	Has any staff responsible for reading PAP smears received training in this in the past 2 years?	YES...1 NO 2							
R_C / BXB	12360	Does this facility read the HPV result onsite and provide results?	YES...1 NO 2							
		20.1.7. LABORATORY QUALITY CONTROLS								
M_C / CYN	12361	Is there an established external quality assessment mechanism for any of the laboratory tests conducted? IF YES, ASK: Is this a routine system?	YES, ROUTINE ....1 YES, NOT ROUTINE BUT SOMETIMES ....2 NO 3							→Q12367
M_C / CYN	12362	For which of the following tests does this facility have a system for routine external quality assessment checks:	YES		NO		NOT APPLICABLE			
M_C / CYN	01	HIV serology (e.g. ELISA)	1		2		5			
M_C / CYN	02	Blood chemistries	1		2		5			
M_C / CYN	03	TB sputum test	1		2		5			
M_C / CYN	04	CD4 testing	1		2		5			
M_C / CYN	05	Other_____ (SPECIFY)	1 _____ (SPECIFY)		2		✕			

Mod/Ind	No.	Question	Result						Skip
		21. CONSUMABLE COMMODITY AVAILABILITY							
		21.1. CONSUMABLE COMMODITY AVAILABILITY							
		21.1.1. CONSUMABLE SUPPLIES FOR SERVICES							
		Now I would like to assess the availability and management of pharmaceutical and other consumable commodities. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT AVAILABILITY AND MANAGEMENT OF PHARMACEUTICALS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in learning about the availability and management of pharmaceutical commodities in this facility.							
		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.	(A) AVAILABILITY						
			OBSERVED AVAILABLE		NOT OBSERVED				
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE		
R_C	12400	**CONSUMABLE SUPPLIES FOR SERVICES**							
R_C / AUP, BDV, CCF, CDY, JEL, JEM, OAO, OAY, OAZ, JKB, JKL, JKM, LRP, LRY, LRZ	01	Suture thread absorbable	1	✕	3	4	5		
R_C / AUR, CCF, CDY, JEL, JEM, JKB, JKL, JKM, LRP, LRY, LRZ	02	Needles for suturing	1	✕	3	4	5		
R_C / AUQ, CCF, JEL, JEM, JKB, JKL, JKM	03	Non-absorbable suture thread	1	✕	3	4	5		
R_C / AUS, BAC, BQF, CHA, CQN, JEL, JEM, MEC, MEL, MEM, MZP, MZY, MZZ, KWP, KWY, KWZ, MDB, MDL, MDM	04	Intravenous infusion set	1	✕	3	4	5		
R_C / AUT, JEL, JEM	05	Blood giving set	1	✕	3	4	5		
R_C / AUU, JEL, JEM	06	Intravenous cannula (any size)	1	✕	3	4	5		
R_C / AUU, JEL, JEM	07	Intravenous cannula gauge 14 or 16	1	✕	3	4	5		
R_C / AUU, CGS, JEL, JEM, KWP, KWY, KWZ	08	Intravenous cannula gauge 18	1	✕	3	4	5		
R_C / AUU, CGT, JEL, JEM, KWP, KWY, KWZ	09	Intravenous cannula gauge 20	1	✕	3	4	5		
R_C / AUU, CGU, JEL, JEM, KWP, KWY, KWZ	10	Intravenous cannula gauge 22	1	✕	3	4	5		
R_C / AUV, JEL, JEM	11	Intravenous needle for children	1	✕	3	4	5		

Mod/Ind	No.	Question	Result					Skip
R_C / AUW, JEL, JEM	12	Sterile needle (any size)	1	✕	3	4	5	
R_C / AUW, JEL, JEM	13	Sterile needles gauge 19	1	✕	3	4	5	
R_C / AUW, CGW, JEL, JEM, KWP, KWY, KWZ	14	Sterile needles gauge 21	1	✕	3	4	5	
R_C / AUW, CGW, JEL, JEM, KWP, KWY, KWZ	15	Sterile needles gauge 23	1	✕	3	4	5	
R_C / AUX, CGV, JEL, JEM, KWP, KWY, KWZ	16	Disposable syringes 2 or 3 mL	1	✕	3	4	5	
R_C / AUX, CGV, JEL, JEM, KWP, KWY, KWZ	17	Disposable syringes 10 mL	1	✕	3	4	5	
R_C / ASZ, NXL, NXM, ATH, BAB, BEP, CCD, CEA, JXB, JXL, JXM, MEC, MEL, MEM, LUC, LUL, LUM, JKB, JKL, JKM, LRP, LRY, LRZ	18	4% chlorhexidine solution (for umbilical cord or cleaning perineum/cervix or skin disinfectant)	1	✕	3	4	5	
R_C / AUY, CCG, CPJ, JEL, JEM, JKB, JKL, JKM, LHO, LHY, LHZ	19	Materials for splinting extremities	1	✕	3	4	5	
R_C / AUZ, CCH, JKA, JKB, JKL, JKM, CPJ, JEL, JEM, LHO, LHY, LHZ	20	Material for casts	1	✕	3	4	5	
R_C / AQV, AVA, MEY, MEZ, JEL, JEM	21	Disposable latex examination gloves	1	✕	3	4	5	
R_C / AVB, CGX, JEL, JEM, KWP, KWY, KWZ	22	Alcohol swabs	1	✕	3	4	5	
R_C / AVC, CGY, JEL, JEM, KWP, KWY, KWZ	23	Sterile gauze swabs (any size)	1	✕	3	4	5	
R_C / AVD, CGZ, JEL, JEM, KWP, KWY, KWZ	24	Adhesive tape (strapping)	1	✕	3	4	5	
R_C / AVE, BSV, OIA, OIB, OIC, OIL, OIM, CHH, KWN, KWO, KWP, KWY, KWZ, JEL, JEM	25	Male condoms for non-family planning services	1	✕	3	4	5	
R_C / AVF, JEL, JEM	26	Straight urinary catheter	1	✕	3	4	5	
R_C / AVG, JEL, JEM	27	Urinary catheter with bulb for indwelling	1	✕	3	4	5	
R_C / AVH, JEL, JEM	28	Urine collection bag for use with indwelling urinary catheter	1	✕	3	4	5	
R_C / AVI, JEL, JEM	29	Endotracheal tube (adult)	1	✕	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C / AVJ, JEL, JEM	30	Endotracheal tube (paediatric)	1	✕	3	4	5	
		21.1.2. PROTECTIVE CLOTHING AND MATERIALS FOR STANDARD PRECAUTIONS AND INFECTION PREVENTION AND CONTROL						
R_C	12401	I would like to check on the availability of protective clothing and materials for standard precautions and infection prevention and control. 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.	(A) AVAILABILITY					
			OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C / AQW, MEY, MEZ	01	Surgical/respiratory masks	1	✕	3	4	5	
R_C / AQX, MEY, MEZ	02	N95 face masks	1	✕	3	4	5	
R_C / AQY, MEY, MEZ	03	Non-sterile protective gowns	1	✕	3	4	5	
R_C / AQY, MEY, MEZ	04	Sterile protective gowns	1	✕	3	4	5	
R_C / AQZ, MEY, MEZ	05	Aprons (impermeable)	1	✕	3	4	5	
R_C / ARA, MEY, MEZ	06	Eye protection (goggles, face shields)	1	✕	3	4	5	
R_C / ARB, MEY, MEZ	07	Gumboots or clogs	1	✕	3	4	5	
R_C / ARC, MEY, MEZ	08	Hair cover	1	✕	3	4	5	
R_C	09	Empty sharps containers	1	✕	3	4	5	
R_C / AQV, MEY, MEZ	10	Latex gloves (non-sterile)	1	✕	3	4	5	
R_C / AQV, CCC, MEY, MEZ, JKA, JKL, JKM	11	Latex gloves (sterile)	1	✕	3	4	5	
R_C / AQN, NBL, NBM	12	Environmental/surface disinfectant	1	✕	3	4	5	
		21.1.3. PROCEDURE KITS AND PATIENT EQUIPMENT						
R_C	12402	Is there a central location where procedure kits or patient equipment are kept or are these only found in the unit where the procedure is conducted or the patient receives services? IF YES, ASK TO BE SHOWN THE CENTRAL LOCATION(S) WHERE EACH OF THE FOLLOWING MAY BE CENTRALLY STORED AND SUPPLIED TO UNITS ON REQUEST. DO NOT GO TO PATIENT UNITS TO SEE THESE ITEMS; THEY ARE CHECKED IN PATIENT UNITS IN OTHER SECTIONS.	YES, CENTRAL STORE(S) FOR KITS AND PATIENT EQUIPMENT.. 1 NO CENTRAL STORE(S) FOR KITS OR PATIENT EQUIPMENT.. 2					➔Q12500

Mod/Ind	No.	Question	Result					Skip
R_C	12403	I would like to check on the availability of procedure kits and patient equipment. 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.	(A) AVAILABILITY					
			OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C / COH, KJN, KJO, KJY, KJZ	01	Lumbar puncture kit	1	2	3	4	5	
R_C / CBY, JKA, JKL, JKM	02	Minor surgical kit	1	2	3	4	5	
R_C / CBZ, JKA, JKL, JKM	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 / CCB, JKA, JKL, JKM	05	Chest tubes	1	2	3	4	5	
R_C / CCA, JKA, JKL, JKM	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 / CNJ, KKN, KKY, KKZ	09	Pelvic binder	1	2	3	4	5	
R_C	10	External cardiac pacemaker	1	2	3	4	5	
R_C / CPG, LHN, LHY, LHZ	11	Cervical collar	1	2	3	4	5	
R_C / CPV, JVA, JVL, JVM	12	Patient restraints for arms and legs	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
		22. PHARMACEUTICAL COMMODITIES						
		22.1. PHARMACEUTICAL COMMODITIES						
		22.1.1. PHARMACEUTICAL COMMODITY AVAILABILITY						
R_C / ATP, ATQ, ATR, ATS, ATT, ATU, ATV, ATW, ATX, ATY, ATZ, AUA, AUB, AUC, AUD, OEY, OEZ	12500	Does this facility stock any medicines, vaccines or contraceptive commodities?	YES .... 1 NO... 2					➔END
		ASK TO BE SHOWN THE MAIN STORAGE AREA FOR PHARMACEUTICALS.						

		I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify. I will also be asking about stock outs for some specific medicines.	(A) AVAILABILITY					
			OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
		GENERAL MEDICINES						
R_C	12501	ANTI-INFECTIVE AND ANTI-PARACETIC						
R_C / BGC, BTZ, MKD, MKL, MKM, NPB, NPL, NPM	01	Albendazole or mebendazole tablet	1	2	3	4	5	
R_C / ASO, CHE, NXL, NXM, KWP, KWY, KWZ	02	Amoxicillin tablet/capsule (500 mg)	1	2	3	4	5	
R_C / ASO, CHE, NXL, NXM, KWP, KWY, KWZ	03	Amoxicillin tablet (250 mg)	1	2	3	4	5	
R_C / ATJ, BDW, BEU, BFY, BGL, JXC, JXL, JXM, OAP, OAY, OAZ, LUC, LUL, LUM, MKD, MKL, MKM, JDY, JDZ	04	Amoxicillin suspension/or dispersible tablet (250 or 500 mg)	1	2	3	4	5	
R_C / ATF, AYU, AZZ, BAW, BCX, BDX, OAN, OAO, OAP, OAY, OAZ, BES, BET, LUA, LUB, LUC, LUL, LUM, BGM, COT, CPK, JXB, JXL, JXM, MYO, MYY, MYZ, MEC, MEL, MEM, LOY, LOZ, MVP, MVY, MVZ, JDY, JDZ, LKA, LKL, LKM, LHO, LHY, LHZ	05	Ampicillin powder for injection	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C / BQE, MZP, MZY, MZZ	06	Amphotericin injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5	
R_C / BBA, BSY, BSZ, BUE, CBD, CBE, CHE, LOY, LOZ, OIC, OIL, OIM, NPB, NPL, NPM, LTC, LTL, LTM, KWP, KWY, KWZ	07	Azithromycin tablet or suspension	1	2	3	4	5	
R_C / ASP, ATF, AYB, AYU, AZZ, BBC, BDX, OAN, OAO, OAP, OAY, OAZ, BES, BET, LUA, LUB, LUC, LUL, LUM, BSW, CBB, COT, CPK, NXL, NXM, JXB, JXL, JXM, LEP, LEY, LEZ, MYO, MYY, MYZ, MEC, MEL, MEM, LOY, LOZ, OIC, OIL, OIM, LTC, LTL, LTM, LKA, LKL, LKM, LHO, LHY, LHZ	08	Benzathine benzylpenicillin powder for injection (long-acting)	1	2	3	4	5	
R_C / BBB, BSY, CBD, CHE, LOY, LOZ, OIC, OIL, OIM, LTC, LTL, LTM, KWP, KWY, KWZ	09	Cefixime (capsule/tablet)	1	2	3	4	5	
R_C / ASN, ATF, AYU, AZZ, BCX, BDX, OAN, OAO, OAP, OAY, OAZ, BES, BET, LUA, LUB, LUC, LUL, LUM, BGN, BSY, CBD, COT, CPK, NXL, NXM, JXB, JXL, JXM, MYO, MYY, MYZ, MEC, MEL, MEM, MVP, MVY, MVZ, JDY, JDZ, OIC, OIL, OIM, LTC, LTL, LTM, LKA, LKL, LKM, LHO, LHY, LHZ	10	Ceftriaxone injection	1	2	3	4	5	

Mod/Ind	No.	Question	Result						Skip
R_C / AYB, CBB, CHE, LEP, LEY, LEZ, LTC, LTL, LTM, KWP, KWY, KWZ	11	Ciprofloxacin (capsule/tablet)	1	2	3	4	5		
R_C / BQA, MZP, MZY, MZZ	12	Cotrimoxazole (capsule/tablet)	1	2	3	4	5		
R_C / BFZ, BSC, KHA, KHB, KHC, KHD, KHL, KHM, BSI, MKD, MKL, MKM, NXY, NXZ	13	Cotrimoxazole syrup or dispersible tablets	1	2	3	4	5		
R_C / BUC, NPB, NPL, NPM	14	Diethylcarbamazine (DEC) (oral)	1	2	3	4	5		
R_C	15	Doxycycline tablets	1	2	3	4	5		
R_C / BQC, MZP, MZY, MZZ	16	Fluconazole (capsule/tablet) [FOLLOW-UP TREATMENT FOR FUNGAL INFECTION]	1	2	3	4	5		
R_C / BQE, MZP, MZY, MZZ	17	Flucytosine injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5		
R_C / ASM, ATF, AYU, AZZ, BAX, BCX, BDX, OAN, OAO, OAP, OAY, OAZ, BES, BET, LUA, LUB, LUC, LUL, LUM, BGO, COT, CPK, NXL, NXM, JXB, JXL, JXM, MYO, MYY, MYZ, MEC, MEL, MEM, LOY, LOZ, MVP, MVY, MVZ, JDY, JDZ, LKA, LKL, LKM, LHO, LHY, LHZ	18	Gentamicin injection	1	2	3	4	5		
R_C / BUB, NPB, NPL, NPM	19	Ivermectin (oral) (onchocerciasis)	1	2	3	4	5		
R_C / BSX, CBC, OIC, OIL, OIM, LTC, LTL, LTM	20	Metronidazole (capsule/tablet)	1	2	3	4	5		
R_C / BAY, LOY, LOZ	21	Metronidazole injection	1	2	3	4	5		
R_C / BUD, NPB, NPL, NPM	22	Pentamidine (oral)	1	2	3	4	5		
R_C	23	Potassium permanganate (topical)	1	2	3	4	5		
R_C / BUA, NPB, NPL, NPM	24	Praziquantel (oral)	1	2	3	4	5		

Mod/Ind	No.	Question	Result					Skip
R_C / ASP, ATF, AYB, AYU, AZZ, BCX, BDX, OAN, OAO, OAP, OAY, OAZ, BES, BET, LUA, LUB, LUC, LUL, LUM, BGP, COT, CPK, NXL, NXM, JXB, JXL, JXM, LEP, LEY, LEZ, MYO, MYY, MYZ, MEC, MEL, MEM, MVP, MVY, MVZ, JDY, JDZ, LKA, LKL, LKM, LHO, LHY, LHZ	25	Procaine benzylpenicillin injection	1	2	3	4	5	
R_C	26	Vancomycin injection	1	2	3	4	5	
R_C	27	Whitfield's ointment	1	2	3	4	5	
R_C	28	Topical antibiotics (e.g. povidone-iodine, polysporin, bacitracin)	1	2	3	4	5	
R_C	12502	RESPIRATORY						
R_C / ARZ, BWQ, NXL, NXM, MIQ, MIY, MIZ	01	Beclometasone inhaler	1	2	3	4	5	
R_C / ARY, BWP, NXL, NXM, MIQ, MIY, MIZ	02	Salbutamol inhaler	1	2	3	4	5	
R_C	03	Salbutamol nebuliser solution	1	2	3	4	5	
R_C	04	Peak flow meters	1	2	3	4	5	
R_C	05	Spacers for inhalers	1	2	3	4	5	
R_C	12503	CARDIOVASCULAR						
R_C / ASD, BUU, NXL, NXM, MNC, MNL, MNM	01	Calcium channel blocker (e.g. amlodipine tablet) (oral)	1	2	3	4	5	
R_C / ASD, DGW, NXL, NXM, MNC, MNL, MNM	02	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol tablet) (oral)	1	2	3	4	5	
R_C / ASD, BUR, NXL, NXM, MNC, MNL, MNM	03	ACE inhibitor (e.g. enalapril tablet) (oral)	1	2	3	4	5	
R_C / BVH	04	Digoxin injection	1	2	3	4	5	
R_C / BVB	05	Glyceryl trinitrate sublingual tablet	1	2	3	4	5	
R_C / ASD, BUV, NXL, NXM, MNC, MNL, MNM	06	Thiazide/thiazide-type diuretic (e.g. hydrochlorothiazide, chlorthalidone, indapamide tablet) (oral)	1	2	3	4	5	
R_C / BVC	07	Isosorbide dinitrate (capsule/tablet)	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C / ASE, BUW, MNA, MNB, MNC, MNL, MNM, NXL, NXM	08	Statin (e.g. simvastatin tablet) (oral)	1	2	3	4	5	
R_C / BVF	09	Warfarin (capsule/tablet)	1	2	3	4	5	
R_C	12504	DIABETES						
R_C / ASB, BVY, NXL, NXM, MNQ, MNY, MNZ	01	Metformin (capsule/tablet)	1	2	3	4	5	
R_C / ASA, BVZ, NXL, NXM, MNQ, MNY, MNZ	02	Glibenclamide tablet	1	2	3	4	5	
R_C / ASC, BWB, COG, NXL, NXM, MNQ, MNY, MNZ, KJO, KJY, KJZ	03	Insulin injection (regular)	1	2	3	4	5	
R_C / BWD, COG, KJO, KJY, KJZ	04	Insulin injection (other than regular)	1	2	3	4	5	
R_C / ASA, BWA, NXL, NXM, MNQ, MNY, MNZ	05	Gliclazide tablet or other sulfonylurea (e.g. glipizide) (oral)	1	2	3	4	5	
R_C / BWC, MNN, MNO, MNP, MNQ, MNY, MNZ	06	Glucose 50% injection	1	2	3	4	5	
R_C	12505	CANCER						
R_C / BYG, LWO, LWY, LWZ	01	Tamoxifen tablet	1	2	3	4	5	
R_C / BYH, LWN, LWO, LWY, LWZ	02	Cyclophosphamide injection	1	2	3	4	5	
R_C / BZA, ODN, ODO, ODP, ODY, ODZ	03	Fluorouracil (5FU) intravenous (colorectal cancer)	1	2	3	4	5	
R_C / BXT	04	Cisplatin intravenous (cervical cancer)	1	2	3	4	5	
R_C	12506	OTHER/GENERAL MEDICINES						
R_C / ASI, BCY, BKN, BQG, CHF, CQS, NXL, NXM, MVP, MVY, MVZ, KEC, KEL, KEM, MZP, MZY, MZZ, KWP, KWY, KWZ, MDB, MDL, MDM	01	Acetaminophen (paracetamol) (capsule/tablet)	1	2	3	4	5	
R_C / BGA, BGW, JDY, JDZ, MKD, MKL, MKM	02	Paracetamol syrup/suspension	1	2	3	4	5	
R_C / ASF, BUS, CNY, NXL, NXM, MNC, MNL, MNM, LMP, LMY, LMZ	03	Acetylsalicylic acid (aspirin) (oral)	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C / BCF, BWT, MIN, MIO, MIP, MIQ, MIY, MIZ, CET, CHB, LWD, LWL, LWM, LRP, LRY, LRZ, KWP, KWY, KWZ	04	Adrenaline or epinephrine injection	1	2	3	4	5	
R_C / BCH, LWA, LWB, LWC, LWD, LWL, LWM, CES, LRP, LRY, LRZ	05	Atropine injection	1	2	3	4	5	
R_C / ATG, BAD, MEA, MEB, MEC, MEL, MEM, BBD, JXB, JXL, JXM, LOY, LOZ	06	Betamethasone injection	1	2	3	4	5	
R_C / CQU, MDA, MDB, MDL, MDM	07	Buprenorphine (Buprenex) narcotic analgaesic (oral)	1	2	3	4	5	
R_C / BAU, LOY, LOZ	08	Calcium gluconate injection	1	2	3	4	5	
R_C	09	Calcium chloride injection	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ	10	Diazepam suppository/gel	1	2	3	4	5	
R_C	11	Diazepam (capsule/tablet)	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ, CEV, LRP, LRY, LRZ	12	Diazepam injection	1	2	3	4	5	
R_C / ATG, BAD, MEA, MEB, MEC, MEL, MEM, BBD, JXB, JXL, JXM, LOY, LOZ	13	Dexamethasone injection	1	2	3	4	5	
R_C / COU, LKA, LKL, LKM	14	Dopamine injection [COUNTRY ADAPT VASOPRESSOR]	1	2	3	4	5	
R_C / CEW, LRP, LRY, LRZ	15	Ephedrine (oral)	1	2	3	4	5	
R_C / AXV, BGG, CQR, LEP, LEY, LEZ, MKD, MKL, MKM, MDB, MDL, MDM	16	Ferrous sulfate (iron) (capsule/tablet)	1	2	3	4	5	
R_C / ASV, AXW, NXL, NXM, LEP, LEY, LEZ	17	Folic acid (capsule/tablet)	1	2	3	4	5	
R_C / ASV, AXV, AXW, CQR, NXL, NXM, LEP, LEY, LEZ, MDB, MDL, MDM	18	Combined ferrous and folic tablets	1	2	3	4	5	
R_C / ASG, BVK, NXL, NXM	19	Furosemide (capsule/tablet)	1	2	3	4	5	
R_C	20	Furosemide injection	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C / BVE	21	Heparin sodium injection	1	2	3	4	5	
R_C / BVI	22	Hydralazine tablet	1	2	3	4	5	
R_C / BBF, LOY, LOZ	23	Hydralazine injection	1	2	3	4	5	
R_C / BWS, CHC, MIQ, MIY, MIZ, KWP, KWY, KWZ	24	Hydrocortisone injection	1	2	3	4	5	
R_C	25	Hyoscine (butylbromide) injection	1	2	3	4	5	
R_C / ASJ, BCY, BQG, CHF, CQS, NXL, NXM, MVP, MVY, MVZ, MZP, MZY, MZZ, KWP, KWY, KWZ, MDB, MDL, MDM	26	Ibuprofen tablet	1	2	3	4	5	
R_C	27	Levodopa/ carbidopa preparation (oral)	1	2	3	4	5	
R_C	28	Loperamide tablet	1	2	3	4	5	
R_C / BQG, CQT, CQU, MDA, MDB, MDL, MDM, MZP, MZY, MZZ	29	Methadone (opioid reduces addiction) (oral)	1	2	3	4	5	
R_C / BBG, LOY, LOZ	30	Methyldopa tablet	1	2	3	4	5	
R_C	31	Metoclopramide injection	1	2	3	4	5	
R_C / ASH, BGV, BZM, CQT, NXL, NXM, JDY, JDZ, MDB, MDL, MDM	32	Morphine injection	1	2	3	4	5	
R_C / ASH, BGV, BQG, BZM, CQT, NXL, NXM, JDY, JDZ, MZP, MZY, MZZ, MDB, MDL, MDM	33	Morphine tablet or morphine solution	1	2	3	4	5	
R_C / CQU, MDA, MDB, MDL, MDM	34	Naloxone (Narcan) injection (anti-narcotic)	1	2	3	4	5	
R_C / ASR, ATK, BFX, BGQ, NXL, NXM, JXC, JXL, JXM, MKD, MKL, MKM, JDY, JDZ	35	Oral rehydration salts	1	2	3	4	5	
R_C	36	Omeprazole tablet	1	2	3	4	5	
R_C / BQG, CQT, MZP, MZY, MZZ, MDB, MDL, MDM	37	Meperidine (pethidine, Demerol) (oral)	1	2	3	4	5	
R_C / CQT, MDB, MDL, MDM	38	Nalbuphine (Nubain, Manfine) injection	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C	39	Potassium chloride injection	1	2	3	4	5	
R_C / BWR, MIQ, MIY, MIZ	40	Prednisolone tablet	1	2	3	4	5	
R_C / BVG	41	Protamine (sulfate) injection	1	2	3	4	5	
R_C	42	Proton pump inhibitor (e.g. omeprazole or rabeprazole or prazole) tablet	1	2	3	4	5	
R_C	43	Pyridoxine	1	2	3	4	5	
R_C	44	Ranitidine injection	1	2	3	4	5	
R_C	45	Senna preparation (or other laxative) (oral)	1	2	3	4	5	
R_C / BVJ	46	Spironolactone (capsule/tablet)	1	2	3	4	5	
R_C / BVD, CNZ, LMN, LMO, LMP, LMY, LMZ	47	Streptokinase injection	1	2	3	4	5	
R_C / BGB, BGU, CQQ, MKD, MKL, MKM, JDY, JDZ, MDB, MDL, MDM	48	Vitamin A (retinol) capsules	1	2	3	4	5	
R_C	49	Vitamin K injection	1	2	3	4	5	
R_C / ASS, ATL, BGD, BGR, NXL, NXM, JXC, JXL, JXM, MKD, MKL, MKM, JDY, JDZ	50	Zinc sulfate tablet	1	2	3	4	5	
R_C / ASS, ATL, BGD, BGR, NXL, NXM, JXC, JXL, JXM, MKD, MKL, MKM, JDY, JDZ	51	Zinc sulfate syrup or dispersible tablets	1	2	3	4	5	
R_C	12507	MENTAL HEALTH/NEUROLOGICAL						
R_C / CAB, MRO, MRY, MRZ	01	Amitriptyline tablet	1	2	3	4	5	
R_C	02	Benzodiazepine tablet	1	2	3	4	5	
R_C	03	Trihexyphenidyl or biperiden tablet	1	2	3	4	5	
R_C / ASL, BAZ, CAD, CAE, MRN, MRO, MRY, MRZ, NXL, NXM, LOY, LOZ	04	Carbamazepine tablet	1	2	3	4	5	
R_C / CAC, MRO, MRY, MRZ	05	Chlorpromazine injection	1	2	3	4	5	
R_C / CAC, MRO, MRY, MRZ	06	Clozapine tablet	1	2	3	4	5	
R_C / CAB, MRO, MRY, MRZ	07	Clomipramine capsule	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C / ASK, CAB, NXL, NXM, MRO, MRY, MRZ	08	Fluoxetine capsule	1	2	3	4	5	
R_C / CAC, MRO, MRY, MRZ	09	Fluphenazine injection	1	2	3	4	5	
R_C / CAC, MRO, MRY, MRZ	10	Haloperidol injection	1	2	3	4	5	
R_C / CAC, CAE, MRN, MRO, MRY, MRZ	11	Haloperidol tablet	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ	12	Lamotrigine tablet	1	2	3	4	5	
R_C / CAD, MRO, MRY, MRZ	13	Lithium carbonate tablet	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ	14	Lorazepam tablet	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ	15	Lorazepam injection	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ	16	Midazolam solution	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ	17	Phenobarbital tablet	1	2	3	4	5	
R_C / CAE, MRN, MRO, MRY, MRZ	18	Phenobarbital injection	1	2	3	4	5	
R_C / ASL, CAE, MRN, MRO, MRY, MRZ, NXL, NXM	19	Phenytoin tablet	1	2	3	4	5	
R_C / CAC, MRO, MRY, MRZ	20	Risperidone tablet	1	2	3	4	5	
R_C / CAD, CAE, MRN, MRO, MRY, MRZ	21	Sodium valproate tablet	1	2	3	4	5	
R_C	12508	MATERNAL/NEONATAL						
R_C / AZX, BUF, NPA, NPB, NPL, NPM, MEC, MEL, MEM	01	Eye cream for newborn or for trachoma (tetracycline)	1	2	3	4	5	
R_C	02	Caffeine citrate injection	1	2	3	4	5	
R_C / ASU, ATE, BAA, BAV, NXL, NXM, JXA, JXM, MEC, MEL, MEM, LOY, LOZ	03	Magnesium sulfate injection	1	2	3	4	5	
R_C / ATD, BAH, BCW, JXA, JXL, JXM, MVP, MVY, MVZ	04	Misoprostol tablet 200 mcg	1	2	3	4	5	
R_C / BBE, LOY, LOZ	05	Nifedipine 10 mg immediate release (oral)	1	2	3	4	5	
R_C / AYA, LEP, LEY, LEZ	06	Calcium tablets	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C / ASZ, NXL, NXM, ATH, BAB, BEP, CCD, JXB, JXL, JXM, MEC, MEL, MEM, LUC, LUL, LUM, JKB, JKL, JKM	07	4% chlorhexidine solution for umbilical cord or cleaning perineum/cervix or skin disinfectant	1	2	3	4	5	
R_C / BAI	08	Anti-D for RH incompatibility injection	1	2	3	4	5	
R_C / AST, ATC, AZY, BAS, NXL, NXM, JXA, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	09	Oxytocin injection	1	2 ➜Q12510	3	4 ➜Q12510	5 ➜Q12510	
R_C	12509	Is the oxytocin stored in cold storage?	YES..1 NO 2					

			(A) AVAILABILITY					
			OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C	12510	MEDICINES FOR ANAESTHESIA						
R_C / CFN	01	Atracurium (besilate) injection	1	2	3	4	5	
R_C / CEU, LRP, LRY, LRZ	02	Bupivicaine injection	1	2	3	4	5	
R_C / BCG, CEX, LWD, LWL, LWM, LRP, LRY, LRZ	03	Halothane (liquid inhalant)	1	2	3	4	5	
R_C / CFM	04	Isoflurane or desflurane or sevoflurane (liquid inhalant)	1	2	3	4	5	
R_C / BCK, CEY, LWD, LWL, LWM, LRP, LRY, LRZ	05	Ketamine injection	1	2	3	4	5	
R_C / CCE, CHG, JKB, JKL, JKM, KWP, KWY, KWZ	06	Lidocaine 1% or 2% injection	1	2	3	4	5	
R_C / BCE, CEZ, LWD, LWL, LWM, LRP, LRY, LRZ	07	Lidocaine 5% heavy spinal injection	1	2	3	4	5	
R_C / CFK	08	Midazolam injection	1	2	3	4	5	
R_C / CFL	09	Nitrous oxide (gas)	1	2	3	4	5	
R_C / BCJ, CFB, LWD, LWL, LWM, LRP, LRY, LRZ	10	Suxamethonium bromide or chloride injection	1	2	3	4	5	
R_C / BCI, CFC, LRN, LRO, LRP, LRY, LRZ, LWD, LWL, LWM	11	Thiopental (powder) for injection	1	2	3	4	5	
R_C	12511	INTRAVENOUS FLUIDS						

Mod/Ind	No.	Question	Result					Skip
R_C / BAC, BAT, BDV, BQF, CHA, CQN, MEC, MEL, MEM, LOY, LOZ, OAO, OAY, OAZ, MZP, MZY, MZZ, KWP, KWY, KWZ, MDB, MDL, MDM	01	0.09% sodium chloride (normal saline) (0.09NS)	1	2	3	4	5	
R_C / BAC, BDV, BQF, MEC, MEL, MEM, OAO, OAY, OAZ, MZP, MZY, MZZ	02	Dextrose 5% and normal saline (D5NS)	1	2	3	4	5	
R_C / BAC, BDV, BQF, CHA, CQN, MEC, MEL, MEM, OAO, OAY, OAZ, MZP, MZY, MZZ, KWP, KWY, KWZ, MDB, MDL, MDM	03	Sodium lactate (Ringer's lactate) (RL)	1	2	3	4	5	
R_C / BAC, BDV, BQF, MEC, MEL, MEM, OAO, OAY, OAZ, MZP, MZY, MZZ	04	Dextrose 5% and water (D5W)	1	2	3	4	5	
R_C / CQO, MDB, MDL, MDM	05	Parental nutrition [COUNTRY SPECIFIC NAME]	1	2	3	4	5	
		ANTIMALARIAL MEDICINES						
R_C	12512	Does this facility stock any medicines for malaria treatment?	YES..1 NO 2					➔Q12514

Mod/Ind	No.	Question	Result												Skip
R_C	12513	Are any of the following **malaria medicines available** in the facility today: CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED).	(A) AVAILABILITY					(B) ANY STOCK OUT IN THE...				(C) HOW MANY DAYS OF STOCK OUT IN THE PAST 4 WEEKS?			
			OBSERVED		NOT OBSERVED			(i) PAST 3 MONTHS?		(ii) PAST 4 WEEKS?					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	YES	NO	LESS THAN 7 DAYS	7–14 DAYS	MORE THAN 14 DAYS	
R_C / ASW, BGF, BGS, BKM, BKY, BKZ, BLA, BLB, BLC, NXL, NXM, MKD, MKL, MKM, JDY, JDZ, KEC, KEL, KEM	01	Artemether lumefantrine (LA): 6 tablet/pack	1 →B_i	2 →C	3 →B_i	4 →C	5 →02	1 →B_ii	2 →02	1 →C	2 →02	1	2	3	
R_C / ASW, BGF, BGS, BKM, BKY, BKZ, BLA, BLB, BLC, NXL, NXM, MKD, MKL, MKM, JDY, JDZ, KEC, KEL, KEM	02	Artemether lumefantrine (LA): 12 tablet/pack	1 →B_i	2 →C	3 →B_i	4 →C	5 →03	1 →B_ii	2 →03	1 →C	2 →03	1	2	3	
R_C / ASW, BGF, BGS, BKM, BKY, BKZ, BLA, BLB, BLC, NXL, NXM, MKD, MKL, MKM, JDY, JDZ, KEC, KEL, KEM	03	Artemether lumefantrine (LA): 18 tablet/pack	1 →B_i	2 →C	3 →B_i	4 →C	5 →04	1 →B_ii	2 →04	1 →C	2 →04	1	2	3	
R_C / ASW, BGF, BGS, BKM, BKY, BKZ, BLA, BLB, BLC, NXL, NXM, MKD, MKL, MKM, JDY, JDZ, KEC, KEL, KEM	04	Artemether lumefantrine (LA): 24 tablet/pack	1 →B_i	2 →C	3 →B_i	4 →C	5 →Q12514	1 →B_ii	2 →Q12514	1 →C	2 →Q12514	1	2	3	

Mod/Ind	No.	Question	Result							Skip
R_C	12514	Are any of the following **other malaria medicines** available in the facility today: CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED).	(A) AVAILABILITY					(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 / AXY, BKO, LEP, LEY, LEZ, KEC, KEL, KEM	01	Fansidar/SP (sulfadoxine + pyrimethamine) tablets	1 →B	2 →02	3 →B	4 →02	5 →02	1	2	
R_C / BLE	02	Quinine tablets	1	2	3	4	5	✕	✕	
R_C	03	Quinine injection	1	2	3	4	5	✕	✕	
R_C / ASX, BGT, BLD, NXL, NXM, JDY, JDZ	04	Artesunate injection	1	2	3	4	5	✕	✕	

Mod/Ind	No.	Question	Result							Skip
R_C / ASX, BGT, BLD, NXL, NXM, JDY, JDZ	05	Artesunate suppositories/ rectal	1	2	3	4	5	✕	✕	
R_C	06	Artemether-amodiaquine (ASAQ) 25 mg/67.5 mg tablets	1	2	3	4	5	✕	✕	
R_C	07	Artemether-amodiaquine (ASAQ) 50 mg/135 mg tablets	1	2	3	4	5	✕	✕	
R_C	08	Artemether-amodiaquine (ASAQ) 100 mg/270 mg tablets	1	2	3	4	5	✕	✕	
R_C	09	Chloroquine (oral)	1	2	3	4	5	✕	✕	
R_C / BLF	10	Primaquine (oral)	1	2	3	4	5	✕	✕	
R_C / AXZ, BGE, LEP, LEY, LEZ, MKD, MKL, MKM	11	Other antimalarial _____ (SPECIFY)	1	2	3	4	5	✕	✕	
R_C / AXZ, BGE, BKP, KEA, KEB, KEC, KEL, KEM, LEP, LEY, LEZ, MKD, MKL, MKM	12	Insecticide-treated bed nets (ITNs) for patients and their families and households	1	2	3	4	5	✕	✕	
R_C / BEO, BGE, LUC, LUL, LUM, MKD, MKL, MKM	13	Voucher for insecticide-treated bed nets for patients and their families and households	1	2	3	4	5	✕	✕	
R_C	14	Infant ITNs	1	2	3	4	5	✕	✕	
		ANTI-TUBERCULOSIS MEDICINES								
R_C	12515	Does this facility stock any medicines for tuberculosis treatment?	YES..1 NO 2							➔Q12525
R_C	12516	Where is the main storage area for tuberculosis medicines? ASSESS TB MEDICINE STORAGE AREA IN MAIN FACILITY PHARMACY OR OTHER SITE (OTHER THAN TB SERVICE AREA).	TUBERCULOSIS SERVICE AREA...1 MAIN FACILITY PHARMACY ....2 OTHER SITE IN FACILITY..3							➔Q12525

Mod/Ind	No.	Question	Result							Skip
R_C	12517	Are any of the following **tuberculosis medicines** available in the facility today: CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED). [COUNTRY ADAPT TO INCLUDE PREVENTIVE TREATMENT FOR TB]	(A) AVAILABILITY					(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 / BMO, BMW, BNA, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNP	01	Ethambutol (oral)	1 ➜B	2 ➜02	3 ➜B	4 ➜02	5 ➜02	1	2	
R_C / BMO, BMW, BMY, BQB, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNN	02	Isoniazid (INH) (oral)	1 ➜B	2 ➜03	3 ➜B	4 ➜03	5 ➜03	1	2	
R_C / BMO, BMW, BNB, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BN, BNQ	03	Pyrazinamide (oral)	1 ➜B	2 ➜04	3 ➜B	4 ➜04	5 ➜04	1	2	
R_C / BMO, BMW, BMZ, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNO	04	Rifampicin (oral)	1 ➜B	2 ➜05	3 ➜B	4 ➜05	5 ➜05	1	2	
R_C / BMO, BMW, BNC, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNR	05	Isoniazid + rifampicin (2FDC) (oral)	1 ➜B	2 ➜06	3 ➜B	4 ➜06	5 ➜06	1	2	
R_C / BMO, BMW, BND, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNS	06	Isoniazid + ethambutol (EH) (2FDC) (oral)	1 ➜B	2 ➜07	3 ➜B	4 ➜07	5 ➜07	1	2	
R_C / ATB, BMO, BMW, BNF, BQD, NXL, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNT	07	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC) (oral)	1 ➜B	2 ➜08	3 ➜B	4 ➜08	5 ➜08	1	2	
R_C / BMO, BMW, BNE, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNU	08	Isoniazid + rifampicin + ethambutol (RHE) (3FDC) (oral)	1 ➜B	2 ➜09	3 ➜B	4 ➜09	5 ➜09	1	2	

Mod/Ind	No.	Question	Result							Skip
R_C / BMO, BMW, BNG, BQD, MJP, MJY, MJZ, MZP, MZY, MZZ, BNL, BNV	09	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC) (oral)	1 ➜B	2 ➜10	3 ➜B	4 ➜10	5 ➜10	1	2	
R_C / BMP, BNH, MJP, MJY, MJZ, BNW	10	Paediatric formulation for INH – as a single medicine for isoniazid preventive therapy (IPT) (oral)	1 ➜B	2 ➜11	3 ➜B	4 ➜11	5 ➜11	1	2	
R_C / BMP, BNI, MJP, MJY, MJZ, BNX	11	Paediatric formulation for rifampicin (may be in a combined formulation)	1 ➜B	2 ➜12	3 ➜B	4 ➜12	5 ➜12	1	2	
R_C / BMP, BNJ, MJP, MJY, MJZ, BNY	12	Paediatric formulation for pyrazinamide (may be in a combined formulation)	1 ➜B	2 ➜13	3 ➜B	4 ➜13	5 ➜13	1	2	
R_C / BMP, BNK, MJP, MJY, MJZ, BNZ	13	Paediatric formulation for ethambutol (may be in a combined formulation)	1 ➜B	2 ➜14	3 ➜B	4 ➜14	5 ➜14	1	2	
R_C	14	Streptomycin injection	1 ➜B	2 ➜15	3 ➜B	4 ➜15	5 ➜15	1	2	
R_C / BMV, MHN, MHO, MHP, MHY, MHZ, BMX, BNM	15	National first-line MDR treatment regimen [COUNTRY ADAPT]	1 ➜B	2 ➜Q12518	3 ➜B	4 ➜Q12518	5 ➜Q12518	1	2	

TB DRUG STORAGE CONDITIONS

Mod/Ind	No.	Question	Result		Skip
R_C	12519	OBSERVE THE PRIMARY PHARMACY FOR TB DRUG STORAGE CONDITIONS AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES	NO	
R_C / BOC	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
R_C / BOC	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
R_C / BOC	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
R_C / BOC	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2	
R_C / BOC	05	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1	2	
R_C / BOA	12520	Is there a thermometer or thermostat that shows the current room temperature? IF YES, ASK: May I see the thermometer/thermostat? CHECK TO SEE IF THE THERMOMETER/THERMOSTAT IS FUNCTIONING.	YES, FUNCTIONING ....1 YES, NOT FUNCTIONAL ....2 NO 3		➜Q12524 ➜Q12524
R_C / BOA	12521	RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTIGRADE .... __ __		
R_C / BOB	12522	Is there a record of monitoring the room temperature over the past 30 days? IF YES, ASK TO SEE THE RECORD.	YES, OBSERVED TEMPERATURE RECORDED DAILY ....1 TEMPERATURE RECORDED AT LEAST WEEKLY.......................................2 TEMPERATURE RECORDED LESS THAN WEEKLY ....3 YES, REPORTED, NOT SEEN...4 NO 5		 ➜Q12524 ➜Q12524 ➜Q12524 ➜Q12524
R_C / BOB	12523	DOES THE TEMPERATURE MONITORING RECORD SHOW THE TEMPERATURE ≥ 15 °C AND ≤ 25 °C FOR EACH OF THE PAST 30 DAYS?	YES..1 NO 2		
R_C	12524	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT	YES	NO	
R_C / BOD	01	Can the main TB drug storage area(s) be locked?	1	2	
R_C / BOD	02	Is there limited access to the main TB drug storage areas?	1	2	
R_C / BOD	03	OBSERVE IF ALL DOORS THAT SEPARATE THE TB DRUG STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID	1	2	
R_C / BOD	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF THERE ARE NO WINDOWS, MARK 'YES'.	1	2	

Mod/Ind	No.	Question	Result						Skip
		ANTIRETROVIRALS AND PROTEASE INHIBITORS							
R_C	12525	Does this facility stock any antiretroviral (ARV) medicines for PMTCT or the treatment of HIV/AIDS?	YES............1 NO 2						➔Q12536
R_C	12526	Where is the main storage area for antiretroviral medicines? ASSESS THE FOLLOWING INFORMATION IN THE MAIN ART MEDICINE STORAGE AREA.	AIDS/ART SERVICE AREA............1 MAIN FACILITY PHARMACY ....2 OTHER OUTPATIENT SITE IN FACILITY ....3 NO ART MEDICINES STORED 4						➔Q12536 ➔Q12536 ➔Q12536

Mod/Ind	No.	Question	(A) AVAILABILITY					Skip
			OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C	12527	Are any of the following ARVs available today in this facility: CHECK TO SEE IF AT LEAST ONE FROM THE REGIMEN IS VALID (NOT EXPIRED).						
R_C / BQW, BQZ, BRA	01	Zidovudine (ZDV, AZT) (capsule/tablet)	1	2	3	4	5	
R_C / BSA, BSM, NXY, NXZ, KHD, KHL, KHM	02	Zidovudine (ZDV, AZT) syrup	1	2	3	4	5	
R_C	03	Abacavir (ABC) (oral)	1	2	3	4	5	
R_C / BQY, BQZ, BRA, CBF, LTC, LTL, LTM	04	Lamivudine (3TC)2 (capsule/tablet)	1	2	3	4	5	
R_C / BSK, NXY, NXZ	05	Lamivudine (3TC) syrup	1	2	3	4	5	
R_C / CBF, LTC, LTL, LTM	06	Tenofovir disoproxil fumarate (TDF) (capsule/tablet)	1	2	3	4	5	
R_C / BQX, BRA	07	Nevirapine (NVP) (capsule/tablet)	1	2	3	4	5	
R_C / BRZ, BSH, KHD, KHL, KHM, NXY, NXZ	08	Nevirapine (NVP) syrup	1	2	3	4	5	
R_C	09	Efavirenz (EFV) 600 mg (capsule/tablet)	1	2	3	4	5	
R_C	10	Efavirenz (EFV) 400 mg (capsule/tablet)	1	2	3	4	5	
R_C / BSJ, NXY, NXZ	11	Efavirenz (EFV) syrup	1	2	3	4	5	
R_C / CBF, LTC, LTL, LTM	12	Emtricitabine (FTC) (capsule/tablet)	1	2	3	4	5	
R_C	13	Lamivudine + abacavir (3TC + ABC) (capsule/tablet)	1	2	3	4	5	
R_C / BQZ	14	Zidovudine + lamivudine (AZT + 3TC) (capsule/tablet)	1	2	3	4	5	
R_C	15	Zidovudine + lamivudine + abacavir (AZT + 3TC + ABC) (capsule/tablet)	1	2	3	4	5	
R_C / BRA	16	Zidovudine + lamivudine + nevirapine (AZT + 3TC + NVP) (capsule/tablet)	1	2	3	4	5	
R_C	17	Tenofovir + emtricitabine (TDF + FTC) (capsule/tablet)	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
R_C	18	Tenofovir + lamivudine (TDF + 3TC) (capsule/tablet)	1	2	3	4	5	
R_C / ASY, NXL, NXM	19	Tenofovir + lamivudine + efavirenz (TDF + 3TC + EFV) (capsule/tablet)	1	2	3	4	5	
R_C / ASY, NXL, NXM	20	Tenofovir + emtricitabine + efavirenz (TDF + FTC + EFV) (capsule/tablet)	1	2	3	4	5	
R_C	12528	Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?	YES.. 1 NO 2					➔Q12530

Mod/Ind	No.	Question	(A) AVAILABILITY					Skip
			OBSERVED AVAILABLE		NOT OBSERVED			
R_C	12529	Are any of the following protease inhibitors available today in this facility: CHECK TO SEE IF AT LEAST IS VALID (NOT EXPIRED).	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C	01	Lopinavir (LPV) tablets	1	2	3	4	5	
R_C	02	Lopinavir (LPV) pellets	1	2	3	4	5	
R_C / BSL, NXY, NXZ	03	Lopinavir (LPV) syrup	1	2	3	4	5	
R_C	04	Ritonavir (RTV) (capsule/tablet)	1	2	3	4	5	
R_C	05	Atazanavir (ATV) (capsule/tablet)	1	2	3	4	5	
R_C	06	Darunavir (DRV) (capsule/tablet)	1	2	3	4	5	
R_C / CBF, LTC, LTL, LTM	07	Lopinavir + ritonavir (capsule/tablet)	1	2	3	4	5	
R_C	08	Atazanavir + ritonavir (capsule/tablet)	1	2	3	4	5	
		INTEGRASE INHIBITORS						
R_C	09	Raltegravir (capsule/tablet)	1	2	3	4	5	
R_C	10	Dolutegravir (capsule/tablet)	1	2	3	4	5	
R_C	11	Etravirine (capsule/tablet)	1	2	3	4	5	
R_C	12	Third-line non-nucleoside reverse transcriptase inhibitor (NNRTI) (capsule/tablet) [COUNTRY ADAPT]	1	2	3	4	5	

Mod/Ind	No.	Question	Result		Skip
		ARV STORAGE CONDITIONS			
R_C	12530	OBSERVE THE PRIMARY PHARMACY FOR ARV STORAGE CONDITIONS AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES	NO	
R_C / BRD	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
R_C / BRD	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
R_C / BRD	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
R_C / BRD	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2	
R_C / BRD	05	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1	2	
R_C / BRB	12531	Is there a thermometer or thermostat that shows the current room temperature? IF YES, ASK: May I see the thermometer/thermostat? CHECK TO SEE IF THE THERMOMETER/THERMOSTAT IS FUNCTIONING.	YES, FUNCTIONING ....1 YES, NOT FUNCTIONING ....2 NO 3		➜Q12535 ➜Q12535
R_C / BRB	12532	RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTIGRADE .... __ __ NO FUNCTIONAL THERMOMETER...98		

R_C / BRC	12533	Is there a record of monitoring the room temperature over the past 30 days?
		
		 IF YES, ASK TO SEE THE RECORD.
			YES, OBSERVED
			   TEMPERATURE RECORDED DAILY 1
			   TEMPERATURE RECORDED AT LEAST WEEKLY.......................2
			   TEMPERATURE RECORDED LESS THAN WEEKLY 3
			 YES, REPORTED, NOT SEEN..4
			 NO 5
					➜Q12535
					 ➜Q12535
					 ➜Q12535
					 ➜Q12535

R_C / BRC	12534	DOES THE TEMPERATURE MONITORING RECORD SHOW THE TEMPERATURE ≥ 15 °C AND ≤ 20 °C FOR EACH OF THE PAST 30 DAYS?	YES..1 NO 2		
R_C	12535	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT	YES	NO	
R_C / BRE	01	Can the main ART drug storage area(s) be locked?	1	2	
R_C / BRE	02	Is there limited access to the main ART drug storage area?	1	2	
R_C / BRE	03	OBSERVE IF ALL DOORS THAT SEPARATE THE ART DRUG STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID	1	2	
R_C / BRE	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF THERE ARE NO WINDOWS, MARK 'YES'.	1	2	

Mod/Ind	No.	Question	Result							Skip
		FAMILY PLANNING COMMODITIES								
R_C	12536	Does this facility stock any family planning commodities or contraceptives?	YES.. 1 NO 2							➜Q12539
R_C	12537	Where is the main storage area for contraceptive commodities? GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF COMMODITIES.	FAMILY PLANNING SERVICE AREA .... 1 MAIN FACILITY PHARMACY .... 2 OTHER SITE IN FACILITY 3							➜Q12539 ➜Q12539 ➜Q12539

Mod/Ind	No.	Question	(A) AVAILABILITY					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		Skip
			OBSERVED		NOT OBSERVED					
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	12538	Are any of the following family planning commodities available today in this facility: CHECK TO SEE IF AT LEAST IS VALID (NOT EXPIRED).								
R_C / ASQ, AWJ, AWO, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	01	Combined estrogen progesterone oral contraceptive pills	1	2	3	4	5	✕	✕	
R_C / ASQ, AWK, AWO, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	02	Progestin-only contraceptive pills	1	2	3	4	5	✕	✕	
R_C / ASQ, AWL, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	03	Combined estrogen progesterone injectable contraceptives	1	2	3	4	5	✕	✕	
R_C / ASQ, AWL, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	04	Progestin-only injectable contraceptives	1	2	3	4	5	✕	✕	
R_C / AWM, KRA, KRB, KRC, KRL, KRM, BCZ, BJX, KTA, KTB, KTC, KTL, KTM, BSV, NON, NOO, NOP, NOY, NOZ, MVP, MVY, MVZ	05	Male condoms	1	2	3	4	5	✕	✕	
R_C / ATM, AWM, KRA, KRB, KRC, KRL, KRM, BCZ, JXD, JXL, JXM, MVP, MVY, MVZ, AWU	06	Female condoms	1 ➜B	2 ➜07	3 ➜B	4 ➜07	5 ➜07	1	2	
R_C / ASQ, ATN, AWQ, BDA, MVN, MVO, MVP, MVY, MVZ, NXL, NXM, JXD, JXL, JXM, AWV	07	Implant (e.g. levonorgestrel, etonogestrel)	1 ➜B	2 ➜08	3 ➜B	4 ➜08	5 ➜08	1	2	

Mod/Ind	No.	Question	Result							Skip
R_C / ATO, JXA, JXB, JXC, JXD, JXL, JXM, CBG, LTA, LTB, LTC, LTL, LTM, AWW	08	Emergency contraceptive (e.g. levonor-gestrel tablet, ulipristal acetate tablet, mifepristone tablet 10–25 mg)	1 →B	2 →09	3 →B	4 →09	5 →09	1	2	
R_C / AWR, BDA, MVN, MVO, MVP, MVY, MVZ	09	Intrauterine contraceptive device (IUCD)	1	2	3	4	5	✕	✕	
R_C	10	Cycle beads for standard days method	1	2	3	4	5	✕	✕	

Mod/Ind	No.	Question	Result	Skip
R_C	12539	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	→Q12541

Mod/Ind	No.	Question	(A) AVAILABILITY					Skip
			OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C	12540	Which of the following nutritional supplements for malnutrition are available in this facility: \ \ CHECK TO SEE IF AT LEAST IS VALID (NOT EXPIRED).						
R_C / ATA, BGH, BQH, CQP, NXM, MKD, MKL, MKM, MZP, MZY, MZZ, MDB, MDL, MDM	01	Ready-to-use therapeutic food (RUTF)	1	2	3	4	5	
R_C / BGI, BQH, CQP, MKD, MKL, MKM, MZP, MZY, MZZ, MDB, MDL, MDM	02	F-75 (Formula 75)	1	2	3	4	5	
R_C / BGJ, BQH, CQP, MKD, MKL, MKM, MZP, MZY, MZZ, MDB, MDL, MDM	03	F-100 (Formula 100)	1	2	3	4	5	
R_C / BGK, MKA, MKB, MKC, MKD, MKL, MKM, BQH, CQP, MZP, MZY, MZZ, MDB, MDL, MDM	04	Micronutrient powder (MNP)	1	2	3	4	5	

22.1.2. MAIN PHARMACEUTICAL COMMODITY STORAGE

Mod/Ind	No.	Question	YES	NO	Skip
R_C	12541	OBSERVE THE **PRIMARY MEDICINE STORAGE PHARMACY** (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:			

Mod/Ind	No.	Question	Result		Skip
R_C / ATP, OEY, OEZ	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
R_C / ATQ, OEY, OEZ	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
R_C / ATR, OEY, OEZ	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
R_C / ATS, OEY, OEZ	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (COCKROACHES, ETC.)?	1	2	
R_C / ATT, OEY, OEZ	05	IS THE ROOM SWEPT, WITH NO SPILLS OR OBVIOUS DIRT ON COUNTERS OR FLOOR?	1	2	
R_C / ATU, OEY, OEZ	06	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1	2	
R_C	12542	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO	
R_C / ATV, OEY, OEZ	01	Can the main pharmaceutical storage area(s) be locked?	1	2	
R_C / ATW, OEY, OEZ	02	Is there limited access to the main pharmaceutical storage areas?	1	2	
R_C / ATX, OEY, OEZ	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMA-CEUTICAL STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID.	1	2	
R_C / ATY, OEY, OEZ	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF NO WINDOWS, MARK 'YES'.	1	2	
R_C / ATZ, OEY, OEZ	12543	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 FUNCTIONAL ....2 NO 3		➜Q12545 ➜Q12545
R_C / AUA, OEY, OEZ	12544	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 / AUB, OEY, OEZ	12545	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		➜Q12549 ➜Q12549
R_C / AUB, OEY, OEZ	12546	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		

Mod/Ind	No.	Question	Result		Skip
R_C / AUB, OEY, OEZ	12547	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN (E.G. NO SPILLED MEDICINES, NO GARBAGE, ETC.)?	YES...1 NO 2		
R_C / AUB, OEY, OEZ	12548	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES...1 NO 2		
M_C	12549	Are there written policies and procedures for identifying and managing medicine-use problems, including: monitoring adverse reactions, prescription monitoring and medicine utilization? IF YES, ASK: May I see any written instructions for reporting on adverse reactions or pharmacovigilance (PV) guidelines?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN...2 NO 3		➜Q12551
M_C	12550	Which of the following medicine-use problems are monitored in this facility:	YES, MONITORED	NO, NOT MONITORED	
M_C / CYI	01	Adverse reactions	1	2	
M_C / CYG	02	Prescription practices for specific types of medicines such as pain medicine or antibiotics	1	2	
M_C / CYF	03	General prescription practices, such as numbers and combinations of medicines prescribed	1	2	
M_C / CYH	04	Medicine utilization, such as comparing medicine use to types of patients being treated	1	2	
M_C	05	Other _____ (SPECIFY)	1	2	
		22.1.3. PHARMACEUTICAL COMMODITY MANAGEMENT			
		Now I would like to go to where pharmaceutical commodities are stored to learn more about stock management practices.			
		STOCK RECORDS			

| Mod/Ind	No.	Question	Result			Skip
R_C	12551	Does the pharmacy have documentation for any of the following? These may be registers/stock cards or any other type of documentation that achieves the objectives. IF YES, ASK TO SEE THE DOCUMENTATION.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C / AUC, OEY, OEZ	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 / AUD, OEY, OEZ	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	
		SUPPORT FOR QUALITY PHARMACY PRACTICES				
M_C	12552	Does the pharmacy have any of the following documentation for policies or guidelines: IF YES, ASK TO SEE THE DOCUMENTS.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
M_C / CYI	01	Guidelines/ protocols for pharmacovigilance (PV), that include guidelines for reporting on adverse reactions	1	2	3	
M_C / CYI	02	Guidelines for monitoring, documenting, and reporting on adverse reactions	1	2	3	
M_C	03	Guidelines for monitoring prescription practices at any level IF YES, ASK FOR EVIDENCE OF MONITORING FOR THE SPECIFIC PRESCRIPTION PRACTICES LISTED BELOW.	1	2	3 ➜Q12553	
M_C / CYG	04	Guidelines for monitoring prescription practices for specific types of medicines, such as pain medicine or antibiotics	1	2	3	
M_C / CYF	05	Guidelines for monitoring general prescription practices, such as numbers and combinations of medicines prescribed	1	2	3	
M_C / CYF	06	Guidelines for monitoring medicine utilization, such as comparing medicine use with types of patients being treated	1	2	3	

Mod/Ind	No.	Question	Result		Skip
		22.1.4. BULK PHARMACEUTICAL COMMODITY STORAGE			
R_C / AUE, AUF, AUG, AUH, AUI, AUJ, AUK, AUL, AUM, AUN, AUO, JML, JMM	12553	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
		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.			
R_C	12554	OBSERVE THE BULK PHARMACY STORE AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES	NO	
R_C / AUE, JML, JMM	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
R_C / AUF, JML, JMM	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
R_C / AUG, JML, JMM	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
R_C / AUH, JML, JMM	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2	
R_C	12555	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT	YES	NO	
R_C / AUI, JML, JMM	01	Can the bulk pharmaceutical storage area(s) be locked?	1	2	
R_C / AUJ, JML, JMM	02	Is there limited access to the bulk pharmaceutical storage areas?	1	2	
R_C / AUK, JML, JMM	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID	1	2	
R_C / AUL, JML, JMM	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY	1	2	
R_C / AUM, JML, JMM	12556	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 FUNCTIONAL ....2 NO 3		➔Q12558 ➔Q12558
R_C / AUN, JML, JMM	12557	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		

Mod/Ind	No.	Question	Result	Skip
R_C / AUO, JML, JMM	12558	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 ➔ END
R_C / AUO, JML, JMM	12559	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 / AUO, JML, JMM	12560	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN? E.G., NO SPILLED MEDICINES, NO GARBAGE, ETC.	YES... 1 NO 2	
R_C / AUO, JML, JMM	12561	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES... 1 NO 2	

PLEASE THANK THE RESPONDENT FOR COMPLETING THE QUESTIONNAIRE.

INTERVIEWER'S NOTES

SUPERVISOR'S NOTES
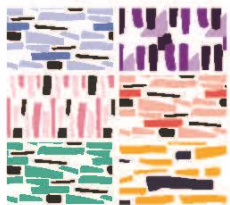
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