Harmonized health facility assessment (HHFA)

Combined questionnaire
Core and additional questions

MARCH 2021

World Health Organization

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Contents

Acknowledgements

Overview

The harmonized health facility assessment (HHFA) represents a resource package for conducting standardized health facility surveys. The HHFA enables a comprehensive, external review of the availability of health facility services, the systems that facilities have in place to deliver services at required standards of quality, and the effectiveness of the services. Availability, quality and effectiveness of health services are integral to universal health coverage (UHC) and contribute to achieving the Sustainable Development Goals (SDGs). HHFA data can support health sector reviews, planning and policy-making, and enable evidence-based decision-making for strengthening country health services.

The HHFA builds upon the USAID/WHO Service Availability and Readiness Assessment (SARA) and incorporates components of other key global health facility surveys and indicator lists. It is based on global service standards and uses standardized indicators, questionnaires and data collection methodologies. Standardization of indicators and data collection promotes alignment of health facility survey approaches and enables comparability of results over time and across geographic areas.

The HHFA includes four modules:
- service availability
- service readiness
- quality and safety of care
- management and finance.

The modular approach, with core and additional indicators, allows countries to adapt the HHFA to their needs. A module is defined as a set of questions (in questionnaire format) and aims to collect information for a defined set of indicators in a specific disease, programme or service management area. Any item of data collected through a health facility assessment should be indicator-driven, i.e. should provide data for the numerator or denominator of a clearly defined indicator and/or research question.

The HHFA questionnaires are provided in two formats: "stand-alone" and "combined". Each of the four HHFA modules has a set of stand-alone questionnaires that may include "core", "core+additional" and/or "supplementary" questionnaires. The "combined" questionnaire contains the questions from all four HHFA modules, integrated and organized by service site or respondent to facilitate data collection at facility level.

Fig. 1 HHFA modules, indicator domains and questionnaires

Module 1 Service availability	Module 2 Service readiness	Module 3 Quality of care and safety	Module 4 Management and finance
• Staff	Capacity to provide specific services according to defined minimum standards:	• Adherence to standards in the patient care process	Practices to support continuous service availability and quality:
• Beds	• Guidelines, trained staff, equipment, commodities	• Patient outcomes	• Management
• Medicines	• Systems to support quality and safety	• Patient experience	• Finance
• Diagnostics	• Provider knowledge		• Utilization and efficiency
• Building structure			• Quality assurance
• Availability of specific services			• Health worker absenteeism

Questionnaires	Questionnaires	Questionnaires	Questionnaires
• Availability: Core	• Readiness: Core	• Quality of care and safety: Core	• Management and finance: Core
• Availability: Core+Additional	• Readiness: Core – Provider competency [Supplementary][†]	• Quality of care and safety: Additional – Record review [Supplementary][*]	• Management and finance: Core+Additional
• Availability: Additional – Building infrastructure [Supplementary]		• Quality of care and safety: Additional – Client experience [Supplementary][†]	• Management and finance: Additional – Health worker absenteeism [Supplementary][†]

[*] Available in 2021
[†] Planned for future development

Combined questionnaire

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	107	Interview date	**FIRST VISIT(S)** *RESULT CODE 1 = INTERVIEW STARTED 2 = POSTPONED 3 = FACILITY CLOSED 4 = FACILITY DESTROYED 5 = FACILITY NOT FOUND 6 = OTHER COMPLETE GPS COORDINATES REGARDLESS OF RESULTS CODE **FINAL VISIT** DAY　— — MONTH　— — YEAR　— — — — INTERVIEWER CODE　— — — RESULT CODE　—	

FIRST VISIT(S) table:

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

Mod/Ind	No.	Question	Result	Skip
		1.1.2. GEOGRAPHIC COORDINATES		
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		

Mod/Ind	No.	Question	Result	Skip
ALL	108	Waypoint name (facility number)	— — — — — — —	
ALL	109	Altitude (m)	— — — —	
ALL	110	Latitude	N/S......................(a) — DEGREES..............(b) — — DECIMAL..............(c) — — — — —	
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

Mod/Ind	No.	Question	Result	Skip
ALL	112	Consent given by facility contact?	YES .... 1 NO.. 2	➔ END
		1.1.4. FACILITY CHARACTERISTICS		
ALL	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	118	Service levels available	OUTPATIENT ONLY.. 1 INPATIENT ONLY .... 2 BOTH OUT AND INPATIENT............................. 3	

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	01	Paediatric preventive and curative – integrated management of childhood illness (IMCI) care	1	2	3	4	
A_C	02	Adolescent health services	1	2	3	4	
A_C	03	Family planning	1	2	3	4	
A_C	04	Antenatal care (ANC)	1	2	3	4 ➜07	
A_C	05	Prevention of mother-to-child transmission (PMTCT)	1	2	3	4	
A_C	06	Intermittent preventive treatment of malaria in pregnancy (IPTp)	1	2	3	4	
A_C	07	Any delivery/childbirth services	1	2	3	4 ➜10	
A_C	08	Basic emergency obstetric and newborn care (BEmONC) services	1	2	3	4	
A_C	09	Comprehensive emergency obstetric and newborn care (CEmONC)	1	2	3	4	
A_C	10	Any newborn care services	1	2	3	4 ➜13	
A_C	11	Care for the healthy newborn	1	2	3	4	
A_C	12	Care for the small and sick newborn	1	2	3	4	
A_C	13	Postpartum care (PNC)	1	2	3	4	
A_C	14	Post-abortion care	1	2	3	4	
A_C	201	**2.1.2. IMMUNIZATION**					
A_C	01	Any immunization services	1	2	3	4 ➜Q202	
A_C	02	Infant (< 1 year) immunizations	1	2	3	4	
A_C	03	Adolescent/adult immunizations	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
A_C	202	**2.1.3. COMMUNICABLE DISEASES**					
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT AND INPATIENT	SERVICE NOT OFFERED	
A_C	01	Malaria diagnosis and treatment	1	2	3	4	
A_C	02	Any services for neglected tropical diseases (NTDs)	1	2	3	4 ➔12	
A_C	03	Lymphoedema (from any source)	1	2	3	4	
A_C	04	Soil transmitted helminth (roundworm, hookworm, whipworm)	1	2	3	4	
A_C	05	Schistosomiasis	1	2	3	4	
A_C	06	Trachoma	1	2	3	4	
A_C	07	Onchocerciasis (ONCO)	1	2	3	4	
A_C	08	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1	2	3	4	
A_C	09	Dengue	1	2	3	4	
A_C	10	Guinea-worm disease (Dracunculiasis)	1	2	3	4	
A_C	11	Visceral leishmaniasis	1	2	3	4	
A_C	12	Services for outbreaks (e.g. Ebola, Zika, dengue)	1	2	3	4	
A_C	13	Any services for human immunodeficiency virus (HIV) diagnosis and treatment	1	2	3	4 ➔19	
A_C	14	HIV testing	1	2	3	4	
A_C	15	HIV care and support	1	2	3	4	
A_C	16	Antiretroviral therapy (ART) for life-long HIV treatment	1	2	3	4	
A_C	17	Any paediatric HIV services	1	2	3	4	
A_C	18	Occupational health services for HIV	1	2	3	4	
A_C	19	Any tuberculosis (TB) services (diagnostic, prescription, case detection and follow-up)	1	2	3	4 ➔22	
A_C	20	TB diagnosis and treatment services	1	2	3	4	
A_C	21	TB patient follow-up services	1	2	3	4	
A_C	22	Any diagnostic or treatment services for sexually transmitted infections (STI)	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
A_C	203	**2.1.4. NONCOMMUNICABLE DISEASES**					
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT AND INPATIENT	SERVICE NOT OFFERED	
A_C	01	Any services for chronic diseases	1	2	3	4 ➔05	
A_C	02	Cardiovascular diseases	1	2	3	4	
A_C	03	Diabetes	1	2	3	4	
A_C	04	Chronic respiratory disease	1	2	3	4	
A_C	05	Any cancer services	1	2	3	4 ➔Q204	
A_C	06	Routine screening services for cervical cancer	1	2	3	4	
A_C	07	Any diagnostic or treatment services for cervical cancer	1	2	3	4	
A_C	08	Any diagnostic or treatment services for breast cancer	1	2	3	4	
A_C	09	Any diagnostic or treatment services for colorectal cancer	1	2	3	4	
A_C	204	**2.1.5. SPECIALTY MEDICAL SERVICES**					
A_C	01	Does this facility offer any specialty medical or health services? By this I mean that there is a specialist physician who provides the service and medical equipment for diagnosis and treatment.	1	2	3	4 ➔Q206	
A_A	205	**2.1.6. SPECIFIC SPECIALTY SERVICES**					
A_A	01	Allergy and immunology	1	2	3	4	
A_A	02	Burn management	✕	2	✕	4	
A_A	03	Cardiology	1	2	3	4	
A_A	04	Critical care/intensive care medicine	✕	2	✕	4	
A_A	05	Dermatology	1	2	3	4	
A_A	06	Emergency medicine	1	2	3	4	
A_A	07	Endocrinology	1	2	3	4	
A_A	08	Gastroenterology	1	2	3	4	
A_A	09	Geriatric medicine	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT AND INPATIENT	SERVICE NOT OFFERED	
A_A	10	Obstetrics	1	2	3	4	
A_A	11	Gynaecology	1	2	3	4	
A_A	12	Haematology	1	2	3	4	
A_A	13	Hospice or palliative care medicine	1	2	3	4	
A_A	14	Infectious diseases	1	2	3	4	
A_A	15	Nephrology (kidney diseases)	1	2	3	4	
A_A	16	Neurology	1	2	3	4	
A_A	17	Oncology	1	2	3	4	
A_A	18	Ophthalmology	1	2	3	4	
A_A	19	Orthopaedics	1	2	3	4	
A_A	20	Otorhinolaryngology (ENT)	1	2	3	4	
A_A	21	Paediatrics	1	2	3	4	
A_A	22	Physical/rehabilitation medicine	1	2	3	4	
A_A	23	Psychiatry/psychology/mental health	1	2	3	4	
A_A	24	Pulmonary medicine (respiratory illnesses)	1	2	3	4	
A_A	25	Rheumatology	1	2	3	4	
A_C	206	**2.1.7. SURGICAL SERVICES**					
A_C	01	Any minor or major surgical services	1	2	3	4 ➜Q207	
A_C	02	Minor surgical procedures	1	2	3	4	
A_C	03	Voluntary male medical circumcision (VMMC)	1	2	3	4	
A_C	04	Essential surgical procedures	1	2	3	4	
A_A	05	Specialty surgical procedures	1	2	3	4	
A_C	06	Anaesthesia services	1	2	3	4	
A_C	07	Paediatric essential surgical procedures	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
A_C	207	**2.1.8. EMERGENCY SERVICES**					
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT AND INPATIENT	SERVICE NOT OFFERED	
A_C	01	Any emergency services as the first entry to the facility	1	2	3	4 ➜Q208	
A_C	02	24-hour dedicated emergency unit	1	2	3	4 ➜Q208	
A_C	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	01	Any palliative care services	1	2	3	4	
A_C	209	**2.1.10. REHABILITATIVE CARE**					
A_C	01	Any rehabilitative care	1	2	3	4	
A_C	210	**2.1.11. SERVICES FOR VICTIMS OF VIOLENCE**					
A_C	01	Any services for victims of violence	1	2	3	4 ➜Q211	
A_C	02	Services for victims of intimate partner/gender-based violence	1	2	3	4	
A_C	03	Services for child maltreatment	1	2	3	4	
A_C	04	Services for youth violence	1	2	3	4	
A_C	211	**2.1.12. MENTAL HEALTH SERVICES**					
A_C	01	Services for mental health	1	2	3	4	
A_C	02	Services for neurological disorders	1	2	3	4	
		2.2. CONTRACTED/OUTSOURCED CLIENT SERVICES					
		2.2.1. CLIENT SERVICES CONTRACTED					
A_A	300	Are any client services contracted out/outsourced by this facility? That is, has the facility entered into a formal contract for another body to manage and implement the services according to a written agreement? COMMON CONTRACTED SERVICES ARE LAUNDRY, PATIENT FOOD, LABORATORY, ETC.	YES ....1 NO 2				➜Q400
		Please specify which client services are contracted out by this facility and where the contracted services are provided: FOR EACH CONTRACTED SERVICE, RECORD THE NAME OF THE SERVICE AND THEN RECORD THE NUMBER FOR THE SERVICE (FROM Q200) ON THE LINES BELOW, IF APPLICABLE.					

Mod/Ind	No.	Question	Result				Skip
A_A	301	(A) CONTRACTED/OUTSOURCED SERVICE NAME	(B) WHERE CONTRACTED SERVICE ARE PROVIDED		(C) ADDITIONAL CONTRACTED CLIENT SERVICES?		
			THIS FACILITY GROUNDS	OFF FACILITY GROUNDS	YES	NO	
A_A	01	Contracted/outsourced service number 1 _____	1	2	1	2 ➔Q400	
A_A	02	Contracted/outsourced service number 2 _____	1	2	1	2 ➔Q400	
A_A	03	Contracted/outsourced service number 3 _____	1	2	1	2 ➔Q400	
A_A	04	Contracted/outsourced service number 4 _____	1	2	✖	✖	

2.3. FORMAL LINKAGES WITH SERVICES OUTSIDE THE FACILITY

2.3.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE

Mod/Ind	No.	Question	Result		Skip
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
M_A	401	How are these linkages implemented? ASK IF EACH OF THE FOLLOWING IS APPLICABLE FOR THIS FACILITY.	YES	NO	
M_A	01	TCI providers are routinely represented in management committees	1	2	
M_A	02	There are facility staff with specific responsibility for linkages and communication between the facility and TCI providers	1	2	
M_A	03	There are service-specific TCI linkages	1	2	
M_A	04	Other	1 _____ (SPECIFY)	2	

2.3.2. COMMUNITY LINKAGES

Mod/Ind	No.	Question	Result		Skip
M_C	402	Does this facility have any formal systems for linking with community health workers?	YES..1 NO 2		➔Q500
M_A	403	For each activity that I mention, please tell me whether this is a part of the linkages the facility has with community health workers (CHWs).	YES	NO	
M_A	01	Does the facility manage any CHWs?	1	2	
M_A	02	Does the facility provide supplies, receive reports, or train CHWs who are not managed by the facility?	1	2	
M_A	03	Does the facility refer patients to CHWs or receive referrals from CHWs?	1	2	

Mod/Ind	No.	Question	Result			Skip
M_A	404	Which of the following services does the facility have a link with in the community?	YES		NO	
M_A	01	HIV	1		2	
M_A	02	TB	1		2	
M_A	03	Malaria	1		2	
M_A	04	Maternal health	1		2	
M_A	05	Community treatment of childhood illnesses services	1		2	
M_A	06	Follow-up of patients with chronic illnesses	1		2	
M_A	07	Activities for prevention or control of any of the neglected tropical illness, such as lymphoedema, soil-transmitted infections, schistosomiasis, trachoma, onchocerciasis or lymphatic filariasis	1		2	
M_A	08	Other	1 _____ (SPECIFY)		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.

Mod/Ind	No.	For each item I mention please tell me if the diagnostic or treatment procedure is offered in this facility.	YES		NO	Skip
			AVAILABLE NOW	NOT AVAILABLE NOW		
	500	**IMAGING DIAGNOSTICS AND PROCEDURES**				
A_C	01	Ultrasound	1	2	3	
A_C	02	X-ray	1	2	3	
A_A	03	Mammography	1	2	3	
A_A	04	Fluoroscopy	1	2	3	
A_C	05	Computed tomography (CT) scan	1	2	3	
A_A	06	Angiography/catheterization	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			YES		NO	
			AVAILABLE NOW	NOT AVAILABLE NOW		
A_A	07	Magnetic resonance imaging (MRI)	1	2	3	
A_A	08	Nuclear medicine	1	2	3	
	501	**OTHER DIAGNOSTICS**				
A_A	01	Colonoscopy	1	2	3	
A_A	02	Electro encephalogram (EEG)	1	2	3	
A_C	03	Electrocardiogram (ECG)	1	2	3	
	502	**MEDICAL EQUIPMENT FOR TREATMENTS**				
A_A	01	Phototherapy machine (light therapy)	1	2	3	
A_C	02	Infant incubator	1	2	3	
A_C	03	Anaesthesia machine	1	2	3	
A_C	04	Defibrillator	1	2	3	
A_C	05	Ventilator	1	2	3	
A_A	06	Radiotherapy machine	1	2	3	
A_A	07	Renal dialysis/haemodialysis machine	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	01	Blood transfusion	1	2	3	
A_C	02	Oxygen administration	1	2	3	

Mod/Ind	No.	Question	Result			Skip
		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 the results back for action and 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

Mod/Ind	No.	Question	YES		NO	Skip
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.	ONSITE	SEND SPECIMEN OUT AND RESULT IS RETURNED		
		SPECIFIC TESTING CAPACITY				
A_C	01	General microscopy	1	2	3	
A_C	02	Culture and sensitivity	1	2	3	
A_C	03	Diagnostics for fungal infections	1	2	3	
A_C	04	Malaria rapid test or blood smear	1	2	3	
A_C	05	Syphilis rapid test, venereal disease research laboratory (VDRL) or rapid plasma regain (RPR)	1	2	3	
A_C	06	HIV rapid test or serum test	1	2	3	
A_C	07	Urine test for pregnancy	1	2	3	
A_C	08	Urine protein test	1	2	3	
A_C	09	Urine glucose test	1	2	3	
A_C	10	Urine ketone test	1	2	3	
A_C	11	Full blood count	1	2	3	
A_C	12	Test for anaemia (haemoglobin or haematocrit)	1	2	3	
A_C	13	Renal function tests	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			YES		NO	
			ONSITE	SEND SPECIMEN OUT AND RESULT IS RETURNED		
A_C	14	Liver function tests	1	2	3	
A_C	15	Serum electrolyte tests	1	2	3	
A_C	16	Blood glucose test	1	2	3	
A_C	17	Blood typing and grouping	1	2	3	
A_C	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	➔COMPLETE ALL COLUMNS ➔COMPLETE COLUMNS C–E
		I would like to know about personnel who work in this facility. These may be full-time, part-time, or seconded persons. First [COLUMN A], I would like to know about the professional qualification of personnel who work in this facility and numbers of personnel with this qualification who are officially authorized for this facility. READ EACH QUALIFICATION. Next [COLUMN B], I would like to know how many positions within each occupation have been vacant for more than 6 months in the past 12 months. I would then like to know about the numbers of personnel within each occupation who are currently assigned to, employed by, or seconded to this facility [COLUMN C]. Please count each staff member only once, on the basis of the highest technical or professional qualification, and not on the basis of their position. Of these persons, I would also like to know how many of the total number are part-time within this facility [COLUMN D]. Please include all staff who provide inpatient, outpatient and outreach services. Finally, I would like to know how many positions of the total number assigned are casual/contracted staff [COLUMN E]. 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	01	Generalist medical practitioners/primary care medical doctors	— — —	— — —	— — — 000 ➔Q704	— — —	— — —	
A_C	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_A	03	Cardiologist	— — —	— — —	— — —	— — —	— — —	
A_A	04	Critical care physician specialist	— — —	— — —	— — —	— — —	— — —	
A_A	05	Dermatologists	— — —	— — —	— — —	— — —	— — —	
A_A	06	Medical endocrinologist	— — —	— — —	— — —	— — —	— — —	
A_A	07	Internist	— — —	— — —	— — —	— — —	— — —	
A_A	08	Gastroenterologist	— — —	— — —	— — —	— — —	— — —	
A_A	09	Neonatologist	— — —	— — —	— — —	— — —	— — —	
A_A	10	Nephrologist	— — —	— — —	— — —	— — —	— — —	
A_A	11	Neurologist	— — —	— — —	— — —	— — —	— — —	
A_C	12	Obstetricians	— — —	— — —	— — —	— — —	— — —	
A_A	13	Oncologists (medical/clinical)	— — —	— — —	— — —	— — —	— — —	

Mod/Ind	No.	Question	Result					Skip
		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_A	14	Ophthalmologist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	15	Optometrist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	16	Palliative care specialist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	17	Pathologist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_C	18	Paediatrician	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	19	Psychiatrist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	20	Psychiatrist child and adolescent	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	21	Public health physician	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	22	Radiologist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	23	Rehabilitation medicine specialists (occupational therapist, physiotherapist)	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	24	Rheumatologist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	702	Among the previously reported specialists, are there any paediatric specialists other than the paediatricians or neonatologists?	YES..1 NO 2					➜Q704

Mod/Ind	No.	Question	Result					Skip
A_A	703	For each of the following paediatric non-surgical specialists, please tell me the numbers available in this facility. THESE STAFF ARE A SUBSET OF THOSE REPORTED PREVIOUSLY.						
		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_A	01	Neonatologist	✕	✕	_ _ _	_ _ _	✕	
A_A	02	Cardiologist	✕	✕	_ _ _	_ _ _	✕	
A_A	03	Endocrinologist	✕	✕	_ _ _	_ _ _	✕	
A_A	04	Haematologist	✕	✕	_ _ _	_ _ _	✕	
A_A	05	Nephrologist	✕	✕	_ _ _	_ _ _	✕	
A_A	06	Neurologist	✕	✕	_ _ _	_ _ _	✕	
A_A	07	Respiratory physician	✕	✕	_ _ _	_ _ _	✕	
A_A	08	Radiologist	✕	✕	_ _ _	_ _ _	✕	
A_A	09	Pathologist	✕	✕	_ _ _	_ _ _	✕	
A_A	10	Oncologist	✕	✕	_ _ _	_ _ _	✕	
		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) 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	705	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]						
A_C	01	Anaesthesiologist (physician specialist/ licensed)	— — —	— — —	— — — 000 ➜03	— — —	— — —	
A_A	02	FROM AMONG ALL ANAESTHESIOLOGISTS Qualified paediatric anaesthesiologists	✕	✕	— — —	— — —	— — —	
A_C	03	General or specialist surgeons (either board certified/licensed, or not)	— — —	— — —	— — — 000 ➜Q708	— — —	— — —	
A_A	04	FROM AMONG ALL SURGEONS Specialist surgeons (WITH NATIONALLY RECOGNIZED CERTIFICATION)	— — —	— — —	— — —	— — —	— — —	
A_C	05	FROM AMONG ALL SURGEONS Board certified/ licensed surgeons	✕	✕	— — —	— — —	— — —	
A_A	06	FROM AMONG BOARD CERTIFIED SURGEONS COUNTED PREVIOUSLY Board certified/ licensed paediatric surgeons	✕	✕	— — —	— — —	— — —	
		CHECK Q705_04_C: IF NO. SPECIALIST SURGEONS >0 ⬇ IF NO. SPECIALIST SURGEONS = 0 ⬇➡						Q708
		PLEASE COMPLETE THE FOLLOWING DETAILS ON SPECIALIST SURGEONS FROM AMONG SURGEONS REPORTED PREVIOUSLY; A SPECIALIST HAS A NATIONALLY RECOGNIZED DEGREE/CERTIFICATION FOR THE SUBJECT.						
A_A	07	Cardiothoracic surgeon	— — —	— — —	— — —	— — —	— — —	
A_A	08	ENT surgeon	— — —	— — —	— — —	— — —	— — —	
A_A	09	Neurosurgeon	— — —	— — —	— — —	— — —	— — —	
A_A	10	Orthopaedic surgeon	— — —	— — —	— — —	— — —	— — —	
A_A	11	Plastic surgeon	— — —	— — —	— — —	— — —	— — —	
A_A	12	Urological surgeon	— — —	— — —	— — —	— — —	— — —	

Mod/Ind	No.	Question	Result					Skip
		3.1.5. OTHER PAEDIATRIC SURGICAL SPECIALTY STAFF						
A_A	706	Among all surgical specialists reported previously, are there any paediatric surgical specialist physicians other than the paediatric anaesthetist reported previously?	YES..1 NO 2					➜Q708
A_A	707	For each of the following paediatric surgical specialists, please tell me the numbers available in this facility. THESE SPECIALISTS ARE A SUBSET OF THE SURGICAL SPECIALISTS COUNTED IN THE PREVIOUS SECTIONS.						
		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_A	01	Cardiac surgeon	✕	✕	_ _ _	_ _ _	✕	
A_A	02	Dental surgeon	✕	✕	_ _ _	_ _ _	✕	
A_A	03	Neurosurgeon	✕	✕	_ _ _	_ _ _	✕	
A_A	04	Ophthalmic surgeon	✕	✕	_ _ _	_ _ _	✕	
A_A	05	Orthopaedic surgeon	✕	✕	_ _ _	_ _ _	✕	
A_A	06	Otorhinolaryngologist	✕	✕	_ _ _	_ _ _	✕	
A_A	07	Plastic surgeon	✕	✕	_ _ _	_ _ _	✕	
A_A	08	Urology surgeon	✕	✕	_ _ _	_ _ _	✕	
		For each of the following paediatric non-surgical specialists, please tell me the numbers available in this facility.						
A_A	09	Neonatologist	✕	✕	_ _ _	_ _ _	✕	
A_A	10	Cardiologist	✕	✕	_ _ _	_ _ _	✕	
A_A	11	Endocrinologist	✕	✕	_ _ _	_ _ _	✕	
A_A	12	Haematologist	✕	✕	_ _ _	_ _ _	✕	
A_A	13	Nephrologist	✕	✕	_ _ _	_ _ _	✕	
A_A	14	Neurologist	✕	✕	_ _ _	_ _ _	✕	
A_A	15	Pulmonologist	✕	✕	_ _ _	_ _ _	✕	

Mod/Ind	No.	Question	Result					Skip
		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_A	16	Radiologist	✕	✕	— — —	— — —	✕	
A_A	17	Pathologist	✕	✕	— — —	— — —	✕	
A_A	18	Oncologist	✕	✕	— — —	— — —	✕	
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	01	Non-physician paramedical practitioner or clinical officer	— — —	— — —	— — —	— — —	— — —	
A_C	02	Nursing professional	— — —	— — —	— — —	— — —	— — —	
A_C	03	Midwifery professional	— — —	— — —	— — —	— — —	— — —	
A_C	04	Nurse-midwife (dual trained) professional	— — —	— — —	— — —	— — —	— — —	
		FROM AMONG NURSING/MIDWIFERY PROFESSIONALS WHO ARE REPORTED IN ANY OF COLUMN C IN THE PRIOR FOUR LINES (ASSIGNED/EMPLOYED/SECONDED) ASK THE NUMBERS WHO HAVE ADDITIONAL NATIONALLY RECOGNIZED QUALIFICATIONS FOR THE INDICATED SPECIALTY.						
A_A	05	Licensed nurse anaesthetist	— — —	— — —	— — —	— — —	— — —	

Mod/Ind	No.	Question	Result					Skip
		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_A	06	Surgical/operation room nurse	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	07	Paediatric intensive care nurse	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	08	Neonatal nurse	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	09	Psychiatric nurse	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
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
		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	01	Dentist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	02	Dietitian	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	03	Nutritionist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	04	Environmental and occupational health and hygiene professional	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	05	Audiologist/ audiometrists	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	06	Occupational therapist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	07	Optometrist and ophthalmic optician	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	08	Physiotherapist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	

Mod/Ind	No.	Question	Result					Skip
		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_A	09	Prosthetist and orthotist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	10	Psychologist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	11	Social worker	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	12	Speech therapist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	13	Respiratory technologist/ therapist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_C	14	Laboratory technologist	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	15	Other laboratory professionals not previously counted	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	16	Professional pharmacist not previously counted	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_C	17	Biomedical engineer	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_C	18	Traditional and complementary medical professional	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	19	Other health professional not previously counted	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
		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

Mod/Ind	No.	Question	Result					Skip
			(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	713	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]						
A_A	01	Radiographer	— — —	— — —	— — —	— — —	— — —	
A_A	02	Other medical imaging and therapeutic equipment operator	— — —	— — —	— — —	— — —	— — —	
A_A	03	Medical and pathology laboratory technicians	— — —	— — —	— — —	— — —	— — —	
A_A	04	Respiratory technician	— — —	— — —	— — —	— — —	— — —	
A_A	05	Technician for medical gases	— — —	— — —	— — —	— — —	— — —	
A_A	06	Other equipment technicians not counted previously	— — —	— — —	— — —	— — —	— — —	
A_A	07	Computer and/or network technicians/ informatics specialists	— — —	— — —	— — —	— — —	— — —	
A_A	08	Pharmacy technician and pharmacy assistant	— — —	— — —	— — —	— — —	— — —	
A_A	09	Medical and dental prosthetic technicians and assistants	— — —	— — —	— — —	— — —	— — —	
A_A	10	Dental assistant and therapist	— — —	— — —	— — —	— — —	— — —	
A_A	11	Commodity logistics specialists (e.g. for warehouse)	— — —	— — —	— — —	— — —	— — —	
A_A	12	Medical records and health information technician	— — —	— — —	— — —	— — —	— — —	
A_A	13	Dispensing optician	— — —	— — —	— — —	— — —	— — —	
A_A	14	Physiotherapy technician and assistants	— — —	— — —	— — —	— — —	— — —	
A_A	15	Environmental and occupational health inspector and associates	— — —	— — —	— — —	— — —	— — —	
A_A	16	Ambulance worker/ emergency medical technician	— — —	— — —	— — —	— — —	— — —	

Mod/Ind	No.	Question	Result					Skip
		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	17	Qualified health service manager	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_C	18	Qualified commodity logistics manager	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	19	Other health associate professional (not elsewhere classified)	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
		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					➔Q800
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_A	01	Medical assistant (non-professional)	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	02	Nursing associate/nursing assistant	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	03	Obstetrics/midwifery associate/midwife assistant	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	04	Traditional and complementary medical associate professional/ complementary medicine technician	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_C	05	Community health worker	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	
A_A	06	Other administrative/ clerical/managerial staff	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	

Mod/Ind	No.	Question	Result					Skip
		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_A	07	Other commodity logistics manager not captured earlier	— — —	— — —	— — —	— — —	— — —	
A_A	08	Staff with primary responsibility for facility/grounds/ equipment maintenance and repair	— — —	— — —	— — —	— — —	— — —	
A_A	09	Health care assistant/ nursing aide	— — —	— — —	— — —	— — —	— — —	
A_A	10	Home-based personal care worker or other home care aide	— — —	— — —	— — —	— — —	— — —	
A_A	11	Cleaners/ housekeeping staff	— — —	— — —	— — —	— — —	— — —	
A_A	12	Laundry/cooking staff	— — —	— — —	— — —	— — —	— — —	
A_A	13	All other staff not elsewhere classified	— — —	— — —	— — —	— — —	— — —	
		3.2. QUALIFICATIONS OF FACILITY MANAGERS						
		3.2.1. QUALIFICATIONS						
A_A	800	Do any of the following persons have a diploma or certificate in general management or health service management? IF NOT SURE, ASK RESPONDENT TO CALL AND ASK THE PERSON(S) IN THE POSITION(S) LISTED BELOW. [COUNTRY ADAPT TO APPROPRIATE TITLES FOR SENIOR MANAGEMENT AT HOSPITALS]		YES	NO	NOT APPLICABLE	DON'T KNOW	
A_A	01	Facility director/medical superintendent		1	2	5	8	
A_A	02	Facility administrator or head of administration		1	2	5	8	
A_A	03	Medical director		1	2	5	8	
A_A	04	Nursing director		1	2	5	8	

Mod/Ind	No.	Question	Result				Skip
		3.3. PROFESSIONAL GRADUATE VOLUNTEER STAFF					
		3.3.1. OCCUPATION WORKING AS VOLUNTEERS					
A_A	900	Do any professional graduates work in this facility as volunteers?	YES .... 1 NO 2				➔Q1000
A_A	901	Please indicate the average number of professional graduate volunteers of each occupation I mention who work in this facility in a normal month. [REVIEW OCCUPATION AND COUNTRY ADAPT TO WHAT IS COMMONLY FOUND]	(A)		(B)		
			YES	NO	AVERAGE NUMBER OF PERSONS EACH MONTH		
A_A	01	Doctors (generalist)	1 ➔B	2 ➔02	— — — —		
A_A	02	Doctors (specialist)	1 ➔B	2 ➔03	— — — —		
A_A	03	Nursing professionals	1 ➔B	2 ➔04	— — — —		
A_A	04	Midwifery professionals	1 ➔B	2 ➔05	— — — —		
A_A	05	Technicians (laboratory, pharmacy, equipment operators, biomedical equipment technicians and biomedical engineers)	1 ➔B	2 ➔06	— — — —		
A_A	06	Other	1 ➔B _____ (SPECIFY)	2 ➔Q1000	— — — —		
		3.4. PATIENT/STAFF RATIOS					
		3.4.1. INPATIENT AND OUTPATIENT SERVICES					
A_A	1000	FACILITY PROVIDES INPATIENT SERVICES	YES .... 1 NO 2				➔Q1100
A_A	1001	Among the professional nurses and midwives counted in the staff listing, how many are assigned to wards for inpatient care? IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.	PROFESSIONAL NURSES/MIDWIVES WHO PROVIDE CARE FOR INPATIENTS		— — —		
A_A	1002	Among the medical staff counted in the staff listing how many routinely provide care for inpatients? IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.	MEDICAL STAFF WHO ROUTINELY PROVIDE CARE FOR INPATIENTS		— — —		

Mod/Ind	No.	Question	Result	Skip
A_A	1003	Among the professional nurses and midwives counted in the staff listing, how many are assigned to delivery services? IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.	PROFESSIONAL NURSES/MIDWIVES WHO PROVIDE DELIVERY SERVICES — — —	
A_A	1004	Among the medical staff counted in the staff listing how many routinely provide delivery services for inpatients? IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.	MEDICAL STAFF WHO ROUTINELY PROVIDE DELIVERY SERVICES — — —	

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	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	➔Q1105
A_C	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	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	➔Q1104
A_A	1103	How many paediatric sized beds and infant cots does this facility have? ASK SEPARATELY FOR PAEDIATRIC BEDS (SMALLER THAN ADULT SIZE) AND INFANT COTS/CRIBS.	(a) NO. OF PAEDIATRIC BEDS — — — NO PAEDIATRIC BEDS..000 (b) NO. OF INFANT COTS/CRIBS — — — NO INFANT COTS/CRIBS..000	
A_A	1104	How many of the overnight beds that are not authorized inpatient beds, are dedicated beds/gurneys for general emergency care?	NO. OF DEDICATED EMERGENCY BEDS — — — NO DEDICATEDEMERGENCY BEDS 000	
A_A	1105	Are there any holding or observation beds that are different from those reported in the prior question?	YES ....1 NO 2	➔Q1200
A_A	1106	What is the total number of other observation/treatment beds?	NO. OF OTHER OBSERVATION/TREATMENT BEDS — — —	

Mod/Ind	No.	Question	Result		Skip
		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_A	01	Medical ward (adult)	NO. OF MEDICAL WARDS — — NONE.............................. 00 ➜02	NO. OF MEDICAL BEDS — — —	
A_A	02	Surgical ward (adult)	NO. OF SURGICAL WARDS — — NONE........... .... 00 ➜03	NO. OF SURGICAL BEDS — — —	
A_A	03	Combined medical/surgical ward (adult)	NO. OF COMBINED MEDICAL/SURGICAL WARDS — — NONE.............................. 00 ➜04	NO. OF COMBINED MEDICAL/SURGICAL BEDS — — —	
A_A	04	Paediatric medical ward	NO. OF PAEDIATRIC MEDICAL WARDS — — NONE.............................. 00 ➜05	NO. OF PAEDIATRIC MEDICAL BEDS — — —	
A_A	05	Paediatric surgical ward	NO. OF PAEDIATRIC SURGICAL WARDS — — NONE.............................. 00 ➜06	NO. OF PAEDIATRIC SURGICAL BEDS — — —	
A_A	06	Paediatric combined medical/surgical ward	NO. OF PAEDIATRIC COMBINED WARDS — — NONE.............................. 00 ➜07	NO. OF PAEDIATRIC COMBINED BEDS — — —	
A_A	07	Obstetric/maternity ward	NO. OF OBSTETRIC/ MATERNITY WARDS — — NONE.............................. 00 ➜08	NO. OF OBSTETRIC/ MATERNITY BEDS — — —	
A_A	08	Combined obstetric (delivery)/ gynaecology ward	NO. OF COMBINED OBSTETRIC (DELIVERY)/GYNAECOLOGY WARDS — — NONE.............................. 00 ➜09	NO. OF COMBINED OBSTETRIC (DELIVERY)/ GYNAECOLOGY BEDS — — —	
A_A	09	Newborn ward	NO. OF NEWBORN WARDS — — NONE.............................. 00 ➜10	NO. OF NEWBORN BEDS/COTS — — —	

Mod/Ind	No.	Question	Result		Skip
			(A) NUMBER OF UNITS	(B) NUMBER OF BEDS/COTS	
A_A	10	Mental health ward [MAY INCLUDE NEUROLOGICAL HEALTH IF THE SERVICES ARE COMBINED]	NO. OF MENTAL HEALTH WARDS ⎯ ⎯ NONE.............................. 00 ➜11	NO. OF TOTAL MENTAL HEALTH BEDS ⎯ ⎯ ⎯	
A_A	11	Neurological ward	NO. OF NEUROLOGICAL WARDS ⎯ ⎯ NONE........................00 ➜Q1201	NO. OF TOTAL NEUROLOGICAL HEALTH BEDS ⎯ ⎯ ⎯	
A_A	1201	Does the facility have any intensive care beds, including the neonatal intensive care cots/beds?	YES ....1 NO 2		➜Q1204
A_A	1202	For each type of ICU I mention, please tell me how many units of the type there are and how many beds there are in the units.	(A) NUMBER OF UNITS	(B) NUMBER OF BEDS/COTS	
A_A	01	Neonatal intensive care unit (NICU)	NO. OF NICU WARDS ⎯⎯ NONE................................0 ➜02	NO. OF NICU BEDS/COTS ⎯ ⎯	
A_A	02	How many neonatal intensive care beds/cots are in a unit that is not the NICU and are not counted in (01)?	✕	NO. OF NICU BEDS/ COTS OUTSIDE NICU ⎯ ⎯	
A_A	03	Paediatric intensive care unit (PICU) (ALL TYPES)	NO. OF PAEDIATRIC INTENSIVE CARE UNITS ⎯ NONE................................0 ➜04	NO. OF PICU BEDS/COTS ⎯ ⎯	
A_A	04	Adult medical intensive care units	NO. OF ADULT MEDICAL INTENSIVE CARE UNITS ⎯ NONE..............................0 ➜05	NO. OF ADULT MEDICAL INTENSIVE CARE BEDS ⎯ ⎯	
A_A	05	Adult surgical intensive care units	NO. OF ADULT SURGICAL INTENSIVE CARE UNITS ⎯ NONE................................0 ➜06	NO. OF ADULT SURGICAL INTENSIVE CARE BEDS ⎯ ⎯	
A_A	06	Adult combined medical/ surgical ICU unit	NO. OF ADULT COMBINED MED/SURGICAL INTENSIVE CARE UNITS ⎯ NONE................................0 ➜07	NO. OF ADULT COMBINED MED/SURGICAL INTENSIVE CARE BEDS ⎯ ⎯	
A_A	07	Combined adult, paediatric intensive care unit	NO. OF ADULT/PAEDIATRIC COMBINED INTENSIVE CARE UNITS ⎯ NONE................................0 ➜08	NO. OF ADULT/PAEDIATRIC COMBINED INTENSIVE CARE BEDS ⎯ ⎯	
A_A	08	Other intensive care units No. 1 _____ (SPECIFY)	NO. OF OTHER INTENSIVE CARE UNITS NO. 1 ⎯ NONE........................ 0 ➜Q1203	NO. OF OTHER INTENSIVE CARE BEDS NO. 1 ⎯ ⎯	

Mod/Ind	No.	Question	Result		Skip
			(A) NUMBER OF UNITS	(B) NUMBER OF BEDS/COTS	
A_A	09	Other intensive care units No. 2 _____ (SPECIFY)	NO. OF OTHER INTENSIVE CARE UNITS NO. 2 __ NONE........................ 0 ➔Q1203	NO. OF OTHER INTENSIVE CARE BEDS NO. 2 __ __	
A_C	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	1204	Does this facility have specific units or dedicated rooms where patients requiring isolation are placed?	YES ....1 NO 2		➔Q1206
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) ISOLATION SITUATION EXISTS		(B) NUMBER OF BEDS
			YES	NO	
A_C	01	Does the facility have a dedicated ward for tuberculosis patients?	1 ➔B	2 ➔02	__ __
A_C	02	Does the facility have a dedicated inpatient ward for isolating illnesses other than tuberculosis?	1 ➔B	2 ➔03	__ __
A_C	03	Does the facility have dedicated inpatient private rooms for isolation?	1 ➔B	2 ➔04	__ __
A_C	04	Does the facility have a dedicated room in the outpatient service area for isolation?	1 ➔B	2 ➔05	__ __
A_C	05	Does the facility have a dedicated room in the emergency service area for isolation?	1 ➔B	2 ➔06	__ __
A_C	06	Does the facility have rooms that can be used for isolation but that are not dedicated for this purpose?	1 ➔B	2 ➔Q1206	__ __
A_A	1206	Are there any other wards/ inpatient beds that have not previously been counted?	1 ➔B _____ (SPECIFY)	2 ➔Q1300	__ __

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_A	1300	Does this facility have a governing board or governing committee that is responsible for facility oversight and not day-to-day management of the facility? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A FACILITY GOVERNING BOARD]	YES .... 1 NO 2	➜Q1303
M_A	1301	Does the board include at least one community member?	YES .... 1 NO 2	
M_A	1302	When was the most recent time the board met?	WITHIN PAST 1 MONTH .... 1 WITHIN PAST 2–3 MONTHS .... 2 WITHIN PAST 4–6 MONTHS .... 3 WITHIN PAST 7–12 MONTHS .... 4 MORE THAN 12 MONTHS AGO .... 5 DON'T KNOW 8	
M_A	1303	Does this facility have a written strategic or management plan? IF YES, ASK TO SEE A COPY AND NOTE THE TIME PERIOD THE PLAN COVERS.	YES, OBSERVED AND COVERS CURRENT YEAR .... 1 YES, OBSERVED AND COVERS PRIOR YEARS BUT NOT CURRENT YEAR .... 2 REPORTED, NOT SEEN .... 3 NO 4	➜Q1305
M_A	1304	Does the plan specify improving health care quality as a priority?	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO 3	
M_C	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	➜Q1310
M_C	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	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	➜Q1310 ➜Q1310

Mod/Ind	No.	Question	Result		Skip
M_A	1308	Are there any written notes or minutes from the most recent management committee meeting? IF YES, ASK TO SEE THE DOCUMENT.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO... 3		➔Q1310 ➔Q1310
M_A	1309	REVIEW NOTES/DOCUMENTS TO IDENTIFY WHICH OF THE FOLLOWING TOPICS WAS DISCUSSED DURING THE MEETING	ITEMS DOCUMENTED		
			YES	NO	
M_A	01	Staff issues/staff numbers/workload	1	2	
M_A	02	Data/HMIS/statistics based on services	1	2	
M_A	03	Commodity supplies (pharmaceuticals, consumables) ordering/stock management issues	1	2	
M_A	04	Finance/budget/financial management	1	2	
M_A	1310	Is there a finance committee that functions on its own or is a subset of another management committees?	YES .... 1 NO... 2		➔Q1312
M_A	1311	When was the most recent finance 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		
M_A	1312	Is there a procurement committee for consumable commodities and services that functions on its own or is a subset of another management committee? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A PROCUREMENT COMMITTEE IN A FACILITY]	YES .... 1 NO... 2 NEVER PROCURE CONSUMABLES 5		➔Q1315 ➔Q1315
M_A	1313	Are there written guidelines for procurement procedures for consumable commodities and services?	YES .... 1 NO... 2		
M_A	1314	When was the most recent procurement committee meeting for consumable commodities and services?	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		
M_A	1315	Is there a procurement committee for medical equipment that functions on its own or is a subset of another management committee? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A PROCUREMENT COMMITTEE IN A FACILITY]	YES .... 1 NO... 2 NEVER PROCURE MEDICAL EQUIPMENT 5		➔Q1318 ➔Q1318
M_A	1316	Are there written guidelines for procurement procedures for medical equipment?	YES .... 1 NO... 2		
M_A	1317	When was the most recent procurement committee meeting for medical equipment?	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		
M_A	1318	Is there a procurement committee for drugs and therapeutics that functions on its own or is a subset of another management committee?	YES .... 1 NO... 2 NEVER PROCURE DRUGS 5		➔Q1400 ➔Q1400

Mod/Ind	No.	Question	Result	Skip
M_A	1319	Are there written guidelines for procurement of drugs and therapeutics?	YES .... 1 NO... 2	
M_A	1320	When was the most recent procurement committee meeting for drugs and therapeutics?	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
		6. SUPPORT SERVICES					
		6.1. SUPPORT SERVICES FOR ROUTINE FACILITY FUNCTIONING					
		6.1.1. SUPPORT SERVICES AVAILABILITY AND MANAGEMENT					
		I would like to know more about the support services that function as specific units in this facility. By support service that functions as a specific unit I am talking about services that support the functioning of the facility, but that are not related directly to client services and where the service unit has a specific and stated mission and its own personnel, including an assigned in-charge of the service. [COUNTRY ADAPT NAMES OF TYPES OF UNITS]					
M_A	1400	Which of the following support services function as units within this facility? FOR EACH AVAILABLE SERVICE ASK: Who manages this service, is it managed by the facility? Is it a contracted service? Is it managed by a higher level affiliated manager such as the district management, from outside of the facility? IF THE SERVICE EXISTS BUT NOT AS A SPECIFIC UNIT, CIRCLE "4".	SUPPORT SERVICE AVAILABLE AND MANAGED BY:			SUPPORT SERVICE UNIT NOT AVALABLE	
			FACILITY STAFF	EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF	HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY		
M_A	01	Human resources services	1	2	3	4	
M_A	02	Finance/accounting services	1	2	3	4	
M_A	03	Social services	1	2	3	4	
M_A	04	Staff transportation services	1	2	3	4	
M_A	05	Facility motor pool/vehicle management services (staff transportation may be included in this unit or might be separate)	1	2	3	4	
M_A	06	Staff housing/hostel services	1	2	3	4	
M_A	07	Canteen/food services for facility staff	1	2	3	4	
M_A	08	Building maintenance services	1	2	3	4	
M_A	09	Cleaning/housekeeping services	1	2	3	4	
M_A	10	Laundry services	1	2	3	4	
M_A	11	Patient food services/patient kitchen	1	2	3	4	
M_A	12	Mortuary	1	2	3	4	
M_A	13	General administration unit that manages any of the units listed above	1	2	3	4	

Mod/Ind	No.	Question	Result			Skip
		6.2. SUPPORT SERVICES FOR INPATIENTS				
		6.2.1. SUPPORT SERVICES AVAILABILITY				
M_A	1500	Does this facility have any system to support family of inpatients to reduce the inconvenience or cost related to staying with the inpatient?	YES...1 NO ....2 NO INPATIENT SERVICES 3			➜Q1600 ➜Q1600
M_A	1501	For each type of assistance, I mention, please tell me if this applies to all persons staying with patients, only those in need, or if it is not a practice in this facility.	ALL PARENTS/ CAREGIVERS	NEEDY PARENTS/ CAREGIVERS	NOT AVAILABLE	
M_A	01	Does the facility provide extra beds for accompanying relatives to stay in the ward or unit?	1	2	3	
M_A	02	Space is available for them to sleep on facility grounds	1	2	3	
M_A	03	A place is available on facility grounds where they can cook	1	2	3	
M_A	04	There is a site where safe drinking water is available	1	2	3	
M_A	05	There is a site where food can be purchased	1	2	3	
M_A	06	A place is available on facility grounds where they can do laundry	1	2	3	
M_A	07	A place is available on facility grounds where they can bathe/shower	1	2	3	
M_A	08	Facility funds are available to help with any costs	1	2	3	
M_A	09	Staff provide financial assistance in an informal manner	1	2	3	
M_A	10	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	

Mod/Ind	No.	Question	Result			Skip
		7. SYSTEMS AND PRACTICES TO SUPPORT STAFF				
		7.1. STAFF BENEFITS AND ISSUES				
		7.1.1. BENEFITS				
M_A	1600	I'm going to read you a list of benefits for staff that are sometimes provided by facilities to support staff. Please tell me if this facility routinely offers the following benefits or services: [REVISE LIST BELOW IN THE CONTEXT OF COMMON STAFF BENEFITS IN THE COUNTRY]	YES	NO	DON'T KNOW	
M_A	01	Living quarters or subsidized living quarters for doctors?	1	2	8	
M_A	02	Living quarters or subsidized living quarters for nursing or midwifery staff?	1	2	8	
M_A	03	Staff cafeteria or canteen?	1	2	8	
M_A	04	On-call rooms for sleeping when on night duty?	1	2	8	
M_A	05	Duty-subsidy for nights and holidays?	1	2	8	
M_A	06	Uniform allowances or uniforms provided?	1	2	8	
M_A	07	Transportation for all staff?	1	2	8	
M_A	08	Transportation for some staff?	1	2	8	
M_A	09	Other?	1 _____ (SPECIFY)	2 _____ (SPECIFY)	8	
M_A	1601	Does this facility provide any other services for staff safety, such as: [READ LIST] [REVISE LIST IN THE CONTEXT OF COMMON OCCUPATIONAL HEALTH SERVICES IN THE COUNTRY]	YES		NO	
M_A	01	Surveillance of the factors that might affect the health of the workers (e.g. radiation exposure)?	1		2	
M_A	02	Supervision of personal protective equipment and of its use?	1		2	
M_A	03	Surveillance of the cleanliness of facilities available for the welfare of workers such as kitchens or canteens?	1		2	
M_A	04	Pre-employment, periodic and special medical examinations including, where necessary, biological and radiological examinations?	1		2	
M_A	05	Advice to individual workers at their request regarding any disorders that may occur or be aggravated in the course of work?	1		2	
M_A	06	Other?	1 _____ (SPECIFY)		2	

Mod/Ind	No.	Question	Result		Skip
		7.1.2. ISSUES			
M_A	1602	Now I'm going to read you a list of common staffing issues for health facilities. Please tell me if this is a major issue or not a major issue affecting the ability to meet staffing needs for this facility. THIS QUESTION SHOULD BE ASKED OF THE RESPONDENT FOR THE STAFF BENEFITS. THIS MAY BE THE INCHARGE OR MAY BE A PERSONNEL OFFICER. [ADAPT IF THERE ARE OTHER COMMON STAFFING ISSUES]	YES	NO	
M_A	01	Staff salaries often late	1	2	
M_A	02	Staff private practices interfere with work	1	2	
M_A	03	Loss of staff due to AIDS-related deaths	1	2	
M_A	04	Loss of staff due to other illness	1	2	
M_A	05	The location is remote so staff do not want to come	1	2	
M_A	06	Difficult to find living quarters	1	2	
M_A	07	Other	1 _____ (SPECIFY)	2	
		7.2. TRAINING PROVIDED BY FACILITY			
		7.2.1. INSERVICE TRAINING FOR STAFF			
M_A	1700	Does this facility have a routine system for continuous education/professional development for nursing or midwifery staff? By routine I mean the in-service education is carried out at a set time interval and the schedule is shared so that units can plan to send staff if the training is relevant. IF YES, PLEASE ASK: How often are routine in-service education sessions for nursing or midwifery staff conducted?	YES, AT LEAST MONTHLY...................................... 1 YES, AT LEAST EVERY 2–3 MONTHS................................ 2 YES, EVERY 4–6 MONTHS .... 3 YES, EVERY 7–12 MONTHS .... 4 YES, LESS OFTEN THAN ANNUALLY OR NO SET TIME .... 5 NO 6		
M_A	1701	Does this facility have a routine system for continuous medical education (CME)/professional development for physicians or clinical officers? By routine I mean the in-service education is carried out at a set time interval and the schedule is shared so that physicians or clinical officers can attend if relevant. IF YES, PLEASE ASK: How often are routine in-service education sessions for physicians or clinical officers conducted?	YES, AT LEAST MONTHLY...................................... 1 YES, AT LEAST EVERY 2–3 MONTHS................................ 2 YES, EVERY 4–6 MONTHS .... 3 YES, EVERY 7–12 MONTHS .... 4 YES, LESS OFTEN THAN ANNUALLY OR NO SET TIME .... 5 NO 6		

Mod/Ind	No.	Question	Result				Skip
M_A	1702	Does this facility maintain a written or computerized record for staff who receive training? IF YES, ASK: Is a record maintained for onsite training only, for offsite training only, or for both on and offsite training?	YES, FOR ONSITE TRAINING..1 YES, FOR OFFSITE TRAINING...2 YES, FOR BOTH ON AND OFFSITE TRAINING ....3 NO 4				➔Q1704
M_A	1703	ASK TO SEE THE TRAINING RECORDS THAT ARE APPLICABLE.	YES, OBSERVED FOR ONSITE TRAINING...........................1 YES, OBSERVED FOR OFFSITE TRAINING..........................2 YES, OBSERVED FOR BOTH ON AND OFFSITE TRAINING ...3 NO 4				
		7.2.2. TRAINING FOR EXTERNAL STAFF AND STUDENTS					
M_A	1704	Does this facility provide training for service providers from other facilities? THIS WOULD USUALLY BE INSERVICE TRAINING.	YES..1 NO 2				
M_A	1705	Is this facility a training site for any type of student health workers?	YES..1 NO 2				➔Q1800
M_A	1706	For each occupation that I mention, please estimate the number of different student health workers who annually routinely receive training in this facility and the current number. IF THERE ARE NOT STUDENTS-IN-TRAINING IN ANY OF THE CATEGORIES LISTED BELOW, PLEASE WRITE "0000".	(A) ANY STUDENTS OF THIS OCCUPATION		(B) ACTUAL/ ESTIMATED NUMBER OF DIFFERENT STUDENT HEALTH WORKERS WHO RECEIVED TRAINING IN THIS FACILITY DURING THE PAST 12 MONTHS	(C) ESTIMATED NUMBER OF STUDENT HEALTH WORKERS CURRENTLY RECEIVING TRAINING	
			YES	NO			
M_A	01	Medical students	1 ➔B	2 ➔02	__ __ __ __	__ __ __ __	
M_A	02	Nursing students	1 ➔B	2 ➔03	__ __ __ __	__ __ __ __	
M_A	03	Midwifery student	1 ➔B	2 ➔04	__ __ __ __	__ __ __ __	
M_A	04	Pharmacists	1 ➔B	2 ➔05	__ __ __ __	__ __ __ __	
M_A	05	Other professionals SPECIFY TYPES OF OTHER PROFESSIONALS: _____	1 ➔B	2 ➔06	— — — —	— — — —	
M_A	06	Technicians (laboratory, pharmacy, medical equipment operators)	1 ➔B	2 ➔07	__ __ __ __	__ __ __ __	
M_A	07	Associate professional or any other students	1 ➔B	2 ➔Q1800	__ __ __ __	__ __ __ __	
		7.3. PERSONNEL MANAGEMENT AND SUPERVISION					
		7.3.1. STAFFING STRUCTURES					
M_A	1800	Does this facility have a system for routinely verifying the licence and other relevant credentials for any staff?	YES..1 NO 2				➔Q1802

Mod/Ind	No.	Question	Result			Skip
M_A	1801	For which of the following categories of staff are licences and credentials routinely verified?	YES		NO	
M_A	01	Medical staff	1		2	
M_A	02	Nursing/midwifery staff	1		2	
M_A	03	Other licensed personnel (e.g. physical therapy, dentists)	1		2	
M_A	1802	Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification?	YES..1 NO 2			
M_A	1803	Does this facility have a written management structure or an organogram that details reporting relationships?	YES..1 NO 2			
M_A	1804	Does this facility have written job descriptions? IF YES ASK: Are there job descriptions for all positions or only for some positions?	YES, ALL POSITIONS ....1 YES, SOME, NOT ALL POSITIONS ....2 NO 3			
M_A	1805	Does this facility have a routine system for evaluating staff? IF YES, ASK TO SEE A COPY OF AN EVALUATION FORM.	YES, OBSERVED...1 REPORTED, NOT SEEN ....2 NO 3			➜Q1807
M_A	1806	How frequently are staff evaluations performed?	ANNUALLY OR MORE FREQUENT ....1 EVERY 2 YEARS ....2 NO FIXED TIME INTERVAL 3			
M_A	1807	Is there any process for identifying and recognizing or rewarding staff for good performance?	YES..1 NO 2			➜Q1809
M_A	1808	Does the facility use any of the following methods for recognizing or rewarding staff for good performance? IF YES, CLARIFY IF THE METHOD IS ROUTINELY PRACTISED OR OCCASIONALLY PRACTISED.	ROUTINELY PRACTISED	PRACTISED OCCASIONALLY	NOT PRACTISED	
M_A	01	Bonus payment	1	2	3	
M_A	02	Facility posts name/picture in recognition of good work	1	2	3	
M_A	03	Facility uses other mechanism to recognize or reward staff for good performance	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	

Mod/Ind	No.	Question	Result			Skip
		7.3.2. EXTERNAL SUPERVISION				
M_C	1809	Does this facility receive any external supervision, such as from district, regional or national offices?	YES...1￼ NO 2			➜Q1900
M_C	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_A	1811	Now I would like to ask you some questions about the last supervisor's visit and the content of the supervision. During the last visit, did the supervisor do any of the following:	YES	NO	DON'T KNOW	
M_A	01	Use a checklist?	1	2	8	
M_A	02	Meet with health workers or discuss their work with providers of health services?	1	2	8	
M_A	03	Observe outpatient consultations?	1	2	8	
		Discuss any of the following:				
M_A	04	Management or service problems the facility is encountering?	1	2	8	
M_A	05	Service quality (e.g. observe services, discuss guidelines and protocols)?	1	2	8	
M_A	06	Staff availability or training (staffing)?	1	2	8	
M_A	07	Special activities that are upcoming?	1	2	8	
		Check any of the following types of records:				
M_A	08	Attendance and leave records?	1	2	8	
M_A	09	Staff training records?	1	2	8	
M_A	10	Medicine stocks, records, storage conditions (pharmacy)?	1	2	8	
M_A	11	Health workers activity reports?	1	2	8	
M_A	12	Financial records?	1	2	8	
M_A	13	Data (e.g. completeness, quality, and timely reporting)?	1	2	8	
M_C	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			➜Q1900 ➜Q1900

Mod/Ind	No.	Question	Result			Skip
			DOCUMENTATION OBSERVED		NO DOCUMENTATION	
M_A	1813	SCAN ANY DOCUMENTATION AND NOTE THE TYPE OF TOPIC MENTIONED AND IF THERE IS A SPECIFIC RECOMMENDATION ("MUST DO BETTER" IS GENERAL, AND NOT SPECIFIC). RECORD WHAT IS OBSERVED FOR NOTES FROM ANY EXTERNAL SUPERVISION VISITS THE PAST 3 MONTHS.	SPECIFIC RECOMMENDATION TO RESOLVE ANY ISSUES RECORDED	ITEMS DOCUMENTED BUT NO SPECIFIC RECOMMENDATIONS		
M_A	01	Supervisory checklist was left with facility	1	2	3	
M_A	02	Item related to facility management such as finance, staff, resources, infrastructure, HMIS data reports, management records, general facility activities) are recorded.	1	2	3	
M_A	03	Item related to specific service(s) or topics relevant to quality of care (resources specific to a service, observation of provider practice, discussion of case management, adherence to guidelines, indicators for quality).	1	2	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.						
Q_C	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
Q_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]	(A) CERTIFICATION STATUS			(B) LEVELS WHERE PROCESS IS APPLIED		
			CURRENTLY CERTIFIED	PROCESS USED, BUT NOT CURRENTLY CERTIFIED	PROCESS NOT USED	FACILITY WIDE	SERVICE SPECIFIC	
Q_C	01	Accreditation	1	2	3 ➔02	1	2	
Q_C	02	Licensed or registered with government authority	1	2	3 ➔03	1	2	
Q_C	03	National external quality assurance (NEQA)	1	2	3 ➔04	1	2	
Q_C	04	Service specific certification _____ (SPECIFY SERVICE)	1	2	3 ➔05	1	2	
Q_C	05	OTHER _____ (SPECIFY)	1	2	3 ➔Q1902	1	2	
Q_C	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	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					➔Q2007
M_C	2001	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY ....1 ONLY SPECIFIC SERVICES 2					
M_C	2002	Does this facility have a quality assurance committee?	YES...1 NO 2					➔Q2004

Mod/Ind	No.	Question	Result	Skip
M_C	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	
M_C	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	
M_A	2005	Is there any documentation that shows improvement was achieved as a result of actions on any quality assurance findings?	YES, DOCUMENTATION OBSERVED ....1 YES, DOCUMENTATION REPORTED, NOT SEEN ....2 NO 3	➜Q2007
M_A	2006	Please describe any actions that have been taken based on results of quality assurance activities.	(a) _____ (SPECIFY) (b) APPROPRIATE EXAMPLE PROVIDED ....1 NO APPROPRIATE EXAMPLE PROVIDED 2	
M_A	2007	Other than the quality assurance system described previously are there any other types of quality improvement practices in this facility?	YES...1 NO 2	➜Q2010
M_A	01	Which other types of quality improvement systems function in this facility?	YES	NO	
M_A	02	Quality/work improvement team that is multi-disciplinary	1	2	
M_A	03	Quality/work improvement teams (WITs) that are departmental specific	1	2	
M_A	04	Continuous quality improvement practices	1	2	
M_A	05	Other	1 _____ (SPECIFY)	2	
M_A	2008	Is there any documentation that shows information from quality improvement activities other than the quality assurance activities reported previously being reviewed? IF YES, ASK: May I see the documentation?	YES, DOCUMENTATION OBSERVED ....1 YES, DOCUMENTATION REPORTED, NOT SEEN ....2 NO 3	➜Q2010
M_A	2009	Please describe any actions that have been taken based on results of quality improvement activities. DO NOT USE EXAMPLES PROVIDED FOR QUALITY ASSURANCE ACTIVITIES.	(a) _____ (SPECIFY) (b) APPROPRIATE EXAMPLE PROVIDED ....1 NO APPROPRIATE EXAMPLE PROVIDED 2	
M_A	2010	Does this facility receive any support from external partners in implementing quality assurance or improvement systems and activities? IF YES, IDENTIFY THE SOURCE.	YES...1 NO 2	➜Q2100

Mod/Ind	No.	Question	Result			Skip
M_A	2011	Which of the following external partners provide support in implementing quality improvement systems and activities? CHECK FOR EACH OF THE FOLLOWING AND, IF NEEDED, PROVIDE INFORMATION ON ADDITIONAL PARTNERS.				
			YES	NO		
M_A	01	COUNTRY SPECIFIC RESPONSE	1	2		
M_A	02	COUNTRY SPECIFIC RESPONSE	1	2		
M_A	03	Other	1 _____ (SPECIFY)	2		

8.3. SYSTEMS AND INDICATORS FOR MONITORING QUALITY OF INPATIENT CARE

8.3.1. CASE REVIEWS

Mod/Ind	No.	Question	Result	Skip
Q_C	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.		
Q_C	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
Q_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	
Q_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	
Q_C	2104	Does this facility conduct death reviews for some proportion of deaths?	YES..1 NO ....2 NEVER HAD A DEATH 3	➔Q2107 ➔Q2107
Q_C	2105	Are the results of the death reviews recorded?	YES..1 NO 2	
Q_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 DEATH 3	

8.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS

Mod/Ind	No.	Question	Result			Skip
Q_C	2107	Does this facility have a system for identifying and monitoring adverse events, such as patient falls or infections?	YES..1 NO 2			➔Q2109
Q_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.	YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	
Q_C	01	Which events are considered adverse and required to be reported.	1	2	3	
Q_C	02	When and how to submit reports of adverse events.	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	
Q_C	03	Who is responsible for submitting reports of adverse events.	1	2	3	
Q_C	04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems.	1	2	3	
Q_C	05	Notes or reports that show evidence of review and plan of action for the reports about adverse events.	1	2	3	
Q_C	2109	Are health care associated infections (HCAI) (nosocomial infections) either reportable adverse events or are nosocomial infections monitored?	YES..1 NO 2			➜Q2113
Q_C	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			
Q_C	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			
Q_C	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				
Q_C	2113	Does the facility have inpatient surgical services?	YES..1 NO 2			➜Q2125
		SURGICAL PATIENT CASE REVIEWS				
Q_C	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
Q_C	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
Q_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			

Mod/Ind	No.	Question	Result	Skip
Q_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
Q_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
Q_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	
		SYSTEMS FOR MONITORING SURGICAL ADVERSE EVENTS		
Q_C	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
Q_C	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

Mod/Ind	No.	Question	YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	Skip
Q_C	2122	ASK THE RESPONDENT TO SHOW WHERE IN THE DOCUMENT THE FOLLOWING INFORMATION DESCRIBED				
Q_C	01	Which events are considered adverse and required to be reported.	1	2	3	
Q_C	02	When and how to submit reports of adverse events.	1	2	3	
Q_C	03	Who is responsible for submitting reports of adverse events.	1	2	3	
Q_C	04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems.	1	2	3	
Q_C	05	Notes or reports that show evidence of review and plan of action for the reports about adverse events.	1	2	3	
Q_C	2123	Does this facility have a system for identifying and monitoring post-operative infections?	YES...1 NO 2			→Q2125

Mod/Ind	No.	Question	Result			Skip
Q_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	
Q_C	01	Definition of postoperative infection.	1	2	3	
Q_C	02	When and how to submit reports of postoperative infection.	1	2	3	
Q_C	03	Who is responsible for submitting reports of postoperative infection.	1	2	3	
Q_C	04	Review process for compiled reports on postoperative infection includes recommendations for actions to address problems.	1	2	3	
Q_C	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				
Q_C	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
Q_C	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			
		8.4. REVIEW OF INFORMATION				
		8.4.1. REVIEW				
M_C	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	01	Information from routine HMIS reports (e.g. numbers of patients, numbers by diagnoses, etc.)	1	2	3	4	
M_C	02	Information from special reports such as quality indicators	1	2	3	4	
M_C	03	Information from patient surveys	1	2	3	4	
M_C	04	Information from staff surveys	1	2	3	4	
M_C	05	Any tables or reports that present immunization data	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
			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	06	Any tables or reports that present data other than for immunization	1	2	3	4	
M_C	07	Any graphic presentation of immunization data	1	2	3	4	
M_C	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	2302	Does this facility have a written fire safety plan?	YES, OBSERVED...................................1 YES, REPORTED, NOT SEEN..................2 NO 3	➔Q2304
M_C	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	2304	Does this facility have a specific written emergency response plan for outbreaks, such as Ebola, meningitis, SARS/COVID, 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	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	01	Natural disasters such as earthquakes or floods	1	2	
M_C	02	Non-natural disasters – war	1	2	
M_C	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	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	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)				
Q_C	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
Q_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	
Q_C	01	The WHO Infection Prevention and Control Assessment Framework (IPCAF)	1	2	3	
Q_C	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
Q_C	2402	When was the most recent IPC assessment?	(a) MONTH — — DON'T KNOW ....98 (b) YEAR — — — — DON'T KNOW 9998			

Mod/Ind	No.	Question	Result			Skip
Q_C	2403	What was the interpretation of the most recent score?	INADEQUATE ....1 BASIC ....2 INTERMEDIATE ....3 ADVANCED ....4 DON'T KNOW 8			
Q_C	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
Q_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	
Q_C	01	The WHO Hand Hygiene and Safety Assessment Framework (HHSAF)	1	2	3	
Q_C	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
Q_C	2406	When was the most recent hand hygiene promotion and practices assessment?	(a) MONTH — — DON'T KNOW ....98 (b) YEAR — — — — DON'T KNOW 9998			
Q_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	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	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	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			

Mod/Ind	No.	Question	Result				Skip
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	01	Technical IPC committee	1	2	8		
M_C	02	Multidisciplinary meetings where IPC results are reported/reviewed	1	2	8		
M_C	2412	Are there any full- or part-time staff assigned to IPC monitoring activities?	YES...1 NO 2				➔Q2418
M_C	01	NUMBER OF FULL-TIME IPC STAFF	(a) ⎯ ⎯				
M_C	02	NUMBER OF PART-TIME IPC STAFF	(b) ⎯ ⎯				
M_C	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	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				
M_A	2416	Are there any minutes or notes on the meeting, or a report of IPC findings? IF YES, ASK TO SEE DOCUMENTATION FROM THE MOST RECENT MEETING OR REPORT.	YES, OBSERVED... 1 YES, REPORTED, NOT SEEN.. 2 NO 3				➔Q2418 ➔Q2418
M_A	2417	INDICATE THE DATE RANGE FOR THE OBSERVED NOTES/REPORT.	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				
M_A	2418	How frequently do health care workers receive training regarding hand hygiene in your facility?	NEVER	AT LEAST ONCE	REGULARLY OFFERED (AT LEAST ANNUALLY)	MANDATORY WHEN COMMENCING EMPLOYMENT, THEN AT LEAST ANNUALLY	
M_A	01	Medical staff	1	2	3	4	
M_A	02	Nursing/midwifery staff	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
		How frequently do health care workers receive training regarding hand hygiene in your facility?	NEVER	AT LEAST ONCE	REGULARLY OFFERED (AT LEAST ANNUALLY)	MANDATORY WHEN COMMENCING EMPLOYMENT, THEN AT LEAST ANNUALLY	
M_A	03	Other patient service providers (e.g. technicians)	1	2	3	4	
M_A	04	Auxiliary staff (e.g. managerial, cleaners)	1	2	3	4	
M_A	2419	Does this facility have guidelines or protocols for cleaning the facility such as the floors, counters and beds? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED..1 YES, REPORTED, NOT SEEN.............................2 NO 3				➜Q2422
M_A	2420	DO THE GUIDELINES COVER ANY OF THE FOLLOWING PRACTICES?	YES		NO	NOT APPLICABLE	
M_A	01	Step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids	1		2	✕	
M_A	02	Cleaning roster or schedule specifying who is responsible for cleaning tasks	1		2	✕	
M_A	03	Cleaning roster or schedule specifying frequency that cleaning tasks should be performed	1		2	✕	
M_A	04	Process/requirements for training cleaning staff	1		2	✕	
M_A	2421	INDICATE WHICH OF THE FOLLOWING CLEANING TASKS ARE SPECIFICALLY ADDRESSED IN THE PROTOCOLS.	YES		NO	NOT APPLICABLE	
M_A	01	Cleaning floors (frequency and process)	1		2	✕	
M_A	02	Cleaning patient beds (frequency and process)	1		2	5	
M_A	03	Cleaning counters/tables (frequency and process)	1		2	✕	
M_A	04	Cleaning toilets (frequency and process)	1		2	✕	
M_A	2422	Have all staff responsible for cleaning received training?	YES, ALL HAVE BEEN TRAINED ....1 NO, SOME BUT NOT ALL HAVE BEEN TRAINED ....2 NO, NONE HAVE BEEN TRAINED 3				

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	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	2501	Does this facility have a functioning computer?	YES .... 1 NO.. 2	
R_C	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	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	2504	Does this facility have electricity from any source such as electricity grid, generator, solar or other, including for standalone devices such as those used to maintain the EPI cold chain?	YES .... 1 NO.. 2	➔Q2509
R_C	2505	What is the electricity used for in the facility?	ONLY STANDALONE 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	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	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	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	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 INFECTIOUS WASTE 95	 ➔Q2602

Mod/Ind	No.	Question	Result	Skip
Q_C	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	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

Q_C	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	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	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	

Mod/Ind	No.	Question	Result	Skip
		10.2.2. CENTRAL REPROCESSING OF REUSABLE MEDICAL EQUIPMENT		
R_C	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

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.

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
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.							
R_C	01	Electric autoclave (pressure and wet heat)	1 ➔B	2 ➔B	3 ➔02	1 ➔2700	2	8	
R_C	02	Electric dry heat sterilizer	1 ➔B	2 ➔B	3 ➔03	1 ➔2700	2	8	
R_C	03	Non-electric autoclave (pressure and wet heat)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Heat source for non-electric equipment	1 ➔B	2 ➔B	3 ➔2700	1	2	8	

Mod/Ind	No.	Question	Result	Skip
		10.3. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS		
		10.3.1. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS		
		Now I would like to know about the facility resources and practices related to patient referral and emergency preparedness plans.		
R_C	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	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	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	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	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	➔Q2800
R_C	2705	Is the emergency vehicle and a driver available 24 hours?	YES ....1 NO..2 DON'T KNOW...8	
R_C	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	
		10.4. FACILITY VEHICLES: NUMBERS AND STATUS		
		10.4.1. FACILITY VEHICLES: NUMBERS AND STATUS		
A_A	2800	Does this facility have any vehicles, including ambulance, motorcycles and bicycles?	YES ....1 NO..2	➔Q2902
A_A	2801	For each type of vehicle that I ask about, please tell me how many of this type of vehicle the facility currently owns, rents, or has full-time access to. Then please tell me among these vehicles, how many are functioning today. THE NUMBER OF VEHICLES THE FACILITY HAS INCLUDES ALL VEHICLES PROVIDED TO THE FACILITY BY MANAGEMENT OR OTHER DONORS THAT SHOULD BE ON AN INVENTORY, WHETHER FUNCTIONAL OR NOT.	(A) TOTAL NUMBER	(B) TOTAL FUNCTIONING	
A_A	01	Any ambulance	— — NONE ....00 ➔04	— — NONE...................... 00 ➔04	
A_A	02	Ambulance for advanced patient transport equipped with intensive care equipment	— — NONE ....00 ➔03 DON'T KNOW....................98	— — NONE.............................. 00 DON'T KNOW 98	
A_A	03	Ambulance for basic patient transport, equipped with a stretcher, resuscitation bag and intravenous (IV) support	— — NONE ....00 ➔04 DON'T KNOW....................98	— — NONE.............................. 00 DON'T KNOW 98	
A_A	04	Staff transportation bus/vehicle	— — NONE ....00 ➔05	— — NONE.............................. 00	
A_A	05	Other car(s)	— — NONE ....00 ➔06	— — NONE.............................. 00	
A_A	06	Motorcycles	— — NONE ....00 ➔07	— — NONE.............................. 00	

Mod/Ind	No.	Question	Result		Skip
			(A) TOTAL NUMBER	(B) TOTAL FUNCTIONING	
A_A	07	Bicycles	— — NONE ....00 ➔08	— — NONE............................... 00	
A_A	08	Other _____ (SPECIFY)	— — NONE .... 00 ➔Q2900	— — NONE............................... 00	

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	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			➔Q2902 ➔Q2902
M_A	2901	For each type of vehicle, I mention, please tell me if there is a routine maintenance schedule or not.	ROUTINE MAINTENANCE SCHEDULE EXISTS			
			YES	NO	NOT APPLICABLE	
M_A	01	Ambulance	1	2	5	
M_A	02	Staff transportation bus or vehicle	1	2	5	
M_A	03	Other car(s)	1	2	5	
M_A	04	Motorcycles	1	2	5	
M_A	05	Bicycles	1	2	5	
M_A	06	Other	1 _____ (SPECIFY)	2	5	
		11.1.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE AND REPAIR				
M_A	2902	Does this facility have designated maintenance personnel for facility infrastructure systems such as electricity or water systems?	YES .... 1 NO 2			
M_C	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			➔Q2908
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	01	Electric system	1	2	3	5
M_A	02	Generator	1	2	3	5

Mod/Ind	No.	Question	Result				Skip
			PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				
			ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	
M_A	03	Solar power system	1	2	3	5	
M_C	04	Water system	1	2	3	5	
M_A	05	Water pump	1	2	3	5	
M_C	06	Sanitation and sewage system(s)	1	2	3	5	
M_A	07	Incinerator	1	2	3	5	
M_C	08	Ventilation system	1	2	3	5	
M_A	09	Air conditioning system	1	2	3	5	
M_A	10	Central oxygen systems	1	2	3	5	
M_C	11	Communications systems (loudspeakers)	1	2	3	5	
M_A	12	Fire extinguishers	1	2	3	5	
M_A	13	Computers	1	2	3	5	
M_A	14	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	5	
M_A	2905	Who carries out the preventive or corrective maintenance for any of these systems or equipment?	YES		NO		
M_A	01	Facility biomedical engineer	1		2		
M_A	02	Facility designated maintenance staff	1		2		
M_A	03	Other trained facility staff who are not designated maintenance staff	1		2		
M_A	04	Technicians from district or regional offices	1		2		
M_A	05	Private technicians	1		2		
M_A	06	Other _____	1		2		
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				➔Q2908

Mod/Ind	No.	Question	Result			Skip
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	
		11.1.3. INFECTION PREVENTION, MEDICAL AND DIAGNOSTIC EQUIPMENT MAINTENANCE AND REPAIR				
M_A	2908	Is there a schedule for inspection, testing and preventive maintenance for any medical, sterilization, or laboratory equipment as guided by the manufacturer's recommendations? IF YES, ASK TO SEE THE SCHEDULE FOR ANY MAJOR PIECE OF EQUIPMENT.	YES, OBSERVED SCHEDULE.. 1 YES, SCHEDULE REPORTED, NOT SEEN................................ 2 NO 3			➜Q2914
M_A	2909	Please tell me if preventive and corrective maintenance is carried out routinely, sometimes but not routinely, or never for the following equipment items.	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT			
			ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE
M_A	01	Oxygen tanks or concentrators	1	2	3	5
M_A	02	Ventilators	1	2	3	5
M_A	03	Refrigerators for vaccines, medicines, blood	1	2	3	5
M_A	04	Infant incubators	1	2	3	5
M_A	05	Electric autoclave	1	2	3	5
M_A	06	Electric dry heat sterilizer	1	2	3	5
M_A	2910	Please tell me if preventive and corrective maintenance is carried out routinely, sometimes but not routinely, or never for the following laboratory and diagnostic equipment items.	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT			
			ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE
M_A	01	Haematology analyser	1	2	3	5
M_A	02	Blood chemistry analyser	1	2	3	5
M_A	03	X-ray machine	1	2	3	5
M_A	04	CT scan	1	2	3	5
M_A	05	Ultrasound	1	2	3	5

Mod/Ind	No.	Question	Result				Skip
			PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				
			ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	
M_A	06	[COUNTRY SPECIFIC]_____	1	2	3	5	
M_A	07	[COUNTRY SPECIFIC]_____	1	2	3	5	
M_A	08	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	5	
M_A	2911	Who carries out the preventive and corrective maintenance for any of the sterilization, medical, or diagnostic equipment?	YES		NO		
M_A	01	Facility biomedical engineer	1		2		
M_A	02	Facility designated maintenance staff	1		2		
M_A	03	Other trained facility staff who are not designated maintenance staff	1		2		
M_A	04	Technicians from district or regional offices	1		2		
M_A	05	Private technicians	1		2		
M_A	06	Other	1 _____ (SPECIFY)		2		
M_A	2912	Is there a **contract** for maintenance and/or repair for any medical, diagnostic, or laboratory equipment? IF RESPONDENT IS UNCERTAIN PROBE FOR PERSON WHO WOULD KNOW RESPONSE, SUCH AS BIOMEDICAL ENGINEER.	YES .... 1 NO 2				➔Q2914
M_A	2913	For which of the following medical, diagnostic, or laboratory machines 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_A	01	Ventilator	1	2	3		
M_A	02	Haematology analyser	1	2	3		
M_A	03	Blood chemistry analyser	1	2	3		
M_A	04	X-ray machine	1	2	3		
M_A	05	CT scan	1	2	3		
M_A	06	[COUNTRY SPECIFIC]_____	1	2	3		
M_A	07	[COUNTRY SPECIFIC]_____	1	2	3		

Mod/Ind	No.	Question	Result	Skip
M_A	2914	Does this facility have a system for routine inspection and maintenance for small medical equipment such as stethoscopes, sphygmomanometer, and suction machines?	YES, ALL KEY EQUIPMENT .... 1 YES, SOME EQUIPMENT .... 2 NO 3	
M_A	2915	Are sphygmomanometers ever recalibrated? IF YES, ASK: Is recalibration for sphygmomanometers conducted routinely at least once a year?	YES, ANNUALLY .... 1 YES, LESS OFTEN THAN ANNUALLY .... 2 NO 3	
M_A	2916	Does this facility have a process for repairing or replacing small medical equipment such as stethoscopes, sphygmomanometers, and suction machines?	YES .... 1 NO 2	

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.		
M_A	3000	Is there a written inventory for equipment? IF YES, ASK: Is the inventory computerized or is it manual, that is, paper-based, or are both systems used?	YES, COMPUTERIZED...1 YES, MANUAL/PAPER-BASED ....2 YES, BOTH COMPUTERIZED AND PAPER-BASED...............3 NO 4	➔Q3002
M_A	3001	Are there written guidelines that provide criteria, such as cost or other criteria, for which equipment must be listed on the inventory?	YES..1 NO ....2 DON'T KNOW 8	
		CURRENT BUDGET INFORMATION		
M_A	3002	Does this facility have a budgeted annual work plan (AWP) for the current year? IF YES, ASK: May I see a copy of the budgeted work plan?	YES, OBSERVED..1 YES, REPORTED, NOT SEEN...............................2 NO 3	➔Q3004
M_A	3003	What percentage of the AWP budget has been received to date?	PERCENTAGE RECEIVED — — — NONE...000 DON'T KNOW 998	
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	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	
M_A	3007	What is your officially allocated budget for capital expenditures this year? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT — — — — — — — NO BUDGET FOR CAPITAL EXPENDITURES ....0000000 DON'T KNOW 9999998	
M_A	3008	What percentage of your recurrent budget, excluding salaries, for this year have you received as of today?	PERCENTAGE RECEIVED — — — NONE...000 DON'T KNOW 998	

Mod/Ind	No.	Question	Result	Skip
		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	➔Q3016 ➔Q3016
M_A	3010	What is the start date for the most recently completed financial year?	START MONTH ⸺ ⸺ START YEAR ⸺ ⸺ ⸺ ⸺	
M_A	3011	What is the end date for the most recently completed financial year?	START MONTH ⸺ ⸺ START YEAR ⸺ ⸺ ⸺ ⸺	
M_A	3012	How much funding did you receive from your managing authority during the past completed financial year for recurrent costs, excluding salaries? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT ⸺ ⸺ ⸺ ⸺ ⸺ ⸺ ⸺ NONE...0000000 DON'T KNOW 9999998	
M_A	3013	How much funding did you receive from your managing authority during the past completed financial year for recurrent salary costs? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT ⸺ ⸺ ⸺ ⸺ ⸺ ⸺ ⸺ NONE...0000000 DON'T KNOW 9999998	
M_A	3014	How much funding did you receive from your managing authority during the past completed financial year for capital expenditures? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT ⸺ ⸺ ⸺ ⸺ ⸺ ⸺ ⸺ NONE...0000000 DON'T KNOW 9999998	
M_C	3015	What percentage of your recurrent budget did you receive for the past complete financial year?	PERCENTAGE RECEIVED ⸺ ⸺ ⸺ NONE..000 DON'T KNOW 998	
		12.1.2. LINE ITEMS FOR MANAGEMENT AND FACILITY MAINTENANCE RELATED ACTIVITIES		
		Now I would like to know about resources for various management and facility maintenance needs. When I ask about a budget line item, I mean there is a specific amount of money set aside for the service or management activity that I ask about. If funding for the issue comes from miscellaneous or petty cash funds, there is not a budget line item. Will you please provide the information about which of the items I ask about have specific budget line items?		
M_A	3016	RESPONDENT AGREES TO PROVIDE INFORMATION ON BUDGET LINE ITEMS.	YES...1 NO ....2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY...8	➔Q3018 ➔Q3018

Mod/Ind	No.	Question	Result			Skip
M_A	3017	Which of the following items have budget lines:	YES	NO	NOT APPLICABLE	
M_A	01	Grounds maintenance	1	2	✕	
M_A	02	Building infrastructure repair and maintenance	1	2	✕	
M_A	03	Preventive maintenance for infrastructure equipment such as for vehicles, generator or for infrastructure utilities such as plumbing or air conditioning	1	2	✕	
M_A	04	Combined budget line item(s) for building and/or grounds maintenance and/or preventive maintenance	1	2	✕	
M_A	05	Routine equipment maintenance and repair for medical equipment such as laboratory machines, X-ray machines, or other of this type of equipment	1	2	5	
M_A	06	Procurement of replacement parts for laboratory equipment	1	2	5	
M_A	07	Procurement of pharmaceutical commodities	1	2	✕	
M_A	08	Transportation of pharmaceutical commodities from the supplier or warehouse to the facility	1	2	5	
M_A	09	Quality improvement activities	1	2	5	
		12.1.3. SOURCES OF FUNDING OTHER THAN MANAGING AUTHORITY				
		INSURANCE				
M_A	3018	What percentage of patients who receive inpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	NONE......1 1–25% ......2 26–50% ......3 51–75% ......4 76–99% ......5 100% ......6 NO INPATIENT SERVICES 7			
M_A	3019	What percentage of patients who receive outpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	NONE......1 1–25% ......2 26–50% ......3 51–75% ......4 76–99% ......5 100% ......6 NO OUTPATIENT SERVICES......7			
M_A	3020	Nationally, does government-sponsored health insurance or financing for paediatric patients exist?	YES......1 NO 2			

Mod/Ind	No.	Question	Result			Skip
		NON-INSURANCE FUNDING SOURCES				
M_A	3021	During the past complete financial year did this facility receive funds from any sources other than its managing authority?	YES...1 NO ....2 DON'T KNOW 8			➔Q3024 ➔Q3024
M_A	3022	RESPONDENT AGREES TO PROVIDE INFORMATION ON FUNDING RECEIVED IN ADDITION TO FUNDS FROM MANAGING AUTHORITY.	YES...1 NO ....2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY..8			➔Q3024 ➔Q3024
M_A	3023	How much funding in addition to your officially allocated budget did you receive from the following sources during the **past financial year**? PROVIDE ANSWER IN [LOCAL CURRENCY]	AMOUNT [ADJUST SPACES TO RATIONAL NUMBER FOR LOCAL CURRENCY RESPONSES]	DON'T KNOW	NOT APPLICABLE	
M_A	01	Ministry of health	— — — — — — —	9999998	9999995	
M_A	02	Other public ministries	— — — — — — —	9999998	9999995	
M_A	03	Local government	— — — — — — —	9999998	9999995	
M_A	04	Social insurance (mandatory insurance)	— — — — — — —	9999998	9999995	
M_A	05	Private insurance (voluntary)	— — — — — — —	9999998	9999995	
M_A	06	Community programmes	— — — — — — —	9999998	9999995	
M_A	07	User fees	— — — — — — —	9999998	9999995	
M_A	08	Nongovernment organizations (NGOs)/faith-based organizations (FBO)	— — — — — — —	9999998	9999995	
M_A	09	Donors other than NGO/FBO	— — — — — — —	9999998	9999995	
M_A	10	Other _____ (SPECIFY)	— — — — — — —	9999998	9999995	
		GOODS IN KIND				
M_A	3024	Has your facility received any goods or staff "in kind" during the past complete financial year, from donors other than your managing authority? PROVIDE EXAMPLES FROM THE LIST BELOW IF THEY ARE UNCERTAIN.	YES...1 NO 2			➔Q3100
M_A	3025	Please tell me if your facility received any of the following items in kind during the past complete financial year? READ ALL OPTIONS AND MARK YES OR NO. IF UNCERTAIN, ASK TO SPEAK WITH SOMEONE WHO MIGHT KNOW.	ITEM RECEIVED			
			YES	NO	DON'T KNOW	
M_A	01	Antiretroviral drugs	1	2	8	
M_A	02	Other drugs	1	2	8	

Mod/Ind	No.	Question	Result			Skip
			ITEM RECEIVED			
			YES	NO	DON'T KNOW	
M_A	03	Registers/report forms	1	2	8	
M_A	04	Client exam equipment	1	2	8	
M_A	05	Laboratory equipment	1	2	8	
M_A	06	Vehicle/motorcycle/bike	1	2	8	
M_A	07	Full-time staff	1	2	8	
M_A	08	Part-time/occasional staff	1	2	8	
M_A	09	Other	1 _____ (SPECIFY)	2	8	

12.2. EXPENDITURES

12.2.1. EXPENDITURES FOR ROUTINE FACILITY ACTIVITIES

Mod/Ind	No.	Question	Result			Skip
		Would you please provide the total facility expenditure in each of the following categories for the past financial or budget year? If you do not know the exact amounts, please provide estimates, based on rough percentages of the total expenditures.				
M_A	3100	RESPONDENT AGREES TO PROVIDE INFORMATION ON EXPENDITURES	YES...1 NO ....2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY...8			➜Q3102 ➜Q3102
M_A	3101	What is the total facility expenditure in each of the following categories for the past financial or budget year: PROVIDE ANSWER IN [LOCAL CURRENCY]	AMOUNT [ADJUST SPACES TO RATIONAL NUMBER FOR LOCAL CURRENCY RESPONSES]	DON'T KNOW	NOT APPLICABLE	
M_A	01	Medicines and consumable health supplies	__ __ __ __ __ __ __	9999998	9999995	
M_A	02	Salaries	__ __ __ __ __ __ __	9999998	9999995	
M_A	03	Routine maintenance, electricity, water, telephone, fax, and internet	__ __ __ __ __ __ __	9999998	9999995	
M_A	04	Purchase of medical equipment	__ __ __ __ __ __ __	9999998	9999995	
M_A	05	Purchase of software systems for information management, such as ICD coding and financial systems	__ __ __ __ __ __ __	9999998	9999995	
M_A	06	Patient food	__ __ __ __ __ __ __	9999998	9999995	
M_A	07	Any other expenditures_____ (SPECIFY)	__ __ __ __ __ __ __	9999998	9999995	

Mod/Ind	No.	Question	Result				Skip
		12.2.2. EXPENDITURES FOR CONTRACTED SERVICES					
M_A	3102	Were any support services contracted out in the most recent complete financial year?	YES.. 1 NO 2				➔Q3200
M_A	3103	Were any of the following services contracted out during the most recent complete financial year?	YES		NO		
M_A	01	Security	1		2		
M_A	02	Patient food	1		2		
M_A	03	Cleaning	1		2		
M_A	04	Laundry	1		2		
M_A	05	Laboratory	1		2		
M_A	06	Staff	1		2		
M_A	07	Other (list all other contracted services)	1 _____ (SPECIFY)		2		
M_A	3104	What was the total expenditure in the past financial year for the contracted services listed above?	— — — — — — — NONE...0000000 DON'T KNOW 9999998				

12.3. CHARGING AND COSTS FOR SERVICES

Mod/Ind	No.	Question	(A)			(B)	Skip
		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?	YES	NO	NOT APPLICABLE	AVERAGE CHARGE PER PATIENT IN LOCAL CURRENCY	
M_C	01	Outpatient consultation services for adults	1 ➔B	2 ➔02	5 ➔02	— — — —	
M_C	02	Outpatient consultation services for children	1 ➔B	2 ➔03	5 ➔03	— — — —	
M_C	03	Any routine child immunizations	1 ➔B	2 ➔04	5 ➔04	— — — —	
M_C	04	Any contraceptive commodities	1 ➔B	2 ➔08	5 ➔08	— — — —	
M_C	05	Pills or injections	1 ➔B	2 ➔06	5 ➔06	— — — —	
M_C	06	Implant	1 ➔B	2 ➔07	5 ➔07	— — — —	
M_C	07	Intrauterine device (IUD) insertion	1 ➔B	2 ➔08	5 ➔08	— — — —	
M_C	08	HIV diagnostic tests	1 ➔B	2 ➔09	5 ➔09	— — — —	
M_C	09	Malaria rapid diagnostic test	1 ➔B	2 ➔Q3300	5 ➔Q3300	— — — —	

Mod/Ind	No.	Question	Result	Skip
		12.4. ACCOUNTABILITY FOR FUNDS RECEIVED		
		12.4.1. FINANCIAL AUDITS		
M_C	3300	Does this facility receive an annual external audit of facility accounts?	YES.. 1 NO 2	
M_A	3301	Does this facility carry out an annual internal audit of facility accounts?	YES.. 1 NO 2	
		USER FEES		
M_C	3302	Does this facility charge user fees for any outpatient or inpatient services?	YES.. 1 NO 2	➔Q3310
M_C	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	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	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	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	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	
M_A	3308	Please show me the records that show funds received by the facility from user fees. NOTE IF RECORD IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY ..... 1 OBSERVED, NOT UPDATED............................... 2 REPORTED, NOT SEEN .... 3 NO RECORD AVAILABLE................................... 4	
M_A	3309	Please show me the records that show user fee funds disbursed by the facility. NOTE IF RECORD IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY ..... 1 OBSERVED, NOT UPDATED............................... 2 REPORTED, NOT SEEN .... 3 NO RECORD AVAILABLE................................... 4	
		OTHER FUNDS RECEIVED		
M_A	3310	Does this facility manage cash from any source other than user fees? This includes from insurance or the managing authority.	YES.. 1 NO 2	➔Q3314
M_A	3311	Is there a record maintained for cash managed by the facility from sources other than user fees? IF YES, ASK TO SEE THE RECORD AND NOTE IF IT IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY ..... 1 OBSERVED, NOT UPDATED............................... 2 REPORTED, NOT SEEN .... 3 NO RECORD AVAILABLE................................... 4	

Mod/Ind	No.	Question	Result	Skip
M_A	3312	Is there a record maintained for cash funds disbursed by the facility from sources other than user fees? IF YES, ASK TO SEE THE RECORD AND NOTE IF IT IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY ..... 1 OBSERVED, NOT UPDATED.. 2 REPORTED, NOT SEEN .... 3 NO RECORD AVAILABLE.. 4	➜Q3314 ➜Q3314 ➜Q3314
M_A	3313	ASK TO BALANCE THE AMOUNT OF CASH ON HAND WITH THE AMOUNT IN THE EXPENDITURE REGISTER. IT IS OK TO USE TODAY'S RECEIPTS TO BALANCE IF NEEDED. IF A MATHS ERROR ACCOUNTS FOR NON-RECONCILATION, AND IT IS [COUNTRY SPECIFIC ALLOWABLE ERROR MARGIN], ASK THE STAFF TO CORRECT THE MATHS AND ACCEPT THIS AS RECONCILED.	AMOUNTS RECONCILE .... 1 AMOUNTS NOT RECONCILED .... 2 NEVER HAVE CASH .... 5 UNABLE TO CHECK 8	
M_A	3314	Does this facility write cheques from a bank account with funds from insurance or the managing authority?	YES.. 1 NO 2	➜Q3400
M_A	3315	May I see the chequebook and the most recent bank statement? OBSERVE IF THE CHEQUEBOOK IS MAINTAINED AND UP TO DATE (AT MINIMUM WITH THE MOST RECENT BANK STATEMENT) WITH RECIPIENT OF CHEQUES AND AMOUNT IDENTIFIED.	OBSERVED, UP TO DATE .... 1 OBSERVED, NOT UPDATED.............................. 2 REPORTED, NOT SEEN .... 3 CHEQUEBOOK NOT AVAILABLE 4	
		12.5. SERVICE SPECIFIC FINANCING INFORMATION		
		12.5.1. NEGLECTED TROPICAL DISEASES (NTDs)		
M_A	3400	Does this facility offer diagnosis and treatment for any other tropical diseases commonly called "neglected tropical diseases" such as lymphoedema, soil transmitted diseases, schistosomiasis, trachoma, onchocerciasis (ONCO), lymphatic filariasis (LF), dengue, guinea worm or visceral leishmaniasis?	YES.. 1 NO 2	➜Q3404
M_A	3401	Is there any funding specific to any neglected tropical diseases? IF YES, ASK THE SOURCE OF THE FUNDING.	YES, GOVERNMENT FUNDING .... 1 YES, NONGOVERNMENT FUNDING .... 2 YES, BOTH GOVERNMENT AND NONGOVERNMENT FUNDING .... 3 NO FUNDING SPECIFIC TO ANY NTDs................ 4	➜Q3404
M_A	3402	Is there a budget line item for any programmes related to neglected tropical diseases, that may include lymphoedema, soil transmitted infections, schistosomiasis, trachoma, onchocerciasis or lymphatic filariasis, guinea worm or visceral leishmaniasis?	YES, ONE-LINE ITEM FOR THE GROUP OF ILLNESSES .... 1 YES, LINE ITEMS FOR SEPARATE NTDs............................... 2 NO 3	➜Q3404 ➜Q3404

Mod/Ind	No.	Question	YES	NO	
M_A	3403	For which of the following diseases is there a specific line item?	YES	NO	
M_A	01	Line item specific to lymphoedema	1	2	
M_A	02	Line item specific to soil transmitted helminths	1	2	
M_A	03	Line item specific to schistosomiasis	1	2	

Mod/Ind	No.	Question	Result		Skip
			YES	NO	
M_A	04	Line item specific to trachoma	1	2	
M_A	05	Line item specific to onchocerciasis	1	2	
M_A	06	Line item specific to lymphatic filariasis (LF)	1	2	
M_A	07	Guinea worm	1	2	
M_A	08	Visceral leishmaniasis	1	2	
		12.5.2. CHRONIC DISEASES			
M_A	3404	Does this facility offer diagnosis or management of chronic diseases such as diabetes, cardiovascular disease, chronic respiratory disease?	YES..1 NO 2		➜Q3406

M_A	3405	Do patients with chronic diseases pay for the common medicines prescribed for treatment, such as for treatment of hypertension or diabetes?
		
		IF YES, PROBE FOR THE MOST ACCURATE DESCRIPTION OF THE SYSTEM FOR PROVIDING DRUGS FOR CHRONIC.
			DRUGS PROVIDED BY FACILITY:
			    PATIENT PAYS FULL PRICE 1
			    COST FOR COMMON NCD DRUGS ARE SUBSIDIZED
			    BUT PATIENT PAYS A PORTION.......................2
			    DRUGS ARE FREE FOR NCD PATIENTS...........................3
			PATIENT PROCURES FROM OUTSIDE FACILITY 4
			OTHER 6
			_____
			(SPECIFY)
			DON'T KNOW 8		

		12.5.3. SURGICAL SERVICES			
M_A	3406	Does this facility provide any major surgical services?	YES..1 NO 2		➜Q3500
M_A	3407	What percentage of the annual hospital budget is allotted to surgery and anaesthesia? IF UNCERTAIN, PROBE FOR THE BEST ESTIMATE PRIOR TO RECORDING "DON'T KNOW".	NONE..0 1–25%...1 26–50%...2 51–75%...3 76–99%...4 100% ....5 DON'T KNOW 8		

OUT-OF-POCKET COST TO PATIENTS RELATED TO SURGICAL SERVICES

Mod/Ind	No.	Question	OUT-OF-POCKET COST [LOCAL CURRENCY]	DON'T KNOW	NOT APPLICABLE	Skip
M_A	3408	What is the average out-of-pocket cost [LOCAL CURRENCY] to a patient for each of the following items?				
M_A	01	C-section	— — — — — —	999998	999995	
M_A	02	Open fracture repair	— — — — — —	999998	999995	
M_A	03	Laparotomy	— — — — — —	999998	999995	
M_A	04	Complete blood count	— — — — — —	999998	999995	
M_A	05	Chest X-ray	— — — — — —	999998	999995	
M_A	06	Lodging per day for patient	— — — — — —	999998	999995	

Mod/Ind	No.	Question	Result			Skip
			OUT-OF-POCKET COST [LOCAL CURRENCY]	DON'T KNOW	NOT APPLICABLE	
M_A	07	Lodging per day for family/companion	— — — — — —	999998	999995	
M_A	08	Patient and family transportation per surgery/hospital stay	— — — — — —	999998	999995	
M_A	09	Surgery-associated medication per surgery/hospital stay	— — — — — —	999998	999995	
M_A	10	Other necessities (e.g. laundry/ food) per surgery/hospital stay	— — — — — —	999998	999995	
		GENERAL PAEDIATRIC SURGICAL SERVICES				
M_A	3409	Does this facility provide any major surgical procedures for paediatric patients?	YES...1 NO 2			➔Q3500
M_A	3410	What is the annual hospital budget allotted to children's surgery and anaesthesia? [LOCAL CURRENCY]	BUDGET — — — — — — DON'T KNOW ....999998 NO ALLOCATION.....................................999995			
M_A	3411	What percentage of the hospital budget is allocated to children's surgery and anaesthesia?	NONE..0 1–25%...1 26–50%...2 51–75%...3 76–99%...4 100% ....5 DON'T KNOW 8			
		CHARGES FOR PAEDIATRIC RELATED SURGICAL PROCEDURES				
M_A	3412	Please provide an estimate of the cost for each of the following paediatric surgeries. This means the cost that a patient with no third-party assistance (e.g. insurance or subsidy) would pay for a routine procedure and average stay in the hospital assuming no complications.	OUT-OF-POCKET COST [LOCAL CURRENCY]	DON'T KNOW	NOT APPLICABLE	
M_A	01	Paediatric hernia repair	— — — — — —	999998	999995	
M_A	02	Paediatric open fracture repair	— — — — — —	999998	999995	
M_A	03	Paediatric laparotomy	— — — — — —	999998	999995	
M_A	04	Repair of Hirschsprung's disease/ anorectal malformation	— — — — — —	999998	999995	

Mod/Ind	No.	Question	Result	Skip
		13. INFORMATION SOURCES AND SYSTEMS		
		13.1. CATCHMENT AREA INFORMATION		
		13.1.1. CATCHMENT AREA INFORMATION		
M_A	3500	Does this facility have a specified catchment area, i.e. a defined geographic area for which the facility has direct responsibility for serving?	YES ....1 NO...2 DON'T KNOW 8	➔Q3600 ➔Q3600
M_A	3501	How many people live in the catchment area for this facility?	CATCHMENT POPULATION　— — — — — — — DON'T KNOW...9999998	➔Q3600
M_A	3502	What is the basis for the catchment population number?	GOVERNMENT CENSUS..1 PHYSICAL COUNT (OTHER THAN CENSUS) ....2 OTHER ....6 _____ (SPECIFY) DON'T KNOW 8	
M_A	3503	How many households are represented by this catchment population?	NUMBER OF HOUSEHOLDS　— — — — — DON'T KNOW 99998	
M_A	3504	Do you know the number of under 5 years old children in the catchment area?	YES ....1 NO...2	➔Q3506
M_A	3505	What is the basis for the number of under 5 years old children?	PERCENTAGE BASED ON CENSUS POPULATION ....1 PHYSICAL COUNT (OTHER THAN CENSUS) ....2 OTHER...6 _____ (SPECIFY) DON'T KNOW 8	
M_A	3506	Do you know the number of pregnant women in the catchment area?	YES ....1 NO...2	➔Q3600
M_A	3507	What is the basis for the number of pregnant women?	PERCENTAGE BASED ON CENSUS POPULATION ....1 PHYSICAL COUNT (OTHER THAN CENSUS) ....2 OTHER...6 _____ (SPECIFY) DON'T KNOW 8	
		13.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS		
		13.2.1. UNIQUE PATIENT IDENTIFIERS		
M_C	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	3601	Is the same unique patient ID maintained for the same patient for at least 5 years?	YES ....1 NO...2	
M_C	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

Mod/Ind	No.	Question	Result	Skip
M_C	3603	Is the same unique patient ID maintained for the same patient for at least 5 years?	YES ....1 NO..2	
M_C	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	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 ➔Q3615 ➔Q3615
M_C	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	

Mod/Ind	No.	Question	Result		Skip
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	

Mod/Ind	No.	Question	Result	Skip
M_C	3608	Does this facility utilize a standardized set of forms to comprise a complete medical chart or record for each inpatient?	YES ....1 NO..2 NO PAPER RECORDS 5	➔Q3610 ➔Q3615
M_C	3609	Has there been a stock out of the official inpatient medical record form in the past 6 months?	YES ....1 NO..2	
		13.2.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR INPATIENTS		
M_A	3610	Please tell me where medical charts or records for discharged patients are stored. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) ONLY USED FOR MEDICAL RECORDS...1 ROOM WITH MEDICAL RECORDS THAT IS ALSO USED FOR OTHER PURPOSES...2 NO SPECIFIC LOCATION FOR DISCHARGE PATIENT CHARTS/RECORDS...3	➔Q3615

Mod/Ind	No.	Question	Result		Skip
M_A	3611	Please show me where inpatient medical charts or records for discharged patients are kept. OBSERVE THE CONDITIONS WHERE MEDICAL RECORDS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.	YES	NO	
M_A	01	ARE THE CHARTS/RECORDS OFF THE FLOOR?	1	2	
M_A	02	ARE THE CHARTS/RECORDS ON SHELVES OR IN FILE DRAWERS?	1	2	

Mod/Ind	No.	Question	Result			Skip
			YES	NO		
M_A	03	ARE THE CHARTS/RECORDS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2		
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)	1	2		
M_A	3612	LOOK AT THE CHARTS/RECORDS STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO		
M_A	01	Can all the rooms or cabinets and drawers where charts and records are stored be locked?	1	2		
M_A	02	Is there limited access to the storage areas?	1	2		
M_A	03	Is there adequate space for safe storage and organizations of patient charts and records?	1	2		
M_A	3613	Please show me where inpatient medical charts or records for discharged patients are kept. OBSERVE THE CONDITIONS WHERE MEDICAL RECORDS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS.	YES	NO	N/A	
M_A	01	OBSERVE IF ALL DOORS ARE SOLID	1	2	✕	
M_A	02	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1	2	5	
M_A	3614	Does this facility have a designated person(s) in charge of filing and retrieving inpatient medical records?	YES, DESIGNATED PERSON(S) ....1 NO, NO DESIGNATED PERSON(S) 2			
		13.2.4. INDIVIDUAL PATIENT RECORDS/CHARTS FOR OUTPATIENTS				
M_A	3615	Does this facility use individual patient charts or records for outpatients? IF YES, CLARIFY IF THE FORMAT FOR OUTPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY ....3 NO INDIVIDUAL PATIENT RECORDS FOR OUTPATIENTS .....4 NO OUTPATIENT SERVICES 5			➜Q3618 ➜Q3700 ➜Q3700
M_A	3616	Does this facility utilize standardized electronic data entry screens to comprise a complete medical chart or record for each outpatient?	YES ....1 NO...2			
M_A	3617	What kind of software is used for the individual outpatient electronic medical record system? [COUNTRY ADAPT]	YES	NO		
M_A	01	Open medical records systems (MRS)	1	2		
M_A	02	[COUNTRY SPECIFY SYSTEM]	1	2		
M_A	03	[COUNTRY SPECIFY SYSTEM]	1	2		
M_A	04	Other	1 _____ (SPECIFY)	2		

Mod/Ind	No.	Question	Result	Skip
M_A	3618	Does this facility utilize a standardized set of forms to comprise a complete medical chart or record for each outpatient?	YES ....1 NO...2 NO PAPER RECORDS 5	➜Q3620 ➜Q3700
M_A	3619	Has there been a stock out of the official outpatient medical record form in the past 6 months?	YES ....1 NO...2	
		13.2.5. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS		
M_A	3620	Are paper-based medical charts or records for outpatients stored in the same location where inpatient records are stored?	YES ....1 NO...2	➜Q3700
M_A	3621	Please tell me where medical charts or records for outpatients are stored. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) ONLY USED FOR MEDICAL RECORDS...1 ROOM WITH MEDICAL RECORDS THAT IS ALSO USED FOR OTHER PURPOSES..2 NO SPECIFIC LOCATION FOR OUTPATIENT CHARTS/RECORDS...3	➜Q3700

Mod/Ind	No.	Question		YES	NO		Skip
M_A	3622	Please show me where medical charts or records for outpatients are kept. OBSERVE THE CONDITIONS WHERE OUTPATIENT MEDICAL RECORDS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.		YES	NO		
M_A	01	ARE THE CHARTS/RECORDS OFF THE FLOOR?		1	2		
M_A	02	ARE THE CHARTS/RECORDS ON SHELVES OR IN FILE DRAWERS?		1	2		
M_A	03	ARE THE CHARTS/RECORDS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?		1	2		
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)		1	2		

Mod/Ind	No.	Question	YES	NO	N/A	Skip
M_A	3623	LOOK AT THE CHARTS/RECORDS STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO	N/A	
M_A	01	Can all the rooms or cabinets and drawers where charts and records are stored be locked?	1	2	✕	
M_A	02	Is there limited access to the storage areas?	1	2	✕	
M_A	03	Is there adequate space for safe storage and organizations of patient charts and records?	1	2	✕	
M_A	04	OBSERVE IF ALL DOORS ARE SOLID	1	2	✕	
M_A	05	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1	2	5	
M_A	3624	Does this facility have a designated person(s) in charge of filing and retrieving outpatient medical records?	YES, DESIGNATED PERSON(S) ....1 NO, NO DESIGNATED PERSON(S) 2			

Mod/Ind	No.	Question	Result			Skip
		13.3. COMPUTERIZED INFORMATION				
		13.3.1. COMPUTERIZED INFORMATION				
M_A	3700	Does this facility maintain computerized databases for any specific types of information or groups of patients or departments?	YES, ALL PATIENT AND SERVICE INFORMATION ARE COMPUTERIZED ....1 YES, SOME COMPUTERIZED/DATABASES ....2 NO...3			➔Q3702 ➔Q3800
M_A	3701	Which types of information are maintained on electronic or computer databases? READ EACH ITEM.	YES	NO	N/A	
M_A	01	All inpatient individual charts/records	1	2	5	
M_A	02	All outpatient individual charts/records	1	2	5	
M_A	03	Charts and records for patients receiving antiretroviral therapy (ART)	1	2	5	
M_A	04	Charts and records for tuberculosis (TB) patients	1	2	5	
M_A	05	Charts and records for delivery and maternity patients	1	2	5	
M_A	06	Other special service data where routine patient follow up is required (e.g. patients with chronic illnesses)	1	2	5	
M_A	07	Morbidity information for inpatients	1	2	5	
M_A	08	Morbidity information for outpatients	1	2	5	
M_A	09	Mortality information	1	2	5	
M_A	10	Laboratory information	1	2	5	
M_A	11	Pharmaceutical information	1	2	5	
M_A	12	Inventory/supply information for any items	1	2	✕	
M_A	13	Other	1 _____ (SPECIFY)	2	✕	
M_A	3702	How often are electronic databases with individual patient information backed up?	DAILY...1 WEEKLY ....2 EVERY 2–3 WEEKS..3 MONTHLY ....4 LESS OFTEN THAN MONTHLY..5 _____ (SPECIFY) NO ROUTINE BACKUP 6			
M_A	3703	Are all files with individual patient information password protected?	YES ....1 NO...2			
M_A	3704	Are all files with other service or financial information password protected?	YES ....1 NO...2			

Mod/Ind	No.	Question	Result	Skip
M_A	3705	Can this facility submit required data for reports in electronic form?	YES ....1 NO...2	
M_A	3706	Will this facility be willing to share computer databases on admissions, discharges, and deaths (with client identifiers removed), with international or national researchers or organizations?	YES, UPON REQUEST – NO ADDITIONAL FORMAL APPROVAL PROCESS REQUIRED..1 YES, BUT MUST PASS FORMAL APPROVAL PROCESS ....2 _____ (SPECIFY) NO...3	

M_A	3705	Can this facility submit required data for reports in electronic form?	YES 1	

Mod/Ind	No.	Question	Result	Skip
		14. FACILITY STATISTICS REPORTING SYSTEMS		
		14.1. ADMISSION AND DISCHARGE RECORDS		
		14.1.1. ADMISSION AND DISCHARGE RECORDS		
M_A	3800	Does the facility offer inpatient services?	YES ....1 NO...2	➔Q3813
		Now I have some questions about routine reporting and compiling of inpatient reports and statistics for this facility. 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 MOST FAMILIAR WITH THE HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) OR FOR SOMEONE TO TAKE YOU AROUND TO THE DIFFERENT MOST KNOWLEDGEABLE PERSONS FOR EACH SUBJECT.		
M_A	3801	Does this facility keep records on admissions?	YES ....1 NO...2	➔Q3807
M_A	3802	What type of system is used for maintaining admissions records? Is a computer used, is it a manual system, or are both computer and manual systems used?	BOTH COMPUTER AND MANUAL ....1 COMPUTER ONLY......................................2 MANUAL ONLY..3	➔Q3805
M_A	3803	How often are the admissions data entered into the database? RECORD THE ACTUAL PRACTICE IF ACTUAL PRACTICE AND PLANNED FREQUENCY ARE DIFFERENT.	DAILY...1 WEEKLY...2 EVERY 2–3 WEEKS......................................3 MONTHLY ....4 LESS OFTEN THAN MONTHLY ....5 _____ (SPECIFY) NO ROUTINE TIMING 6	
M_A	3804	Does this facility routinely back up the database for patient admissions data? IF YES, ASK: How frequently is the patient admissions database routinely backed up? RECORD THE ACTUAL PRACTICE IF ACTUAL PRACTICE AND PLANNED FREQUENCY ARE DIFFERENT.	DAILY...1 WEEKLY...2 EVERY 2–3 WEEKS......................................3 MONTHLY ....4 LESS OFTEN THAN MONTHLY ....5 _____ (SPECIFY) NO ROUTINE BACKUP 6	
M_A	3805	What is the primary source document used by this facility for reporting on admissions? READ EACH RESPONSE AND CIRCLE THE NUMBER FOR THE BEST RESPONSE.	NO REPORTS ON ADMISSIONS...............................1 PAPER-BASED PATIENT ADMISSION FORMS OR ADMISSION REGISTERS ....2 ADMISSIONS COMPUTER DATABASE....................3 PAPER-BASED REPORTS MANUALLY COMPILED BY EACH WARD/UNIT/DEPARTMENT AND SUBMITTED DAILY TO DESIGNATED PERSON(S) FOR HMIS REPORTING ....4 PAPER-BASED REPORTS MANUALLY COMPILED BY EACH WARD/UNIT/DEPARTMENT AND SUBMITTED LESS FREQUENTLY THAN DAILY TO DESIGNATED PERSON(S) FOR HMIS REPORTING.........................5 PAPER-BASED REPORTS MANUALLY COMPILED BY HMIS STAFF OR CLERKS, BASED ON INFORMATION FROM DIFFERENT WARD/UNIT/DEPARTMENT REGISTERS...6 OTHER..96 _____ (SPECIFY)	➔Q3807
M_A	3806	Are the primary source data for admissions available for review for data quality checks?	YES ....1 NO...2	

Mod/Ind	No.	Question	Result	Skip
M_A	3807	Does this facility keep records on discharges?	YES ....1 NO...2	➜ Q3813
M_A	3808	What type of system is used for maintaining discharge records? Is a computer used, is it a manual system, or are both computer and manual systems used?	BOTH COMPUTER AND MANUAL ....1 COMPUTER ONLY...2 MANUAL ONLY..3	➜ Q3811
M_A	3809	How often are the discharge data entered into the database?	DAILY..1 WEEKLY...2 EVERY 2–3 WEEKS..3 MONTHLY ....4 LESS OFTEN THAN MONTHLY ....5 _____ (SPECIFY) NO ROUTINE TIMING 6	
M_A	3810	Does this facility routinely back up the database for patient discharge data? IF YES, ASK: How frequently is the patient discharge database routinely backed up?	DAILY..1 WEEKLY...2 EVERY 2–3 WEEKS..3 MONTHLY ....4 LESS OFTEN THAN MONTHLY ....5 _____ (SPECIFY) NO ROUTINE BACKUP 6	
M_A	3811	What is the primary source document used by this facility for reporting on discharge diagnoses?	NO REPORT ON DISCHARGE DIAGNOSES...............1 PAPER-BASED PATIENT DISCHARGE FORM OR REGISTER ....2 DISCHARGE COMPUTER DATABASE.......................3 PAPER-BASED REPORTS MANUALLY COMPILED BY EACH WARD/UNIT/DEPARTMENT AND SUBMITTED TO DESIGNATED PERSON(S) FOR HMIS REPORTS, BASED ON PHYSICIAN DIAGNOSIS IN DISCHARGE NOTE IN PATIENT CHART/RECORD.....4 PAPER-BASED REPORTS MANUALLY COMPILED BY HMIS STAFF, BASED ON PHYSICIAN DIAGNOSIS IN DISCHARGE NOTE IN PATIENT CHART/RECORD ....5 HMIS OR CLERICAL STAFF MANUALLY REVIEW DISCHARGED PATIENT CHARTS/RECORDS AND ASSIGN DISCHARGE DIAGNOSES IF THE PHYSICIAN DID NOT PROVIDE ONE, AND THEN COMPILE REPORT (EITHER MANUALLY OR ELECTRONICALLY) ....6 OTHER..96 _____ (SPECIFY)	➜ Q3813
M_A	3812	Are the primary source data for discharges available for review for data quality checks?	YES ....1 NO...2	
		14.1.2. DATA COMPILATION METHODS		
M_A	3813	Does this facility compile reports either for internal use or to submit externally?	YES ....1 NO...2	➜ Q3816

Mod/Ind	No.	Question	YES	NO	Skip
M_A	3814	Which of the following systems for recording patient services or resources are used in this facility as source data for reports?	YES	NO	
M_A	01	Paper-based outpatient service registers	1	2	
M_A	02	Other paper-based unit/ward/department patient information registers	1	2	
M_A	03	Other paper-based forms (e.g. tally sheets)	1	2	

Mod/Ind	No.	Question	Result			Skip
			YES	NO		
M_A	04	Computerized databases for any patient services or patient information	1	2		
M_A	05	Computerized databases for any resources (e.g. finance, inventory, commodities)	1	2		
M_A	06	Individual patient records (electronic or paper)	1	2		
M_A	3815	How are numbers for reports compiled?	YES	NO		
M_A	01	Ward/unit/department compiles report from paper-based sources and submits to HMIS for facility report	1	2		
M_A	02	Service/unit enters data into electronic database and compiles report from electronic database and submits report (printed or electronic) to HMIS for facility report	1	2		
M_A	03	HMIS staff go to service/unit and manually compile the information for that service/unit and then bring to HMIS for facility report	1	2		
M_A	04	Other	1 _____ (SPECIFY)	2		

14.1.3. REPORTS SUBMITTED EXTERNALLY

Mod/Ind	No.	Question	Result			Skip
M_C	3816	Does this facility submit any reports externally?	YES ....1 NO..2			➔Q3826
M_A	3817	Are reports ever submitted by this facility to any of the following entities?	YES	NO	DON'T KNOW	
M_A	01	Central Ministry of Health	1	2	8	
M_A	02	District health office (DHO)	1	2	8	
M_A	03	Specific technical programme offices (e.g. TB, HIV, malaria)	1	2	8	
M_A	04	Donors or implementing partners	1	2	8	
M_A	05	Nongovernmental managing authority	1	2	8	
M_A	06	Other institutions	1 _____ (SPECIFY)	2	8	
M_C	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)			➔Q3822
M_A	3819	How many days after the closing date for a reporting period is the routine report required to be submitted?	DAYS AFTER THE END OF THE REPORTING PERIOD — — —			
M_A	3820	Ask to see a copy of the most recent three **routine** summary statistics reports submitted externally. INDICATE THE NUMBER OF REPORTS THAT WERE OBSERVED.	ONE REPORT OBSERVED ....1 TWO REPORTS OBSERVED ....2 THREE REPORTS OBSERVED.................................3 NO REPORTS OBSERVED 4			➔Q3822

Mod/Ind	No.	Question	Result	Skip
M_A	3821	ASK TO SEE EVIDENCE OF WHEN THE OBSERVED REPORTS WERE SUBMITTED AND INDICATE THE NUMBER OF OBSERVED REPORTS THAT WERE SUBMITTED ON TIME.	ONE OBSERVED ON TIME ....1 TWO OBSERVED ON TIME ....2 THREE OBSERVED ON TIME ....3 DATE OF SUBMISSION NOT AVAILABLE OR REPORTS NOT SUBMITTED ON TIME 4	
M_A	3822	How often are routine summary statistics on notifiable diseases submitted externally?	WEEKLY...1 MONTHLY ....2 QUARTERLY..3 ANNUALLY ....4 NEVER ....5 OTHER..6 _____ (SPECIFY)	➜Q3826
M_A	3823	How many days after the closing date for a reporting period is the report on notifiable diseases required to be submitted?	DAYS AFTER THE END OF THE REPORTING PERIOD — — —	
M_A	3824	Ask to see a copy of the most recent three notifiable disease summary statistics reports submitted externally. INDICATE THE NUMBER OF REPORTS THAT WERE OBSERVED.	ONE REPORT OBSERVED ....1 TWO REPORTS OBSERVED ....2 THREE REPORTS OBSERVED.................................3 NO REPORTS OBSERVED 4	➜Q3826
M_A	3825	ASK TO SEE EVIDENCE OF WHEN THE OBSERVED REPORTS WERE SUBMITTED AND INDICATE THE NUMBER OF OBSERVED REPORTS THAT WERE SUBMITTED ON TIME.	ONE OBSERVED ON TIME ....1 TWO OBSERVED ON TIME ....2 THREE OBSERVED ON TIME ....3 DATE OF SUBMISSION NOT AVAILABLE OR REPORTS NOT SUBMITTED ON TIME 4	
		14.1.4. STORAGE OF PAPER-BASED HMIS REPORT AND SOURCE DATA DOCUMENTS		
M_A	3826	Does this facility store copies of paper-based routine reports that are submitted externally? IF YES, CLARIFY IF THE REPORTS ARE STORED IN THE SAME LOCATION WHERE IN OR OUTPATIENT CHARTS/RECORDS ARE STORED.	YES, SAME LOCATION AS IN OR OUTPATIENT CHARTS/RECORDS ....1 YES, DIFFERENT LOCATION FROM PATIENT CHARTS/RECORDS ....2 NO PAPER-BASED ROUTINE REPORTS STORED 3	➜Q3830 ➜Q3830
M_A	3827	Please tell me where copies of paper-based routine reports for this facility that are submitted externally are stored. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) OR CABINETS USED ONLY FOR COMPILED REPORTS AND/OR SOURCE REGISTERS/RECORDS..1 ROOM/CABINET FOR REPORTS THAT IS ALSO USED FOR OTHER, NON-DATA RELATED, PURPOSES.......2 NO SPECIFIC ROOMS/CABINET FOR REPORTS 3	➜3830

Mod/Ind	No.	Question	Result		Skip
M_A	3828	May I see where the paper-based routine reports are kept? OBSERVE THE CONDITIONS WHERE REPORTS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.	YES	NO	
M_A	01	ARE THE DOCUMENTS OFF THE FLOOR?	1	2	
M_A	02	ARE THE DOCUMENTS ON SHELVES OR IN FILE DRAWERS?	1	2	
M_A	03	ARE THE DOCUMENTS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)	1	2	

Mod/Ind	No.	Question	Result			Skip
M_A	3829	LOOK AT THE HMIS REPORTS AND DOCUMENTS STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO	N/A	
M_A	01	Can all the rooms or cabinets and drawers where documents are stored be locked?	1	2	✕	
M_A	02	Is there limited access to the storage areas?	1	2	✕	
M_A	03	Is there adequate space for safe storage and organizations of HMIS records and reports?	1	2	✕	
M_A	04	OBSERVE IF ALL DOORS ARE SOLID	1	2	✕	
M_A	05	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1	2	5	
M_A	3830	Does this facility store paper-based source data registers and documents when they are no longer being used, such as when they are full or they are changed for the new year? IF YES, CLARIFY IF THE SOURCE DATA DOCUMENTS ARE STORED IN THE SAME LOCATION WHERE IN- OR OUTPATIENT CHARTS/RECORDS OR COMPILED REPORTS ARE STORED.	YES, SAME SITE AS PATIENT CHARTS/RECORDS OR COMPILED REPORTS..1 YES, DIFFERENT SITE ....2 NO SOURCE DATA DOCUMENTS STORED 3			➜Q3900 ➜Q3900
M_A	3831	Please tell me where source data registers and documents are kept. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) OR CABINETS USED ONLY FOR SOURCE DATA REGISTERS ....1 ROOM/CABINET FOR SOURCE DATA REGISTERS THAT IS ALSO USED FOR NON-DATA RELATED PURPOSES...2 NO SPECIFIC ROOMS/CABINET FOR SOURCE DATA...3			➜Q3900
M_A	3832	May I see where the source data and registers are kept? OBSERVE THE CONDITIONS WHERE SOURCE DATA REGISTERS AND RECORDS ARE KEPT WHEN THEY ARE COMPETED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS:	YES		NO	
M_A	01	ARE THE DOCUMENTS OFF THE FLOOR?	1		2	
M_A	02	ARE THE DOCUMENTS ON SHELVES OR IN FILE DRAWERS?	1		2	
M_A	03	ARE THE DOCUMENTS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1		2	
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)	1		2	
M_A	3833	LOOK AT THE SOURCE DOCUMENT AND DATA STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO	N/A	
M_A	01	Can all the rooms or cabinets and drawers where documents are stored be locked?	1	2	✕	
M_A	02	Is there limited access to the storage areas?	1	2	✕	
M_A	03	Is there adequate space for safe storage and organization of HMIS records and reports?	1	2	✕	

Mod/Ind	No.	Question	Result			Skip
			YES	NO	N/A	
M_A	04	OBSERVE IF ALL DOORS ARE SOLID	1	2	✕	
M_A	05	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1	2	5	
		14.2. DATA QUALITY				
		14.2.1. DATA QUALITY				
M_C	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	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			
M_A	3902	Are any of the following measures **routinely** carried out in this facility for checking data quality?	YES	NO	DON'T KNOW	
M_A	01	Comparing source data with reported data.	1	2	8	
M_A	02	Double checking addition or copying numbers from unit source documents, by facility staff within a unit or department.	1	2	8	
M_A	03	Double checking addition or copying numbers from unit source documents, by facility staff from outside a unit or department.	1	2	8	
M_A	04	Consistency checking summarized data for consistency or identification of unlikely numbers based on rational expectations considering prior data.	1	2	8	
M_A	05	Supervisor checking registers for completeness.	1	2	8	
M_A	06	Unit staff or managers trained in completing client data and reporting forms.	1	2	8	
M_A	07	Person external to the facility carries out any of the above.	1	2	8	
M_A	3903	Is there any written documentation of the findings from the **routine** data quality system being implemented? This does not refer to data quality assessments conducted as less frequently than annually. IF YES, ASK: May I see a copy of any documentation of results from routine data quality checks?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN ....2 NO...3			➜ Q4000
M_A	3904	How frequently are the results of data quality checking documented in a report or form?	MONTHLY ....1 QUARTERLY...2 SEMI-ANNUALLY ....3 ANNUALLY ....4 NO SET TIMES 5			

Mod/Ind	No.	Question	Result	Skip
		14.3. HMIS STAFF		
		14.3.1. HMIS STAFF		
M_C	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	4001	What is the professional qualification of the person who has final responsible 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)	
M_A	4002	How many full-time staff work with health information and reporting?	NUMBER OF FULL-TIME HMIS STAFF — — — NO FULL-TIME HMIS STAFF..................................00	➔Q4100
		For each of the full-time health information staff within the occupation I mention, please tell me the highest level of training held among any of these staff. For example, does any staff member within the occupation have a bachelor or higher degree in statistics, has any staff member within the occupation completed a short-term course, or has any staff member received in-service training?		

Mod/Ind	No.	OCCUPATION OF HMIS STAFF	OCCUPATION NOT AVAILABLE IN FACILITY	STATISTICS DEGREE (BSC OR HIGHER)	SHORT-TERM COURSE	IN-SERVICE TRAINING ONLY	NONE OR ON-THE-JOB TRAINING ONLY	DIPLOMA IN HMIS RELATED PROGRAMME
M_A	4003							
M_A	01	Health information officers	1	2	3	4	5	6
M_A	02	Medical records clerks	1	2	3	4	5	6
M_A	03	Data entry, other clerks, etc.	1	2	3	4	5	6

Mod/Ind	No.	Question	Result		Skip
		15. IMPLEMENTATION OF INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)			
		15.1. USAGE OF ICD CODES			
		15.1.1. USAGE OF ICD CODES			
M_A	4100	Are ICD codes used for any purpose in this facility?	YES ....1 NO...2		➜Q4102
M_A	4101	For which of the following purposes is the ICD used in your facility?	YES	NO	
M_A	01	Medical records	1	2	
M_A	02	Billing	1	2	
M_A	03	Disease surveillance	1	2	
M_A	04	Insurance	1	2	
M_A	05	Surveys	1	2	
M_A	06	Other	1 _____ (SPECIFY)	2	
		15.1.2. USAGE OF ICD CODES FOR MORBIDITY			
M_A	4102	Who compiles the morbidity statistics for this facility?	DOCTOR ....1 OTHER HEALTH PROFESSIONAL ....2 MEDICAL RECORDS/DATA PERSON.......................3 MULTIPLE STAFF ....4 AUTOMATED/COMPUTERIZED ....5 OTHER..6 _____ (SPECIFY) NO MOBIDITY STATISTICS COMPILED FOR THIS FACILITY 7		➜Q4104 ➜Q4200
M_A	4103	Has the person that compiles the morbidity statistics received any formal ICD training?	YES ....1 NO...2 ICD CODING NOT USED FOR MORBIDITY..............3		
M_A	4104	Does this facility compile morbidity statistics on outpatients? That is, statistics on the diagnoses for outpatients? IF YES, ASK IF THIS IS COMPULSORY OR NOT.	YES, COMPULSORY ....1 YES, BUT NOT COMPULSORY ....2 NO MORBIDITY STATISTICS COMPILED FOR OUTPATIENTS ....3 NO OUTPATIENT SERVICES 4		 ➜Q4107 ➜Q4107
M_A	4105	Are the outpatient cases recorded individually with diagnoses and age and sex in the source data?	YES ....1 NO...2		
M_A	4106	Who among the following list is authorized to assign the morbidity diagnosis for outpatients?	YES	NO	
M_A	01	Doctor treating the patient	1	2	
M_A	02	Doctor other than the one treating the patient	1	2	
M_A	03	Other health professional in contact with the patient	1	2	
M_A	04	Other health professional not in contact with the patient	1	2	

Mod/Ind	No.	Question	Result		Skip
			YES	NO	
M_A	05	Non-health professional	1	2	
M_A	06	Other	1 _____ (SPECIFY)	2	
M_A	4107	Does this facility compile morbidity statistics of facility inpatients? That is statistics on inpatient diagnoses? IF YES, ASK: Is preparing morbidity statistics on inpatients required, that is compulsory, or not required, that is, not compulsory?	YES, COMPULSORY ....1 YES, BUT NOT COMPULSORY ....2 NO INPATIENT MORBIDITY STATISTICS COMPILED...3 NO INPATIENT SERVICES.......................................4		➔Q4110 ➔Q4110
M_A	4108	Are the inpatient cases recorded individually with diagnoses and age and sex in the source data?	YES ....1 NO...2		
M_A	4109	Who among the following list is authorized to assign the morbidity diagnosis for inpatients?	YES	NO	
M_A	01	Doctor treating the patient	1	2	
M_A	02	Doctor other than the one treating the patient	1	2	
M_A	03	Other health professional in contact with the patient	1	2	
M_A	04	Other health professional not in contact with the patient	1	2	
M_A	05	Non-health professional	1	2	
M_A	06	Other	1 _____ (SPECIFY)	2	
M_A	4110	Does this facility have separate cancer reporting?	YES ....1 NO SEPARATE CANCER REPORTING.......................2 NO CANCER SERVICES...5		➔Q4213 ➔Q4213
M_A	4111	Are different types of cancer routinely reported? IF YES, ASK: Are all types of cancer routinely reported or only some types?	YES, ALL..1 YES, SOME...2 NO, CANCER IS REPORTED UNDER ONE MORBIDITY CATEGORY 3		
M_A	4112	Are the cancer diagnoses coded with ICD?	YES ....1 NO...2		
M_A	4113	Is ICD classification used for coding patient morbidity for either inpatients or outpatients?	YES, OUTPATIENTS ONLY ....1 YES, INPATIENTS ONLY...2 YES, BOTH OUT AND INPATIENTS ....3 NO...4		➔Q4200
M_A	4114	Who assigns the ICD code for the majority (i.e. at least 80%) of the cases for morbidity?	DOCTOR ....1 OTHER HEALTH PROFESSIONAL ....2 MEDICAL RECORDS/DATA PERSON.......................3 MULTIPLE STAFF ....4 AUTOMATED/COMPUTERIZED ....5 OTHER...6 _____ (SPECIFY)		➔Q4116
M_A	4115	Did the person(s) who assigns the ICD codes receive any formal ICD training?	YES ....1 NO...2		

Mod/Ind	No.	Question	Result	Skip
M_A	4116	Which ICD version is used?	ICD-10 ....1 OTHER...6 _____ (SPECIFY)	
M_A	4117	Is the ICD coding for morbidity carried out to 3-character categories, to 3 and 4-character categories, or is there another level of detail used for coding?	3-CHARACTER CATEGORIES ONLY..........................1 3- AND 4-CHARACTER CATEGORIES ....2 OTHER...6 _____ (SPECIFY)	
M_A	4118	What is the format of the ICD coding materials used in morbidity coding?	BOTH PRINT AND ELECTRONIC ....1 PRINT BOOKS ONLY ....2 ELECTRONIC VERSION ONLY ....3 OTHER...6 _____ (SPECIFY)	
M_A	4119	Are updates to ICD applied?	YES ....1 NO...2 DON'T KNOW...8	

		15.2. REPORTING MORTALITY		
		15.2.1. DETERMINING CAUSE OF DEATH		
M_A	4200	Has this facility had any patient deaths in the past 12 months?	YES ....1 NO...2	➜Q4300

Mod/Ind	No.	Question	ALWAYS RECORDED	SOMETIMES RECORDED	NEVER RECORDED	Skip
M_A	4201	Is any of the following information recorded for the individual who died? IF YES, ASK: Is the information always recorded, sometimes recorded or never recorded for individual death cases?				
M_A	01	Cause of death for the individual	1	2	3	
M_A	02	Age of the individual	1	2	3	
M_A	03	Age of the individual by age groupings	1	2	3	
M_A	04	Sex of the individual	1	2	3	
M_A	05	Name of the individual	1	2	3	

Mod/Ind	No.	Question	YES	NO	Skip
M_A	4202	In which of the following locations is information on individual deaths recorded in this facility? READ EACH AND INDICATE EACH THAT APPLIES.			
M_A	01	In different ward or unit registers	1	2	
M_A	02	In a central facility register or database	1	2	
M_A	03	On death certificates kept in a central location in the facility	1	2	

Mod/Ind	No.	Question	Result	Skip
M_A	4203	Are deaths ever reported to authorities outside of this facility?	YES ....1 NO...2	➜Q4209

Mod/Ind	No.	Question	Result		Skip
M_A	4204	Which of the following information is **ever** reported to an outside authority?	YES	NO	
M_A	01	Number of deaths	1	2	
M_A	02	Causes of death	1	2	
M_A	03	Ages of deceased	1	2	
M_A	04	Age of deceased by age grouping	1	2	
M_A	05	Sex of deceased	1	2	
M_A	06	Names of deceased	1	2	
M_A	07	Numbers of individual death cases	1	2	
M_A	4205	Which entities outside the facility receive information on the **total** numbers of deaths? READ EACH AND INDICATE EACH THAT APPLIES.	YES	NO	
M_A	01	External managers, recipients of routine HMIS reports	1	2	
M_A	02	To the civil registry	1	2	
M_A	03	To the local police authority	1	2	
M_A	04	To the local health authority	1	2	
M_A	05	Other	1 _____ (SPECIFY)	2	
M_A	4206	Is information on individual deaths reported outside the facility?	YES ....1 NO...2		➜Q4209
M_A	4207	To which of the following entities is information on **individual** deaths reported outside the facility? READ EACH AND INDICATE EACH THAT APPLIES.	YES	NO	
M_A	01	External managers, recipients of routine HMIS reports	1	2	
M_A	02	To the civil registry	1	2	
M_A	03	To the local police authority	1	2	
M_A	04	To the local health authority	1	2	
M_A	05	Other	1 _____ (SPECIFY)	2	

Mod/Ind	No.	Question	Result		Skip
M_A	4208	What proportion of summary or individual deaths that you report externally include the cause of death? IF UNCERTAIN, PROVIDE A ROUGH ESTIMATE.	NONE ....0 < 50% ....1 50–59% ....2 60–69% ....3 70–79% ....4 80–89% ....5 90%+ 6		
M_A	4209	Which of the following occupations of staff are authorized to determine the official cause of death?	YES	NO	
M_A	01	Doctor that treated the patient	1	2	
M_A	02	Doctor that did not treat the patient such as the doctor on duty at the time of death	1	2	
M_A	03	Other health professional in contact with the patient	1	2	
M_A	04	Other health professional not in contact with the patient	1	2	
M_A	05	Non health professional	1	2	
M_A	06	Other	1 _____ (SPECIFY)	2	
M_A	4210	Have any of the persons authorized to determine the cause of death received any formal training on how to determine cause of death?	YES ....1 NO...2 DON'T KNOW 8		
M_A	4211	Is the international form of medical certificate of cause of death used for all deaths? IF NO, ASK: Is it used at all for any deaths?	YES ....1 SOME, NOT ALL DEATHS ....2 NO...3		➔Q4213
M_A	4212	Is another printed form used to record cause of death? IF YES, ASK: Is the printed death certificate a hospital specific form, an official MOH or government form, or another type of form? ASK ABOUT SPECIFIC COUNTRY FORM IF ONE EXISTS.	YES, FACILITY SPECIFIC.......................................1 YES, MOH/GOVERNMENT PROVIDED ....2 YES, OTHER ....6 _____ (SPECIFY) NO...7		➔Q4215
M_A	4213	Which of the following occupations of staff are authorized to fill in the death certification or other official form?	YES	NO	
M_A	01	Doctor that treated the patient	1	2	
M_A	02	Doctor that did not treat the patient such as the doctor on duty at the time of death	1	2	
M_A	03	Other health professional in contact with the patient	1	2	
M_A	04	Other health professional not in contact with the patient	1	2	
M_A	05	Non-health professional	1	2	
M_A	06	Other	1 _____ (SPECIFY)	2	
M_A	4214	Have any of the persons authorized to fill the death certificate received any formal training on how to fill in a death certificate?	YES ....1 NO...2 DON'T KNOW 8		

Mod/Ind	No.	Question	Result	Skip
M_A	4215	What is the primary source document being used by this facility for reporting on deaths?	NO REPORTS ON DEATHS ....1 PATIENT DISCHARGE FORM OR REGISTER (PAPER-BASED OR ELECTRONIC)...........................2 DISCHARGE COMPUTER DATABASE.......................3 REPORTS COMPILED BY EACH WARD/UNIT/ DEPARTMENT AND SUBMITTED TO DESIGNATED PERSON FOR HMIS REPORTS, BASED ON PHYSICIAN DISCHARGE NOTE IN PATIENT CHART/RECORD ....4 REPORTS COMPILED BY HMIS STAFF, BASED ON PHYSICIAN DISCHARGE NOTE IN PATIENT CHART/RECORD ....5 COMPILED REGISTER FOR PATIENT DEATHS..........6 INDIVIDUAL DEATH CERTIFICATES OR INDIVIDUAL PATIENT DEATH REPORTS.....................................7 OTHER..96 _____ (SPECIFY)	
		15.2.2. ICD CLASSIFICATION OF CAUSE OF DEATH		
M_A	4216	Is the ICD classification used for coding certified causes of death?	YES ....1 NO...2	➜Q4300
M_A	4217	Is the ICD coding for mortality carried out to 3-character categories, to 3- and 4-character categories, or is there another level of detail used for coding?	3-CHARACTER CATEGORIES ONLY..........................1 3- AND 4-CHARACTER CATEGORIES ....2 OTHER..6 _____ (SPECIFY)	
M_A	4218	What is the format of the ICD coding materials used in mortality coding?	BOTH PRINT AND ELECTRONIC ....1 PRINT BOOKS ONLY ....2 ELECTRONIC VERSION ONLY ....3 OTHER..6 _____ (SPECIFY)	
M_A	4219	Which of the following occupations of staff is authorized to assign the ICD code for the reported cause(s) of death?	YES	NO
M_A	01	Doctor that treated the patient	1	2
M_A	02	Doctor that did not treat the patient such as the doctor on duty at the time of death	1	2
M_A	03	Other health professional in contact with the patient	1	2
M_A	04	Other health professional not in contact with the patient	1	2
M_A	05	Non-health professional	1	2
M_A	06	Other	1 _____ (SPECIFY)	2
M_A	4220	Has the person coding cause of death received formal ICD training?	YES ....1 NO...2	
M_A	4221	Are multiple causes of death reported on the death certificate or form?	YES ....1 NO...2	➜Q4300

Mod/Ind	No.	Question	Result	Skip
M_A	4222	What is the qualification of the person who selects the underlying cause of death?	DOCTOR ....1 OTHER HEALTH PROFESSIONAL ....2 MEDICAL RECORDS/DATA PERSON.......................3 OTHER...6 _____ (SPECIFY)	
M_A	4223	Has the person responsible for selecting the underlying cause of death received formal ICD training?	YES ....1 NO...2	
M_A	4224	Are the ICD rules for selecting the underlying causes of death applied?	YES ....1 NO...2 DON'T KNOW...8	

Mod/Ind	No.	Question	Result	Skip
		16. KEY HOSPITAL INFORMATION AND SERVICE STATISTICS		
		16.1. INPATIENT UTILIZATION INFORMATION		
		16.1.1. INPATIENT UTILIZATION INFORMATION		
		I would like to collect information on utilization and service statistics for this facility. Please introduce me to the person most familiar with compiled reports for this facility. IF OUTPATIENT AND INPATIENT STATISTICS ARE MANAGED BY DIFFERENT PERSONS, ASK FIRST TO GO TO WHERE INPATIENT COMPILED REPORTS ARE MAINTAINED.		
M_C	4300	Does any category of compiled service statistics provide information for paediatric patients?	YES...1 NO 2	➜Q4302
M_C	4301	What ages are used for calculating paediatric patient statistics?	< 5 YEARS...1 < 15 YEARS...2 OTHER ....6 _____ (SPECIFY)	
M_C	4302	Does this facility offer inpatient services?	YES...1 NO 2	➜Q4500
		ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT COMPILED STATISTICS FOR INPATIENT SERVICES AND EXPLAIN: Now I would like to collect some specific information on facility utilization and service statistics that are available in compiled reports.		
M_A	4303	What was the average bed occupancy rate for [THE LAST COMPLETE REPORTING USED FOR ANNUAL REPORTS IN THIS COUNTRY]?	OCCUPANCY RATE — — — • — DON'T KNOW 9998	➜Q4305
M_A	4304	Does the bed occupancy rate for [THE LAST COMPLETE REPORTING YEAR] use the officially designated number of beds or the actual number of beds available?	OFFICIALLY DESIGNATED NUMBER OF BEDS ....1 ACTUAL NUMBER OF BEDS....................................2	
M_A	4305	What was the average bed occupancy rate for the **past completed month?**	OCCUPANCY RATE — — — • — DON'T KNOW 9998	➜Q4307
M_A	4306	Does the bed occupancy rate calculation for the **past completed month** use the officially designated number of beds or the actual number of beds available?	OFFICIALLY DESIGNATED NUMBER OF BEDS ....1 ACTUAL NUMBER OF BEDS....................................2	
M_A	4307	What was the average length of stay (ALOS) (days) for [THE LAST COMPLETE REPORTING YEAR]?	ALOS — — — • — DON'T KNOW 998	
M_A	4308	What was the average length of stay (ALOS) (days) for the **past completed month?**	ALOS — — — • — DON'T KNOW 998	

Mod/Ind	No.	Question	Result			Skip
		16.2. INPATIENT SERVICE STATISTICS				
		16.2.1. INPATIENT SERVICE STATISTICS				
M_A	4400	Are statistics compiled on the numbers of clients, by discharge diagnosis? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC DISCHARGE DIAGNOSES ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC DIAGNOSES.	YES, ADULT AND PAEDIATRIC DIAGNOSES ARE REPORTED SEPARATELY......................................1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC PATIENTS ....2 YES, ADULT AND PAEDIATRIC STATISTICS ARE COMBINED ....3 NO COMPILED STATISTICS BY DIAGNOSIS 4			➜Q4402 ➜Q4402 ➜Q4403
M_A	4401	What were the five most frequent primary discharge diagnoses for paediatric patients for [THE LAST FISCAL YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS FOR DISCHARGE DIAGNOSES FOR PAEDIATRIC PATIENTS. NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.	(A) DISCHARGE DIAGNOSIS AVAILABLE		(B) RECORD DISCHARGE DIAGNOSIS	
			YES	NO		
M_A	01	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 1	1 ➜B	2 ➜Q4402		
M_A	02	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 2	1 ➜B	2 ➜Q4402		
M_A	03	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 3	1 ➜B	2 ➜Q4402		
M_A	04	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 4	1 ➜B	2 ➜Q4402		
M_A	05	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 5	1 ➜B	2 ➜Q4402		
M_A	4402	What were the five most frequent primary discharge diagnoses for adults (or combined adult and paediatric patients) for [THE LAST FISCAL YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER REPORTS PROVIDING INFORMATION ON MOST FREQUENT DIAGNOSES FOR ADULTS (OR COMBINED ADULT/PAEDIATRIC DIAGNOSES). NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.	(A) DISCHARGE DIAGNOSIS AVAILABLE		(B) RECORD DISCHARGE DIAGNOSIS	
			YES	NO		
M_A	01	DISCHARGE DIAGNOSIS ADULT NO. 1	1 ➜B	2 ➜Q4403		
M_A	02	DISCHARGE DIAGNOSIS ADULT NO. 2	1 ➜B	2 ➜Q4403		
M_A	03	DISCHARGE DIAGNOSIS ADULT NO. 3	1 ➜B	2 ➜Q4403		
M_A	04	DISCHARGE DIAGNOSIS ADULT NO. 4	1 ➜B	2 ➜Q4403		
M_A	05	DISCHARGE DIAGNOSIS ADULT NO. 5	1 ➜B	2 ➜Q4403		

Mod/Ind	No.	Question	Result		Skip
		Now I would like to see statistics for admissions for 12 completed months. IF THERE IS A COMPILED REPORT FOR THE MOST RECENT REPORTING YEAR THESE NUMBERS CAN BE USED. IF THERE IS NO RECENT COMPILED ANNUAL REPORT, MANUALLY COMPILE DATA FROM MONTHLY REPORTS FOR THE MOST RECENT 12 MONTHS. THEN CONFIRM THE NUMBER OF MONTHS INCLUDED IN THE COMPILED STATISTICS.			
M_A	4403	Are statistics compiled on the numbers of admissions? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC ADMISSIONS ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC ADMISSIONS.	YES, ADULT AND PAEDIATRIC ADMISSIONS ARE REPORTED SEPARATELY.. 1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC PATIENTS .... 2 YES, ADULT AND PAEDIATRIC ADMISSIONS ARE COMBINED .... 3 NO COMPILED ADMISSION STATISTICS 4		➔Q4404_02 ➔Q4404_02 ➔Q4500
M_C	4404	Please tell me the number of admissions for the most recent 12 months for the following groups.	(A) NUMBER	(B) MONTHS OF DATA	
M_C	01	Total admissions for paediatric patients	ADMISSIONS — — — — DON'T KNOW......................9998 ➔02	— —	
M_C	02	Total admissions for adults (or combined adult and paediatric admissions) excluding admissions for deliveries	ADMISSIONS — — — — DON'T KNOW..............9998 ➔Q4500	— —	
		16.3. SERVICE SPECIFIC INFORMATION FOR OUT/INPATIENT SERVICES			
		16.3.1. SURGERY			
		MAJOR SURGERY			
M_C	4500	Does this facility offer major surgical services?	YES.. 1 NO 2		➔Q4507
M_C	4501	Are statistics compiled on numbers of patients having major surgical procedures performed? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC ADMISSIONS ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC SURGICAL INFORMATION.	YES, ADULT AND PAEDIATRIC SURGICAL STATISTICS ARE REPORTED SEPARATELY .... 1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC SURGICAL PATIENTS .... 2 YES, ADULT AND PAEDIATRIC STATISTICS ARE COMBINED .... 3 NO COMPILED STATISTICS ON NUMBERS OF MAJOR SURGICAL PROCEDURES 4		➔Q4505 ➔Q4505 ➔Q4507
M_C	4502	What are the ages included in major surgery statistics for paediatric patients?	< 5 YEARS... 1 < 15 YEARS... 2 < 5 AND 5 – < 15 REPORTED .... 3 OTHER .... 6 _____ (SPECIFY)		

Mod/Ind	No.	Question	Result		Skip
M_C	4503	Please provide the statistics for the following surgeries for paediatric patients [THE LAST COMPLETE REPORTING YEAR]. COLLECT INFORMATION FROM ANNUAL REPORT. IF THERE IS NO RECENT COMPILED ANNUAL REPORT, MANUALLY COMPILE DATA FROM MONTHLY REPORTS FOR THE MOST RECENT 12 MONTHS. THEN CONFIRM THE NUMBER OF MONTHS INCLUDED IN THE COMPILED STATISTICS. IF THERE ARE TWO AGE CATEGORES FOR PAEDIATRIC PATIENTS, COMBINE THE NUMBERS.	(A) NUMBER	(B) MONTHS OF DATA	
M_C	01	Total major surgical procedures for paediatric patients	__ __ __ __ DON'T KNOW ....9998 ➔02	__ __	
M_A	02	Total major surgeries for paediatric patients that were non-elective	__ __ __ __ DON'T KNOW ....9998 ➔03	__ __	
M_A	03	Total major surgeries for paediatric patients conducted on an emergency basis	__ __ __ __ DON'T KNOW ....9998 ➔04	__ __	
M_A	04	Laparotomy for paediatric patients (< 15 YEARS IF AVAILABLE)	__ __ __ __ DON'T KNOW ....998 ➔05	__ __	
M_A	05	Open fracture repair for paediatric patients (< 15 YEARS IF AVAILABLE)	__ __ __ __ DON'T KNOW ....998 ➔06	__ __	
M_A	06	Neonatal colostomies (< 1 month)	__ __ __ __ DON'T KNOW ....9998 ➔Q4504	__ __	
M_A	4504	What were the five most frequent major surgical procedures performed for paediatric patients for [THE LAST COMPLETE REPORTING YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF PAEDIATRIC PATIENTS RECEIVING MAJOR SURGICAL PROCEDURES NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.	(A) SURGICAL PROCEDURE INFORMATION AVAILABLE YES / NO	(B) RECORD SURGICAL PROCEDURE	
M_A	01	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 1	1 ➔B 2 ➔Q4505		
M_A	02	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 2	1 ➔B 2 ➔Q4505		
M_A	03	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 3	1 ➔B 2 ➔Q4505		
M_A	04	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 4	1 ➔B 2 ➔Q4505		
M_A	05	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 5	1 ➔B 2 ➔Q4505		

Mod/Ind	No.	Question	Result		Skip
M_C	4505	Please provide the statistics for the following surgeries for adults (or combined adult and paediatric patients) for [THE LAST COMPLETE REPORTING YEAR]. COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF SURGERIES.	(A) NUMBER	(B) MONTHS OF DATA	
M_C	01	Total major surgical procedures for adults	— — — — DON'T KNOW .... 9998 ➔02	— —	
M_C	02	Total major surgeries for adults that were non-elective	— — — — DON'T KNOW .... 9998 ➔03	— —	
M_C	03	Total major surgeries for adults that were conducted on an emergency basis	— — — — DON'T KNOW .... 9998 ➔04	— —	
M_A	04	Total laparotomies	— — — — DON'T KNOW .... 998 ➔05	— —	
M_A	05	Open fracture repair for adults	— — — — DON'T KNOW .... 998 ➔06	— —	
M_A	06	Total caesarean section	— — — — DON'T KNOW .... 9998 ➔Q4506	— —	
M_A	4506	What were the five most frequent major surgical procedures performed for adults (or combined adult and paediatric patients) for [THE LAST COMPLETE REPORTING YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF ADULT OR COMBINED ADULT AND PAEDIATRIC PATIENTS RECEIVING MAJOR SURGICAL PROCEDURES. NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITYDIAGNOSES MONITORED BY THE FACILITY.	(A) SURGICAL PROCEDURE INFORMATION AVAILABLE YES NO	(B) RECORD SURGICAL PROCEDURE	
M_A	01	MAJOR SURGICAL PROCEDURE ADULT NO. 1	1 ➔B 2 ➔Q4507		
M_A	02	MAJOR SURGICAL PROCEDURE ADULT NO. 2	1 ➔B 2 ➔Q4507		
M_A	03	MAJOR SURGICAL PROCEDURE ADULT NO. 3	1 ➔B 2 ➔Q4507		
M_A	04	MAJOR SURGICAL PROCEDURE ADULT NO. 4	1 ➔B 2 ➔Q4507		
M_A	05	MAJOR SURGICAL PROCEDURE ADULT NO. 5	1 ➔B 2 ➔Q4507		

Mod/Ind	No.	Question	Result			Skip
		MINOR SURGERY				
M_A	4507	Are statistics compiled on numbers of clients having minor surgical procedures performed? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC ADMISSIONS ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC SURGICAL INFORMATION. IF NEEDED EXPLAIN THAT MINOR SURGICAL PROCEDURES ARE THOSE THAT DO NOT PENETRATE BODY CAVITIES AND USUALLY DO NOT AFFECT BODY SYSTEMS.	YES, ADULT AND PAEDIATRIC SURGICAL STATISTICS ARE REPORTED SEPARATELY... 1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC SURGICAL PATIENTS .... 2 YES, ADULT AND PAEDIATRIC STATISTICS ARE COMBINED .... 3 NO COMPILED STATISTICS FOR MINOR SURGICAL PROCEDURES... 4			➔Q4508_02 ➔Q4508_02 ➔Q4510
M_A	4508	Now I would like to see statistics for minor surgical procedures for the past 12 completed months. If these are compiled separately, I would like the numbers separately for paediatric patients and for adults. IF THERE IS A COMPILED REPORT FOR THE MOST RECENT REPORTING YEAR THESE NUMBERS CAN BE USED. IF THERE IS NO RECENT COMPILED ANNUAL REPORT, MANUALLY COMPILE DATA FROM MONTHLY REPORTS FOR THE MOST RECENT 12 MONTHS. THEN CONFIRM THE NUMBER OF MONTHS INCLUDED IN THE COMPILED STATISTICS.	(A) NUMBER	(B) MONTHS OF DATA		
M_A	01	Total minor surgical procedures for paediatric patients? (< 15 YEARS IF DATA AVAILABLE)	— — — — DON'T KNOW ....9998 ➔02 NONE................................0000	— —		
M_A	02	Total minor surgical procedures for adults (OR ADULT AND PAEDIATRIC IF STATISTICS ARE COMBINED)	— — — — DON'T KNOW ..9998 ➔Q4509 NONE................................0000	— —		
M_A	4509	What were the five most frequent minor surgical procedures performed for adults (or combined adult and paediatric patients) for [THE LAST COMPLETE REPORTING YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF ADULT OR COMBINED ADULT AND PAEDIATRIC PATIENTS RECEIVING MINOR SURGICAL PROCEDURES. NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.	(A) SURGICAL PROCEDURE INFORMATION AVAILABLE YES	NO	(B) RECORD SURGICAL PROCEDURE	
M_A	01	MINOR SURGICAL PROCEDURE NO. 1	1 ➔B	2 ➔Q4510		

Mod/Ind	No.	Question	Result		Skip
			(A) SURGICAL PROCEDURE INFORMATION AVAILABLE	(B) RECORD SURGICAL PROCEDURE	
			YES	NO	
M_A	02	MINOR SURGICAL PROCEDURE NO. 2	1 ➜B	2 ➜Q4510	
M_A	03	MINOR SURGICAL PROCEDURE NO. 3	1 ➜B	2 ➜Q4510	
M_A	04	MINOR SURGICAL PROCEDURE NO. 4	1 ➜B	2 ➜Q4510	
M_A	05	MINOR SURGICAL PROCEDURE NO. 5	1 ➜B	2 ➜Q4510	
		16.3.2. DELIVERY AND NEWBORN SERVICES			
M_C	4510	Does this facility offer delivery services?	YES... 1 NO 2		➜Q4512
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR DELIVERY AND NEWBORN SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.			
M_C	4511	Now I would like to see statistics for the following delivery and newborn care outcomes for the past 12 completed months. ASK FOR THE TOTAL NUMBER OF EACH OF THE FOLLOWING OUTCOMES IN THE PAST 12 MONTHS FOR WHICH COMPILED INFORMATION EXISTS. IF THERE IS NOT 12 MONTHS' INFORMATION AVAILABLE, COLLECT THE INFORMATION FOR THE NUMBER OF MONTHS THAT ARE AVAILABLE.	(A) NUMBER	(B) MONTHS OF DATA	
M_C	01	Deliveries (vaginal)	VAGINAL DELIVERIES — — — — NO COMPILED STATISTICS/ DON'T KNOW ....9998 ➜02	— —	
M_C	02	Deliveries (caesarean section)	C-SECTIONS — — — NO COMPILED STATISTICS/ DON'T KNOW ....998 ➜03 NO CAESAREAN SECTION SERVICES...........................995 ➜03	— —	
M_C	03	Live births	LIVE BIRTHS — — — — NO COMPILED STATISTICS/ DON'T KNOW .... 9998 ➜04	— —	

Mod/Ind	No.	Question	Result		Skip
			(A) NUMBER	**(B)** MONTHS OF DATA	
M_C	04	Maternal deaths	MATERNAL DEATHS — — NO COMPILED STATISTICS/ DON'T KNOW ....98 ➔05 NO MATERNAL DEATHS...............................95 ➔05	— —	
M_C	05	Stillbirths (fresh)	STILLBIRTHS — — — — NO COMPILED STATISTICS/ DON'T KNOW ....998 ➔06	— —	
M_C	06	Stillbirths (macerated)	STILLBIRTHS — — — NO COMPILED STATISTICS/ DON'T KNOW ....998 ➔07	— —	
M_C	07	Stillbirths (don't know fresh or macerated)	STILLBIRTHS — — — NO COMPILED STATISTICS/ DON'T KNOW ....998 ➔08	— —	
M_C	08	Neonatal deaths (live births died within first 28 days of life)	NEONATAL DEATHS — — — NO COMPILED STATISTICS/ DON'T KNOW ....998 ➔Q4512	— —	
		16.3.3. POST-ABORTION CARE SERVICE STATISTICS			
M_A	4512	Does this facility offer post-abortion care (PAC) procedures as either an outpatient or inpatient service?	YES... 1 NO 2		➔Q4514
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR POST-ABORTION CARE SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.			
M_A	4513	Now I would like to see statistics for the following post-abortion care outcomes for the past 12 completed months. IF DATA ARE NOT COMPILED, GO TO SERVICE REGISTERS FOR THIS INFORMATION. USE THE MOST RECENT 12 COMPLETED MONTHS OR THE MOST RECENT COMPILED REPORTS FOR 12 MONTHS.	**(A)** NUMBER	**(B)** MONTHS OF DATA	
M_A	01	How many outpatient PAC procedures were performed during the past 12 completed months?	OUTPATIENT PAC PROCEDURES — — — NONE ....000 DON'T KNOW ....998 ➔02	— —	
M_A	02	How many outpatient PAC procedures are recorded as performed due to incomplete abortion during the past 12 completed months?	OUTPATIENT PAC FOR INCOMPLETE ABORTION — — — NONE ....000 DON'T KNOW ....998 ➔03	— —	

Mod/Ind	No.	Question	Result			Skip
			(A) NUMBER	(B) MONTHS OF DATA		
M_A	03	How many inpatient PAC procedures were performed during the past 12 completed months?	INPATIENT PAC — — — NONE ....000 DON'T KNOW .... 998 ➔04	— —		
M_A	04	How many inpatient PAC procedures are recorded as performed due to incomplete abortion during the past 12 completed months?	INPATIENT PAC FOR INCOMPLETE ABORTION — — — NONE ....000 DON'T KNOW ....998 ➔Q4514	— —		
		16.3.4. EMERGENCY UNIT INFORMATION				
M_C	4514	Does this facility have a dedicated emergency unit?	YES... 1 NO 2			➔Q4517
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR EMERGENCY CARE SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.				

Mod/Ind	No.	Question	(A) MOST RECENT REPORTING MONTH	(B) SECOND MOST RECENT REPORTING MONTH	(C) THIRD MOST RECENT REPORTING MONTH	Skip
M_C	4515	Now I would like to see statistics for emergency unity patient visits for the three most recent reporting months. How many emergency unit patient visits were there in each of the last three most recent reporting months?	— — — DON'T KNOW......... 998	— — — DON'T KNOW 998	— — — DON'T KNOW 998	

Mod/Ind	No.	Question	Result	Skip
M_C	4516	How many emergency service patient visits were there in the past full year? USE THE MOST RECENT 12 COMPLETED MONTHS OR THE MOST RECENT COMPILED REPORTS FOR 12 MONTHS.	(a) TOTAL EMERGENCY SERVICE PATIENT VISITS PAST YEAR — — — — DON'T KNOW ....9998 ➔Q4517 (b) NUMBER OF MONTHS INCLUDED IN EMERGENCY SERVICE STATISTICS — —	
		16.3.5. OUTPATIENT SERVICE STATISTICS		
M_C	4517	Are statistics compiled on numbers of clients receiving outpatient consultation services for curative care? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC ADMISSIONS ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC SURGICAL INFORMATION.	YES, ADULT AND PAEDIATRIC OUTPATIENT STATISTICS ARE REPORTED SEPARATELY .... 1 REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC OUTPATIENTS .... 2 NO, ADULT AND PAEDIATRIC STATISTICS ARE COMBINED .... 3 NO COMPILED STATISTICS FOR OUTPATIENT CONSULTATION SERVICES .... 4 NO OUTPATIENT SERVICES 5	 ➔Q4518_02 ➔Q4518_02 ➔Q4519 ➔Q4519
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR OUTPATIENT SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.		

Mod/Ind	No.	Question	Result		Skip
M_C	4518	Now I would like to see statistics for the following outpatient services for the past 12 completed months.	(A) NUMBER	(B) MONTHS OF DATA	
M_C	01	Total paediatric outpatient consultation visits for curative care USE THE MOST RECENT 12 COMPLETED MONTHS OR THE MOST RECENT COMPILED REPORTS FOR 12 MONTHS.	PAEDIATRIC OUTPATIENT VISITS — — — — DON'T KNOW ....9998 ➜02	— —	
M_C	02	Total outpatient consultation visits for adults (or adults and paediatric combined) curative care USE THE MOST RECENT 12 COMPLETED MONTHS OR THE MOST RECENT COMPILED REPORTS FOR 12 MONTHS.	OUTPATIENT VISITS — — — — DON'T KNOW ....9998 ➜Q4519	— —	
		16.3.6. NEGLECTED TROPICAL DISEASES (NTDs)			
M_A	4519	Is information on patients who receive service for different neglected tropical diseases reported in HMIS reports? IF NOT, ASK: Is information on patients and visits for different neglected tropical diseases recorded in a register where numbers can be easily collated?	YES, HMIS REPORTS.. 1 YES, SERVICE REGISTER, BUT NOT HMIS REPORT............. 2 INFORMATION NOT AVAILABLE .... 3 NO SERVICES FOR NTDs.. 4		➜Q4526 ➜Q4526
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR NEGLECTED TROPICAL DISEASES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE. WE ARE INTERESTED IN THE NUMBER OF DIFFERENT PATIENTS UNDER TREATMENT. IF THIS INFORMATION IS NOT EASILY AVAILABLE RECORD THE NUMBER OF VISITS FOR THE SPECIFIC SERVICE.			
M_A	4520	Now I would like to see statistics for neglected tropical disease services for the past 12 completed months. CHECK COMPILED REPORTS OR SERVICE REGISTER FOR THE PAST 12 COMPLETED MONTHS.	(A) NUMBER OF **INDIVIDUAL PATIENTS** RECEIVING SERVICES [EACH PATIENT IS RECORDED ONCE]	(B) NUMBER OF VISITS FOR THE SERVICE [MAY INCLUDE MULTIPLE VISITS FROM ONE PATIENT]	(C) MONTHS OF DATA
M_A	01	Lymphoedema	— — — — ....➜C DON'T KNOW ....9998 ➜B NOT APPLICABLE ....9995 ➜02	— — — — ....➜C NOT APPLICABLE ......9995 ➜02	— —
M_A	02	Any soil transmitted helminths (hook or pin worm, round worms)	— — — — ....➜C DON'T KNOW ....9998 ➜B NOT APPLICABLE ....9995 ➜03	— — — — ....➜C DON'T KNOW ....9998 ➜03	— —

Mod/Ind	No.	Question	Result			Skip
			(A) NUMBER OF **INDIVIDUAL PATIENTS** RECEIVING SERVICES [EACH PATIENT IS RECORDED ONCE]	(B) NUMBER OF VISITS FOR THE SERVICE [MAY INCLUDE MULTIPLE VISITS FROM ONE PATIENT]	(C) MONTHS OF DATA	
M_A	03	Schistosomiasis	__ __ __ __ ....➔C DON'T KNOW .... 9998 ➔B NOT APPLICABLE .... 9995 ➔04	__ __ __ __ ....➔C DON'T KNOW .... 9998 ➔04	__ __	
M_A	04	Trachoma	__ __ __ __ .... ➔C DON'T KNOW .... 9998 ➔B NOT APPLICABLE .... 9995 ➔05	__ __ __ __ ....➔C DON'T KNOW .... 9998 ➔05	__ __	
M_A	05	Onchocerciasis	__ __ __ __ .... ➔C DON'T KNOW .... 9998 ➔B NOT APPLICABLE .... 9995 ➔06	__ __ __ __ ....➔C DON'T KNOW .... 9998 ➔06	__ __	
M_A	06	Lymphatic filariasis	__ __ __ __ .... ➔C DON'T KNOW .... 9998 ➔B NOT APPLICABLE .... 9995 ➔07	__ __ __ __ ....➔C DON'T KNOW .... 9998 ➔07	__ __	
M_A	07	Dengue	__ __ __ __ .... ➔C DON'T KNOW .... 9998 ➔B NOT APPLICABLE ....9995 ➔Q4521	__ __ __ __ ....➔C DON'T KNOW .... 9998 ➔Q4521	__ __	
M_A	4521	Were there any deaths reported for dengue patients in the past 12 months?	YES.. 1 NO 2			➔Q4523
M_A	4522	What was the dengue case fatality rate for the past 12 months (or the most recent annual compiled report within the past 12 months)?	PERCENTAGE .... — — — DON'T KNOW 998			
		CHECK COMPILED REPORTS OR SERVICE REGISTER FOR THE PAST 12 COMPLETED MONTHS.	(A) NUMBER OF **INDIVIDUAL PATIENTS** RECEIVING SERVICES [EACH PATIENT IS RECORDED ONCE]	(B) NUMBER OF VISITS FOR THE SERVICE [MAY INCLUDE MULTIPLE VISITS FROM ONE PATIENT]	(C) MONTHS OF DATA	
M_A	4523	Visceral leishmaniasis	__ __ __ __ ....➔C DON'T KNOW ....9998 ➔B NOT APPLICABLE .. 9995 ➔Q4526	__ __ __ __ ....➔C DON'T KNOW ...9998 ➔Q4524	__ __	
M_A	4524	Were there any deaths reported for visceral leishmaniasis patients in the past 12 months?	YES.. 1 NO 2			➔Q4526
M_A	4525	What was the visceral leishmaniasis case fatality rate for the most recent year for which data are compiled?	PERCENTAGE .... — — — DON'T KNOW 998			
		16.3.7. CANCER SERVICES				
M_A	4526	Are any cancer screening, diagnostic or treatment services for cancer offered?	YES.. 1 NO 2			➔Q4531
M_A	4527	Are there any sources for compiled cancer service data, such as HMIS reports, or sources where the data can be readily collated, such as cancer specific registers for patient services or laboratory test results?	YES.. 1 NO, CANCER PATIENT INFORMATION ONLY IN GENERAL REGISTERS .... 2 NO 3			
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR DIFFERENT CANCER RELATED SCREENING SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.				

Mod/Ind	No.	Question	Result		Skip
M_A	4528	Now I would like to see statistics for the following cancer related services for the past 12 completed months. CHECK REGISTERS OR HMIS REPORTS FOR THE PAST 12 COMPLETED MONTHS AND RECORD THE INDICATED INFORMATION	(A) NUMBER OF CASES IN PAST 12 MONTHS	(B) NUMBER OF MONTHS DATA ARE REPORTED FOR	
M_A	01	Number of colonoscopies performed	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔02 NOT APPLICABLE ....9995 ➔02	— —	
M_A	02	Number of mammograms performed	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔03 NOT APPLICABLE ....9995 ➔03	— —	
M_A	03	Number of biopsy procedures performed for any cancer	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔04 NOT APPLICABLE ....9995 ➔04	— —	
M_A	04	Number of PAP/HPV tests performed with results returned	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔05 NOT APPLICABLE ....9995 ➔05	— —	
M_A	05	Number of PAP/HPV tests with abnormal results, among those performed in prior question	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔06 NOT APPLICABLE ....9995 ➔06	— —	
M_A	06	Number of VIA/VILLI tests performed with results available	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔07 NOT APPLICABLE ....9995 ➔07	— —	
M_A	07	Number of VIA/VILLI tests with abnormal results, among those performed in prior question	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔08 NOT APPLICABLE ....9995 ➔08	— —	
M_A	08	Number of cancer patients (all types of cancer) currently under treatment	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔09 NOT APPLICABLE ....9995 ➔09	— —	
M_A	09	Number of hospital admissions for any type of cancer	__ __ __ __ .... ➔B DON'T KNOW ....9998 ➔Q4529 NOT APPLICABLE ......9995 ➔Q4529	— —	
		16.3.8. OUTCOME INDICATORS FOR PATIENTS UNDER CANCER TREATMENT			
Q_C	4529	Does this facility monitor outcome indicators for cancer services?	YES...1 NO 2		➔Q4531
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR DIFFERENT CANCER RELATED TREATMENT SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.			

Mod/Ind	No.	Question	Result				Skip
			(A) INDICATOR MONITORED		(B) MOST RECENT RATE	(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT	(D) NUMBER OF PATIENTS IN COHORT	
Q_C	4530	For each of the indicators I mention, please tell me if the facility monitors this, and if applicable, show the rate for the most recent reporting year. GO TO THE BEST LOCATION FOR COLLECTING THE INDICATED INFORMATION.	YES	NO				
Q_C	01	Mortality for patients under treatment for breast cancer [COUNTRY ADAPT]	1 ➔B	2 ➔02	— — — DON'T KNOW .... 998 ➔02			
Q_C	02	Mortality for patients under treatment for cervical cancer [COUNTRY ADAPT]	1 ➔B	2 ➔03	— — — DON'T KNOW .... 998 ➔03			
Q_C	03	Mortality for patients under treatment for colon cancer [COUNTRY ADAPT]	1 ➔B	2 ➔Q4531	— — — DON'T KNOW ..998 ➔Q4531			
		16.3.9. OUTPATIENT MATERNAL AND NEWBORN POSTNATAL CARE (PNC) SERVICES						
M_A	4531	Does this facility routinely provide postpartum or newborn care as an outpatient service for women and infants coming from home?	YES ....1 NO...2					➔Q4538
		GO TO WHERE THE PNC INFORMATION CAN BE FOUND. I would like to know about the number of women and infants who were first-visit PNC clients in the prior completed month.						
M_A	4532	Is there a register or HMIS report where routine maternal PNC client visit (days postpartum and visit number) information is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO... 3					➔Q4535 ➔Q4535
M_A	4533	During the most recent complete month, how many outpatient maternal PNC first visits occurred?	— — — — DON'T KNOW... 9998					➔Q4535
M_A	4534	During the most recent complete month, how many of the maternal PNC first visits took place within the 1st 2 days postpartum THE DAY OF BIRTH IS DAY 0.	— — — — DON'T KNOW... 9998					
M_A	4535	Is there a register where routine newborn care visit (days after birth and visit number) information is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO... 3					➔Q4538 ➔Q4538
M_A	4536	During the most recent complete month, how many newborn PNC first visits are recorded?	— — — — DON'T KNOW... 9998					➔Q4538

Mod/Ind	No.	Question	Result	Skip
M_A	4537	During the most recent complete month, how many of the newborn PNC first visits took place within the 1st 2 days postpartum THE DAY OF BIRTH IS DAY 0.	— — — — DON'T KNOW 9998	
		16.3.10. QUALITY OF CARE INDICATORS FOR IMMUNIZATION SERVICES		
		ASK WHERE INDICATORS FOR QUALITY OF IMMUNIZATION SERVICES CAN BE FOUND AND GO THERE TO COLLECT THE INFORMATION.		
Q_C	4538	Does this facility monitor any indicators for quality of immunization services?	YES .... 1 NO... 2	➔Q4542
Q_C	4539	Does the facility have guidelines for reporting adverse events that occur after immunization (adverse events following immunization (AEFI) to any authority? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO... 3	
Q_C	4540	Has this facility reported and AEFI in the past 12 months? IF YES, ASK TO SEE A REPORT.	YES, OBSERVED .... 1 YES, REPORTED, NOT SEEN .... 2 NO... 3	
Q_C	4541	Does this facility report vaccine preventable diseases to any authority? IF YES, CLARIFY IF THIS IS ONLY INCLUDED IN ROUTINE HMIS REPORTS OR IF THIS IS A SPECIAL HMIS REPORT.	YES, ROUTINE HMIS REPORT ONLY .... 1 YES, SPECIAL HMIS REPORT .... 2 NO... 3 IF YES, CLARIFY: _____	
		16.3.11. INDICATORS FOR SURGICAL SERVICES		
Q_C	4542	Does this facility monitor any specific indicators for surgical services?	YES .... 1 NO... 2 NO SURGICAL SERVICES 3	➔Q4549 ➔Q4552
		ASK THE BEST PLACE TO FIND INDICATOR INFORMATION FOR SURGICAL SERVICES, INCLUDING ADVERSE EVENTS AND DEATHS. GO TO WHERE THE INFORMATION IS KEPT. THIS WILL OFTEN BE IN THE HMIS UNIT OR MAY BE IN AN OFFICE OF SURGICAL MANAGERS.		
Q_C	4543	How often are the data compiled to calculate post-operative mortality rates that are monitored?	EVERY __ __ DAYS NO POST-OPERATIVE MORTALITY MONITORED............. 995	➔Q4545

Mod/Ind	No.	Question	(A) INDICATOR MONITORED		(B) MOST RECENT RATE	(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT	(D) NUMBER OF PATIENTS IN COHORT	Skip
Q_C	4544	For each of the surgical indicators for quality that I mention, please tell me if this facility monitors this, and, if yes, please show me any documentation that shows indicator data are compiled for monitoring.	YES	NO				
		MORTALITY RELATED TO SURGERY						
Q_C	01	Deaths prior to discharge among patients who had a procedure in a surgical theatre?	1	2 ➔02	— — — DON'T KNOW .... 998 ➔02	— —	— — — —	
Q_C	02	Deaths prior to discharge among < 15-year-old patients who had a procedure in a surgical theatre	1	2 ➔Q4545	— — — DON'T KNOW ....998 ➔Q4545	— —	— — — —	

Mod/Ind	No.	Question	Result					Skip
Q_C	4545	How often are the data compiled to calculate the patient outcome indicators that are monitored, such as post-operative infection or other complications?	EVERY __ __ DAYS NO INDICATORS OF SURGICAL PATIENT COMPLICATIONS MONITORED 995					➔Q4547
Q_C	4546	For each of the surgical indicators for quality that I mention, please tell me if this facility monitors this, and, if yes, please show me any documentation that shows indicator data are compiled for monitoring.	(A) INDICATOR MONITORED		(B) MOST RECENT RATE	(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT	(D) NUMBER OF PATIENTS IN COHORT	
			YES	NO				
		POST-OPERATIVE COMPLICATIONS						
Q_C	01	Post-operative surgical wound infection rate (SPECIFIC TO SURGICAL INCISION)	1	2 ➔02	— — — DON'T KNOW ....998 ➔02	— —	— — — —	
Q_C	02	Proportion of all surgical cases with postoperative sepsis	1	2 ➔03	— — — DON'T KNOW .... 998 ➔03	— —	— — — —	
Q_C	03	Proportion of all major surgical cases with post-operative pulmonary embolus	1	2 ➔04	— — — DON'T KNOW .... 998 ➔04	— —	— — — —	
Q_C	04	Proportion of all major surgical cases with deep vein thrombosis	1	2 ➔05	— — — DON'T KNOW .... 998 ➔05	— —	— — — —	
Q_C	05	Proportion of patients 65 or older with upper femur fracture who had surgery initiated within 2 calendar days of hospitalization?	1	2 ➔06	— — — DON'T KNOW .... 998 ➔06	— —	— — — —	
Q_C	06	Other surgical indicator _____ (SPECIFY)	1	2 ➔Q4547	— — — DON'T KNOW ....998 ➔Q4547	— —	— — — —	
Q_C	07	Other surgical indicator _____ (SPECIFY)	1	2 ➔Q4547	— — — DON'T KNOW ....998 ➔Q4547	— —	— — — —	
		16.3.12. MONITORING EFFICIENCY FOR ELECTIVE SURGICAL PROCEDURES						
M_A	4547	Does the facility monitor and report on the average inpatient waiting time for elective, that is, non-urgent surgeries such as cataracts or knee replacements? IF YES, ASK TO SEE DOCUMENTATION OF AVERAGE INPATIENT WAITING TIME FOR ANY ELECTIVE SURGERIES.	YES, OBSERVED.. 1 YES, REPORTED, NOT SEEN.................................. 2 NO 3					➔Q4549

Mod/Ind	No.	Question	Result	Skip
M_A	4548	What was the average inpatient waiting time for the most recent report specifying average length of stay (ALOS) for the following surgeries?	PRE-OPERATIVE ALOS	
M_A	01	SURGERY 1 (E.G. CATARACT SURGERY) [COUNTRY ADAPT SURGERY TYPE]	ALOS (DAYS) — — — • — NOT APPLICABLE ....95 DON'T KNOW 98	
M_A	02	SURGERY 2 (E.G. KNEE REPLACEMENT) [COUNTRY ADAPT SURGERY TYPE]	ALOS (DAYS) — — — • — NOT APPLICABLE ....95 DON'T KNOW 98	
M_A	03	SURGERY 3 [COUNTRY ADAPT SURGERY TYPE]	ALOS (DAYS) — — — • — NOT APPLICABLE ....95 DON'T KNOW 98	
		16.3.13. RESEARCH ON SURGICAL ISSUES		
Q_C	4549	Does this facility conduct any research for surgical services?	YES...1 NO 2	➜Q4552
Q_C	4550	How many ongoing research products involve children's surgery?	— — NONE 00	
Q_C	4551	How many ongoing research products involve child anaesthesia?	— — NONE 00	
		16.3.14. OUTCOME INDICATORS FOR FACILITY SERVICES		
		ASK TO GO TO WHERE OUTCOME INDICATORS FOR FACILITY SERVICES ARE KEPT. THIS WILL OFTEN BE HMIS OR A MANAGER'S OFFICE. Now I want to ask you about outcome indicators that are sometimes monitored as indicators of quality inpatient and patient follow-up services. I would like to speak with the person most familiar with quality indicators.		
		DEATHS WITHIN 30 DAYS OF ADMISSION		
Q_C	4552	Does this facility monitor deaths within 30 days of admission for any identified diagnoses?	YES...1 NO 2	➜Q4554

Mod/Ind	No.	Question	(A) INDICATOR MONITORED		(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE		Skip
			YES	NO		(C) NUMBER OF MONTHS	(D) YEAR OF INFORMATION	
Q_C	4553	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:						
Q_C	01	Deaths within 30 days of admission for [DIAGNOSIS NO. 1 COUNTRY ADAPT]	1	2 ➜02	— — — DON'T KNOW .... 998 ➜02	— —	— — — —	
Q_C	02	Deaths within 30 days of admission for [DIAGNOSIS NO. 2 COUNTRY ADAPT]	1	2 ➜03	— — — DON'T KNOW .... 998 ➜03	— —	— — — —	
Q_C	03	Deaths within 30 days of admission for [DIAGNOSIS NO. 3 COUNTRY ADAPT]	1	2 ➜Q4554	— — — DON'T KNOW ...998 ➜Q4554	— —	— — — —	

Mod/Ind	No.	Question	Result					Skip
		HOSPITAL RE-ADMISSIONS						
Q_C	4554	Does this facility monitor unplanned and unexpected hospital re-admissions for any conditions?	YES..1 NO 2					➔Q4556
Q_C	4555	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:	(A) INDICATOR MONITORED		(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE		
			YES	NO		(C) NUMBER OF MONTHS	(D) YEAR OF INFORMATION	
Q_C	01	CONDITION NO. 1 (E.G. RE-ADMISSIONS FOR ACUTE MYOCARDIAL INFARCTION [AMI]) [COUNTRY ADAPT]	1	2 ➔02	— — — DON'T KNOW ....998 ➔02	— —	— — — —	
Q_C	02	CONDITION NO. 2 (E.G. RE-ADMISSIONS FOR PNEUMONIA) [COUNTRY ADAPT]	1	2 ➔03	— — — DON'T KNOW ....998 ➔03	— —	— — — —	
Q_C	03	CONDITION NO. 3 (E.G. RE-ADMISSIONS FOR ASTHMA) [COUNTRY ADAPT]	1	2 ➔04	— — — DON'T KNOW ....998 ➔04	— —	— — — —	
Q_C	04	CONDITION NO. 4 (E.G. RE-ADMISSIONS FOR DIABETES) [COUNTRY ADAPT]	1	2 ➔Q4556	— — — DON'T KNOW ..998 ➔Q4556	— —	— — — —	
		AVOIDABLE ADMISSIONS						
Q_C	4556	Does this facility monitor admissions for conditions where quality outpatient follow-up can reduce the need for hospitalization (avoidable hospital admissions) for any conditions?	YES..1 NO 2					➔Q4558
Q_C	4557	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:	(A) INDICATOR MONITORED		(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE		
			YES	NO		(C) NUMBER OF MONTHS	(D) YEAR OF INFORMATION	
Q_C	01	CONDITION NO. 1 (E.G. CONGESTIVE HEART FAILURE) [COUNTRY ADAPT]	1	2 ➔02	— — — DON'T KNOW .... 998 ➔02	— —	— — — —	
Q_C	02	CONDITION NO. 2 (E.G. CHRONIC OBSTRUCTIVE PULMONARY DISEASES [COPD]) [COUNTRY ADAPT]	1	2 ➔03	— — — DON'T KNOW .... 998 ➔03	— —	— — — —	
Q_C	03	CONDITION NO. 3 (E.G. ASTHMA) [COUNTRY ADAPT]	1	2 ➔Q4558	— — — DON'T KNOW .998 ➔Q4558	— —	— — — —	
Q_C		**CASE FATALITY RATES**						
Q_C	4558	Does this facility monitor case fatality rates for any conditions?	YES..1 NO 2					➔Q4700

Mod/Ind	No.	Question	Result					Skip
			(A) INDICATOR MONITORED		(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE		
Q_C	4558	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:	YES	NO		(C) NUMBER OF MONTHS	(D) YEAR OF INFORMATION	
Q_C	01	Case fatality rates for HIV-infected patients	1	2 ➜02	— — — DON'T KNOW ...... 998 ➜02	— —	— — — —	
Q_C	02	Proportion of all facility deaths with HIV as a primary cause of death	1	2 ➜03	— — — DON'T KNOW ...... 998 ➜03	— —	— — — —	
Q_C	03	Case fatality rates for cancer [COUNTRY ADAPT FOR TYPE]	1	2 ➜04	— — — DON'T KNOW ...... 998 ➜04	— —	— — — —	
Q_C	04	Case fatality rates for DIAGNOSIS NO. 4 [COUNTRY ADAPT]	1	2 ➜05	— — — DON'T KNOW ...... 998 ➜05	— —	— — — —	
Q_C	05	Case fatality rates for DIAGNOSIS NO. 5 [COUNTRY ADAPT]	1	2 ➜06	— — — DON'T KNOW ...... 998 ➜06	— —	— — — —	
Q_C	06	Case fatality rates for DIAGNOSIS NO. 6 [COUNTRY ADAPT]	1	2 ➜Q4700	— — — DON'T KNOW 998 ➜Q4700	— —	— — — —	

Mod/Ind	No.	Question	Result					Skip
		17. BUILDING INFRASTRUCTURE						
		17.1. BUILDING STRUCTURE FOR GENERAL OUTPATIENT SERVICES						
		17.1.1. BUILDING STRUCTURE FOR GENERAL OUTPATIENT SERVICES						
A_AS	4700	Are general outpatient services offered in this facility? IF YES, ASK TO GO TO OUTPATIENT SERVICES.	YES ....1 NO...2					➔Q4800
		Now I would like to assess the structural condition of the building where general outpatient services are offered. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA YOU ARE ASSESSING AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE THE SERVICE LISTED IS OFFERED, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.						

Mod/Ind	No.	Question	(A) OBSERVED		(B) OVERALL CONDITION			Skip
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS						
A_AS	4701	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q4704	✕			
A_AS	4702	**MATERIALS**						
A_AS	01	CURTAINS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	4703	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR CEILING							
A_AS	4704	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2	1	2	3		
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2					
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
		INTERIOR FLOORING							
A_AS	4705	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2	1	2	3		
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2					
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR WALL FINISHING							
A_AS	4706	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	4707	ARE THERE ANY EXTERNAL DOORS?	1	2 ➜Q4710	✕				
A_AS	4708	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2	1	2	3		
A_AS	03	GLASS	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	4709	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				

Mod/Ind	No.	Question	Result					Skip
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		EXTERNAL WINDOWS						
A_AS	4710	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q4713	✕			
A_AS	4711	**MATERIALS**						
A_AS	01	NOTHING	1	2				
A_AS	02	BARS WITH NO OTHER COVER	1	2				
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3	
A_AS	04	GLASS	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				
A_AS	4712	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕			
		ROOF (EXTERNAL COVERING)						
A_AS	4713	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q4715	2	✕			
A_AS	4714	**MATERIALS**						
A_AS	01	THATCH/GRASS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	CORREGATED IRON	1	2	1	2	3	
A_AS	04	TILES OR SHINGLES	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result			Skip
		17.1.2. ACCESS FOR PERSONS WITH MOBILITY LIMITATIONS				
A_AS	4715	GO TO WHERE MOST ROUTINE OUTPATIENT CONSULTATION SERVICES ARE OFFERED AND ASSESS THE FOLLOWING FOR PERSONS WITH MOBILITY LIMITATIONS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	
A_AS	01	Is there at least one area where services can be provided to a person in a wheelchair? WHEELCHAIR ACCESS MAY BE A RAMP, LIFT OR CONSTRUCTION THAT ALLOWS WHEELCHAIRS TO BE PUSHED TO THE INDICATED SERVICE AREA AND DOORS SUFFICIENTLY WIDE FOR WHEELCHAIR ACCESS.	1	2	3	
A_AS	02	Are there grab bars on walls to help people with problems walking to access services?	1	2	3	
A_AS	03	Is there a functional toilet for disabled outpatients? This toilet would have an elevated seat and railing on at least one side to facilitate sitting and standing and space, for wheelchair access. IF YES, ASK TO SEE THE TOILET.	1	2	3 ➜Q4800	
A_AS	04	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	1	2	3	
		17.2. BUILDING STRUCTURE FOR GENERAL ADMISSIONS SERVICE AREA				
		17.2.1. BUILDING STRUCTURE FOR GENERAL ADMISSIONS SERVICE AREA				
A_AS	4800	Is there an admissions service area for this facility, i.e. where patients who are not being admitted through emergency services are processed for admission? IF YES, ASK TO GO TO THE ADMISSIONS SERVICE AREA.	YES .... 1 NO... 2			➜Q4900
		Now I would like to assess the structural condition of the building where patients who are not being admitted through the emergency service unit are processed for admissions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA YOU ARE ASSESSING AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE PATIENTS ARE PROCESSED FOR ADMISSION, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS							
A_AS	4801	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➜Q4804	✕			
A_AS	4802	**MATERIALS**						
A_AS	01	CURTAINS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	4803	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			
		INTERIOR CEILING							
A_AS	4804	**MATERIALS**						
A_AS	01	DRYWALL/PARTICLE BOARD	1	2				
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2	1	2	3	
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR FLOORING						
A_AS	4805	**MATERIALS**						
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2				
A_AS	02	CEMENT/WOOD	1	2				
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3	
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				
		INTERIOR WALL FINISHING						
A_AS	4806	**MATERIALS**						
A_AS	01	UNFINISHED	1	2				
A_AS	02	DRYWALL/PARTICLE BOARD	1	2				
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2				
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	05	FULLY TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	06	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	4807	ARE THERE ANY EXTERNAL DOORS?	1	2 ➜Q4810	✕				
		EXTERNAL DOORS							
A_AS	4808	**MATERIALS**							
A_AS	01	WOOD	1	2	1	2	3		
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	4809	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	4810	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➜Q4813	✕				
A_AS	4811	**MATERIALS**							
A_AS	01	NOTHING	1	2	1	2	3		
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2					
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	4812	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		ROOF (EXTERNAL COVERING)							
A_AS	4813	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q4815	2	✕				
A_AS	4814	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		17.2.2. ACCESS FOR PERSONS WITH MOBILITY LIMITATIONS							
A_AS	4815	GO TO THE ADMISSION SERVICE AREA AND ASSESS THE FOLLOWING FOR PERSONS WITH MOBILITY LIMITATIONS	YES, OBSERVED		YES, REPORTED, NOT SEEN	NOT AVAILABLE			
A_AS	01	Is there at least one area where services can be provided to a person in a wheelchair? WHEELCHAIR ACCESS MAY BE A RAMP, LIFT OR CONSTRUCTION THAT ALLOWS WHEELCHAIRS TO BE PUSHED TO THE INDICATED SERVICE AREA AND DOORS SUFFICIENTLY WIDE FOR WHEELCHAIR ACCESS.	1		2	3			
A_AS	02	Are there grab bars on walls to help people with problems walking to access services?	1		2	3			
A_AS	03	Is there a functional toilet for disabled emergency unit patients? This toilet would have an elevated seat and railing on at least one side to facilitate sitting and standing, and space for wheelchair access. IF YES, ASK TO SEE THE TOILET.	1		2	3 ➔Q4816			
A_AS	04	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	1		2	3			

Mod/Ind	No.	Question	Result					Skip
		17.3. BUILDING STRUCTURE FOR LABORATORY SERVICE AREA						
		17.3.1. BUILDING STRUCTURE FOR LABORATORY SERVICE AREA						
A_AS	4900	Does this facility have a laboratory? IF YES, ASK TO GO TO THE LABORATORY.	YES .... 1 NO... 2					➔Q5000
		Now I would like to take a quick walk around the laboratory service area to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE DEDICATED LABORATORY SERVICE AREA AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA DEDICATED TO WHERE LABORATORY SERVICES ARE OFFERED, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.						

Mod/Ind	No.	Question	(A) OBSERVED		(B) OVERALL CONDITION			Skip
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS						
A_AS	4901	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q4904	✕			
A_AS	4902	**MATERIALS**						
A_AS	01	CURTAINS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	4903	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR CEILING							
A_AS	4904	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2					
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2					
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
		INTERIOR FLOORING							
A_AS	4905	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result					Skip
			(A) **OBSERVED**		**(B)** **OVERALL CONDITION**			
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR WALL FINISHING						
A_AS	4906	**MATERIALS**						
A_AS	01	UNFINISHED	1	2				
A_AS	02	DRYWALL/PARTICLE BOARD	1	2				
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2				
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	06	OTHER _____ (SPECIFY)	1	2				
		EXTERNAL DOORS						
A_AS	4907	ARE THERE ANY EXTERNAL DOORS?	1	2 ➜Q4910	✕			
A_AS	4908	**MATERIALS**						
A_AS	01	WOOD	1	2				
A_AS	02	METAL	1	2	1	2	3	
A_AS	03	GLASS	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	4909	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		EXTERNAL WINDOWS							
A_AS	4910	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q4913	✕				
A_AS	4911	**MATERIALS**							
A_AS	01	NOTHING	1	2					
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3		
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	4912	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	4913	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q4915	2	✕				
A_AS	4914	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		17.3.2. ACCESS FOR PERSONS WITH MOBILITY LIMITATIONS							
A_AS	4915	Do patients receive services in the laboratory service area?	1	2 ➔Q5000	✕				

Mod/Ind	No.	Question	Result				Skip
A_AS	4916	GO TO WHERE PATIENTS RECEIVE LABORATORY SERVICES AND ASSESS THE FOLLOWING FOR PERSONS WITH MOBILITY LIMITATIONS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE		
A_AS	01	Is there at least one area where services can be provided to a person in a wheelchair? WHEELCHAIR ACCESS MAY BE A RAMP, LIFT OR CONSTRUCTION THAT ALLOWS WHEELCHAIRS TO BE PUSHED TO THE INDICATED SERVICE AREA AND DOORS SUFFICIENTLY WIDE FOR WHEELCHAIR ACCESS.	1	2	3		
A_AS	02	Are there grab bars on walls to help people with problems walking to access services?	1	2	3		
A_AS	03	Is there a functional toilet for disabled laboratory patients? This toilet would have an elevated seat and railing on at least one side to facilitate sitting and standing, and space for wheelchair access. IF YES, ASK TO SEE THE TOILET.	1	2	3 ➔Q5000		
A_AS	04	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	1	2	3		
		17.4. BUILDING STRUCTURE FOR MAIN PHARMACEUTICAL COMMODITY STORAGE AREA					
		17.4.1. BUILDING STRUCTURE FOR MAIN PHARMACEUTICAL COMMODITY STORAGE AREA					
A_AS	5000	Does this facility have a pharmacy? IF YES, ASK TO GO TO THE PHARMACY.	YES .... 1 NO.. 2				➔Q5100
		Now I would like to take a quick walk around the main pharmaceutical commodity storage area to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE MAIN PHARMACY AREA AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE WHOLE MAIN PHARMACY AREA, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED			**(B)** OVERALL CONDITION			
			YES	NO		**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS							
A_AS	5001	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5004	✖				
A_AS	5002	**MATERIALS**							
A_AS	01	CURTAINS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2		1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5003	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✖				
		INTERIOR CEILING							
A_AS	5004	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2					
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2		1	2	3	
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR FLOORING							
A_AS	5005	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		INTERIOR WALL FINISHING							
A_AS	5006	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		EXTERNAL DOORS							
A_AS	5007	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5010	✕				
A_AS	5008	**MATERIALS**							
A_AS	01	WOOD	1	2	1	2	3		
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5009	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	5010	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5013	✕				
A_AS	5011	**MATERIALS**							
A_AS	01	NOTHING	1	2	1	2	3		
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2					
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5012	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
A_AS	5013	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5015	2	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		ROOF (EXTERNAL COVERING)							
A_AS	5014	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		17.4.2. ACCESS FOR PERSONS WITH MOBILITY LIMITATIONS							
A_AS	5015	Do patients receive services in the pharmacy service area?	1	2 ➜Q5100	✕				
A_AS	5016	GO TO WHERE WALK-IN PATIENTS SEEKING EMERGENCY SERVICES GO AND ASSESS THE FOLLOWING FOR PERSONS WITH MOBILITY LIMITATIONS	YES, OBSERVED		YES, REPORTED, NOT SEEN	NOT AVAILABLE			
A_AS	01	Is there at least one area where services can be provided to a person in a wheelchair? WHEELCHAIR ACCESS MAY BE A RAMP, LIFT OR CONSTRUCTION THAT ALLOWS WHEELCHAIRS TO BE PUSHED TO THE INDICATED SERVICE AREA AND DOORS SUFFICIENTLY WIDE FOR WHEELCHAIR ACCESS.	1		2	3			
A_AS	02	Are there grab bars on walls to help people with problems walking to access services?	1		2	3			
A_AS	03	Is there a functional toilet for disabled pharmacy patients? This toilet would have an elevated seat and railing on at least one side to facilitate sitting and standing, and space for wheelchair access. IF YES, ASK TO SEE THE TOILET.	1		2	3 ➜Q5100			
A_AS	04	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	1		2	3			

Mod/Ind	No.	Question	Result					Skip
		17.5. BUILDING STRUCTURE FOR EMERGENCY WALK-IN SERVICES						
		17.5.1. BUILDING STRUCTURE FOR EMERGENCY WALK-IN SERVICES						
A_AS	5100	Does this facility have a room or unit where patients from outside the facility receive emergency services? IF YES, ASK TO GO TO THE MAIN EMERGENCY SERVICES AREA.	YES .... 1 NO.. 2					➔Q5200
		Now I would like to take a quick walk around the emergency services area to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA WHERE EMERGENCY WALK-IN SERVICES ARE OFFERED AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE THE EMERGENCY SERVICES ARE OFFERED, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.						

Mod/Ind	No.	Question	(A) OBSERVED		(B) OVERALL CONDITION			Skip
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS						
A_AS	5101	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5104	✕			
A_AS	5102	**MATERIALS**						
A_AS	01	CURTAINS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	5103	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result					Skip
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR CEILING						
A_AS	5104	**MATERIALS**						
A_AS	01	DRY WALL/PARTICLE BOARD	1	2	1	2	3	
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2				
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				
		INTERIOR FLOORING						
A_AS	5105	**MATERIALS**						
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2	1	2	3	
A_AS	02	CEMENT/WOOD	1	2				
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2				
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR WALL FINISHING						
A_AS	5106	**MATERIALS**						
A_AS	01	UNFINISHED	1	2				
A_AS	02	DRYWALL/PARTICLE BOARD	1	2				
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2				
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	06	OTHER _____ (SPECIFY)	1	2				
		EXTERNAL DOORS						
A_AS	5107	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5110	✕			
A_AS	5108	**MATERIALS**						
A_AS	01	WOOD	1	2				
A_AS	02	METAL	1	2				
A_AS	03	GLASS	1	2	1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	5109	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕			
		EXTERNAL WNDOWS						
A_AS	5110	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5113	✕			

Mod/Ind	No.	Question	Result					Skip
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
A_AS	5111	**MATERIALS**						
A_AS	01	NOTHING	1	2	1	2	3	
A_AS	02	BARS WITH NO OTHER COVER	1	2				
A_AS	03	WOODEN SHUTTERS	1	2				
A_AS	04	GLASS	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				
A_AS	5112	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕			
		ROOF (EXTERNAL COVERING)						
A_AS	5113	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5115	2	✕			
A_AS	5114	**MATERIALS**						
A_AS	01	THATCH/GRASS	1	2	1	2	3	
A_AS	02	WOOD	1	2				
A_AS	03	CORREGATED IRON	1	2				
A_AS	04	TILES OR SHINGLES	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result				Skip
		17.5.2. ACCESS FOR PERSONS WITH MOBILITY LIMITATIONS					
A_AS	5115	GO TO WHERE WALK-IN PATIENTS SEEKING EMERGENCY SERVICES GO AND ASSESS THE FOLLOWING FOR PERSONS WITH MOBILITY LIMITATIONS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	
A_AS	01	Is there at least one area where services can be provided to a person in a wheelchair? WHEELCHAIR ACCESS MAY BE A RAMP, LIFT OR CONSTRUCTION THAT ALLOWS WHEELCHAIRS TO BE PUSHED TO THE INDICATED SERVICE AREA AND DOORS SUFFICIENTLY WIDE FOR WHEELCHAIR ACCESS.	1	2	3	
A_AS	02	Are there grab bars on walls to help people with problems walking to access services?	1	2	3	
A_AS	03	Is there a functional toilet for disabled emergency unit patients? This toilet would have an elevated seat and railing on at least one side to facilitate sitting and standing, and space for wheelchair access. IF YES, ASK TO SEE THE TOILET.	1	2	3 ➔Q5200	
A_AS	04	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	1	2	3	
		17.6. BUILDING STRUCTURE FOR SURGICAL SERVICES					
		17.6.1. BUILDING STRUCTURE FOR SURGICAL SERVICES					
A_AS	5200	Does this facility have a surgical service area? IF YES, ASK TO GO TO THE MAIN SURGICAL SERVICE AREA.	YES .... 1 NO... 2			➔Q5300
		Now I would like to take a quick walk around the surgical service area to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA WHERE SURGICAL SERVICES ARE OFFERED AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE SURGICAL SERVICES ARE OFFERED, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS							
A_AS	5201	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5204	✕				
A_AS	5202	**MATERIALS**							
A_AS	01	CURTAINS	1	2	1	2	3		
A_AS	02	WOOD	1	2					
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5203	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕				
		INTERIOR CEILING							
A_AS	5204	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2	1	2	3		
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2					
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR FLOORING							
A_AS	5205	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
		INTERIOR WALL FINISHING							
A_AS	5206	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5207	ARE THERE ANY EXTERNAL DOORS?	1	2 ➜Q5210	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5208	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5209	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WNDOWS							
A_AS	5210	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5213	✕				
A_AS	5211	**MATERIALS**							
A_AS	01	NOTHING	1	2					
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3		
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5212	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	5213	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5300	2	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5214	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

17.7. BUILDING STRUCTURE FOR OPERATING THEATRE

17.7.1. BUILDING STRUCTURE FOR OPERATING THEATRE

Mod/Ind	No.	Question	Result	Skip
A_AS	5300	ASK HOW MANY OPERATING THEATRES ARE NOT IN USE AT THIS TIME AND RANDOMLY SELECT ONE TO ASSESS. IF NO OPERATING THEATRE IS AVAILABLE NOW, YOU MUST RETURN TO ASSESS ONE.	YES .... 1 NO.. 2	➜Q5400
		Now I would like to take a quick walk around the operating theatre to record information about the room conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE ROOM STRUCTURE. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.	

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS							
A_AS	5301	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5304	✕				
A_AS	5302	**MATERIALS**							
A_AS	01	CURTAINS	1	2	1	2	3		
A_AS	02	WOOD	1	2					
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5303	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕				
		INTERIOR CEILING							
A_AS	5304	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2	1	2	3		
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2					
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR FLOORING							
A_AS	5305	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		INTERIOR WALL FINISHING							
A_AS	5306	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5307	ARE THERE ANY EXTERNAL DOORS?	1	2 ➜Q5310	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5308	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5309	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	5310	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5313	✕				
A_AS	5311	**MATERIALS**							
A_AS	01	NOTHING	1	2					
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3		
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5312	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	5313	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5400	2	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5314	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5315	Is the airflow system positive pressure?	1	2	✕				

		17.8. BUILDING STRUCTURE FOR DELIVERY SERVICES			
		17.8.1. BUILDING STRUCTURE FOR DELIVERY SERVICES			
A_AS	5400	Does this facility have a room or unit where delivery services are provided? IF YES, ASK TO GO TO THE MAIN DELIVERY SERVICES AREA.	YES .... 1 NO.. 2		➔Q5500
		Now I would like to take a quick walk around the delivery services area to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA WHERE DELIVERY SERVICES ARE OFFERED AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE DELIVERY SERVICES ARE OFFERED, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS							
A_AS	5401	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5404	✖				
A_AS	5402	**MATERIALS**							
A_AS	01	CURTAINS	1	2	1	2	3		
A_AS	02	WOOD	1	2					
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5403	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✖				
		INTERIOR CEILING							
A_AS	5404	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2	1	2	3		
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2					
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR FLOORING							
A_AS	5405	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		INTERIOR WALL FINISHING							
A_AS	5406	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5407	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5410	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5408	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5409	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	5410	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5413	✕				
A_AS	5411	**MATERIALS**							
A_AS	01	NOTHING	1	2					
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3		
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5412	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	5413	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5500	2	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
A_AS	5414	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

17.9. BUILDING STRUCTURE FOR INPATIENT WARDS

17.9.1. SURGICAL PATIENT WARD

Mod/Ind	No.	Question	Result	Skip
A_AS	5500	Does this facility have a surgical inpatient ward? IF NOT, ASK: Does this facility have a medical inpatient ward? IF YES, ASK HOW MANY UNITS AND RANDOMLY SELECT ONE TO ASSESS.	YES, SURGICAL WARD .... 1 YES, MEDICAL WARD .... 2 NO.. 3	➔Q5514
		Now I would like to take a quick walk around this ward or unit to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE WARD OR UNIT AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL WARD OR UNIT SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE WARD OR UNIT. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.	

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS						
A_AS	5501	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5504	✕			
A_AS	5502	**MATERIALS**						
A_AS	01	CURTAINS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	5503	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			
		INTERIOR CEILING						
A_AS	5504	**MATERIALS**						
A_AS	01	DRYWALL/PARTICLE BOARD	1	2				
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2	1	2	3	
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result					Skip
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR FLOORING						
A_AS	5505	**MATERIALS**						
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2	1	2	3	
A_AS	02	CEMENT/WOOD	1	2				
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2				
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				
		INTERIOR WALL FINISHING						
A_AS	5506	**MATERIALS**						
A_AS	01	UNFINISHED	1	2	1	2	3	
A_AS	02	DRYWALL/PARTICLE BOARD	1	2				
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2				
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	06	OTHER _____ (SPECIFY)	1	2				
		EXTERNAL DOORS						
A_AS	5507	ARE THERE ANY EXTERNAL DOORS?	1	2 ➜Q5510	✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5508	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5509	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	5510	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5613	✕				
A_AS	5511	**MATERIALS**							
A_AS	01	NOTHING	1	2					
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3		
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5512	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	5513	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5515	2	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5514	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		17.9.2. POSTPARTUM/DELIVERY WARD/UNIT							
A_AS	5515	Does this facility have a postpartum room or unit where postpartum women stay? IF YES, ASK TO GO TO THE MAIN POSTPARTUM WARD.	YES .... 1 NO 2						➔Q5530
		Now I would like to take a quick walk around this ward or unit to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE WARD OR UNIT AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL WARD OR UNIT SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE WARD OR UNIT. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.							
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS							
A_AS	5516	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5519	✕				
A_AS	5517	**MATERIALS**							
A_AS	01	CURTAINS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5518	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕				
		INTERIOR CEILING							
A_AS	5519	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2	1	2	3		
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2					
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
		INTERIOR FLOORING							
A_AS	5520	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2	1	2	3		
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2					
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR WALL FINISHING							
A_AS	5521	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5522	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5525	✕				
A_AS	5523	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2	1	2	3		
A_AS	03	GLASS	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5524	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	5525	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5528	✕				
A_AS	5526	**MATERIALS**							
A_AS	01	NOTHING	1	2	1	2	3		
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2					
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5527	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	5528	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5530	2	✕				
A_AS	5529	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2	1	2	3		
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2					
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result					Skip
		17.9.3. PAEDIATRIC WARD						
A_AS	5530	Does this facility have a paediatric ward? IF YES, ASK TO GO TO THE MAIN PAEDIATRIC WARD.	YES...1 NO 2					➔Q5545
		Now I would like to take a quick walk around this ward or unit to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE WARD OR UNIT AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL WARD OR UNIT SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE WARD OR UNIT. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.						
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS						
A_AS	5531	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5534	✕			
A_AS	5532	**MATERIALS**						
A_AS	01	CURTAINS	1	2	1	2	3	
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	5533	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR CEILING							
A_AS	5534	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2					
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2	1	2	3		
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
		INTERIOR FLOORING							
A_AS	5535	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR WALL FINISHING							
A_AS	5536	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5537	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5540	✕				
A_AS	5538	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5539	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				

Mod/Ind	No.	Question	Result		(B) OVERALL CONDITION			Skip
			(A) OBSERVED		ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
			YES	NO				
		EXTERNAL WINDOWS						
A_AS	5540	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5543	✕			
A_AS	5541	**MATERIALS**						
A_AS	01	NOTHING	1	2				
A_AS	02	BARS WITH NO OTHER COVER	1	2				
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3	
A_AS	04	GLASS	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				
A_AS	5542	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕			
		ROOF (EXTERNAL COVERING)						
A_AS	5543	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5545	2	✕			
A_AS	5544	**MATERIALS**						
A_AS	01	THATCH/GRASS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	CORREGATED IRON	1	2	1	2	3	
A_AS	04	TILES OR SHINGLES	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result		Skip
		17.9.4. INTENSIVE CARE UNIT			
A_AS	5545	Does this facility have an intensive care room or unit? IF YES, ASK TO GO TO THE INTENSIVE CARE UNIT.	YES .... 1 NO.. 2		➔Q5600
		Now I would like to take a quick walk around this ward or unit to record information about the building conditions. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE WARD OR UNIT AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL WARD OR UNIT SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE WARD OR UNIT. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.			

Mod/Ind	No.	Question	(A) OBSERVED		(B) OVERALL CONDITION			Skip
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS						
A_AS	5546	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5549	✕			
A_AS	5547	**MATERIALS**						
A_AS	01	CURTAINS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3	
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	5548	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR CEILING							
A_AS	5549	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2					
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2	1	2	3		
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
		INTERIOR FLOORING							
A_AS	5550	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR WALL FINISHING							
A_AS	5551	**MATERIALS**							
A_AS	01	UNFINISHED	1	2	1	2	3		
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5552	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5555	✕				
A_AS	5553	**MATERIALS**							
A_AS	01	WOOD	1	2	1	2	3		
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5554	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	5555	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5558	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5556	**MATERIALS**							
A_AS	01	NOTHING	1	2					
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3		
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5557	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	5558	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5600	2	✕				
A_AS	5559	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2	1	2	3		
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		17.10. BUILDING STRUCTURE FOR DENTAL SERVICES							
		17.10.1. BUILDING STRUCTURE FOR DENTAL SERVICES							
A_AS	5600	Are dental services offered in this facility? IF YES, ASK TO GO TO DENTAL SERVICES.	YES .... 1 NO.. 2						➔Q5700

Mod/Ind	No.	Question	Result					Skip
		Now I would like to assess the structural condition of the building where dental services are offered. If dental services are offered in different locations for outpatients and for inpatients, please take me to where the dental services are offered for inpatient services. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA YOU ARE ASSESSING AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE DENTAL SERVICES ARE OFFERED, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.						
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS						
A_AS	5601	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5604	✕			
A_AS	5602	**MATERIALS**						
A_AS	01	CURTAINS	1	2	1	2	3	
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	5603	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result					Skip
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		INTERIOR CEILING						
A_AS	5604	**MATERIALS**						
A_AS	01	DRYWALL/PARTICLE BOARD	1	2	1	2	3	
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2				
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				
		INTERIOR FLOORING						
A_AS	5605	**MATERIALS**						
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2	1	2	3	
A_AS	02	CEMENT/WOOD	1	2				
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2				
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR WALL FINISHING							
A_AS	5606	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5607	ARE THERE ANY EXTERNAL DOORS?	1	2 ➜Q5610	✕				
A_AS	5608	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5609	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		EXTERNAL WINDOWS							
A_AS	5610	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5613	✕			
A_AS	5611	**MATERIALS**						
A_AS	01	NOTHING	1	2				
A_AS	02	BARS WITH NO OTHER COVER	1	2				
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3	
A_AS	04	GLASS	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				
A_AS	5612	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕			
		ROOF (EXTERNAL COVERING)							
A_AS	5613	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1	2 ➔Q5615	✕			
A_AS	5614	**MATERIALS**						
A_AS	01	THATCH/GRASS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	CORREGATED IRON	1	2	1	2	3	
A_AS	04	TILES OR SHINGLES	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result			Skip
		17.10.2. ACCESS FOR PERSONS WITH MOBILITY LIMITATIONS				
A_AS	5615	GO TO WHERE DENTAL SERVICES ARE OFFERED AND ASSESS THE FOLLOWING FOR PERSONS WITH MOBILITY LIMITATIONS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	
A_AS	01	Is there at least one area where services can be provided to a person in a wheelchair? WHEELCHAIR ACCESS MAY BE A RAMP, LIFT OR CONSTRUCTION THAT ALLOWS WHEELCHAIRS TO BE PUSHED TO THE INDICATED SERVICE AREA AND DOORS SUFFICIENTLY WIDE FOR WHEELCHAIR ACCESS.	1	2	3	
A_AS	02	Are there grab bars on walls to help people with problems walking to access services?	1	2	3	
A_AS	03	Is there a functional toilet for disabled outpatients? This toilet would have an elevated seat and railing on at least one side to facilitate sitting and standing, and space for wheelchair access. IF YES, ASK TO SEE THE TOILET.	1	2	3 ➜Q5700	
A_AS	04	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	1	2	3	
		17.11. BUILDING STRUCTURE FOR PHYSICAL THERAPY SERVICES				
		17.11.1. BUILDING STRUCTURE FOR PHYSICAL THERAPY SERVICES				
A_AS	5700	Are physical therapy services offered in this facility? IF YES, ASK TO GO TO PHYSICAL THERAPY SERVICES.	YES .... 1 NO.. 2			➜Q5800
		Now I would like to assess the structural condition of the building where physical therapy services are offered. If physical therapy services are offered in different locations for outpatients and for inpatients, please take me to where the physical therapy services are offered for inpatient services. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA YOU ARE ASSESSING AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE PHYSCIAL THERAPY SERVICES ARE OFFERED, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR DOORS/DIVIDERS BETWEEN ROOMS							
A_AS	5701	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5704	✕				
A_AS	5702	**MATERIALS**							
A_AS	01	CURTAINS	1	2					
A_AS	02	WOOD	1	2					
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5703	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕				
		INTERIOR CEILING							
A_AS	5704	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2					
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2	1	2	3		
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR FLOORING							
A_AS	5705	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
		INTERIOR WALL FINISHING							
A_AS	5706	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5707	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5710		✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
A_AS	5708	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2					
A_AS	03	GLASS	1	2	1	2	3		
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5709	ASK: Can all external doors be locked and secured from outside entry?	1	2	✕				
		EXTERNAL WINDOWS							
A_AS	5710	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5713	✕				
A_AS	5711	**MATERIALS**							
A_AS	01	NOTHING	1	2					
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2	1	2	3		
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5712	ASK: Can all external windows be locked and secured from outside entry?	1	2	✕				
		ROOF (EXTERNAL COVERING)							
A_AS	5713	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5715	2	✕				

Mod/Ind	No.	Question	Result					Skip
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
A_AS	5714	**MATERIALS**						
A_AS	01	THATCH/GRASS	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	CORREGATED IRON	1	2	1	2	3	
A_AS	04	TILES OR SHINGLES	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				
		17.11.2. ACCESS FOR PERSONS WITH MOBILITY LIMITATIONS						
A_AS	5715	GO TO WHERE PHYSICAL THERAPY SERVICES ARE OFFERED AND ASSESS THE FOLLOWING FOR PERSONS WITH MOBILITY LIMITATIONS	YES, OBSERVED		YES, REPORTED, NOT SEEN		NOT AVAILABLE	
A_AS	01	Is there at least one area where services can be provided to a person in a wheelchair? WHEELCHAIR ACCESS MAY BE A RAMP, LIFT OR CONSTRUCTION THAT ALLOWS WHEELCHAIRS TO BE PUSHED TO THE INDICATED SERVICE AREA AND DOORS SUFFICIENTLY WIDE FOR WHEELCHAIR ACCESS.	1		2		3	
A_AS	02	Are there grab bars on walls to help people with problems walking to access services?	1		2		3	
A_AS	03	Is there a functional toilet for disabled physical therapy patients? This toilet would have an elevated seat and railing on at least one side to facilitate sitting and standing, and space for wheelchair access. IF YES, ASK TO SEE THE TOILET.	1		2		3 ➜Q5800	
A_AS	04	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	1		2		3	

		17.12. BUILDING STRUCTURE FOR MORTUARY						
		17.12.1. BUILDING STRUCTURE FOR MORTUARY						
A_AS	5800	Does this facility have a mortuary? IF YES, ASK TO GO TO THE MORTUARY.	YES .... 1 NO.. 2					➔Q5900
		Now I would like to assess the structural condition of the mortuary. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA YOU ARE ASSESSING AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL MORTUARY AREA, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE MORTUARY AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.						
			(A) OBSERVED		(B) OVERALL CONDITION			
			YES	NO	**ALL GOOD** (MINOR OR NO REPAIRS NEEDED)	**AT LEAST ONE MEDIUM SIZE PROBLEM** (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	**AT LEAST ONE MAJOR PROBLEM** (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
A_AS	5801	**INTERIOR DOORS/DIVIDERS BETWEEN ROOMS**						
A_AS	01	ARE THERE ANY INTERIOR DOORS OR DIVIDERS?	1	2 ➔Q5804	✕			
A_AS	5802	**MATERIALS**						
A_AS	01	CURTAINS	1	2	1	2	3	
A_AS	02	WOOD	1	2				
A_AS	03	METAL/GLASS OR OTHER ITEM THAT IS CLEANABLE	1	2				
A_AS	04	OTHER _____ (SPECIFY)	1	2				
A_AS	5803	ASK: Can all interior doors be locked and secured from outside entry?	1	2	✕			

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR CEILING							
A_AS	5804	**MATERIALS**							
A_AS	01	DRYWALL/PARTICLE BOARD	1	2					
A_AS	02	CEMENT/PLASTER/ WOOD/FINISHED CEILING	1	2	1	2	3		
A_AS	03	TILE/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
		INTERIOR FLOORING							
A_AS	5805	**MATERIALS**							
A_AS	01	EARTH/DUNG/ UNFINISHED	1	2					
A_AS	02	CEMENT/WOOD	1	2					
A_AS	03	COVERED WITH PLASTIC OR OTHER REMOVABLE COVER	1	2	1	2	3		
A_AS	04	TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		INTERIOR WALL FINISHING							
A_AS	5806	**MATERIALS**							
A_AS	01	UNFINISHED	1	2					
A_AS	02	DRYWALL/PARTICLE BOARD	1	2					
A_AS	03	PLASTERED/CEMENT/ WOOD	1	2					
A_AS	04	HALF OR LESS TILED/TERRAZZO/ OTHER ITEM THAT IS CLEANABLE	1	2	1	2	3		
A_AS	05	FULLY TILED/ TERRAZZO/OTHER ITEM THAT IS CLEANABLE	1	2					
A_AS	06	OTHER _____ (SPECIFY)	1	2					
		EXTERNAL DOORS							
A_AS	5807	ARE THERE ANY EXTERNAL DOORS?	1	2 ➔Q5810	✗				
A_AS	5808	**MATERIALS**							
A_AS	01	WOOD	1	2					
A_AS	02	METAL	1	2	1	2	3		
A_AS	03	GLASS	1	2					
A_AS	04	OTHER _____ (SPECIFY)	1	2					
A_AS	5809	ASK: Can all external doors be locked and secured from outside entry?	1	2	✗				

Mod/Ind	No.	Question	Result						Skip
			(A) OBSERVED		(B) OVERALL CONDITION				
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)		
		EXTERNAL WINDOWS							
A_AS	5810	ARE THERE ANY EXTERNAL WINDOWS?	1	2 ➔Q5813	✖				
A_AS	5811	**MATERIALS**							
A_AS	01	NOTHING	1	2	1	2	3		
A_AS	02	BARS WITH NO OTHER COVER	1	2					
A_AS	03	WOODEN SHUTTERS	1	2					
A_AS	04	GLASS	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					
A_AS	5812	ASK: Can all external windows be locked and secured from outside entry?	1	2	✖				
		ROOF (EXTERNAL COVERING)							
A_AS	5813	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1 ➔Q5900	2	✖				
A_AS	5814	**MATERIALS**							
A_AS	01	THATCH/GRASS	1	2	1	2	3		
A_AS	02	WOOD	1	2					
A_AS	03	CORREGATED IRON	1	2					
A_AS	04	TILES OR SHINGLES	1	2					
A_AS	05	OTHER _____ (SPECIFY)	1	2					

Mod/Ind	No.	Question	Result					Skip
		17.13. ROOF OF MAIN FACILITY BUILDING						
		17.13.1. ROOF OF MAIN FACILITY BUILDING						
A_AS	5900	Is there a main facility building where most patient service areas are located? IF THERE ARE SEPARATE INPATIENT AND OUTPATIENT BUILDINGS, SELECT THE ONE WITH THE MOST INPATIENT CARE UNITS AND ASK TO GO THERE.	YES .... 1 NO... 2					➜Q6000
		Now I would like to assess the roof for the main facility building. ASK FOR A STAFF MEMBER TO ACCOMPANY YOU. IF ANOTHER PERSON IS ASSIGNED, THANK YOUR RESPONDENT AND BEGIN ASSESSING THE BUILDING STRUCTURE. TAKE A QUICK WALK AROUND THE AREA YOU ARE ASSESSING AND ANSWER THE FOLLOWING QUESTIONS. YOU ARE ASSESSING THE TOTAL AREA WHERE PATIENTS ARE PROCESSED FOR ADMISSION, SO CONDITIONS MAY BE DIFFERENT IN DIFFERENT SECTIONS OF THE SERVICE AREA. MARK "1" FOR EACH TYPE OF MATERIAL OBSERVED FOR THE BUILDING SECTION BEING ASSESSED. THEN PROVIDE ONE OVERALL ASSESSMENT FOR THE CONDITION FOR THE BUILDING SECTION BEING ASSESSED.						

Mod/Ind	No.	Question	(A) OBSERVED		(B) OVERALL CONDITION			Skip
			YES	NO	ALL GOOD (MINOR OR NO REPAIRS NEEDED)	AT LEAST ONE MEDIUM SIZE PROBLEM (COULD USE REPAIRS BUT PROBLEM NOT LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	AT LEAST ONE MAJOR PROBLEM (DEFINITELY NEEDS INTERVENTION; LARGE ENOUGH TO POTENTIALLY AFFECT SERVICES OR SITE SECURITY)	
		ROOF (EXTERNAL COVERING)						
A_AS	5901	IS SERVICE AREA IN THE MAIN FACILITY BUILDING?	1	2	✕			
A_AS	5902	**MATERIALS**						
A_AS	01	TILES OR SHINGLES	1	2				
A_AS	02	WOOD	1	2				
A_AS	03	CORREGATED IRON	1	2	1	2	3	
A_AS	04	THATCH/GRASS	1	2				
A_AS	05	OTHER _____ (SPECIFY)	1	2				

Mod/Ind	No.	Question	Result	Skip
		17.14. OTHER INFORMATION ON PHYSICAL INFRASTRUCTURE		
		17.14.1. OTHER INFORMATION ON PHYSICAL INFRASTRUCTURE		
		Now, I would like to know more about the facility buildings.		
A_AS	6000	What year was this facility originally constructed? PROBE FOR THE CLOSEST ESTIMATE POSSIBLE IF THE EXACT YEAR IS NOT KNOWN. IF DIFFERENT WINGS WERE CONSTRUCTED IN DIFFERENT YEARS, ASK ABOUT THE OLDEST SECTION FOR PATIENT CARE THAT IS FUNCTIONAL TODAY.	YEAR — — — — DON'T KNOW... 9998	
A_AS	6001	Has any major renovation or reconstruction for this facility taken place?	YES .... 1 NO... 2 DON'T KNOW... 98	➔ Q6003 ➔ Q6003
A_AS	6002	What year did the most recent major renovation or reconstruction take place? PROBE FOR THE CLOSEST ESTIMATE POSSIBLE IF THE EXACT YEAR IS NOT KNOWN.	YEAR — — — — DON'T KNOW... 9998	
A_AS	6003	WHICH OF THE FOLOWING BEST DESCRIBES THE LAYOUT FOR THIS FACILITY?	ONE MAIN BUILDING UNDER ONE ROOF .... 1 ONE MAIN BUILDING UNDER ONE ROOF AND SOME ADDITIONAL BUILDINGS/CONTAINER ROOMS .... 2 DIFFERENT WINGS CONNECTED BY COVERED WALKWAYS.. 3 DIFFERENT WINGS CONNECTED BY COVERED WALKWAYS AND SOME ADDITIONAL BUILDINGS/CONTAINER ROOMS .... 4 MULTIPLE DIFFERENT BUILDINGS FOR DIFFERENT SERVICE COMPONENTS THAT ARE NOT CONNECTED .... 5 A MIXTURE OF MORE THAN ONE OF THE ABOVE................. 6	
A_AS	6004	WALK AROUND THE PERIMETER OF THE FACILITY GROUNDS AND DESCRIBE THE CONDITION OF THE FENCE OR WALL	GOOD: NO REPAIRS OR ONLY MINOR REPAIRS NEEDED ...... 1 MODERATE: BROKEN AREAS BUT SECURITY OF GROUNDS NOT AFFECTED.. 2 POOR: SECURITY OF GROUNDS NOT POSSIBLE .... 3 NO WALL/FENCE AROUND GROUNDS................................. 4	
A_AS	6005	WALK AROUND THE FACILITY AND DESCRIBE THE CONDITION OF THE GROUNDS	GOOD: CLEAN AND PLANTS/GRASS, WELL MAINTAINED OR MINOR RUBBISH/WASTE/UNKEPT GROUNDS ARE NOTED .. 1 MODERATE: SOME RUBBISH/WASTE OR POORLY MAINTAINED PLANTS/GRASS, DAMAGED AREAS – COULD BE RECTIFIED IN A FEW HOURS .... 2 POOR: EXTENSIVE WORK NEEDED FOR GROUNDS TO BE NEAT AND PLEASANT... 3 NO DEFINED EXTERNAL GROUNDS FOR FACILTY................. 4	

Mod/Ind	No.	Question	Result	Skip
		18. SERVICES AND INFRASTRUCTURE		
		18.1. OUTPATIENT SERVICE CONDTIONS **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, Q_C	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 hours that this facility provides outpatient and emergency services and about specific outpatient services.		
A_C	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	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	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	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	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	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	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	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	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.	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT:	YES	NO	NOT APPLICABLE
Q_C	6521				
Q_C	01	FLOOR: SWEPT; NO OBVIOUS DIRT OR WASTE	1	2	✕
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN; NO OBVIOUS DUST OR WASTE	1	2	✕
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕

Mod/Ind	No.	Question	Result			Skip
			YES	NO	NOT APPLICABLE	
Q_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	
Q_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	
Q_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
R_C	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:	OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C	01	Adult weighing scale	1 →B	2 →B	3 →02	1	2	8	
R_C	02	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 →B	2 →B	3 →03	1	2	8	
R_C	03	Thermometer	1 →B	2 →B	3 →04	1	2	8	
R_C	04	Stethoscope	1 →B	2 →B	3 →05	1	2	8	
R_C	05	Examination light that can be aimed for client examination (flashlight acceptable)	1 →B	2 →B	3 →06	1	2	8	
R_C	06	Child weighing scale (250 g gradation)	1 →B	2 →B	3 →07	1	2	8	
R_C	07	Infant weighing scale (100 g gradation)	1 →B	2 →B	3 →08	1	2	8	
R_C	08	Height board/stadiometer	1 →B	2 →B	3 →09	1	2	8	
R_C	09	Facility provided device for measuring 1 minute (for counting respirations)	1 →B	2 →B	3 →10	1	2	8	
R_C	10	Pulse oximeter	1 →B	2 →B	3 →11	1	2	8	
R_C	11	Measuring tape	1	2	3	✕	✕	✕	
R_C	12	Mid-upper-arm circumference (MUAC) tape	1	2	3	✕	✕	✕	

Mod/Ind	No.	Question	Result						Skip
			(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C	13	Insecticide-treated net (ITN) or vouchers for ITN (adult/paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
R_C	14	ITN or vouchers for ITN (infant) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
R_C	15	Otoscope	1 ➔B	2 ➔B	3 ➔16	1	2	8	
R_C	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	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	6524	Is there any oxygen currently in the unit?	YES ....1 NO.. 2	➔Q6526
R_C	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	Result						Skip
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.	(A) AVAILABLE IN THIS SERVICE AREA			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NO	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	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔Q6528	1	2 ➔Q6528	8 ➔Q6528	
R_C	6527	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES ....1 NO.. 2						

Mod/Ind	No.	Question	Result			Skip
		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	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Sharps container ("safety box")	1	2	3	
R_C	11	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	12	Disposable syringes with disposable needles	1	2	3	
R_C	13	Auto-disable syringes	1	2	3	
R_C	14	Surgical/respiratory masks	1	2	3	
R_C	15	N95 face masks	1	2	3	
R_C	16	Non-sterile protective gowns	1	2	3	
R_C	17	Sterile protective gowns	1	2	3	
R_C	18	Aprons (impermeable)	1	2	3	
R_C	19	Eye protection (goggles, face shields)	1	2	3	
R_C	20	Gumboots or clogs	1	2	3	
R_C	21	Hair cover	1	2	3	
R_C	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			

Mod/Ind	No.	Question	Result			Skip
		18.2. OUTPATIENT: INFECTIOUS AND COMMUNICABLE DISEASES				
		18.2.1. MALARIA SERVICES				
R_C	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	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	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	01	Clinical symptoms without parasitology test verification	1	2		
R_C	02	Rapid diagnostic testing (RDT)	1	2		
R_C	03	Microscopy	1	2		
R_C	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	6605	Has there been a stock out of malaria RDT kits in the past 4 weeks?	YES .... 1 NO.. 2			➜Q6607
R_C	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				
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.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➜10	3 ➜10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Sharps container ("safety box")	1	2	3	
R_C	11	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	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	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
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	01	Malaria diagnosis with RDTs	1		2	
R_C	02	Malaria treatment	1		2	

Mod/Ind	No.	**18.2.2. NEGLECTED TROPICAL DISEASES (NTDs)**				
R_C	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
			INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT	
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.				
R_C	01	Lymphoedema resulting from NTDs	1	2	3	4
R_C	02	Soil-transmitted diseases, (roundworm, hookworm, whipworm)	1	2	3	4
R_C	03	Schistosomiasis (bilharzia)	1	2	3	4

Mod/Ind	No.	Question	Result				Skip
			YES			NO	
			INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT		
R_C	04	Trachoma	1	2	3	4	
R_C	05	Onchocerciasis (ONCO)	1	2	3	4	
R_C	06	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1	2	3	4	
R_C	07	Dengue	1	2	3	4	
R_C	08	Guinea-worm disease (Dracunculiasis)	1	2	3	4	
R_C	09	Visceral leishmaniasis	1	2	3	4	
R_C	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					
R_C	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
R_C	6704	Which of the following community-based services related to neglected tropical diseases does this facility either support or provide:	STAFF PROVIDE SERVICE	STAFF SUPPORT OTHERS OUTSIDE FACILITY PROVIDING SERVICE	FACILITY NOT INVOLVED IN SERVICE		
R_C	01	Mass drug administration (MDA)	1	2	3		
R_C	02	Active case findings	1	2	3		
R_C	03	Contact tracing activities	1	2	3		
R_C	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	05	Veterinary public health interventions (e.g. vaccination of dogs to prevent human rabies)?	1	2	3		
R_C	06	Community awareness for any of the neglected tropical diseases (NTDs)?	1	2	3		
R_C	07	School health programmes	1	2	3		
R_C	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				

Mod/Ind	No.	Question	Result	Skip
		18.2.3. SEXUALLY TRANSMITTED INFECTIONS (STIs)		
R_C	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	6801	Do providers in this facility diagnose STIs?	YES .... 1 NO... 2	
R_C	6802	Do providers in this facility prescribe treatment for STIs?	YES .... 1 NO... 2	
R_C	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	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	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.		
		SYSTEMS TO SUPPORT QUALITY SERVICES FOR CHRONIC DISEASES		
R_C	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	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	6903	Are individual patient treatment cards 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	

Mod/Ind	No.	Question	Result			Skip
		18.3.2. DIABETES				
R_C	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	01	Diagnose diabetes	1		2	
R_C	02	Prescribe treatment for diabetes	1		2	
R_C	03	Provide follow up services for diabetic patients	1		2	
R_C	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	01	National guidelines for the diagnosis and management of diabetes available in this facility today	1	2	3	
R_C	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			
		18.3.3. CARDIOVASCULAR DISEASE (CVD)				
R_C	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	01	Hypertension	1	2	3	
R_C	02	Acute myocardial infarction	1	2	3	
R_C	03	Congestive heart failure	1	2	3	
R_C	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	01	National guidelines for the diagnosis and management of cardiovascular diseases available in this facility today	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C	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	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	01	Asthma	1	2	3	
R_C	02	Chronic obstructive pulmonary disease (COPD)	1	2	3	

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING			Skip
R_C	7202	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	01	Peak flow meters	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Spacers for inhalers	1 ➔B	2 ➔B	3 ➔Q7203	1	2	8	

Mod/Ind	No.	Question	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	Skip
R_C	7203	Does this facility have any of the following documents in this service site: IF YES, ASK: May I see the documents?				
R_C	01	National guidelines for the diagnosis and management of chronic respiratory diseases available in this facility today	1	2	3	

Mod/Ind	No.	Question	Result			Skip
R_C	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	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.				

Mod/Ind	No.	Question	Result						Skip
R_C		**PRACTICES FOR MONITORING AND EVALUATING CANCER SERVICES**							
R_C	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	7302	Are newly diagnosed cancer patients reported to a national cancer registry?	YES .... 1 NO.. 2						
R_C	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	7400	Does this facility have any services for screening, diagnosing or treating cervical cancer?	YES .... 1 NO.. 2						➔Q7500
		FIND THE MOST KNOWLEDGEABLE PERSON ABOUT THE CERVICAL CANCER DIAGNOSTIC SERVICES.							

Mod/Ind	No.	Question	YES	NO
R_C	7401	Which of the following services for cervical cancer screening, diagnosis, and treatment are used in this facility:		
R_C	01	Collect PAP smear specimen	1	2
R_C	02	Read PAP smear results	1	2
R_C	03	Read results for HPV test	1	2
R_C	04	Colposcopy and biopsy	1	2
R_C	05	Perform digital cervicography	1	2
R_C	06	Treatment of pre-invasive cervical cancer lesions (e.g. cryotherapy, thermal/cold coagulation or loop electrosurgical excision procedure [LEEP])	1	2

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING		
			YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW
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.						
R_C	01	Acetic acid or Lugol's iodine for visual inspection (VIA or VIA/VILI)	1	2	3	✕	✕	✕
R_C	02	Speculum	1 ➔B	2 ➔B	3 ➔03	1	2	8
R_C	03	Glass slides	1	2	3	✕	✕	✕
R_C	04	Latex gloves	1	2	3	✕	✕	✕
R_C	05	Goose-neck lamp	1 ➔B	2 ➔B	3 ➔06	1	2	8

Mod/Ind	No.	Question	Result						Skip
R_C	06	Gynaecological examination table	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Digital cervicography equipment	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Colposcopy equipment	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Materials for providing loop electrosurgical excision procedure (LEEP)	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C	10	Materials for providing cryotherapy/thermal-cold coagulation	1 ➔B	2 ➔B	3 ➔11	1	2	8	
R_C	11	HPV test (e.g. Cervista test)	1 ➔B	2 ➔B	3 ➔Q7403	1	2	8	
		SUPPORT FOR QUALITY SERVICES FOR CERVICAL CANCER							
R_C	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						
R_C	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	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	01	Manual breast examination	1	2	3				
R_C	02	Mammography	1	2	3				
R_C	03	Fine needle aspiration cytology	1	2	3				
R_C	04	Core needle biopsy of lump specimen	1	2	3				
R_C	05	Chemotherapy	1	2	3				
R_C	06	Radiation therapy	1	2	3				
R_C	07	Lumpectomy	1	2	3				
R_C	08	Mastectomy	1	2	3				
R_C	09	Outpatient maintenance treatment for breast cancer	1	2	3				

Mod/Ind	No.	Question	Result			Skip
		SUPPORT FOR QUALITY SERVICES FOR DIAGNOSING AND TREATING BREAST CANCER				
R_C	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	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	7600	Does this facility have any services for screening, diagnosing or treating colorectal cancer?	YES .... 1 NO.. 2			➔Q7700
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	01	Stool guaiac test	1	2	3	
R_C	02	Colonoscopy	1	2	3	
R_C	03	Biopsy of colon polyp	1	2	3	
R_C	04	Surgical interventions	1	2	3	
R_C	05	Chemotherapy	1	2	3	
		SUPPORT FOR QUALITY SERVICES FOR DIAGNOSING AND TREATING COLORECTAL CANCER				
R_C	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	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	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	01	Digital rectal examination (DRE)	1	2	3	
R_C	02	Prostate specific antigen (PSA) testing	1	2	3	
R_C	03	Prostate biopsy	1	2	3	
R_C	04	Surgical interventions	1	2	3	
R_C	05	Radiation therapy	1	2	3	

Mod/Ind	No.	Question	Result			Skip
		SUPPORT FOR QUALITY SERVICES FOR DIAGNOSING AND TREATING PROSTATE CANCER				
R_C	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	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			
		18.4. SERVICES FOR SPECIAL NEEDS				
		18.4.1. MENTAL HEALTH SERVICES				
R_C	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	01	Mental disorders (depression, psychosis and bipolar disorder)	1	2	3	4
R_C	02	Neurological disorders (epilepsy and dementia)	1	2	3	4
R_C	03	Mental health inpatient services	1	✕	✕	4
R_C	04	Neurological inpatient services	1	✕	✕	4
R_C		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	01	Depression	1	2	3	4
R_C	02	Psychosis	1	2	3	4
R_C	03	Bipolar disorder	1	2	3	4
R_C	04	Epilepsy	1	2	3	4
R_C	05	Dementia	1	2	3	4
R_C	7803	Does this facility have any links with community services for mental/neurological health services?	YES .... 1 NO... 2			

Mod/Ind	No.	Question	Result		Skip
R_C	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	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	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		
		18.4.2. PALLIATIVE CARE			
R_C	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	01	Inpatient palliative care	1	2	
R_C	02	Outpatient palliative care	1	2	
R_C	03	Home care for palliative care	1	2	
R_C	04	Linkages with other organizations providing home-based palliative care	1	2	
		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	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	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	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.			

Mod/Ind	No.	Question	Result		Skip
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	01	Registered physical therapist	— —	— —	
R_C	02	Registered occupational therapists	— —	— —	
R_C	03	Registered speech/language therapists	— —	— —	
R_C	04	Rehabilitation medical doctors	— —	— —	
R_C	05	Rehabilitation nurse	— —	— —	
R_C	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	8002	Is there a therapy treatment space specific for rehabilitation or physical therapy services?	YES .... 1 NO... 2		

Mod/Ind	No.	Question	Result					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.	(A) AVAILABLE			(B) FUNCTIONAL		
			YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	YES	NO	
R_C	01	Parallel bars	1 ➜B	2 ➜B	3 ➜02	1	2	
R_C	02	Height adjustable treatment bed/plinth	1 ➜B	2 ➜B	3 ➜03	1	2	
R_C	03	Upper limb exercise equipment (weights/ pulleys/TheraBand)	1 ➜B	2 ➜B	3 ➜04	1	2	
R_C	04	Measuring tape/goniometer	1 ➜B	2 ➜B	3 ➜05	1	2	
R_C	05	Walking frames/crutches/ walking sticks	1 ➜B	2 ➜B	3 ➜06	1	2	
R_C	06	Compression bandages/tubigrip	1 ➜B	2 ➜B	3 ➜07	1	2	
R_C	07	Casting and splinting kit	1 ➜B	2 ➜B	3 ➜08	1	2	
R_C	08	Audiometric equipment and booth	1 ➜B	2 ➜B	3 ➜09	1	2	
R_C	09	Any equipment for paediatric rehabilitation (mats/toys/ walking frames/standing frames)	1 ➜B	2 ➜B	3 ➜10	1	2	
R_C	10	Any patient education materials	1	2	3	✗	✗	
R_C	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	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	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, Q_C	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

Mod/Ind	No.	Question	Result			Skip
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	01	Forensic assessment and examinations	1	2	3	
R_C	02	Rapid HIV test	1	2	3	
R_C	03	Post exposure prophylaxis (PEP) for HIV	1	2	3	
R_C	04	Emergency contraceptive	1	2	3	
R_C	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			
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	01	National guidelines intimate partner violence, sexual violence, gender-based violence or violence against women	1	2	3	
R_C	02	Written procedures or algorithms for post violence care services for adults	1	2	3	
R_C	03	Guidelines for PEP for adult and child	1	2	3	
R_C	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.				
Q_C	8105	Is post-exposure prophylaxis (PEP) for HIV ever provided to rape victims?	YES .... 1 NO 2			➔Q8200
Q_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			
Q_C	8107	Is information on numbers of rape victims seeking services compiled?	YES .... 1 NO 2			➔Q8200
Q_C	8108	Is there any information compiled on numbers of rape victims who receive PEP?	YES .... 1 NO 2			➔Q8200

Mod/Ind	No.	Question	Result	Skip
Q_C	8109	ASK TO SEE THE MOST RECENT COMPILED REPORT FOR RAPE VICTIMS AND RAPE VICTIMS RECEIVING PEP	(A) NUMBER OF RAPE VICTIMS....................................__ __ __ INFORMATION NOT AVAILABLE.. 998 (B) PROPORTION OF RAPE VICTIMS RECEIVING PEP....__ __ __ INFORMATION NOT AVAILABLE.. 998 (C) PROPORTION OF RAPE VICTIMS RECEIVING PEP WITHIN 72 HOURS OF RAPE ....__ __ __ INFORMATION NOT AVAILABLE.. 998	
Q_C	8110	IDENTIFY THE MOST RECENT 10 RAPE VICTIMS AND CHECK REGISTERS OR INDIVIDUAL PATIENT RECORDS FOR THE NUMBER WHO RECEIVED PEP.	(A) NUMBER OF RAPE VICTIMS..............................__ __ __ INFORMATION NOT AVAILABLE.. 998 (B) PROPORTION OF RAPE VICTIMS RECEIVING PEP....__ __ __ INFORMATION NOT AVAILABLE.. 998 (C) PROPORTION OF RAPE VICTIMS RECEIVING PEP WITHIN 72 HOURS OF RAPE ....__ __ __ INFORMATION NOT AVAILABLE.. 998	
		18.4.5. VICTIMS OF CHILD MALTREATMENT		
R_C	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	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	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	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?				
R_C	01	National guidelines for the health sector response to child maltreatment	1	2	3	
R_C	02	Written procedures, clinical protocols or flowcharts for the identification and services for children affected by child maltreatment	1	2	3	
R_C	03	Form or standard for the documentation of child maltreatment cases	1	2	3	
R_C	04	Written procedures or algorithms for post violence care services for children	1	2	3	

Mod/Ind	No.	Question	Result	Skip
R_C	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	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

Mod/Ind	No.	Question	Result			Skip
R_C	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	01	National guidelines for the health sector response to youth violence	1	2	3	
R_C	02	Written procedures, clinical protocols or flowcharts for the identification and services for young people affected by violence	1	2	3	
R_C	03	Form or standard for the documentation of violence-related injuries.	1	2	3	
R_C	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			
		18.5. OUTPATIENT: MATERNAL, NEWBORN AND CHILD HEALTH SERVICES				
		18.5.1. FAMILY PLANNING SERVICES				
R_C	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	01	Combined estrogen progesterone oral contraceptive pills	1		2	
R_C	02	Progestin-only contraceptive pills	1		2	
R_C	03	Combined estrogen progesterone injectable contraceptives	1		2	
R_C	04	Progestin-only injectable contraceptives	1		2	
R_C	05	Male condoms	1		2	
R_C	06	Female condoms	1		2	
R_C	07	Implants	1		2	
R_C	08	Emergency contraceptive pills	1		2	
R_C	09	Intrauterine contraceptive device (IUCD)	1		2	
R_C	10	Cycle beads for standard days method	1		2	
R_C	11	Male sterilization	1		2	

Mod/Ind	No.	Question	Result			Skip
			YES	NO		
R_C	12	Female sterilization	1	2		
R_C	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
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	01	Combined estrogen progesterone oral contraceptive pills	1	2		
R_C	02	Male condoms	1	2		
R_C	03	Emergency contraceptive pills	1	2		
R_C	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	01	National family planning guidelines	1	2	3	
R_C	02	Any family planning checklists and/or job aids	1	2	3	
R_C	03	Guidelines for adolescent reproductive health services	1	2	3	
R_C	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	01	Family planning	1	2		
R_C	02	Adolescent sexual and reproductive health	1	2		

Mod/Ind	No.	Question	Result							Skip

AVAILABILITY OF FAMILY PLANNING COMMODITIES IN FAMILY PLANNING SERVICE SITE

Mod/Ind	No.	Question	Result	Skip
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	01	Combined estrogen progesterone oral contraceptive pills	1 ➜B	2 ➜02	3 ➜B	4 ➜02	5 ➜02	1	2	
R_C	02	Progestin-only contraceptive pills	1 ➜B	2 ➜03	3 ➜B	4 ➜03	5 ➜03	1	2	
R_C	03	Combined estrogen progesterone injectable contraceptives	1 ➜B	2 ➜04	3 ➜B	4 ➜04	5 ➜04	1	2	
R_C	04	Progestin-only injectable contraceptives	1 ➜B	2 ➜05	3 ➜B	4 ➜05	5 ➜05	1	2	
R_C	05	Male condoms	1 ➜B	2 ➜06	3 ➜B	4 ➜06	5 ➜06	1	2	
R_C	06	Female condoms	1 ➜B	2 ➜07	3 ➜B	4 ➜07	5 ➜07	1	2	
R_C	07	Implant (e.g. levonorgestrel, etonogestrel)	1 ➜B	2 ➜08	3 ➜B	4 ➜08	5 ➜08	1	2	
R_C	08	Emergency contraceptive (e.g. levonorgestrel, ulipristal acetate, mifepristone tablet)	1 ➜B	2 ➜09	3 ➜B	4 ➜09	5 ➜09	1	2	
R_C	09	Intrauterine contraceptive device (IUCD)	1 ➜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	Result	Skip
R_C	8409	Is a functional blood pressure apparatus available in this service area? IF YES, ASK TO SEE THE APPARATUS.	YES, OBSERVED AND FUNCTIONAL .... 1 YES, REPORTED, NOT SEEN .... 2 REPORTED, NOT FUNCTIONAL.. 3 NO.. 4	

18.5.2. ANTENATAL CARE SERVICES (ANC)

Mod/Ind	No.	Question	Result	Skip
R_C	8500	Does this facility offer antenatal care (ANC) services?	YES .... 1 NO 2	➜Q8600
		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

Mod/Ind	No.	Question	YES	NO
R_C	8501	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services:		
R_C	01	Iron supplementation	1	2
R_C	02	Folic acid supplementation	1	2

Mod/Ind	No.	Question	Result			Skip
			YES	NO		
R_C	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	05	Tetanus toxoid immunization	1	2		
R_C	06	Monitoring for hypertensive disorder of pregnancy (measure blood pressure)	1	2		
R_C	07	Routinely check urine protein	1	2		
R_C	08	Calcium supplementation for women at risk of pre-eclampsia	1	2		
R_C	09	Low-dose aspirin for women at risk of pre-eclampsia	1	2		
R_C	10	HIV test for pregnant women	1	2		
R_C	11	Routine syphilis testing	1	2		
R_C	12	Provide treatment for syphilis	1	2		
R_C	13	Diagnosis and treatment for sexually transmitted infections	1	2		

ANC EQUIPMENT AND SUPPLIES

Mod/Ind	No.	Question	(A) AVAILABILITY			(B) FUNCTIONING			Skip
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.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Blood pressure apparatus	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Foetal stethoscope/pinard/ foetoscope/digital doplar	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Adult weighing scale	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Examination bed	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Tape measure	1	2	3	✕	✕	✕	
R_C	06	ITN or vouchers for ITN (adult/paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	

Mod/Ind	No.	Question	Result			Skip
		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	01	National ANC guidelines	1	2	3	
R_C	02	Any ANC checklists and/or job aids	1	2	3	
R_C	03	National guidelines on IPTp [WHERE APPLICABLE] ACCEPTABLE IF PART OF ANC GUIDELINES	1	2	3	
R_C	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	01	Any aspect of ANC	1		2	
R_C	02	IPTp [WHERE APPLICABLE]	1		2	
		18.5.3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION				
R_C	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	01	Provide HIV testing services to all pregnant women attending ANC	1		2	
R_C	02	Provide HIV counselling services to HIV-positive pregnant women for PMTCT	1		2	
R_C	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	04	Refer/provide all HIV-positive pregnant women for any PMTCT antiretroviral (ARV) regimen.	1		2	
R_C	8602	Which of the following additional services are offered for PMTCT:	YES		NO	
R_C	01	Provide ARV prophylaxis to newborns of HIV-positive pregnant women for PMTCT	1		2	
R_C	02	Offer repeat testing for HIV-negative pregnant women 3 months after first test, while pregnant or during labour/delivery	1		2	
R_C	03	Partner HIV testing	1		2	

Mod/Ind	No.	Question	Result			Skip
			YES	NO		
R_C	04	Provide nutritional counselling for HIV-positive pregnant women	1	2		
R_C	05	Offer infant and young child feeding counselling for infants of HIV-positive women	1	2		
R_C	06	Provide family planning counselling to HIV-positive pregnant women for PMTCT	1	2		
R_C	8603	Does this facility provide early infant diagnosis (EID) services for all HIV-exposed infants?	YES .... 1 NO 2			
R_C	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	01	National guidelines for PMTCT	1	2	3	
R_C	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	01	PMTCT	1	2		
R_C	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	(A) AVAILABILITY					Skip
			OBSERVED			NOT OBSERVED		
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).	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	HIV rapid test	1	2	3	4	5	
R_C	02	Filter paper for dried blood spot	1	2	3	4	5	
R_C	03	Nevirapine syrup	1	2	3	4	5	
R_C	04	Zidovudine syrup	1	2	3	4	5	
R_C	05	Cotrimoxazole syrup	1	2	3	4	5	
R_C	06	Maternal first-line ARV prophylaxis [COUNTRY ADAPT]	1	2	3	4	5	

Mod/Ind	No.	Question	Result	Skip
		18.5.4. OUTPATIENT POSTPARTUM/POSTNATAL CARE (PNC)		
R_C, Q_C	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	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.		

Mod/Ind	No.	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	Skip
Q_C	8702	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
Q_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
Q_C	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	

Mod/Ind	No.	Question	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	Skip
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	01	Guidelines for maternal postnatal care	1	2	3	
R_C	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			

Mod/Ind	No.	Question	Result			Skip
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	01	Counselling on child immunization needs	1	2	3	
R_C	02	Counselling on child nutritional needs and good feeding practices	1	2	3	
R_C	03	Counselling on danger signs in the newborn	1	2	3	
R_C	04	Counselling on cord care and hygiene	1	2	3	
R_C	05	Counselling on family planning	1	2	3	
R_C	06	Provision of newborn vaccines (BCG)	1	2	3	
R_C	07	Provision of newborn vaccines (OPV)	1	2	3	
R_C	08	Provision of ITN for infant [WHERE APPLICABLE]	1	2	3	
R_C	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	
R_C	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	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	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.				

Mod/Ind	No.	Question	Result			Skip
R_C	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	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	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	8804	Has KMC been provided at any time during the past 3 months?	YES .... 1 NO 2			
R_C	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	8806	Have you or another provider received training in KMC during the past 2 years?	YES .... 1 NO 2			
R_C	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	8809	Are newborns or neonates with symptoms of sepsis ever provided services or referral in the outpatient service area?	YES .... 1 NO 2			➔ Q8900
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			

Mod/Ind	No.	Question	Result	Skip
R_C	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	8813	Have you or any provider(s) received training related to neonatal sepsis in the past 2 years?	YES .... 1 NO 2	
R_C	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	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	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	(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED REPORTED	NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
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.							
R_C	01	Vacuum aspirator	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	D&C kit	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Speculum	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Antiseptic for washing vagina and cervix (e.g. chlorhexidine)	1	2	3	✕	✕	✕	
R_C	05	Sterile gloves	1	2	3	✕	✕	✕	

Mod/Ind	No.	Question	Result			Skip
		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	01	Are there any post-abortion care guidelines in this service area?	1	2	3	
R_C	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	9000	Does this facility offer preventive or curative care services for children under 5?	YES .... 1 NO 2			➔Q9100
		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	01	Routine child growth monitoring	1	✕	3 ➔Q9002	
R_C	02	Plot weight against height or age	1	2	3	
R_C	9002	**MALNUTRITION**				
R_C	01	Diagnosis and/or treatment of child malnutrition	1	2	3 ➔Q9003	
R_C	02	Provide fortified protein supplements	1	2	3	
R_C	03	Provide therapeutic feeding onsite	1	2	3	
R_C	04	Provide or prescribe feeding supplements for home treatment	1	2	3	
R_C	05	Diagnose and treat acute child malnutrition as an outpatient service	1	2	3	
R_C	06	Refer severely malnourished children elsewhere in this facility for treatment	1	2	3	
R_C	9003	**ROUTINE PREVENTIVE SERVICES**				
R_C	01	Routine vitamin A supplementation	1	✕	3	

Mod/Ind	No.	Question	Result			Skip
			YES, ALWAYS	YES, SOMETIMES	NO	
R_C	9004	**ANAEMIA**				
R_C	01	Diagnose and treat anaemia	1	2	3 ➜Q9005	
R_C	02	Prescribe iron for child anaemia	1	2	3	
R_C	9005	**PNEUMONIA**				
R_C	01	Diagnose and treat pneumonia in children	1	2	3 ➜Q9006	
R_C	02	Prescribe amoxicillin for the first-line treatment for pneumonia in children	1	2	3	
R_C	9006	**MALARIA**				
R_C	01	Diagnose and treat malaria in children	1	2	3➜Q9007	
R_C	02	Conduct blood test for malaria prior to prescribing treatment	1	2	3	
R_C	03	Provide ITN or voucher for ITN	1	2	3	
R_C	04	Prescribe ACT for the first-line treatment for malaria in children	1	2	3	
R_C	9007	**DIARRHOEA**				
R_C	01	Diagnosis and treat watery diarrhoea in children	1	2	3 ➜Q9008	
R_C	02	Prescribe oral rehydration salts for child diarrhoea	1	2	3	
R_C	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	01	IMCI guidelines for the diagnosis and management of childhood illnesses	1	2	3	
R_C	02	Guidelines for growth monitoring	1	2	3	
R_C	03	Any checklists and/or job aids for IMCI	1	2	3	
R_C	04	Child health charts to plot child growth	1	2	3	
R_C	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

Mod/Ind	No.	Question	Result				Skip
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	01	Integrated Management of Childhood Illnesses (IMCI)	1		2		
R_C	02	Growth monitoring	1		2		
		18.5.8. IMMUNIZATION SERVICES AND RESOURCES					
R_C, Q_C	9100	Does this facility offer any immunization services, for adults or children?	YES .... 1 NO 2				➔Q9200
R_C	9101	Is the facility providing immunization services today?	YES .... 1 NO 2				
A_C	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	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	01	Birth doses (hepB0)	1	2	3	4	
R_C	02	Birth doses (BCG)	1	2	3	4	
R_C	03	Birth doses (OPV0)	1	2	3	4	
R_C	04	Infant vaccines (under 1 year): BCG	1	2	3	4	
R_C	05	Infant vaccines: polio	1	2	3	4	
R_C	06	Infant vaccines: DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1	2	3	4	
R_C	07	Infant vaccines: rotavirus	1	2	3	4	
R_C	08	Infant vaccines: IPV (inactivated polio vaccine)	1	2	3	4	
R_C	09	Vaccine-containing measles (e.g. measles-rubella/MMR)	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
			BOTH IN THE FACILITY AND AS OUTREACH	IN THE FACILITY ONLY	OUTREACH ONLY	SERVICE NOT OFFERED	
R_C	10	Child immunizations (1–5 years)	1	2	3	4	
R_C	11	Adolescent/adult vaccines: HPV	1	2	3	4	
R_C	12	Adolescent/adult vaccines: tetanus (TT) or tetanus/ diphtheria (TD)	1	2	3	4	
R_C	13	Adolescent/adult vaccines: any flu vaccines	1	2	3	4	
		EQUIPMENT AND SUPPLIES FOR IMMUNIZATION SERVICES					
			YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE		
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.					
R_C	01	Single-use syringes and needles – not auto-disable	1	2	3		
R_C	02	Auto-disable syringes	1	2	3		
R_C	03	Cold box with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)	1	2	3		
R_C	04	Vaccine carrier with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)	1	2	3		
R_C	05	Immunization cards (or child health booklet)	1	2	3		
R_C	06	Official immunization tally sheets or integrated tally sheet	1	2	3		
R_C	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	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3		
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3		
R_C	03	Alcohol-based handrub	1	2	3		
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3		
R_C	05	Disposable paper towels for drying hands	1	2	3		
R_C	06	Sharps container ("safety box")	1	2	3		

Mod/Ind	No.	Question	Result	Skip
		VACCINE STORAGE AND AVAILABILITY		
R_C, Q_C	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	(A) AVAILABLE		(B) FUNCTIONING			Skip
Q_C	9108	Which of the following devices for monitoring refrigerator temperature are available and functioning in the refrigerator today: ASK TO SEE THE ITEMS.	YES	NO	YES	NO	DON'T KNOW	
Q_C	01	Continuous temperature recorder/logger	1 ➔B	2 ➔02	1 ➔Q9111	2	8	
Q_C	02	Thermometer	1 ➔B	2 ➔Q9113	1	2 ➔Q9113	8 ➔Q9113	

Mod/Ind	No.	Question	Result	Skip
Q_C	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
Q_C	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
Q_C	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	
Q_C	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	Result								Skip
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?	(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	01	Measles vaccine and diluent	1 ➔B	2 ➔B	3 ➔B	4 ➔02	5 ➔02	1	2	
R_C	02	DPT+Hib+HepB (pentavalent)	1 ➔B	2 ➔B	3 ➔B	4 ➔03	5 ➔03	1	2	
R_C	03	Oral polio vaccine	1 ➔B	2 ➔B	3 ➔B	4 ➔04	5 ➔04	1	2	
R_C	04	BCG vaccine and diluent	1 ➔B	2 ➔B	3 ➔B	4 ➔05	5 ➔05	1	2	
R_C	05	Rotavirus vaccine	1 ➔B	2 ➔B	3 ➔B	4 ➔06	5 ➔06	1	2	
R_C	06	Pneumococcal vaccine	1 ➔B	2 ➔B	3 ➔B	4 ➔07	5 ➔07	1	2	
R_C	07	IPV (inactivated polio vaccine)	1 ➔B	2 ➔B	3 ➔B	4 ➔08	5 ➔08	1	2	
R_C	08	HPV (human papillomavirus vaccine)	1 ➔B	2 ➔B	3 ➔B	4 ➔09	5 ➔09	1	2	
R_C	09	Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine	1	2	3	4	5	✖	✖	
R_C	10	Rabies vaccine	1	2	3	4	5	✖	✖	
R_C	11	Flu vaccine	1	2	3	4	5	✖	✖	
R_C	12	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								
R_C	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							

Mod/Ind	No.	Question	Result			Skip
R_C	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
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.	YES, FORMAL TRAINING	YES, SUPPORTIVE SUPERVISION	NO TRAINING	
R_C	01	Immunization service delivery such as immunization in practice (IIP) or similar	1	2	3	
R_C	02	Vaccine management/ handling and cold chain	1	2	3	
R_C	03	Data reporting and monitoring of service delivery including data quality surveys (DQS)	1	2	3	
R_C	04	Disease surveillance and reporting	1	2	3	
R_C	05	Injection safety and waste management	1	2	3	
R_C	06	RED (Reaching Every District)	1	2	3	
R_C	07	New vaccine prior to introduction [COUNTRY ADAPT – DELETE IF NOT APPLICABLE]	1	2	3	
		18.5.9. ADOLESCENT REPRODUCTIVE HEALTH SERVICES				
R_C	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	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	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			

Mod/Ind	No.	Question	Result	Skip
		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, Q_C	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	9301	Does the facility offer basic emergency obstetric care (BEmOC)?	YES .... 1 NO 2	➜Q9303
R_C	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	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	02	Administration of oxytocin immediately after birth to all women for the prevention of postpartum haemorrhage	1	2	
R_C	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	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	02	Thermal protection (drying baby immediately after birth and wrapping)	1	2	

Mod/Ind	No.	Question	Result			Skip
			YES	NO		
R_C	03	Immediate skin to skin contact	1	2		
R_C	04	Immediately (within 1 hour) putting the newborn to the breast	1	2		
R_C	05	Rooming in (i.e. the newborn stays with the mother)	1	2		
R_C	06	Delayed cord clamping	1	2		
R_C	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				
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?	YES	NO		
				SERVICE NOT OFFERED	TRAINED STAFF BUT NO CASES	
R_C	01	Parenteral administration of antibiotics (IV or IM) for mothers	1	2	5	
R_C	02	Parenteral administration of oxytocic for treatment of postpartum haemorrhage (IV or IM)	1	2	5	
R_C	03	Parenteral administration of magnesium sulfate for management of pre-eclampsia and eclampsia (IV or IM)	1	2	5	
R_C	04	Assisted vaginal delivery using manual vacuum extraction (MVE) or forceps	1	2	5	
R_C	05	Manual removal of placenta	1	2	5	
R_C	06	Removal of retained products of conception using D&C or manual vacuum aspiration	1	2	5	
R_C	07	Neonatal resuscitation with bag and mask	1	2	5	
R_C	08	Caesarean section	1	2	5	
R_C	09	Blood transfusion	1	2	5	
R_C	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			
R_C	9312	Does this facility administer corticosteroids for preterm labour to the mother to prevent respiratory complications in the newborn?	YES .... 1 NO 2			

Mod/Ind	No.	Question	Result			Skip
R_C	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	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	02	Perform HIV test if status is not known	1		2	
R_C	03	Provide maternal ARV to infected mothers for PMTCT if they are not on life-long ART	1		2	
R_C	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	01	Guidelines for essential childbirth care	1	2	3	
R_C	02	Any checklists and/or job aids for essential childbirth care	1	2	3	
R_C	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	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			
		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	NOT AVAILABLE	
R_C	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	

Facility ID _____

Mod/Ind	No.	Question	Result			Skip
			YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➔12	3 ➔12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles	1	2	3	
R_C	15	Auto-disable syringes	1	2	3	
R_C	16	Surgical/respiratory masks	1	2	3	
R_C	17	Non-sterile protective gowns	1	2	3	
R_C	18	Sterile protective gowns	1	2	3	

Mod/Ind	No.	Question	Result						Skip
		EQUIPMENT FOR DELIVERY							
			(A) AVAILABLE			**(B) FUNCTIONING**			
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.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Blank partograph	1	2	3	✕	✕	✕	
R_C	02	Delivery bed with stirrups	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	Disposable non-sterile latex gloves	1	2	3	✕	✕	✕	
R_C	04	Disposable sterile latex gloves	1	2	3	✕	✕	✕	
R_C	05	Examination light (flashlight ok)	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C	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	07	Cord clamp	1 ➜B	2 ➜B	3 ➜08	1	2	8	
R_C	08	Episiotomy scissors	1 ➜B	2 ➜B	3 ➜09	1	2	8	
R_C	09	Scissors or blade to cut cord	1 ➜B	2 ➜B	3 ➜10	1	2	8	
R_C	10	Suture thread with needle	1	2	3	✕	✕	✕	
R_C	11	Needle holder	1 ➜B	2 ➜B	3 ➜12	1	2	8	
R_C	12	Manual vacuum extractor	1 ➜B	2 ➜B	3 ➜13	1	2	8	
R_C	13	Forceps for outlet application	1 ➜B	2 ➜B	3 ➜14	1	2	8	

Mod/Ind	No.	Question	Result						Skip
			(A) AVAILABLE			**(B) FUNCTIONING**			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	14	Vacuum aspirator	1 ➜B	2 ➜B	3 ➜15	1	2	8	
R_C	15	D&C kit	1 ➜B	2 ➜B	3 ➜16	1	2	8	
R_C	16	Speculum	1 ➜B	2 ➜B	3 ➜17	3	2	8	
R_C	17	Pulse oximeter	1 ➜B	2 ➜B	3 ➜18	1	2	8	
R_C	18	Blood pressure apparatus	1 ➜B	2 ➜B	3 ➜19	1	2	8	
R_C	19	Foetal stethoscope/pinard/ foetoscope/digital doplar	1 ➜B	2 ➜B	3 ➜20	1	2	8	
R_C	20	Towel for drying newborn	1	2	3	✕	✕	✕	
R_C	21	Infant scale (with 100 g gradation)	1 ➜B	2 ➜B	3 ➜22	1	2	8	
R_C	22	Ultrasound (anywhere in delivery service area)	1 ➜B	2 ➜B	3 ➜23	1	2	8	
R_C	23	Resuscitation table (with heat source) (for newborn resuscitation)	1 ➜B	2 ➜B	3 ➜24	1	2	8	
R_C	24	Infant incubator (anywhere in facility)	1 ➜B	2 ➜B	3 ➜25	1	2	8	
R_C	25	Electric or manual suction pump	1 ➜B	2 ➜B	3 ➜26	1	2	8	
R_C	26	Suction catheter for suctioning newborn	1 ➜B	2 ➜B	3 ➜27	1	2	8	
R_C	27	Suction bulb (single use)	1 ➜B	2 ➜B	3 ➜28	1	2	8	
R_C	28	Suction bulb (sterilizable multi-use)	1 ➜B	2 ➜B	3 ➜29	1	2	8	
R_C	29	Thermometer	1 ➜B	2 ➜B	3 ➜Q9321	1	2	8	

Mod/Ind	No.	Question	Result	Skip
R_C	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	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	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	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	

Mod/Ind	No.	Question	Result						Skip
R_C	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	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	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	9328	Is there any oxygen currently in the unit?	YES ....1 NO 2						➜Q9330
R_C	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	04	Flowmeter for oxygen source, with gradations in mL	1 ➜B	2 ➜B	3 ➜05	1	2	8	
R_C	05	Humidifier	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C	07	Paediatric-sized oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➜B	2 ➜B	3 ➜Q9332	1	2 ➜Q9332	8 ➜Q9332	

Mod/Ind	No.	Question	Result							Skip
R_C	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							➔Q9355

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	01	Magnesium sulfate injection	1 ➔B	2 ➔02	3 ➔B	4 ➔02	5 ➔20	1	2	
R_C	02	Betamethasone injection	1 ➔B	2 ➔03	3 ➔B	4 ➔03	5 ➔03	1	2	
R_C	03	Dexamethasone injection	1 ➔B	2 ➔04	3 ➔B	4 ➔04	5 ➔04	1	2	
R_C	04	Intravenous infusion set	1	2	3	4	5	✕	✕	
R_C	05	Dextrose and water 5% (D5W) intravenous solution	1	2	3	4	5	✕	✕	
R_C	06	Sodium chloride (.09NS) intravenous solution	1	2	3	4	5	✕	✕	
R_C	07	Other plasma expander such as Ringer's lactate (RL)	1	2	3	4	5	✕	✕	
R_C	08	Any skin disinfectant	1	2	3	4	5	✕	✕	
R_C	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		
		Now I would like to conduct a brief observation of actual conditions with regard to cleanliness and waste disposal today in the delivery service area.		

Facility ID _____

Mod/Ind	No.	Question	Result			Skip
Q_C	9335	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
Q_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
Q_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, Q_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

Mod/Ind	No.	Question	(A) AVAILABLE			(B) FUNCTIONING			Skip
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.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Thermometer (manual) or electronic	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Infant scale (100 g gradations)	1 ➔B	2 ➔B	3 ➔Q9402	1	2	8	

Mod/Ind	No.	Question	Result			Skip
R_C	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.				
Q_C	9403	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
Q_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
Q_C	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	01	Guidelines for maternal postnatal care	1	2	3	
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	01	Any aspect of maternal PNC	1		2	

Mod/Ind	No.	Question	Result							Skip
		18.7.3. PRACTICES TO SUPPORT QUALITY OF MATERNAL HEALTH SERVICES								
R_C	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, Q_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
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.	(A) AVAILABLE IN INPATIENT WARD AREA			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Thermometer (manual) or electronic	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Infant scale (100 g gradations)	1 ➜B	2 ➜B	3 ➜Q9800	1	2	8	
		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	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	01	National guidelines for essential newborn care	1	2		3			
R_C	02	Written guidelines for promotion of breastfeeding and breastfeeding practices	1	2		3			
R_C	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			

Mod/Ind	No.	Question	Result			Skip
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	01	Counselling on child immunization needs	1	2	3	
R_C	02	Counselling on child nutritional needs and good feeding practices	1	2	3	
R_C	03	Counselling on danger signs in the newborn	1	2	3	
R_C	04	Counselling on cord care and hygiene	1	2	3	
R_C	05	Counselling on family planning	1	2	3	
R_C	06	Provision of newborn vaccines (BCG)	1	2	3	
R_C	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.				
Q_C	9805	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
Q_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
Q_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	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, Q_C	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	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	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	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	10003	Has KMC been provided at any time during the past 3 months?	YES..1 NO 2	
R_C	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	10005	Have you or another provider received training in KMC during the past 2 years?	YES..1 NO 2	
R_C	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	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	10008	Are newborns or neonates with symptoms of sepsis ever provided services or referral in the outpatient 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	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	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
			YES	NO	YES	NO	
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:					
R_C	01	Oxygen	1 ➜B	2 ➜02	1	2	
R_C	02	Exchange transfusion blood service	1 ➜B	2 ➜03	1	2	
R_C	03	Intravenous rehydration	1 ➜B	2 ➜04	1	2	
R_C	04	Incubator	1 ➜B	2 ➜05	1	2	
R_C	05	Radiant warmer	1 ➜B	2 ➜06	1	2	
R_C	06	Artificial ventilation	1 ➜B	2 ➜Q10013	1	2	

Mod/Ind	No.	Question	Result			Skip
		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.				
Q_C	10013	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
Q_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
Q_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	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	10200	Does this facility offer HIV testing services?	YES..1 NO 2			➜Q10300
R_C	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	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			
R_C	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			

Mod/Ind	No.	Question	Result			Skip
		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	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	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	10207	Has there been any stock out of the HIV rapid test in the past 3 months?	YES...1 NO 2			
R_C	10208	Does this facility have external quality control mechanisms for HIV RDT test results?	YES...1 NO 2			
R_C	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	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
R_C	10	Sharps container ("safety box")	1	2	3	
R_C	11	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	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	01	National guidelines for HIV counselling and testing	1	2	3	
R_C	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	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.				
R_C	10301	Which of the following services does this facility provide:	YES	NO		
R_C	01	Routine adherence counselling	1	2		
R_C	02	ART patient clinical treatment follow-up	1	2		
R_C	03	Follow-up for adherence and/or medicine supply services for ART	1	2		
R_C	04	ART prescription services	1	2		
		PAEDIATRIC AND ADOLESCENT ART SERVICES				
R_C	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	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			

Mod/Ind	No.	Question	Result		Skip
R_C	10305	In the past 2 years, have you or any provider(s) of ART received any training in:	YES	NO	
R_C	01	Initiation and management of ART for adolescents	1	2	
R_C	02	Adolescent care and support services	1	2	
		SUPPORT FOR QUALITY ART SERVICES			
R_C	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	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	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
R_C	10401	For which of the following subgroups does this facility offer HIV/AIDS care and support services:	YES	NO	
R_C	01	Adults	1	2	
R_C	02	Adolescents (only with guardian permission)	1 ➔04	2	
R_C	03	Adolescents (without guardian permission	1	2	
R_C	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	01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections	1	2	
R_C	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	03	Provide nutritional rehabilitation services, e.g. client education and provision of nutritional supplements	1	2	
R_C	04	Prescribe or provide fortified protein supplementation (FPS)	1	2	
R_C	05	Prescribe or provide other fortified supplementation	1	2	
R_C	06	Provide or prescribe micronutrient supplementation, such as vitamins or iron	1	2	
R_C	07	Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment (CPT)	1	2	
R_C	08	Provide condoms for preventing further transmission of HIV	1	2	

Mod/Ind	No.	Question	Result		Skip
			YES	NO	
R_C	09	Family planning counselling for HIV/AIDS clients	1	2	
R_C	10	Routine screening or testing for TB	1	2	
R_C	11	Prescribe or provide preventive treatment for TB (isoniazid [INH] + pyridoxine) [COUNTRY ADAPT TREATMENT]	1	2	
R_C	12	Provide/prescribe treatment for TB or TB and HIV coinfection	1	2	
R_C	13	Counsel on risk reduction in TB and HIV coinfected patients	1	2	
R_C	14	Provide screening for cryptococcal infection for patients with CD4 below 100	1	2	
R_C	15	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	
R_C	16	Provide treatment for Kaposi's sarcoma	1 ➔18	2	
R_C	17	Refer for treatment of Kaposi's sarcoma	1	2	
R_C	18	Screen HIV patients for chronic cardiovascular diseases	1	2	
R_C	19	Screen HIV patients for diabetes	1	2	
R_C	20	Routine STI screening tests and diagnosis	1	2	
R_C	21	Provide/prescribe STI treatments	1	2	
R_C	22	Diagnostic testing for hepatitis B and C	1	2	
R_C	23	Routine HIV testing and counselling for partner of HIV-infected patient	1	2	
R_C	24	HIV testing for children of HIV-infected patients who are receiving services	1	2	
R_C	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	10500	Is there a system to support HIV-infected patients being screened or tested for TB?	YES ....1 NO 2		➔Q11502
R_C	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		

Mod/Ind	No.	Question	Result			Skip
		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	01	National guidelines for the clinical management of HIV/AIDS	1	2	3	
R_C	02	National guidelines for palliative care	1	2	3	
R_C	03	National guidelines for HIV/TB coinfection	1	2	3	
R_C	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	01	Clinical management of HIV/AIDS	1		2	
		18.11. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)				
		18.11.1. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)				
R_C	10600	Does this facility offer voluntary male medical circumcision (VMMC) services as an outpatient service?	YES .... 1 NO 2			➜Q10700
R_C	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.				

Mod/Ind	No.	Question	Result			Skip
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	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➜10	3 ➜10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➜12	3 ➜12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles	1	2	3	
R_C	15	Auto-disable syringes	1	2	3	
R_C	16	Surgical/respiratory masks	1	2	3	

Mod/Ind	No.	Question	Result						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.	(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
R_C	01	Stethoscope	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Blood pressure apparatus	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	Tourniquet	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C	04	Oropharyngeal airway (green – size 3)	1 ➜B	2 ➜B	3 ➜05	1	2	8	
R_C	05	Oropharyngeal airway (yellow – size 4)	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C	06	Oropharyngeal airway (purple/red –size 5)	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C	07	Surgical equipment for procedures	1 ➜B	2 ➜B	3 ➜Q10605	1	2	8	

R_C	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	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	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	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	01	National VMMC guidelines	1	2	3				
R_C	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						

Mod/Ind	No.	Question	Result	Skip
		18.12. TUBERCULOSIS (TB) SERVICES		
		18.12.1. CASE DETECTION AND PREVENTION OF AIRBORNE TRANSMISSION		
R_C	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.		
		TESTING SUSPECT TB PATIENTS		
R_C	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

Mod/Ind	No.	Question	YES, OBSERVED	YES, REPORTED, NOT SEEN	NOT AVAILABLE	Skip
R_C	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?				
R_C	01	Sputum cup	1	2	3	
R_C	02	Referral form for sputum specimen or for patient	1	2	3	

Mod/Ind	No.	Question	Result	Skip
R_C	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	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	10800	Does this facility make the diagnosis of TB for any type of patients?	YES ....1 NO 2	➜Q10900
R_C	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	10802	Do providers in this facility diagnose TB for adults?	YES ....1 NO...2	➜Q10804

Mod/Ind	No.	Question	Result		Skip
R_C	10803	Which of the following methods are ever used at this facility for diagnosing TB for adults:	YES	NO	
R_C	01	Clinical symptoms	1	2	
R_C	02	Sputum smear microscopy examination	1	2	
R_C	03	Culture	1	2	
R_C	04	Rapid test (GeneXpert MTB/RIF)	1	2	
R_C	05	Chest X-ray	1	2	
R_C	10804	Do providers in this facility diagnose TB for children??	YES .... 1 NO 2		
		18.12.3. TB TREATMENT			
R_C	10900	Do providers in this facility prescribe the medicines for TB treatment for any category of patient?	YES .... 1 NO 2		➔Q11000
R_C	10901	For which of the following category of patients does this facility prescribe the medicines for TB treatment:	YES	NO	
R_C	01	Minor adolescents, guardian consent required	1	2	
R_C	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	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	01	Clinical follow-up, including prescription revision if needed?	1	2	
R_C	02	Periodic resupply of TB medicines according to prescription?	1	2	
R_C	03	Follow-up to support adherence to treatment and patient follow-up appointments?	1	2	
		18.12.5. TB/HIV COINFECTION			
R_C	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

Mod/Ind	No.	Question	Result			Skip
R_C	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	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	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	01	Tissues	1		2	
R_C	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
		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	01	National guidelines for diagnosis and treatment of TB for adults	1	2	3	
R_C	02	National guidelines for diagnosis and treatment of TB for children	1	2	3	
R_C	03	Guidelines for TB infection control	1	2	3	
R_C	04	Guidelines for management of HIV and TB coinfection	1	2	3	
R_C	05	Guidelines for drug-resistant TB	1	2	3	
R_C	06	Guidelines for respiratory transmission-based precautions	1	2	3 ➔Q11501	
R_C	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

Mod/Ind	No.	Question	Result		Skip
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	01	TB diagnosis and management	1	2	
R_C	02	Management of HIV and TB coinfection	1	2	
R_C	03	Diagnosis and/or treatment for drug-resistant TB	1	2	
R_C	04	TB infection control	1	2	

18.12.10. TB MEDICINES

Mod/Ind	No.	Question	Result	Skip
R_C	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	

BULK STOCK SUPPLY OF TB MEDICINES

Mod/Ind	No.	Question	Result	Skip
R_C	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) STOCK OUT 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	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	01	Ethambutol	1 ➔B	2 ➔02	3 ➔B	4 ➔02	5 ➔02	1	2
R_C	02	Isoniazid (INH)	1 ➔B	2 ➔03	3 ➔B	4 ➔03	5 ➔03	1	2
R_C	03	Pyrazinamide	1 ➔B	2 ➔04	3 ➔B	4 ➔04	5 ➔04	1	2
R_C	04	Rifampicin	1 ➔B	2 ➔05	3 ➔B	4 ➔05	5 ➔05	1	2
R_C	05	Isoniazid + rifampicin (2FDC)	1 ➔B	2 ➔06	3 ➔B	4 ➔06	5 ➔06	1	2
R_C	06	Isoniazid + ethambutol (EH) (2FDC)	1 ➔B	2 ➔07	3 ➔B	4 ➔07	5 ➔07	1	2

Mod/Ind	No.	Question	Result								Skip
			(A) AVAILABILITY						(B) STOCK OUT 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	07	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC)	1 ➜B	2 ➜08	3 ➜B	4 ➜08	5 ➜08		1	2	
R_C	08	Isoniazid + rifampicin + ethambutol (RHE) (3FDC)	1 ➜B	2 ➜09	3 ➜B	4 ➜09	5 ➜09		1	2	
R_C	09	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC)	1 ➜B	2 ➜10	3 ➜B	4 ➜10	5 ➜10		1	2	
R_C	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	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	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	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	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	16	Cotrimoxazole tablet	1 ➜B	2 ➜17	3 ➜B	4 ➜17	5 ➜17		1	2	
R_C	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	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.					
R_C	11801	Please tell me if this facility provides the following services:	YES			NO SERVICE	
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT		
R_C	01	Incision and drainage of abscesses	1	2	3	4	
R_C	02	Wound debridement	1	2	3	4	
R_C	03	Acute burn management	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
				YES		NO SERVICE	
			OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT		
R_C	04	Suturing	1	2	3	4	
R_C	05	Closed repair of fracture	1	2	3	4	
R_C	06	Closed reduction of dislocated joint	1	2	3	4	
R_C	07	Cricothyroidotomy	1	2	3	4	
R_C	08	Male circumcision	1	2	3	4	
R_C	09	Hydrocele reduction	1	2	3	4	
R_C	10	Chest tube insertion	1	2	3	4	
R_C	11	Biopsy of lymph node or mass	1	2	3	4	
R_C	12	Removal of foreign body (throat, eye, ear of nose)	1	2	3	4	
		18.13.2. ESSENTIAL SURGERY					
R_C, Q_C	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	11901	Does the facility conduct caesarean section?	YES...1 NO 2				➜Q11907
R_C	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				
R_C	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	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	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	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				

Mod/Ind	No.	Question	Result				Skip
R_C	11907	Now I want to know about other surgical procedures that may be performed here or in another site in the facility. Please tell me if this facility performs any of the following procedures, and indicate if the procedures is provided for outpatients, inpatient, or both out- and inpatients, or if the procedure is not available in this facility.	YES			NO	
			ONLY OUTPATIENT	ONLY INPATIENT	BOTH OUT- AND INPATIENT		
		SURGICAL AND ANESTHETIC PROCEDURES					
R_C	01	Tubal ligation	1	2	3	4	
R_C	02	Vasectomy	1	2	3	4	
R_C	03	Cystostomy	1	2	3	4	
R_C	04	Urethral stricture dilation	1	2	3	4	
R_C	05	Tracheostomy	1	2	3	4	
		OBSTETRIC/GYNAECOLOGIC PROCEDURES					
R_C	06	Dilatation and curettage (D&C) or vacuum aspiration for evacuation of uterus	1	2	3	4	
R_C	07	Episiotomy, cervical and vaginal laceration repair	1	2	3	4	
R_C	08	Obstetric fistula repair	1	2	3	4	
R_C	09	Caesarean section	1	2	3	4	
R_C	10	Any abortion services	1	2	3	4	
R_C	11908	Under what conditions are abortion services provided?	MEDICAL EMERGENCY ONLY .... 1 BOTH MEDICAL EMERGENCY AND ELECTIVE AS ALLOWED BY LAW 2				
R_C	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
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.	YES OFFERED			NOT OFFERED	
			OUTPATIENT ONLY	INPATIENTS ONLY	BOTH OUT- AND INPATIENT		
R_C	01	Amputation	1	2	3	4	
R_C	02	Appendectomy	1	2	3	4	
R_C	03	Cataract surgery	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
				YES		NO	
			ONLY OUTPATIENT	ONLY INPATIENT	BOTH OUT- AND INPATIENT		
R_C	04	Contracture release	1	2	3	4	
R_C	05	Skin grafting	1	2	3	4	
R_C	06	Drainage of osteomyelitis-septic arthritis	1	2	3	4	
R_C	07	Hernia repair (strangulated)	1	2	3	4	
R_C	08	Hernia repair (elective)	1	2	3	4	
R_C	09	Irrigation and debridement of open fractures	1	2	3	4	
R_C	10	Placement of external fixator	1	2	3	4	
R_C	11	Open reduction and fixation for fracture	1	2	3	4	
R_C	12	Procedures using laparotomy	1	2	3	4	
		PAEDIATRIC SURGERY					
R_C	11912	Does this facility perform any neonatal or paediatric surgical procedures?	YES .... 1 NO 2				➔Q11914
			ALWAYS AVAILABLE WHEN NEEDED DURING THE PAST 3 MONTHS	NOT ALWAYS AVAILABLE DURING THE PAST 3 MONTHS	NEVER AVAILABLE		
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	01	Paediatric (congenital) hernia	1	2	3		
R_C	02	Reduction of intussusception	1	2	3		
		PROCEDURES RELATED TO PAEDIATRIC RESUSCITATION AND INJURY					
R_C	03	Paediatric escharotomy/ fasciotomy contracture release	1	2	3		
		ADVANCED PROCEDURES					
R_C	04	Repair of cleft lip and palate	1	2	3		
R_C	05	Repair of clubfoot	1	2	3		
R_C	06	Repair of anorectal malformation (Hirschsprung's disease)	1	2	3		

Mod/Ind	No.	Question	Result	Skip
		18.13.3. HUMAN RESOURCES FOR SURGERY		
R_C	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	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	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	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	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		

Mod/Ind	No.	Question	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	Skip
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.				
R_C	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➔12	3 ➔12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles	1	2	3	
R_C	15	Auto-disable syringes	1	2	3	
R_C	16	Surgical/respiratory masks	1	2	3	
R_C	17	N95 face masks	1	2	3	
R_C	18	Non-sterile protective gowns	1	2	3	
R_C	19	Sterile protective gowns	1	2	3	
R_C	20	Aprons (impermeable)	1	2	3	
R_C	21	Eye protection (goggles, face shields)	1	2	3	
R_C	22	Gumboots or clogs	1	2	3	
R_C	23	Hair cover	1	2	3	
		SURGICAL SERVICE INFRASTRUCTURE AND RESOURCES				
R_C	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	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	11922	Is running water functioning in the scrub area today?	YES .... 1 NO 2			

Mod/Ind	No.	Question	Result			Skip
R_C	11923	Please tell me if there are separate rooms for the following surgical service components:	YES		NO	
R_C	01	Preoperative room(s)	1		2	
R_C	02	Storage space for sterile and high-level disinfected items (either a room with limited access or a cabinet that can be closed)	1		2	
R_C	03	Post-operative recovery room(s)	1		2	
		EQUIPMENT AND COMMODITIES FOR SURGERY				
R_C	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	11925	Is there any oxygen currently in the unit?	YES......1 NO 2			➔Q11927
R_C	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	(A) AVAILABLE IN THIS SERVICE AREA			(B) FUNCTIONING			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	11927	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	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔Q11929	1	2 ➔Q11929	8 ➔Q11929	

Mod/Ind	No.	Question	Result			Skip
R_C	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.				
Q_C	11929	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO	NOT APPLICABLE	
Q_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	

Mod/Ind	No.	Question	Result			Skip
			YES	NO	NOT APPLICABLE	
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
Q_C	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	(A) AVAILABLE			(B) FUNCTIONING			Skip
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.							
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Basic operating table	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Overhead operating light	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	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	04	Gasometer	1 ➜B	2 ➜B	3 ➜05	1	2	8	
R_C	05	Capnograph	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C	06	Cardiac monitor	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C	07	ECG electrodes	1 ➜B	2 ➜B	3 ➜08	1	2	8	

Mod/Ind	No.	Question	Result							Skip
R_C	08	Defibrillator	1 ➜B	2 ➜B	3 ➜09	1	2	8	
			(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	09	Thermometer (manual/electronic/ digital)	1 ➜B	2 ➜B	3 ➜10	1	2	8	
R_C	10	Stethoscope	1 ➜B	2 ➜B	3 ➜11	1	2	8	
R_C	11	Blood pressure apparatus (manual sphygmomanometer with stethoscope or digital)	1 ➜B	2 ➜B	3 ➜12	1	2	8	
R_C	12	Auto blood pressure machine	1 ➜B	2 ➜B	3 ➜13	1	2	8	
R_C	13	Any suction apparatus (manual or electronic)	1 ➜B	2 ➜B	3 ➜14	1	2	8	
R_C	14	Suction catheters	1 ➜B	2 ➜B	3 ➜15	1	2	8	
R_C	15	Needle holder	1 ➜B	2 ➜B	3 ➜16	1	2	8	
R_C	16	Scalpel handle with blade	1 ➜B	2 ➜B	3 ➜17	1	2	8	
R_C	17	Retractor	1 ➜B	2 ➜B	3 ➜18	1	2	8	
R_C	18	Surgical scissors	1 ➜B	2 ➜B	3 ➜19	1	2	8	
R_C	19	Spinal needle	1 ➜B	2 ➜B	3 ➜20	1	2	8	
R_C	20	Nasogastric tube adult (e.g. French gauge 14–16G)	1 ➜B	2 ➜B	3 ➜21	1	2	8	
R_C	21	Nasogastric tube adult (e.g. French gauge 10–12G)	1 ➜B	2 ➜B	3 ➜22	1	2	8	
R_C	22	Tourniquet	1 ➜B	2 ➜B	3 ➜23	1	2	8	
R_C	23	Cricothyroidotomy set	1 ➜B	2 ➜B	3 ➜24	1	2	8	
R_C	24	Urinary catheters	1 ➜B	2 ➜B	3 ➜25	1	2	8	
R_C	25	Sterile latex gloves	1	2	3	✕	✕	✕	

Mod/Ind	No.	Question	Result						Skip
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	01	Oropharyngeal airway (adult)	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Laryngeal mask or other supraglottic airway (size 4 or 5 for adult)	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	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	04	Endotracheal tube (adult, e.g. cuffed sizes 5.5–9.0)	1 ➜B	2 ➜B	3 ➜05	1	2	8	
R_C	05	Laryngoscope handle and blade (adult)	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C	06	Magills forceps (adult)	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C	07	Stylet or bougie (adult)	1 ➜B	2 ➜B	3 ➜08	1	2	8	
R_C	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	10	Adult anaesthesia machine	1 ➜B	2 ➜B	3 ➜Q11932	1	2	8	
R_C	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	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	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

Mod/Ind	No.	Question	Result						Skip
R_C	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	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						
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.	(A) AVAILABLE			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	01	Oropharyngeal airway (paediatric)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Laryngeal mask or other supraglottic airway (size 2 or 3 for paediatric)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	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	04	Endotracheal tube (paediatric e.g. uncuffed sizes 3.0 to 5.0)	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Laryngoscope handle and blade (paediatric)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Laryngoscope handle and blade neonatal (size 1)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Magills forceps (paediatric)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Stylet or bougie (paediatric)	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Tubings and connectors (to connect endotracheal tube) to fit paediatric endotracheal tubes	1 ➔B	2 ➔B	3 ➔Q11938	1	2	8	

Mod/Ind	No.	Question	Result	Skip
R_C	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	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	
R_C	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	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	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	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	Result									Skip
			(A) IS THIS PROCEDURE OFFERED?		(B) EQUIPMENT		(C) TRAINED STAFF FOR CONDUCTING PROCEDURE/ THERAPY			(D) RESULTS INTERPRETED		
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.	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	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	
		IMAGING PROCEDURES										
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 (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	12002	Does this facility perform any of the following procedures:										
R_C	01	CT scan	1 ➜B	2 ➜05	1 ➜B	2 ➜05	1 ➜D	2 ➜D	3 ➜05	1	2	
R_C	02	Magnetic resonance scan (MRI)	1 ➜B	2 ➜07	1 ➜B	2 ➜07	1 ➜D	2 ➜D	3 ➜07	1	2	
R_C	03	Digital X-ray machine	1 ➜B	2 ➜08	1 ➜B	2 ➜08	1 ➜D	2 ➜D	3 ➜08	1	2	
R_C	04	Non-digital X-ray	1 ➜B	2 ➜Q12004	1 ➜B	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									

Mod/Ind	No.	Question	Result	Skip
		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.		
R_C, Q_C	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, Q_C	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	12102	How many hours per day are services provided in the emergency unit?	HOURS PER DAY .... __ __ 24-HOUR EMERGENCY SERVICES 24	
		TRIAGE SERVICES		
R_C	12103	Is there a formal triage system for the emergency service patients?	YES .... 1 NO 2	➔Q12106
R_C	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	12105	Have staff been trained in using the triage tool?	YES .... 1 NO 2	
		REFERRAL SERVICES		
R_C	12106	Does this unit ever refer patients to another facility?	YES .... 1 NO 2	➔Q12110
R_C	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	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

Mod/Ind	No.	Question	Result					Skip
R_C	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	
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?	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	
R_C	01	Isolation room for placing patients with suspect infectious diseases such as TB or haemorrhagic fever?	1 ➜B	2 ➜B	3 ➜02	1	2	
R_C	02	Designated waiting area	1 ➜B	✕	3 ➜03	1	2	
R_C	03	Designated triage area	1 ➜B	✕	3 ➜04	1	2	
R_C	04	Designated resuscitation area	1 ➜B	✕	3 ➜05	1	2	
R_C	05	Functional radio or phone for communicating between facilities and/or ambulance for transfers	1	2	3	✕	✕	
R_C	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	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	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	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					

Mod/Ind	No.	Question	Result				Skip
R_C	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	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	12118	Is there a core staff of fixed (non-rotating) providers permanently assigned to the emergency unit?	YES .... 1 NO 2				
R_C	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	Skip
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	01	Emergency medicine specialist	1	2	3	4	5	
R_C	02	Generalist medical practitioner	1	2	3	4	5	
R_C	03	Mid-level provider or advanced practice nurses (e.g. clinical officers or nurse practitioners)	1	2	3	4	5	
R_C	04	Professional nurse-midwife (dual trained)	1	2	3	4	5	
R_C	05	Professional nurse	1	2	3	4	5	
R_C	06	Other specialist doctors	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3 _____ (SPECIFY)	4 _____ (SPECIFY)	5	

Mod/Ind	No.	Question	Result			Skip
		18.15.3. GUIDELINES AND STAFF TRAINING FOR EMERGENCY SERVICES				
R_C	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	01	Is there a specific triage protocol or guidelines for children under 5 years of age?	1	2	3	
R_C	02	Is there a specific triage protocol or guidelines for pregnant women?	1	2	3	
R_C	12124	**CLINICAL MANAGEMENT PROTOCOLS**				
R_C	01	Protocol for initial approach to ABCs (airway, breathing, circulation, etc.) and basic neurologic function	1	2	3	
R_C	02	Trauma care checklist	1	2	3	
		18.15.4. DIAGNOSTICS				
R_C	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	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	01	Are vital signs measured in the triage area?	1	2	3	
R_C	02	Are vital signs measured in the emergency unit?	1	2	3	
R_C	12128	**AIRWAY INTERVENTIONS**				
R_C	01	Use of manual manoeuvres (e.g. jaw thrust, chin lift)	1	2	3	
R_C	02	Use of suction	1	2	3	
R_C	03	Placement of oro- or nasopharyngeal airway device	1	2	3	
R_C	04	Placement of supraglottic device (local mask airway [LMA])	1	2	3	
R_C	05	Endotracheal intubation	1	2	3	
R_C	06	Creation of surgical airway	1	2	3	
R_C	12129	**BREATHING INTERVENTIONS**				
R_C	01	Measurement of pulse oximetry at triage	1	2	3	
R_C	02	Measurement of pulse oximetry in emergency unit treatment area	1	2	3	
R_C	03	Administration of bronchodilators for reactive airway disease	1	2	3	
R_C	04	Administration of oxygen	1	2	3	
R_C	05	Bag-valve-mask ventilation	1	2	3	
R_C	06	Non-invasive mechanical ventilation such as bilevel positive airway pressure (BiPAP) or continuous positive airway pressure (CPAP)	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			(A) AVAILABILITY			
			ALWAYS AVAILABLE WHEN NEEDED DURING THE PAST 3 MONTHS	NOT ALWAYS AVAILABLE DURING THE PAST 3 MONTHS	NEVER AVAILABLE	
R_C	07	Invasive mechanical ventilation	1	2	3	
R_C	08	Perform needle decompression of tension pneumothorax	1	2	3	
R_C	09	Placement of chest tube	1	2	3	
		CIRCULATION				
R_C	12130	VOLUME RESUSCITATION INTERVENTIONS				
R_C	01	Administer oral rehydration	1	2	3	
R_C	02	Place peripheral IV access	1	2	3	
R_C	03	Establish intraosseous access	1	2	3	
R_C	04	Perform venous cutdown	1	2	3	
R_C	05	Establish central venous access	1	2	3	
R_C	06	Administration of IV fluids	1	2	3	
R_C	07	Adjust fluid resuscitation for malnutrition or severe anaemia	1	2	3	
R_C	08	Place urinary catheter	1	2	3	
R_C	12131	CONTROL OF BLEEDING				
R_C	01	External control of haemorrhage	1	2	3	
R_C	02	Perform packing and/or suture control	1	2	3	
R_C	03	Apply arterial tourniquet	1	2	3	
R_C	04	Apply pelvic binding or sheeting	1	2	3	
R_C	05	Ability to perform safe transfusion (including protocols for appropriate ratios for massive transfusion)	1	2	3	
R_C	06	Perform and interpret point-of-care ultrasound	1	2	3	
R_C	12132	**CARDIAC INTERVENTIONS**				
R_C	01	Perform pericardiocentesis	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			(A) AVAILABILITY			
			ALWAYS AVAILABLE WHEN NEEDED DURING THE PAST 3 MONTHS	NOT ALWAYS AVAILABLE DURING THE PAST 3 MONTHS	NEVER AVAILABLE	
R_C	02	Perform external defibrillation and/or cardioversion	1	2	3	
R_C	03	Perform external cardiac pacing	1	2	3	
R_C	04	Administration of adrenaline	1	2	3	
R_C	05	Perform and interpret ECG	1	2	3	
R_C	06	Administer aspirin for ischaemia	1	2	3	
R_C	07	Administration of thrombolytics for myocardial infarction (MI)	1	2	3	
		NEUROLOGIC				
R_C	12133	UNCONSCIOUS PATIENT				
R_C	01	Check glucose level	1	2	3	
R_C	02	Administer glucose for hypoglycaemia	1	2	3	
R_C	03	Administer insulin for hyperglycaemia	1	2	3	
R_C	04	Perform lumbar puncture	1	2	3	
R_C	12134	**SEIZURE**				
R_C	01	Protect from secondary injury	1	2	3	
R_C	02	Administer benzodiazepine	1	2	3	
R_C	03	Administer IV magnesium for pregnant patient	1	2	3	
R_C	04	Administer locally appropriate antidote for narcotic overdose	1	2	3	
R_C	12135	**OTHERS**				
R_C	01	Perform mental status examination	1	2	3	
R_C	02	Management of extreme temperatures	1	2	3	
R_C	03	Ability to provide physical restraints	1	2	3	
R_C	04	Administer appropriate therapeutics for agitation	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			(A) AVAILABILITY			
			ALWAYS AVAILABLE WHEN NEEDED DURING THE PAST 3 MONTHS	NOT ALWAYS AVAILABLE DURING THE PAST 3 MONTHS	NEVER AVAILABLE	
R_C	05	Perform procedural sedation	1	2	3	
R_C	12136	**SEPSIS INTERVENTIONS**				
R_C	01	Administration of IV antibiotics	1	2	3	
R_C	02	Administration of IV vasopressors	1	2	3	
R_C	03	Perform diagnostic paracentesis	1	2	3	
R_C	04	Bedside minor surgical techniques for source control (e.g. abscess)	1	2	3	
R_C	12137	**INJURY SPECIFIC INTERVENTIONS**				
R_C	01	Immobilize the cervical spine	1	2	3	
R_C	02	Apply three-way dressing for sucking chest wound	1	2	3	
R_C	03	Perform fasciotomy or escharotomy for compartment syndrome	1	2	3	
R_C	04	Administer opiate analgaesia	1	2	3	
R_C	05	Immobilize fractures	1	2	3	
R_C	06	Perform closed reduction of fracture or dislocation	1	2	3	
R_C	07	Administer antibiotics for open fracture	1	2	3	
R_C	08	Perform appropriate initial wound care	1	2	3	
R_C	09	Administer tetanus vaccination or intravenous immunoglobin (IVIg) as appropriate	1	2	3	
R_C	10	Administer rabies vaccine or intravenous immunoglobin (IVIg) as appropriate	1	2	3	
R_C	12138	**OBSTETRIC INTERVENTIONS**				
R_C	01	Perform emergency vaginal delivery	1	2	3	
R_C	02	Administer uterotonic medicine (e.g. oxytocin)	1	2	3	
R_C	03	Perform neonatal resuscitation	1	2	3	

Mod/Ind	No.	Question	Result	Skip
		OTHER SERVICES		
R_C	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	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	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.		OBSERVED AVAILABLE		NOT OBSERVED			
R_C	12142	**EMERGENCY MEDICINES**	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Adrenaline or epinephrine injection	1	2	3	4	5	
R_C	02	Glucose 50% injection	1	2	3	4	5	
R_C	03	Atropine injection	1	2	3	4	5	
R_C	04	Calcium gluconate injection	1	2	3	4	5	
R_C	05	Sodium bicarbonate	1	2	3	4	5	
R_C	06	Volume replacement intravenous solutions – dextrose 5% and 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	

Mod/Ind	No.	Question	Result					Skip
			OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	12143	**OTHER MEDICINES**						
R_C	01	Lidocaine 1% or 2%	1	2	3	4	5	
R_C	02	Ketamine	1	2	3	4	5	
R_C	03	Benzodiazepine	1	2	3	4	5	
R_C	04	Magnesium sulfate	1	2	3	4	5	
R_C	05	Naloxone (Narcan) narcotic antagonist	1	2	3	4	5	
R_C	06	Oxytocin in cold storage	1	2	3	4	5	
R_C	07	Any NSAID (e.g. diclofenac, ibuprofen)	1	2	3	4	5	
R_C	08	Opioid (e.g. morphine)	1	2	3	4	5	
R_C	12144	**OTHER ITEMS**						
R_C	01	Intravenous infusion set	1	2	3	4	5	
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	06	Intravenous catheter (14 or 16 gauge)	1	2	3	4	5	
		EMERGENCY MEDICINES						
R_C	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					

Mod/Ind	No.	Question	Result			Skip
		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
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.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Adrenaline or epinephrine injection	1	2	3	
R_C	02	Glucose 50% injection	1	2	3	
R_C	03	Atropine injection	1	2	3	
R_C	04	Calcium gluconate injection	1	2	3	
R_C	05	Sodium bicarbonate	1	2	3	
R_C	06	Intravenous infusion set	1	2	3	
R_C	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	08	Dextrose 5% and water intravenous solution (for medicine administration)	1	2	3	
R_C	12148	**EMERGENCY RESPIRATORY EQUIPMENT**				
R_C	01	Oropharyngeal airway (adult)	1	2	3	
R_C	02	Nasopharyngeal airways (adult)	1	2	3	
R_C	03	Oropharyngeal airway (paediatric)	1	2	3	
R_C	04	Nasopharyngeal airways (paediatric)	1	2	3	
R_C	05	Adult intubation set (with endotracheal tube, stylet or bougie, laryngoscope handle and blade, Magill forceps)	1	2	3	
R_C	06	Paediatric intubation set (with endotracheal tube, stylet or bougie, laryngoscope handle and blade, Magill forceps)	1	2	3	

Mod/Ind	No.	Question	Result						Skip
		ONSITE RAPID TESTS							
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.	OBSERVED AVAILABLE		NOT OBSERVED			
			AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
R_C	01	Urine dipstick for protein (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	02	Urine dipstick for glucose (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	03	Urine dipstick for ketones (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
R_C	04	Urine pregnancy test	1	2	3	4	5	
R_C	05	Blood glucose	1	2	3	4	5	
R_C	06	Malaria rapid diagnostic test (RDT)	1	2	3	4	5	
R_C	07	Rapid HIV testing	1	2	3	4	5	
		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	01	Thermometer (manual, electronic or digital)	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Stethoscope	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	Blood pressure apparatus (manual sphygmomano-meter with stethoscope) or digital	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C	04	Adult weighing scale	1 ➜B	2 ➜B	3 ➜05	1	2	8	

Mod/Ind	No.	Question	Result						Skip
			(A) AVAILABLE IN EMERGENCY SERVICE AREA			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	05	Infant weighing scale (100 g gradation)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Child weighing scale (250 g gradation)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Examination light that can be aimed (flashlight acceptable)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	08	Otoscope	1 ➔B	2 ➔B	3 ➔09	1	2	8	
R_C	09	Ophthalmoscope	1 ➔B	2 ➔B	3 ➔10	1	2	8	
R_C	10	Doppler	1 ➔B	2 ➔B	3 ➔11	1	2	8	
R_C	11	Micro-nebuliser	1 ➔B	2 ➔B	3 ➔Q12151	1	2	8	
R_C	12151	**AIRWAY INTERVENTIONS**							
R_C	01	Suction apparatus (manual)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Suction apparatus (electronic)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Suction catheters	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	04	Cricothyroidotomy or tracheostomy set	1 ➔B	2 ➔B	3 ➔Q12152	1	2	8	
R_C	12152	**ADULT INTUBATION**							
R_C	01	Oropharyngeal airway (adult)	1 ➔B	2 ➔B	3 ➔02	1	2	8	
R_C	02	Laryngeal mask or other supraglottic airway, adult (size 4 or 5)	1 ➔B	2 ➔B	3 ➔03	1	2	8	
R_C	03	Endotracheal tube (adult) (e.g. cuffed sizes 5.5–9.0)	1 ➔B	2 ➔B	3 ➔04	1	2	8	
R_C	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	05	Laryngoscope handle and blade (adult)	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Magill forceps (adult)	1 ➔B	2 ➔B	3 ➔07	1	2	8	
R_C	07	Stylet or bougie (adult)	1 ➔B	2 ➔B	3 ➔08	1	2	8	
R_C	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	01	Oropharyngeal airway (paediatric)	1 ➔B	2 ➔B	3 ➔02	1	2	8	

Mod/Ind	No.	Question	Result						Skip
			(A) AVAILABLE IN EMERGENCY SERVICE AREA			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	02	Laryngeal mask or other supraglottic airway (size 2–3 for paediatric)	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	Endotracheal tube (paediatric) (e.g. uncuffed sizes 3.0–5.0)	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C	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	05	Laryngoscope handle and blade (paediatric)	1 ➜B	2 ➜B	3 ➜06	1	2	8	
R_C	06	Laryngoscope handle and blade neonatal (size 1)	1 ➜B	2 ➜B	3 ➜07	1	2	8	
R_C	07	Magill forceps (paediatric)	1 ➜B	2 ➜B	3 ➜08	1	2	8	
R_C	08	Stylet or bougie (paediatric)	1 ➜B	2 ➜B	3 ➜09	1	2	8	
R_C	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	01	Pulse oximeter	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Chest tubes and insertion set	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	Continuous positive airway pressure (CPAP) equipment	1 ➜B	2 ➜B	3 ➜Q12155	1	2	8	
R_C	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	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	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	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						

Mod/Ind	No.	Question	Result						Skip

R_C	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	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						

Mod/Ind	No.	Question	(A) AVAILABLE IN EMERGENCY SERVICE AREA			(B) FUNCTIONING			Skip
		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.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	12161	**VOLUME RESUSCITATION**							
R_C	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	01	Tourniquet	1 ➜B	2 ➜B	3 ➜Q12163	1	2	8	
R_C	12163	**CARDIAC INTERVENTIONS**							
R_C	01	Cardiac monitor with electrodes	1 ➜B	2 ➜B	3 ➜02	1	2	8	
R_C	02	Defibrillator	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	External cardiac pacer pads	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C	04	Electrocardiogram (ECG) machine	1 ➜B	2 ➜B	3 ➜Q12165	1	2 ➜Q12165	8 ➜Q12165	
R_C	05	Electrodes and leads for ECG machine	1 ➜B	2 ➜B	3 ➜Q12165	1	2 ➜Q12165	8 ➜Q12165	
R_C	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	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	02	Needle holder	1 ➜B	2 ➜B	3 ➜03	1	2	8	
R_C	03	Scalpel handle with blade	1 ➜B	2 ➜B	3 ➜04	1	2	8	
R_C	04	Haemostat	1 ➜B	2 ➜B	3 ➜05	1	2	8	

Mod/Ind	No.	Question	Result						Skip
			(A) AVAILABLE IN EMERGENCY SERVICE AREA			(B) FUNCTIONING			
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
R_C	05	Suture thread	1	2	3	✕	✕	✕	
R_C	06	Suture needles	1	2	3	✕	✕	✕	
R_C	07	Chlorhexidine or other topical disinfectant	1	2	3	✕	✕	✕	
R_C	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	12167	Is there any oxygen currently in the unit?	YES..1 NO 2						➔Q12169
R_C	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						
R_C	12169	Now I would like to see the following items and to know if they are functional or not.	(A) AVAILABLE IN EMERGENCY 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	04	Flowmeter for oxygen source, with gradations in mL	1 ➔B	2 ➔B	3 ➔05	1	2	8	
R_C	05	Humidifier	1 ➔B	2 ➔B	3 ➔06	1	2	8	
R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 ➔B	2 ➔B	3 ➔Q12171	1	2 ➔Q12171	8 ➔Q12171	
R_C	12170	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..1 NO 2						

Mod/Ind	No.	Question	Result			Skip
		18.15.7. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL				
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.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	01	Clean running water (piped, bucket with tap or pour pitcher)	1	2	3	
R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
R_C	03	Alcohol-based handrub	1	2	3	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➔12	3 ➔12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles	1	2	3	
R_C	15	Auto-disable syringes	1	2	3	
R_C	16	Surgical/respiratory masks	1	2	3	

Mod/Ind	No.	Question	Result			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	17	N95 face masks	1	2	3	
R_C	18	Non-sterile protective gowns	1	2	3	
R_C	19	Sterile protective gowns	1	2	3	
R_C	20	Aprons (impermeable)	1	2	3	
R_C	21	Eye protection (goggles, face shields)	1	2	3	
R_C	22	Gumboots or clogs	1	2	3	
R_C	23	Hair cover	1	2	3	
		18.15.8. 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 emergency service area.				
Q_C	12172	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT:	YES	NO	NOT APPLICABLE	
Q_C	01	FLOOR: SWEPT, NO OBVIOUS DIRT OR WASTE	1	2	✕	
Q_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2	✕	
Q_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	✕	
Q_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	✕	
Q_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	✕	
Q_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1	2	✕	
Q_C	07	STAFF WERE WEARING ID BADGES	1	2	✕	
Q_C	08	NON-SMOKING SIGNS WERE OBSERVED	1	2	✕	
Q_C	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	

Mod/Ind	No.	Question	Result			Skip
			YES	NO	NOT APPLICABLE	
Q_C	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	
Q_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	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			
Q_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
Q_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, Q_C	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	12201	Have there been any interruptions in availability of blood for transfusion during the past 3 months?	YES...1 NO 2			
R_C	12202	Does this facility obtain blood for transfusion from a national or regional blood centre or blood bank?	YES...1 NO 2			
R_C	12203	Does this facility obtain any blood from sources other than the national or regional blood centre?	YES...1 NO 2			➔Q12206
R_C	12204	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES...1 NO 2			➔Q12206
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	01	HIV	1	2	3	
R_C	02	Syphilis	1	2	3	
R_C	03	Hepatitis B	1	2	3	
R_C	04	Hepatitis C	1	2	3	
		SUPPORT FOR QUALITY BLOOD TRANSFUSION SERVICES				
R_C	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	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				
Q_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

Mod/Ind	No.	Question	Result					Skip
R_C, Q_C	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
Q_C	12210	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	
Q_C	01	Continuous temperature recorder/logger	1 ➜B	2 ➜02	1 ➜Q12213	2	8	
Q_C	02	Thermometer	1 ➜B	2 ➜Q12300	1	2 ➜Q12300	8 ➜Q12300	
Q_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
Q_C	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
Q_C	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					
Q_C	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, Q_C	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	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	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	12305	Does the laboratory have a back-up source of power when the main power is not functioning?	YES...1 NO 2	
R_C	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	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	01	Received specimens are labelled with patient identifier	1	2	3	
R_C	02	Received specimens are logged in with patient identifier	1	2	3	
R_C	03	Test results can be traced from received specimen to recording of results	1	2	3	
R_C	04	There is documentation to show results were provided to the patient or service provider requesting the test	1	2	3	
R_C	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
			YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
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.						
R_C	01	Specimen to test for TB infection	1 ➜B	2 ➜02	1	2	3	
R_C	02	Specimens to test for TB drug resistance	1 ➜B	2 ➜03	1	2	3	
R_C	03	CD4	1 ➜B	2 ➜06	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
			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	12311	Malaria RDT	1 ➜B	2 ➜Q12313	3 ➜B	4 ➜Q12313	5 ➜Q12314	1	2 ➜Q12314	
R_C	12312	Has there been a stock out of malaria RDT kits in the past 4 weeks?	YES..1 NO 2							➜Q12314
R_C	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	12314	HIV rapid test	1 ➜B	2 ➜Q12315	3 ➜B	4 ➜Q12315	5 ➜Q12315		1	2	
Q_C	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
Q_C	12316	What was the concordance for the most recent external quality control?	PERCENTAGE — — — DON'T KNOW 998								
Q_C	12317	Does this facility routinely test the quality of the HIV RDT test kit?	YES... 1 NO 2								
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	01	Syphilis rapid test	1	2 ➜02	3	4 ➜02	5 ➜02				
R_C	02	Urine rapid tests for pregnancy	1	2 ➜03	3	4 ➜03	5 ➜03				
R_C	03	Urine dipstick for protein (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2 ➜04	3	4 ➜04	5 ➜04				
R_C	04	Urine dipstick for glucose (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2 ➜05	3	4 ➜05	5 ➜05				
R_C	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				
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	09	Stool guaiac test (for blood)	1	2 ➜10	3	4 ➜10	5 ➜10				
R_C	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	11	Kato Katz kits (for helminth)	1	2 ➜12	3	4 ➜12	5 ➜12				
R_C	12	Filariasis test strip (FTS)	1	2 ➜13	3	4 ➜13	5 ➜13				
R_C	13	Dengue rapid test	1	2 ➜14	3	4 ➜14	5 ➜14				
R_C	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				

Mod/Ind	No.	Question	Result						Skip
			(A) TEST USUALLY AVAILABLE		**(B) AVAILABILITY**				
			YES	NO	OBSERVED, FUNCTIONAL/ VALID	REPORTED, (NOT SEEN) FUNCTIONAL/ VALID	NOT FUNCTIONAL/ NOT VALID	NOT AVAILABLE TODAY	
		HANDHELD TESTS AND ITEMS NECESSARY FOR CONDUCTING THE TEST							
		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.							
R_C	12319	Handheld test for anaemia	1	2 ➜Q12320	✕	✕	✕	✕	
R_C	01	Colourimeter or haemoglobinometer	✕	✕	1 ➜C	2 ➜C	3 ➜02	4 ➜02	
R_C	02	HemoCue	✕	✕	1 ➜C	2 ➜C	3 ➜Q12320	4 ➜Q12320	
R_C	12320	Handheld test for glucose	1	2 ➜Q12321	✕	✕	✕	✕	
R_C	01	Glucometer	✕	✕	1 ➜C	2 ➜C	3 ➜Q12321	4 ➜Q12321	
R_C	02	Glucometer test strips/discs (with valid expiration date)	✕	✕	1 ➜C	2 ➜C	3 ➜Q12321	4 ➜Q12321	
		LABORATORY SAFETY AND INFECTION PREVENTION AND CONTROL							
		INFECTION PREVENTION AND CONTROL							
			OBSERVED		REPORTED, NOT SEEN		NOT AVAILABLE		
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.							
R_C	01	Clean running water (piped, bucket with tap or pour pitcher)	1		2		3		
R_C	02	Soap (bar or liquid) for hand hygiene	1		2		3		
R_C	03	Alcohol-based handrub	1		2		3		

Mod/Ind	No.	Question	Result			Skip
			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
R_C	05	Disposable paper towels for drying hands	1	2	3	
R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
R_C	07	Disposable latex gloves (sterile)	1	2	3	
R_C	08	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 ➔10	3 ➔10	
R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
R_C	10	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for biological waste	1	2 ➔12	3 ➔12	
R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
R_C	12	Sharps container ("safety box")	1	2	3	
R_C	13	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
R_C	14	Disposable syringes with disposable needles	1	2	3	
R_C	15	Auto-disable syringes	1	2	3	
R_C	16	Surgical/respiratory masks	1	2	3	
R_C	17	N95 face masks	1	2	3	
R_C	18	Non-sterile protective gowns	1	2	3	
R_C	19	Sterile protective gowns	1	2	3	
R_C	20	Aprons	1	2	3	
R_C	21	Eye protection (goggles, face shields)	1	2	3	
R_C	22	Gumboots or clogs	1	2	3	
R_C	23	Hair cover	1	2	3	
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

Mod/Ind	No.	Question	Result								Skip
		MULTIPURPOSE LABORATORY EQUIPMENT									
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.	(A) AVAILABILITY								
			(i) OBSERVED AVAILABLE		(ii) NOT OBSERVED						
			FUNCTIONAL	NOT FUNCTIONAL	REPORTED AVAILABLE AND FUNCTIONAL	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE				
R_C	01	Light microscope	1	2	3	4	5				
R_C	02	Glass slides	1	✕	3	4	5				
R_C	03	Cover slips for glass slides	1	✕	3	4	5				
R_C	04	Centrifuge for plasma and urine separation	1	2	3	4	5				
R_C	05	Test tubes	1	✕	3	4	5				
R_C	06	Incubator (37 °C)	1	2	3	4	5				
R_C	07	Agar plates for culture	1	✕	3	4	5				
R_C	08	Vortex mixer	1	2	3	4	5				
R_C	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									
R_C	12324	Any tests of white and red blood cells	1	2 ➔Q12325	3 ➔Q12325	✕	✕	✕	✕		

Mod/Ind	No.	Question	Result							Skip
			(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		
R_C	01	Haematology analyser	✕	✕	✕	1	2	3	4	
R_C	02	Stains for full blood count and differential	✕	✕	✕	1	2	3	4	
R_C	03	White blood counting chamber	✕	✕	✕	1	2	3	4	
R_C	04	Pack cell volume (centrifuge and pipettes for haematocrit)	✕	✕	✕	1	2	3	4	
		COAGULATION								
R_C	12325	Blood coagulation profile	1	2 ➔Q12326	3 ➔Q12326	✕	✕	✕	✕	
R_C	01	Blood coagulation analyser (PT/PTT)	✕	✕	✕	1	2	3	4	
		BLOOD CHEMISTRIES AND ELEMENTS								
R_C	12326	Any blood chemistry tests	1	2 ➔Q12327	3 ➔Q12327	✕	✕	✕	✕	
R_C	01	Blood chemistry analyser	✕	✕	✕	1	2	3	4	
R_C	02	Assay kit(s) – liver function test including ALT	✕	✕	✕	1	2	3	4	
R_C	03	Assay kit(s) – renal function test including creatinine and urea nitrogen	✕	✕	✕	1	2	3	4	
R_C	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)	

Mod/Ind	No.	Question	Result							Skip
			(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		
		ELISA TESTS								
R_C	12328	Any EIA/ELISA testing	1	2 ➔Q12729	3 ➔Q12729	X	X	X	X	
R_C	01	EIA/ELISA washer	X	X	X	1	2	3	4	
R_C	02	EIA/ELISA reader	X	X	X	1	2	3	4	
R_C	03	Assay kit – HIV antibody testing by EIA/ELISA	X	X	X	1	2	3	4	
R_C	04	Schistosomiasis serology using FAST-ELISA	X	X	X	1	2	3	4	
R_C	05	Serological test (ELISA IgG or IgM)	X	X	X	1	2	3	4	
		PCR TESTS								
R_C	12329	Molecular biological technique (PCR)	1	2 ➔Q12330	3 ➔Q12330	X	X	X	X	
R_C	01	PCR for HIV viral load or HIV early-infant diagnosis (PCR)	X	X	X	1	2	3	4	
R_C	02	PCR for visceral leishmaniasis	X	X	X	1	2	3	4	
R_C	03	PCR for dengue	X	X	X	1	2	3	4	
		CD4								
R_C	12330	CD4 count (absolute and percentage)	1	2 ➔Q12331	3 ➔Q12331	X	X	X	X	
R_C	01	CD4 counter	X	X	X	1	2	3	4	
R_C	02	Specific assay kit – CD4 test	X	X	X	1	2	3	4	
		SYPHILIS TESTS								
R_C	12331	Other blood tests for syphilis	1	2 ➔Q12332	3 ➔Q12332	X	X	X	X	
R_C	01	Assay kit – syphilis serology (RPR)	X	X	X	1	2	3	4	

Mod/Ind	No.	Question	Result							Skip
			(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		
R_C	02	VDRL test kit	✕	✕	✕	1	2	3	4	
R_C	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	01	Fluorescence microscope (FM)	✕	✕	✕	1	2	3	4	
R_C	02	Ziehl-Neelsen stain	✕	✕	✕	1	2	3	4	
R_C	03	Auramine rhodamine stain for fluorescent microscopy	✕	✕	✕	1	2	3	4	
R_C	12333	Xpert MTB/RIF rapid diagnostic testing for TB	1	2 ➜Q12334	3 ➜Q12334	✕	✕	✕	✕	
R_C	01	GeneXpert 4 module unit with laptop	✕	✕	✕	1	2	3	4	
R_C	02	GeneXpert 4 test cartridge	✕	✕	✕	1	2	3	4	
R_C	03	Cartridge for Ultra test	✕	✕	✕	1	2	3	4	
		MICROSCOPY								
R_C	12334	Any microscopy	1	2 ➜Q12335	3 ➜Q12335	✕	✕	✕	✕	
R_C	01	Wet mount microscopy	✕	✕	✕	1	2	3	4	
R_C	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	

Mod/Ind	No.	Question	Result							Skip
			(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		
		MALARIA								
R_C	12335	Malaria smears	1	2 ➔Q12336	3 ➔Q12336	✕	✕	✕	✕	
R_C	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	01	Specific assay kit – cryptococcal antigen test	✕	✕	✕	1	2	3	4	
R_C	02	India ink stain preparation	✕	✕	✕	1	2	3	4	
R_C	12338	Gram stain testing	1	2 ➔Q12339	3 ➔Q12339	✕	✕	✕	✕	
R_C	01	All items for gram stain	✕	✕	✕	1	2	3	4	
		CULTURE AND SENSITIVITY								
R_C	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	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	

Mod/Ind	No.	Question	Result							Skip
			(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		
R_C	12341	Blood gas measurement	1	2 ➔Q12342	3 ➔Q12342	✕	✕	✕	✕	
R_C	01	All items for blood gas measurement	✕	✕	✕	1	2	3	4	
R_C	12342	Cardiac marker (CK, troponin) tests and all items for test	1	2 ➔Q12343	3 ➔Q12743	✕	✕	✕	✕	
R_C	01	All items for any cardiac marker test	✕	✕	✕	1	2	3	4	
		CANCER SPECIFIC TESTS								
R_C	12343	Prostate specific antigen (PSA) test	1	2 ➔Q12344	3 ➔Q12344	✕	✕	✕	✕	
R_C	01	All items for PSA test	✕	✕	✕	1	2	3	4	
R_C	12344	Carcinoembryonic antigen (CEA) test	1	2 ➔Q12345	3 ➔Q12345	✕	✕	✕	✕	
R_C	01	All items for CEA test	✕	✕	✕	1	2	3	4	
R_C	12345	Carbohydrate antigen 19-9 (CA19-9) test	1	2 ➔Q12346	3 ➔Q12346	✕	✕	✕	✕	
R_C	01	All items for CA19-9 test	✕	✕	✕	1	2	3	4	
R_C	12346	Any tissue or specimen sample biopsy	1	2 ➔Q12347	3 ➔Q12347	✕	✕	✕	✕	
R_C	01	Microtome for slicing biopsy samples	✕	✕	✕	1	2	3	4	
R_C	12347	Biopsy test sample from colposcopy procedure	1	2 ➔Q12348	3 ➔Q12348	✕	✕	✕	✕	
R_C	01	All items for examination of colposcopy biopsy specimen	✕	✕	✕	1	2	3	4	
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	

Mod/Ind	No.	Question	Result							Skip
			(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		
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	12351	HPV test (Cervista)	1	2 →Q12352	3 →Q12352	✕	✕	✕	✕	
R_C	01	All items for HPV test (Cervista)	✕	✕	✕	1	2	3	4	
R_C	12352	Any blood group and serology tests?	1	2 →Q12353	3 →Q12353	✕	✕	✕	✕	
R_C	12353	ABO blood grouping testing	1	2 →Q12354	3 →Q12354	✕	✕	✕	✕	
R_C	01	ABO grouping sera	✕	✕	✕	1	2	3	4	
R_C	12354	Rhesus factor blood testing	1	2 →Q12355	3 →Q12355	✕	✕	✕	✕	
R_C	01	RH test sera	✕	✕	✕	1	2	3	4	
R_C	12355	Cross-match testing by direct agglutination	1	2 →Q12356	3 →Q12356	✕	✕	✕	✕	
R_C	01	All items for cross-match testing by direct agglutination	✕	✕	✕	1	2	3	4	
R_C	12356	Cross-match testing by indirect anti-globulin testing or other test with equivalent sensitivity	1	2 →Q12357	3 →Q12357	✕	✕	✕	✕	
R_C	01	All items for cross-match testing by indirect antiglobulin testing or other test with equivalent sensitivity	✕	✕	✕	1	2	3	4	

Mod/Ind	No.	Question	Result			Skip
		20.1.6. HISTOPATHOLOGY				
R_C	12357	Does this facility have a histopathologist and/or a histopathology department?	YES...1 NO 2			➔Q12361
R_C	12358	Does this facility read PAP smears onsite and provide results?	YES...1 NO 2			➔Q12360
R_C	12359	Has any staff responsible for reading PAP smears received training in this in the past 2 years?	YES...1 NO 2			
R_C	12360	Does this facility read the HPV result onsite and provide results?	YES...1 NO 2			
		20.1.7. LABORATORY QUALITY CONTROLS				
Q_C	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
Q_C	12362	For which of the following tests does this facility have a system for routine external quality assessment checks:	YES	NO	NOT APPLICABLE	
Q_C	01	HIV serology (e.g. ELISA)	1	2	5	
Q_C	02	Blood chemistries	1	2	5	
Q_C	03	TB sputum test	1	2	5	
Q_C	04	CD4 testing	1	2	5	
Q_C	05	Other_____ (SPECIFY)	1 _____ (SPECIFY)	2	✕	

Mod/Ind	No.	Question	Result			Skip
Q_C	12363	Which of the following methods are used for external quality assessments: RECORD EACH METHOD USED. IF RESPONSE VARIES BY TYPE OF TEST, INDICATE THE FREQUENCY FOR THE TEST WITH THE MOST FREQUENT PERIODICITY.	(A) METHOD USED		(B) PERIODICITY	
			YES	NO		
Q_C	01	Does an external supervisor come and periodically observe tests being conducted? IF YES, ASK: How often does an external supervisor come for routine observation of testing?	1 ➔B	2 ➔02	*SUPERVISOR OBSERVES EVERY:* 1 MONTH .... 1 2–3 MONTHS .... 2 4–6 MONTHS .... 3 LESS THAN EVERY 6 MONTHS...................... 4 NO FIXED PERIODICITY 5	
Q_C	02	Proficiency panel	1 ➔B	2 ➔03	*CHECK IS PERFORMED EVERY:* 1 MONTH .... 1 2–3 MONTHS .... 2 4–6 MONTHS .... 3 LESS THAN EVERY 6 MONTHS...................... 4 NO FIXED PERIODICITY 5	
Q_C	03	Send specimen outside for retesting	1 ➔B	2 ➔Q12363	*SPECIMEN IS SENT EVERY:* 1 MONTH .... 1 2–3 MONTHS .... 2 4–6 MONTHS .... 3 LESS THAN EVERY 6 MONTHS...................... 4 NO FIXED PERIODICITY 5	
Q_C	12364	Is there any other routine system for external quality checking? IF YES, ASK: Please describe the system. _____ _____ _____ _____	YES .... 1 NO.. 2			
Q_C	12365	What proportion of tests are routinely rechecked?	NO TESTS RECHECKED .... 000 PERCENTAGE OF TESTS RECHECKED: __ __ __ DON'T KNOW... 998			
Q_C	12366	Is the external quality control system part of the national external quality assurance (NEQA) programme?	YES .... 1 NO.. 2 NO NEQA PROGRAMME 5			➔Q12368 ➔Q12368

Mod/Ind	No.	Question	Result			Skip
Q_C	12367	Did the laboratory meet the NEQA criteria for any testing within the past 12 months? ASK FOR EACH OF THE FOLLOWING:	YES	NO	NOT APPLICABLE	
Q_C	01	TB laboratory	1	2	5	
Q_C	02	HIV laboratory	1	2	5	
Q_C	03	Other _____ (SPECIFY)	1 _____ (SPECIFY)	2		
		20.1.8. LABORATORY EQUIPMENT PREVENTIVE MAINTENANCE				
R_C	12368	Is there a contract for maintenance and/or repair for any laboratory machines? IF RESPONDENT IS UNCERTAIN PROBE FOR PERSON WHO WOULD KNOW RESPONSE, SUCH AS BIOMEDICAL ENGINEER.	YES .... 1 NO.. 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	01	Suture thread absorbable	1	✕	3	4	5		
R_C	02	Needles for suturing	1	✕	3	4	5		
R_C	03	Non-absorbable suture thread	1	✕	3	4	5		
R_C	04	Intravenous infusion set	1	✕	3	4	5		
R_C	05	Blood giving set	1	✕	3	4	5		
R_C	06	Intravenous cannula (any size)	1	✕	3	4	5		
R_C	07	Intravenous cannula gauge 14 or 16	1	✕	3	4	5		
R_C	08	Intravenous cannula gauge 18	1	✕	3	4	5		
R_C	09	Intravenous cannula gauge 20	1	✕	3	4	5		
R_C	10	Intravenous cannula gauge 22	1	✕	3	4	5		
R_C	11	Intravenous needle for children	1	✕	3	4	5		

Mod/Ind	No.	Question	Result					Skip
			(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	12	Sterile needle (any size)	1	✕	3	4	5	
R_C	13	Sterile needles gauge 19	1	✕	3	4	5	
R_C	14	Sterile needles gauge 21	1	✕	3	4	5	
R_C	15	Sterile needles gauge 23	1	✕	3	4	5	
R_C	16	Disposable syringes 2 or 3 mL	1	✕	3	4	5	
R_C	17	Disposable syringes 10 mL	1	✕	3	4	5	
R_C	18	4% chlorhexidine solution (for umbilical cord or cleaning perineum/cervix or skin disinfectant)	1	✕	3	4	5	
R_C	19	Materials for splinting extremities	1	✕	3	4	5	
R_C	20	Material for casts	1	✕	3	4	5	
R_C	21	Disposable latex examination gloves	1	✕	3	4	5	
R_C	22	Alcohol swabs	1	✕	3	4	5	
R_C	23	Sterile gauze swabs (any size)	1	✕	3	4	5	
R_C	24	Adhesive tape (strapping)	1	✕	3	4	5	
R_C	25	Male condoms for non-family planning services	1	✕	3	4	5	
R_C	26	Straight urinary catheter	1	✕	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	27	Urinary catheter with bulb for indwelling	1	✕	3	4	5	
R_C	28	Urine collection bag for use with indwelling urinary catheter	1	✕	3	4	5	
R_C	29	Endotracheal tube (adult)	1	✕	3	4	5	
R_C	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 — AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	NOT OBSERVED — REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE	
R_C	01	Surgical/respiratory masks	1	✕	3	4	5	
R_C	02	N95 face masks	1	✕	3	4	5	
R_C	03	Non-sterile protective gowns	1	✕	3	4	5	
R_C	04	Sterile protective gowns	1	✕	3	4	5	
R_C	05	Aprons (impermeable)	1	✕	3	4	5	
R_C	06	Eye protection (goggles, face shields)	1	✕	3	4	5	
R_C	07	Gumboots or clogs	1	✕	3	4	5	
R_C	08	Hair cover	1	✕	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	09	Empty sharps containers	1	✕	3	4	5	
R_C	10	Latex gloves (non-sterile)	1	✕	3	4	5	
R_C	11	Latex gloves (sterile)	1	✕	3	4	5	
R_C	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
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	01	Lumbar puncture kit	1	2	3	4	5	
R_C	02	Minor surgical kit	1	2	3	4	5	
R_C	03	Cricothyroidotomy or tracheostomy set	1	2	3	4	5	
R_C	04	Laryngeal mask or other supraglottic airway	1	2	3	4	5	
R_C	05	Chest tubes	1	2	3	4	5	
R_C	06	Chest tube insertion kit	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	07	Device for intraosseous access	1	2	3	4	5	
R_C	08	CPAP equipment	1	2	3	4	5	
R_C	09	Pelvic binder	1	2	3	4	5	
R_C	10	External cardiac pacemaker	1	2	3	4	5	
R_C	11	Cervical collar	1	2	3	4	5	
R_C	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, Q_C	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	01	Albendazole or mebendazole tablet	1	2	3	4	5	
R_C	02	Amoxicillin tablet/capsule (500 mg)	1	2	3	4	5	
R_C	03	Amoxicillin tablet (250 mg)	1	2	3	4	5	
R_C	04	Amoxicillin suspension/or dispersible tablet (250 or 500 mg)	1	2	3	4	5	
R_C	05	Ampicillin powder for injection	1	2	3	4	5	
R_C	06	Amphotericin injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5	
R_C	07	Azithromycin tablet or suspension	1	2	3	4	5	
R_C	08	Benzathine benzylpenicillin powder for injection (long-acting)	1	2	3	4	5	
R_C	09	Cefixime (capsule/tablet)	1	2	3	4	5	
R_C	10	Ceftriaxone injection	1	2	3	4	5	
R_C	11	Ciprofloxacin (capsule/tablet)	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	12	Cotrimoxazole (capsule/tablet)	1	2	3	4	5	
R_C	13	Cotrimoxazole syrup or dispersible tablets	1	2	3	4	5	
R_C	14	Diethylcarbamazine (DEC) (oral)	1	2	3	4	5	
R_C	15	Doxycycline tablets	1	2	3	4	5	
R_C	16	Fluconazole (capsule/tablet) [FOLLOW-UP TREATMENT FOR FUNGAL INFECTION]	1	2	3	4	5	
R_C	17	Flucytosine injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5	
R_C	18	Gentamicin injection	1	2	3	4	5	
R_C	19	Ivermectin (oral) (onchocerciasis)	1	2	3	4	5	
R_C	20	Metronidazole (capsule/tablet)	1	2	3	4	5	
R_C	21	Metronidazole injection	1	2	3	4	5	
R_C	22	Pentamidine (oral)	1	2	3	4	5	
R_C	23	Potassium permanganate (topical)	1	2	3	4	5	
R_C	24	Praziquantel (oral)	1	2	3	4	5	
R_C	25	Procaine benzylpenicillin injection	1	2	3	4	5	
R_C	26	Vancomycin injection	1	2	3	4	5	
R_C	27	Whitfield's ointment	1	2	3	4	5	
R_C	28	Topical antibiotics (e.g. povidone-iodine, polysporin, bacitracin)	1	2	3	4	5	
R_C	12502	RESPIRATORY						
R_C	01	Beclometasone inhaler	1	2	3	4	5	
R_C	02	Salbutamol inhaler	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	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	01	Calcium channel blocker (e.g. amlodipine tablet) (oral)	1	2	3	4	5	
R_C	02	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol tablet) (oral)	1	2	3	4	5	
R_C	03	ACE inhibitor (e.g. enalapril tablet) (oral)	1	2	3	4	5	
R_C	04	Digoxin injection	1	2	3	4	5	
R_C	05	Glyceryl trinitrate sublingual tablet	1	2	3	4	5	
R_C	06	Thiazide/thiazide-type diuretic (e.g. hydrochlorothiazide, chlorthalidone, indapamide tablet) (oral)	1	2	3	4	5	
R_C	07	Isosorbide dinitrate (capsule/tablet)	1	2	3	4	5	
R_C	08	Statin (e.g. simvastatin tablet) (oral)	1	2	3	4	5	
R_C	09	Warfarin (capsule/tablet)	1	2	3	4	5	
R_C	12504	DIABETES						
R_C	01	Metformin (capsule/tablet)	1	2	3	4	5	
R_C	02	Glibenclamide tablet	1	2	3	4	5	
R_C	03	Insulin injection (regular)	1	2	3	4	5	
R_C	04	Insulin injection (other than regular)	1	2	3	4	5	
R_C	05	Gliclazide tablet or other sulfonylurea (e.g. glipizide) (oral)	1	2	3	4	5	
R_C	06	Glucose 50% injection	1	2	3	4	5	
R_C	12505	CANCER						
R_C	01	Tamoxifen tablet	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	02	Cyclophosphamide injection	1	2	3	4	5	
R_C	03	Fluorouracil (5FU) intravenous (colorectal cancer)	1	2	3	4	5	
R_C	04	Cisplatin intravenous (cervical cancer)	1	2	3	4	5	
R_C	12506	OTHER/ GENERAL MEDICINES						
R_C	01	Acetaminophen (paracetamol) (capsule/tablet)	1	2	3	4	5	
R_C	02	Paracetamol syrup/suspension	1	2	3	4	5	
R_C	03	Acetylsalicylic acid (aspirin) (oral)	1	2	3	4	5	
R_C	04	Adrenaline or epinephrine injection	1	2	3	4	5	
R_C	05	Atropine injection	1	2	3	4	5	
R_C	06	Betamethasone injection	1	2	3	4	5	
R_C	07	Buprenorphine (Buprenex) narcotic analgaesic (oral)	1	2	3	4	5	
R_C	08	Calcium gluconate injection	1	2	3	4	5	
R_C	09	Calcium chloride injection	1	2	3	4	5	
R_C	10	Diazepam suppository/gel	1	2	3	4	5	
R_C	11	Diazepam (capsule/tablet)	1	2	3	4	5	
R_C	12	Diazepam injection	1	2	3	4	5	
R_C	13	Dexamethasone injection	1	2	3	4	5	
R_C	14	Dopamine injection [COUNTRY ADAPT VASOPRESSOR]	1	2	3	4	5	
R_C	15	Ephedrine (oral)	1	2	3	4	5	
R_C	16	Ferrous sulfate (iron) (capsule/tablet)	1	2	3	4	5	
R_C	17	Folic acid (capsule/tablet)	1	2	3	4	5	
R_C	18	Combined ferrous and folic tablets	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	19	Furosemide (capsule/tablet)	1	2	3	4	5	
R_C	20	Furosemide injection	1	2	3	4	5	
R_C	21	Heparin sodium injection	1	2	3	4	5	
R_C	22	Hydralazine tablet	1	2	3	4	5	
R_C	23	Hydralazine injection	1	2	3	4	5	
R_C	24	Hydrocortisone injection	1	2	3	4	5	
R_C	25	Hyoscine (butylbromide) injection	1	2	3	4	5	
R_C	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	29	Methadone (opioid reduces addiction) (oral)	1	2	3	4	5	
R_C	30	Methyldopa tablet	1	2	3	4	5	
R_C	31	Metoclopra-mide injection	1	2	3	4	5	
R_C	32	Morphine injection	1	2	3	4	5	
R_C	33	Morphine tablet or morphine solution	1	2	3	4	5	
R_C	34	Naloxone (Narcan) injection (anti-narcotic)	1	2	3	4	5	
R_C	35	Oral rehydration salts	1	2	3	4	5	
R_C	36	Omeprazole tablet	1	2	3	4	5	
R_C	37	Meperidine (pethidine, Demerol) (oral)	1	2	3	4	5	
R_C	38	Nalbuphine (Nubain, Manfine) injection	1	2	3	4	5	
R_C	39	Potassium chloride injection	1	2	3	4	5	
R_C	40	Prednisolone tablet	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	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	46	Spironolactone (capsule/tablet)	1	2	3	4	5	
R_C	47	Streptokinase injection	1	2	3	4	5	
R_C	48	Vitamin A (retinol) capsules	1	2	3	4	5	
R_C	49	Vitamin K injection	1	2	3	4	5	
R_C	50	Zinc sulfate tablet	1	2	3	4	5	
R_C	51	Zinc sulfate syrup or dispersible tablets	1	2	3	4	5	
R_C	12507	MENTAL HEALTH/NEUROLOGICAL						
R_C	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	04	Carbamazepine tablet	1	2	3	4	5	
R_C	05	Chlorpromazine injection	1	2	3	4	5	
R_C	06	Clozapine tablet	1	2	3	4	5	
R_C	07	Clomipramine capsule	1	2	3	4	5	
R_C	08	Fluoxetine capsule	1	2	3	4	5	
R_C	09	Fluphenazine injection	1	2	3	4	5	
R_C	10	Haloperidol injection	1	2	3	4	5	

Mod/Ind	No.	Question	Result					Skip
			(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	11	Haloperidol tablet	1	2	3	4	5	
R_C	12	Lamotrigine tablet	1	2	3	4	5	
R_C	13	Lithium carbonate tablet	1	2	3	4	5	
R_C	14	Lorazepam tablet	1	2	3	4	5	
R_C	15	Lorazepam injection	1	2	3	4	5	
R_C	16	Midazolam solution	1	2	3	4	5	
R_C	17	Phenobarbital tablet	1	2	3	4	5	
R_C	18	Phenobarbital injection	1	2	3	4	5	
R_C	19	Phenytoin tablet	1	2	3	4	5	
R_C	20	Risperidone tablet	1	2	3	4	5	
R_C	21	Sodium valproate tablet	1	2	3	4	5	
R_C	12508	MATERNAL/NEONATAL						
R_C	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	03	Magnesium sulfate injection	1	2	3	4	5	
R_C	04	Misoprostol tablet 200 mcg	1	2	3	4	5	
R_C	05	Nifedipine 10 mg immediate release (oral)	1	2	3	4	5	
R_C	06	Calcium tablets	1	2	3	4	5	
R_C	07	4% chlorhexidine solution for umbilical cord or cleaning perineum/cervix or skin disinfectant	1	2	3	4	5	
R_C	08	Anti-D for RH incompatibility injection	1	2	3	4	5	
R_C	09	Oxytocin injection	1 ➔Q12510	2 ➔Q12510	3 ➔Q12510	4 ➔Q12510	5 ➔Q12510	
R_C	12509	Is the oxytocin stored in cold storage?	YES..1 NO 2					

Mod/Ind	No.	Question	Result					Skip
			(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	01	Atracurium (besilate) injection	1	2	3	4	5	
R_C	02	Bupivicaine injection	1	2	3	4	5	
R_C	03	Halothane (liquid inhalant)	1	2	3	4	5	
R_C	04	Isoflurane or desflurane or sevoflurane (liquid inhalant)	1	2	3	4	5	
R_C	05	Ketamine injection	1	2	3	4	5	
R_C	06	Lidocaine 1% or 2% injection	1	2	3	4	5	
R_C	07	Lidocaine 5% heavy spinal injection	1	2	3	4	5	
R_C	08	Midazolam injection	1	2	3	4	5	
R_C	09	Nitrous oxide (gas)	1	2	3	4	5	
R_C	10	Suxamethonium bromide or chloride injection	1	2	3	4	5	
R_C	11	Thiopental (powder) for injection	1	2	3	4	5	
R_C	12511	INTRAVENOUS FLUIDS						
R_C	01	0.09% sodium chloride (normal saline) (0.09NS)	1	2	3	4	5	
R_C	02	Dextrose 5% and normal saline (D5NS)	1	2	3	4	5	
R_C	03	Sodium lactate (Ringer's lactate) (RL)	1	2	3	4	5	
R_C	04	Dextrose 5% and water (D5W)	1	2	3	4	5	
R_C	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
			(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?						
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).	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED ABLE 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	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	02	Artemether lumefantrine (LA): 12 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	03	Artemether lumefantrine (LA): 18 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	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
			(A) AVAILABILITY					**(B) ANY STOCK OUT IN THE PAST 3 MONTHS?**		
			OBSERVED		NOT OBSERVED					
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).	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	01	Fansidar/SP (sulfadoxine + pyrimethamine) tablets	1 →B	2 →02	3 →B	4 →02	5 →02	1	2	
R_C	02	Quinine tablets	1	2	3	4	5	✕	✕	
R_C	03	Quinine injection	1	2	3	4	5	✕	✕	
R_C	04	Artesunate injection	1	2	3	4	5	✕	✕	
R_C	05	Artesunate suppositories/ rectal	1	2	3	4	5	✕	✕	

Mod/Ind	No.	Question	Result								Skip
			(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	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	10	Primaquine (oral)	1	2	3	4	5	✕	✕	
R_C	96	Other antimalarial _____ (SPECIFY)	1	2	3	4	5	✕	✕	
R_C	11	Insecticide-treated bed nets (ITNs) for patients and their families and households	1	2	3	4	5	✕	✕	
R_C	12	Voucher for insecticide-treated bed nets for patients and their families and households	1	2	3	4	5	✕	✕	
R_C	13	Infant ITNs	1	2	3	4	5	✕	✕	
		ANTI-TUBERCULOSIS MEDICINES								
R_C, Q_C	12515	Does this facility stock any medicines for tuberculosis treatment?	YES...1 NO 2							➔Q12525
R_C, Q_C	12516	Where is the main storage area for tuberculosis medicines? ASSESS MAIN TB MEDICINE STORAGE AREA.	TUBERCULOSIS SERVICE AREA...1 MAIN FACILITY PHARMACY ....2 OTHER SITE 3							➔Q12525 ➔Q12525

Mod/Ind	No.	Question	Result							Skip
			(A) AVAILABILITY					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		
			OBSERVED		NOT OBSERVED					
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]	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO	
R_C	01	Ethambutol (oral)	1 ➔B	2 ➔02	3 ➔B	4 ➔02	5 ➔02	1	2	
R_C	02	Isoniazid (INH) (oral)	1 ➔B	2 ➔03	3 ➔B	4 ➔03	5 ➔03	1	2	
R_C	03	Pyrazinamide (oral)	1 ➔B	2 ➔04	3 ➔B	4 ➔04	5 ➔04	1	2	
R_C	04	Rifampicin (oral)	1 ➔B	2 ➔05	3 ➔B	4 ➔05	5 ➔05	1	2	
R_C	05	Isoniazid + rifampicin (2FDC) (oral)	1 ➔B	2 ➔06	3 ➔B	4 ➔06	5 ➔06	1	2	
R_C	06	Isoniazid + ethambutol (EH) (2FDC) (oral)	1 ➔B	2 ➔07	3 ➔B	4 ➔07	5 ➔07	1	2	
R_C	07	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC) (oral)	1 ➔B	2 ➔08	3 ➔B	4 ➔08	5 ➔08	1	2	
R_C	08	Isoniazid + rifampicin + ethambutol (RHE) (3FDC) (oral)	1 ➔B	2 ➔09	3 ➔B	4 ➔09	5 ➔09	1	2	
R_C	09	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC) (oral)	1 ➔B	2 ➔10	3 ➔B	4 ➔10	5 ➔10	1	2	
R_C	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	

Mod/Ind	No.	Question	Result							Skip
			(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	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	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	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	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	YES	NO	Skip
Q_C	12519	OBSERVE THE PRIMARY PHARMACY FOR TB DRUG STORAGE CONDITIONS AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS	YES	NO	
Q_C	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
Q_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
Q_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
Q_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2	

Mod/Ind	No.	Question	Result		Skip
			YES	NO	
Q_C	05	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1	2	
Q_C	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
Q_C	12521	RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTIGRADE .... __ __		

Q_C	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

Q_C	12523	DOES THE TEMPERATURE MONITORING RECORD SHOW THE TEMPERATURE >= 2 AND <= 8 CENTIGRADE EACH OF THE PAST 30 DAYS?	YES...1 NO 2		
Q_C	12524	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT	YES	NO	
Q_C	01	Can the main TB drug storage area(s) be locked?	1	2	
Q_C	02	Is there limited access to the main TB drug storage areas?	1	2	
Q_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE TB DRUG STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID	1	2	
Q_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF THERE ARE NO WINDOWS, MARK '1' FOR YES.	1	2	
		ANTIRETROVIRALS AND PROTEASE INHIBITORS			
R_C, Q_C	12525	Does this facility stock any antiretroviral (ARV) medicines for PMTCT or the treatment of HIV/AIDS?	YES...1 NO 2		➔Q12536

Mod/Ind	No.	Question	Result						Skip
R_C, Q_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 .... 3 NO ART MEDICINES STORED 4						➔Q12536 ➔Q12536 ➔Q12536
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).	(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	01	Zidovudine (ZDV, AZT) (capsule/tablet)	1	2	3	4	5		
R_C	02	Zidovudine (ZDV, AZT) syrup	1	2	3	4	5		
R_C	03	Abacavir (ABC) (oral)	1	2	3	4	5		
R_C	04	Lamivudine (3TC)2 (capsule/tablet)	1	2	3	4	5		
R_C	05	Lamivudine (3TC) syrup	1	2	3	4	5		
R_C	06	Tenofovir disoproxil fumarate (TDF) (capsule/tablet)	1	2	3	4	5		
R_C	07	Nevirapine (NVP) (capsule/tablet)	1	2	3	4	5		
R_C	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	11	Efavirenz (EFV) syrup (capsule/tablet)	1	2	3	4	5		
R_C	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	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	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		
R_C	18	Tenofovir + lamivudine (TDF + 3TC) (capsule/tablet)	1	2	3	4	5		

Mod/Ind	No.	Question	Result					Skip
			(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	19	Tenofovir + lamivudine + efavirenz (TDF + 3TC + EFV) (capsule/tablet)	1	2	3	4	5	
R_C	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
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).	(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	01	Lopinavir (LPV) tablets	1	2	3	4	5	
R_C	02	Lopinavir (LPV) pellets	1	2	3	4	5	
R_C	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	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	
		ARV STORAGE CONDITIONS						

Mod/Ind	No.	Question	Result		Skip
Q_C	12530	OBSERVE THE PRIMARY PHARMACY FOR ARV STORAGE CONDITIONS AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS	YES	NO	
Q_C	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
Q_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
Q_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
Q_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2	
Q_C	05	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1	2	
Q_C	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
Q_C	12532	RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTIGRADE .... __ __ NO FUNCTIONAL THERMOMETER.............................98		
Q_C	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
Q_C	12534	DOES THE TEMPERATURE MONITORING RECORD SHOW THE TEMPERATURE >= 2 AND <= 8 CENTIGRADE EACH OF THE PAST 30 DAYS?	YES...1 NO 2		
Q_C	12535	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT	YES	NO	
Q_C	01	Can the main ART drug storage area(s) be locked?	1	2	
Q_C	02	Is there limited access to the main ART drug storage area?	1	2	
Q_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE ART DRUG STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID	1	2	

Mod/Ind	No.	Question	Result		Skip
			YES	NO	
Q_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF THERE ARE NO WINDOWS, MARK '1' FOR YES.	1	2	
		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 3		➔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	01	Combined estrogen progesterone oral contraceptive pills	1	2	3	4	5	✕	✕	
R_C	02	Progestin-only contraceptive pills	1	2	3	4	5	✕	✕	
R_C	03	Combined estrogen progesterone injectable contraceptives	1	2	3	4	5	✕	✕	
R_C	04	Progestin-only injectable contraceptives	1	2	3	4	5	✕	✕	
R_C	05	Male condoms	1	2	3	4	5	✕	✕	
R_C	06	Female condoms	1 ➔B	2 ➔07	3 ➔B	4 ➔07	5 ➔07	1	2	
R_C	07	Implant (e.g. levonorgestrel, etonogestrel)	1 ➔B	2 ➔08	3 ➔B	4 ➔08	5 ➔08	1	2	
R_C	08	Emergency contraceptive (e.g. 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	09	Intrauterine contraceptive device (IUCD)	1	2	3	4	5	✕	✕	

Mod/Ind	No.	Question	Result							Skip
R_C	10	Cycle beads for standard days method	1	2	3	4	5	✕	✕	
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				
			OBSERVED AVAILABLE		NOT OBSERVED		
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).	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	USUALLY AVAILABLE BUT NOT TODAY	NEVER AVAILABLE
R_C	01	Ready-to-use therapeutic food (RUTF)	1	2	3	4	5
R_C	02	F-75 (Formula 75)	1	2	3	4	5
R_C	03	F-100 (Formula 100)	1	2	3	4	5
R_C	04	Micronutrient powder (MNP)	1	2	3	4	5

22.1.2. MAIN PHARMACEUTICAL COMMODITY STORAGE

Mod/Ind	No.	Question	YES	NO	Skip
Q_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) OR EACH OF THE FOLLOWING CONDITIONS:	YES	NO	
Q_C	01	ARE THE MEDICINES OFF THE FLOOR?	1	2	
Q_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2	
Q_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
Q_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (COCKROACHES, ETC.)?	1	2	
Q_C	05	IS THE ROOM SWEPT, WITH NO SPILLS OR OBVIOUS DIRT ON COUNTERS OR FLOOR?	1	2	
Q_C	06	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1	2	

Mod/Ind	No.	Question	Result		Skip
Q_C	12542	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO	
Q_C	01	Can the main pharmaceutical storage area(s) be locked?	1	2	
Q_C	02	Is there limited access to the main pharmaceutical storage areas?	1	2	
Q_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMA-CEUTICAL STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID.	1	2	
Q_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF NO WINDOWS, MARK "1" FOR YES.	1	2	
Q_C	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
Q_C	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 4		
Q_C	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
Q_C	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 3		
Q_C	12547	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN (E.G. NO SPILLED MEDICINES, NO GARBAGE, ETC.)?	YES..1 NO 2		
Q_C	12548	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES..1 NO 2		

Mod/Ind	No.	Question	Result			Skip
Q_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
Q_C	12550	Which of the following medicine-use problems are monitored in this facility:	YES, MONITORED	NO, NOT MONITORED		
Q_C	01	Adverse reactions	1	2		
Q_C	02	Prescription practices for specific types of medicines such as pain medicine or antibiotics	1	2		
Q_C	03	General prescription practices, such as numbers and combinations of medicines prescribed	1	2		
Q_C	04	Medicine utilization, such as comparing medicine use to types of patients being treated	1	2		
Q_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				
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	01	Record that shows individual pharmacy commodities received, disbursed, and the balance THIS IS USUALLY A REGISTER OR STOCK CARD.	1	2	3	
R_C	02	Record that shows expired/unusable medicines being removed from inventory THIS MAY BE IN THE SAME RECORD FOR STOCK RECEIVED AND DISBURSED.	1	2	3	

Mod/Ind	No.	Question	Result			Skip
		SUPPORT FOR QUALITY PHARMACY PRACTICES				
R_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	
R_C	01	Guidelines/ protocols for pharmacovigilance (PV), that include guidelines for reporting on adverse reactions	1	2	3	
R_C	02	Guidelines for monitoring, documenting, and reporting on adverse reactions	1	2	3	
R_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	
R_C	04	Guidelines for monitoring prescription practices for specific types of medicines, such as pain medicine or antibiotics	1	2	3	
R_C	05	Guidelines for monitoring general prescription practices, such as numbers and combinations of medicines prescribed	1	2	3	
R_C	06	Guidelines for monitoring medicine utilization, such as comparing medicine use with types of patients being treated	1	2	3	
		22.1.4. BULK PHARMACEUTICAL COMMODITY STORAGE				
Q_C	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			➔Q12600
		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.				
Q_C	12554	OBSERVE THE BULK PHARMACY STORE AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS	YES		NO	
Q_C	01	ARE THE MEDICINES OFF THE FLOOR?	1		2	
Q_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1		2	

Mod/Ind	No.	Question	Result		Skip
			YES	NO	
Q_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2	
Q_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2	
Q_C	12555	LOOK AT THE STORAGE AREA AND VERIFY ITEM WITH RESPONDENT	YES	NO	
Q_C	01	Can the bulk pharmaceutical storage area(s) be locked?	1	2	
Q_C	02	Is there limited access to the bulk pharmaceutical storage areas?	1	2	
Q_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE AREA FROM NON-PHARMACEUTICAL STORAGE AREAS ARE SOLID	1	2	
Q_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY	1	2	
Q_C	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
Q_C	12557	What is the temperature in the room now?	BELOW 15 DEGREES C .... 1 BETWEEN 15-25 DEGREES C (INCLUSIVE).. 2 ABOVE 25 DEGREES C.. 3 DON'T KNOW 8		
Q_C	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		➜Q12600 ➜Q12600
Q_C	12559	CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	BETWEEN 2-8 DEGREES C (INCLUSIVE)... 1 OUT OF RANGE.. 2 DON'T KNOW 8		
Q_C	12560	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN? E.G., NO SPILLED MEDICINES, NO GARBAGE, ETC.	YES... 1 NO 2		
Q_C	12561	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES... 1 NO 2		

Mod/Ind	No.	Question				
		23. MEDICINE PRICE DATA				
		23.1. MEDICINE PRICE DATA				
		23.1.1. MEDICINE PRICE DATA				
		Now I would like to ask you questions related to medicine procurement and pricing.				
M_C	12600	CURRENCY USED TO PROCURE THE COMMODITIES [COUNTRY ADAPT: IF THIS IS DETERMINED NATIONALLY, SHOULD BE PREFILLED]	_____			
M_C	12601	EXCHANGE RATE WITH US$ [COUNTRY ADAPT: IF THIS IS DETERMINED NATIONALLY, SHOULD BE PREFILLED.]	_____			
M_C	12602	(A) MEDICINE NAME, DOSAGE FORM, STRENGTH PREFERRED DOSAGE .... 1 COUNTRY DOSE IF PREFERRED IS NOT AVAILABLE.................................... 6	(B) IS MEDICINE AVAILABLE?	(C) PROCUREMENT PRICE (FROM YOUR SUPPLIER) (C1) PACK OR CONTAINER SIZE (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(C2) PRICE FOR THIS PACK (LOCAL CURRENCY)	(D) PRICES TO PATIENT (WHAT FACILITY CHARGES PATIENT) (D1) PACK SIZE PROVIDED TO PATIENT (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(D2) PRICE CHARGED TO PATIENT (LOCAL CURRENCY)
M_C	01	**Amlodipine (capsule/tablet)** 5 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES ....1 ➔C NOT TODAY....................2 ➔02 NEVER AVAILABLE..........3 ➔02	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——
M_C	02	**Amoxicillin (dispersible capsules)** 250 mg/5mL.. 1 Other formulation .... 6 _____ (SPECIFY)	YES ....1 ➔C NOT TODAY....................2 ➔03 NEVER AVAILABLE..........3 ➔03	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——
M_C	03	**Amoxicillin (capsule)** 500 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES ....1 ➔C NOT TODAY....................2 ➔04 NEVER AVAILABLE..........3 ➔04	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——

Mod/Ind	No.	Question						
		(A) MEDICINE NAME, DOSAGE FORM, STRENGTH PREFERRED DOSAGE .... 1 COUNTRY DOSE IF PREFERRED IS NOT AVAILABLE...................................... 6	(B) IS MEDICINE AVAILABLE?	(C) PROCUREMENT PRICE (FROM YOUR SUPPLIER)		(D) PRICES TO PATIENT (WHAT FACILITY CHARGES PATIENT)	
				(C1) PACK OR CONTAINER SIZE (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(C2) PRICE FOR THIS PACK (LOCAL CURRENCY)	(D1) PACK SIZE PROVIDED TO PATIENT (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(D2) PRICE CHARGED TO PATIENT (LOCAL CURRENCY)
M_C	04	**Ampicillin (vial)** 500 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY....................2 ➔05 NEVER AVAILABLE..........3 ➔05	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯
M_C	05	**Aspirin (tablet)** 100 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY....................2 ➔06 NEVER AVAILABLE..........3 ➔06	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯
M_C	06	**Beclometasone inhaler** 100 mcg/.1 mg dose............................. 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY....................2 ➔07 NEVER AVAILABLE..........3 ➔07	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯
M_C	07	**Carbamazepine (tablet)** 200 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY....................2 ➔08 NEVER AVAILABLE..........3 ➔08	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯
M_C	08	**Carvedilol (tablet)** 12.5 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY....................2 ➔09 NEVER AVAILABLE..........3 ➔09	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯
M_C	09	**Ceftriaxone (vial)** 1 g .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY....................2 ➔10 NEVER AVAILABLE..........3 ➔10	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯	⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯ ⎯⎯

Mod/Ind	No.	Question					
		(A) MEDICINE NAME, DOSAGE FORM, STRENGTH PREFERRED DOSAGE .... 1 COUNTRY DOSE IF PREFERRED IS NOT AVAILABLE...................................... 6	(B) IS MEDICINE AVAILABLE?	(C) PROCUREMENT PRICE (FROM YOUR SUPPLIER)		(D) PRICES TO PATIENT (WHAT FACILITY CHARGES PATIENT)	
				(C1) PACK OR CONTAINER SIZE (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(C2) PRICE FOR THIS PACK (LOCAL CURRENCY)	(D1) PACK SIZE PROVIDED TO PATIENT (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(D2) PRICE CHARGED TO PATIENT (LOCAL CURRENCY)
M_C	10	**Diazepam (vial)** 10 mg/2 mL .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔11 NEVER AVAILABLE..........3 ➔11	__ __ __ __	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __ __
M_C	11	**Enalapril (capsule/tablet)** 5 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔12 NEVER AVAILABLE..........3 ➔12	__ __ __ __	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __ __
M_C	12	**Fluoxetine (capsule)** 20 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔13 NEVER AVAILABLE..........3 ➔13	__ __ __ __	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __ __
M_C	13	**Gentamicin (vial)** 40 mg per 2 mL vial .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔14 NEVER AVAILABLE..........3 ➔14	__ __ __ __	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __ __
M_C	14	**Glibenclamide (tablet)** 5 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔15 NEVER AVAILABLE..........3 ➔15	__ __ __ __	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __ __
M_C	15	**Haloperidol (tablet)** 5 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔16 NEVER AVAILABLE..........3 ➔16	__ __ __ __	__ __ __ __ __	__ __ __ __ __	__ __ __ __ __ __

Mod/Ind	No.	Question				
		(A) MEDICINE NAME, DOSAGE FORM, STRENGTH PREFERRED DOSAGE .... 1 COUNTRY DOSE IF PREFERRED IS NOT AVAILABLE..................................... 6	(B) IS MEDICINE AVAILABLE?	(C) PROCUREMENT PRICE (FROM YOUR SUPPLIER)		(D) PRICES TO PATIENT (WHAT FACILITY CHARGES PATIENT)	
				(C1) PACK OR CONTAINER SIZE (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(C2) PRICE FOR THIS PACK (LOCAL CURRENCY)	(D1) PACK SIZE PROVIDED TO PATIENT (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(D2) PRICE CHARGED TO PATIENT (LOCAL CURRENCY)
M_C	16	**Magnesium sulfate (vial)** 50% injection 10 mL .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔19 NEVER AVAILABLE..........3 ➔19	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——
M_C	17	**Hydrochlorothiazide tablet** 25 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔17 NEVER AVAILABLE..........3 ➔17	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——
M_C	18	**Regular insulin (vial)** 100 iu/mL 10 mL vial .... 1 Other type insulin .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔18 NEVER AVAILABLE..........3 ➔18	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——
M_C	19	**Metformin (tablet)** 500 mg .... 1 Other dose .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔20 NEVER AVAILABLE..........3 ➔20	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——
M_C	20	**Omeprazole (tablet)** 20 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔21 NEVER AVAILABLE..........3 ➔21	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——
M_C	21	**Oral rehydration salts (sachet)** (To make 1 litre)................................... 1 Other formulation .... 6 _____ (SPECIFY)	YES.................................1 ➔C NOT TODAY...................2 ➔22 NEVER AVAILABLE..........3 ➔22	—— —— —— ——	—— —— —— ——	—— —— —— ——	—— —— —— —— ——

Mod/Ind	No.	Question					
		(A) MEDICINE NAME, DOSAGE FORM, STRENGTH PREFERRED DOSAGE .... 1 COUNTRY DOSE IF PREFERRED IS NOT AVAILABLE..................................... 6	(B) IS MEDICINE AVAILABLE?	(C) PROCUREMENT PRICE (FROM YOUR SUPPLIER)		(D) PRICES TO PATIENT (WHAT FACILITY CHARGES PATIENT)		
				(C1) PACK OR CONTAINER SIZE (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(C2) PRICE FOR THIS PACK (LOCAL CURRENCY)	(D1) PACK SIZE PROVIDED TO PATIENT (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(D2) PRICE CHARGED TO PATIENT (LOCAL CURRENCY)
M_C	22	**Oxytocin (vial)** 10 iu per ampoule/vial .... 1 Other formulation .... 6 _____ (SPECIFY)	YES..................................1 ➔C NOT TODAY...................2 ➔23 NEVER AVAILABLE..........3 ➔23	—— —— —— ——	—— —— —— ——	—— —— —— —— ——	—— —— —— —— ——
M_C	23	**Salbutamol (inhaler)** 100 mcg/0.1 mg dose........................... 1 Other formulation .... 6 _____ (SPECIFY)	YES..................................1 ➔C NOT TODAY...................2 ➔24 NEVER AVAILABLE..........3 ➔24	—— —— —— ——	—— —— —— ——	—— —— —— —— ——	—— —— —— —— ——
M_C	24	**Simvastatin (capsule/tablet)** 20 mg .... 1 Other formulation .... 6 _____ (SPECIFY)	YES..................................1 ➔C NOT TODAY...................2 ➔25 NEVER AVAILABLE..........3 ➔25	—— —— —— ——	—— —— —— ——	—— —— —— —— ——	—— —— —— —— ——
M_C	25	**Zinc sulfate (dispersible tablet)** 20 mg dispersible Tablet .... 1 Other formulation .... 6 _____ (SPECIFY)	YES..................................1 ➔C NOT TODAY...................2 ➔END NEVER AVAILABLE..........3 ➔END	—— —— —— ——	—— —— —— ——	—— —— —— —— ——	—— —— —— —— ——

PLEASE THANK THE RESPONDENT FOR COMPLETING THE QUESTIONNAIRE.

INTERVIEWER'S NOTES

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