

Harmonized health facility assessment (HHFA)

Indicator reference questionnaire

VERSION 1.0
OCTOBER 2023



World Health
Organization

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

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Acknowledgements

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

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

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

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HHFA overview

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

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

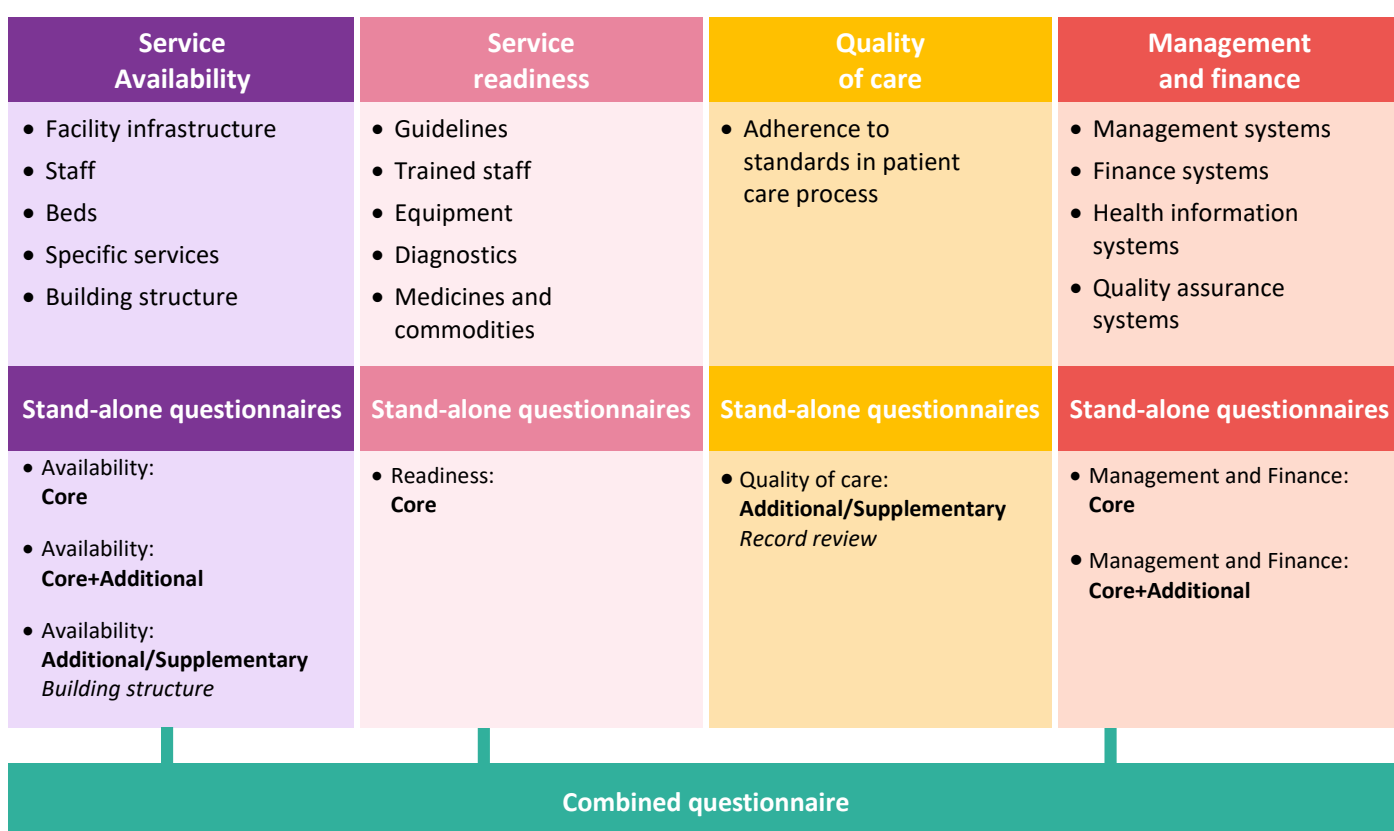
HHFA content

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

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

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

Fig. 1 HHFA modules and questionnaires



HHFA resource package

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

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

HHFA questionnaire structure

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

Column 1: Mod

Column 2: No.

Column 3: QUESTION

Column 4: RESPONSE

Column 5: SKIP

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

- **Column 1 - Mod:** The first letter in Column 1 shows the module to which the question belongs: A for Availability, R for Readiness, M for Management and finance, or Q for Quality of care. The second letter (after the underscore symbol) denotes the kind of question: C for Core or A for Additional.
- **Column 2 – No:** Column 2 contains the number of the HHFA question. There may be a single number per question, or a main number with sub-questions below it, e.g., Q1701 (main question), Q1701_01 (sub-question). (Note that for some rows, the number corresponds to an instruction rather than a question, e.g. Q1702.)
- **Column 3 - QUESTION:** Column 3 contains the question that is read to the respondent by the interviewer. It may also contain additional clarifying information (in non-capitalized font) that the interviewer reads to the respondent. This column may also include instructions (in CAPITALS) to the interviewer. (These capitalized instructions are not read to the respondent.)
- **Column 4 - RESPONSE:** Column 4 contains the response options. Different types of response options are used for different types of questions, e.g., pre-coded responses where one or more options are selected, fields requiring entry of a number or text, or combinations of these.
- **Column 5 - SKIP:** This column contains arrows that instruct the interviewer to skip to a specific question, to the end of a section, or to other instructions, if necessary.

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

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

HHFA indicator reference questionnaire structure

The indicator reference questionnaire includes an additional column: Indicator ID. This column contains the unique three-letter identification code of the indicator(s) associated with each question. The indicator ID code can be typed into the search box of the HHFA online indicator inventory to find the indicator metadata.

Sample HHFA consent form [COUNTRY ADAPT]

The [survey manager and survey implementer] in close collaboration with the [other relevant entities] are conducting a survey to collect information about the availability of key services in health facilities. This information will be collected in selected primary health care facilities and hospitals across the country. The survey is part of the [government's] ongoing efforts to understand what services are being offered, where they are being offered and how they are being offered. Information obtained through the survey will be used to support improvements in health services in [country name].

The survey will be conducted across the country on a sample of health facilities. The facilities included in the survey were selected randomly from a list of all facilities.

As the in-charge of this facility, we are asking you to help us to collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person. We will want to speak with persons familiar with the various outpatient services, delivery services, surgical services, and emergency services, if these are offered, so that we can correctly identify the components of these services that are offered in this facility. We will also need to speak with persons familiar with the laboratory and pharmacy, as well as facility management aspects such as governance, finance, human resources, and health information systems. [TEAM LEADER SHOWS QUESTIONNAIRE TABLE OF CONTENTS] We will also ask the persons to show us specific areas of the facility, as well as specific documents and items of equipment and medicines.

We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 30 minutes, depending on how busy each separate site is.

Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question about which you do not feel comfortable.

The information obtained from this survey will be shared with the Ministry of Health (MOH) and other relevant stakeholders who support the MOH, to provide information for planning purposes. The names of respondents will not be shared.

In case you have any question(s) about this survey at any time, please feel free to contact any of the following people:

[LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED]

At this point, do you have any questions about the survey? Do I have your agreement to proceed?

Signature of team leader indicating informed consent was read and agreed by the person in-charge/acting in-charge

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

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Indicator ID	Module	No.	Question	Response	Skip																																
			1. FACILITY IDENTIFIERS																																		
			1.1. FACILITY IDENTIFIERS																																		
			[COUNTRY ADAPT QUESTIONS FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]																																		
	ALL	100	Facility code	_____																																	
	ALL	101	Is this a supervisor validation check of a facility?	YES, SUPERVISOR VALIDATION.....1 NO, DATA COLLECTION FOR FACILITY SURVEY2																																	
	ALL	103	Address or description of facility location	_____																																	
	ALL	104	Name and code of region/province	NAME _____ REGION/PROVINCE CODE _____																																	
	ALL	105	Name and code of district	NAME _____ DISTRICT CODE _____																																	
				[COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]																																	
	ALL	106	RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN	URBAN.....1 RURAL.....2 PERIURBAN.....3																																	
	ALL	107	Interview dates and result	<p style="text-align: center;">VISIT(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">VISIT NO.</th> <th colspan="4">DATE</th> <th rowspan="2">INTERVIEWER CODE</th> <th rowspan="2">RESULT CODE*</th> </tr> <tr> <th>DD</th> <th>MM</th> <th colspan="2">YYYY</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*RESULT CODE 1 = FACILITY LOCATED AND OPEN 2 = FACILITY LOCATED, BUT NOT OPEN TODAY 3 = FACILITY PERMANENTLY CLOSED 4 = FACILITY DESTROYED 5 = FACILITY NOT FOUND 6 = OTHER COMPLETE GPS COORDINATES FOR RESULTS CODES 1 THROUGH 6.</p>	VISIT NO.	DATE				INTERVIEWER CODE	RESULT CODE*	DD	MM	YYYY		1							2							3							
VISIT NO.	DATE					INTERVIEWER CODE	RESULT CODE*																														
	DD	MM	YYYY																																		
1																																					
2																																					
3																																					
	ALL	109	RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS 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"																																		

Indicator ID	Module	No.	Question	Response	Skip
			13. HIGHLIGHT YOUR WAYPOINT 14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW. BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM		
	ALL	110	Waypoint name (facility number)	_____	
	ALL	111	Elevation (m)	_____	
	ALL	112	Latitude	N/S.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — —	
	ALL	113	Longitude	E/W.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — —	
	ALL	114	Consent given by facility contact?	YES.....1 NO2	→ END
1.2. FACILITY CHARACTERISTICS					
	ALL	i114A	LET THE FACILITY IN-CHARGE KNOW THAT YOU WILL START BY ASKING A FEW QUESTIONS ABOUT THE CHARACTERISTICS OF THE FACILITY.		
AAB	ALL	115	What is the type of facility? [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	NATIONAL REFERRAL HOSPITAL01 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL.....02 DISTRICT HOSPITAL03 OTHER GENERAL HOSPITAL04 SPECIALTY HOSPITAL05 COMPREHENSIVE HEALTH CENTRE/POLY CLINIC.....06 HEALTH CENTRE07 CLINIC/DISPENSARY.....08 HEALTH POST09 MATERNAL/CHILD HEALTH CLINIC10 OTHER96 (SPECIFY)	
	ALL	116	Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility. [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	GOVERNMENT/PUBLIC.....1 NGO/PRIVATE NOT-FOR-PROFIT2 PRIVATE-FOR-PROFIT3 MISSION/FAITH-BASED.....4 PARASTATAL (MILITARY/POLICE/NATIONAL GUARD)5 UNIVERSITY6 OTHER7 (SPECIFY)	
DNW, DNH, AGU, DMV, DLA, DIR, DMZ, DKH, DKA, DJT, DKW, DKI, AHV, AHW, AHZ, AIE, AIJ, AIK, AIL, AIN, AIO, AIP, AIR, AIS, AIT, AIU, AIV, AIW, AIZ, AJA, AJC, AJD, AJK, AJL, ALW, AMY, AMZ, ANA, BCM, BCN, BCO, BCP, BCQ, BKZ, BLA, BLN,DIJ, CIM, CKL, CKO, CKP, CLP, CLQ, CLR, CLW, COI, COJ, CTA, CTB, CTC, CTD, CTF, CTG, CTH, CTI, CTM, CTN, CXV, CXW, CXX, CXY, CXZ, CYA, CYD, CZI, CZJ, CZH, CZK, CZM, CZN, CZO, CZP, CZQ,	ALL	117	What service levels are available?	OUTPATIENT ONLY1 INPATIENT ONLY.....2 BOTH OUT AND INPATIENT3	

Indicator ID	Module	No.	Question	Response	Skip
CZR, CZS, DAC, DAD, DAI, DAJ, DAK					

2. CLIENT SERVICES

Section 2 (Client services) is omitted from the combined versions of the questionnaire that include the readiness module. The Section 2 questions are integrated into the readiness module.

Indicator ID	Module	No.	Question	Response	Skip
			3. HEALTH WORKFORCE		
			3.1. FACILITY STAFF NUMBERS AND OCCUPATION		
			3.1.1. STAFFING PLAN		
	A_C	i300	Now we are going to ask about staffing numbers and types of staff who work at this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for them to provide this information.		
AAL	A_C	301	Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification?	YES 1 NO 2	
	A_C	i302	<p>I would like to know about personnel who work in this facility. These may be full-time, part-time, or seconded persons.</p> <p>A_A First [COLUMN A], I would like to know about the professional qualification of personnel who work in this facility and numbers of personnel with this qualification who are officially authorized for this facility. READ EACH QUALIFICATION.</p> <p>A_A Next [COLUMN B], I would like to know how many positions within each occupation have been vacant for more than 6 months in the past 12 months.</p> <p>A_C I would then like to know about the numbers of personnel within each occupation who are currently assigned to, employed by, or seconded to this facility [COLUMN C]. Please count each staff member only once, on the basis of the highest technical or professional qualification, and not on the basis of their position.</p> <p>A_A Of these persons, I would also like to know how many of the total number are part-time within this facility [COLUMN D]. Please include all staff who provide inpatient, outpatient and outreach services.</p> <p>A_C Finally, I would like to know how many positions of the total number of assigned staff are female [COLUMN E].</p> <p>ONLY COUNT STAFF WHO ARE UNDER THE AUTHORITY OF THE FACILITY MANAGER.</p> <p>NOTE: PROGRAMMERS AND SURVEY MANAGERS, ONLY COLUMNS C AND E WILL BE COMPLETED IF THE AVAILABILITY CORE QUESTIONNAIRE IS BEING IMPLEMENTED. COLUMNS A-E WILL BE COMPLETED IF THE AVAILABILITY CORE+ADDITIONAL QUESTIONNAIRE IS BEING IMPLEMENTED. COUNTRY ADAPT OR EXPAND SUBGROUPS OF STAFF.</p>		

Indicator ID	Module	No.	Question	Response					Skip
3.1.2. MEDICAL DOCTORS									
		303	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	A_A (A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	A_A (B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	A_C (C) TOTAL STAFF ASSIGNED, EMPLOYED, or SECONDED (INCLUDING PART-TIME STAFF) (IF 0, SKIP TO NEXT ROW)	A_A (D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C)	A_C (E) TOTAL FEMALE STAFF (FROM AMONG THOSE IN COL C)	
GENERALIST MEDICAL PRACTITIONERS/DOCTORS									
ABG, ABH, ABJ, AHM, BOA, BOB, BOD, BPF	A_C	304	Total generalist medical practitioners	— — —	— — —	— — — If 000 → Q306	— — —	— — —	
305 Subgroups of generalist medical practitioners									
BRC	A_C	01	Medical officer (general)/general practitioner (non-specialist)	— — —	— — —	— — —	— — —	<u>N/A</u>	
AID, BPG	A_C	02	Family medicine specialist	— — —	— — —	— — —	— — —	<u>N/A</u>	
	A_C	03	Other generalist medical doctors not classified elsewhere	— — —	— — —	— — —	— — —	<u>N/A</u>	
SPECIALIST MEDICAL PRACTITIONERS/DOCTORS									
AAW, ABG, ABK, AHM, BOA, BOC, BOD, BRD	A_C	306	Total specialist medical practitioners	— — —	— — —	— — — If 000 → Q308	— — —	— — —	
307 Subgroups of specialist medical practitioners									
ABD, BRE	A_C	01	Medical group of specialists (e.g. internal medicine specialist, cardiologist, etc.)	— — —	— — —	— — —	— — —	<u>N/A</u>	
AHT, BTK	A_C	02	Paediatricians	— — —	— — —	— — —	— — —	<u>N/A</u>	
AHS, BTQ	A_C	03	Obstetricians and gynaecologists	— — —	— — —	— — —	— — —	<u>N/A</u>	
ABF, BVI	A_C	04	Psychiatrists	— — —	— — —	— — —	— — —	<u>N/A</u>	
AHX, BVZ	A_C	05	Surgical group of specialists (e.g. general surgeon, orthopaedic surgeon, etc. Specialist anaesthetists are also included here)	— — —	— — —	— — —	— — —	<u>N/A</u>	
BXJ	A_C	06	Other specialists not elsewhere classified	— — —	— — —	— — —	— — —	<u>N/A</u>	
308 3.1.3 PARAMEDICAL, NURSING AND MIDWIFERY PROFESSIONALS									
DMC, AHN, BZE	A_C	01	Paramedical practitioner (e.g. clinical officer)	— — —	— — —	— — —	— — —	— — —	
DNF, AHO, BZK,	A_C	02	Nursing professional	— — —	— — —	— — —	— — —	— — —	
DNF, AHO, AHP, BZL	A_C	03	Midwifery professional	— — —	— — —	— — —	— — —	— — —	
DNF, AHO, CAF	A_C	04	Nurse-midwife (dual trained) professional	— — —	— — —	— — —	— — —	— — —	
309 3.1.4. OTHER HEALTH PROFESSIONALS									
DKY, AIA, CAI	A_C	01	Dentist	— — —	— — —	— — —	— — —	— — —	

Indicator ID	Module	No.	Question	Response					Skip
DNU, AII, CAO	A_C	02	Pharmacist	— — — —	— — — —	— — — —	— — — —	— — — —	
AIB, CAP	A_C	03	Dietitian/Nutritionist	— — — —	— — — —	— — — —	— — — —	N/A	
AIC, CAR	A_C	04	Environmental and occupational health and hygiene professional	— — — —	— — — —	— — — —	— — — —	N/A	
AHY, CAS, CRJ, CRK	A_C	05	Audiologist/Speech therapist	— — — —	— — — —	— — — —	— — — —	N/A	
AIF, CAU, CRJ, CRK	A_C	06	Occupational therapist	— — — —	— — — —	— — — —	— — — —	N/A	
AIG, BRB	A_C	07	Optometrist/ophthalmic optician	— — — —	— — — —	— — — —	— — — —	N/A	
AIH, CBJ, CRJ, CRK	A_C	08	Physiotherapist	— — — —	— — — —	— — — —	— — — —	N/A	
CBK	A_C	09	Health professionals not elsewhere classified	— — — —	— — — —	— — — —	— — — —	N/A	
3.1.5. HEALTH ASSOCIATE PROFESSIONALS									
	A_C	310	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- TIMESTAFF) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)		
CBR	A_C	01	Radiographer/other medical imaging technician	— — — —	— — — —	— — — —	— — — —		
CBZ	A_C	02	Medical and pathology laboratory technician	— — — —	— — — —	— — — —	— — — —		
CCB	A_C	03	Pharmacy technician/ pharmacy assistant	— — — —	— — — —	— — — —	— — — —		
CCW, CRJ	A_C	04	Medical and dental prosthetic technicians and assistants	— — — —	— — — —	— — — —	— — — —		
CCZ	A_C	05	Medical records and health information technician	— — — —	— — — —	— — — —	— — — —		
CDA	A_C	06	Other health associate professional (not elsewhere classified)	— — — —	— — — —	— — — —	— — — —		

Indicator ID	Module	No.	Question	Response	Skip						
3.2. QUALIFICATIONS OF FACILITY MANAGERS											
	A_A	311	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]	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>NOT APPLICABLE</td> <td>DON'T KNOW</td> </tr> </table>	YES	NO	NOT APPLICABLE	DON'T KNOW			
YES	NO	NOT APPLICABLE	DON'T KNOW								
CDD	A_A	01	Facility director/medical superintendent	1 2 5 8							
CDE	A_A	02	Facility administrator or head of administration	1 2 5 8							
CDF	A_A	03	Medical director	1 2 5 8							
CDG	A_A	04	Nursing director	1 2 5 8							
3.3. PROFESSIONAL GRADUATE VOLUNTEER STAFF											
	A_A	312	Do any professional graduates work in this facility as volunteers?	YES..... 1 NO 2	→Q314						
	A_A	313	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]	<table border="1"> <tr> <th colspan="2">(A)</th> <th>(B)</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>AVERAGE NUMBER OF PERSONS EACH MONTH</th> </tr> </table>	(A)		(B)	YES	NO	AVERAGE NUMBER OF PERSONS EACH MONTH	
(A)		(B)									
YES	NO	AVERAGE NUMBER OF PERSONS EACH MONTH									
DOD	A_A	01	Doctors (generalist)	1 →B 2 →02 — — — —							
DOE	A_A	02	Doctors (specialist)	1 →B 2 →03 — — — —							
DOF	A_A	03	Nursing and/or midwifery professionals	1 →B 2 →04 — — — —							
	A_A	04	Other	1 →B _____ (SPECIFY) 2 →Q314 — — — —							
3.4. VISITING SPECIALISTS											
CDH	A_C	314	Does this facility ever receive visits from external specialists (“visiting specialists”) who conduct consultations, patient reviews and/or surgery at this facility?	YES..... 1 NO 2	→END OF SECTION						
CDI, CDJ, CDK	A_C	315	On average, how often does this facility receive a visit from a visiting specialist?	EVERY DAY/WEEK 1 EVERY MONTH 2 EVERY 1–3 MONTHS..... 3 LESS OFTEN THAN EVERY 3 MONTHS 4 DON'T KNOW 8							

Indicator ID	Module	No.	Question	Response	Skip
4. FACILITY BEDS AND ISOLATION UNITS					
4.1 FACILITY BEDS					
	A_C	i400	Now I would like to ask about facility beds used for overnight care or for inpatient care. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
AOZ	A_C	401	Does this facility have any adult-size inpatient beds? (This includes beds for overnight observation of patients in the emergency unit, as well as intensive care unit beds. This excludes delivery beds/tables, surgical tables, recovery trolleys, emergency room stretchers, beds for same-day care, beds smaller than adult size (infant cots and paediatric-size beds), and beds in wards that were closed for any reason.)	YES 1 NO 2	→Q405
	A_C	402	What is the total official number of authorized adult-size inpatient beds (official bed capacity) of this facility? (Use the same inclusion and exclusion criteria as in the previous question)	NO. OF AUTHORIZED ADULT INPATIENT BEDS — — — — ZERO AUTHORIZED ADULT INPATIENT BEDS..... 0000 DON'T KNOW 9998	
AAD, AAF	A_C	403	What is the total number of actual adult-size overnight/inpatient beds in this facility?	NO. OF ACTUAL ADULT OVERNIGHT/INPATIENT BEDS — — — — ZERO ADULT BEDS FOR OVERNIGHT/INPATIENT CARE .. 0000	→Q405
	A_C	404	Of the total adult-size overnight/inpatient beds reported in the previous question, how many of the following dedicated bed types does this facility have:	NO. OF DEDICATED BEDS	ZERO DEDICATED BEDS
AAE, AAH, APA	A_C	01	Maternity beds (excluding delivery beds/tables)	— — —	000
AAO	A_C	02	Surgical beds	— — —	000
ABI	A_C	03	Psychiatric beds	— — —	000
AAX	A_C	04	Emergency unit beds	— — —	000
AAZ	A_C	05	Intensive care unit (ICU) beds	— — —	000
	A_C	06	High-dependency beds (for more frequent care than in general wards, but less than in ICU)	— — —	000
AAS	A_C	405	What is the total number of actual paediatric-size overnight/inpatient beds (smaller than adult-size beds) and infant cots in this facility (excluding neonatal cots)?	NO. OF PAEDIATRIC BEDS/COTS — — — ZERO PAEDIATRIC BEDS/COTS..... 000	→Q407
DOG	A_C	406	Of the total paediatric-size beds and infant cots reported in the previous question, how many are dedicated paediatric ICU beds/cots?	NO. OF PAEDIATRIC ICU BEDS/COTS — — — ZERO PAEDIATRIC ICU BEDS/COTS..... 000	
AAV	A_C	407	What is the total number of actual neonatal cots in this facility?	NO. OF NEONATAL COTS — — — ZERO NEONATAL COTS..... 000	→Q409
DOH	A_C	408	Of the total neonatal cots reported in the previous question, how many are dedicated neonatal ICU cots?	NO. OF NEONATAL ICU COTS — — — ZERO NEONATAL ICU COTS 000	
4.2 PATIENT ISOLATION ROOMS AND BEDS					
AAM	A_C	409	Does this facility have any specific units or dedicated rooms where patients requiring isolation are placed?	YES 1 NO 2	→ END OF SECTION
	A_C	410	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
AAM	A_C	01	Dedicated inpatient room/ward/unit for isolation	1 →B	2 →02
				— —	

Indicator ID	Module	No.	Question	Response			Skip
BMB	A_C	02	Dedicated room in the outpatient service area for isolation	1 →B	2 →03	— —	
	A_C	03	Dedicated room in the emergency service area for isolation	1 →B	2 →04	— —	
	A_C	04	Room that can be used for isolation but that is not dedicated for this purpose	1 →B	2 →Q411	— —	
	A_C	411	Is the number of isolation rooms and beds in this facility considered adequate to meet potential future needs?	YES 1 NO 2 DON'T KNOW 8			

Indicator ID	Module	No.	Question	Response	Skip
			5. GOVERNANCE AND MANAGEMENT		
			5.1. GOVERNANCE AND MANAGEMENT SYSTEMS AND PRACTICES		
	M_C	i500	Now I would like to ask about governance and management systems implemented by this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
CRL	M_A	501	Does this facility have a governing board or governing committee that is responsible for facility oversight (but not the day-to-day functioning of the facility)? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A FACILITY GOVERNING BOARD]	YES1 NO2	→Q505
DIE	M_A	502	Does the governing board include at least one community member?	YES1 NO2	
	M_A	503	How often does the governing board meet?	AT LEAST MONTHLY1 AT LEAST EVERY 3 MONTHS.....2 AT LEAST EVERY 6 MONTHS.....3 LESS OFTEN THAN EVERY 6 MONTHS4 DON'T KNOW.....8	
CRL	M_A	504	When was the most recent board meeting?	WITHIN THE PAST 1 MONTH.....1 2–3 MONTHS AGO2 4–6 MONTHS AGO3 7–12 MONTHS AGO4 MORE THAN 12 MONTHS AGO5 DON'T KNOW.....8	
CRM	M_C	505	Does this facility have a core management team or a management committee that is responsible for oversight of the day-to-day functioning of the facility? 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]	YES1 NO2	→Q512
	M_C	506	How often does the management committee meet?	AT LEAST MONTHLY.....1 AT LEAST EVERY 3 MONTHS.....2 AT LEAST EVERY 6 MONTHS.....3 LESS OFTEN THAN EVERY 6 MONTHS4 DON'T KNOW.....8	
CRM	M_C	507	When was the most recent management committee meeting?	WITHIN THE PAST 1 MONTH.....1 2–3 MONTHS AGO2 4–6 MONTHS AGO3 MORE THAN 6 MONTHS AGO4 DON'T KNOW.....8	→Q512 →Q512
DIZ	M_C	508	Does this facility have a written operational or management plan? IF YES, ASK TO SEE A COPY AND NOTE THE TIME PERIOD THE PLAN COVERS.	YES, OBSERVED AND COVERS CURRENT YEAR1 YES, OBSERVED AND COVERS PRIOR YEARS BUT NOT CURRENT YEAR2 YES, REPORTED, NOT SEEN3 NO4	→Q510
DKJ	M_C	509	How often does the management committee refer to this plan to inform decisions on facility management?	AT EVERY MANAGEMENT COMMITTEE MEETING1 AT SOME MANAGEMENT COMMITTEE MEETINGS.....2 NEVER.....3	
CRO	M_C	510	Is there any routine system for including community representation for some aspects of the management committee work? By routine system, I mean community participation is sought for some or all management committee meetings, or specific community meetings are held at set intervals.	YES1 NO2	
CRQ	M_A	512	Does this facility have a finance committee?	YES1 NO2	→Q515
	M_A	513	How often does the finance committee meet?	AT LEAST MONTHLY1 AT LEAST EVERY 3 MONTHS.....2 AT LEAST EVERY 6 MONTHS.....3 LESS OFTEN THAN EVERY 6 MONTHS4 DON'T KNOW.....8	

Indicator ID	Module	No.	Question	Response							Skip
CRQ	M_A	514	When was the most recent finance committee meeting?	WITHIN THE PAST 1 MONTH.....1 2–3 MONTHS AGO.....2 4–6 MONTHS AGO.....3 MORE THAN 6 MONTHS AGO.....4 DON'T KNOW.....8							
CRR	M_A	515	Does this facility have a procurement committee for medicines, consumable commodities, medical equipment, and/or services? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A PROCUREMENT COMMITTEE IN A FACILITY]	YES.....1 NO.....2 NEVER PROCURE THESE ITEMS.....5							→Q518 →Q518
	M_A	516	How often does the procurement committee meet?	AT LEAST MONTHLY.....1 AT LEAST EVERY 3 MONTHS.....2 AT LEAST EVERY 6 MONTHS.....3 LESS OFTEN THAN EVERY 6 MONTHS.....4 DON'T KNOW.....8							
CRR	M_A	517	When was the most recent procurement committee meeting?	WITHIN THE PAST 1 MONTH.....1 2–3 MONTHS AGO.....2 4–6 MONTHS AGO.....3 MORE THAN 6 MONTHS.....4 DON'T KNOW.....8							
	M_A	518	Now I would like to know about written procedures for procurement. For each item that I ask about, please show me the item and tell me whether it has been updated in the last 5 years.	(A) AVAILABLE			(B) UPDATED IN LAST 5 YEARS				
				OBSERVED	REPORTED BUT NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW		
DJU	M_A	01	Medicines procurement procedures	1 →B	2 →B	3 →02	4	5	8		
DJJ	M_A	02	Medical equipment procurement procedures	1 →B	2 →B	3 →03	4	5	8		
DLC	M_A	03	Consumable commodities and/or services procurement procedures	1 →B	2 →B	3 →Q519	4	5	8		
5.2. SUPPORT SERVICES FOR ROUTINE FACILITY FUNCTIONING											
	M_A	i519	I would like to know more about specific support services available in this facility. By support services, I mean services that support the functioning of the facility, but that are not related directly to client services. [COUNTRY ADAPT NAMES OF TYPES OF SUPPORT SERVICES]								
	M_A	520	Which of the following support services are available within this facility? FOR EACH AVAILABLE SERVICE, ASK: Who manages this service? Is it managed by the facility or the district/region? Is it a contracted service?	SUPPORT SERVICE AVAILABLE AND MANAGED BY:			SUPPORT SERVICE NOT AVAILABLE	NOT APPLICABLE			
				FACILITY STAFF	EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF	HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY (E.G. DISTRICT)					
CRY	M_A	01	Human resources services	1	2	3	4	5			
CRZ	M_A	02	Finance/accounting services	1	2	3	4	5			
CSA	M_A	03	Social services	1	2	3	4	5			
CSF	M_A	04	Building maintenance services	1	2	3	4	5			
CSG, CVK	M_A	05	Cleaning/housekeeping/laundry services	1	2	3	4	5			
CSI	M_A	06	Patient food services/patient kitchen	1	2	3	4	5			
CSJ	M_A	07	Mortuary	1	2	3	4	5			
CSK	M_A	08	General administration unit that manages any of the services listed above	1	2	3	4	5			
5.3. DISASTER PREPAREDNESS											

Indicator ID	Module	No.	Question	Response	Skip	
	R_C	i521	Now I want to ask you about facility plans and practices concerning disaster preparedness and response, and facility safety.			
ANG	R_C	522	Does this facility have a policy that bans smoking anywhere in the facility grounds?	YES.....1 NO2		
	R_C	523	Does this facility have any written disaster/emergency management or facility safety plans? These might include fire, disease outbreaks, or events with large numbers of trauma victims.	YES.....1 NO2	→ Q533	
CXD	R_C	524	Does this facility have a written fire safety plan? IF YES, ASK: May I see the plan?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	→ Q526	
ANI	R_C	525	When was the most recent drill/simulation exercise for staff to practice following the fire safety plan?	WITHIN THE PAST 6 MONTHS.....1 7–12 MONTHS AGO2 13–24 MONTHS AGO3 MORE THAN 24 MONTHS AGO4 NEVER CONDUCTED.....5 DON'T KNOW.....8		
CXE	R_C	526	Does this facility have any specific written emergency response plan for outbreaks, such as ebola, meningitis, SARS, COVID-19, cholera, etc.? THIS MAY BE A PART OF A COMPREHENSIVE EMERGENCY RESPONSE PLAN. IF YES, ASK: May I see the plan?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	→ Q529	
	R_C	527	How often are drills/simulation exercises conducted for staff on how to follow the emergency response plans for outbreaks?	AT LEAST EVERY 6 MONTHS.....1 AT LEAST ANNUALLY.....2 LESS OFTEN THAN ANNUALLY.....3 NEVER CONDUCTED.....4	→ Q529	
ANJ	R_C	528	When was the most recent drill/simulation exercise for staff on how to follow the emergency response plans for outbreaks?	WITHIN THE PAST 6 MONTHS.....1 7–12 MONTHS AGO2 13–24 MONTHS AGO3 MORE THAN 24 MONTHS AGO4 NEVER CONDUCTED.....5 DON'T KNOW.....8		
	R_C	529	Other than for fire or outbreaks, does this facility have a written emergency response plan for any other emergencies?	YES.....1 NO2	→ Q533	
	R_C	530	Which other types of emergency response have a written plan? THE TOPIC MAY BE COVERED IN ONE COMPREHENSIVE EMERGENCY RESPONSE PLAN, OR IN SEPARATE EMERGENCY RESPONSE PLANS.	YES	NO	
CXF	R_C	01	Natural disasters such as earthquakes or floods	1	2	
DII	R_C	02	Non-natural disasters related to war or civil conflict	1	2	
CMF	R_C	03	Other non-natural disasters resulting in mass civilian casualties, e.g. transportation accidents	1	2	
	R_C	04	Other	1 <u> </u> (SPECIFY)	2	
	R_C	531	How often are drills/simulation exercises conducted for staff on how to follow the emergency response plans for natural and non-natural disasters with mass casualties?	AT LEAST EVERY 6 MONTHS.....1 AT LEAST ANNUALLY.....2 LESS OFTEN THAN ANNUALLY.....3 NEVER CONDUCTED.....4		
ANK	R_C	532	When was the most recent drill/simulation exercise for natural or non-natural disasters with mass casualties?	WITHIN THE PAST 6 MONTHS.....1 7–12 MONTHS AGO2 13–24 MONTHS AGO3 MORE THAN 24 MONTHS AGO4 NEVER CONDUCTED.....5 DON'T KNOW.....8		
CXH	R_C	533	Does this facility have a strategy for meeting increased staffing needs for emergency situations?	YES.....1 NO2		
	R_C	534	Does this facility have the following documented? IF YES, ASK: May I see the documents?	OBSERVED	REPORTED, NOT SEEN	NO

Indicator ID	Module	No.	Question	Response			Skip
ANL	R_C	01	Designated team or focal persons for disaster/emergency management	1	2	3	
ANX	R_C	02	Designated team or focal persons for maintaining service continuity during a disaster	1	2	3	
AOI	R_C	03	List of prioritized primary care services to be maintained during a disaster	1	2	3	
CMG	R_C	04	Protocols for case management of priority health emergencies, updated in last 5 years [COUNTRY ADAPT]	1	2	3	
APB	R_C	05	Assessment of risks, and structural and non-structural safety, functionality and preparedness of the facility	1	2	3	
	R_C	535	Have staff in this facility received any training in the last 2 years on:	YES		NO	
APJ	R_C	01	Fire safety preparedness and response	1	2		
APK	R_C	02	Disease outbreak preparedness and response	1	2		
APL	R_C	03	Mass casualty event preparedness and response	1	2		
	R_C	04	Other emergencies [COUNTRY ADAPT]	1	2		
APM	R_C	536	Does this facility have a budget line for management of emergencies?	YES1 NO2			
5.4. FORMAL LINKAGES WITH SERVICES OUTSIDE							
5.4.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE							
ANH	M_C	537	Does this facility have formal linkages with providers of traditional, complementary or other integrative types of medicine (TCI)? This may be facility wide, or service specific.	YES1 NO2			→ Q539
	M_A	538	How are these linkages implemented? ASK IF EACH OF THE FOLLOWING IS APPLICABLE FOR THIS FACILITY.	YES		NO	
APQ	M_A	01	TCI providers are routinely represented in management committees	1	2		
APR	M_A	02	There are facility staff with specific responsibility for linkages and communication between the facility and TCI providers	1	2		
APS	M_A	03	There are service-specific TCI linkages	1	2		
	M_A	04	Other	1	2		
			(SPECIFY)				
5.4.2. COMMUNITY LINKAGES							
CRP	M_C	539	Does this facility have any formal systems for linking with community health workers?	YES1 NO2			→ END OF SECTION
	M_A	540	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	
BKV	M_A	01	Does the facility manage any CHWs?	1	2		
BKW	M_A	02	Does the facility provide supplies, receive reports, or train CHWs who are not managed by the facility?	1	2		
BKY	M_A	03	Does the facility refer patients to CHWs or receive referrals from CHWs?	1	2		

Indicator ID	Module	No.	Question	Response	Skip			
6. SYSTEMS TO SUPPORT STAFF								
6.1. STAFF BENEFITS								
	M_A	600	I am 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. IF YES, ASK: Does the system for providing each benefit function adequately? [COUNTRY ADAPT]:	YES, FUNCTIONS ADEQUATELY	YES, BUT FUNCTIONS INADEQUATELY	NO	DON'T KNOW	
CWE	M_A	01	Living quarters or subsidized living quarters for staff	1	2	3	8	
CWG	M_A	02	Staff cafeteria or canteen	1	2	3	8	
CWH	M_A	03	On-call rooms for staff on night duty	1	2	3	8	
CWJ	M_A	04	Uniform allowances or uniforms provided	1	2	3	8	
CWK	M_A	05	Transportation for staff	1	2	3	8	
	M_A	601	Does this facility provide any other services for staff safety, such as: READ LIST [COUNTRY ADAPT: REVISE LIST IN THE CONTEXT OF COMMON OCCUPATIONAL HEALTH SERVICES IN THE COUNTRY]	YES	NO	NOT APPLICABLE		
CVZ	M_A	01	Surveillance of the factors that might affect the health of the workers (e.g. radiation exposure, needle stick injuries)	1	2	5		
CWC	M_A	02	Pre-employment, periodic and special medical examinations including, where necessary, biological and radiological examinations?	1	2	5		
6.2. TRAINING PROVIDED BY FACILITY								
APW, CLM	M_A	602	Does this facility have a programme for continuous in-service medical education/ professional development for any facility staff? IF YES, PLEASE ASK: How often are routine in-service education sessions conducted?	YES, AT LEAST MONTHLY1 YES, AT LEAST EVERY 2–3 MONTHS2 YES, EVERY 4–6 MONTHS.....3 YES, EVERY 7–12 MONTHS.....4 YES, LESS OFTEN THAN ANNUALLY OR NO SET TIME.....5 NO.....6				
APV	M_A	603	Does this facility maintain a written or computerized record of staff who received training? IF YES, ASK: May I see the training records?	YES, OBSERVED...1 YES, REPORTED, NOT SEEN2 NO.....3				
6.3. PERSONNEL MANAGEMENT AND SUPERVISION								
6.3.1. STAFFING STRUCTURES								
CVS	M_A	604	How often does this facility receive visits from relevant authorities to verify the licence and other relevant credentials for any staff?	EVERY YEAR1 LESS OFTEN THAN EVERY YEAR.....2 HAVE NEVER RECEIVED A VISIT OF THIS TYPE.....3				
AWP	M_A	605	Does this facility have a written management structure or an organogram that details reporting levels and relationships?	YES.....1 NO.....2				
CHZ CLI	M_A	606	Does this facility have written job descriptions? IF YES, ASK: Are there job descriptions for all positions or only for some positions?	YES, ALL POSITIONS1 YES, SOME, BUT NOT ALL POSITIONS.....2 NO.....3 NOT APPLICABLE (JOB DESCRIPTION DEFINED AT HIGHER ADMINISTRATIVE LEVEL).....4				
CVT	M_A	607	Does this facility have a routine system for evaluating staff performance? IF YES, ASK: May I see a copy of an evaluation form?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3				→Q609
CVT	M_A	608	How often are staff evaluations performed?	ANNUALLY OR MORE FREQUENTLY1 EVERY 2 YEARS.....2 NO FIXED TIME INTERVAL.....3				

Indicator ID	Module	No.	Question	Response	Skip
DKF	M_A	609	Is there any process for identifying and recognizing or rewarding staff for good performance?	YES.....1 NO.....2	
6.3.2. EXTERNAL SUPERVISION					
APU, CVU	M_C	610	Does this facility receive any external supervision, such as from district, regional or national offices?	YES.....1 NO.....2	➔ END OF SECTION
APU, CVU	M_C	611	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.	WITHIN THE PAST 1 MONTH.....1 2-3 MONTHS AGO.....2 4-12 MONTHS AGO.....3 MORE THAN 12 MONTHS AGO.....4 DON'T KNOW.....8	➔ END OF SECTION ➔ END OF SECTION
	M_A	612	During supervisory visit(s) in the past 12 months, did the supervisor(s) do any of the following:	YES, ALWAYS YES, SOMETIMES NO DON'T KNOW	
AUR	M_A	01	Use a checklist	1 2 3 8	
DLN	M_A	02	Meet with health care providers to discuss their work	1 2 3 8	
DLB	M_A	03	Observe outpatient consultations	1 2 3 8	
CVV	M_C	613	Is there any documentation showing feedback from external supervisory visits during the past 12 months? IF YES, ASK: May I see the documentation?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO.....3	

Indicator ID	Module	No.	Question	Response	Skip									
7. SYSTEMS FOR MONITORING SERVICE QUALITY														
7.1. EXTERNAL ASSESSMENTS AGAINST STANDARDS														
	M_C	i700	I would like to talk with the person most familiar with activities related to quality improvement and quality assurance for this facility.											
CXI	M_C	701	Does this facility participate in any periodic external assessment of conditions in the facility against standards, where a resulting score or status is provided? This might be accreditation or certification, or some other indication of the result of the assessment.	YES 1 NO 2 DON'T KNOW 8	→Q704 →Q704									
	M_C	702	Which of the following external assessment 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]	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">CERTIFICATION STATUS</th> </tr> <tr> <th style="width: 33%;">CURRENTLY CERTIFIED</th> <th style="width: 33%;">PROCESS USED, BUT NOT CURRENTLY CERTIFIED</th> <th style="width: 33%;">PROCESS NOT USED</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	CERTIFICATION STATUS			CURRENTLY CERTIFIED	PROCESS USED, BUT NOT CURRENTLY CERTIFIED	PROCESS NOT USED	1	2	3	
CERTIFICATION STATUS														
CURRENTLY CERTIFIED	PROCESS USED, BUT NOT CURRENTLY CERTIFIED	PROCESS NOT USED												
1	2	3												
CXJ	M_C	01	Accreditation – facility-wide	1	2	3								
CXL	M_C	02	Licensed or registered with government authority – facility-wide	1	2	3								
CXN	M_C	03	National external quality assurance (NEQA) – facility-wide	1	2	3								
CLN	M_C	04	Service specific certification _____ (SPECIFY SERVICE)	1	2	3								
	M_C	05	OTHER _____ (SPECIFY)	1	2	3								
CXP	M_C	703	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.	YEAR _____ DON'T KNOW 9998										
7.2. QUALITY ASSURANCE/IMPROVEMENT														
	M_C	i704	Now I would like to ask about internal processes related to quality improvement and quality assurance (QA) for this facility.											
CLO, CXQ	M_C	705	Does this facility routinely carry out quality assurance activities for any service areas? By this I mean some formal review system or comparison of work or systems to a standard.	YES 1 NO 2	→Q714									
CLO, CXQ	M_C	706	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY 1 ONLY SPECIFIC SERVICES 2										
CXR	M_C	707	Does this facility have a quality assurance committee?	YES 1 NO 2	→Q710									
	M_C	708	How often does the quality assurance committee meet?	AT LEAST MONTHLY 1 AT LEAST EVERY 3 MONTHS 2 AT LEAST EVERY 6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 DON'T KNOW 8										
CXR	M_C	709	When was the most recent quality assurance committee meeting?	WITHIN THE PAST 1 MONTH 1 2–3 MONTHS AGO 2 4–6 MONTHS AGO 3 MORE THAN 6 MONTHS AGO 4 DON'T KNOW 8										
CXS	M_C	710	Is there any documentation showing that quality assurance information is reviewed? This may be documentation produced by a QA committee or other management group (e.g. report by a committee or minutes of a meeting). IF YES, ASK: May I see the documentation?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3										
ANB	M_C	711	Does this facility have a focal person for quality improvement and patient safety?	YES 1 NO 2										

Indicator ID	Module	No.	Question	Response	Skip
AND	M_C	712	Have you or any staff in this facility received training on quality improvement and/or patient safety in the past 2 years?	YES 1 NO 2	
ANE	M_C	713	Does this facility receive any support from external partners in implementing quality assurance or improvement systems and activities?	YES 1 NO 2 DON'T KNOW 8	
7.3. SYSTEMS FOR MONITORING QUALITY OF INPATIENT CARE					
7.3.1. CASE REVIEWS AND DEATH REVIEWS					
AMY, AMZ, ANA, CXV, CXW, CXX, CXY, CXZ, CYA, CYD, DAC, DAD	M_C	714	Does this facility have inpatient services?	YES 1 NO 2	→Q728
	M_C	i715	Now I would like to know about any case reviews and reviews of deaths for patients in this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
CXV	M_C	716	Does this facility routinely carry out formal case reviews for patients who have not died, where individual patient management is reviewed for quality and potential for improvement?	YES 1 NO 2	→Q719
	M_C	717	How often are formal case reviews carried out?	AT LEAST WEEKLY 1 AT LEAST MONTHLY 2 AT LEAST QUARTERLY 3 NO SPECIFIED TIMING 4	
AMY	M_C	718	Was any formal case review carried out during the past 3 complete months?	YES 1 NO 2	
CXW	M_C	719	Does this facility conduct formal death reviews for any deaths that occur in the facility?	YES 1 NO 2 NEVER HAD A DEATH 3	→Q722 →Q722
	M_C	720	Does this facility conduct formal death reviews for any of the following deaths that occur in the facility?	YES	NO
CXY	M_C	01	Maternal death	1	2
CXX	M_C	02	Neonatal death	1	2
AMZ	M_C	03	Death within 24 hours of a surgical procedure	1	2
ANA	M_C	721	Was any formal death review carried out during the past 3 complete months?	YES 1 NO 2	
7.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS FOR INPATIENTS					
CXZ	M_C	722	Does this facility have a system for monitoring adverse events, such as patient falls or infections?	YES 1 NO 2	→Q726
CXZ	M_C	723	Are there any written guidelines for identifying, reporting and/or monitoring of adverse events available in this facility today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
CYD	M_C	724	Does this facility have a system for monitoring adverse events specifically related to surgery, such as infections and deaths after a surgical procedure?	YES 1 NO 2	→Q726
CYD	M_C	725	Are there any guidelines for identifying, reporting and/or monitoring adverse events related to surgery available in this facility today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
CYA	M_C	726	Are health care associated infections (HCAI) (nosocomial infections) reported and/or monitored by this facility?	YES 1 NO 2	→Q728

Indicator ID	Module	No.	Question	Response						Skip	
CYA	M_C	727	Are there any guidelines for identifying, reporting and/or monitoring nosocomial infections available in this facility today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3							
7.3.3. OUTCOME INDICATORS FOR FACILITY SERVICES											
	M_A	i728	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 services and patient follow-up services. I would like to speak with the person most familiar with quality indicators.								
	M_A	729	I would like to know if this facility monitors any of the following indicators related to patient outcomes and the frequency of data compilation. [COUNTRY ADAPT]	(A) INDICATOR MONITORED		(B) DATA COMPILATION FREQUENCY					
				YES	NO	AT LEAST EVERY 3 MONTHS	AT LEAST EVERY 6 MONTHS	AT LEAST ANNUALLY	LESS THAN ANNUALLY	DON'T KNOW	
DAC	M_A	01	Deaths prior to discharge among patients who had a procedure in a surgical theatre	1 → B	2 → 02	1	2	3	4	8	
DAD	M_A	02	Percentage of all surgical cases with postoperative sepsis	1 → B	2 → 03	1	2	3	4	8	
DAI	M_A	03	Deaths within 30 days of admission for any identified diagnoses	1	2 → 06	X	X	X	X	X	
DMV	M_A	04	Deaths within 30 days of admission for myocardial infarction	1 → B	2 → 05	1	2	3	4	8	
DIC	M_A	05	Deaths within 30 days of admission for stroke	1 → B	2 → 06	1	2	3	4	8	
DAJ	M_A	06	Unplanned and unexpected hospital re-admissions for any conditions	1	2 → 11	X	X	X	X	X	
DNW	M_A	07	Re-admission for acute myocardial infarction	1 → B	2 → 08	1	2	3	4	8	
DNH	M_A	08	Re-admission for pneumonia	1 → B	2 → 09	1	2	3	4	8	
BKZ	M_A	09	Re-admission for asthma	1 → B	2 → 10	1	2	3	4	8	
BLA	M_A	10	Re-admission for diabetes	1 → B	2 → 11	1	2	3	4	8	
DAK	M_A	11	Avoidable admissions (Admissions for any conditions where quality outpatient follow-up can reduce the need for hospitalization)	1	2 → Q730	X	X	X	X	X	
CLP	M_A	12	Admission for congestive heart failure	1 → B	2 → 13	1	2	3	4	8	
CLQ	M_A	13	Admission for COPD or asthma	1 → B	2 → 14	1	2	3	4	8	
CLR	M_A	14	Admission for diabetes	1 → B	2 → 15	1	2	3	4	8	
CLW	M_A	15	Admission for hypertension	1 → B	2 → Q730	1	2	3	4	8	

Indicator ID	Module	No.	Question	Response	Skip
CWM	M_C	742	Does this facility have IPC guidelines? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO 3	
CWN	M_C	743	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	744	Now I will ask about the infection prevention and control (IPC) management structure for this facility. For each item I ask about, please tell me if this is applicable in this facility.	YES NO DON'T KNOW	
CWR	M_C	01	Technical IPC committee	1 2 8	
CWS	M_C	02	Multidisciplinary meetings where IPC results are reported/reviewed	1 2 8	
CWQ	M_C	745	Are there any full- or part-time staff assigned to IPC monitoring activities?	YES 1 NO 2	→Q749
CWQ	M_C	746	Have any of the persons responsible for IPC monitoring been trained in an IPC control course in the last 2 years? IF YES, CLARIFY IF ALL STAFF RESPONSIBLE FOR IPC MONITORING HAVE BEEN TRAINED OR ONLY SOME. IF RESPONDENT IS UNCERTAIN ASK TO CALL SOMEONE WHO WOULD KNOW.	YES, ALL 1 YES, SOME, NOT ALL..... 2 NO 3	
CWT	M_C	747	When was the most recent meeting of the IPC committee or with the person responsible for IPC? This might be a technical IPC meeting or an interdisciplinary meeting where IPC findings were discussed.	WITHIN THE PAST 1 MONTH 1 2–3 MONTHS AGO 2 4–6 MONTHS AGO 3 MORE THAN 6 MONTHS AGO 4 DON'T KNOW 8	
CWZ	M_A	748	Are there any minutes or notes on the meeting, or a report of IPC findings? IF YES, ASK: May I see documentation from the most recent meeting or report?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO 3	
	M_A	749	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	
AMQ	M_A	01	Medical staff	1 2 3 4	
APT	M_A	02	Nursing/midwifery staff	1 2 3 4	
CMD	M_A	03	Other patient service providers (e.g. technicians)	1 2 3 4	
CME	M_A	04	Auxiliary staff (e.g. managerial, cleaners)	1 2 3 4	
CVK, CWU	M_A	750	Does this facility have guidelines or protocols for cleaning the facility such as for the floors, counters and beds? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO 3	
CVK, CXC	M_A	751	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	

Indicator ID	Module	No.	Question	Response	Skip			
8. INFRASTRUCTURE AND EQUIPMENT MAINTENANCE								
8.1. VEHICLE MAINTENANCE								
DJR, CSL	M_C	800	Does this facility follow a routine maintenance schedule for any vehicles? By routine maintenance, I mean the maintenance is carried out on a fixed schedule regardless of whether there is a problem or not.	YES1 NO.....2 FACILITY HAS NO VEHICLES.....5	→ Q802 → Q802			
DJR	M_C	801	Does this facility adhere to vehicle maintenance schedules?	YES, ROUTINELY1 YES, SOMETIMES BUT NOT ROUTINELY2 NEVER3				
8.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE								
	M_C	i802	I am now going to ask about maintenance of selected equipment and systems.					
CSN	M_C	803	Is preventive or corrective maintenance ever carried out for any facility infrastructure systems such as electrical, water, sanitation, sewerage or ventilation or equipment used for these systems?	YES1 NO.....2	→ Q807			
CSN	M_C	804	Is there a schedule for preventive or corrective maintenance for any of these facility infrastructure systems? IF YES, ASK TO SEE THE SCHEDULE FOR ANY ONE OF THESE SYSTEMS.	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3				
	M_C	805	Please tell me if preventive and/or corrective maintenance is carried out routinely, sometimes but not routinely, or never, for the following systems. By preventive maintenance, I mean the service is carried out even when there is no problem with the system.	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				
				ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	
CSO	M_C	01	Electricity system	1	2	3	5	
DGL	M_C	02	Water system	1	2	3	5	
DGM	M_C	03	Sanitation/sewage system(s)	1	2	3	5	
AIQ	M_C	04	Incinerator	1	2	3	5	
DGN	M_C	05	Ventilation or air-conditioning system	1	2	3	5	
DME	M_C	06	Central oxygen system	1	2	3	5	
DLF	M_C	07	Communications systems (loudspeakers)	1	2	3	5	
DML	M_C	08	Fire extinguishers	1	2	3	5	
DIG	M_C	09	Computers	1	2	3	5	
	M_C	806	Who carries out the preventive or corrective maintenance for any of these systems or equipment?	YES		NO		
AIX	M_C	01	Facility designated maintenance staff	1		2		
AIY	M_C	02	Technicians from district or regional offices	1		2		
AJB	M_C	03	External contractors	1		2		
AMX	M_C	04	Other	1		2		
				_____ (SPECIFY)				
8.3. MEDICAL EQUIPMENT MAINTENANCE								
CSR	M_C	807	Is inspection, testing and/or preventive maintenance ever carried out for any medical, sterilization, or laboratory equipment in this facility?	YES1 NO.....2	→ END OF SECTION			

Indicator ID	Module	No.	Question	Response	Skip												
CSR	M_C	808	Is there a schedule for inspection, testing and/or preventive maintenance for any medical, sterilization, or laboratory equipment as guided by the manufacturer's recommendations? IF YES, ASK: May I see the schedule for any major piece of equipment?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3													
	M_C	809	Please tell me if preventive and/or corrective maintenance is carried out routinely, sometimes but not routinely, or never, for the following items.	<table border="1"> <thead> <tr> <th colspan="4">PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT</th> </tr> <tr> <th>ROUTINELY</th> <th>SOMETIMES, NOT ROUTINELY</th> <th>NEVER</th> <th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> </tbody> </table>	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	1	2	3	5	
PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT																	
ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE														
1	2	3	5														
BEZ, CTV	M_C	01	Oxygen tanks or concentrators	1 2 3 5													
BFA	M_C	02	Ventilators	1 2 3 5													
BFT	M_C	03	Refrigerators for vaccines, medicines, blood	1 2 3 5													
BIT	M_C	04	Infant incubators	1 2 3 5													
BJC	M_C	05	Electric autoclave	1 2 3 5													
BJE	M_C	06	Electric dry heat sterilizer	1 2 3 5													
BJF	M_C	07	Haematology analyser	1 2 3 5													
BJG	M_C	08	Blood chemistry analyser	1 2 3 5													
BJH	M_C	09	X-ray machine	1 2 3 5													
BDU	M_C	10	CT scan	1 2 3 5													
BKU	M_C	11	Ultrasound	1 2 3 5													
	M_C	810	Who carries out the preventive and corrective maintenance for any of the sterilization, medical, or diagnostic equipment?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2									
YES	NO																
1	2																
APN	M_C	01	Facility designated maintenance staff	1 2													
APO	M_C	02	Technicians from district or regional offices	1 2													
BMD	M_C	03	External contractors	1 2													
BMQ	M_C	04	Other	<table border="1"> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td colspan="2" style="text-align: center;">SPECIFY</td> </tr> </tbody> </table>	1	2	SPECIFY										
1	2																
SPECIFY																	
CSS	M_C	811	Does this facility have a system for routine inspection, maintenance and replacement for small medical equipment such as stethoscopes, sphygmomanometer, and suction machines?	YES, ALL KEY EQUIPMENT 1 YES, SOME EQUIPMENT 2 NO 3													

Indicator ID	Module	No.	Question	Response	Skip
9. HEALTH FINANCING AND ACCOUNTING					
9.1. BUDGET AND RESOURCES					
9.1.1. BUDGET AND RESOURCE AVAILABILITY AND MANAGEMENT					
	M_C	i900	Now I have some questions about this facility’s sources of funding and budget. If I ask something where another person can provide the exact information, please call that person or we can go to their office to get the information. 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.		
CTP	M_C	901	Is there a written inventory for major equipment? IF YES, ASK: Is the inventory computerized or is it manual (paper-based), or are both systems used?	YES, COMPUTERIZED 1 YES, MANUAL/PAPER-BASED 2 YES, BOTH COMPUTERIZED AND PAPER-BASED 3 NO 4 DON'T KNOW 8	
CDL	M_C	902	Is this facility directly responsible for management of any funds to support facility functioning? By this I mean: does the facility have authority to use specified funds to support facility functioning?	YES..... 1 NO 2	→ Q905
CFI	M_A	903	Does this facility maintain a bank account of its own?	YES..... 1 NO 2	
	M_A	904	Does this facility have autonomy to manage funds related to any of the following: By autonomy, I mean: Are defined facility staff/committees authorized to use funds from facility funding sources without prior authorization from an administrative level higher than the facility?	YES NO DON'T KNOW	
CFJ	M_A	01	Hiring of staff for official, approved positions	1 2 8	
CFM	M_A	02	Hiring of temporary or “casual” staff (e.g. daily workers)	1 2 8	
CGK	M_A	03	Contracts with external providers for support services (e.g. building maintenance, cleaning, equipment repair, transport, etc.)	1 2 8	
CGL	M_A	04	Purchase of medicines and medical commodities	1 2 8	
CGM	M_A	05	Purchase of medical equipment	1 2 8	
CGN	M_A	06	Purchase of non-medical equipment and/or commodities	1 2 8	
CGO	M_A	07	Payments for routine utilities (e.g. electricity, water, telephone, internet)	1 2 8	
CGP	M_A	08	Funds received from patient payments/fees for services	1 2 8	
CGQ	M_A	09	Flexibility to use and/or re-allocate funds across budget lines to meet evolving financial needs	1 2 8	
BUDGET INFORMATION FOR CURRENT BUDGET YEAR					
CST	M_C	905	Does this facility have a budgeted annual work plan (AWP) for the current financial/budget year? IF YES, ASK: May I see a copy of the budgeted work plan?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3 DON'T KNOW 8	
CDM	M_C	906	Is there an official allocated budget for this facility for the current financial year? IF YES, ASK: May I see a copy of the allocated budget?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3 DON'T KNOW 8	→ Q909 → Q909
CDN, CEJ, CGR	M_C	907	What percentage of the total official allocated budget for the current financial year has this facility received as of today?	PERCENTAGE RECEIVED — — — NONE..... 000 DON'T KNOW 998	
CGS, CGT, CGU	M_C	908	What percentage of the official allocated recurrent budget (excluding salaries) for the current financial year has this facility received as of today?	PERCENTAGE RECEIVED — — — NONE..... 000 DON'T KNOW 998	

Indicator ID	Module	No.	Question	Response	Skip
BUDGET INFORMATION FOR MOST RECENT COMPLETED BUDGET YEAR					
	M_C	i909	Now I want to ask you about the facility resources for the most recent completed financial or budget year.		
CGV, CHQ, DLM, DND	M_C	910	Was there an official allocated budget for this facility for the last completed financial year? IF YES, ASK: May I see a copy of the allocated budget?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO.....3 DON'T KNOW8	→Q915 →Q915
CGW, CGX, CGY	M_C	911	What percentage of the total official allocated budget did this facility receive for the last completed financial year?	PERCENTAGE RECEIVED — — — NONE.....000 DON'T KNOW998	
CGZ, CHA, CHB	M_C	912	What percentage of the official allocated recurrent budget (excluding salaries) did this facility receive for the last completed financial year?	PERCENTAGE RECEIVED — — — NONE.....000 DON'T KNOW998	
CHC, CHD, CHE	M_C	913	What percentage of the disbursed budget for the last complete financial year was utilized (execution rate)?	PERCENTAGE UTILIZED — — — NONE.....000 DON'T KNOW998	
CHF	M_C	914	Over the last completed financial year, did this facility experience any delays in receiving disbursements of allocated funds?	ALWAYS DELAYED1 FREQUENTLY DELAYED.....2 SOMETIMES DELAYED3 NEVER DELAYED4 DON'T KNOW8	
9.1.2. BUDGET LINE ITEMS FOR FACILITY MANAGEMENT AND MAINTENANCE					
	M_A	i915	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	916	RESPONDENT AGREES TO PROVIDE INFORMATION ON BUDGET LINE ITEMS.	YES.....1 NO2 DON'T KNOW8 NOT APPLICABLE5	→Q918 →Q918 →Q918
	M_A	917	Which of the following items have budget lines:	YES NO NOT APPLICABLE	
CSX	M_A	01	Building and/or grounds maintenance and/or preventive maintenance	1 2 5	
CSZ	M_A	02	Routine equipment maintenance and repair for medical equipment such as laboratory machines, X-ray machines, etc.	1 2 5	
DKX	M_A	03	Procurement of replacement parts for laboratory equipment	1 2 5	
DKS	M_A	04	Procurement of medicines and medical commodities	1 2 5	
DNQ	M_A	05	Transportation of medicines and medical commodities from the supplier or warehouse to the facility	1 2 5	
BMR, CXU	M_A	06	Quality improvement activities	1 2 5	
9.1.3. SOURCES OF FUNDING					
DLK	M_A	918	What percentage of patients who receive inpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	PERCENTAGE — — — NONE.....000 NO INPATIENT SERVICES995	
DIJ	M_A	919	What percentage of patients who receive outpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	PERCENTAGE — — — NONE.....000 NO OUTPATIENT SERVICES.....995	
	M_A	920	During the last completed financial year, did this facility receive funds from any sources other than its managing authority?	YES.....1 NO2 DON'T KNOW8	→Q923 →Q923
	M_A	921	RESPONDENT AGREES TO PROVIDE INFORMATION ON FUNDING FROM MANAGING AUTHORITY AND ANY ADDITIONAL FUNDING SOURCES	YES.....1 NO2	→Q923 →Q923

Indicator ID	Module	No.	Question	Response			Skip
				FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE8			
	M_A	922	During the last completed financial year, what percentage of its total budget did this facility receive from the following sources?	PERCENTAGE	INFORMATION NOT AVAILABLE	NOT APPLICABLE	
CHG	M_A	01	Managing authority	— — —	998	995	
CHH	M_A	02	Central government (other than managing authority)	— — —	998	995	
CHI	M_A	03	Local government (other than managing authority)	— — —	998	995	
CHK	M_A	04	Social insurance (mandatory insurance)	— — —	998	995	
CHJ	M_A	05	Private insurance (voluntary insurance)	— — —	998	995	
CHL	M_A	06	Community sources	— — —	998	995	
CHM	M_A	07	User fees	— — —	998	995	
CHN	M_A	08	Nongovernment organizations (NGO)/faith-based organizations (FBO)	— — —	998	995	
CHO	M_A	09	Donors/partners other than NGO/FBO	— — —	998	995	
CHP	M_A	10	Other	— — — (SPECIFY)	998	995	
9.2. EXPENDITURES							
	M_A	i923	Would you please provide the percentages related to total facility expenditure in each of the following categories for the last completed financial or budget year? If you do not know the exact percentages, please provide estimates.				
	M_A	924	RESPONDENT AGREES TO PROVIDE INFORMATION ON EXPENDITURE PERCENTAGES	YES.....1 NO2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE8 NOT APPLICABLE5			→Q926 →Q926 →Q926
	M_A	925	What is the percentage of the total facility expenditure in each of the following categories for the last completed financial year:	PERCENTAGE	DON'T KNOW	NOT APPLICABLE	
CHQ	M_A	01	Medicines and medical commodities	— — —	998	995	
DLM	M_A	02	Salaries	— — —	998	995	
DND	M_A	03	Other recurrent expenditures	— — —	998	995	
9.3. CHARGING AND COSTS FOR SERVICES							
	M_C	926	Does this facility charge user fees for any outpatient or inpatient services?	YES.....1 NO2			→Q935
BCT, BDF, DOB, DKC, CTA	M_C	927	Does this facility charge user fees for any outpatient services?	YES.....1 NO USER FEES CHARGED.....2 NO OUTPATIENT SERVICES.....5			→Q929 →Q929
CTB	M_C	928	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 NO3			
BCT, BDF, DOB, DKC, CTC,	M_C	929	Does this facility charge user fees for any inpatient services?	YES.....1 NO USER FEES CHARGED.....2 NO INPATIENT SERVICES5			→Q931 →Q931
CTD	M_C	930	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 NO3			
DOB	M_C	931	Is there a written policy or guidelines for exemptions or discounts for any user fees? IF YES, ASK: May I see the document?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2			

Indicator ID	Module	No.	Question	Response	Skip
				NO 3	→ Q933
DKC	M_C	932	Do the exemptions apply also to non-national users, e.g. refugees, migrants	YES 1 NO 2 DON'T KNOW 8	
	M_C	933	Please tell me if this facility charges patients for any of the following services.	YES NO NOT APPLICABLE	
CTF	M_C	01	Outpatient consultation services for adults	1 2 5	
CTG	M_C	02	Outpatient consultation services for children	1 2 5	
CTH	M_C	03	Any routine child immunizations	1 2 5	
CTI	M_C	04	Any contraceptive commodities	1 2 5	
CTM	M_C	05	HIV diagnostic test	1 2 5	
CTN	M_C	06	Malaria rapid diagnostic test (RDT)	1 2 5	
BCM	M_C	07	TB diagnostic test	1 2 5	
BCN	M_C	08	Delivery	1 2 5	
BCO	M_C	09	Caesarean section	1 2 5	
BCP	M_C	10	Management of incomplete abortion	1 2 5	
BCQ	M_C	11	Induced abortion services	1 2 5	
CIM	M_C	12	All outpatient medicines	1 2 5	
CKL	M_C	13	Some outpatient medicines	1 2 5	
CKO	M_C	14	All inpatient medicines	1 2 5	
CKP	M_C	15	Some inpatient medicines	1 2 → Q935 5 → Q935	
	M_A	934	Does the facility have a system to facilitate financial access (e.g., financial sliding scale, voucher system) to any of the following services?	YES NO	
BCT	M_A	01	Management of incomplete abortion	1 2	
BDF	M_A	02	Induced abortion services	1 2	
9.4. ACCOUNTABILITY FOR FUNDS RECEIVED					
CTO	M_C	935	Does this facility receive an annual external audit of facility accounts? IF YES, ASK: May I see the audit report?	YES, EXTERNAL AUDIT REPORT OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
DIX	M_C	936	Does this facility carry out an annual internal audit of facility accounts? IF YES, ASK: May I see the audit report?	YES, INTERNAL AUDIT REPORT OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
ACCOUNTABILITY SYSTEMS FOR CASH					
CKQ, CTR, CTS	M_A	937	Does this facility manage cash from any source?	YES 1 NO 2 DON'T KNOW 8	→ END OF SECTION → END OF SECTION
CTR	M_A	938	Does this facility have a system for documenting cash received? IF YES, ASK: May I see the document?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 DON'T KNOW 8	
CTS	M_A	939	Does this facility have a system for documenting cash disbursed?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	

Indicator ID	Module	No.	Question	Response	Skip
			IF YES, ASK: May I see the document?	DON'T KNOW8	

Indicator ID	Module	No.	Question	Response	Skip
10. DATA SOURCES AND SYSTEMS					
10.1. CATCHMENT AREA AND REGISTERED PATIENT POPULATIONS					
AMF	M_A	1000	Does this facility have a specified catchment area, i.e. a defined geographic area for which the facility has direct responsibility to serve?	YES1 NO.....2 DON'T KNOW8	→Q1007 →Q1007
CMR	M_A	1001	What is the estimated number of people living in the catchment area for the current calendar year?	CATCHMENT POPULATION — — — — — DON'T KNOW9999998	→Q1007
AMG, CMI	M_A	1002	What is the basis for the facility catchment population number?	OFFICIAL NUMBER BASED ON GOVERNMENT CENSUS.....1 PHYSICAL COUNT (OTHER THAN OFFICIAL CENSUS)2 OTHER.....6 _____ (SPECIFY) DON'T KNOW8	
AMH	M_A	1003	What is the estimated number of pregnant women living in the catchment area for the current calendar year?	PREGNANT WOMEN — — — — — DON'T KNOW9999998	
AMI	M_A	1004	What is the estimated number of children under one year living in the catchment area for the current calendar year?	CHILDREN UNDER ONE YEAR — — — — — DON'T KNOW9999998	
AMJ	M_A	1005	What is the estimated number of children under five years living in the catchment area for the current calendar year?	CHILDREN UNDER FIVE YEARS — — — — — DON'T KNOW9999998	
AMK, CMS	M_A	1006	Does this facility maintain a list, register or "panel" of patients that are specifically registered to receive care at this facility, or with a team of providers or a specific provider within this facility?	YES, THERE IS A LIST THAT INCLUDES ALL PATIENTS1 YES, LIST(S) EXIST FOR SELECTED PATIENT GROUPS2 NO.....3	
10.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR INPATIENTS					
AIT, AIU, AIV, AIW, AIZ, AJA, AJC, AJD,	M_C	1007	Does this facility provide any inpatient services?	YES1 NO.....2	→Q1019
10.2.1. UNIQUE PATIENT IDENTIFIERS FOR INPATIENTS					
CZO	M_C	1008	Does this facility use unique patient ID numbers for inpatients? i.e. whenever the patient receives services in this facility, is the same identification number used for that person?	YES1 NO.....2	→Q1011
CZO	M_C	1009	Is the same unique patient ID for inpatients maintained for the same patient for at least 5 years?	YES1 NO.....2	
CZP	M_C	1010	Is the same unique patient ID maintained for the patient for both in- and outpatient services?	YES1 NO.....2 OUTPATIENT SERVICES NOT OFFERED5	

Indicator ID	Module	No.	Question	Response	Skip
10.2.2. INDIVIDUAL PATIENT RECORDS FOR INPATIENTS					
CZQ, CZR, CZS	M_C	1011	Does this facility use any system of standardized charts/files/medical records to capture information on individual inpatients that is used by clinicians to manage the patient? AN INDIVIDUAL PATIENT RECORD MAY CONTAIN COMPREHENSIVE INFORMATION ABOUT THE PATIENT ACROSS ALL PROGRAMMES, OR ONLY ABOUT A SPECIFIC PROGRAMME, E.G. HIV IF YES, CLARIFY IF THE FORMAT FOR INPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY3 NO INDIVIDUAL PATIENT RECORDS FOR INPATIENTS4	→Q1013 →Q1019
	M_C	1012	What kind of software is used for the individual inpatient electronic medical record system? [COUNTRY ADAPT]	YES	NO
	M_C	01	[COUNTRY SPECIFIC] _____	1	2
	M_C	02	[COUNTRY SPECIFIC] _____	1	2
	M_C	03	[COUNTRY SPECIFIC] _____	1	2
	M_C	04	Other	1 _____ (SPECIFY)	2
AIR	M_A	1013	Is a patient given access to their individual inpatient records upon request?	YES1 NO2	
AIS	M_C	1014	Does this facility use any system of registers to capture minimum individual information on inpatients? (Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis)	YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY3 NO INPATIENT REGISTERS5	
10.2.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR INPATIENTS					
AIT	M_C	1015	Does this facility store any individual inpatient charts/files/records?	YES1 NO2	→Q1019
AIU	M_C	1016	How quickly are individual inpatient files/records retrieved from storage when needed?	ALWAYS RETRIEVED QUICKLY1 RETRIEVAL SOMETIMES DELAYED2 RETRIEVAL FREQUENTLY DELAYED OR RECORDS LOST3 DON'T KNOW8	
	M_C	1017	Which of the following methods to store individual inpatient files/records does this facility use?	YES	NO
AIV	M_C	01	Paper files stored in room dedicated for this purpose	1	2
AIW	M_C	02	Paper files stored in room also used for other purposes, e.g. supervisor's office, consultation room	1	2
AIZ	M_C	03	Contents of paper files entered into electronic system	1	2
AJA	M_C	04	Electronic files stored on local facility server	1	2
AJC	M_C	05	Electronic files stored on external server	1	2
	M_C	06	Other	1 _____ (SPECIFY)	2
AJD	M_A	1018	Does this facility have a designated person(s) in charge of filing and retrieving inpatient medical records?	YES1 NO2	

Indicator ID	Module	No.	Question	Response	Skip				
10.3. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR OUTPATIENTS									
AHV, AHW, AHZ, AIE, AIJ, AIK, AIL, AIN, AIO, AIP, CZH, CZI, CZJ, CZK, CZM	M_C	1019	Does this facility provide any outpatient services?	YES1 NO.....2	→Q1031				
10.3.1. UNIQUE PATIENT IDENTIFIERS FOR OUTPATIENTS									
CZI	M_C	1020	Does this facility use unique patient ID numbers for outpatients? i.e. whenever the patient receives services in this facility the same identification number is used for that person?	YES1 NO.....2	→Q1022				
CZI	M_C	1021	Is the same unique patient ID for outpatients maintained for the same patient for at least 5 years?	YES1 NO.....2					
10.3.2. INDIVIDUAL PATIENT RECORDS/CHARTS FOR OUTPATIENTS									
CZJ, CZK, CZM	M_C	1022	Does this facility use any system of standardized charts/files/medical records to capture comprehensive information on individual outpatients that is used by clinicians to manage the patient? IF YES, CLARIFY IF THE FORMAT FOR OUTPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY3 NO INDIVIDUAL PATIENT RECORDS FOR OUTPATIENTS.....4	→Q1024 →Q1031				
	M_A	1023	What kind of software is used for the individual outpatient electronic medical record system? [COUNTRY ADAPT]	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO			
YES	NO								
	M_A	01	[COUNTRY SPECIFY]	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> </table>	1	2			
1	2								
	M_A	02	[COUNTRY SPECIFY]	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> </table>	1	2			
1	2								
	M_A	03	[COUNTRY SPECIFY]	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> </table>	1	2			
1	2								
	M_A	04	Other	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> <tr> <td colspan="2">_____ (SPECIFY)</td> </tr> </table>	1	2	_____ (SPECIFY)		
1	2								
_____ (SPECIFY)									
AHV	M_A	1024	Is a patient given access to their individual outpatient records upon request?	YES1 NO.....2					
AHW	M_C	1025	Does this facility use any system of registers to capture minimum individual information on outpatients? (Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis)	YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY3 NO OUTPATIENT REGISTERS4					
10.3.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS									
AHZ	M_C	1026	Does this facility store any individual outpatient charts/files/records?	YES1 NO.....2	→Q1030				
AIE	M_C	1027	How quickly are individual outpatient files/records retrieved from storage when needed?	ALWAYS RETRIEVED QUICKLY1 RETRIEVAL SOMETIMES DELAYED2 RETRIEVAL FREQUENTLY DELAYE OR RECORDS LOST3 DON'T KNOW8					
	M_C	1028	Which of the methods to store individual outpatient files/records does this facility use? READ EACH ITEM	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO			
YES	NO								
AIJ	M_C	01	Paper files stored in room dedicated for this purpose	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> </table>	1	2			
1	2								
AIK	M_C	02	Paper files stored in room also used for other purposes, e.g. supervisor's office, consultation room	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> </table>	1	2			
1	2								
AIL	M_C	03	Contents of paper files entered into electronic system	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> </table>	1	2			
1	2								
AIN	M_C	04	Electronic files stored on local facility server	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> </tr> </table>	1	2			
1	2								

Indicator ID	Module	No.	Question	Response	Skip
AIO	M_C	05	Electronic files stored on external server	1	2
	M_C	06	Other	1 <hr/> (SPECIFY)	2
AIP	M_A	1029	Does this facility have a designated person(s) in charge of filing and retrieving outpatient medical records?	YES1 NO.....2	
10.3.4. USE OF SINGLE COMPREHENSIVE INDIVIDUAL PATIENT RECORDS					
CZH, CZN	M_A	1030	Does this facility use single, comprehensive patient records that provide a longitudinal health history of patients across time and for all health conditions? (MAY BE PAPER OR ELECTRONIC OR BOTH)	YES, INPATIENT RECORD ONLY.....1 YES, OUTPATIENT RECORD ONLY2 YES, BOTH INPATIENT AND OUTPATIENT RECORDS, BUT SEPARATELY3 YES, INPATIENT AND OUTPATIENT INFORMATION IN A SINGLE INDIVIDUAL PATIENT RECORD4 NO.....5 NOT APPLICABLE.....6	
10.4. COMPUTERIZED INFORMATION					
AJE	M_C	1031	Does this facility maintain electronic/computerized databases for any specific types of information or groups of patients or departments?	YES, ALL PATIENT AND SERVICE INFORMATION MAINTAINED IN COMPUTERIZED DATABASES1 YES, SOME INFORMATION MAINTAINED IN COMPUTERIZED DATABASES2 NO.....3	➔ END OF SECTION
	M_A	1032	Which types of information are maintained in computerized databases? READ EACH ITEM.	YES NO NOT APPLICABLE	
CMT	M_A	01	All inpatient individual charts/records	1	2
CMU	M_A	02	All outpatient individual charts/records	1	2
CMV	M_A	03	Charts/records for patients receiving antiretroviral therapy (ART)	1	2
DOJ	M_A	04	Charts/records for tuberculosis (TB) patients	1	2
CMW	M_A	05	Charts/records for maternity patients	1	2
CMX	M_A	06	Other special service data where routine patient follow-up is required (e.g. patients with chronic illnesses such as diabetes)	1	2
CMY	M_A	07	Morbidity information for inpatients	1	2
CMZ	M_A	08	Morbidity information for outpatients	1	2
CAN	M_A	09	Mortality information	1	2
CNB	M_A	10	Laboratory information	1	2
CNC	M_A	11	Pharmaceutical information	1	2
CND	M_A	12	Inventory/supply information for any items	1	2
	M_A	13	Other	1 <hr/> (SPECIFY)	2



Indicator ID	Module	No.	Question	Response	Skip
CNE, CNL, CNM	M_C	1033	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 <hr/> (SPECIFY) NO ROUTINE BACKUP.....6	
AJF, AJG	M_C	1034	Are electronic databases used in this facility password-protected?	YES, ALL.....1 YES, SOME.....2 NO.....3	

Indicator ID	Module	No.	Question	Response	Skip
			11. FACILITY DATA REPORTING SYSTEMS		
			11.1. DATA REPORTING AND MANAGEMENT		
			11.1.1. REPORTS SUBMITTED EXTERNALLY		
CNN, CZD	M_C	1100	Does this facility submit any data reports externally/to the next reporting level?	YES..... 1 NO 2	→Q1109
CZA, CNO, CNP	M_A	1101	Which system does this facility use to transmit selected data on patient services and diagnoses to the next reporting level?	PAPER REPORTS ONLY.....1 PAPER AND ELECTRONIC REPORTS.....2 ELECTRONIC REPORTS ONLY3 OTHER6 _____ (SPECIFY)	
	M_A	1102	Are data reports ever submitted by this facility to any of the following entities?	YES NO DON'T KNOW	
CNR	M_A	01	Central Ministry of Health	1 2 8	
COA	M_A	02	District health office (or other subnational level health office)	1 2 8	
COB	M_A	03	Specific technical programme offices (e.g. TB, HIV, malaria)	1 2 8	
COC	M_A	04	Donors or implementing partners	1 2 8	
COD	M_A	05	Nongovernmental managing authority	1 2 8	
	M_A	06	Other institutions	1 2 8 _____ (SPECIFY)	
CNQ	M_C	1103	How often are routine summary data reports on patient services and diagnoses submitted externally/to the next reporting level?	WEEKLY 1 MONTHLY 2 QUARTERLY 3 ANNUALLY 4 NEVER..... 5 OTHER 6 _____ (SPECIFY)	
CZD	M_C	1104	How often are routine summary data reports on notifiable diseases submitted externally/to the next reporting level?	WEEKLY 1 MONTHLY 2 QUARTERLY 3 ANNUALLY 4 NEVER..... 5 OTHER 6 _____ (SPECIFY)	
			11.1.2. STORAGE OF DATA REPORTS		
AJH	M_C	1105	Does this facility store copies of any routine summary data reports that were submitted externally?	YES..... 1 NO 2 DON'T KNOW 8	→Q1109 →Q1109
	M_C	1106	Which of the following systems does this facility use to store copies of routine summary data reports submitted externally?	YES NO	
AJI	M_C	01	Paper reports stored in room dedicated for this purpose	1 2	
AJJ	M_C	02	Paper reports stored in room also used for other purposes, e.g. supervisor's office, consultation room	1 2	
AJM	M_C	03	Contents of paper reports entered into electronic system	1 2	
AKR	M_C	04	Electronic files stored on local facility server or facility computer	1 2	
AKX	M_C	05	Electronic files stored on external server	1 2	
	M_C	06	Other	1 2 _____ (SPECIFY)	

Indicator ID	Module	No.	Question	Response				Skip
	M_A	1107	May I see a copy of the three most recent routine summary data reports on patient services and diagnoses that were submitted externally? INDICATE IF EACH REPORT IS OBSERVED AND IF IT CORRESPONDS TO THE SCHEDULED REPORTING PERIOD.	(A) REPORT OBSERVED		(B) REPORT CORRESPONDS TO EXPECTED REPORTING PERIOD		
				YES	NO	YES	NO	
CZB	M_A	01	Last submitted report	1→B	2→02	1	2	
CZB	M_A	02	Second last submitted report	1→B	2→03	1	2	
CZB	M_A	03	Third last submitted report	1→B	2→Q1108	1	2	
	M_A	1108	May I see a copy of the three most recent routine summary data reports on notifiable diseases that were submitted externally? INDICATE IF EACH REPORT IS OBSERVED AND IF IT CORRESPONDS TO THE SCHEDULED REPORTING PERIOD.	(A) REPORT OBSERVED		(B) REPORT CORRESPONDS TO EXPECTED REPORTING PERIOD		
				YES	NO	YES	NO	
CZE	M_A	01	Last submitted report	1→B	2→02	1	2	
CZE	M_A	02	Second last submitted report	1→B	2→03	1	2	
CZE	M_A	03	Third last submitted report	1→B	2→Q1109	1	2	
11.1.3. DATA QUALITY								
CYV	M_C	1109	Is there any routine system/process within this facility for checking the quality of data compiled for routine summary reports?	YES..... 1 NO 2				→Q1115
CYW	M_C	1110	Is there a written policy for data quality checking or written guidelines for how to carry out data quality checking? IF YES, ASK: May I see a copy of the policy or guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3				
ALX	M_C	1111	Is there any written documentation of the findings from the routine data quality checking system? 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				→Q1115
ALX	M_C	1112	How frequently are the results of routine data quality checking system documented in a report or form?	MONTHLY..... 1 QUARTERLY 2 SEMI-ANNUALLY..... 3 ANNUALLY 4 NO SET TIMES..... 5				
AMD	M_C	1113	Is there a systematic process for addressing data quality problems identified through the routine data quality checking system?	YES..... 1 NO 2				
AME	M_C	1114	When was the last time that an external reviewer visited this facility to verify the quality of routine facility data?	WITHIN THE PAST 6 MONTHS 1 7-12 MONTHS AGO 2 13-24 MONTHS AGO 3 MORE THAN 24 MONTHS AGO..... 4 EXTERNAL CHECK HAS NEVER BEEN CONDUCTED..... 5 DON'T KNOW 8				
11.1.4. HEALTH INFORMATION MANAGEMENT								
CYT	M_C	1115	Does this facility have a designated person, such as a health information officer or person with any other background, who is dedicated full time with the responsibility for recording or collating health services data in this facility?	YES..... 1 NO 2				
CYU	M_C	1116	Have you or any other staff in this facility received training on analysis and use of routine facility data in the past 2 years?	YES..... 1 NO 2				

Indicator ID	Module	No.	Question	Response	Skip
ALH	M_C	1117	How often does this facility hold meetings to review routine facility data? (This may include facility management meetings where data review is included.)	WEEKLY 1 MONTHLY 2 QUARTERLY 3 ANNUALLY 4 NEVER 5 OTHER 6 (SPECIFY)	
ALQ	M_C	1118	How often do facility staff use routine facility data to inform processes such as planning, procurement, and advocacy?	OFTEN 1 SOMETIMES 2 NEVER 3	
11.2. REPORTING SYSTEMS FOR MORBIDITY AND MORTALITY					
11.2.1. REPORTING MORBIDITY					
	M_C	1119	Does this facility offer inpatient services?	YES 1 NO 2	→Q1122
DLA, BLN, DKW	M_C	1120	Does this facility use a standardized coding system for reporting morbidity (diagnoses) of inpatients? PROBE: FOR EXAMPLE, ICD CODES	YES 1 NO 2	→Q1122
DLA, DKW, DKI, BLN	M_C	1121	Which coding system does this facility use for inpatient morbidity reporting?	ICD11 1 ICD10 2 ICD9 3 NATIONALLY DEVELOPED CODING SYSTEM 4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) 5 OTHER 6 (SPECIFY)	
	M_C	1122	Does this facility offer outpatients services?	YES 1 NO 2	→Q1128
DMF, DJI, BLP	M_C	1123	Does this facility use a standardized coding system for reporting morbidity (diagnoses) of outpatients? PROBE: FOR EXAMPLE, ICD CODES	YES 1 NO 2	→Q1128
DMF, BLP, COW	M_C	1124	Which coding system does this facility use for outpatient morbidity reporting?	ICD11 1 ICD10 2 ICD9 3 NATIONALLY DEVELOPED CODING SYSTEM 4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) 5 OTHER 6 (SPECIFY)	→Q1127 →Q1127 →Q1127
DKI, COW	M_C	1125	Did the person(s) who assigns the ICD codes receive any formal coding training in the past 2 years?	YES 1 NO 2	
	M_A	1126	For which of the following purposes are ICD codes used in this facility?	YES	NO
COM	M_A	01	Billing	1	2
COP	M_A	02	Disease surveillance	1	2
COQ	M_A	03	Insurance	1	2
	M_A	04	Other	1 (SPECIFY)	2
COR, COS	M_A	1127	Does this facility use any other standardized international coding systems for reporting health status, disability, and/or health care interventions?	YES, INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF) 1 YES, INTERNATIONAL CLASSIFICATION OF HEALTH INTERVENTIONS (ICHI) 2 YES, OTHER 3 (SPECIFY) NO 4	

Indicator ID	Module	No.	Question	Response	Skip
			11.2.2. REPORTING MORTALITY		
			REPORTING CAUSE OF DEATH AND COMPLETING DEATH CERTIFICATE		
ALW	M_A	1128	Is any person in this facility authorized to determine cause of death?	YES..... 1 NO 2	→Q1133
ALW	M_A	1129	Have any of the persons authorized to determine the cause of death received any formal training on how to determine cause of death?	YES, IN PAST 2 YEARS..... 1 YES, MORE THAN 2 YEARS AGO..... 2 NO 3 DON'T KNOW 8	
DKA	M_A	1130	Is the international form of medical certificate of cause of death (ICCD) used as the death certificate in this facility? IF NO, ASK: Is it used at all for any deaths?	YES, ALL DEATHS..... 1 YES, SOME DEATHS 2 NO 3	→Q1132
COI	M_A	1131	Is any other printed form used as a medical certificate of cause of death? IF YES, ASK: Is the printed form a facility-specific form, an official MOH or government form, or another type of form?	YES, FACILITY SPECIFIC..... 1 YES, MOH/GOVERNMENT PROVIDED..... 2 YES, OTHER..... 3 _____ (SPECIFY) NO 4	→Q1133
DJT	M_A	1132	Have any of the persons authorized to fill in the death certificate received any formal training on how to fill in a death certificate?	YES, IN PAST 2 YEARS..... 1 YES, MORE THAN 2 YEARS AGO..... 2 NO 3 DON'T KNOW 8	
			CODING OF CAUSE OF DEATH		
DMZ, COJ	M_C	1133	Does this facility use a standardized coding system for reporting certified causes of death? PROBE: FOR EXAMPLE, ICD CODES	YES1 NO2 NOT APPLICABLE5	→END OF SECTION →END OF SECTION
DMZ, COJ	M_C	1134	Which coding system does this facility use for reporting certified causes of death?	ICD11..... 1 ICD10..... 2 ICD9..... 3 NATIONALLY DEVELOPED CODING SYSTEM 4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) 5 OTHER 6 _____ (SPECIFY)	
DIR	M_A	1135	Has the person coding causes of death received any training on coding causes of death using ICD?	YES, IN PAST 2 YEARS..... 1 YES, MORE THAN 2 YEARS AGO..... 2 NO 3 DON'T KNOW 8	
DKH	M_A	1136	Are the ICD rules for selecting the underlying causes of death applied?	YES.....1 NO2 DON'T KNOW8	

Indicator ID	Module	No.	Question	Response	Skip
12. BASIC INFRASTRUCTURE AND SYSTEMS					
12.1. INFRASTRUCTURE					
12.1.1. COMMUNICATIONS					
	R_C	i1200	I would like to know about the infrastructure resources available in this facility as well as systems for final waste disposal and transportation that are used by this facility. If conditions are different in different sections of the facility, for example for outpatient and inpatient services, please provide the response for the highest level of infrastructure that is available for the facility.		
APG, MHL, MHM	R_C	1201	Does this facility have a means for communicating outside the facility such as a phone or radio that are supported by the facility?	YES, FUNCTIONAL 1 YES, NOT FUNCTIONAL 2 NO, ONLY PRIVATE PHONES 3 NO OUTSIDE COMMUNICATION 4	
APH, MHL, MHM	R_C	1202	Does this facility have a functioning computer?	YES 1 NO 2	
APH, CPO, CPP, MHL, MHM	R_C	1203	Is there access to email or internet within the facility today? IF YES, CLARIFY IF THERE IS A FACILITY DEVICE THAT CAN BE USED FOR INTERNET ACCESS OR IF ACCESS IS ONLY THROUGH PRIVATE DEVICES.	YES, FACILITY DEVICE 1 YES, ONLY PRIVATE DEVICES 2 NO 3	→Q1206
	R_C	1204	How consistently is internet available in the facility?	ALWAYS SOMETIMES	
CPO, CPP	R_C	01	Everywhere in the facility	1 → Q1205 2	
	R_C	02	Some parts of the facility	1 2	
APH, MHL, MHM	R_C	1205	Is the connecting time for the internet paid or reimbursed by the management?	YES 1 NO 2	
12.1.2. POWER SUPPLY					
APC, AVQ, MHL, MHM	R_C	1206	Does this facility have electricity from any source such as electricity grid, generator, solar or other source, including for stand-alone devices such as those used to maintain the EPI cold chain?	YES 1 NO 2	→Q1210
CPO, CPR, CPS	R_C	1207	What is the facility’s main source of electricity? IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE SITES, PROVIDE RESPONSE FOR INPATIENT SERVICE SITES. [COUNTRY ADAPT]	CENTRAL SUPPLY OF ELECTRICITY (E.G. NATIONAL OR COMMUNITY GRID) 1 GENERATOR (FUEL OR BATTERY-OPERATED) 2 SOLAR-POWERED SYSTEM 3 OTHER 6 _____ (SPECIFY)	
CPT	R_C	1208	Other than the main source, does the facility have a backup source of electricity?	YES 1 NO 2	
APC, MHL, MHM	R_C	1209	During the past 7 days, was electricity available, from the main or any backup source, at all times the facility was open for services?	ALWAYS AVAILABLE (NO INTERRUPTIONS) 1 OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) 2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) 3	
12.1.3. WATER AVAILABILITY					
APD, CVG, MHL, MHM	R_C	1210	What is the most commonly used source of water for the facility at this time? IF RESPONSE IS DIFFERENT FOR IN- AND OUTPATIENT SERVICE SITES, PROVIDE RESPONSE FOR INPATIENT SERVICE SITES.	PIPED INTO FACILITY 01 PIPED TO FACILITY GROUNDS 02 PUBLIC TAP/STANDPIPE 03 TUBEWELL/BOREHOLE 04 PROTECTED DUG WELL 05 UNPROTECTED DUG WELL 06 PROTECTED SPRING 07 UNPROTECTED SPRING 08 RAINWATER 09 BOTTLED WATER 10 CART WITH SMALL TANK/DRUM 11 TANKER TRUCK 12 SURFACE WATER (RIVER/DAM/LAKE/POND) 13 OTHER 96 _____ (SPECIFY) DON'T KNOW 98 NO WATER SOURCE 00	→Q1212 →Q1212 →Q1213

Indicator ID	Module	No.	Question	Response	Skip
APD, CVG, MHL, MHM	R_C	1211	Is water available from this source on the facility premise (in building or within facility grounds)? IF YES, ASK: May I see water from this source that is available today? If the water is inside the facility building, please show me that. Otherwise, show me the water elsewhere on the premises. WATER MAY BE PIPED OR IN A CONTAINER.	YES, OBSERVED INSIDE THE FACILITY 1 YES, OBSERVED WITHIN THE GROUNDS OF THE FACILITY 2 YES, REPORTED, NOT SEEN 3 NO, OR AVAILABLE ONLY OUTSIDE THE FACILITY GROUNDS . 4	
CPU	R_C	1212	Is water available (from the main source or any backup source) at all times the facility is open for services?	ALWAYS AVAILABLE (NO INTERRUPTIONS)..... 1 OFTEN AVAILABLE (SOME INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) 2 SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) 3	
12.2. CONDITIONS FOR INFECTION PREVENTION AND CONTROL					
12.2.1. HEALTH CARE WASTE MANAGEMENT					
	R_C	i1213	Now I would like to ask about waste management practices for sharps waste, such as needles or blades.		
AQJ, CVJ, NBL, NBM	R_C	1214	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 02–11 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "STORED FOR REMOVAL OFFSITE".	<i>BURN INCINERATOR:</i> 2-CHAMBER INDUSTRIAL (800–1000+ °C) – PROTECTED ... 02 2-CHAMBER INDUSTRIAL (800–1000+ °C) – NO PROTECTION 03 1-CHAMBER DRUM/BRICK – PROTECTED 04 1-CHAMBER DRUM/BRICK – NO PROTECTION..... 05 <i>OPEN BURNING:</i> OPEN PIT OR FLAT GROUND – NO PROTECTION..... 06 OPEN PIT OR FLAT GROUND - PROTECTED 07 <i>DUMP WITHOUT BURNING:</i> FLAT GROUND – NO PROTECTION 08 FLAT GROUND – PROTECTED 09 COVERED PIT OR PIT LATRINE (PROTECTED) 10 OPEN-PIT – NO PROTECTION 11 <i>STORED FOR REMOVAL OFFSITE:</i> STORED IN COVERED CONTAINER..... 12 STORED IN OTHER PROTECTED ENVIRONMENT 13 STORED UNPROTECTED 14 OTHER..... 96 _____ (SPECIFY) NEVER HAS SHARPS WASTE 95	→Q1216
AQJ, CVJ, NBL, NBM	R_C	1215	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF SHARP WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARP WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	NO SHARP WASTE VISIBLE 1 SHARP WASTE VISIBLE BUT PROTECTED SITE 2 SHARP WASTE VISIBLE, NOT PROTECTED 3 SHARP WASTE SITE NOT INSPECTED..... 4	
AQK, CVJ, NBL, NBM	R_C	1216	Now I would like to ask about waste management practices for infectious waste other than sharps, such as used bandages. How does this facility finally dispose of infectious waste other than sharps? PROBE TO ARRIVE AT CORRECT RESPONSE. NOTE: IF ANY OF THE RESPONSES 02–11 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE WILL BE IN THE CATEGORY OF "STORED FOR REMOVAL OFFSITE".	SAME AS FOR SHARP ITEMS 01 <i>BURN INCINERATOR:</i> 2-CHAMBER INDUSTRIAL (800–1000+ °C) – PROTECTED ... 02 2-CHAMBER INDUSTRIAL (800–1000+ °C) – NO PROTECTION 03 1-CHAMBER DRUM/BRICK – PROTECTED 04 1-CHAMBER DRUM/BRICK – NO PROTECTION..... 05 <i>OPEN BURNING:</i> OPEN PIT OR FLAT GROUND – NO PROTECTION..... 06 OPEN PIT OR FLAT GROUND - PROTECTED 07 <i>DUMP WITHOUT BURNING:</i> FLAT GROUND – NO PROTECTION 08 FLAT GROUND – PROTECTED 09 COVERED PIT OR PIT LATRINE (PROTECTED)..... 10 OPEN-PIT – NO PROTECTION 11 <i>STORED FOR REMOVAL OFFSITE:</i> STORED IN COVERED CONTAINER..... 12 STORED IN OTHER PROTECTED ENVIRONMENT 13 STORED UNPROTECTED 14 OTHER..... 96 _____ (SPECIFY) NEVER HAS INFECTIOUS WASTE 95	→Q1218

Indicator ID	Module	No.	Question	Response	Skip
AQK, CVJ, NBL, NBM	R_C	1217	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF INFECTIOUS WASTE AND INDICATE THE CONDITION OBSERVED. IF INFECTIOUS WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL.	NO INFECTIOUS WASTE VISIBLE..... 1 INFECTIOUS WASTE VISIBLE BUT PROTECTED SITE..... 2 INFECTIOUS WASTE VISIBLE, NOT PROTECTED 3 INFECTIOUS WASTE SITE NOT INSPECTED 4	
	R_C	1218	IS AN INCINERATOR USED FOR FINAL DISPOSAL OF SHARPS OR INFECTIOUS WASTE?	YES..... 1 NO 2	→Q1221
AQJ, AQK, CVJ, NBL, NBM	R_C	1219	Is the incinerator functional today?	YES..... 1 NO 2 DON'T KNOW..... 8	→Q1221 →Q1221
AQJ, AQK, CVJ, NBL, NBM	R_C	1220	Is fuel for the incinerator available today?	YES..... 1 NO 2 DON'T KNOW..... 8	
AQS, NBL, NBM	R_C	1221	Does this facility have any guidelines on health care waste management? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN 2 NO 3	
AQT, NBL, NBM	R_C	1222	Have you or any other facility staff received formal training in health care waste management practices in the past 2 years?	YES..... 1 NO 2	
12.2.2. CENTRAL REPROCESSING OF MEDICAL EQUIPMENT					
AQU, CEB, NBL, NBM	R_C	1223	Where is the main site for reprocessing reusable medical equipment for this facility located?	MAIN SITE IS SURGICAL UNIT..... 1 MAIN SITE IS IN OUTPATIENT SERVICE UNIT..... 2 MAIN SITE IS CENTRAL, AND NOT AFFILIATED WITH A PARTICULAR SERVICE/UNIT..... 3 EQUIPMENT PROCESSED OUTSIDE FACILITY..... 4 NO EQUIPMENT IS PROCESSED FOR REUSE 5 MAIN SITE IS AFFILIATED WITH A DIFFERENT UNIT 6 (SPECIFY LOCATION)	→Q1226 →Q1226
	R_C	i1224	ASK TO GO TO THE MAIN LOCATION WHERE EQUIPMENT IS FINALLY PROCESSED FOR REUSE. Now I would like to know about items for sterilizing or high-level disinfecting (HLD).		
	R_C	1225	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE OBSERVED REPORTED NOT SEEN NOT AVAILABLE (B) FUNCTIONAL YES NO DON'T KNOW	
AQU, AZH, CEB, CTZ, MEB, MEL, MEM, NBL, NBM,	R_C	01	Electric autoclave (pressure and wet heat)	1 →B 2 →B 3 →02 1 →Q1226 2 8	
AQU, AZH, CUA, CEB, MEB, MEL, MEM, NBL, NBM,	R_C	02	Electric dry heat sterilizer	1 →B 2 →B 3 →03 1 →Q1226 2 8	
AQU, AZH, CEB, MEB, MEL, MEM, NBL, NBM	R_C	03	Non-electric autoclave (pressure and wet heat)	1 →B 2 →B 3 →04 1 2 8	
AQU, AZH, CEB, MEB, MEL, MEM, NBL, NBM	R_C	04	Heat source for non-electric equipment	1 →B 2 →B 3 →Q1226 1 2 8	
12.3. REFERRAL AND EMERGENCY TRANSPORTATION SYSTEMS					
	R_C	i1226	Now I would like to know about patient referral and emergency transport systems.		
DLL	R_C	1227	Does this facility have a mechanism for referral of patients to other facilities for services that cannot be obtained in this facility?	YES..... 1 NO 2	→Q1232
AHR	R_C	1228	Does this facility have protocols or guidelines for referring patients to other facilities? IF YES, ASK: May I see them?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN 2 NO 3	

Indicator ID	Module	No.	Question	Response	Skip
CMH	R_C	1229	Does this facility have protocols or guidelines for counter-referral (back-referral) of patients? THIS MEANS REFERRAL OF PATIENTS BACK TO THE ORIGINAL REFERRING FACILITY WITH WRITTEN FEEDBACK IF YES, ASK: May I see them?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 NOT APPLICABLE..... 5	
CZV	R_C	1230	Does the facility maintain records (e.g. a register) of patients who are referred out? IF YES, ASK: May I see records of patients referred out?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
CZW	R_C	1231	Does this facility receive feedback on referrals out?	YES, ROUTINELY 1 YES, SOMETIMES 2 NO 3	
AHU, API, AZG, MEB, MEL, MEM, MHL, MHM	R_C	1232	Does this facility have access to a functional ambulance or other vehicle for emergency transportation for clients that is either stationed at this facility or that the facility can call for?	YES, AMBULANCE 1 YES, OTHER TYPE OF VEHICLE 2 NO 3	➔ END OF SECTION
AHU	R_C	1233	Is the emergency vehicle and a driver available 24 hours?	YES 1 NO 2 DON'T KNOW..... 8	
AHU, API, AZG, MEB, MEL, MEM, MHL, MHM	R_C	1234	Is the vehicle available, in working order and with fuel and a driver available today? IF UNCERTAIN, ASK RESPONDENT TO CHECK WITH SOMEONE WHO WOULD KNOW.	YES 1 NO 2 DON'T KNOW..... 8	

Indicator ID	Module	No	Question	Response	Skip
13. OUTPATIENT SERVICE CONDITIONS					
13.1. SERVICE AVAILABILITY					
AJK, AQL, AQM, AQP, AQQ, AQT, NBL, NBM	A_C, R_C	1300	Are any outpatient services offered?	YES 1 NO..... 2	→ END OF SECTION
	A_C, R_C	i1301	ASK TO BE SHOWN THE GENERAL OUTPATIENT SERVICE SITE IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE GENERAL OUTPATIENT SERVICE ORGANIZATION. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. First, I would like to know about the hours that this facility provides outpatient services and the infrastructure conditions that exist for outpatient services. IF OUTPATIENT SERVICES ARE OFFERED IN DIFFERENT BUILDINGS, PROVIDE THE RESPONSE THAT REFLECTS WHERE GENERAL CURATIVE CARE SERVICES FOR ADULTS ARE PROVIDED.		
AAR, AAT, AAU, AAY	A_C	1302	On average, how many hours per day is this facility open for outpatient services (i.e. non-emergency services)?	4 HOURS OR FEWER..... 1 5–8 HOURS 2 9–16 HOURS 3 17–23 HOURS 4 24 HOURS 5	
AJN, AJO	A_C	1304	On average, how many days per week is this facility open for non-emergency outpatient services?	DAYS PER WEEK OPEN FOR NON-EMERGENCY SERVICES ____	
13.2. OUTPATIENT AMENITIES					
APE, MHL, MHM	R_C	1305	Is there a room with auditory and visual privacy available for patient consultations? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	<i>YES, OBSERVED:</i> BOTH AUDITORY AND VISUAL PRIVACY 1 VISUAL PRIVACY ONLY 2 AUDITORY PRIVACY ONLY 3 <i>YES, REPORTED, NOT SEEN:</i> BOTH AUDITORY AND VISUAL PRIVACY 4 VISUAL PRIVACY ONLY 5 AUDITORY PRIVACY ONLY 6 NO..... 7	
APF, CVH, MHL, MHM	R_C	1306	Is there a toilet (latrine) on the premises that is accessible for general outpatient service patients or staff? IF YES, ASK: What type of toilet? May I see the toilet? IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE.	<i>FLUSH TOILET:</i> TO SEWER CONNECTION..... 1 TO SEPTIC TANK ONSITE 2 TO OPEN DRAIN 3 <i>PIT LATRINE:</i> WITH SLAB 4 WITHOUT SLAB/OPEN PIT 5 COMPOSTING TOILET 6 HANGING TOILET/HANGING LATRINE..... 7 NO TOILET/LATRINE FACILITIES ON PREMISES..... 8	→Q1319
BEL, CVH, LUC, LUL, LUM	R_C	1307	Is there a usable (available, functional, private) toilet for outpatient service patients and visitors? IF YES, INDICATE IF THE TOILET IS CLOSE TO THE OUTPATIENT SERVICES UNIT, SUCH THAT IT CAN BE EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	→Q1310
BEL, LUC, LUL, LUM	R_C	1308	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR OUTPATIENT SERVICE PATIENTS AND VISITORS, THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS.	YES 1 NO..... 2	
BEL, CVI, LUC, LUL, LUM	R_C	1309	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE OUTPATIENT SERVICE TOILET.	YES 1 NO..... 2	
BEL, CVH, LUC, LUL, LUM	R_C	1310	Is there a usable (available, functional, private) toilet specifically for female outpatient service patients and visitors? IF YES, INDICATE IF THE TOILET IS CLOSE TO THE UNIT, SUCH THAT IT CAN BE EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	→Q1314
BEL, LUC, LUL, LUM	R_C	1311	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET DEDICATED FOR USE BY FEMALE OUTPATIENTS THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS.	YES 1 NO..... 2	

Indicator ID	Module	No	Question	Response	Skip	
BEL, LUC, LUL, LUM	R_C	1312	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET DEDICATED FOR USE BY FEMALE OUTPATIENTS.	YES..... 1 NO..... 2		
CVH	R_C	1313	Is there a bin with a lid on it for disposal of used menstrual hygiene products in or close to the women's toilet? IF YES, ASK: May I see it?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3		
CVH	R_C	1314	Is there a private area with soap and water for women to use for cleaning themselves? IF YES, ASK: May I see it?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3		
CVH	R_C	1315	Is there at least one usable (available, functional, private) toilet for outpatient staff? IF YES, INDICATE IF THE TOILET IS CLOSE TO THE UNIT, SUCH THAT IT CAN BE EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND CLOSE TO UNIT ... 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT CLOSE TO UNIT..... 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	→Q1318	
DOK	R_C	1316	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR OUTPATIENT STAFF THAT IS CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES..... 1 NO..... 2		
DOK	R_C	1317	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE STAFF TOILET.	YES..... 1 NO..... 2		
13.3. SITE CONDITIONS						
	R_C	i1318	Now I would like to look at actual conditions of cleanliness and safety in the outpatient service site today. BRIEFLY WALK AROUND THE MAIN SERVICE SITE FOR GENERAL OUTPATIENT CONSULTATION SERVICES FOR ADULTS AND CHILDREN. IF THERE ARE MULTIPLE SITES, INDICATE THE WORST SITUATION OBSERVED.			
	R_C	1319	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT:	YES	NO	
DOL	R_C	01	FLOOR: SWEEPED; NO OBVIOUS DIRT OR WASTE	1	2	
DOM	R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN; NO OBVIOUS DUST OR WASTE	1	2	
DON	R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	
DOO	R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	
DOQ	R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	
DOP	R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2	
DOR	R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2	
DOS	R_C	08	NO SMOKING SIGNS	1	2	
	R_C	1320	Now I would like to know about items for infection prevention and control available in this service site today. For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
AQP, CVI, NBL, NBM	R_C	01	Clean running water (piped water supply, or covered bucket with tap)	1	2	3
AQP, CVI, NBL, NBM	R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3
AQP, NBL, NBM	R_C	03	Alcohol-based handrub	1	2	3
AQP, NBL, NBM	R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3
AQP, NBL, NBM	R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3

Indicator ID	Module	No	Question	Response			Skip			
AQQ, AQV, AVA, JEL, JEM, MEY, MEZ, NBL, NBM,	R_C	06	Disposable latex gloves (non-sterile)	1	2	3				
AQQ, AQV, AVA, JEL, JEM, MEY, MEZ, NBL, NBM	R_C	07	Disposable latex gloves (sterile)	1	2	3				
AQM, CVJ, NBL, NBM	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				
AQM, CVJ, NBL, NBM	R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3				
AQL, CVJ, NBL, NBM	R_C	10	Sharps container (“safety box”)	1	2	3				
AQN, NBL, NBM	R_C	11	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3				
AQO, AQU, NBL, NBM	R_C	12	Non-reusable syringes (autodisable or disposable needles and syringes)	1	2	3				
AQW, MEY, MEZ	R_C	13	Surgical masks	1	2	3				
AQX, MEY, MEZ	R_C	14	N95 face masks	1	2	3				
AQY, MEY, MEZ	R_C	15	Non-sterile protective gowns	1	2	3				
AQZ, MEY, MEZ	R_C	16	Aprons (impermeable)	1	2	3				
ARA, MEY, MEZ	R_C	17	Eye protection (goggles, face shields)	1	2	3				
13.4. EQUIPMENT AND COMMODITIES										
	R_C	i1321	Now I would like to see patient examination equipment and commodities that are available in the outpatient service site. IF THERE ARE MULTIPLE OUTPATIENT SERVICE SITES, ASSESS THE ITEMS THAT ARE IN THE SERVICE SITE FOR GENERAL OUTPATIENT CURATIVE CARE FOR ADULTS.							
	R_C	1322	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
				OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
APX, BUP, BVT, JRY, JRZ, MNB, MNL, MNM, MNO, MNY, MNZ	R_C	01	Adult weighing scale	1 →B	2 →B	3 →02	1	2	8	
AQB, BUN, BVS, JRY, JRZ, MNB, MNL, MNM, MNO, MNY, MNZ	R_C	02	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 →B	2 →B	3 →03	1	2	8	
APZ, BEN, BFO, JRY, JRZ, LUC, LUL, LUM, MKB, MKL, MKM	R_C	03	Thermometer	1 →B	2 →B	3 →04	1	2	8	
AQA, BFP, BUO, BWL, JRY, JRZ, MIO, MIY, MIZ, MKB, MKL, MKM, MNB, MNL, MNM	R_C	04	Stethoscope	1 →B	2 →B	3 →05	1	2	8	
AQC, JRY, JRZ	R_C	05	Examination light that can be aimed for client examination (flashlight acceptable)	1 →B	2 →B	3 →06	1	2	8	

Indicator ID	Module	No	Question	Response						Skip
APY, BFM, JRY, JRZ, MKB, MKL, MKM	R_C	06	Child weighing scale (250 g gradation)	1 →B	2 →B	3 →07	1	2	8	
AQD, BEM, BFM, JRY, JRZ, LUC, LUL, LUM, MKB, MKL, MKM	R_C	07	Infant weighing scale (100 g gradation)	1 →B	2 →B	3 →08	1	2	8	
AQE, BFN, BVU, JRY, JRZ, MKB, MKL, MKM, MNO, MNY, MNZ	R_C	08	Height board/stadiometer	1 →B	2 →B	3 →09	1	2	8	
AQF, AVO, JRY, JRZ, MZL, MZM	R_C	09	Pulse oximeter	1 →B	2 →B	3 →10	1	2	8	
AQG, BVU, JRY, JRZ, MNO, MNY, MNZ	R_C	10	Measuring tape	1	2	3	✕	✕	✕	
BFS, MKB, MKL, MKM	R_C	11	Mid-upper-arm circumference (MUAC) tape	1	2	3	✕	✕	✕	
AXZ, BGE, BKP, KEC, KEL, KEM, LER, LEY, LEZ, MKD, MKL, MKM	R_C	12	Long-lasting insecticidal net (LLIN) or vouchers for LLIN (adult/paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
BEO, BGE, BKP, KEC, KEL, KEM, LUD, LUL, LUM, MKD, MKL, MKM	R_C	13	LLIN or vouchers for LLIN (infant) [WHERE APPLICABLE]	1	2	3	✕	✕	✕	
AQH, JRY, JRZ	R_C	14	Otoscope	1 →B	2 →B	3 →15	1	2	8	
AQI, JRY, JRZ	R_C	15	Ophthalmoscope	1 →B	2 →B	3 →16	1	2	8	
	R_C	16	Pen light/flashlight (to see back of throat)	1 →B	2 →B	3 →17	1	2	8	
	R_C	17	Tongue depressors	1	2	3	✕	✕	✕	
DMW, AVK, AVL, AVM, AVO, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	1323	Now I would like to know about the availability of oxygen for patients in the general outpatient service site/unit. Does this unit ever provide oxygen to patients?	YES 1 NO..... 2						→Q1328
AVL, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	1324	Is there any oxygen currently available in this unit?	YES 1 NO..... 2						→Q1326
	R_C	1325	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
				OBSERVED	REPORTED, NOT SEEN	NO	YES	NO	DON'T KNOW	
DJO, DMW, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	01	Centrally piped oxygen supply	1 →B	2 →B	3 →02	1	2	8	

Indicator ID	Module	No	Question	Response	Skip
DJO, DMW, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	02	Oxygen concentrator	1 →B 2 →B 3 →03 1 2 8	
DJO, DMW, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 →B 2 →B 3 →04 1 2 8	
AVL, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	04	Flowmeter for oxygen source, with gradations in mL	1 →B 2 →B 3 →05 1 2 8	
AVL, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	05	Humidifier	1 →B 2 →B 3 →06 1 2 8	
AVL, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 →B 2 →B 3 →Q1326 1 2 8	
AVL, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	1326	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES 1 NO..... 2	
AVM, BUQ, BWO, MIQ, MIY, MIZ, MNC, MNL, MNM, MZL, MZM	R_C	1327	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES 1 NO..... 2 NOT APPLICABLE..... 5	
13.5. SUPPORT FOR QUALITY SERVICES					
AQR, NBL, NBM	R_C	1328	Are there any guidelines or job aids on standard precautions for infection prevention and control available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the document?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
DMG, NBL, NBM	R_C	1329	Have you or any other outpatient unit staff received any training in standard precautions for infection prevention and control in the past 2 years?	YES 1 NO..... 2	

Indicator ID	Module	No.	Question	Response	Skip
14. COMMUNICABLE DISEASES SERVICES					
14.1. MALARIA					
14.1.1. SERVICE AVAILABILITY					
BJY, BJZ, BKA, BKH, BKI, BKJ, BKK, BKL, BKM, BKN, BKO, BKP, BKR, BKT, BKX, BLB, BLD, BLE, BLF, CWV, KEA, KEB, KEC, KEL, KEM	R_C	1400	Does this facility offer diagnosis and/or treatment of malaria?	YES..... 1 NO 2	→Q1409
	R_C	i1401	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OUTPATIENT MALARIA SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
BKG	R_C	1402	Does this facility have any formal systems for linking with community health workers (CHWs) for malaria services?	YES..... 1 NO 2	
BJO	R_C	1403	Do providers in this facility diagnose malaria?	YES..... 1 NO 2	→Q1405
	R_C	1404	Which of the following methods are used at this facility for diagnosing malaria?	YES	NO
BKB	R_C	01	Clinical symptoms without verification by RDT or microscopy	1	2
ARJ, BFW, BKC, BKL, CVW, KEB, KEL, KEM, MFL, MFM, MKC, MKL, MKM	R_C	02	Rapid diagnostic testing (RDT)	1	2
ARJ, BKD, BKL, CVW, KEB, KEL, KEM, MFL, MFM, MKC, MKL, MKM	R_C	03	Microscopy	1	2
BKE	R_C	1405	Do providers in this facility prescribe treatment for malaria?	YES..... 1 NO 2	
14.1.2. SUPPORT FOR QUALITY SERVICES					
BKH, KEA, KEL, KEM	R_C	1406	Are national guidelines for the diagnosis and/or treatment of malaria available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3	
BKH, KEA, KEL, KEM	R_C	1407	Are any other guidelines for the diagnosis and/or treatment of malaria available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3	
	R_C	1408	In the past 2 years, have you or any provider(s) of malaria services received any training in:	YES	NO
BJZ, KEA, KEL, KEM	R_C	01	Malaria diagnosis with RDTs	1	2
BKJ, KEA, KEL, KEM	R_C	02	Malaria treatment	1	2
14.2. NEGLECTED TROPICAL DISEASES (NTDs)					
14.2.1. SERVICE AVAILABILITY					
BTA, BTX, BTW, BTY, BTV, BTT, BTU, BTZ, BUA, BUB, BUC, BUD, BUE, BUF, NPA, NPB, NPL, NPM	R_C	1409	Does this facility offer diagnosis and/or treatment for neglected tropical diseases (NTDs), such as lymphoedema, soil-transmitted diseases, schistosomiasis, trachoma, onchocerciasis (ONCO), lymphatic filariasis (LF), dengue, guinea-worm disease or visceral leishmaniasis?	YES..... 1 NO 2	→Q1414
	R_C	1410	Which of the following NTDs does this facility diagnose and/or treat: [COUNTRY ADAPT]	YES	NO

Indicator ID	Module	No.	Question	Response	Skip
BTB	R_C	01	Lymphoedema resulting from NTDs	1 2	
BTC	R_C	02	Soil-transmitted diseases (roundworm, hookworm, whipworm)	1 2	
BTD	R_C	03	Schistosomiasis (bilharzia)	1 2	
BTE	R_C	04	Trachoma	1 2	
BTF	R_C	05	Onchocerciasis (ONCO)	1 2	
BTG	R_C	06	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1 2	
BTH	R_C	07	Dengue	1 2	
BTI	R_C	08	Guinea-worm disease (Dracunculiasis)	1 2	
BTJ	R_C	09	Visceral leishmaniasis	1 2	
14.2.2. COMMUNITY INTERVENTIONS					
BTL	R_C	1411	Does the facility support any services related to any of the previously mentioned NTDs outside of this facility, including links with CHWs?	YES..... 1 NO 2	→ Q1414
	M_A	1412	Which of the following community-based services related to NTDS does this facility support:	YES NO	
BTM, COZ	M_A	01	Mass drug administration (MDA)	1 2	
BTN, CPA	M_A	02	Active case findings	1 2	
BTO, CPB	M_A	03	Contact tracing activities	1 2	
BTP, CPC	M_A	04	Vector surveillance control activities (e.g. reducing breeding sites in and around homes, abate treatment) for NTDs (not malaria-related)	1 2	
BTR, CPD	M_A	05	Community awareness	1 2	
BTS, CPE	M_A	06	School health programmes	1 2	
DIY, CPF	M_A	1413	Is there a specific facility focal person responsible for linking the facility and community for any activities related to any of the mentioned NTDs?	YES..... 1 NO 2	
14.3. SEXUALLY TRANSMITTED INFECTIONS (STIs)					
14.3.1. SERVICE AVAILABILITY					
BLG, BLK, BOF, BSN, BSQ, BSR, BSS, BST, BSU, BSV, BSW, BSX, BSY, BSZ, OIA, OIB, OIC, OIL, OIM	R_C	1414	Does this facility offer diagnosis and/or treatment of any STIs other than HIV?	YES..... 1 NO 2	→ END OF SECTION
	R_C	i1415	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
BSO	R_C	1416	Do providers in this facility diagnose STIs?	YES..... 1 NO 2	
BSP	R_C	1417	Do providers in this facility prescribe treatment for STIs?	YES..... 1 NO 2	
14.3.2. SUPPORT FOR QUALITY SERVICES					
BSQ, OIA, OIL, OIM	R_C	1418	Are national guidelines for diagnosis and/or treatment of STIs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	

Indicator ID	Module	No.	Question	Response	Skip
BSQ, OIA, OIL, OIM	R_C	1419	Are any other guidelines for diagnosis and/or treatment of STIs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
BSR, OIA, OIL, OIM	R_C	1420	Have you or any provider(s) of STI services received any training in STI diagnosis and/or treatment in the past 2 years?	YES..... 1 NO 2	

Indicator ID	Module	No.	Question	Response	Skip	
15. NONCOMMUNICABLE DISEASES SERVICES						
15.1. NONCOMMUNICABLE DISEASES (NCDs)						
DJD, BOT, BWV, BWW, BWX, CWP	R_C	1500	Does this facility offer diagnosis and/or management of chronic noncommunicable diseases (NCDs), such as diabetes, cardiovascular disease (e.g. hypertension), or chronic respiratory disease (e.g. asthma)?	YES1 NO.....2	→ Q1522	
BOT	R_C	1501	Does this facility have any formal systems for linking with community health workers (CHWs) for NCD services?	YES1 NO.....2		
	R_C	i1502	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NCD SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NCD SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
15.1.1. SYSTEMS TO SUPPORT QUALITY SERVICES FOR NCDs						
	R_C	i1503	I would like to know if the following documents for noncommunicable diseases are available in this service site today.			
	R_C	1504	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
BWW	R_C	01	A register or database for patients who are diagnosed with NCDs that records information about when patients start treatment, treatment adherence, and outcomes	1	2	3
DJD	R_C	02	A register or database for patients who are diagnosed with NCDs that only records information about when patients start treatment	1	2	3
BWV	R_C	03	An appointment schedule for routine follow-up for NCD patients	1	2	3
BWX	R_C	04	Individual patient treatment cards/files (paper or electronic) maintained for patients with NCDs	1	2	3
15.2. DIABETES						
15.2.1. SERVICE AVAILABILITY						
BVL, BVQ, BVR, BVS, BVT, BVU, BVW, BVX, BVY, BWA, BWB, BWC, BWD, BWF, BWE, MNN, MNO, MNP, MNQ, MNY, MNZ	R_C	1505	Does this facility offer any services for diabetes?	YES1 NO.....2	→ Q1510	
	R_C	1506	Does this facility provide any of the following services:	YES	NO	
BVM	R_C	01	Diagnose diabetes	1	2	
BVN	R_C	02	Prescribe treatment for diabetes	1	2	
BVO	R_C	03	Clinical follow-up services for diabetes patients	1	2	
BVP	R_C	04	Counselling for diabetes self-management including dietary advice, footcare, and follow-up	1	2	
15.2.2. SUPPORT FOR QUALITY SERVICES						
BVQ, MNN, MNY, MNZ	R_C	1507	Are national guidelines for diagnosis and/or management of diabetes available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3		
BVQ, MNN, MNY, MNZ	R_C	1508	Are any other guidelines for diagnosis and/or management of diabetes available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3		

Indicator ID	Module	No.	Question	Response	Skip
BVR, MNN, MNY, MNZ	R_C	1509	Have you or any provider(s) of diabetes services received any training in the diagnosis and/or management of diabetes in the past 2 years?	YES.....1 NO.....2	
15.3. CARDIOVASCULAR DISEASE (CVD)					
15.3.1. SERVICE AVAILABILITY					
DJC, DJK, DMI, BUG, BUL, BUM, BUN, BUO, BUP, BUQ, BUR, BUS, BUU, BUV, BUW, BUX, BUY, BUZ, BVA, BVB, BVC, BVD, BVE, BVF, BVG, BVH, BVJ, BVK, DGW, MNA, MNB, MNC, MNL, MNM	R_C	1510	Does this facility offer any services for cardiovascular diseases (CVDs), such as hypertension?	YES.....1 NO.....2	→Q1515
	R_C	1511	For which of the following CVDs does this facility provide diagnosis, treatment, counselling on self-care, and/or referral:	(A) DIAGNOSE (B) TREAT (C) COUNSEL (D) REFER	
				YES NO YES NO YES NO YES NO	
BOS, BUH, CAY,	R_C	01	Hypertension	1 →B 2 →B 1 →C 2 →C 1 →D 2 →D 1 2	
BUJ, CCN, CEU,	R_C	02	Acute myocardial infarction	1 →B 2 →B 1 →C 2 →C 1 →D 2 →D 1 2	
BUI, CAZ, CBA	R_C	03	Congestive heart failure	1 →B 2 →B 1 →C 2 →C 1 →D 2 →D 1 2	
BUK, CDZ, CEW,	R_C	04	Cerebral vascular accident/stroke	1 →B 2 →B 1 →C 2 →C 1 →D 2 →D 1 2	
15.3.2. SUPPORT FOR QUALITY SERVICES					
BUL, MNA, MNL, MNM	R_C	1512	Are national guidelines for diagnosis and/or management of CVDs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3	
BUL, MNA, MNL, MNM	R_C	1513	Are any other guidelines for diagnosis and/or management of CVDs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3	
BUM, MNA, MNL, MNM	R_C	1514	Have you or any provider(s) of CVD services received any training in the diagnosis and/or management of CVDs, such as hypertension, in the past 2 years?	YES.....1 NO.....2	
15.4. CHRONIC RESPIRATORY DISEASE (CRD)					
15.4.1. SERVICE AVAILABILITY					
DJA, BWG, BWJ, BWK, BWL, BWM, BWN, BWO, BWP, BWQ, BWR, BWS, BWT, BWU, MIN, MIO, MIP, MIQ MIY, MIZ	R_C	1515	Does this facility offer any services for chronic noncommunicable respiratory diseases (CRD), such as asthma?	YES.....1 NO.....2	→Q1522
	R_C	1516	For which of the following CRDs does this facility provide diagnosis, treatment, counselling on self-care, and/or referral:	(A) DIAGNOSE (B) TREAT (C) COUNSEL (D) REFER	
				YES NO YES NO YES NO YES NO	
BWH, CFL, CFN,	R_C	01	Asthma	1 →B 2 →B 1 →C 2 →C 1 →D 2 →D 1 2	
BWI, CUM, CUN	R_C	02	Chronic obstructive pulmonary disease (COPD)	1 →B 2 →B 1 →C 2 →C 1 →D 2 →D 1 2	

Indicator ID	Module	No.	Question	Response	Skip												
15.4.2. EQUIPMENT																	
	R_C	i1517	Now I would like to ask about equipment for CRD services available in this service site today.														
	R_C	1518	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT, THE ITEM MUST BE IN THE SERVICE SITE OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY EXPECTED TO USE IT.	<table border="1"> <thead> <tr> <th colspan="3">(A) AVAILABLE</th> <th colspan="3">(B) FUNCTIONAL</th> </tr> <tr> <th>OBSERVED</th> <th>REPORTED, NOT SEEN</th> <th>NOT AVAILABLE</th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> </table>	(A) AVAILABLE			(B) FUNCTIONAL			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
(A) AVAILABLE			(B) FUNCTIONAL														
OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW												
BWM, MIO, MIY, MIZ	R_C	01	Peak flow meters	1 → B 2 → B 3 → 02	1 2 8												
BWN, MIQ, MIY, MIZ	R_C	02	Spacers for inhalers	1 → B 2 → B 3 → Q1519	1 2 8												
15.4.3. SUPPORT FOR QUALITY SERVICES																	
BWJ, MIN, MIY, MIZ	R_C	1519	Are national guidelines for diagnosis and/or management of CRDs available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3													
BWJ	R_C	1520	Are any other guidelines for the diagnosis and/or management of CRDs available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3													
BWK, MIN, MIY, MIZ	R_C	1521	Have you or any provider(s) of CRD services received any training in the diagnosis and/or management of CRD in the past 2 years?	YES1 NO.....2													
15.5. CANCER																	
SERVICE AVAILABILITY																	
BZB, BZC, BZD, BZF, BZG, BZH, BZI, BZJ, BZM, CQA	R_C	1522	Does this facility offer any cancer services?	YES1 NO.....2	→ END OF SECTION												
	R_C	i1523	IF CANCERS ARE DIAGNOSED AND TREATED IN A DIFFERENT LOCATION IN THE FACILITY, ASK TO BE SHOWN THE LOCATION WHERE SERVICES FOR CANCER ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CANCER SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.														
SUPPORT FOR QUALITY SERVICES																	
BZC	R_C	1524	Are newly diagnosed cancer patients reported to a national cancer registry?	YES1 NO.....2													
BZD	R_C	1525	Are newly diagnosed cancer patients reported to/entered into a facility cancer registry/database? IF YES, ASK: May I see the registry/database?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3													
BZB	R_C	1526	Are there registers or databases for patients diagnosed with cancer, where information on treatment adherence and outcomes is recorded? IF YES, ASK: May I see the register/database?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3													
15.5.1. CERVICAL CANCER																	
SERVICE AVAILABILITY																	
BWY, BXF, BXG, BXH, BXI, BXK, BXL, BXM, BXN, BXO, BXP, BXQ, BXR, BXS, BXT, JTN, JTO, JTY, JTZ	R_C	1527	Does this facility offer any services for cervical cancer screening?	YES1 NO.....2	→ Q1535												
	R_C	i1528	FIND THE MOST KNOWLEDGEABLE PERSON ABOUT THE CERVICAL CANCER SERVICES.														
	R_C	1529	Which of the following services for cervical cancer screening, diagnosis, and/or treatment are offered in this facility:	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> </table>	YES	NO											
YES	NO																
BWZ	R_C	01	Collect PAP smear specimen	1	2												

Indicator ID	Module	No.	Question	Response			Skip			
BXA	R_C	02	Read PAP smear results	1	2					
BXB	R_C	03	Read results for HPV test	1	2					
BXC	R_C	04	Colposcopy	1	2					
DNY	R_C	05	Cervical biopsy	1	2					
BXD	R_C	06	Perform digital cervicography	1	2					
BXE	R_C	07	Treatment of pre-invasive cervical cancer lesions (e.g. cryotherapy, thermal/cold coagulation or loop electrosurgical excision procedure [LEEP])	1	2					
EQUIPMENT AND COMMODITIES										
	R_C	i1530	Now I would like to know about equipment and commodities for cervical cancer services available in this service site today.							
	R_C	1531	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
BXI, JTO, JTY, JTZ	R_C	01	Acetic acid or Lugol's iodine for visual inspection (VIA or VIA/VILI)	1	2	3	X	X	X	
BXH, JTO, JTY, JTZ	R_C	02	Speculum	1 → B	2 → B	3 → 03	1	2	8	
BXN	R_C	03	Glass slides	1	2	3	X	X	X	
AQV, AVA, BXO, JEL, JEM, MEY, MEZ	R_C	04	Disposable latex gloves	1	2	3	X	X	X	
BXM	R_C	05	Goose-neck lamp	1 → B	2 → B	3 → 06	1	2	8	
BXL	R_C	06	Gynaecological examination table	1 → B	2 → B	3 → 07	1	2	8	
BXQ	R_C	07	Digital cervicography equipment	1 → B	2 → B	3 → 08	1	2	8	
BXP	R_C	08	Colposcopy equipment	1 → B	2 → B	3 → 09	1	2	8	
BXR	R_C	09	Materials for providing loop electrosurgical excision procedure (LEEP)	1 → B	2 → B	3 → 10	1	2	8	
BXS	R_C	10	Materials for providing cryotherapy/thermal-cold coagulation	1 → B	2 → B	3 → Q1532	1	2	8	
SUPPORT FOR QUALITY SERVICES										
BXF, JTN, JTY, JTZ	R_C	1532	Are national guidelines for cervical cancer screening, diagnosis, and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3						
BXF, JTN, JTY, JTZ	R_C	1533	Are any other guidelines for cervical cancer screening, diagnosis, and/or treatment available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3						
BXG, JTN, JTY, JTZ	R_C	1534	Have you or any provider(s) of cervical cancer services received any training in procedures for obtaining cervical specimens, reading HPV tests, and/or visual inspection with acetic acid (VIA) in the past 2 years?	YES1 NO.....2						
15.5.2. BREAST CANCER										
SERVICE AVAILABILITY										
BXU, BYE, BYF, BYG, BYH, LWN, LWO, LWY, LWZ	R_C	1535	Does this facility offer any services for breast cancer?	YES1 NO.....2			→ Q1540			

Indicator ID	Module	No.	Question	Response			Skip
				PERFORM IN FACILITY	REFER FOR SERVICE	NOT AVAILABLE	
	R_C	1536	Which of the following services for screening, diagnosis, and/or treatment of breast cancer are offered in this facility:				
BXV	R_C	01	Manual breast examination	1	2	3	
BXW	R_C	02	Mammography	1	2	3	
BXX	R_C	03	Fine needle aspiration cytology	1	2	3	
BXY	R_C	04	Core needle biopsy of lump specimen	1	2	3	
BXZ	R_C	05	Chemotherapy	1	2	3	
BYA	R_C	06	Radiation therapy	1	2	3	
BYB	R_C	07	Lumpectomy	1	2	3	
BYC	R_C	08	Mastectomy	1	2	3	
BYD	R_C	09	Outpatient maintenance treatment for breast cancer	1	2	3	
			SUPPORT FOR QUALITY SERVICES				
BYE, LWN, LWY, LWZ	R_C	1537	Are national guidelines for breast cancer screening, diagnosis, and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3			
BYE, LWN, LWY, LWZ	R_C	1538	Are any other guidelines for breast cancer screening, diagnosis, and/or treatment available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3			
BYF, LWN, LWY, LWZ	R_C	1539	Have you or any provider(s) of breast cancer services received any training in breast cancer screening, diagnosis and/or treatment in the past 2 years?	YES1 NO.....2			
			15.5.3. COLORECTAL CANCER				
			SERVICE AVAILABILITY				
BYR, BYX, BYY, BYZ, BZA, ODN, ODO, ODP, ODY, ODZ	R_C	1540	Does this facility offer any services for colorectal cancer?	YES1 NO.....2			→Q1545
	R_C	1541	Which of the following services for colorectal cancer screening, diagnosis and/or treatment are offered in this facility:				
BYS	R_C	01	Stool guaiac test/faecal immunochemical test (FIT)	1	2	3	
BYT	R_C	02	Colonoscopy	1	2	3	
BYU	R_C	03	Biopsy of colon polyp	1	2	3	
BYV	R_C	04	Surgical interventions	1	2	3	
BYW	R_C	05	Chemotherapy	1	2	3	
			SUPPORT FOR QUALITY SERVICES				
BYX, ODN, ODY, ODZ	R_C	1542	Are national guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3			

Indicator ID	Module	No.	Question	Response	Skip																								
BYX, ODN, ODY, ODZ	R_C	1543	Are any other guidelines for colorectal cancer screening, diagnosis and/or treatment available in this service site today? IF YES ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3																									
BYY, ODN, ODY, ODZ	R_C	1544	Have you or any provider(s) of colorectal cancer services received any training in colorectal cancer screening, diagnosis and/or treatment in the past 2 years?	YES1 NO.....2																									
15.5.4. PROSTATE CANCER																													
SERVICE AVAILABILITY																													
BYI, BYO, BYP, BYQ, JWA, JWB, JWL, JWM	R_C	1545	Does this facility offer any services for prostate cancer?	YES1 NO.....2	→ END OF SECTION																								
	R_C	1546	Which of the following services for prostate screening, diagnosis and/or treatment are offered in this facility:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%;">PERFORM IN FACILITY</th> <th style="width: 33%;">REFER FOR SERVICE</th> <th style="width: 33%;">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td>BYJ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>BYK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>BYL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>BYM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>BYN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		PERFORM IN FACILITY	REFER FOR SERVICE	NOT AVAILABLE	BYJ	1	2	3	BYK	1	2	3	BYL	1	2	3	BYM	1	2	3	BYN	1	2	3	
	PERFORM IN FACILITY	REFER FOR SERVICE	NOT AVAILABLE																										
BYJ	1	2	3																										
BYK	1	2	3																										
BYL	1	2	3																										
BYM	1	2	3																										
BYN	1	2	3																										
SUPPORT FOR QUALITY SERVICES																													
BYO, JWA, JWL, JWM	R_C	1547	Are national guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3																									
BYO, JWA, JWL, JWM	R_C	1548	Are any other guidelines for prostate cancer screening, diagnosis and/or treatment available in this service site today? IF YES ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3																									
BYP, JWA, JWL, JWM	R_C	1549	Have you or any provider(s) of prostate cancer services received any training in prostate cancer screening, diagnosis and/or treatment in the past 2 years?	YES1 NO.....2																									

Indicator ID	Module	No.	Question	Response	Skip																								
16. SERVICES FOR MENTAL HEALTH AND NEUROLOGICAL CONDITIONS																													
16.1. SERVICE AVAILABILITY																													
DLE, DKQ, DMY, BZN, BZY, BZZ, CAA, CAB, CAC, CAD, CAE, MRM, MRO, MRY, MRZ	R_C	1600	Does this facility offer any services for mental health conditions (such as depression) and/or neurological conditions (such as epilepsy)?	YES1 NO2	→ END OF SECTION																								
	R_C	1601	For each service I ask about, please tell me if the service is offered in this facility. If yes, is it offered as an inpatient, outpatient, or both in- and outpatient service?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">YES</th> <th rowspan="2">NOT OFFERED</th> </tr> <tr> <th>INPATIENT ONLY</th> <th>OUTPATIENT ONLY</th> <th colspan="2">BOTH IN- AND OUTPATIENT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td></td> </tr> </tbody> </table>		YES				NOT OFFERED	INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT		1	2	3	4											
YES				NOT OFFERED																									
INPATIENT ONLY	OUTPATIENT ONLY	BOTH IN- AND OUTPATIENT																											
1	2	3	4																										
BZO, BZQ	R_C	01	Mental disorders (e.g depression, schizophrenia)	1 2 3 4																									
BZP, BZR	R_C	02	Neurological disorders (e.g. epilepsy, dementia)	1 2 3 4																									
	R_C	i1602	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OUTPATIENT MENTAL HEALTH SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MENTAL HEALTH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.																										
	R_C	1603	Now I would like to know about specific types of mental and neurological services offered. For each diagnosis I mention, please tell me if this facility provides diagnosis, treatment, counselling on self-care, and/or referral.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">(A) DIAGNOSE</th> <th colspan="2">(B) TREAT</th> <th colspan="2">(C) COUNSEL</th> <th colspan="2">(D) REFER</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1 → B</td> <td style="text-align: center;">2 → B</td> <td style="text-align: center;">1 → C</td> <td style="text-align: center;">2 → C</td> <td style="text-align: center;">1 → D</td> <td style="text-align: center;">2 → D</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	(A) DIAGNOSE		(B) TREAT		(C) COUNSEL		(D) REFER		YES	NO	YES	NO	YES	NO	YES	NO	1 → B	2 → B	1 → C	2 → C	1 → D	2 → D	1	2	
(A) DIAGNOSE		(B) TREAT		(C) COUNSEL		(D) REFER																							
YES	NO	YES	NO	YES	NO	YES	NO																						
1 → B	2 → B	1 → C	2 → C	1 → D	2 → D	1	2																						
BZS, CUO, CUP	R_C	01	Mood disorders (e.g. depression, bipolar disorder)	1 → B 2 → B 1 → C 2 → C 1 → D 2 → D 1 2																									
BZT, CUQ, CUR	R_C	02	Schizophrenia	1 → B 2 → B 1 → C 2 → C 1 → D 2 → D 1 2																									
BZU, CUS, CUT	R_C	03	Anxiety-related disorders	1 → B 2 → B 1 → C 2 → C 1 → D 2 → D 1 2																									
BZV, CUU, CUV	R_C	04	Epilepsy/seizures	1 → B 2 → B 1 → C 2 → C 1 → D 2 → D 1 2																									
BZW, CUW, CUX	R_C	05	Dementia	1 → B 2 → B 1 → C 2 → C 1 → D 2 → D 1 2																									
DNJ, CUY, CUZ	R_C	06	Disorders due to substance use or addictive behaviours	1 → B 2 → B 1 → C 2 → C 1 → D 2 → D 1 2																									
BZX	R_C	1604	Does this facility have any formal systems for linking with community health workers (CHWs) for mental health or neurological services?	YES1 NO2																									
16.2. SUPPORT FOR QUALITY SERVICES																													
BZY, MRM, MRY, MRZ	R_C	1605	Are national guidelines for diagnosis and/or management of mental and/or neurological conditions available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3																									
BZY, MRM, MRY, MRZ	R_C	1606	Are any other guidelines for diagnosis and/or management of mental and/or neurological conditions available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3																									
BZZ, MRM, MRY, MRZ	R_C	1607	Have you or any provider(s) of mental health services received training on diagnosis, counselling and/or treatment of mental health conditions in the past 2 years?	YES1 NO2																									
CAA, MRM, MRY, MRZ	R_C	1608	Have you or any provider(s) of neurological health services received training on diagnosis, counselling and/or treatment of neurological conditions in the past 2 years?	YES1 NO2																									

Indicator ID	Module	No.	Question	Response	Skip
17. SERVICES FOR SPECIAL NEEDS					
17.1. PALLIATIVE CARE					
17.1.1. SERVICE AVAILABILITY					
CQG, CQL, CQM, CQN, CQP, CQQ, CQR, CQS CQT, MDA, MDB, MDL, MDM	R_C	1700	Does this facility offer any palliative care services?	YES 1 NO 2	→Q1706
	R_C	1701	Which of the following palliative health services are offered in this facility:	YES	NO
CQH	R_C	01	Inpatient palliative care	1	2
CQI	R_C	02	Outpatient palliative care	1	2
CQJ	R_C	03	Home care for palliative care	1	2
CQK	R_C	04	Linkages with other organizations providing home-based palliative care	1	2
	R_C	i1702	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PALLIATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PALLIATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
17.1.2. SUPPORT FOR QUALITY SERVICES					
CQL, MDA, MDL, MDM	R_C	1703	Are national guidelines for palliative care services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
CQL, MDA, MDL, MDM	R_C	1704	Are any other guidelines for palliative care services available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
CQM, MDA, MDL, MDM	R_C	1705	Have you or any provider(s) of palliative care received training on palliative care services in the past 2 years?	YES 1 NO 2	
17.2. REHABILITATIVE CARE					
17.2.1. SERVICE AVAILABILITY					
CQV, CQW, CQX, CQY, CQZ, CRA, CRB, CRC, DGY, CRE, CRF, CRG, CRH, CRI, CRJ, CRK, OBA, OBB, OBC, OBL, OBM	R_C	1706	Does this facility offer any rehabilitative care or physiotherapy services?	YES 1 NO 2	→Q1713
17.2.2. SITE CONDITIONS					
CQY, OBB, OBL, OBM	R_C	1707	Is there a treatment site specific for rehabilitation or physiotherapy services?	YES 1 NO 2	
17.2.3. EQUIPMENT					
	R_C	i1708	Now I would like to know about equipment and commodities for rehabilitation services.		
	R_C	1709	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	(B) FUNCTIONAL YES NO DON'T KNOW
CQZ, OBB, OBL, OBM	R_C	01	Parallel bars	1 →B 2 →B 3 →02	1 2 8
CRA, OBB, OBL, OBM	R_C	02	Height adjustable treatment bed/plinth	1 →B 2 →B 3 →03	1 2 8
CRB, OBB, OBL, OBM	R_C	03	Upper limb exercise equipment (weights/pulleys/TheraBand)	1 →B 2 →B 3 →04	1 2 8

Indicator ID	Module	No.	Question	Response						Skip
DGY, OBB, OBL, OBM	R_C	04	Measuring tape/goniometer	1 →B	2 →B	3 →05	1	2	8	
CRC, OBB, OBL, OBM	R_C	05	Walking frames/crutches/walking sticks	1 →B	2 →B	3 →06	1	2	8	
CRE, OBC, OBL, OBM	R_C	06	Compression bandages/tubigrip	1 →B	2 →B	3 →07	1	2	8	
AUY, AUZ, CRF, JEL, JEM, OBB, OBL, OBM	R_C	07	Casting and splinting kit	1 →B	2 →B	3 →08	1	2	8	
CRG, OBB, OBL, OBM	R_C	08	Audiometric equipment and booth	1 →B	2 →B	3 →09	1	2	8	
CRH, OBB, OBL, OBM	R_C	09	Any equipment for paediatric rehabilitation (mats/toys/walking frames/standing frames)	1 →B	2 →B	3 →10	1	2	8	
CRI, OBB, OBL, OBM	R_C	10	Any patient education materials	1	2	3	×	×	×	
17.2.4. SUPPORT FOR QUALITY SERVICES										
CQW, OBA, OBL, OBM	R_C	1710	Are national guidelines or national protocols or procedures for rehabilitation care available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3						
CQW, OBA, OBL, OBM	R_C	1711	Are any other guidelines, protocols or procedures for rehabilitation care available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3						
CQX, OBA, OBL, OBM	R_C	1712	Have you or any provider(s) of rehabilitation services received training on assessment or treatment for rehabilitation needs of patients in the past 2 years?	YES 1 NO 2						
17.3. RAPE OR INTIMATE PARTNER VIOLENCE SURVIVORS										
17.3.1. SERVICE AVAILABILITY										
DKE, BOW, CAG, CAN, CAT, CBB, CBC, CBD, CBE, CBF, CBG, CBH, LTA, LTB, LTC, LTD, LTL, LTM	R_C	1713	Does this facility offer any services for survivors of rape and/or intimate partner/sexual violence?	YES 1 NO 2						→Q1719
	R_C	1714	Which of the following services are offered to survivors of rape and/or intimate partner violence?	YES		NO				
CAJ	R_C	01	Forensic assessment and examinations	1		2				
CAL	R_C	02	Hepatitis B immunization	1		2				
CAK	R_C	03	Post exposure prophylaxis (PEP) for HIV	1		2				
CAM	R_C	04	Emergency contraception	1		2				
DLP	R_C	05	Presumptive treatment for sexually transmitted infections (STIs) according to national protocols	1		2				
DKO	R_C	06	Tetanus toxoid or immunoglobulin	1		2				
DJW	R_C	07	Counselling on induced abortion services	1		2				
DJF	R_C	08	Induced abortion services	1		2				
17.3.2. SITE CONDITIONS										
DKE, LTC, LTL, LTM	R_C	1715	Is there a safe and locked filing space to keep records confidential, or password-protected computer for electronic files? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3						

Indicator ID	Module	No.	Question	Response	Skip
DJX	R_C	1716	Is a health worker of the same sex as the survivor always available to conduct the examination or to be in the same room during the examination?	YES 1 NO 2	
17.3.3. SUPPORT FOR QUALITY SERVICES					
	R_C	i1717	Now I would like to know about documents for survivors of rape and/or intimate partner violence available in this service site today.		
	R_C	1718	For each item that I ask about, please show me the item.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
CAN, LTA, LTL, LTM	R_C	01	National guidelines on services for rape and/or intimate partner violence survivors [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
CAN, LTA, LTL, LTM	R_C	02	Any other guidelines on services for rape and/or intimate partner violence survivors	1 2 3	
CBH, LTB, LTL, LTM	R_C	03	Form or standard for documenting cases of rape or intimate partner violence	1 2 3	
BOW, LTC, LTL, LTM	R_C	04	Consent form	1 2 3	
CAT, LTA, LTL, LTM	R_C	1719	Have you or any provider(s) of services for rape and/or intimate partner violence received any training on care of survivors in the past 2 years?	YES 1 NO 2	
17.4. CHILDREN AFFECTED BY MALTREATMENT					
17.4.1. SERVICE AVAILABILITY					
CAH, CAQ, CAV, CBI	R_C	1720	Does this facility offer any services for children affected by maltreatment? (Child maltreatment includes physical, sexual or emotional violence and neglect of persons aged 0–17 by parents or caregivers.)	YES 1 NO 2	→ END OF SECTION
17.4.2. SUPPORT FOR QUALITY SERVICES					
	R_C	i1721	Now I would like to know about documents for children affected by maltreatment available in this service site today.		
	R_C	1722	For each item that I ask about, please show me the item.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
CAQ, OWN, OWY, OWZ	R_C	01	National guidelines, procedures, or protocols for identification of and/or services for children affected by maltreatment [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
CAQ, OWN, OWY, OWZ	R_C	02	Any other guidelines, procedures, or protocols for identification of and/or services for children affected by maltreatment	1 2 3	
CBI, OWO, OWY, OWZ	R_C	03	Form or standard for the documentation of child maltreatment cases	1 2 3	
CAV, OWN, OWY, OWZ	R_C	1723	Have you or any provider(s) of services for child maltreatment received training in the past 2 years on identification of and/or services for children affected by maltreatment?	YES 1 NO 2	

Indicator ID	Module	No.	Question	Response			Skip		
18. MATERNAL AND NEWBORN SERVICES (OUTPATIENT)									
18.1. FAMILY PLANNING									
18.1.1. SERVICE AVAILABILITY									
AVR, AWF, AWG, AWH, AWI, AWJ, AWK, AWL, AWM, AWN, AWO, AWQ, AWR, AWU, AWV, AWW, KRA, KRL, KRM	R_C	1800	Does this facility offer any family planning services?	YES 1 NO 2			→Q1810		
	R_C	i1801	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANNING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.						
	R_C	1802	Does this facility provide or prescribe any of the following methods of family planning:	YES	NO				
AVS, AVT	R_C	01	Combined estrogen progesterone oral contraceptive pills	1	2				
AVS, AVU	R_C	02	Progestin-only contraceptive pills	1	2				
AVS, AVV	R_C	03	Combined estrogen progesterone injectable contraceptives	1	2				
AVS, AVW	R_C	04	Progestin-only injectable contraceptives	1	2				
AVS, AVX, BJX, KTC, KTL, KTM	R_C	05	Male condoms	1	2				
AVS, AVY	R_C	06	Female condoms	1	2				
AVS, AWA	R_C	07	Implants	1	2				
AVS, AWB	R_C	08	Emergency contraceptive pills	1	2				
AVS, AVZ	R_C	09A	Intrauterine contraceptive device (IUCD) – hormonal	1	2				
AVS, AVZ	R_C	09B	Intrauterine contraceptive device (IUCD) – non hormonal	1	2				
AWE	R_C	10	Cycle beads for standard days method	1	2				
AVS, AWC, AWS, AWT	R_C	11	Male sterilization	1	2				
AVS, AWD, AWS, AWT	R_C	12	Female sterilization	1	2				
BJD	R_C	1803	Does this facility provide any family planning services for unmarried adolescents?	YES 1 NO 2					
CSE	R_C	1804	Does this facility have any formal systems for linking with community health workers (CHWs) for family planning services?	YES 1 NO 2					
18.1.2. EQUIPMENT									
	R_C	i1805	Now I would like to ask about equipment for family planning available in this service site today.						
	R_C	1806	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL		
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
AWI, KRB, KRL, KRM	R_C	01	Blood pressure apparatus	1→B	2→B	3→Q1807	1	2	8
18.1.3. SUPPORT FOR QUALITY SERVICES									
	R_C	i1807	Now I would like to know if the following documents for family planning are available in this service site today.						
	R_C	1808	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
AWF, KRA, KRL, KRM	R_C	01	National family planning guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3			

Indicator ID	Module	No.	Question	Response			Skip
				1	2	3	
AWF, KRA, KRL, KRM	R_C	02	Any other family planning guidelines	1	2	3	
AWG, KRA, KRL, KRM	R_C	03	Any family planning checklist and/or job aids	1	2	3	
BJQ, KTA, KTL, KTM	R_C	04	National guidelines for adolescent reproductive health services [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
BJQ, KTA, KTL, KTM	R_C	05	Any other guidelines for adolescent reproductive health services	1	2	3	
AWN	R_C	06	Individual client record/file/cards (These might be specific to family planning, or part of a comprehensive patient record)	1	2	3	
	R_C	1809	In the past 2 years, have you or any provider(s) of family planning services received training in:	YES		NO	
AWH, KRA, KRL, KRM	R_C	01	Family planning	1	2		
BJS, KTA, KTL, KTM	R_C	02	Adolescent sexual and reproductive health	1	2		
18.2. ANTENATAL CARE (ANC)							
18.2.1. SERVICE AVAILABILITY							
AWX, AXK, AXL, , AXM, AXN, AXO AXP, AXQ, AXR, AXS, AXT, AXU, AYC, AYD, AYE, AYF, AXV, AXW, AXY, AYA, AXX, AYB, AXZ, CSP, LEN, LEO, LEP, LEQ, LER LEY, LEZ	R_C	1810	Does this facility offer antenatal care (ANC) services?	YES1 NO2			→Q1819
	R_C	i1811	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
	R_C	1812	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services:	YES		NO	
AWY	R_C	01	Iron supplementation	1	2		
AWZ	R_C	02	Folic acid supplementation	1	2		
AXA	R_C	03	Intermittent preventive treatment in pregnancy (IPTp) for malaria [WHERE APPLICABLE]	1	2		
CSH	R_C	04	LLINs or vouchers for LLINs for pregnant women [WHERE APPLICABLE]	1	2		
AXB	R_C	05	Tetanus toxoid immunization	1	2		
AXC	R_C	06	Monitoring for hypertensive disorder of pregnancy (measure blood pressure)	1	2		
AXD	R_C	07	Routinely check urine protein	1	2		
AXE	R_C	08	Calcium supplementation for women at risk of pre-eclampsia	1	2		
AXF	R_C	09	Low-dose aspirin for women at risk of pre-eclampsia	1	2		
AXG, BRg	R_C	10	HIV test for pregnant women	1	2		
AXH	R_C	11	Routine syphilis testing	1	2		
AXI	R_C	12	Treatment for syphilis	1	2		
AXJ	R_C	13	Diagnosis and treatment for other sexually transmitted infections	1	2		

Indicator ID	Module	No.	Question	Response			Skip		
DJG	R_C	14	Counselling for prevention of female genital mutilation (FGM)	1	2				
CSM	R_C	1813	Does this facility have any formal systems for linking with community health workers (CHWs) for antenatal care services?	YES 1 NO 2					
18.2.2. EQUIPMENT AND COMMODITIES									
	R_C	i1814	Now I would like to ask about items for provision of antenatal care available in this service site today.						
	R_C	1815	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL		
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
AXQ, LEP, LEY, LEZ	R_C	01	Blood pressure apparatus	1→B	2→B	3→02	1	2	8
AXS, LEP, LEY, LEZ	R_C	02	Foetal stethoscope/pinard/doppler	1→B	2→B	3→03	1	2	8
AXT, LEP, LEY, LEZ	R_C	03	Adult weighing scale	1→B	2→B	3→04	1	2	8
AXU, LEP, LEY, LEZ	R_C	04	Examination bed	1→B	2→B	3→05	1	2	8
AXR, LEP, LEY, LEZ	R_C	05	Tape measure	1	2	3	✕	✕	✕
AXZ, BGE, BKP, LER, LEY, LEZ, MKD, MKL, MKM, KEC, KEL, KEM	R_C	06	LLIN or vouchers for LLIN (adult and/or paediatric) [WHERE APPLICABLE]	1	2	3	✕	✕	✕
18.2.3. SUPPORT FOR QUALITY SERVICES									
	R_C	i1816	Now I would like to know if the following documents for antenatal care are available in this service site today.						
	R_C	1817	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
AXK, LEN, LEY, LEZ	R_C	01	National ANC guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3			
AXK, LEN, LEY, LEZ	R_C	02	Any other ANC guidelines	1	2	3			
AXL, LEN, LEY, LEZ	R_C	03	Any ANC checklists and/or job aids	1	2	3			
AXP, BKI, LEN, LEY, LEZ, KEA, KEL, KEM	R_C	04	National guidelines on IPTp [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] [WHERE APPLICABLE] ACCEPTABLE IF PART OF ANC GUIDELINES	1	2	3			
LEN, LEY, LEZ	R_C	05	National or any other guidelines for the prevention and management of female genital mutilation (FGM)	1	2	3			
	R_C	1818	In the past 2 years, have you or any provider(s) of ANC services received training in any of the following topics:	YES		NO			
AXM, LEN, LEY, LEZ	R_C	01	Any aspect of ANC	1	2				
AXN, BKK, LEN, LEY, LEZ, KEA, KEL, KEM	R_C	02	IPTp [WHERE APPLICABLE]	1	2				
CSP, LEO, LEY, LEZ	R_C	03	Prevention and management of female genital mutilation (FGM)	1	2				
18.3. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION									
18.3.1. SERVICE AVAILABILITY									
BRF, BRS, BRT, BRU, BRV, BRW, BRX, BRY, BRZ, BSA, BSC, KHA, KHB, KHC, KHD, KHL, KHM	R_C	1819	Does this facility offer services for prevention of mother to child transmission of HIV (PMTCT)?	YES 1 NO 2			→Q1826		

Indicator ID	Module	No.	Question	Response			Skip
	R_C	i1820	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. IT MAY BE NECESSARY TO GO TO ANOTHER SITE FOR PMTCT POSTPARTUM FOLLOW-UP.				
	R_C	1821	As part of PMTCT services, please tell me if this facility provides the following services to clients:	YES	NO		
AXG, BRG	R_C	01	HIV testing services to all pregnant women attending ANC	1	2		
BRH	R_C	02	HIV counselling services to HIV-positive pregnant women for PMTCT	1	2		
BRH, BLJ	R_C	03	HIV counselling to mothers about risks for exposed infants and testing services for infants born to HIV-positive women for PMTCT	1	2		
BRI	R_C	04	Provision of or referral for all HIV-positive pregnant women for any PMTCT antiretroviral (ARV) regimen	1	2		
BRJ	R_C	05	ARV prophylaxis to newborns of HIV-positive pregnant women for PMTCT	1	2		
BRQ	R_C	06	Repeat testing for HIV-negative pregnant women 3 months after first test, while pregnant or during labour/delivery	1	2		
BRR	R_C	07	Partner HIV testing	1	2		
BRL	R_C	08	Nutritional counselling for HIV-positive pregnant women	1	2		
BRM	R_C	09	Infant and young child feeding counselling for infants of HIV-positive women	1	2		
BRN	R_C	10	Family planning counselling to HIV-positive pregnant women for PMTCT	1	2		
BRK	R_C	11	Early infant diagnosis (EID) services for all HIV-exposed infants	1	2		
18.3.2. SITE CONDITIONS							
BRW, KHB, KHL, KHM	R_C	1822	Is the PMTCT service room or site a private room/area with auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	YES, OBSERVED: BOTH AUDITORY AND VISUAL PRIVACY 1 VISUAL PRIVACY ONLY..... 2 AUDITORY PRIVACY ONLY 3 YES, REPORTED, NOT SEEN: BOTH AUDITORY AND VISUAL PRIVACY 4 VISUAL PRIVACY ONLY..... 5 AUDITORY PRIVACY ONLY 6 NO 7			
18.3.3. SUPPORT FOR QUALITY SERVICES							
	R_C	i1823	Now I would like to know if the following documents for PMTCT are available in this service site today.				
	R_C	1824	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
BRS, KHA, KHL, KHM	R_C	01	National guidelines for PMTCT [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
BRS, KHA, KHL, KHM	R_C	02	Any other guidelines for PMTCT	1	2	3	
BRT, KHA, KHL, KHM	R_C	03	National guidelines for infant and young child feeding counselling related to PMTCT [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
BRT, KHA, KHL, KHM	R_C	04	Any other guidelines for infant and young child feeding counselling related to PMTCT	1	2	3	
	R_C	1825	In the past 2 years, have you or any provider(s) of PMTCT services received any training in:	YES	NO		
BRU, KHA, KHL, KHM	R_C	01	PMTCT	1	2		
BRV, KHA, KHL, KHM	R_C	02	Infant and young child feeding related to PMTCT	1	2		

Indicator ID	Module	No.	Question	Response	Skip
18.4. OUTPATIENT POSTNATAL CARE (PNC): MATERNAL AND/OR NEWBORN					
BDY, BEI, DNE, DKV, DIK, ACY, BEJ, DJY, DJN, DMA, BEK, BEL, BEM, BEN, BEO, BEP, BEQ, BER, BEU, BES, BET, LUA, LUB, LUC, LUD, LUL, LUM	R_C	1826	Does this facility routinely provide any maternal postnatal and/or newborn care as an outpatient service for women and newborns coming from home?	YES 1 NO 2	→ END OF SECTION
18.4.1. MATERNAL POSTNATAL CARE SERVICES					
	R_C	1827	Does this facility provide any maternal postnatal care as an outpatient service to women coming from home?	YES 1 NO 2	→ Q1834
CUG	R_C	1828	Does this facility have any formal systems for linking with community health workers (CHWs) for postnatal care services?	YES 1 NO 2	
	R_C	i1829	ASK WHERE POSTNATAL WOMEN AND/OR THEIR NEWBORNS WHO ARRIVE FROM OUTSIDE THE FACILITY RECEIVE SERVICES FOR ROUTINE POSTNATAL CARE IN THE OUTPATIENT SERVICE SITE AND GO THERE TO ASK THE FOLLOWING QUESTIONS.		
MATERNAL PNC SITE CONDITIONS					
BEK, LUC, LUL, LUM	R_C	1830	Is there a site for postpartum examination that provides auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	<i>YES, OBSERVED:</i> BOTH AUDITORY AND VISUAL PRIVACY 1 VISUAL PRIVACY ONLY 2 AUDITORY PRIVACY ONLY 3 <i>YES, REPORTED, NOT SEEN:</i> BOTH AUDITORY AND VISUAL PRIVACY 4 VISUAL PRIVACY ONLY 5 AUDITORY PRIVACY ONLY 6 NO 7	
SUPPORT FOR QUALITY MATERNAL PNC SERVICES					
BEI, LUA, LUL, LUM	R_C	1831	Are there national guidelines for maternal postnatal care available in this service site today: [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
BEI, LUA, LUL, LUM	R_C	1832	Are there any other guidelines for maternal postnatal care available in this service site today? IF YES, May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
BEJ, LUA, LUL, LUM	R_C	1833	Have you or any other PNC service provider(s) received any training related to maternal PNC in the past 2 years?	YES 1 NO 2	
18.4.2. NEWBORN CARE SERVICES					
	R_C	1834	Does this facility provide any newborn care as an outpatient service to women coming from home?	YES 1 NO 2	→ END OF SECTION
	R_C	1835	Which of the following services are routinely offered as part of outpatient newborn care:	YES	NO
BEE	R_C	01	Counselling on child immunization needs	1	2
BEC	R_C	02	Counselling on child nutritional needs and good feeding practices	1	2
BEA	R_C	03	Counselling on danger signs in the newborn	1	2
BEB	R_C	04	Counselling on cord care and hygiene	1	2
BDZ	R_C	05	Counselling on family planning	1	2
BEF	R_C	06	Provision of newborn vaccines (BCG)	1	2
BEG	R_C	07	Provision of newborn vaccines (OPV)	1	2
BEH, BEO, LUD, LUL, LUM	R_C	08	Provision of LLIN for infant [WHERE APPLICABLE]	1	2
DGV	R_C	09	Counselling on exclusive breast feeding	1	2

Indicator ID	Module	No.	Question	Response			Skip
				1	2		
	R_C	10	Provision of injectable antibiotics for newborn sepsis	1	2		
CUG	R_C	1836	Does this facility have any formal systems for linking with community health workers (CHWs) for newborn care services?	YES 1 NO 2			
SUPPORT FOR QUALITY NEWBORN SERVICES							
	R_C	i1837	Now I would like to know if the following documents for outpatient newborn care services are available in this service site today.				
	R_C	1838	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
DNE, LUA, LUL, LUM	R_C	01	National guidelines for essential newborn care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
DNE, LUA, LUL, LUM	R_C	02	Any other guidelines for essential newborn care	1	2	3	
DKV, LUB, LUL, LUM	R_C	03	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
DJV, LUA, LUL, LUM	R_C	04	Referral guidelines for the small or sick newborn	1	2	3	
DIK, LUA, LUL, LUM	R_C	05	Guidelines or protocols for neonatal sepsis	1	2	3	
DIK, LUA, LUL, LUM	R_C	06	Checklists or job aids for neonatal sepsis	1	2	3	
	R_C	1839	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES		NO	
DJN, LUA, LUL, LUM	R_C	01	Breastfeeding and counselling for promoting breastfeeding	1	2		
DJY, LUA, LUL, LUM	R_C	02	Essential newborn care, other than for breastfeeding	1	2		
DMA, LUA, LUL, LUM	R_C	03	Neonatal sepsis	1	2		

Indicator ID	Module	No.	Question	Response	Skip
			19. ABORTION CARE SERVICES		
	R_C	i1900	Now I am going to ask questions about abortion care services. This includes services for management of incomplete spontaneous abortion/loss of pregnancy/miscarriage, as well as services for induced abortion.		
			19.1. SERVICE AVAILABILITY		
BCL, BCR, DNO, DJH, BCS, DJI, DMU, BCW, DKU, DLZ, BCY, BCX, BCZ, BDA, BCV, BCU, DNX, DKM, DJS, DNL, DKR, DLI, DJE, MVN, MVP, MVO, MVY, MVZ	R_C	1901	Does this facility offer any abortion care services, including management of incomplete abortion and/or induced abortion services on approved legal grounds and/or upon request?	YES 1 NO 2	→ END OF SECTION
	R_C	1902	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ABORTION SERVICES ARE PROVIDED. IF SERVICES ARE PROVIDED IN BOTH INPATIENT AND OUTPATIENT LOCATIONS, GO TO THE OUTPATIENT LOCATION. IF SERVICES FOR INCOMPLETE AND INDUCED ABORTION ARE PROVIDED IN DIFFERENT LOCATIONS, GO TO THE LOCATION WHERE INDUCED ABORTION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ABORTION CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
DKD, BJI	R_C	1903	Does this facility offer any abortion services for adolescents?	YES 1 NO 2	
DKZ	R_C	1904	Does this facility offer any services for management of incomplete abortion? IF YES, ASK WHETHER PROVIDED AS AN OUTPATIENT SERVICE, AN INPATIENT SERVICE, OR BOTH	YES, OUTPATIENT ONLY 1 YES, INPATIENT ONLY 2 YES, BOTH OUTPATIENT 3 NO 4	→ Q1906
	R_C	1905	Does this facility offer any of the following services for management of incomplete abortion?	YES	NO
DKT	R_C	01	Misoprostol	1	2
DMN, CCY	R_C	02	Vacuum aspiration: manual (MVA) or electric (EVA)	1	2
DLY	R_C	03	Dilation and evacuation (D&E)	1	2
DIW, CCY	R_C	04	Dilation and curettage (D&C)	1	2
BAH	R_C	1906	Does this facility offer any services for induced abortion?	YES, OUTPATIENT ONLY 1 YES, INPATIENT ONLY 2 YES, BOTH OUTPATIENT 3 NO 4	→ Q1910
	R_C	1907	Does this facility offer any of the following services for induced abortion?	YES	NO
DMB	R_C	01	Induced abortion services on approved legal grounds < 12 weeks gestation	1	2
DNA	R_C	02	Induced abortion services on approved legal grounds ≥ 12 weeks gestation	1	2
DKK	R_C	03	Induced abortion services provided upon request < 12 weeks gestation	1	2
DJM	R_C	04	Induced abortion services provided upon request ≥ 12 weeks gestation	1	2
	R_C	1908	Does this facility offer any of the following interventions for induced abortion?	YES	NO
DMH	R_C	01	Misoprostol alone for gestation < 12 weeks	1	2
DIF	R_C	02	Misoprostol alone for gestation ≥ 12 weeks	1	2
DLH	R_C	03	Mifepristone and misoprostol for gestation < 12 weeks	1	2
DNC	R_C	04	Mifepristone and misoprostol for gestation ≥ 12 weeks	1	2
DIN	R_C	05	Vacuum aspiration (MVA, EVA) for gestation < 14 weeks	1	2

Indicator ID	Module	No.	Question	Response		Skip			
DJB	R_C	06	Dilation and evacuation (D&E) for gestation ≥ 14 weeks	1	2				
DNM	R_C	07	Dilation and curettage (D&C) for gestation < 14 weeks	1	2				
DIB	R_C	08	Dilation and curettage (D&C) for gestation ≥ 14 weeks	1	2				
DNK	R_C	1909	Does this facility provide support for induced abortion taking place in non-facility locations (i.e. self-managed abortion, telemedicine)	YES 1 NO 2					
	R_C	1910	Are the following services offered at this facility to clients who have received any abortion care services (incomplete or induced)?	YES	NO				
DMJ	R_C	01	Counselling on contraceptive services	1	2				
DKN	R_C	02	Contraceptive services	1	2				
DLQ	R_C	03	Counselling on sexually transmitted infections, including HIV	1	2				
DIL	R_C	04	Counselling on other health or support services, such as for gender-based violence or mental health	1	2				
19.2. SITE CONDITIONS									
DJE, MVO, MVY, MVZ	R_C	1911	Does this service site have a room with auditory and visual privacy available for providing abortion-related counselling to clients? IF YES, ASK TO BE SHOWN THE LOCATION. CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	YES, OBSERVED: BOTH AUDITORY AND VISUAL PRIVACY 1 VISUAL PRIVACY ONLY 2 AUDITORY PRIVACY ONLY 3 YES, REPORTED, NOT SEEN: BOTH AUDITORY AND VISUAL PRIVACY 4 VISUAL PRIVACY ONLY 5 AUDITORY PRIVACY ONLY 6 NO 7					
19.3. EQUIPMENT									
	R_C	i1912	Now I want to ask about equipment for abortion care that is available in this service site.						
	R_C	1913	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL		
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
MVO,DKM, MVY, MVZ	R_C	01	Vacuum aspirator: manual (MVA) or electric (EVA)	1 →B	2 →B	3 →02	1	2	8
DKM, MVO, MVY, MVZ	R_C	02	Cannula for MVA/EVA	1 →B	2 →B	3 →03	1	2	8
DJS, MVO, MVY, MVZ	R_C	03	Forceps for D&E	1 →B	2 →B	3 →04	1	2	8
DLI, MVO, MVY, MVZ	R_C	04	Cervical/osmotic dilator	1 →B	2 →B	3 →05	1	2	8
DKR, MVO, MVY, MVZ	R_C	05	Speculum	1 →B	2 →B	3 →06	1	2	8
DNL, MVO, MVY, MVZ	R_C	06	Sharp/metal curette for D&C	1 →B	2 →B	3 →Q1914	1	2	8
19.4. MEDICINES AND COMMODITIES									
	R_C	1914	Does this facility have medicines for management of abortion available in this service site today?	YES 1 NO 2					→Q1918
	R_C	1915	For each medicine that I ask about, please show me the item. CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS NOT EXPIRED.	OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
ATD, BCW, JXA, JXL, JXM, MVP, MVY, MVZ	R_C	01	Misoprostol 200 mcg	1	2	3	4	5	
DKU, MVP, MVY, MVZ	R_C	02	Mifepristone	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
DLZ, MVP, MVY, MVZ	R_C	03	Mifepristone and misoprostol combination package	1	2	3	4	5	
	R_C	1916	Antibiotics for prophylaxis with surgical abortion procedure [COUNTRY ADAPT]						
	R_C	01	-----	1	2	3	4	5	
	R_C	02	-----	1	2	3	4	5	
	R_C	03	-----	1	2	3	4	5	
	R_C	1917	Abortion care pain management [COUNTRY ADAPT]						
BCY	R_C	01	NSAID (e.g. Ibuprofen, diclofenac)	1	2	3	4	5	
BCY	R_C	02	Other _____ (SPECIFY)	1	2	3	4	5	
	R_C	1918	Does this facility have commodities for management of abortion available in this service site today?	YES 1 NO 2					→Q1920
	R_C	1919	For each commodity that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
BCV, MVP, MVY, MVZ	R_C	01	Skin antiseptic	1	2	3			
DNX, MVP, MVY, MVZ	R_C	02	Clean disposable sanitary pads	1	2	3			
AVA, AQV, BCU, JEL, JEM, MEY, MEZ, MVO, MVY, MVZ	R_C	03	Disposable latex gloves (sterile)	1	2	3			
19.5. SUPPORT FOR QUALITY SERVICES									
	R_C	i1920	I would like to know if the following documents for abortion care are available in this service site today.						
	R_C	1921	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
BCR, MVN, MVY, MVZ	R_C	01	National guidelines that include procedures and services for abortion-related care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3			
BCR, MVN, MVY, MVZ	R_C	02	Any other guidelines that include procedures and services for abortion-related care	1	2	3			
DNO	R_C	03	Any other guidelines that include contraceptive services post abortion	1	2	3			
DJH, MVO, MVY, MVZ	R_C	04	Register for recording services for abortion	1	2	3			
	R_C	1922	In the past 2 years, have you or any provider(s) of abortion services received any training in:	YES		NO			
BCS, MVN, MVY, MVZ	R_C	01	Management of incomplete abortion	1		2			
DJL, MVN, MVY, MVZ	R_C	02	Comprehensive Abortion Care (CAC) at < 12 weeks gestation (CAC entails provision of information, management of incomplete abortion and provision of induced abortion services).	1		2			
DMU, MVN, MVY, MVZ	R_C	03	Comprehensive Abortion Care (CAC) at ≥ 12 weeks gestation	1		2			

Indicator ID	Module	No.	Question	Response	Skip
20. SERVICES FOR CHILDREN UNDER 5 AND ADOLESCENTS					
20.1. SERVICES FOR CHILDREN UNDER 5					
20.1.1. SERVICE AVAILABILITY					
BEV, BFI, BFK, BFJ, BFL, BFM, BFN, BFS, BFO, BFP, BFQ, BFR, CUH, BFU, BFV, BFW, BFX, BFY, BFZ, BGA, BGB, BGC, BGD, BGE, BGF, BGG, BGH, BGI, BGJ, BGK, BGL, BGM, BGN, BGO, BGP, BGQ, BGR, BGS, BGT, BGU, BGV, BGW, MKA, MKB, MKC, MKD, MKL, MKM, JDY, JDZ	R_C	2000	Does this facility offer any preventive and/or curative care services for children under 5?	YES..... 1 NO 2	→Q2007
	R_C	i2001	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
	R_C	2002	Please tell me if this facility provides the following services for children under 5:	YES	NO
BEW	R_C	01	Routine child growth monitoring/Plotting weight against height or age	1	2
BEX	R_C	02	Diagnosis and/or treatment of child malnutrition/undernutrition	1	2 →06
BEY	R_C	03	Outpatient enrolment, follow-up and provision/prescription of ready-to-use therapeutic food (RUTF) for children with severe acute malnutrition without complications	1	2
BFC	R_C	04	Outpatient enrolment, follow-up and management of other categories of children with malnutrition/undernutrition	1	2
BFB	R_C	05	Inpatient management of severely malnourished children with complications	1	2
BFD	R_C	06	Routine vitamin A supplementation	1	2
BFE	R_C	07	Diagnose anaemia in children and provide/prescribe iron	1	2
BFF	R_C	08	Diagnose pneumonia in children and provide/prescribe amoxicillin as first line treatment	1	2
BFG	R_C	09	Diagnose malaria in children with blood test (RDT or blood smear) and provide/prescribe ACT as first line treatment	1	2
DOC	R_C	10	Long-lasting insecticidal net (LLIN) or voucher for LLIN	1	2
BFH	R_C	11	Diagnose watery diarrhoea in children and provide/prescribe oral rehydration salts and zinc	1	2
DLO	R_C	2003	Does this facility have any formal systems for linking with community health workers (CHWs) for child health services?	YES..... 1 NO 2	
20.1.2. SUPPORT FOR QUALITY SERVICES					

Indicator ID	Module	No.	Question	Response	Skip
	R_C	i2004	I would like to know if the following documents for child under 5 services are available in this service site today.		
	R_C	2005	For each document that I ask about, please show it to me.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
BFI, MKA, MKL, MKM	R_C	01	National IMCI guidelines for diagnosis and management of childhood illnesses [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
BFI, MKA, MKL, MKM	R_C	02	Any other guidelines for integrated diagnosis and management of childhood illnesses	1 2 3	
BFK, MKA, MKL, MKM	R_C	03	Guidelines for growth monitoring [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
BFQ, MKB, MKL, MKM	R_C	04	Child health charts to plot child growth	1 2 3	
BFR, MKB, MKL, MKM	R_C	05	Individual child health card/chart/file (for follow up of individual patient over time)	1 2 3	
CUH, MKB, MKL, MKM	R_C	06	Standardized form for examination and management of sick child (e.g. IMCI form)	1 2 3	
	R_C	2006	In the past 2 years, have you or any provider(s) of child health services received training in:	YES NO	
BFJ, MKA, MKL, MKM	R_C	01	Integrated management of childhood illnesses (IMCI)	1 2	
BFL, MKA, MKL, MKM	R_C	02	Growth monitoring	1 2	
20.2. SERVICES FOR ADOLESCENTS					
20.2.1. SERVICE AVAILABILITY					
DIM, BJP, BJQ, BJR, BJS, BJT, BJU, BJV, BJW, BJX, KTA, KTB, KTC, KTL, KTM	R_C	2007	Does this facility offer any adolescent health services?	YES..... 1 NO 2	➔ END OF SECTION
20.2.2. SUPPORT FOR QUALITY SERVICES					
BJP, KTA, KTL, KTM	R_C	2008	Are national guidelines for general adolescent health issues and services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3	
BJP, KTA, KTL, KTM	R_C	2009	Are any other guidelines for general adolescent health issues and services available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3	
BJR, KTA, KTL, KTM	R_C	2010	Have you or any provider(s) of adolescent health services received any training related to general adolescent health issues and services in the past 2 years?	YES..... 1 NO 2	

Indicator ID	Module	No.	Question	Response	Skip		
21. IMMUNIZATION SERVICES							
21.1. SERVICE AVAILABILITY							
BGX, BHS, BHT, BIB, BIC, BID, BHU, BHV, BHW, BHX, BIA, BHY, DMR, BHZ, DLD, BIE, BIF, BIG, BIH, BII, BIJ, BIK, BIL, BIM, DLG, DKG, CUI, BIN, BIO, BIP, BIQ, BIR, BIS, BIX, BIW, BJA, BIV, BIU, BIY, BIZ, BJB, CUJ, CUK, CUL, KOA, KOB, KOC, KOL, KOM	R_C	2100	Does this facility offer any immunization services?	YES..... 1 NO 2	→ END OF SECTION		
BHC, BHD, BHE	A_C	2101	How often does this facility offer all infant and child immunization services at the facility?	DAILY 1 WEEKLY 2 MONTHLY 3 QUARTERLY 4 NEVER..... 5 OTHER _____ 6 (SPECIFY)			
BHC, BHD, BHE	A_C	2102	How often does this facility offer all infant and child immunization services as outreach to other locations?	DAILY 1 WEEKLY 2 MONTHLY 3 QUARTERLY 4 NEVER..... 5 OTHER _____ 6 (SPECIFY)			
	R_C	i2103	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
	R_C	2104	Does this facility provide any of the following immunization services in the facility only, as outreach (at fixed posts) only, or both? [VACCINES SCHEDULE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION]	BOTH IN FACILITY AND AS OUTREACH	IN FACILITY ONLY	OUTREACH ONLY	SERVICE NOT OFFERED
BGY, BHG	R_C	01	Birth (hepB0)	1	2	3	4
BGY, BHH	R_C	02	Birth (BCG)	1	2	3	4
BGY, BHI	R_C	03	Birth (OPV0)	1	2	3	4
BGZ, BHJ	R_C	04	Infant (under 1 year): BCG	1	2	3	4
BGZ, BHK	R_C	05	Infant: oral polio (OPV)	1	2	3	4
BGZ, BHL	R_C	06	Infant: DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1	2	3	4
BGZ, BHM	R_C	07	Infant: rotavirus	1	2	3	4
BGZ, BHN	R_C	08	Infant: IPV (inactivated polio vaccine)	1	2	3	4
BGZ, BHO	R_C	09	Infant and child: Measles-containing vaccine (e.g. measles-rubella/MMR)	1	2	3	4
BGZ, DLT	R_C	10	Infant and child: Pneumococcal	1	2	3	4
BHA	R_C	11	Child (1–5 years): any vaccinations	1	2	3	4
BHA, DNB	R_C	12	Child: COVID-19	1	2	3	4

Indicator ID	Module	No.	Question	Response				Skip
DIQ, BHB, BHQ	R_C	13	Adolescent/adult: HPV	1	2	3	4	
BHB, BHP	R_C	14	Adolescent/adult: tetanus (TT) or tetanus/diphtheria (TD)	1	2	3	4	
BHB, BHR	R_C	15	Adolescent/adult: any flu vaccines	1	2	3	4	
BHB, DMD	R_C	16	Adolescent/adult: COVID-19	1	2	3	4	
BHB, DNI	R_C	17	Adolescent/adult: Pneumococcal	1	2	3	4	
BHB, BHF	R_C	18	Adolescent/adult: Hepatitis B	1	2	3	4	
21.2. SITE CONDITIONS								
	R_C	i2105	Now I would like to know about items for infection prevention and control available in this service site today.					
	R_C	2106	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
BIA, KOB, KOL, KOM	R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3		
BIA, KOB, KOL, KOM	R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3		
BIA, KOB, KOL, KOM	R_C	03	Alcohol-based handrub	1	2	3		
BIA, KOB, KOL, KOM	R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3		
BIA, KOB, KOL, KOM	R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3		
BHY, KOB, KOL, KOM	R_C	06	Sharps container ("safety box")	1	2	3		
AVA, AQV, DLD, JEL, JEM, MEY, MEZ, KOC, KOL, KOM	R_C	07	Disposable latex gloves (non-sterile)	1	2	3		
AQN, DMR, NBL, NBM, KOC, KOL, KOM	R_C	08	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3		
21.3. EQUIPMENT								
	R_C	i2107	Now I would like to know about equipment for infant or child immunization available in this service site today.					
	R_C	2108	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
AQO, BHZ, NBL, NBM, KOC, KOL, KOM	R_C	01	Disposable syringes with disposable needles or auto-disable syringes	1	2	3		
BHU, KOA, KOL, KOM	R_C	02	Cold box with set of ice packs for vaccine carriers (note: 4–5 ice packs make one set)	1	2	3		
BHU, KOA, KOL, KOM	R_C	03	Vaccine carrier with set of ice packs	1	2	3		
21.4. COLD CHAIN								
BHV, CTX, KOB, KOL, KOM	R_C	2109	Does this facility have a refrigerator for the storage of vaccines? IF THERE ARE DIFFERENT FRIDGES, GO TO THE MAIN STORAGE FRIDGE FOR IMMUNIZATIONS. IF YES, ASK TO SEE THE REFRIGERATOR AND ASK: Is the refrigerator functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 DON'T KNOW.....3 YES, REPORTED: FUNCTIONAL.....4 NOT FUNCTIONAL.....5 DON'T KNOW.....6 NO.....7				→Q2115 →Q2115 →Q2115 →Q2115

Indicator ID	Module	No.	Question	Response					Skip		
	R_C	2110	For each item that I ask about, please show me the item and tell me if it is functioning or not.	(A) AVAILABLE		(B) FUNCTIONAL					
				YES	NO	YES	NO	DON'T KNOW			
BHW, KOB, KOL, KOM	R_C	01	Continuous temperature recorder/logger	1 →B	2 →02	1	2	8			
BHW, KOB, KOL, KOM	R_C	02	Thermometer	1 →B	2 →Q2115	1	2 →Q2115	8 →Q2115			
BHX, KOB, KOL, KOM	R_C	2111	Is the temperature of the refrigerator monitored at least once every 24 hours? IF YES, ASK: May I see the log used to record the temperature?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO.....3					→Q2114 →Q2114		
BHX, KOB, KOL, KOM	R_C	2112	Has the temperature log been completed for the past 30 days? REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE DAILY DURING THE PAST 30 DAYS).	YES, FULLY COMPLETE1 NO, AT LEAST 1 DAY NOT COMPLETED.....2					→Q2114		
BHX, KOB, KOL, KOM	R_C	2113	Has the temperature been out of the range 2–8 °C inclusive, in the past 30 days? PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE PRIOR 30 DAYS IN ORDER TO ANSWER THE QUESTION.	NEVER OUT OF RANGE1 OUT OF RANGE AT LEAST ONCE2							
BHX, KOB, KOL, KOM	R_C	2114	What is the temperature in the refrigerator now?	BETWEEN 2–8 °C (INCLUSIVE)1 OUT OF RANGE.....2 DON'T KNOW8							
21.5. VACCINES											
	R_C	2115	MARK IF THE FACILITY IS OFFERING CHILD IMMUNIZATION SERVICES TODAY OR IF THERE IS A FUNCTIONING REFRIGERATOR FOR THE STORAGE OF VACCINES.	YES, BOTH VACCINE FRIDGE AND SERVICES TODAY1 YES, VACCINE FRIDGE, NO SERVICES TODAY2 YES, SERVICES TODAY, NO FRIDGE3 NO FRIDGE OR SERVICES TODAY4					→Q2118		
	R_C	i2116	Now I would like to know about vaccines that are available in this service site today.								
	R_C	2117	For each vaccine I mention, please show me at least one vial that has a valid date of expiration with the central square in the vial monitor (VVM) (if present) lighter than the surrounding circle. [COUNTRY ADAPT LIST]	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		
				OBSERVED		NOT OBSERVED			YES	NO	
				AT LEAST ONE NOT EXPIRED/VVM LIGHTER	AVAILABLE BUT EXPIRED/VVM CHANGED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE			
BIE, BIU, KOC, KOL, KOM	R_C	01	Measles vaccine and diluent	1 →B	2 →02	3 →B	4 →02	5 →02	1	2	
BIF, BIV, KOC, KOL, KOM	R_C	02	DPT-containing vaccine (DPT, DPT-Hib-HepB/pentavalent)	1 →B	2 →03	3 →B	4 →03	5 →03	1	2	
BER, BIG, BIW, LUD, LUL, LUM, KOC, KOL, KOM	R_C	03	Oral polio vaccine	1 →B	2 →04	3 →B	4 →04	5 →04	1	2	
BEQ, BIH, BIX, LUD, LUL, LUM, KOC, KOL, KOM	R_C	04	BCG vaccine and diluent	1 →B	2 →05	3 →B	4 →05	5 →05	1	2	
BIJ, BIY, KOC, KOL, KOM	R_C	05	Rotavirus vaccine	1 →B	2 →06	3 →B	4 →06	5 →06	1	2	
BII, BIZ, KOC, KOL, KOM	R_C	06	Pneumococcal vaccine	1 →B	2 →07	3 →B	4 →07	5 →07	1	2	
BIK, BJA, KOC, KOL, KOM	R_C	07	IPV (inactivated polio vaccine)	1 →B	2 →08	3 →B	4 →08	5 →08	1	2	
BIL, BJB, KOC, KOL, KOM	R_C	08	HPV (human papillomavirus vaccine)	1 →B	2 →09	3 →B	4 →09	5 →09	1	2	
AXX, CPL, LER, LEY, LEZ, LHY, LHZ	R_C	09	Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine	1 →B	2 →10	3 →B	4 →10	5 →10	1	2	

Indicator ID	Module	No.	Question	Response							Skip	
DKG, CUJ, CPM, LHY, LHZ, KOC, KOL, KOM	R_C	10	Rabies vaccine	1 →B	2 →11	3 →B	4 →11	5 →11	1	2		
BIM, KOC, KOL, KOM	R_C	11	Flu vaccine	1 →B	2 →12	3 →B	4 →12	5 →12	1	2		
DLG, CUK, KOC, KOL, KOM	R_C	12	COVID-19 vaccine	1 →B	2 →13	3 →B	4 →13	5 →13	1	2		
CUI, CUL, KOC, KOL, KOM	R_C	13	Hepatitis B vaccine	1 →B	2 →i2118	3 →B	4 →i2118 8	5 →i2118	1	2		
21.6. SUPPORT FOR QUALITY SERVICES												
	R_C	i2118	I would like to know if the following documents for infant or child immunization are available in this service site today.									
	R_C	2119	For each document that I ask about, please show it to me.			OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
BHS, KOA, KOL, KOM	R_C	01	National guidelines for routine child immunization [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]			1	2	3				
BHS, KOA, KOL, KOM	R_C	02	Any other guidelines for routine child immunization			1	2	3				
CPG	R_C	03	Guidelines for reporting adverse events that occur after immunization such as adverse events following immunization (AEFI)			1	2	3				
BIB, KOB, KOL, KOM	R_C	04	Immunization cards (or child health booklet)			1	2	3				
BIC, KOB, KOL, KOM	R_C	05	Official immunization tally sheets or integrated tally sheet			1	2	3				
BID	R_C	06	Official immunization registers or equivalent			1	2	3				
BHT, KOA, KOL, KOM	R_C	2120	Have you or any provider(s) of infant or child immunization services received any training in any aspect of immunization services in the past 2 years?	YES.....1 NO2								→END OF SECTION
	R_C	2121	In the past 2 years, have you or any provider(s) received training in the following topics:			YES	NO					
BIN	R_C	01	Immunization service delivery such as Immunization in Practice (IIP) or similar			1	2					
BIO	R_C	02	Vaccine management/handling and cold chain			1	2					
BIP	R_C	03	Data reporting and monitoring of service delivery including data quality surveys (DQS*)			1	2					
BIQ	R_C	04	Disease surveillance and reporting			1	2					
BIR	R_C	05	Injection safety and waste management			1	2					
BIS	R_C	06	RED (Reaching Every District)			1	2					

Indicator ID	Module	No.	Question	Response	Skip
			22. DELIVERY, POSTNATAL AND NEWBORN SERVICES (INPATIENT)		
			22.1. DELIVERY CARE		
			22.1.1. SERVICE AVAILABILITY		
	R_C	i2200	Now I would like to ask about delivery services and resources available in this facility.		
AQP, AQQ, AQL, AQM, AYG, AYK, AYL, AYM, AYN, AYO, AYP, AYQ, AYR, AYS, AYT, AYU, AYV, AYW, AYX, AYY, AYZ, AZA, CSU, AZB, AZC, AZD, AZE, AZF, AZG, AZH, AZP, AZQ, AZI, AZJ, AZL, AZM, AZN, AZO, BAG, AZS, AZT, AZU, AZV, AZW, AZX, AZY, AZZ, BAA, BAB, BAC, BAD, AZR, BAE, CSV, BAF, BAI, DMO, BAO, BAP, BAQ, BAR, BAN, BAM, CSW, CSY, BAJ, BAK, BAL, BAS, BAT, BAU, BAV, BAW, BAX, BAY, BAZ, BBA, BBB, BBC, BBD, BBE, BBF, BBG, BBH, NBL, NBM, MYN, MYO, MYP, MYQ, MYY, MYZ, MEA, MEB, MEC, MEL, MEM, LOY, LOZ	R_C	2201	Does this facility offer any delivery care, including normal delivery, basic emergency obstetric and newborn care (BEmONC), and/or comprehensive emergency obstetric and newborn care (CEmONC)?	YES 1 NO 2	→Q2241
AYI	R_C	2202	Does the facility offer basic emergency obstetric and newborn care (BEmONC)?	YES 1 NO 2	→Q2204
CSQ, BBP, BBR, BBS, BBT, BBV, BBW, BBX, BBY, BBZ, BCA, BCB, BCC, BCD, BCE, BCK, BCG, BCI, BCJ, BCF, BCH, LWA, LWB, LWC, LWD, LWL, LWM	R_C	2203	Does the facility offer comprehensive emergency obstetric and newborn care (CEmONC)?	YES 1 NO 2	
	R_C	i2204	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE DELIVERY AND NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY AND NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in learning about the delivery services available in this facility. First, I will be asking about practices and staffing and then I would like to go into the delivery room to assess equipment and supplies.		
	R_C	2205	Does the facility provide 24-hour coverage for delivery services?	YES 1 NO 2	→Q2207
AYH	R_C	2206	Is a skilled delivery service provider present at the facility or on-call in near proximity 24 hours a day, including weekends, to provide delivery care? IF YES, INDICATE WHICH RESPONSE BEST REFLECTS THE NORMAL SITUATION.	YES, 24 HOURS ONSITE 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL 2 NO SKILLED PROVIDER AVAILABLE 24 HOURS 3	

Indicator ID	Module	No.	Question	Response		Skip
				YES	NO	
	R_C	2207	Please tell me if any of the following are routinely practised for deliveries in this facility:			
AYV, MYP, MYY, MYZ	R_C	01	Administration of oxytocin immediately after birth to all women for prevention of postpartum haemorrhage	1	2	
AYW, MYP, MYY, MYZ	R_C	02	Monitor and manage labour using a Labour Care Guide	1	2	
	R_C	i2208	Now I want to know about routine practices in this facility for newborn care immediately postpartum.			
	R_C	2209	For each practice I mention, please tell me if this is a routine practice that is expected for all newborns in this facility:			
AYY, MYP, MYY, MYZ	R_C	01	Hygienic cord care: (i) cut with sterile item; and (ii) apply country-specific disinfectant or nothing to tip and stump	1	2	
AYZ, MYP, MYY, MYZ	R_C	02	Thermal protection (drying baby immediately after birth and wrapping)	1	2	
AYZ, MYP, MYY, MYZ	R_C	03	Immediate skin to skin contact	1	2	
AYX, MYP, MYY, MYZ	R_C	04	Immediately (within 1 hour) putting the newborn to the breast	1	2	
AZA, MYP, MYY, MYZ	R_C	05	Rooming in (i.e. the newborn stays with the mother)	1	2	
CSU, MYQ, MYY, MYZ	R_C	06	Delayed cord clamping	1	2	
	R_C	2210	Please tell me if any of the following interventions for management of complicated deliveries are provided in this facility:			
AYJ, AYK, BBQ, MYN, MYY, MYZ	R_C	01	Administration of antibiotics (IV or IM) for mothers	1	2	
AYJ, AYL, BBQ, MYN, MYY, MYZ	R_C	02	Administration of oxytocic drug (IV or IM) for treatment of postpartum haemorrhage	1	2	
AYJ, AYM, BBQ, MYN, MYY, MYZ	R_C	03	Administration of magnesium sulphate (IV or IM) for management of pre-eclampsia and eclampsia	1	2	
AYJ, AYN, BBQ, MYN, MYY, MYZ	R_C	04	Assisted vaginal delivery using manual vacuum extraction (MVE) or forceps	1	2	
AYJ, AYO, BBQ, MYN, MYY, MYZ	R_C	05	Manual removal of placenta	1	2	
AYJ, AYP, BBQ, CCY, MYN, MYY, MYZ	R_C	06	Removal of retained products of conception using D&C or manual vacuum aspiration	1	2	
AYJ, AYQ, BBQ, MYO, MYY, MYZ	R_C	07	Neonatal resuscitation with bag and mask	1	2	
BBQ, BBN, BQO, CCX	R_C	08	Caesarean section	1	2	
BBQ, BBO, CHR, CHS, CHT, CHU, CHV, DGX, CHX, CHY, KKA, KKB, KKC, KKD, KKL, KKM	R_C	09	Blood transfusion	1	2	
AYR, MYO, MYY, MYZ	R_C	10	Administration of antibiotics for PROM (premature rupture of membranes) to prevent infection	1	2	
AYS, MYO, MYY, MYZ	R_C	11	Administration of corticosteroids for preterm labour to the mother to prevent respiratory complications in the newborn	1	2	

Indicator ID	Module	No.	Question	Response	Skip
BRF, BRS, BRT, BRU, BRV, BRW, BRX, BRY, BRZ, BSA, BSC	R_C	2211	Does this facility provide any PMTCT services for women who deliver in the facility?	YES 1 NO 2	→ Q2213
	R_C	2212	Which of the following are routinely provided as part of PMTCT services during delivery:	YES NO	
BRO	R_C	01	Perform HIV test if status is not known	1 2	
BRP	R_C	02	Provide maternal ARV to infected mothers for PMTCT if they are not on life-long ART	1 2	
	R_C	03	Provide ARV to newborns of infected mothers for PMTCT	1 2	
22.1.2. SITE CONDITIONS					
BEL, LUC, LUL, LUM	R_C	2213	Is there a usable (available, functional, private) toilet for delivery service patients and visitors? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	→ Q2216
BEL, LUC, LUL, LUM	R_C	2214	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR DELIVERY UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES 1 NO 2	
BEL, LUC, LUL, LUM	R_C	2215	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES 1 NO 2	
	R_C	2216	Is there at least one usable (available, functional, private) toilet for delivery services staff? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3	→ Q2219
	R_C	2217	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR DELIVERY UNIT STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES 1 NO 2	
	R_C	2218	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES 1 NO 2	
	R_C	2219	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES NO	
DOT	R_C	01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1 2	
DOU	R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1 2	
DOV	R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1 2	
DOW	R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1 2	
DOX	R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1 2	
DOY	R_C	06	STAFF WERE WEARING APPROPRIATE UNIFORMS	1 2	
DOZ	R_C	07	STAFF WERE WEARING ID BADGES	1 2	
DPA	R_C	08	NON-SMOKING SIGNS WERE OBSERVED	1 2	

Indicator ID	Module	No.	Question	Response			Skip
	R_C	i2220	Now I would like to go to where deliveries are conducted and ask about items for infection prevention and control available in this service site today, or in reasonable proximity such that they can be easily used by providers for maternity patients.				
	R_C	2221	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	R_C	01	Clean running water (piped, covered bucket with tap)	1	2	3	
AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3	
AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	R_C	03	Alcohol-based handrub	1	2	3	
AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3	
AQP, AZV, BAO, NBL, NBM, MEB, MEL, MEM	R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3	
AVA, AQQ, AQV, AZR, BAP, JEL, JEM, NBL, NBM, MEY, MEZ, MEB, MEL, MEM	R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
AVA, AQQ, AQV, AZR, BAP, JEL, JEM, NBL, NBM, MEY, MEZ, MEB, MEL, MEM	R_C	07	Disposable latex gloves (sterile)	1	2	3	
AQM, BAK, NBL, NBM	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	
AQM, BAK, NBL, NBM	R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
BAL	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	
BAL	R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
AQL, BAJ, NBL, NBM	R_C	12	Sharps container ("safety box")	1	2	3	
AQN, BAM, NBL, NBM	R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
AQO, BAN, NBL, NBM	R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	
AQW, BAQ, MEY, MEZ	R_C	15	Surgical masks	1	2	3	
AQY, BAR, MEY, MEZ	R_C	16	Non-sterile protective gowns	1	2	3	
AQY, BAR, MEY, MEZ	R_C	17	Sterile protective gowns	1	2	3	
AQZ, CSW, MEY, MEZ	R_C	18	Non-permeable aprons	1	2	3	
ARC, CSY, MEY, MEZ	R_C	19	Hair cover	1	2	3	
22.1.3. EQUIPMENT AND COMMODITIES							

Indicator ID	Module	No.	Question	Response						Skip
	R_C	i2222	Now I would like to ask about equipment for delivery services available in this service site today.							
	R_C	2223	For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
AZQ, MEB, MEL, MEM	R_C	01	Blank Labour Care Guide	1	2	3	✗	✗	✗	
AZP, MEB, MEL, MEM	R_C	02	Delivery bed with stirrups	1→B	2→B	3→03	1	2	8	
AZI, MEB, MEL, MEM	R_C	03	Examination light (flashlight ok)	1→B	2→B	3→04	1	2	8	
AZI, MEB, MEL, MEM	R_C	04	Delivery pack (should include items 05 to 09) ASK IF EACH OF ITEMS 05 TO 09 ARE INCLUDED IN THE DELIVERY PACK. IF THEY ARE IN THE PACK AND IT IS SEALED, MARK THE ITEMS AS "REPORTED, NOT SEEN". IF THE ITEM CAN BE OBSERVED (EITHER FROM A USED PACK OR BECAUSE IT IS OUTSIDE THE PACK) MARK IT AS "OBSERVED".	1	2	3	✗	✗	✗	
AZJ, MEB, MEL, MEM	R_C	05	Cord clamp	1→B	2→B	3→06	1	2	8	
AZJ, MEB, MEL, MEM	R_C	06	Episiotomy scissors	1→B	2→B	3→07	1	2	8	
AZJ, MEB, MEL, MEM	R_C	07	Scissors or blade to cut cord	1→B	2→B	3→08	1	2	8	
AZJ, CCF, MEB, MEL, MEM, JKB, JKL, JKM	R_C	08	Suture thread with needle	1	2	3	✗	✗	✗	
AZJ, MEB, MEL, MEM	R_C	09	Needle holder	1→B	2→B	3→10	1	2	8	
AZL, MEB, MEL, MEM	R_C	10	Manual vacuum extractor	1→B	2→B	3→11	1	2	8	
AZL, MEB, MEL, MEM	R_C	11	Forceps for outlet application	1→B	2→B	3→12	1	2	8	
AZM, MEB, MEL, MEM	R_C	12	Vacuum aspirator	1→B	2→B	3→13	1	2	8	
AZM, MEB, MEL, MEM	R_C	13	D&C kit	1→B	2→B	3→14	1	2	8	
AZM, MEB, MEL, MEM	R_C	14	Speculum	1→B	2→B	3→15	3	2	8	
BBL, MRL, MRM	R_C	15	Pulse oximeter	1→B	2→B	3→16	1	2	8	
AZT, MEB, MEL, MEM	R_C	16	Blood pressure apparatus	1→B	2→B	3→17	1	2	8	
BAG, MEB, MEL, MEM	R_C	17	Foetal stethoscope/pinard/digital doppler	1→B	2→B	3→18	1	2	8	
AZW, MEB, MEL, MEM	R_C	18	Towel for drying newborn	1	2	3	✗	✗	✗	
AZS, MEB, MEL, MEM	R_C	19	Infant scale (with 100 g gradation)	1→B	2→B	3→20	1	2	8	
BAF	R_C	20	Ultrasound (anywhere in delivery service site)	1→B	2→B	3→21	1	2	8	
BBW, LWB, LWL, LWM	R_C	21	Resuscitation table with heat source (for newborn resuscitation)	1→B	2→B	3→22	1	2	8	
BBX, CTY, LWB, LWL, LWM	R_C	22	Infant incubator (anywhere in facility)	1→B	2→B	3→23	1	2	8	

Indicator ID	Module	No.	Question	Response						Skip
ATI, JXB, JXL, JXM	R_C	23	Electric or manual suction pump	1→B	2→B	3→24	1	2	8	
ATI, JXB, JXL, JXM	R_C	24	Suction catheter for suctioning newborn	1→B	2→B	3→25	1	2	8	
ATI, JXB, JXL, JXM	R_C	25	Suction bulb (single use or sterilizable multi-use)	1→B	2→B	3→26	1	2	8	
AZU, MEB, MEL, MEM	R_C	26	Thermometer	1→B	2→B	3→27	1	2	8	
	R_C	27	Phototherapy machine (for newborn)	1→B	2→B	3→Q2224	1	2	8	
AZN, MEB, MEL, MEM	R_C	2224	Does this unit have an adult-sized resuscitation bag and mask size? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL1 NOT FUNCTIONAL2 YES, REPORTED: FUNCTIONAL3 NOT FUNCTIONAL4 NO.....5						→Q2226 →Q2226 →Q2226
AZN, MEB, MEL, MEM	R_C	2225	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES1 NO.....2						
ATI, AZO, JXB, JXL, JXM, MEB, MEL, MEM	R_C	2226	Does this unit have a resuscitation bag and mask size 0 for preterm infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL1 NOT FUNCTIONAL2 YES, REPORTED: FUNCTIONAL3 NOT FUNCTIONAL4 NO.....5						→Q2228 →Q2228 →Q2228
AZO, MEB, MEL, MEM	R_C	2227	At any time during the past 3 months has the resuscitation bag and mask for preterm babies been unavailable for this unit for any reason?	YES1 NO.....2						
ATI, AZO, JXB, JXL, JXM, MEB, MEL, MEM	R_C	2228	Does this unit have a resuscitation bag and mask size 1 for term infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL1 NOT FUNCTIONAL2 YES, REPORTED: FUNCTIONAL3 NOT FUNCTIONAL4 NO.....5						→Q2230 →Q2230 →Q2230
AZO, MEB, MEL, MEM	R_C	2229	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?	YES1 NO.....2						
BBH, BBI, BBJ, COK, BBL, BBY, MRL, MRM, LWB, LWL, LWM	R_C	2230	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES1 NO.....2						→Q2235
BBI, BBY, MRL, MRM, LWB, LWL, LWM	R_C	2231	Is there any oxygen currently available in this unit?	YES1 NO.....2						
	R_C	2232	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL			
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
COK, MRL, MRM	R_C	01	Centrally piped oxygen	1→B	2→B	3→02	1	2	8	
COK, MRL, MRM	R_C	02	Oxygen concentrator	1→B	2→B	3→03	1	2	8	
COK, MRL, MRM	R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1→B	2→B	3→04	1	2	8	
BBI, BBY, MRL, MRM, LWB, LWL, LWM	R_C	04	Flowmeter for oxygen source, with gradations in mL	1→B	2→B	3→05	1	2	8	
BBI, BBY, MRL, MRM, LWB, LWL, LWM	R_C	05	Humidifier	1→B	2→B	3→06	1	2	8	

Indicator ID	Module	No.	Question	Response						Skip	
BBI, BBY, MRL, MRM, LWB, LWL, LWM	R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1→B	2→B	3→07	1	2	8		
BBY, LWB, LWL, LWM	R_C	07	Paediatric-sized oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1→B	2→B	3→Q2233	1	2	8		
BBI, BBY, MRL, MRM, LWB, LWL, LWM	R_C	2233	Can oxygen be brought to this unit from a different unit/facility location if needed?	YES.....1 NO.....2							
BBJ, BBY, MRL, MRM, LWB, LWL, LWM	R_C	2234	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES.....1 NO.....2							
22.1.4. MEDICINES											
	R_C	2235	Does this facility stock any medicines for delivery services in this service site today?	YES.....1 NO.....2						→Q2238	
	R_C	2236	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS NOT EXPIRED. DO NOT GO TO A PHARMACY OUTSIDE OF THE DELIVERY SERVICE SITE TO ASSESS THESE ITEMS.	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		
				OBSERVED		NOT OBSERVED			YES	NO	
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE			
ASU, ATE, BAA, BAV, NXL, NXM, JXA, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	R_C	01	Magnesium sulphate injection	1→B	2→02	3→B	4→02	5→02	1	2	
ATG, BAD, BBD, JXB, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	R_C	02	Betamethasone injection	1→B	2→03	3→B	4→03	5→03	1	2	
CRW, ATG, BAD, BBD, NXL, NXM, JXB, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	R_C	03	Dexamethasone injection	1→B	2→04	3→B	4→04	5→04	1	2	
ATF, AYU, AZZ, BES, JXB, JXL, JXM, MYO, MYY, MYZ, MEC, MEL, MEM, LUD, LUL, LUM	R_C	04	Injectable broad-spectrum antibiotic for sepsis in mother or newborn [COUNTRY ADAPT]	1→B	2→05	3→B	4→05	5→05	1	2	
ATD, BAZ, BCW, JXA, JXL, JXM, LOY, LOZ, MVP, MVY, MVZ	R_C	05	Misoprostol tablet 200 mcg	1→B	2→06	3→B	4→06	5→06	1	2	
AUS, BAC, BQF, JEL, JEM, MEC, MEL, MEM, MZP, MZY, MZZ	R_C	06	Intravenous infusion set	1	2	3	4	5	×	×	
BAC, BQF, MEC, MEL, MEM, MZP, MZY, MZZ	R_C	07	Dextrose and water 5% (D5W) intravenous solution	1	2	3	4	5	×	×	
BAC, BAT, BQF, MEC, MEL, MEM, LOY, LOZ, MZP, MZY, MZZ	R_C	08	Sodium chloride (0.9% NS) intravenous solution	1	2	3	4	5	×	×	
BAC, MEC, MEL, MEM	R_C	09	Other plasma expander such as Ringer's lactate (RL)	1	2	3	4	5	×	×	

Indicator ID	Module	No.	Question	Response						Skip		
ASZ, ATH, BAB, BEP, NXL, NXM, JXB, JXL, JXM, MEC, MEL, MEM, LUD, LUL, LUM	R_C	10	Chlorhexidine 4% solution	1	2	3	4	5	X	X		
AZX, BUF, MEC, MEL, MEM, NPB, NPL, NPM	R_C	11	Tetracycline eye ointment	1	2	3	4	5	X	X		
AST, ATC, AZY, BAS, NXL, NXM, JXA, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	R_C	12	Oxytocin injection	1→B	2→ Q2238	3→B	4→ Q2238	5→ Q2238	1	2		
R_C	2237	Is the oxytocin stored in cold storage?				YES.....1 NO2						
22.1.5. SUPPORT FOR QUALITY SERVICES												
R_C	i2238	I would like to know if the following documents for delivery care are available in this service site today.										
R_C	2239	For each document that I ask about, please show it to me.				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
AZB, MEA, MEL, MEM	R_C	01	National guidelines for essential childbirth care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3						
AZB, MEA, MEL, MEM	R_C	02	Any other guidelines for essential childbirth care	1	2	3						
AZC, MEA, MEL, MEM	R_C	03	Any checklists and/or job aids for essential childbirth care	1	2	3						
R_C	2240	In the past 2 years, have you or any provider(s) received training in the following topics?				YES		NO				
AZF, MEA, MEL, MEM	R_C	01	Neonatal resuscitation using the newborn bag and mask	1	2							
AZE, MEA, MEL, MEM	R_C	02	Any other aspect or practices that are components of essential childbirth care	1	2							
AZE, CSV, MEA, MEL, MEM	R_C	03	Use of antibiotics for PROM	1	2							
AZE, BAE, MEA, MEL, MEM	R_C	04	Use of corticosteroids for preterm labour	1	2							
22.2. MATERNAL POSTNATAL CARE (PNC)												
22.2.1. SERVICE AVAILABILITY												
BDY, BEI, DNE, DKV, DIK, DJV, BEJ, DJY, DJN, DMA, BEK, BEL, BEM, BEN, BEO, BEP, BEQ, BER, BEU, BES, BET, LUA, LUB, LUC, LUD, LUL, LUM	R_C	2241	Does this facility have a postpartum ward for women who have delivered or a combined ward where most postpartum women stay? IF NO, ASK: Are there overnight beds for women who have delivered?	YES 1 NO WARD, ONLY TEMPORARY/OVERNIGHT BEDS..... 2 NO OVERNIGHT POSTPARTUM BEDS..... 3						→Q2255 →Q2255		
22.2.2. SITE CONDITIONS												
BEK, LUC, LUL, LUM	R_C	2242	Is there a site for postnatal examination that provides auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION. CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	YES, OBSERVED: BOTH AUDITORY AND VISUAL PRIVACY 1 VISUAL PRIVACY ONLY 2 AUDITORY PRIVACY ONLY 3 YES, REPORTED, NOT SEEN: BOTH AUDITORY AND VISUAL PRIVACY 4 VISUAL PRIVACY ONLY 5 AUDITORY PRIVACY ONLY 6 NO..... 7								

Indicator ID	Module	No.	Question	Response			Skip		
22.2.3. SUPPORT FOR QUALITY SERVICES									
	R_C	i2243	I would like to know if the following guidelines on maternal postnatal care are available in this service site today.						
	R_C	2244	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE			
BEI, LUA, LUL, LUM	R_C	01	National guidelines for maternal postnatal care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3			
BEI, LUA, LUL, LUM	R_C	02	Any other guidelines for maternal postnatal care	1	2	3			
BEJ, LUA, LUL, LUM	R_C	2245	Have you or any other PNC provider(s) received any training related to maternal PNC in the past 2 years?	YES..... 1 NO 2					
	R_C	2246	Are maternal death reviews conducted routinely for women who die in this facility within 6 weeks of giving birth? By routine, I mean there are defined criteria for when a maternal death review will be carried out and a defined process for conducting the review.	YES, ROUTINELY..... 1 YES, SOMETIMES 2 NO 3					
22.3. CARE OF THE HEALTHY NEWBORN									
22.3.1. SERVICE AVAILABILITY									
	R_C	2247	Are healthy newborns routinely monitored postpartum for symptoms of possible risk, such as warning signs related to feeding, respiratory, temperature, and jaundice?	YES..... 1 NO 2					
	R_C	2248	Which of the following services are routinely offered as part of inpatient newborn care:	YES	NO				
BEE	R_C	01	Counselling on child immunization needs	1	2				
BEC	R_C	02	Counselling on child nutritional needs and good feeding practices	1	2				
BEA	R_C	03	Counselling on danger signs in the newborn	1	2				
BEB	R_C	04	Counselling on cord care and hygiene	1	2				
BDZ	R_C	05	Counselling on family planning	1	2				
BEF	R_C	06	Provision of newborn vaccines (BCG)	1	2				
BEG	R_C	07	Provision of newborn vaccines (OPV)	1	2				
BEH	R_C	08	Provision of LLIN for child [WHERE APPLICABLE]	1	2				
DGV	R_C	09	Counselling on exclusive breast feeding	1	2				
22.3.2. EQUIPMENT									
	R_C	i2249	Now I would like to ask about items for examining or monitoring newborns available in this service site today.						
	R_C	2250	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL		
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
BEN, LUC, LUL, LUM	R_C	01	Thermometer	1 → B	2 → B	3 → 02	1	2	8
BEM, LUC, LUL, LUM	R_C	02	Infant scale (100 g gradations)	1 → B	2 → B	3 → Q2251	1	2	8
22.3.3. SUPPORT FOR QUALITY SERVICES									
	R_C	i2251	I would like to know if the following guidelines for inpatient newborn care are available in this service site today.						

Indicator ID	Module	No.	Question	Response			Skip
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
	R_C	2252	For each guideline that I ask about, please show it to me.				
AZD, MEA, MEL, MEM	R_C	01	National guidelines for essential newborn care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3	
AZD, MEA, MEL, MEM	R_C	02	Any other guidelines for essential newborn care	1	2	3	
BDL, LWA, LWL, LWM	R_C	03	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3	
	R_C	2253	In the past 2 years, have you or any provider(s) of newborn care received any training in:	YES		NO	
BDO, OAN, OAY, OAZ	R_C	01	Breastfeeding and counselling for promoting breastfeeding	1		2	
	R_C	02	Essential newborn care, other than for breastfeeding	1		2	
DMO	R_C	2254	Are perinatal death reviews conducted routinely for stillbirths and livebirths who die within 7 days of birth? By routine, I mean there are defined criteria for when a perinatal death review will be carried out and a defined process for conducting the review.	YES, ROUTINELY 1 YES, SOMETIMES..... 2 NO..... 3			
22.4. CARE OF THE SMALL AND SICK NEWBORN							
22.4.1. SERVICE AVAILABILITY							
BDB, BDL, BDN, BDM, BDO, BDQ, BDP, BDR, BDS, BDT, BDV, BDX, OAN, OAO, OAP, OAY, OAZ	R_C	2255	Does this facility provide any inpatient services for the small or sick newborn? IF YES, ASK: Are there any special inpatient units for small or sick newborns?	YES, AT LEAST ONE SPECIAL CARE UNIT FOR SMALL/SICK INFANTS 1 YES, BUT WITH NO SPECIAL UNIT FOR SMALL/SICK INFANTS 2 NO INPATIENT CARE OF SICK INFANTS..... 3			→ END OF SECTION
	R_C	i2256	Now I would like to ask some questions about services available for small and sick infants in this facility.				
AYT, BDC, MYO, MYY, MYZ	R_C	2257	Is KMC (kangaroo mother care) for premature/very small babies used in this facility? IF THERE IS A KMC UNIT, GO THERE TO COLLECT THIS INFORMATION.	YES 1 NO..... 2			→ Q2259
BDD	R_C	2258	Has KMC been provided at any time during the past 3 months?	YES 1 NO..... 2			
BDE	R_C	2259	Does this facility routinely provide alternative feeding for newborns who cannot breastfeed?	YES 1 NO..... 2			
	R_C	2260	Are newborns with symptoms of sepsis ever provided services or referral in the inpatient service site?	YES 1 NO..... 2			
	R_C	2261	In addition to the above special services for small/sick newborns, please tell me if any of the following services are routinely available for small/sick newborns when needed:	YES		NO	
BDG	R_C	01	Oxygen	1		2	
BDI	R_C	02	Exchange blood transfusion service	1		2	
BDJ	R_C	03	Intravenous rehydration	1		2	
BDH	R_C	04	Infant incubation services	1		2	
BDH	R_C	05	Radiant warming	1		2	
BDK	R_C	06	Artificial ventilation	1		2	
DLW	R_C	07	Phototherapy (UV light therapy) for neonatal jaundice	1		2	
DIS	R_C	08	Injectable antibiotics for neonatal sepsis	1		2	
22.4.2. EQUIPMENT							

Indicator ID	Module	No.	Question	Response	Skip	
BDR, OAO, OAY, OAZ	R_C	2262	Is there a bed or location where the caregiver providing KMC stays overnight while providing KMC? IF YES, ASK: May I see where the caregiver stays while providing KMC?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3		
BDS, OAO, OAY, OAZ	R_C	2263	Does the facility have caps/hats for the premature or underweight newborns? IF YES, ASK: May I see the caps/hats?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3		
22.4.3. SUPPORT FOR QUALITY SERVICES						
	R_C	i2264	I would like to know if the following documents for care of the small or sick newborn are available in this service site today.			
	R_C	2265	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
BDM, OAN, OAY, OAZ	R_C	01	National guidelines or protocols for newborn sepsis [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3
BDM, OAN, OAY, OAZ	R_C	02	Any other guidelines or protocols for newborn sepsis	1	2	3
BDN, OAN, OAY, OAZ	R_C	03	National guidelines or protocols for KMC [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3
BDN, OAN, OAY, OAZ	R_C	04	Any other guidelines or protocols for KMC	1	2	3
BDN, OAN, OAY, OAZ	R_C	05	Any job aids for KMC	1	2	3
BDT, OAO, OAY, OAZ	R_C	06	A register where it is recorded when KMC is provided	1	2	3
BDL	R_C	07	Guidelines for promotion of breastfeeding and breastfeeding practices	1	2	3
DPB	R_C	08	A register to record neonatal sepsis treatment	1	2	3
BDP, OAN, OAY, OAZ	R_C	2266	Have you or any provider(s) received training related to newborn sepsis in the past 2 years?	YES 1 NO..... 2		
BDQ, OAN, OAY, OAZ	R_C	2267	Have you or any provider(s) received training in KMC in the past 2 years?	YES 1 NO..... 2		

Indicator ID	Module	No.	Question	Result	Skip
23. HIV SERVICES					
23.1. HIV TESTING					
23.1.1. SERVICE AVAILABILITY					
BOE, BOG, BOH, DNR, BOI, BOJ, BOK, BOL, BOM, BOO, BON, KFN, KFO, KFP, KFQ, KFY, KFZ	R_C	2300	Does this facility offer HIV testing services?	YES.....1 NO2	→Q2311
DMM, BSD, BSE, BSI, BSH, BSJ, BSK, BSL, BSM, NXY, NXZ	R_C	2301	Does this facility provide HIV testing services for children below 5 years of age? IF NO, ASK: Are children referred elsewhere (outside facility) for HIV testing?	YES.....1 <i>NO HIV TESTING FOR CHILDREN:</i> CHILDREN ARE REFERRED FOR TESTING2 CHILDREN ARE NOT REFERRED FOR TESTING3	
DMX, BSD, BPV, DNP, BSI, BSH, BSJ, BSK, BSL, BSM, NXY, NXZ	R_C	2302	Does this facility provide HIV testing services for children 5 to 14 years old?	YES.....1 NO2	
BJJ, DMS	R_C	2303	Does this facility provide HIV testing services for adolescents?	YES.....1 NO2	
DMS	R_C	2303_01	Does this facility provide HIV testing services for adults?	YES.....1 NO2	
	R_C	i2304	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TESTING SERVICES ARE MOST OFTEN PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
23.1.2. SITE CONDITIONS					
BOI, , KFO, KFY, KFZ	R_C	2305	Is the HIV counselling service site a private room/area with auditory and visual privacy? IF YES, ASK TO BE SHOWN THE LOCATION CLARIFY THE LEVEL OF PRIVACY AVAILABLE.	<i>YES, OBSERVED:</i> BOTH AUDITORY AND VISUAL PRIVACY.....1 VISUAL PRIVACY ONLY.....2 AUDITORY PRIVACY ONLY3 <i>YES, REPORTED, NOT SEEN:</i> BOTH AUDITORY AND VISUAL PRIVACY.....4 VISUAL PRIVACY ONLY.....5 AUDITORY PRIVACY ONLY6 NO7	
23.1.3. MEDICINES AND COMMODITIES					
BOK, KFQ, KFY, KFZ	R_C	2306	Does this facility have condoms available in this service site today to give to clients receiving services? IF YES, ASK: May I see the condoms?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
23.1.4. SUPPORT FOR QUALITY SERVICES					
	R_C	i2307	I would like to know if the following guidelines are available in this service site today.		
	R_C	2308	For each guideline that I ask about, please show it to me.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
BOG, KFN, KFY, KFZ	R_C	01	National guidelines for HIV counselling and testing [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
BOG, KFN, KFY, KFZ	R_C	02	Any other guidelines for HIV counselling and testing	1 2 3	
BOH, KFN, KFY, KFZ	R_C	2309	Have you or any provider(s) of HIV counselling and testing services received any training in HIV counselling services in the past 2 years?	YES.....1 NO2	
BJT, DNR, KTA, KTL, KTM, KFN, KFY, KFZ	R_C	2310	Have you or any provider(s) of HIV/AIDS counselling and testing services received any training in HIV/AIDS prevention, care and/or management for adolescents in the past 2 years?	YES.....1 NO2	
23.2. HIV ANTIRETROVIRAL TREATMENT (ART), CARE AND SUPPORT					
23.2.1. SERVICE AVAILABILITY					
BOX	R_C	2311	Does this facility have any formal systems for linking with community health workers (CHWs) for HIV-related services?	YES.....1 NO2	

Indicator ID	Module	No.	Question	Result				Skip
BQJ, BQP, BQQ, BQS, BLI, BQR, BQT, BQU, BQV, BQW, BQX, BQY, BQZ, BRA, DLX, DOA, KVN, KVO, KVP, KVV, KVZ	R_C	2312	Does this facility provide/prescribe life-long ART or provide follow-up services for any life-long ART patients?	YES.....1 NO2				→Q2316
	R_C	i2313	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TREATMENT, CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT, CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
	R_C	2314	For which of the following client subgroups does this facility provide/prescribe ART or provide any clinical follow-up services: IF YES, CLARIFY WHICH SERVICES ARE OFFERED.	ART AND CLINICAL FOLLOW-UP	ART BUT NO CLINICAL FOLLOW-UP	CLINICAL FOLLOW-UP, BUT NO ART	NO SERVICES	
BLC, BSD, BSF, BSI, BSH, BSJ, BSK, BSL, BSM, NXY, NXZ	R_C	01	Children under five	1	2	3	4	
BLH, BSD, DNT, BSI, BSH, BSJ, BSK, BSL, BSM, NXY, NXZ	R_C	02	Children 5 to 14 years old	1	2	3	4	
BJK, BQK	R_C	03	Adolescents	1	2	3	4	
BQK	R_C	04	Adults	1	2	3	4	
	R_C	2315	Please tell me if this facility provides the following services for life-long ART clients:	YES		NO		
BQN, BQQ, KVN, KVV, KVZ	R_C	01	Routine adherence counselling	1		2		
BJV, BQM, KTA, KTL, KTM, KVN, KVV, KVZ	R_C	02	ART patient clinical treatment follow-up	1		2		
BQN	R_C	03	Follow-up for adherence	1		2		
BQL	R_C	04	ART prescription/provision	1		2		
	R_C	i2315A	I would like to know if the following guidelines are available in this service site today.					
	R_C	2315B	For each guideline that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
BQP	R_C	01	National ART guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3		
BQP	R_C	02	Any other ART guidelines	1	2	3		
	R_C	2315C	In the past 2 years, have you or any provider(s) of ART services received any training in:	YES		NO		
BQQ	R_C	01	Any topic related to ART	1		2		
	R_C	02	Initiation and management of ART for adolescents	1		2		
BOU, BPT, BPV, BPU, BPX, BPW, BPY, BPZ, BQA, BQB, BQC, BQD, BQE, BQF, BQG, BQH, BQI, MZN, MZO, MZP, MZY, MZZ	R_C	2316	Does this facility offer any HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care?	YES.....1 NO2				→Q2325

Indicator ID	Module	No.	Question	Result		Skip
				YES	NO	
	R_C	2317	For which of the following client subgroups does this facility offer HIV/AIDS care and support services:			
BKQ, BSD, BSG, BSI, BSH, BSJ, BSK, BSL, BSM, NXY, NXZ	R_C	01	Children under five	1	2	
BKS, BSD, DLU, BSI, BSH, BSJ, BSK, BSL, BSM, NXY, NXZ	R_C	02	Children 5 to 14 years old	1	2	
BJL, BOV	R_C	03	Adolescents	1	2	
BOV	R_C	04	Adults	1	2	
	R_C	2318	Please tell me if this facility provides or prescribes the following services for HIV/AIDS clients:			
BPA	R_C	01	Treatment for any opportunistic infections related to HIV/AIDS. (Includes treating topical fungal infections)	1	2	
BPD	R_C	02	Palliative care such as pain management, or nursing care for the terminally ill or severely debilitated clients	1	2	
BPE	R_C	03	Nutritional rehabilitation services, including client education and nutritional supplements	1	2	
BOZ	R_C	04	Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment (CPT)	1	2	
BPI	R_C	05	Condoms	1	2	
BPH	R_C	06	Family planning counselling	1	2	
BPM	R_C	07	Routine screening or testing for TB	1	2	
BOY	R_C	08	Preventive treatment for TB (isoniazid [INH] + pyridoxine) [COUNTRY ADAPT TREATMENT]	1	2	
BPX	R_C	09	Treatment for TB, or TB and HIV coinfection	1	2	
BPL	R_C	10	Counselling on risk reduction in TB and HIV coinfecting patients	1	2	
BPJ	R_C	11	Screening for cryptococcal infection for patients with CD4 below 100	1	2	
BPB	R_C	12	Intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	
BPC	R_C	13	Treatment for Kaposi's sarcoma	1	2	
BPO	R_C	14	Screening for chronic cardiovascular diseases such as hypertension	1	2	
BPO	R_C	15	Screening for diabetes	1	2	
BPN	R_C	16	Routine STI screening tests and diagnosis	1	2	
BPN	R_C	17	STI treatments	1	2	
BPS	R_C	18	Diagnostic testing for hepatitis B and C	1	2	
BPP	R_C	19	Routine HIV testing and counselling for partner of HIV/AIDS client	1	2	
BPQ	R_C	20	HIV testing for children of HIV/AIDS clients who are receiving services	1	2	
BPY, MZO, MZY, MZZ	R_C	2319	Is there a system for screening or testing HIV positive clients for TB?	YES.....1 NO2		

Indicator ID	Module	No.	Question	Result	Skip
BPY, MZO, MZY, MZZ	R_C	2320	Is there a register or record of HIV positive clients who were tested for TB? IF YES, ASK: May I see the register or record?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
23.2.2. COMMODITIES					
BQI, MZP, MZY, MZZ	R_C	2321	Are condoms available in the service site for care and support services for HIV/AIDS clients? IF YES, ASK: May I see them?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
23.2.3. SUPPORT FOR QUALITY SERVICES					
	R_C	i2322	I would like to know if the following guidelines are available in this service site today.		
	R_C	2323	For each guideline that I ask about, please show it to me.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
BPT, MZN, MZY, MZZ	R_C	03	National guidelines for the clinical management of HIV/AIDS [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
BPT, MZN, MZY, MZZ	R_C	04	Any other guidelines for the clinical management of HIV/AIDS	1 2 3	
BPU, MZN, MZY, MZZ	R_C	05	National guidelines for palliative care [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
BPU, MZN, MZY, MZZ	R_C	06	Any other guidelines for palliative care	1 2 3	
BPV, MZN, MZY, MZZ	R_C	07	National guidelines for HIV/TB coinfection [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
BPV, MZN, MZY, MZZ	R_C	08	Any other guidelines for HIV/TB coinfection	1 2 3	
	R_C	2324	In the past 2 years, have you or any provider(s) of HIV care and support services received any training in:	YES NO	
BPW, MZN, MZY, MZZ	R_C	02	Any topic related to HIV care and support	1 2	
BPX, MZN, MZY, MZZ	R_C	03	Clinical management of HIV/AIDS	1 2	
BJU, BPW, KTA, KTL, KTM, MZN, MZY, MZZ	R_C	05	Adolescent care and support services	1 2	
23.3. VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)					
23.3.1. SERVICE AVAILABILITY					
CGG, CGI, CGJ, KWI, KWZ	R_C	2325	Does this facility offer voluntary male medical circumcision (VMMC) services as an outpatient service?	YES.....1 NO2	→ END OF SECTION
BJM, CGH	R_C	2326	Is VMMC available for adolescents?	YES.....1 NO2	
	R_C	i2327	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE VMMC SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT VMMC SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
23.3.2. SUPPORT FOR QUALITY SERVICES					
	R_C	i2328	I would like to know if the following guidelines are available in this service site today.		
	R_C	2329	For each guideline that I ask about, please show it to me.	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
CGI, KWI, KWZ	R_C	01	National VMMC guidelines [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1 2 3	
CGI, KWI, KWZ	R_C	02	Any other VMMC guidelines	1 2 3	
CGJ, KWI, KWZ	R_C	2330	Have you or any provider(s) of VMMC received any training in VMMC in the past 2 years?	YES.....1 NO2	

Indicator ID	Module	No.	Question	Result	Skip
24. TUBERCULOSIS (TB) SERVICES					
24.1. SERVICE AVAILABILITY					
BLL, BML, BME, BMF, BMG, BMH, BMI, BMJ, BML, BMK, BMM, BMN, BMO, BMP, BMW, BMX, BMY, BMZ, BNA, BNB, BNC, BND, BNE, BNF, BNG, BNH, BNI, BNJ, BNK, BNL, BNM, BNN, BNO, BNP, BNQ, BNR, BNS, BNT, BNU, BNV, BNW, BNX, BNY, BNZ, MJN, MJO, MJP, MJY, MJZ	R_C	2400	Does this facility provide any services for tuberculosis? This includes case detection, diagnosis, prescribing treatment, patient clinical follow-up, patient follow-up for treatment adherence, and/or periodic resupply of individual patient medicines.	YES.....1 NO.....2	→ END OF SECTION
	R_C	i2401	First, I want to know about any TB testing and diagnosis. I would like to first speak with the most knowledgeable person in the facility about routine practices related to TB testing and diagnosis INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
BLR	R_C	2402	Does this facility offer testing for TB diagnosis? IF YES, PROBE.	YES, ON SITE.....1 YES, DIAGNOSTIC SPECIMENT SENT OUTSIDE OF FACILITY AND RESULT RECEIVED BACK.....2 YES, BOTH ON SITE AND OFF SITE.....3 NO, PATIENT IS REFERRED OUTSIDE OF FACILITY FOR DIAGNOSIS.....4 NO, AND NO REFERRAL PROVIDED.....5	
BLO	R_C	2403	Do providers in this facility diagnose TB in adults?	YES.....1 NO.....2	→ Q2405
	R_C	2404	Which of the following methods are ever used at this facility for diagnosing TB for adults:	YES	NO
BLS	R_C	01	Clinical symptoms only	1	2
BLT	R_C	02	Sputum smear microscopy examination	1	2
BLU	R_C	03	Culture	1	2
BLV, BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	R_C	04	Rapid test (GeneXpert MTB/RIF)	1	2
BLW	R_C	05	Chest X-ray	1	2
BLQ	R_C	2405	Do providers in this facility diagnose TB in children under five?	YES.....1 NO.....2	
DIT	R_C	2406	Do providers in this facility diagnose TB in children 5 to 14?	YES.....1 NO.....2	
BJN, CWW	R_C	2407	Do providers in this facility diagnose TB in adolescents?	YES.....1 NO.....2	
	R_C	2408	Do providers in this facility prescribe medicines for TB treatment?	YES.....1 NO.....2	→ Q2410
	R_C	2409	For which of the following categories of patients does this facility prescribe medicines for TB treatment:	YES	NO
BOP	R_C	01	Children under five	1	2
BOQ	R_C	02	Children 5 to 14	1	2

Indicator ID	Module	No.	Question	Result			Skip	
BJN, BOR	R_C	03	Adolescents	1	2			
BOR	R_C	04	Adults	1	2			
	R_C	2410	Do providers in this facility provide patient follow-up services for patients enrolled in TB treatment?	YES.....1 NO.....2			→Q2412	
	R_C	2411	Which of the following follow-up services does this facility provide:	YES	NO			
BLY	R_C	01	Clinical follow-up, including prescription revision if needed	1	2			
BLZ	R_C	02	Periodic resupply of TB medicines according to prescription	1	2			
BMA	R_C	03	Follow-up to support adherence to treatment and patient follow-up appointments	1	2			
BLX	R_C	2412	Do providers in this facility routinely provide HIV testing for TB patients?	YES1 NO.....2			→Q2414	
BMN, MJO, MJY, MJZ	R_C	2413	Is there any register or record of TB patients who were tested for HIV? IF YES, ASK: May I see any record or other evidence that shows TB patients are routinely tested for HIV?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO.....3				
BMC	R_C	2414	Does this facility have any formal systems for linking with community health workers (CHWs) for TB-related services?	YES.....1 NO.....2				
BLM, BMS, BMT, BMU, BMV, MHN, MHO, MHP, MHY, MHZ	R_C	2415	Does this facility provide any services related to case detection, testing or treatment for drug-resistant TB?	YES.....1 NO.....2				
24.2. MEDICINES								
	R_C	2416	Does this facility provide enrolled TB patients with individually packaged TB medicines specific to each patient and supplied from outside the facility?	YES.....1 NO.....2			→Q2418	
	R_C	2417	During the past 3 months has there been any shortage of the individually packaged- medicine supply on the day when patients came to pick up their medicines?	YES.....1 NO.....2				
24.3. SUPPORT FOR QUALITY SERVICES								
	R_C	i2418	I would like to know if the following guidelines are available in this service site today.					
	R_C	2419	For each guideline that I ask about, please show it to me. THESE MAY BE IN ONE GUIDELINE OR IN DIFFERENT DOCUMENTS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
BME, MJN, MJY, MJZ	R_C	01	National guidelines for diagnosis and management of TB in adults [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3		
BME, MJN, MJY, MJZ	R_C	02	Any other guidelines for diagnosis and management of TB in adults	1	2	3		
BME, MJN, MJY, MJZ	R_C	03	National guidelines for diagnosis and management of TB in children [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3		
BME, MJN, MJY, MJZ	R_C	04	Any other guidelines for diagnosis and management of TB in children	1	2	3		
BMF, MJN, MJY, MJZ	R_C	05	Guidelines for TB infection control	1	2	3		
BMG, MJN, MJY, MJZ	R_C	06	Guidelines for management of HIV and TB coinfection	1	2	3		
BMS, MHN, MHY, MHZ	R_C	07	Guidelines for diagnosis and management of drug-resistant TB	1	2	3		
BMF, MJN, MJY, MJZ	R_C	08	Guidelines for respiratory transmission-based precautions	1	2	3		

Indicator ID	Module	No.	Question	Result		Skip
				YES	NO	
	R_C	2420	In the past 2 years, have you or any provider(s) of TB services received any training in the following topics:			
BMH, MJN, MJY, MJZ	R_C	01	TB diagnosis and management	1	2	
BMJ, MJN, MJY, MJZ	R_C	02	Management of HIV and TB coinfection	1	2	
BMT, MHN, MHY, MHZ	R_C	03	Diagnosis and management of drug-resistant TB	1	2	
BMI, MJN, MJY, MJZ	R_C	04	TB infection control	1	2	

Indicator ID	Module	No.	Question	Response	Skip		
25. SURGICAL SERVICES							
AQP, AQQ, AQL, AQM, NBL, NBM	R_C	2500	Does this facility offer any minor or major surgical procedures?	YES.....1 NO2	→ END OF SECTION		
25.1. MINOR SURGERY							
25.1.1. SERVICE AVAILABILITY							
CBL, CBY, CCA, CCC, CCD, CCE, CCF, CCG, CCH, JKA, JKB, JKL, JKM	R_C	2501	Does this facility perform any minor surgical procedures either for outpatients or inpatients? A minor surgical procedure refers to the incision, excision or manipulation of tissue that does not need regional or general anaesthesia, or heavy sedation to control pain. (e.g. suturing, wound debridement, etc.) [COUNTRY ADAPT]	YES.....1 NO2	→ Q2504		
	R_C	i2502	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MOST MINOR SURGICAL PROCEDURES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MINOR SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
	R_C	2503	Please tell me if this facility provides the following services:	YES			NO SERVICE
				OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT-AND INPATIENT	
CBN	R_C	01	Incision and drainage of abscesses	1	2	3	4
CBM	R_C	02	Wound debridement	1	2	3	4
CBQ	R_C	03	Acute burn management	1	2	3	4
CBO	R_C	04	Suturing of laceration	1	2	3	4
CBW	R_C	05	Closed repair of fracture	1	2	3	4
CBX	R_C	06	Closed reduction of dislocated joint	1	2	3	4
CBS	R_C	07	Male circumcision	1	2	3	4
CBP	R_C	08	Chest tube insertion	1	2	3	4
CBU	R_C	09	Biopsy of lymph node or mass	1	2	3	4
CBV	R_C	10	Removal of foreign body (throat, eye, ear or nose)	1	2	3	4
BPR	R_C	11	Suprapubic cystostomy/catheterization	1	2	3	4

25.2. MAJOR SURGERY									
25.2.1. SERVICE AVAILABILITY									
CCI, CDO, CDQ, CDP, CDR, CDT, CDU, CDV, DJP, CEN, CDW, CEP, CAW, CDY, DIU, CEA, CWX, CWY, CES, CEC, CED, CEO, CEE, CEF, DKP, CEI, CEG, CEK, CEL, CDX, CEM, CEH, CEY, CFK, CEV, CEX, CEZ, CFB, CFC, CET, CAX, CEQ, CFA, CER, CFT, CFV, CFU, CFS, CFR, CGD, CGE, CFQ, CFW, CGC, CFX, CGA, CFY, CFZ, CBG, DMQ, DMT, DLR, DLJ, DJO, CFD, CFE, CFF, CFG, CFH, CEB, DID, CGF, CDS, CFO, CFP, JHL, JHM, LRN, LRO, LRP, LRY, LRZ	R_C	2504	<p>Does this facility perform any major surgical procedures?</p> <p>A major surgical procedure refers to the incision, excision or manipulation of tissue that requires regional or general anaesthesia, or heavy sedation to control pain. It often requires the patient to spend at least one night in hospital after the procedure.</p> <p>[COUNTRY ADAPT]</p> <p>YES.....1 NO2</p>						
			➔ END OF SECTION						
	R_C	i2505	ASK TO BE SHOWN THE SITE WHERE MAJOR SURGICAL PROCEDURES ARE CARRIED OUT. IF THERE ARE SEVERAL OPERATING ROOMS/THEATRES, GO TO THE SITE MOST OFTEN USED FOR GENERAL SURGICAL PROCEDURES. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.						
	R_C	2506	<p>Does this facility perform any of the three Bellwether essential surgical procedures (caesarean section, reduction and fixation of open long-bone fractures, laparotomy)?</p> <p>YES..... 1 NO 2</p>						
			➔ Q2509						
	R_C	2507	<p>Which of the following Bellwether procedures does this facility perform?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">YES</th> <th style="width: 25%;">NO</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		YES	NO			
	YES	NO							
			ESSENTIAL SURGICAL PROCEDURES (BELLWETHER PROCEDURES)						
BBN, DKL, BQO, CCX	R_C	01	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Caesarean section</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Caesarean section		
	1	2							
Caesarean section									
DKL, CCS	R_C	02	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Reduction and fixation of open long-bone fractures</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Reduction and fixation of open long-bone fractures		
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DKL, CCR	R_C	03	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Laparotomy</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Laparotomy		
	1	2							
Laparotomy									
	R_C	2508	<p>Does this facility perform any major surgical procedures other than the Bellwether procedures mentioned above?</p> <p>YES..... 1 NO 2</p>						
			➔ Q2512						
	R_C	2509	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">YES</th> <th style="width: 25%;">NO</th> </tr> </thead> <tbody> <tr> <td>Does this facility perform any of the following surgical procedures?</td> <td> </td> <td> </td> </tr> </tbody> </table>		YES	NO	Does this facility perform any of the following surgical procedures?		
	YES	NO							
Does this facility perform any of the following surgical procedures?									
			OBSTETRICS, GYNAECOLOGY, FAMILY PLANNING						
BDA, CDB	R_C	01	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Tubal ligation</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Tubal ligation		
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Tubal ligation									
BDA, CDC	R_C	02	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Vasectomy</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Vasectomy		
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Vasectomy									
CCY	R_C	03	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Dilatation and curettage (D&C) or vacuum aspiration for evacuation of uterus</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Dilatation and curettage (D&C) or vacuum aspiration for evacuation of uterus		
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DNS	R_C	04	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Ectopic pregnancy surgery</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Ectopic pregnancy surgery		
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DIO	R_C	05	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">1</th> <th style="width: 25%;">2</th> </tr> </thead> <tbody> <tr> <td>Hysterectomy</td> <td> </td> <td> </td> </tr> </tbody> </table>		1	2	Hysterectomy		
	1	2							
Hysterectomy									

BCL, BCR, DNO, ADK, BCS, DJL, DMU, BCW, DKU, DLZ, BCY, BCX, BCZ, BDA, BCV, BCU, DNX, DKM, DJS, DNL, AND, DLI, DJE, MVN, MVO, MVP, MVY, MVZ	R_C	06	Any abortion services	1	2
			GENERAL SURGERY		
CCK	R_C	07	Appendectomy	1	2
DLS	R_C	08	Repair of intestinal perforation	1	2
DNG	R_C	09	Bowel obstruction	1	2
CCL	R_C	10	Cataract surgery	1	2
DIA	R_C	11	Colostomy/ileostomy	1	2
DIP	R_C	12	Gall bladder surgery	1	2
CCP	R_C	13	Hernia repair (elective/strangulated)	1	2
CBT	R_C	14	Hydrocele repair	1	2
CCV	R_C	16	Tracheostomy	1	2
			INJURY-RELATED		
CCR	R_C	17	Trauma laparotomy	1	2
CCJ	R_C	18	Amputation	1	2
CCM	R_C	19	Escharotomy/fasciotomy/contracture release	1	2
CCU	R_C	20	Skin grafting	1	2
CCQ	R_C	21	Irrigation and debridement of open fractures	1	2
CCT	R_C	22	Placement of external fixator	1	2
DMP	R_C	23	Burr hole	1	2
DLV	R_C	24	Craniotomy (not burr hole)	1	2
			NON-TRAUMA ORTHOPAEDIC		
CCO	R_C	25	Drainage of septic arthritis	1	2
DJZ	R_C	26	Debridement of osteomyelitis	1	2
	R_C	2510	Is there a health professional in the facility or on-call 24 hours a day who:	YES	NO
BBT, DMQ, LWA, LWL, LWM	R_C	01	Can perform a caesarean section	1	2
DMT	R_C	02	Can perform laparotomy	1	2
DLR	R_C	03	Can perform a reduction and fixation of open long-bone fractures	1	2
BBT, DLJ, LWA, LWL, LWM	R_C	04	Is trained in anaesthesia	1	2
			25.2.2. SITE CONDITIONS		

	R_C	i2511	Now I would like to collect information from the main inpatient surgical service site. IF THERE ARE MULTIPLE SURGICAL SITES/UNITS, SELECT THE SITE WHERE CAESAREAN SECTIONS ARE MOST COMMONLY CARRIED OUT.		
	R_C	2512	How many functional major and minor operating rooms/theatres are available in this facility?	MAJOR MINOR	— — — —
DID	R_C	2513	Is the surgical unit supported by a back-up power supply if there is a gap in the primary electricity supply?	YES.....1 NO2	
CGF	R_C	2514	Is there a usable (available, functional, private) toilet for surgical unit patients? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO UNIT1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO UNIT2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ...3	→Q2517
CGF	R_C	2515	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SURGICAL UNIT PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES.....1 NO2	
CGF	R_C	2516	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES.....1 NO2	
CDS	R_C	2517	Is there a usable (available, functional, private) toilet for surgical unit staff? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE UNIT SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO WARD/UNIT1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO WARD/UNIT2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE ...3	→Q2520
CDS	R_C	2518	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR SURGICAL UNIT STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES.....1 NO2	
CDS	R_C	2519	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES.....1 NO2	
CFD	R_C	2520	Is there a marked area or room in the surgical site that clearly identifies a point past (red line) which non-surgical shoes/clothing must be covered or left?	YES.....1 NO2	
CFE	R_C	2521	Is there a site to scrub for surgery that is adjacent to but separate from the operating room?	YES.....1 NO2	→Q2523
CFE	R_C	2522	Is running water functioning in the scrub area today?	YES.....1 NO2	
	R_C	2523	Please tell me if there are separate rooms for the following surgical service components:	YES	NO
CFG	R_C	01	Preoperative room(s)	1	2
CFF	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
CFH	R_C	03	Post-operative recovery room(s)	1	2
	R_C	i2524	Now I would like to conduct a brief observation of actual conditions about cleanliness and waste disposal today in the surgical service site.		
	R_C	2525	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES	NO
CFO	R_C	01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2
CFO	R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1	2
CGD, JHL, JHM	R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
CGD, JHL, JHM	R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
CGE, JHL, JHM	R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
CFP	R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2

CFP	R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2	
	R_C	08	NON-SMOKING SIGNS	1	2	
	R_C	i2526	Now I would like to ask about items for infection prevention and control available in this service site today.			
	R_C	2527	For each item that I ask about, please show me the item.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
AQP, CFT, NBL, NBM, JHL, JHM	R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3
AQP, CFT, NBL, NBM, JHL, JHM	R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3
AQP, CFT, NBL, NBM, JHL, JHM	R_C	03	Alcohol-based handrub	1	2	3
AQP, CFT, NBL, NBM, JHL, JHM	R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3
AQP, CFT, NBL, NBM	R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3
AVA, AQQ, AQV, CFV, JEL, JEM, NBL, NBM, MEY, MEZ, JHL, JHM	R_C	06	Disposable latex gloves (non-sterile)	1	2	3
AVA, AQQ, AQV, CAW, CFU, JEL, JEM, NBL, NBM, MEY, MEZ, JHL, JHM, LRP, LRY, LRZ	R_C	07	Disposable latex gloves (sterile)	1	2	3
AQM, CGE, NBL, NBM, JHL, JHM	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
AQM, CGE, NBL, NBM, JHL, JHM	R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3
CFQ, JHL, JHM	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
CFQ, JHL, JHM	R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3
AQL, CGD, NBL, NBM, JHL, JHM	R_C	12	Sharps container ("safety box")	1	2	3
AQN, CFR, NBL, NBM, JHL, JHM	R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3
AQO, CFS, NBL, NBM, JHL, JHM	R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3
AQW, CFW, MEY, MEZ, JHL, JHM	R_C	15	Surgical masks	1	2	3
AQX, CGC, MEY, MEZ, JHL, JHM	R_C	16	N95 face masks	1	2	3
AQY, MEY, MEZ	R_C	17	Non-sterile protective gowns	1	2	3
AQY, CFZ, MEY, MEZ, JHL, JHM	R_C	18	Sterile protective gowns	1	2	3
AQZ, CFY, MEY, MEZ, JHL, JHM	R_C	19	Aprons (impermeable)	1	2	3
ARA, CFX, MEY, MEZ, JHL, JHM	R_C	20	Eye protection (goggles, face shields)	1	2	3
ARB, CBG, MEY, MEZ, JHL, JHM	R_C	21	Gumboots or clogs	1	2	3

ARC, CGA, MEY, MEZ, JHL, JHM	R_C	22	Hair cover		1	2	3			
25.2.3. EQUIPMENT										
	R_C	2528	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 NO2			→Q2534		
CEH	R_C	2529	Is there any oxygen currently available in this unit?		YES.....1 NO2			→Q2531		
	R_C	2530	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.		(A) AVAILABLE			(B) FUNCTIONAL		
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
CEH, PSC, PSL, PSM	R_C	01	Centrally piped oxygen supply	1 →B	2 →B	3 →02	1	2	8	
CEH, PSC, PSL, PSM	R_C	02	Oxygen concentrator	1 →B	2 →B	3 →03	1	2	8	
CEH, PSC, PSL, PSM	R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 →B	2 →B	3 →04	1	2	8	
CEH, PSC, PSL, PSM	R_C	04	Flowmeter for oxygen source, with gradations in MI	1 →B	2 →B	3 →05	1	2	8	
CEH, PSC, PSL, PSM	R_C	05	Humidifier	1 →B	2 →B	3 →06	1	2	8	
CEH, PSC, PSL, PSM	R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 →B	2 →B	3 →Q2531	1	2	8	
CEH, PSC, PSL, PSM	R_C	2531	Can oxygen be brought to this unit from a different unit/facility location if needed?		YES1 NO2					
CEH, PSC, PSL, PSM	R_C	2532	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?		YES.....1 NO2 NOT APPLICABLE5					
	R_C	i2533	Now I would like to ask about some basic operating room equipment available in this service site today.							
	R_C	2534	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE SITE FOR SURGICAL EQUIPMENT.		(A) AVAILABLE			(B) FUNCTIONAL		
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
CDT, LRO, LRY, LRZ	R_C	01	Operating table	1 →B	2 →B	3 →02	1	2	8	
CDU, LRO, LRY, LRZ	R_C	02	Overhead operating light	1 →B	2 →B	3 →03	1	2	8	
CDV, LRO, LRY, LRZ	R_C	03	Light source (other than overhead operating light) that can be aimed (flashlight acceptable) to visualize site	1 →B	2 →B	3 →04	1	2	8	
CEI, PSC, PSL, PSM	R_C	04	Capnograph	1 →B	2 →B	3 →05	1	2	8	
CEE, PSC, PSL, PSM	R_C	05	Cardiac monitor	1 →B	2 →B	3 →06	1	2	8	
CEE, PSC, PSL, PSM	R_C	06	ECG electrodes	1 →B	2 →B	3 →07	1	2	8	
CEF, PSC, PSL, PSM	R_C	07	Defibrillator	1 →B	2 →B	3 →08	1	2	8	
CEO, PSC, PSL, PSM	R_C	08	Thermometer (manual or electronic)	1 →B	2 →B	3 →09	1	2	8	

CED, PSC, PSL, PSM	R_C	09	Stethoscope	1 →B	2 →B	3 →10	1	2	8
CEC, PSC, PSL, PSM	R_C	10	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 →B	2 →B	3 →11	1	2	8
CEN, LRO, LRY, LRZ	R_C	11	Suction apparatus (manual or electronic) with catheters	1 →B	2 →B	3 →12	1	2	8
CDW, LRO, LRY, LRZ	R_C	12	Needle holder	1 →B	2 →B	3 →13	1	2	8
CDW, LRO, LRY, LRZ	R_C	13	Scalpel handle	1 →B	2 →B	3 →14	1	2	8
CDW, LRO, LRY, LRZ	R_C	14	Retractor (any)	1 →B	2 →B	3 →15	1	2	8
CDW, LRO, LRY, LRZ	R_C	15	Surgical scissors	1 →B	2 →B	3 →16	1	2	8
CDW, LRO, LRY, LRZ	R_C	16	Forceps (any except artery forceps)	1 →B	2 →B	3 →17	1	2	8
CDW, LRO, LRY, LRZ	R_C	17	Haemostat (artery forceps/mosquito forceps)	1 →B	2 →B	3 →18	1	2	8
BBZ, CER, LWB, LWL, LWM	R_C	18	Spinal needle	1 →B	2 →B	3 →19	1	2	8
CFA, PSC, PSL, PSM	R_C	19	Nasogastric tube adult	1 →B	2 →B	3 →20	1	2	8
CEP, LRO, LRY, LRZ	R_C	20	Tourniquet	1 →B	2 →B	3 →21	1	2	8
CDX, PSC, PSL, PSM	R_C	21	Cricothyroidotomy set	1 →B	2 →B	3 →22	1	2	8
BBV, CEG, LWB, LWL, LWM, PSC, PSL, PSM	R_C	22	Anaesthesia machine	1 →B	2 →B	3 →23	1	2	8
DKP, PSC, PSL, PSM	R_C	23	Pulse oximeter	1 →B	2 →B	3 →24	1	2	8
DJP, LRO, LRY, LRZ	R_C	24	Electrocautery apparatus	1 →B	2 →B	3 →25	1	2	8
	R_C	25	Chest tube	1 →B	2 →B	3 →Q2535	1	2	8
	R_C	i2535	Now I would like to ask about adult intubation and anaesthesia equipment available in this service site today.						
	R_C	2536	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE SITE FOR SURGICAL EQUIPMENT.	(A) AVAILABLE			(B) FUNCTIONAL		
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
BBV, CEK, LWB, LWL, LWM, PSC, PSL, PSM	R_C	01	Oropharyngeal airway (adult)	1 →B	2 →B	3 →02	1	2	8
AVI, BBV, CEK, JEL, JEM, LWB, LWL, LWM, PSC, PSL, PSM	R_C	02	Endotracheal tube (adult, e.g. cuffed sizes 5.5–9.0)	1 →B	2 →B	3 →03	1	2	8
BBV, CEK, LWB, LWL, LWM, PSC, PSL, PSM	R_C	03	Adult intubation set (sealed) INSTRUCTION: IF AVAILABLE, ASK FOR ITEMS 04–06 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 →B	2 →B	3 →04	1	2	8
BBV, CEK, LWB, LWL, LWM, PSC, PSL, PSM	R_C	04	Laryngoscope handle and blade (adult)	1 →B	2 →B	3 →05	1	2	8
BBV, CEK, LWB, LWL, LWM, PSC, PSL, PSM	R_C	05	Magill forceps (adult)	1 →B	2 →B	3 →06	1	2	8

BBV, CEK, LWB, LWL, LWM, PSC, PSL, PSM	R_C	06	Stylet or bougie (adult)	1 →B	2 →B	3 →07	1	2	8		
BBV, CEK, LWB, LWL, LWM, PSC, PSL, PSM	R_C	07	Tubing and connectors (to connect adult endotracheal tube)	1 →B	2 →B	3 →2537	1	2	8		
BBV, CEM, LWB, LWL, LWM, PSC, PSL, PSM	R_C	2537	Does this unit have an adult-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 YES, REPORTED: FUNCTIONAL.....3 NOT FUNCTIONAL.....4 NO5						→Q2540 →Q2540 →Q2540	
BBV, CEM, LWB, LWL, LWM, PSC, PSL, PSM	R_C	2538	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES.....1 NO2							
	R_C	i2539	Now I would like to ask about paediatric intubation equipment available in this service site today.								
	R_C	2540	For each item that I ask about, please show me the item and tell me if it is functioning or not. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATRE OR MAY BE IN A CENTRAL STORAGE SITE FOR SURGICAL EQUIPMENT.	(A) AVAILABLE			(B) FUNCTIONAL				
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW		
BBV, CEL, LWB, LWL, LWM, PSC, PSL, PSM	R_C	01	Oropharyngeal airway (paediatric)	1 →B	2 →B	3 →02	1	2	8		
AVJ, CEL, JEL, JEM, PSC, PSL, PSM	R_C	02	Endotracheal tube (paediatric e.g. uncuffed, sizes 3.0 to 5.0)	1 →B	2 →B	3 →03	1	2	8		
BBV, CEL, LWB, LWL, LWM, PSC, PSL, PSM	R_C	03	Paediatric intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–07 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 →B	2 →B	3 →04	1	2	8		
CEL, PSC, PSL, PSM	R_C	04	Laryngoscope handle and blade (paediatric)	1 →B	2 →B	3 →05	1	2	8		
BBV, CEL, LWB, LWL, LWM, PSC, PSL, PSM	R_C	05	Laryngoscope handle and blade neonatal (size 1)	1 →B	2 →B	3 →06	1	2	8		
BBV, CEL, LWB, LWL, LWM, PSC, PSL, PSM	R_C	06	Magill forceps (paediatric)	1 →B	2 →B	3 →07	1	2	8		
BBV, CEL, PSC, PSL, PSM	R_C	07	Stylet or bougie (paediatric)	1 →B	2 →B	3 →08	1	2	8		
BBV, CEL, LWB, LWL, LWM, PSC, PSL, PSM	R_C	08	Tubing and connectors (to connect endotracheal tube) to fit paediatric endotracheal tubes	1 →B	2 →B	3 →Q2541	1	2	8		
	R_C	i2541	Now I would like to ask about paediatric resuscitation equipment available in this service site today.								
CEM, PSC, PSL, PSM	R_C	2542	Does this unit have a paediatric-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 YES, REPORTED: FUNCTIONAL.....3 NOT FUNCTIONAL.....4 NO5						→Q2544 →Q2544 →Q2544	
CEM, PSC, PSL, PSM	R_C	2543	At any time during the past 3 months has the paediatric-sized resuscitation bag and mask been unavailable for this unit for any reason?	YES.....1 NO2							

ATI, BBV, CEM, JXB, JXL, JXM, LWB, LWL, LWM, PSC, PSL, PSM	R_C	2544	Does this unit have a resuscitation bag and mask size 0 for preterm infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 YES, REPORTED: FUNCTIONAL.....3 NOT FUNCTIONAL.....4 NO5	→Q2546 →Q2546 →Q2546				
BBV, CEM, LWB, LWL, LWM, PSC, PSL, PSM	R_C	2545	At any time during the past 3 months has the resuscitation bag and mask for preterm infants been unavailable for this unit for any reason?	YES.....1 NO2					
ATI, BBV, CEM, JXB, JXL, JXM, LWB, LWL, LWM, PSC, PSL, PSM	R_C	2546	Does this unit have a resuscitation bag and mask size 1 for term infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL.....1 NOT FUNCTIONAL.....2 YES, REPORTED: FUNCTIONAL.....3 NOT FUNCTIONAL.....4 NO5	→Q2548 →Q2548 →Q2548				
BBV, CEM, LWB, LWL, LWM, PSC, PSL, PSM	R_C	2547	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this unit for any reason?	YES.....1 NO2					
25.2.4. MEDICINES AND COMMODITIES									
	R_C	i2548	Now I would like to know if the following medicines and commodities are available in this service site today.						
	R_C	2549	For each medicine or commodity that I ask about, please show it to me.	AVAILABLE					
				OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
CFB, PSB, PSL, PSM	R_C	01	Atracurium injection	1	2	3	4	5	
CEZ PSB, PSL, PSM	R_C	02	Bupivacaine	1	2	3	4	5	
BCG, CEX, LWD, LWL, LWM, PSB, PSL, PSM	R_C	03	Inhalational medicines for general anaesthesia (e.g. Halothane, Isoflurane, desflurane or sevoflurane)	1	2	3	4	5	
BCK, CEY, LWD, LWL, LWM, PSB, PSL, PSM	R_C	04	Ketamine injection	1	2	3	4	5	
CCE, JKB, JKL, JKM, PSB, PSL, PSM	R_C	05	Lidocaine 1% or 2% injection	1	2	3	4	5	
BCE, CEZ, LWD, LWL, LWM	R_C	06	Lidocaine 5% heavy spinal injection	1	2	3	4	5	
CFK, PSB, PSL, PSM	R_C	07	Midazolam injection	1	2	3	4	5	
	R_C	08	Nitrous oxide (gas)	1	2	3	4	5	
BCJ, CFB, LWD, LWL, LWM, PSB, PSL, PSM	R_C	09	Suxamethonium injection	1	2	3	4	5	
BCI, CFC, LWD, LWL, LWM, PSB, PSL, PSM	R_C	10	Thiopental or propofol injection	1	2	3	4	5	
BCH, CES, LWD, LWL, LWM, PSB, PSL, PSM	R_C	11	Atropine injection	1	2	3	4	5	
DPC, PSB, PSL, PSM	R_C	12	Neostigmine injection	1	2	3	4	5	
CRV, BCF, CET, NXL, NXM, LWD, LWL, LWM, PSB, PSL, PSM	R_C	13	Adrenalin injection	1	2	3	4	5	

CAX, PSB, PSL, PSM	R_C	14	Ephedrine injection	1	2	3	4	5
CEV, PSB, PSL, PSM	R_C	15	Diazepam injection	1	2	3	4	5
AUP, CCF, CDY, JEL, JEM, LRP, LRY, LRZ, JKB, JKL, JKM	R_C	16	Sutures-absorbable	1	2	3	4	5
CEA, LRP, LRY, LRZ	R_C	17	Skin antiseptic	1	2	3	4	5
CEQ, PSB, PSL, PSM	R_C	18	Urinary catheter and bag	1	2	3	4	5
AUQ, CCF, DIU, JEL, JEM, LRP, LRY, LRZ, JKB, JKL, JKM	R_C	19	Sutures-non absorbable	1	2	3	4	5
25.2.5. SUPPORT FOR QUALITY SERVICES								
	R_C	i2550	I would like to know if the following documents for surgical services are available in this service site today.					
	R_C	2551	For each document that I ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
BBR, LWA, LWL, LWM	R_C	01	National guidelines for comprehensive emergency obstetric care (CEmOC) [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3		
BBR, LWA, LWL, LWM	R_C	02	Any other guidelines for comprehensive emergency obstetric care (CEmOC)	1	2	3		
BBR, LWA, LWL, LWM	R_C	03	Any checklists or job aids for CEmOC	1	2	3		
CDO, LRN, LRY, LRZ	R_C	04	National guidelines/protocols on integrated management of emergency and essential surgical care (IMEESC) [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION]	1	2	3		
CDO, LRN, LRY, LRZ	R_C	05	Any other guidelines/protocols on integrated management of emergency and essential surgical care (IMEESC)	1	2	3		
	R_C	06	Any checklists or job aids on IMEESC	1	2	3		
CDQ, LRN, LRY, LRZ	R_C	07	WHO surgical safety checklist, or a similar tool	1	2	3		
CWY, PSA, PSL, PSM	R_C	08	National guidelines for anaesthesia	1	2	3		
CWY, PSA, PSL, PSM	R_C	09	Any other guidelines for anaesthesia	1	2	3		
	R_C	2552	In the past 2 years, have you or any provider(s) of basic surgical services received any training in:	YES	NO			
CDP, LRN, LRY, LRZ	R_C	01	Integrated management of emergency and essential surgical care (IMEESC)	1	2			
BBT, CDR, LWA, LWL, LWM, LRN, LRY, LRZ	R_C	02	Surgical skills to perform the Bellwether procedures (Caesarean section, laparotomy, and reduction and fixation of open long-bone fractures)	1	2			
BBS, OAN, OAY, OAZ	R_C	03	Comprehensive emergency obstetric care	1	2			
CWX, DLJ, PSA, PSL, PSM	R_C	04	General anaesthesia					

Indicator ID	Module	No.	Question	Response	Skip
26. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES					
	R_C, M_C	i2600	Now I want to ask about different services and resources available in this facility for patients who arrive from outside this facility seeking emergency care, regardless of whether the patients walk in or whether they arrive by ambulance or other type of vehicle.		
26.1. SERVICE AVAILABILITY					
AQP, AQQ, AQL, AQM, CIJ, CKM, CIT, CIU, CIV, CKN, CIX, CIY, CIZ, CJA, CJB, CJC, CJD, CJE, CJF, CJG, CIF, CJZ, CJH, CIJ, CIJ, CIK, CIL, CIM, CJN, CJP, CJO, CJO, COG, CJS, CJT, CKA, CJR, CPY, COV, CKC, CKD, CKE, CKB, CKF, CKG, CKH, COL, CKI, CKJ, CIG, CIN, CXA, CKW, CKU, CKV, CLF, CLG, CKT, CKY, CLE, CKZ, CLC, CLA, CLB, CLD, CLJ, CLK, CLL, CJX, CLS, CLU, CLV, CPZ, CLY, CLZ, CLT, CMJ, CML, CMK, CIW, CMM, CMN, CMO, CMQ, CMP, CJY, CKR, CNH, CNI, CNG, CNJ, CNF, CNK, CKS, CNS, CNW, CNT, CNU, CNV, CNX, CNY, CNZ, COE, COF, COO, CLH, CJU, CON, CPW, CPX, COH, CPV, COT, COU, CPH, CPK, CJW, CPL, CPM, CJV, CPI, CPJ, COX, COY, NBL, NBM, LHY, LHZ, KJY, KJZ, LMY, LMZ, KKY, KKZ, LFY, LFZ, LFL, LFM, KGL, KGM, LXA, LXB, LXC, LXD, LXL, LXM	R_C, M_C	2601	Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment.	YES 1 NO 2	→ END OF SECTION
	R_C	i2602	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE EMERGENCY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT EMERGENCY SERVICES IN THE FACILITY. IF THERE ARE MULTIPLE LEVELS OF EMERGENCY SERVICES, ASK TO GO WHERE UNSTABLE PATIENTS RECEIVE EMERGENCY CARE. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. 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.		
AQP, AQQ, CIK	R_C	2603	What is the setting for emergency services?	DEDICATED EMERGENCY UNIT/SITE 1 OFFERED IN SAME SERVICE SETTINGS AS NON-EMERGENCY OUTPATIENT SERVICES 2	

Indicator ID	Module	No.	Question	Response	Skip																										
				OTHER _____ 6 (SPECIFY)																											
CIK	R_C	2604	How many hours per day are services provided?	HOURS PER DAY _____ 24-HOUR EMERGENCY SERVICES 24																											
CKK	R_C	2605	Is there a formal triage system for the emergency service patients?	YES 1 NO 2																											
CIS	R_C	2606	Does this facility ever refer emergency patients to another facility?	YES 1 NO 2	→Q2610																										
CIS	R_C	2607	Is a nurse or doctor routinely assigned to accompany emergency patients who are referred to other facilities?	YES, ALL REFERRED PATIENTS 1 SOMETIMES DEPENDING ON PATIENT NEEDS CARE DURING TRANSPORT 2 NO 3																											
CIO	R_C	2608	Is there a system for emergency transportation of patients when referring them to another facility? IF YES, ASK: Is a vehicle and driver available 24 hours?	YES, 24 HOURS 1 YES, NOT 24 HOURS 2 NO 3	→Q2610																										
CIO	R_C	2609	Please estimate an average of the length of time it takes from requesting to the actual availability of emergency transportation vehicles for referral of patients to another facility. IF IT VARIES, PROBE FOR AN ESTIMATE FOR THE MOST COMMON EXPERIENCE.	IMMEDIATELY AVAILABLE 1 LESS THAN 5 MINUTES 2 5–14 MINUTES 3 15 MINUTES TO ONE HOUR 4 MORE THAN ONE HOUR 5 NO CONSISTENCY IN AVAILABILITY 6																											
CIQ	R_C	2610	How many hours per day are radiology services such as X-ray available for emergency service patients?	HOURS PER DAY 24-HOUR RADIOLOGY SERVICES 24																											
CIR	R_C	2611	How many hours per day are laboratory diagnostic services (other than onsite rapid tests) available for emergency service patients?	HOURS PER DAY 24-HOUR LABORATORY SERVICES 24																											
CIP	R_C	2612	How many hours per day are pharmacy services available for emergency service patients?	HOURS PER DAY 24-HOUR PHARMACY SERVICES 24 NO PHARMACY 00																											
CIE	R_C	2613	Is there a core staff of fixed (non-rotating) providers permanently assigned to the emergency service?	YES 1 NO 2																											
CIL	R_C	2614	Are there any staff who are always available onsite or on-call for 24-hour emergency services?	YES 1 NO 2	→Q2616																										
	R_C	2615	FOR EACH STAFF OCCUPATION, ASK: Is at least one person for the occupation I ask about always available 24-hours to provide emergency services? IF YES, ASK: Is someone with this qualification always onsite in the emergency service site for 24-hour emergency services? IF NO, ASK: Is someone with this qualification always officially on-call, i.e. they are assigned on rotation to be available in near proximity for 24-hour emergency services? [COUNTRY ADAPT OCCUPATION/ QUALIFICATION OF STAFF]	<table border="1"> <thead> <tr> <th colspan="2">YES, STAFF ALWAYS AVAILABLE 24 HOURS FOR EMERGENCY SERVICES</th> <th rowspan="2">NO, NOT AVAILABLE 24 HOURS FOR EMERGENCY SERVICES</th> <th rowspan="2">NEVER AVAILABLE</th> </tr> <tr> <th>ONSITE IN EMERGENCY SITE</th> <th>NOT ONSITE IN EMERGENCY SITE BUT ON-CALL INSIDE FACILITY OR CLOSE TO FACILITY</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>(SPECIFY)</td> <td>(SPECIFY)</td> <td>(SPECIFY)</td> <td></td> </tr> </tbody> </table>	YES, STAFF ALWAYS AVAILABLE 24 HOURS FOR EMERGENCY SERVICES		NO, NOT AVAILABLE 24 HOURS FOR EMERGENCY SERVICES	NEVER AVAILABLE	ONSITE IN EMERGENCY SITE	NOT ONSITE IN EMERGENCY SITE BUT ON-CALL INSIDE FACILITY OR CLOSE TO FACILITY	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	(SPECIFY)	(SPECIFY)	(SPECIFY)		
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1	2	3	4																												
(SPECIFY)	(SPECIFY)	(SPECIFY)																													
CIL	R_C	01	Emergency medicine specialist	1	2	3	4																								
CIL	R_C	02	Generalist medical practitioner or paramedical practitioner (e.g. clinical officer)	1	2	3	4																								
CIL	R_C	03	Nursing professional	1	2	3	4																								
	R_C	04	Other specialist doctors	1	2	3	4																								
				(SPECIFY)	(SPECIFY)	(SPECIFY)																									
26.2. SITE CONDITIONS																															

Indicator ID	Module	No.	Question	Response					Skip
	R_C	i2616	Now I would like to know about infrastructure available for emergency services. For each item that I ask about, please indicate if this is dedicated for the emergency service site, if it is shared across the facility, or if it is not available.						
	R_C	2617	IF AVAILABLE, ASK TO SEE THE SITE AND OBSERVE THE CONDITION, AND ASK: Is the space sufficient for the “normal”/usual emergency service caseload?	(A) AVAILABLE			(B) CONDITION		
				YES, AVAILABLE		NOT AVAILABLE	SPACE REPORTED ADEQUATE FOR USUAL CASELOAD	SPACE REPORTED INADEQUATE FOR USUAL CASELOAD	
				SPECIFIC FOR EMERGENCY SERVICES	NOT SPECIFIC FOR EMERGENCY SERVICES				
CKB	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	
CKC	R_C	02	Designated waiting area	1 →B	✕	3 →03	1	2	
CKD	R_C	03	Designated triage area	1 →B	✕	3 →04	1	2	
CKE	R_C	04	Designated resuscitation area	1 →B	✕	3 →05	1	2	
CKF	R_C	05	Functional radio or phone for communicating between facilities and/or ambulance for transfers	1	2	3	✕	✕	
CKG	R_C	2618	Is there electricity in this service site that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED 1 NO, NOT TODAY 2 NO, NEVER HAVE ELECTRICITY 3					→Q2620
CKH	R_C	2619	Is the emergency service site supported by a back-up power supply if there is a gap in the primary electricity supply?	YES 1 NO 2					
CKI	R_C	2620	Is there a usable (available, functional, private) toilet for emergency service patients and visitors? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE EMERGENCY SERVICES SITE SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO SERVICE SITE 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO SERVICE SITE 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3					→Q2623
CKI	R_C	2621	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR EMERGENCY SERVICE PATIENTS, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES 1 NO 2					
CKI	R_C	2622	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE EMERGENCY SERVICE TOILET.	YES 1 NO 2					
CKJ	R_C	2623	Is there at least one usable (available, functional, private) toilet for emergency services staff? IF YES, INDICATE IF THE TOILET IS PROXIMATE TO THE EMERGENCY SERVICE SITE SUCH THAT IT CAN BE CAN EASILY USED.	YES, AVAILABLE, FUNCTIONAL, PRIVATE AND PROXIMATE TO SERVICE SITE 1 YES, AVAILABLE, FUNCTIONAL, PRIVATE, BUT NOT PROXIMATE TO SERVICE SITE 2 NOT AVAILABLE OR NOT FUNCTIONAL OR NOT PRIVATE 3					→Q2626
CKJ	R_C	2624	OBSERVE IF THERE IS AT LEAST ONE FUNCTIONAL TOILET FOR EMERGENCY SERVICE STAFF, CLEAN WITH NO FAECAL MATERIAL OR BLOOD ON THE TOILET, FLOOR, DOOR OR WALLS	YES 1 NO 2					
CKJ	R_C	2625	OBSERVE IF HAND WASHING MATERIALS (SOAP AND RUNNING WATER) ARE LOCATED WITHIN 5 M OF THE TOILET.	YES 1 NO 2					
	R_C	i2626	Now I would like to conduct a brief observation of actual conditions about cleanliness and waste disposal in the emergency service site.						
	R_C	2627	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT.	YES		NO			
CIG, CMJ	R_C	01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1		2			
CIG	R_C	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN, NO OBVIOUS DUST OR WASTE	1		2			
CLF	R_C	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1		2			

Indicator ID	Module	No.	Question	Response			Skip	
CLF	R_C	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2			
CLG	R_C	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2			
CIN	R_C	06	ALL STAFF WEARING APPROPRIATE UNIFORMS	1	2			
CIN	R_C	07	ALL STAFF WEARING VISIBLE IDENTIFICATION	1	2			
DPD	R_C	08	NON-SMOKING SIGNS	1	2			
	R_C	09	HAND HYGIENE MATERIALS (SOAP AND WATER OR HAND SANITIZER) OBSERVED IN EACH PATIENT CARE AREA	1	2			
	R_C	i2628	Now I would like to know about items for infection prevention and control available in this service site today. For each item that I ask about, please show me the item.					
	R_C	2629	IF THERE ARE MULTIPLE SITES WHERE EMERGENCY SERVICES ARE PROVIDED, ASK TO SEE THE SITE WHERE UNSTABLE EMERGENCY PATIENTS RECEIVE CARE. ASSESS IF THE FOLLOWING ITEMS ARE IN PROXIMITY TO THAT SITE SUCH THAT PROVIDERS THERE COULD REASONABLY BE EXPECTED TO USE THE ITEMS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
AQP, CKW, NBL, NBM	R_C	01	Clean running water (piped, closed bucket with tap)	1	2	3		
AQP, CKW, NBL, NBM	R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3		
AQP, CKW, NBL, NBM	R_C	03	Alcohol-based handrub	1	2	3		
AQP, CKW, NBL, NBM	R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3		
AQP, CKW, NBL, NBM	R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3		
AVA, AQQ, AQV, CKX, JEL, JEM, NBL, NBM, MEY, MEZ	R_C	06	Disposable latex gloves (non-sterile)	1	2	3		
AVA, AQQ, AQV, CKX, JEL, JEM, NBL, NBM, MEY, MEZ	R_C	07	Disposable latex gloves (sterile)	1	2	3		
AQM, CLG, NBL, NBM	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		
AQM, CLG, NBL, NBM	R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3		
CKT	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		
CKT	R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3		
AQL, CLF, NBL, NBM	R_C	12	Sharps container ("safety box")	1	2	3		
AQN, CKV, NBL, NBM	R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3		
AQO, CKU, NBL, NBM	R_C	14	Non-reusable syringes (autodisable or disposable needles and syringes)	1	2	3		
AQW, CKY, MEY, MEZ	R_C	15	Surgical/respiratory masks	1	2	3		
AQX, CLE, MEY, MEZ	R_C	16	N95 face masks	1	2	3		
AQY, CLB, MEY, MEZ	R_C	17	Non-sterile protective gowns	1	2	3		

Indicator ID	Module	No.	Question	Response						Skip
AQY, CLB, MEY, MEZ	R_C	18	Sterile protective gowns	1	2	3				
AQZ, CLA, MEY, MEZ	R_C	19	Aprons (impermeable)	1	2	3				
ARA, CKZ, MEY, MEZ	R_C	20	Eye protection (goggles, face shields)	1	2	3				
ARB, CLD, MEY, MEZ	R_C	21	Gumboots or clogs	1	2	3				
ARC, CLC, MEY, MEZ	R_C	22	Hair cover	1	2	3				
26.3. EQUIPMENT										
	R_C	i2630	Now I would like to ask about equipment for emergency services available in this service site today.							
	R_C	2631	For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT THE ITEM MUST BE IN THE EMERGENCY SERVICE SITE OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD REASONABLY BE EXPECTED TO USE IT.	(A) AVAILABLE IN EMERGENCY SERVICE SITE			(B) FUNCTIONAL			
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
	R_C	2632	VITAL SIGNS EQUIPMENT AND CROSS-CUTTING ITEMS							
CIY, CLL, KGL, KGM, LXB, LXL, LXM	R_C	01	Thermometer (manual or electronic)	1 →B	2 →B	3 →02	1	2	8	
CJA, CLJ, KGL, KGM, LXB, LXL, LXM	R_C	02	Stethoscope	1 →B	2 →B	3 →03	1	2	8	
CIZ, CLK, KGL, KGM, LXB, LXL, LXM	R_C	03	Blood pressure apparatus (digital apparatus, or manual sphygmomanometer)	1 →B	2 →B	3 →04	1	2	8	
CJB, LXB, LXL, LXM	R_C	04	Adult weighing scale	1 →B	2 →B	3 →05	1	2	8	
CJD, LXB, LXL, LXM	R_C	05	Infant weighing scale (100 g gradation)	1 →B	2 →B	3 →06	1	2	8	
CJC, LXB, LXL, LXM	R_C	06	Child weighing scale (250 g gradation)	1 →B	2 →B	3 →07	1	2	8	
CJE, LXB, LXL, LXM	R_C	07	Examination light that can be aimed (flashlight acceptable)	1 →B	2 →B	3 →08	1	2	8	
CJF, LXB, LXL, LXM	R_C	08	Otoscope	1 →B	2 →B	3 →09	1	2	8	
CJG, LXB, LXL, LXM	R_C	09	Ophthalmoscope	1 →B	2 →B	3 →10	1	2	8	
CNK, KKY, KKZ	R_C	10	Doppler	1 →B	2 →B	3 →11	1	2	8	
CMK, LFY, LFZ	R_C	11	Nebuliser with attachments	1 →B	2 →B	3 →12	1	2	8	
CIF, LXB, LXL, LXM	R_C	12	Infusion rate monitor	1 →B	2 →B	3 →Q2633	1	2	8	
	R_C	2633	MINOR SURGICAL EQUIPMENT							
CJZ, CPI, LHY, LHZ, LXB, LXL, LXM	R_C	01	Minor surgical kit INSTRUCTION: IF AVAILABLE, ASK FOR ITEMS 02–04 AND MARK "REPORTED" IF THE ITEM IS IN THE SEALED KIT.	1 →B	2 →B	3 →02	1	2	8	
CJZ, CPI, LHY, LHZ, LXB, LXL, LXM	R_C	02	Needle holder	1 →B	2 →B	3 →03	1	2	8	
CJZ, CPI, LHY, LHZ, LXB, LXL, LXM	R_C	03	Scalpel handle	1 →B	2 →B	3 →04	1	2	8	

Indicator ID	Module	No.	Question	Response						Skip
CJZ, CPI, LHY, LHZ, LXB, LXL, LXM	R_C	04	Haemostat	1 →B	2 →B	3 →05	1	2	8	
CJZ, LXB, LXL, LXM	R_C	05	Forceps	1 →B	2 →B	3 →06	1	2	8	
CJZ, LXB, LXL, LXM	R_C	06	Surgical scissors	1 →B	2 →B	3 →Q2634	1	2	8	
	R_C	2634	AIRWAY INTERVENTIONS							
CLS, LFL, LFM	R_C	01	Suction apparatus (manual or electronic) with catheters	1 →B	2 →B	3 →02	1	2	8	
CLT, LFL, LFM	R_C	02	Cricothyroidotomy or tracheostomy set	1 →B	2 →B	3 →Q2635	1	2	8	
	R_C	2635	ADULT AIRWAY							
CLU, LFL, LFM	R_C	01	Oropharyngeal airway (adult)	1 →B	2 →B	3 →02	1	2	8	
CLU, LFL, LFM	R_C	02	Nasopharyngeal airway (adult)	1 →B	2 →B	3 →03	1	2	8	
CLY, LFL, LFM	R_C	03	Adult intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–06 AND MARK “REPORTED” IF THE ITEM IS IN THE SEALED KIT.	1 →B	2 →B	3 →04	1	2	8	
CLY, LFL, LFM	R_C	04	Laryngoscope handle and blade (adult)	1 →B	2 →B	3 →05	1	2	8	
CLY, LFL, LFM	R_C	05	Magill forceps (adult)	1 →B	2 →B	3 →06	1	2	8	
CLY, LFL, LFM	R_C	06	Stylet or bougie (adult)	1 →B	2 →B	3 →07	1	2	8	
CLY, LFL, LFM	R_C	07	Tubing and connectors (to connect adult endotracheal tube)	1 →B	2 →B	3 →08	1	2	8	
AVI, CLY, JEL, JEM, LFL, LFM	R_C	08	Endotracheal tube (adult, e.g. cuffed sizes 5.5–9.0)	1 →B	2 →B	3 →Q2636	1	2	8	
	R_C	2636	PAEDIATRIC AIRWAY							
CLV, LFL, LFM	R_C	01	Oropharyngeal airway (paediatric)	1 →B	2 →B	3 →02	1	2	8	
CLV, LFL, LFM	R_C	02	Nasopharyngeal airway (paediatric)	1 →B	2 →B	3 →03	1	2	8	
CLZ, LFL, LFM	R_C	03	Paediatric intubation set (sealed) IF AVAILABLE, ASK FOR ITEMS 04–07 AND MARK “REPORTED” IF THE ITEM IS IN THE SEALED KIT.	1 →B	2 →B	3 →04	1	2	8	
CLZ, LFL, LFM	R_C	04	Laryngoscope handle and blade (paediatric)	1 →B	2 →B	3 →05	1	2	8	
CLZ, LFL, LFM	R_C	05	Laryngoscope handle and blade neonatal (size 1)	1 →B	2 →B	3 →06	1	2	8	
CLZ, LFL, LFM	R_C	06	Magill forceps (paediatric)	1 →B	2 →B	3 →07	1	2	8	
CLZ, LFL, LFM	R_C	07	Stylet or bougie (paediatric)	1 →B	2 →B	3 →08	1	2	8	
CLZ, LFL, LFM	R_C	08	Tubing and connectors (to connect paediatric endotracheal tube)	1 →B	2 →B	3 →09	1	2	8	
AVJ, CLZ, JEL, JEM, LFL, LFM	R_C	09	Endotracheal tube (paediatric e.g. uncuffed, sizes 3.0 to 5.0)	1 →B	2 →B	3 →Q2637	1	2	8	
	R_C	2637	BREATHING INTERVENTIONS							
CJX, LFY, LFZ, KGL, KGM	R_C	01	Pulse oximeter	1 →B	2 →B	3 →02	1	2	8	
CCA, CMQ, LFY, LFZ, JKA, JKL, JKM	R_C	02	Chest tubes and insertion set and underwater seal bottle	1 →B	2 →B	3 →03	1	2	8	
CMP, LFY, LFZ	R_C	03	Continuous positive airway pressure (CPAP) equipment	1 →B	2 →B	3 →Q2638	1	2	8	

Indicator ID	Module	No.	Question	Response							Skip
CMM, LFY, LFZ	R_C	2638	Does this service site have an adult-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL 1 NOT FUNCTIONAL 2 YES, REPORTED: FUNCTIONAL 3 NOT FUNCTIONAL 4 NO 5							→ Q2640 → Q2640 → Q2640
CMM, LFY, LFZ	R_C	2639	At any time during the past 3 months has the adult-sized resuscitation bag and mask been unavailable for this service site for any reason?	YES 1 NO 2							
CMN, LFY, LFZ	R_C	2640	Does this service site have a paediatric-sized resuscitation bag and mask? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL 1 NOT FUNCTIONAL 2 YES, REPORTED: FUNCTIONAL 3 NOT FUNCTIONAL 4 NO 5							→ Q2642 → Q2642 → Q2642
CMN, LFY, LFZ	R_C	2641	At any time during the past 3 months has the paediatric-sized resuscitation bag and mask been unavailable for this service site for any reason?	YES 1 NO 2							
ATI, CMO, JXB, JXL, JXM, LFY, LFZ	R_C	2642	Does this service site have a resuscitation bag and mask size 1 for term infants? IF YES, ASK TO SEE THE EQUIPMENT AND ASK: Is the bag functional today?	YES, OBSERVED: FUNCTIONAL 1 NOT FUNCTIONAL 2 YES, REPORTED: FUNCTIONAL 3 NOT FUNCTIONAL 4 NO 5							→ Q2644 → Q2644 → Q2644
CMO, LFY, LFZ	R_C	2643	At any time during the past 3 months has the resuscitation bag and mask for term infants been unavailable for this service site for any reason?	YES 1 NO 2							
	R_C	2644	Continuing with availability of equipment for emergency services, for each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.	(A) AVAILABLE IN EMERGENCY SERVICE SITE			(B) FUNCTIONAL				
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW		
	R_C	2645	CONTROL OF BLEEDING								
CNG, KKY, KKZ	R_C	01	Tourniquet	1 → B	2 → B	3 → 02	1	2	8		
CNJ, KKY, KKZ	R_C	02	Pelvic binder	1 → B	2 → B	3 → Q2646	1	2	8		
	R_C	2646	CARDIAC INTERVENTIONS								
CNT, LMY, LMZ	R_C	01	Cardiac monitor with electrodes	1 → B	2 → B	3 → 02	1	2	8		
CNU, LMY, LMZ	R_C	02	Defibrillator	1 → B	2 → B	3 → 03	1	2	8		
CNV, LMY, LMZ	R_C	03	External cardiac pacer pads	1 → B	2 → B	3 → 04	1	2	8		
BUX, CNW, LMY, LMZ	R_C	04	Electrocardiogram (ECG) machine	1 → B	2 → B	3 → Q2648	1	2 → Q2648	8 → Q2648		
CNW, LMY, LMZ	R_C	05	Electrodes and leads for ECG machine	1 → B	2 → B	3 → Q2648	1	2 → Q2648	8 → Q2648		
CNS, LMY, LMZ	R_C	2647	Is there a staff person onsite or on-call 24 hours to interpret the ECG?	YES 1 NO 2							
		2648	Now I would like to know about the availability of oxygen for patients in this service site.								
COV, CML, LFY, LFZ, LXB, LXZ, LXL, LXM	R_C	2649	Does this service site ever provide oxygen to patients?	YES 1 NO 2							→ Q2654
COV, CML, LFY, LFZ, LXB, LXZ, LXL, LXM	R_C	2650	Is there any oxygen currently available in the service site?	YES 1 NO 2							→ Q2652
	R_C	2651	For each item that I ask about, please show me the item and, when relevant, tell me if it is functioning or not.	(A) AVAILABLE			(B) FUNCTIONAL				
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW		

Indicator ID	Module	No.	Question	Response						Skip	
COV, COL, CML, LFY, LFZ, LXB, LXD, LXL, LXM	R_C	01	Centrally piped oxygen supply	1 →B	2 →B	3 →02	1	2	8		
COV, COL, CML, LFY, LFZ, LXB, LXD, LXL, LXM	R_C	02	Oxygen concentrator	1 →B	2 →B	3 →03	1	2	8		
COV, COL, CML, LFY, LFZ, LXB, LXD, LXL, LXM	R_C	03	Oxygen tank/cylinder with attached pressure gauge, pressure regulator	1 →B	2 →B	3 →04	1	2	8		
COV, CML, LFY, LFZ, LXB, LXD, LXL, LXM	R_C	04	Flowmeter for oxygen source, with gradations in mL	1 →B	2 →B	3 →05	1	2	8		
COV, CML, LFY, LFZ, LXB, LXD, LXL, LXM	R_C	05	Humidifier	1 →B	2 →B	3 →06	1	2	8		
COV, CML, LFY, LFZ, LXB, LXD, LXL, LXM	R_C	06	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 →B	2 →B	3 →Q2652	1	2	8		
	R_C	2652	Is oxygen called for from a central location if needed?	YES 1 NO 2							
COV, CML, LFY, LFZ, LXB, LXD, LXL, LXM	R_C	2653	At any time during the past 3 months has oxygen been unavailable for this service site for any reason?	YES 1 NO 2							
26.4. MEDICINES AND COMMODITIES											
	R_C	i2654	Now I would like to ask about the availability of medicines and commodities in this emergency services site.								
	R_C	2655	Are any essential life-saving medicines kept in this emergency unit?	YES 1 NO 2						→Q2659	
CXA	R_C	2656	Are essential life-saving medicines and resuscitation equipment kept in a cart/box/tray where they can be rapidly used for an emergency situation? IF YES, ASK TO SEE THE LOCATION AND MARK THE SITUATION OBSERVED.	YES, OBSERVED LOCKED EMERGENCY CART/BOX 1 YES, OBSERVED UNLOCKED EMERGENCY CART/BOX OR TRAY THAT CAN EASILY BE CARRIED 2 NO, OBSERVED IN CABINET/CUPBOARD NOT EASILY TRANSPORTED 3 NO, NOT AVAILABLE/NOT OBSERVED CART/CABINET 4							
	R_C	i2657	ASK TO BE SHOWN WHERE MEDICINES ARE KEPT FOR EMERGENCY SERVICES								
	R_C	2658	Please tell me if any of the following medicines and commodities are available in the emergency cart/box, or elsewhere in the emergency services site where they can be accessed quickly in an emergency. For each item that I ask about, please show it to me.	AVAILABLE							
				OBSERVED		NOT OBSERVED					
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE			
EMERGENCY MEDICINES											
CRV, CJM, CNX, NXL, NXM, LMY, LMZ, LXD, LXL, LXM	R_C	01	Adrenaline or epinephrine injection	1	2	3	4	5			
CJP, COF, KJY, KJZ, LXD, LXL, LXM	R_C	02	Glucose 50% injection	1	2	3	4	5			
CJN, CLH, KJY, KJZ, LXD, LXL, LXM	R_C	03	Atropine injection	1	2	3	4	5			
CJO, LXD, LXL, LXM	R_C	04	Calcium gluconate injection	1	2	3	4	5			
CJQ, LXD, LXL, LXM	R_C	05	Sodium bicarbonate	1	2	3	4	5			
BQF, CJS, CNH, KKY, KKZ, LXD,	R_C	06	Volume replacement intravenous solutions – dextrose 5% and saline	1	2	3	4	5			

Indicator ID	Module	No.	Question	Response					Skip
LXL, LXM, MZP, MZY, MZZ			(D5NS) or normal saline (NS) or Ringer's lactate (RL)						
BQF, CJT, LXD, LXL, LXM, MZP, MZY, MZZ	R_C	07	Intravenous solutions for medicine administration, e.g normal saline	1	2	3	4	5	
COG, LXD, LXL, LXM	R_C	08	Water for injection	1	2	3	4	5	
			OTHER MEDICINES						
CKA, CPX, KJY, KJZ, LXD, LXL, LXM	R_C	09	Lidocaine 1% or 2% injection	1	2	3	4	5	
BCK, CPX, LWD, LWL, LWM, KJY, KJZ	R_C	10	Ketamine injection	1	2	3	4	5	
CJU, CPW, KJY, KJZ	R_C	11	Benzodiazepine injection (e.g. diazepam, midazolam)	1	2	3	4	5	
ASU, ATE, CON, NXL, NXM, JXA, JXL, JXM, KJY, KJZ	R_C	12	Magnesium sulphate injection	1	2	3	4	5	
COO, KJY, KJZ	R_C	13	Naloxone (Narcan) injection	1	2	3	4	5	
AST, ATC, CPY, NXL, NXM, JXA, JXL, JXM, LXD, LXL, LXM	R_C	14	Oxytocin injection	1	2	3	4	5	
	R_C	15	Any NSAID injection or tablet (e.g. diclofenac, ibuprofen)	1	2	3	4	5	
ASH, CPH, NXL, NXM, LHY, LHZ	R_C	16	Any opioid injection (e.g. morphine)	1	2	3	4	5	
CIW, LFY, LFZ	R_C	17	Salbutamol nebulizer solution	1	2	3	4	5	
			COMMODITIES						
CCF, CJR, CJW, LHY, LHZ, LXD, LXL, LXM, JKB, JKL, JKM	R_C	18	Sutures	1	2	3	4	5	
AUS, CJS, CJT, CNH, JEL, JEM, KKY, KKZ, LXD, LXL, LXM	R_C	19	Intravenous infusion set	1	2	3	4	5	
	R_C	20	Sterile needle	1	2	3	4	5	
AUX, AQO, JEL, JEM, NBL, NBM	R_C	21	Disposable syringe	1	2	3	4	5	
CJS, CJT, CNH, KKY, KKZ, LXD, LXL, LXM	R_C	22	Intravenous catheter	1	2	3	4	5	
ASZ, ATH, CPI, NXL, NXM, JXB, JXL, JXM, LHY, LHZ	R_C	23	Skin antiseptic (e.g. chlorhexidine)	1	2	3	4	5	
AUY, CCG, CPJ, JEL, JEM, LHY, LHZ, JKB, JKL, JKM	R_C	24	Materials for splinting extremities	1	2	3	4	5	
CJV, LHY, LHZ	R_C	25	Cervical collar	1	2	3	4	5	
AUZ, CCH, CPJ, JEL, JEM, LHY, LHZ, JKB, JKL, JKM	R_C	26	Materials for casts	1	2	3	4	5	
CNF, KKY, KKZ	R_C	27	Urinary catheter and bag	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
CPL, LHY, LHZ	R_C	28	Tetanus toxoid (TT) or tetanus/diphtheria (TD) vaccine	1	2	3	4	5	
26.5. DIAGNOSTICS									
	R_C	i2659	Now I would like to ask about tests available in this emergency services site today. For each item I ask about, please show me the item.						
	R_C	2660	CHECK TO SEE IF AT LEAST ONE OF EACH TEST IS VALID AND THAT ALL ITEMS TO PERFORM THE TEST ARE AVAILABLE AND FUNCTIONAL. DO NOT GO TO A LABORATORY OUTSIDE OF THE EMERGENCY SERVICE SITE TO ASSESS THESE TESTS.	AVAILABLE					
				OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
ARG, AYD, CJH, MFL, MFM, LEQ, LEY, LEZ, LXC, LXL, LXM	R_C	01	Urine dipstick for protein (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
ARF, CJH, MFL, MFM, LXC, LXL, LXM	R_C	02	Urine dipstick for glucose (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
ARH, CJH, MFL, MFM, LXC, LXL, LXM	R_C	03	Urine dipstick for ketones (MAY BE PART OF MULTI-TEST DIPSTICK)	1	2	3	4	5	
ARI, CJII, MFL, MFM LXC, LXL, LXM	R_C	04	Urine pregnancy test	1	2	3	4	5	
ARE, CJJ, COE, MFL, MFM, KJY, KJZ LXC, LXL, LXM	R_C	05	Blood glucose	1	2	3	4	5	
ARJ, BFW, BKL, BKT, CJK, MFL, MFM LXC, LXL, LXM, MKC, MKL, MKM, KEB, KEL, KEM	R_C	06	Malaria RDT	1	2	3	4	5	
ARK, AYE, BJW, BMM, BOJ, BOL, BRX, CJL, MFL, MFM, LEQ, LEY, LEZ LXC, LXL, LXM, , KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, , KHC, KHL, KHM	R_C	07	HIV RDT	1	2	3	4	5	
26.6. SUPPORT FOR QUALITY SERVICES									
	R_C	i2661	Now I would like to know if the following documents are available in this service site today. These may be separate documents or may be part of an inclusive document.						
	R_C	2662	For each document that I will ask about, please show it to me.		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
CKM, LXA, LXL, LXM	R_C	01	Structured triage tool, such as the Interagency Integrated Triage Tool		1	2	3		
CIT, LXA, LXL, LXM	R_C	02	Protocol for initial approach to ABCs (airway, breathing, circulation, etc.) and basic neurologic function		1	2	3		
CIU, LXA, LXL, LXM	R_C	03	Trauma care checklist		1	2	3		
CIU, LXA, LXL, LXM	R_C	04	Medical emergency checklist		1	2	3		
CIV, LXA, LXL, LXM	R_C	05	Standardized clinical form for emergency service site visits, such as the WHO clinical form for emergency visits		1	2	3		

Indicator ID	Module	No.	Question	Response	Skip
CIX, LXA, LXL, LXM	R_C	2663	Have you or any provider(s) of emergency services received any training in any aspect of emergency services in the past 2 years?	YES 1 NO..... 2	
CKN, LXA, LXL, LXM	R_C	2664	Have staff been trained in using the triage tool?	YES 1 NO..... 2	
COX	M_C	2665	Are there meetings specifically to review emergency cases for quality improvement? This may be meetings to review data, morbidity or mortality conferences that include patients from the emergency service site, or preventable death panels.	YES, SPECIFIC FOR EMERGENCY SERVICE PATIENTS 1 YES, NOT SPECIFIC TO EMERGENCY SERVICE PATIENTS BUT AS PART OF FACILITY CASE REVIEW PROCESS..... 2 NO..... 3	→ END OF SECTION
COY	M_C	2666	Is there a routine system for tracking implementation of quality improvement or corrective actions after reviews of data or case reviews for emergency services? IF YES, ASK TO SEE EVIDENCE OF MONITORING TO FOLLOW-UP ON ACTIONS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	

Indicator ID	Module	No.	Question	Response								Skip
27. IMAGING/RADIOLOGY AND OTHER SPECIALITY SERVICES												
	R_C	i2700	Now I would like to know about specific diagnostic services that may be available for patients in this facility. PROVIDE EXAMPLES OF THE TYPES OF DIAGNOSTIC PROCEDURES YOU ARE INTERESTED IN FROM THE LIST BELOW AND FIND THE MOST KNOWLEDGEABLE PERSON FOR THESE PROCEDURES. THERE MAY BE MULTIPLE RESPONDENTS AND THE PROCEDURES MAY TAKE PLACE IN MULTIPLE SETTINGS. THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM THE CURRENT LOCATION.									
	R_C	i2701	For each item I mention please tell me if the procedure is offered in this facility. If yes, please tell me if the equipment needed for the procedure is available and functioning today, whether staff to carry out the procedure is available either 24/7 (on site or on call) or part time (not 24/7), and if results are interpreted onsite or sent offsite for interpretation.									
	R_C	2702	IF THE RESPONDENT IS NOT SURE, FIND THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.	(A) PROCEDURE OFFERED		(B) EQUIPMENT		(C) STAFF TO CONDUCT PROCEDURE		(D) RESULTS INTERPRETED		
				YES	NO	AVAILABLE AND FUNCTIONING TODAY	NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, AVAILABLE 24/7 (ON SITE OR ON CALL)	YES, AVAILABLE PART TIME (NOT 24/7)	ONSITE	OFFSITE	
BUX, BKF, CPN	R_C	01	Electrocardiogram (ECG)	1 →B	2 →02	1 →C	2 →C	1 →D	2 →D	1	2	
CKS, CVC, CVE, KKY, KKZ	R_C	02	Ultrasound	1 →B	2 →Q2703	1 →C	2 →C	1 →D	2 →D	1	2	
	R_C	2703	Does this facility perform any imaging procedures?			YES.....1 NO.....2						→Q2706
	R_C	i2704	IF YOU ARE NOT ALREADY IN THE IMAGING DEPARTMENT, ASK TO GO THERE AND TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT MANAGEMENT FOR IMAGING.									
	R_C	2705	Does this facility perform any of the following procedures:	(A) PROCEDURE OFFERED		(B) EQUIPMENT		(C) STAFF TO CONDUCT PROCEDURE		(D) RESULTS INTERPRETED		
				YES	NO	AVAILABLE AND FUNCTIONING TODAY	NOT AVAILABLE OR NOT FUNCTIONING TODAY	YES, AVAILABLE 24/7 (ON SITE OR ON CALL)	YES, AVAILABLE PART TIME (NOT 24/7)	ONSITE	OFFSITE	
CVM, CVN	R_C	01	CT scan	1 →B	2 →02	1 →C	2 →C	1 →D	2 →D	1	2	
CVX, CVY	R_C	02	Magnetic resonance scan (MRI)	1 →B	2 →03	1 →C	2 →C	1 →D	2 →D	1	2	
CWA, CWB	R_C	03	Digital X-ray	1 →B	2 →04	1 →C	2 →C	1 →D	2 →D	1	2	
CWA, CWB	R_C	04	Non-digital X-ray	1 →B	2 →05	1 →C	2 →C	1 →D	2 →D	1	2	
CWF, CWD	R_C	05	Fluoroscopy	1 →B	2 →06	1 →C	2 →C	1 →D	2 →D	1	2	
CWI, CWL	R_C	06	Angiography/catheterization	1 →B	2 →07	1 →C	2 →C	1 →D	2 →D	1	2	
CVF, CVL	R_C	07	Electroencephalogram (EEG)	1 →B	2 →Q2706	1 →C	2 →C	1 →D	2 →D	1	2	
CJY, CVO, LFY, LFZ	R_C	2706	Does this facility have ventilators/respirators? IF YES, ASK TO BE SHOWN WHERE VENTILATORS/RESPIRATORS ARE KEPT AND ASK IF THERE IS AT LEAST ONE FUNCTIONAL VENTILATOR/RESPIRATOR.			YES, AT LEAST ONE FUNCTIONAL1 YES, NONE FUNCTIONAL2 NO.....3						

Indicator ID	Module	No.	Question	Response	Skip
CWP, CVP	R_C	2707	Does this facility have renal dialysis machines? IF YES, ASK TO BE SHOWN WHERE RENAL DIALYSIS MACHINES ARE KEPT AND ASK IF THERE IS AT LEAST ONE FUNCTIONAL MACHINE.	YES, AT LEAST ONE FUNCTIONAL1 YES, NONE FUNCTIONAL2 NO3	
CQA	R_C	2708	Does this facility have radiotherapy machines? IF YES, ASK TO BE SHOWN WHERE RADIOTHERAPY MACHINES ARE KEPT AND ASK IF THERE IS AT LEAST ONE FUNCTIONAL MACHINE.	YES, AT LEAST ONE FUNCTIONAL1 YES, NONE FUNCTIONAL2 NO3	

Indicator ID	Module	No.	Question	Response	Skip
28. BLOOD TRANSFUSION SERVICES					
28.1. SERVICE AVAILABILITY					
BBO, CHR, CHS, CHT, CHU, CHV, DGX, CHX, CHY, KKA, KKB, KKC, KKD, KKL, KKM	R_C	2800	Does this facility offer blood transfusion services?	YES 1 NO 2	→ END OF SECTION
	R_C	i2801	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.		
28.2. BLOOD SUPPLY SUFFICIENCY AND SAFETY					
BCC, CHX, LWD, LWL, LWM, KKD, KKL, KKM	R_C	2802	Have there been any interruptions in availability of blood for transfusion during the past 3 months?	YES 1 NO 2	
BCD, CNI, CHY, LWD, LWL, LWM, KKD, KKL, KKM, KKY, KKZ	R_C	2803	Does this facility obtain blood for transfusion from a national or regional blood centre or blood bank?	YES 1 NO 2	
BCD, CNI, CHY, LWD, LWL, LWM, KKD, KKL, KKM, KKY, KKZ	R_C	2804	Does this facility obtain any blood from sources other than the national or regional blood centre?	YES 1 NO 2	→ Q2807
BCD, CNI, CHY, LWD, LWL, LWM, KKD, KKL, KKM, KKY, KKZ	R_C	2805	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES 1 NO 2	→ Q2807
	R_C	2806	Please tell me if the blood that is transfused in the facility is "always", "sometimes," or "never" screened for any of the following infectious diseases:	ALWAYS SOMETIMES NEVER	
BCD, CNI, CHY, LWD, LWL, LWM, KKD, KKL, KKM, KKY, KKZ	R_C	01	HIV	1 2 3	
BCD, CNI, CHY, LWD, LWL, LWM, KKD, KKL, KKM, KKY, KKZ	R_C	02	Syphilis	1 2 3	
BCD, CNI, CHY, LWD, LWL, LWM, KKD, KKL, KKM, KKY, KKZ	R_C	03	Hepatitis B	1 2 3	
BCD, CNI, CHY, LWD, LWL, LWM, KKD, KKL, KKM, KKY, KKZ	R_C	04	Hepatitis C	1 2 3	
28.3. EQUIPMENT (COLD CHAIN)					
	R_C	2807	Does this facility ever store blood for blood transfusion services? IF YES, ASK: May I see where blood is stored?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ Q2815 → Q2815
CHU, CTX, KKB, KKL, KKM	R_C	2808	Does this facility have a refrigerator in this service site for the storage of blood?	YES, OBSERVED: FUNCTIONAL 1 NOT FUNCTIONAL 2 DON'T KNOW 3	→ Q2815

Indicator ID	Module	No.	Question	Response	Skip										
			IF YES, ASK TO SEE THE REFRIGERATOR AND ASK; Is the refrigerator functional today?	YES, REPORTED: FUNCTIONAL 4 NOT FUNCTIONAL..... 5 DON'T KNOW..... 6 NO 7	→Q2815 →Q2815 →Q2815 →Q2815										
	R_C	2809	I would like to ask you about devices for monitoring refrigerator temperature available and functioning in the refrigerator today.												
	R_C	2810	For each item that I ask about, please show me the item and tell me if it is functioning or not.	<table border="1"> <thead> <tr> <th colspan="2">(A) AVAILABLE</th> <th colspan="3">(B) FUNCTIONAL</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> </table>	(A) AVAILABLE		(B) FUNCTIONAL			YES	NO	YES	NO	DON'T KNOW	
(A) AVAILABLE		(B) FUNCTIONAL													
YES	NO	YES	NO	DON'T KNOW											
CHU, KKB, KKL, KKM	R_C	01	Continuous temperature recorder/logger	<table border="1"> <tr> <td>1 →B</td> <td>2 →02</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	1 →B	2 →02	1	2	8						
1 →B	2 →02	1	2	8											
CHU, KKB, KKL, KKM	R_C	02	Thermometer	<table border="1"> <tr> <td>1 →B</td> <td>2 →Q2815</td> <td>1</td> <td>2 →Q2815</td> <td>8 →Q2815</td> </tr> </table>	1 →B	2 →Q2815	1	2 →Q2815	8 →Q2815						
1 →B	2 →Q2815	1	2 →Q2815	8 →Q2815											
	R_C	2811	Is the temperature of the refrigerator monitored at least once every 24 hours? IF YES, PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO 3	→Q2814 →Q2814										
CHU, KKB, KKL, KKM	R_C	2812	Has the temperature log been completed for the past 30 days? PLEASE REVIEW THE LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE EVERY 24 HOURS DURING THE PAST 30 DAYS).	YES, FULLY COMPLETE..... 1 NO, AT LEAST ONE DAY NOT COMPLETED 2	→Q2814										
CHU, KKB, KKL, KKM	R_C	2813	Has the temperature been out of the range 2–6 °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											
CHU, KKB, KKL, KKM	R_C	2814	What is the temperature in the fridge now?	BETWEEN 2–6 °C (INCLUSIVE) 1 OUT OF RANGE 2 DON'T KNOW 8											
28.4. SUPPORT FOR QUALITY SERVICES															
CHS, KKA, KKL, KKM	R_C	2815	Are there any national guidelines on the appropriate use of blood and safe transfusion practices available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO 3											
CHS, KKA, KKL, KKM	R_C	2816	Are there any other guidelines on the appropriate use of blood and safe transfusion practices available in this service site today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO 3											
CHT, KKA, KKL, KKM	R_C	2817	Have any provider(s) of blood transfusion services received any training in the appropriate use of blood and safe transfusion practices in the past 2 years?	YES 1 NO 2											

Indicator ID	Module	No.	Question	Response	Skip	
29. LABORATORY SERVICES						
29.1. SERVICE AVAILABILITY						
ARM, ARN, ARO, CVR, CVQ, ARP, ARQ, CYS, CQU, CVA, CVB, CYN, CLX, CMA, CMB, CMC	R_C, M_C	2900	Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests? This includes tests performed in a laboratory or in a service site at this facility, as well as sending a specimen outside for testing and receiving the results back.	YES..... 1 NO LABORATORY DIAGNOSTIC TESTS PERFORMED 2	→ END OF SECTION	
	R_C, M_C	i2901	ASK TO BE SHOWN THE MAIN LABORATORY IN THE FACILITY OR THE LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT LABORATORY TESTS CONDUCTED BY THIS FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in learning about any diagnostic tests conducted by this facility or about tests where the facility collects specimens that are sent elsewhere for testing where the results are returned to this facility for use. The questions I ask may apply to a special laboratory service site, or sometimes may refer to service sites where diagnostic tests are conducted or where specimens are collected and sent outside the facility for testing.			
29.2. SITE CONDITIONS						
AQP, AQQ, AQL, AQM, ARW, ARX, ARV, ARU, ARR, ARS, DGU, AJU, DMK, DKB, CQO, CRN, CRS, CRT, CRU, NBL, NBM, MJL, MJM	R_C	2902	Does this facility have a site dedicated for laboratory testing, such as an actual laboratory or another room where laboratory tests are performed?	YES..... 1 NO 2	→ Q2906	
ARP	R_C	2903	Is there electricity in this service site that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED..... 1 NO, NOT TODAY 2 NO, NEVER HAVE ELECTRICITY 3	→ Q2907	
ARQ	R_C	2904	Does the laboratory have a back-up source of electricity when the main electricity is not functioning?	YES..... 1 NO 2		
ARP	R_C	2905	At any time during the past 7 days has the electricity for the laboratory been off for more than 2 hours at a time?	YES..... 1 NO 2		
	R_C	i2906	Now I would like to know about items for infection prevention and control available in this service site today.			
	R_C	2907	For each item that I ask about, please show it to me. IF THERE IS MORE THAN ONE SITE SPECIFIC FOR LABORATORY TESTING OR IF THERE IS NOT A LABORATORY, START IN THE LOCATION WHERE MOST BLOOD TESTS, SUCH AS HIV TESTS, ARE CONDUCTED.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
AQP, ARW, NBL, NBM, MJL, MJM	R_C	01	Clean running water (piped; covered bucket with tap)	1	2	3
AQP, ARW, NBL, NBM, MJL, MJM	R_C	02	Soap (bar or liquid) for hand hygiene	1	2	3
AQP, ARW, NBL, NBM, MJL, MJM	R_C	03	Alcohol-based handrub	1	2	3
AQP, ARW, NBL, NBM, MJL, MJM	R_C	04	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	2	3
AQP, ARW, NBL, NBM, MJL, MJM	R_C	05	Disposable paper towels or single use hand-towels for drying hands	1	2	3

Indicator ID	Module	No.	Question	Response			Skip
AVA, AQQ, AQV, ARX, JEL, JEM, NBL, NBM, MEY, MEZ, MJL, MJM	R_C	06	Disposable latex gloves (non-sterile)	1	2	3	
AVA, AQQ, AQV, ARX, JEL, JEM, NBL, NBM, MEY, MEZ, MJL, MJM	R_C	07	Disposable latex gloves (sterile)	1	2	3	
AQM, ARS, NBL, NBM, MJL, MJM	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	
AQM, ARS, NBL, NBM, MJL, MJM	R_C	09	Does the waste receptacle for infectious non-sharp waste have a functional foot pedal to open it?	1	2	3	
DGU, MJL, MJM	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	
DGU, MJL, MJM	R_C	11	Does the waste receptacle for biological waste have a functional foot pedal to open it?	1	2	3	
AQL, ARR, NBL, NBM, MJL, MJM	R_C	12	Sharps container (“safety box”)	1	2	3	
AQN, ARU, NBL, NBM, MJL, MJM	R_C	13	Environmental disinfectant for surfaces (e.g. chlorine, alcohol)	1	2	3	
AQO, ARV, NBL, NBM, MJL, MJM	R_C	14	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	
AQW, AJU, MEY, MEZ, MJL, MJM	R_C	15	Surgical masks	1	2	3	
AQX, DMK, MEY, MEZ, MJL, MJM	R_C	16	N95 face masks	1	2	3	
AQY, DKB, MEY, MEZ, MJL, MJM	R_C	17	Non-sterile protective gowns	1	2	3	
AQY, CQO, MEY, MEZ, MJL, MJM	R_C	18	Sterile protective gowns	1	2	3	
AQZ, CRN, MEY, MEZ, MJL, MJM	R_C	19	Aprons	1	2	3	
ARA, CRS, MEY, MEZ, MJL, MJM	R_C	20	Eye protection (goggles, face shields)	1	2	3	
ARB, CRT, MEY, MEZ, MJL, MJM	R_C	21	Gumboots or clogs	1	2	3	
ARC, CRU, MEY, MEZ, MJL, MJM	R_C	22	Hair cover	1	2	3	



29.3. RAPID AND HANDHELD DIAGNOSTICS, EQUIPMENT AND COMMODITIES										
RAPID AND HANDHELD DIAGNOSTICS										
	R_C	2908	I would like to know if the following tests are available in this service site today. For each test that I ask about, please show it to me.	(A) AVAILABLE					(B) STOCK OUT IN THE PAST 3 MONTHS	
				OBSERVED		NOT OBSERVED			YES	NO
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
ARJ, BFW, BKL, BKT, BKX, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM	R_C	01	Malaria RDT	1 →B	2	3 →B	4	5	1	2
ARK, AYE, BJW, BMM, BOJ, BOL, BOM, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	R_C	02	HIV RDT	1 →B	2	3 →B	4	5	1	2
BON	R_C	2909	Does this facility have external quality control mechanisms for HIV RDT test results?	YES..... 1 NO..... 2 DOES NOT USE HIV RAPID TEST..... 5						→Q2911
BOO	R_C	2910	Does this facility routinely conduct internal testing of the quality of the HIV RDT test kit?	YES..... 1 NO..... 2						
	R_C	2911	Continuing with tests available in this service site today, for each test that I ask about, please show it to me. (ALL URINE DIPSTICK TESTS MAY BE PART OF MULTI-TEST DIPSTICK)	AVAILABLE						
				OBSERVED		NOT OBSERVED				
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
ARL, AYF, BSS, MFL, MFM, LEQ, LEY, LEZ, OIB, OIL, OIM	R_C	01	Syphilis RDT	1	2	3	4	5		
ARI, MFL, MFM	R_C	02	Urine rapid tests for pregnancy	1	2	3	4	5		
ARG, AYD, BVW, MFL, MFM, LEQ, LEY, LEZ, MNP, MNY, MNZ	R_C	03	Urine dipstick for protein	1	2	3	4	5		
ARF, MFL, MFM	R_C	04	Urine dipstick for glucose	1	2	3	4	5		
ARH, BVX, MFL, MFM, MNP, MNY, MNZ	R_C	05	Urine dipstick for ketones	1	2	3	4	5		
CQB, MFL, MFM	R_C	06	Urine dipstick for bilirubin	1	2	3	4	5		
DPE	R_C	07	Urine dipstick for blood	1	2	3	4	5		
DPF	R_C	08	Urine dipstick for white blood cells or nitrites (for UTI)	1	2	3	4	5		
CVA	R_C	09	Hepatitis B RDT	1	2	3	4	5		
CVB	R_C	10	Hepatitis C RDT	1	2	3	4	5		
BTW, NPA, NPL, NPM	R_C	11	Filariasis test strip (FTS)	1	2	3	4	5		
BTX, NPA, NPL, NPM	R_C	12	Dengue RDT	1	2	3	4	5		

BTY, NPA, NPL, NPM	R_C	13	Visceral leishmaniasis RDT	1	2	3	4	5		
CQU	R_C	14	COVID-19 RDT	1	2	3	1	2		
BWE	R_C	15	HbA1C RDT	1	2	3	4	5		
	R_C	16	Haemoglobin handheld test	1	2	3	4	5		
HANDHELD EQUIPMENT AND COMMODITIES										
	R_C	2912	I would like to know if the following handheld items are available in this service site today.							
	R_C	2913	For each item that I ask you about, please show it to me and tell me if it is functioning or not, or if it has a valid expiry date in the case of tests.	(A) AVAILABLE			(B) FUNCTIONAL/VALID			
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO		
ARD, AYC, BFU, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM	R_C	01	Colourimeter or haemoglobinometer (for anaemia handheld test)	1 →B	2 →B	3 →02	1	2		
ARE, BVV, MFL, MFM, MNP, MNY, MNZ	R_C	02	Glucometer (for glucose handheld test)	1 →B	2 →B	3 →03	1	2		
ARE, BVV, MFL, MFM, MNP, MNY, MNZ	R_C	03	Glucometer test strips/discs	1 →B	2 →B	3 →Q2913_04	1	2		
SPECIMENS FOR SURVEILLANCE/NOTIFIABLE DISEASES										
	R_C	2913_04	Does this facility collect any specimens for surveillance or notifiable diseases and send them out for offsite testing?	YES..... 1 NO 2						
29.4. OTHER LABORATORY DIAGNOSTICS, EQUIPMENT AND COMMODITIES										
	R_C	2914	Other than the rapid or handheld diagnostics and specimens for surveillance that I just asked about, does this facility provide any other laboratory diagnostics either onsite or by sending the specimen offsite?	YES..... 1 NO 2					→Q2918	
OTHER LABORATORY DIAGNOSTICS										
	R_C	2915	Now I would like to know if the following diagnostics are available onsite at any location in this facility, if specimens are sent offsite and results are returned, or if the diagnostic service is not provided.	AVAILABLE						
				ONSITE	SPECIMEN SENT OUT AND RESULT RETURNED	NO				
HAEMATOLOGY										
	R_C	01	Any test of white and red blood cells	1		2→09		3→09		
ARD, AYC, BFU, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM	R_C	02	Haematocrit or haemoglobin	1		2		3		
DPG	R_C	03	White cell count	1		2		3		
DPH	R_C	04	Platelet count	1		2		3		
ARD, AYC, BFU, BZH, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM, OIB, OIL, OIM	R_C	05	Complete blood count	1		2		3		
DPI	R_C	06	Erythrocyte sedimentation rate	1		2		3		
BUZ	R_C	07	Blood coagulation test: PT/INR	1		2		3		
BUZ	R_C	08	Blood coagulation test: PTT	1		2		3		

BLOOD CHEMISTRY						
	R_C	09	Any blood chemistry tests	1	2→20	3→20
BZJ	R_C	10	Electrolytes	1	2	3
ARE, MFL, MFM	R_C	11	Glucose	1	2	3
DPJ	R_C	12	Creatinine	1	2	3
DPK	R_C	13	Blood urea nitrogen	1	2	3
BZI	R_C	14	Albumin	1	2	3
BZI	R_C	15	Bilirubin	1	2	3
BZI	R_C	16	Other liver function tests	1	2	3
DPL	R_C	17	Total cholesterol	1	2	3
DPM	R_C	18	Lipid profile	1	2	3
DPN	R_C	19	Amylase or lipase	1	2	3
BWF, BWU, MIP, MIY, MIZ	R_C	20	Blood pH and gasses	1	2	3
BWE	R_C	21	HBA1C	1	2	3
BUY	R_C	22	Cardiac marker test (CK or troponin)	1	2	3
DPO	R_C	23	Thyroid stimulating hormone (TSH)	1	2	3
MICROBIOLOGY, MYCOLOGY AND PARASITOLOGY						
DPP	R_C	24	Microscopy – wet mount	1	2	3
BST	R_C	25	Microscopy - Gram stain	1	2	3
DPQ	R_C	26	Culture (any specimen)	1	2	3
DPR	R_C	27	Blood culture	1	2	3
BMU, MHO, MHY, MHZ	R_C	28	Any antimicrobial sensitivity testing	1	2	3
BLOOD TRANSFUSION						
	R_C	29	Any blood group and serology test	1	2→34	3→34
BCA, CNI, CHV, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	30	ABO blood grouping test	1	2	3
BCA, CNI, CHV, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	31	Rhesus factor blood test	1	2	3
BCB, CNI, DGX, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	32	Cross-match test by direct agglutination	1	2	3
BCB, CNI, DGX, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	33	Cross-match test by indirect anti-globulin testing or other test with equivalent sensitivity	1	2	3
DISEASE-SPECIFIC DIAGNOSTICS						


DPS	R_C	34	Hepatitis B	1	2	3		
DPT	R_C	35	Hepatitis C	1	2	3		
DPU	R_C	36	Syphilis (other than RDT)	1	2	3		
DPV	R_C	37	COVID 19 PCR	1	2	3		
BLI, KVO, KVY, KVZ	R_C	38	HIV viral load	1	2	3		
BQS, KVO, KVY, KVZ	R_C	39	CD4 count	1	2	3		
DPW	R_C	40	Cryptococcal antigen test	1	2	3		
DPX	R_C	41	Sputum microscopy with Ziehl-Neelsen stain for TB (AFB)	1	2	3		
BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	R_C	42	Xpert MTB/RIF for TB	1	2	3		
ARJ, BFW, BKD, CVW, BKL, BKR, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM	R_C	43	Malaria smear	1	2	3		
DPY	R_C	44	Kato Katz test (for helminths/worms)	1	2	3		
BXK	R_C	45	HPV test (Cervista)	1	2	3		
DPZ	R_C	46	Guaiac test (FOBT) or faecal immunochemical test (FIT) for blood in stool	1	2	3		
BYQ, JWA, JWL, JWM	R_C	47	Prostate specific antigen (PSA) test	1	2	3		
BZF	R_C	48	Any tissue or specimen sample biopsy	1	2	3		
LABORATORY EQUIPMENT AND COMMODITIES								
	R_C	i2916	For the tests conducted onsite, I would like to ask you about the availability and functionality of the associated equipment and commodities .					
	R_C	2917	For each item that I ask you about, please show it to me and, when relevant, tell me if it is functioning or not, or if it has a valid expiry date in the case of tests.	(A) AVAILABLE			(B) FUNCTIONAL/VALID	
				OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO
MULTIPURPOSE LABORATORY EQUIPMENT AND COMMODITIES								
ARD, ARJ, ARL, AYC, AYF, BFU, BFV, BFW, BKL, BKR, BMK, BQR, BSS, BST, BSU, BTV, BTT, BZH, ARM, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM, KEB, KEL, KEM, MJO, MJY, MJZ, KVO, KVY, KVZ, OIB, OIL, OIM, NPA, NPL, NPM	R_C	01	Light microscope	1 → B	2 → B	3 → 02	1	2

ARD, ARJ, ARL, AYC, AYF, BFU, BFV, BFW, BKL, BKR, BMK, BQR, BSS, BST, BSU, BTT, BZH, ARN, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM, KEB, KEL, KEM, MJO, MJY, MJZ, KVO, KVY, KVZ, OIB, OIL, OIM, NPA, NPL, NPM	R_C	02	Glass slides	1	2	3	X	X
ARD, ARJ, ARL, AYC, AYF, BFV, BFW, BKL, BKR, BQR, BSS, BST, BSU, BTT, BZH, ARO, MFL, MFM, LEQ, LEY, LEZ, KEB, KEL, KEM, KVO, KVY, KVZ, OIB, OIL, OIM, NPA, NPL, NPM	R_C	03	Cover slips for glass slides	1	2	3	X	X
BCA, BCB, BQT, BQU, BTU, BZJ, BZI, CNI, CVR, CHV, DGX, LWC, LWL, LWM, KKB, KKC, KKL, KKM, KKY, KKZ, KVO, KVY, KVZ, NPA, NPL, NPM	R_C	04	Centrifuge for plasma and urine separation	1 → B	2 → B	3 → 05	1	2
BTU, NPA, NPL, NPM	R_C	05	Test tubes	1	2	3	X	X
ARK, ARL, AYE, AYF, BCB, BJW, BMM, BMU, BOJ, BRX, BSS, CNI, DGX, MFL, MFM, LEQ, LEY, LEZ, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ, KTB, KTL, KTM, MJO, MJY, MJZ, MHO, MHY, MHZ, KFP, KFY, KFZ, KHC, KHL, KHM, OIB, OIL, OIM	R_C	06	Incubator (37 °C)	1 → B	2 → B	3 → 07	1	2
DQA	R_C	07	Agar plates for culture	1	2	3	X	X
DQB	R_C	08	Vortex mixer	1 → B	2 → B	3 → 09	1	2
ARL, AYF, BSS, CVQ, MFL, MFM, LEQ, LEY, LEZ, OIB, OIL, OIM	R_C	09	Rocker/shaker	1 → B	2 → B	3 → 10	1	2
HAEMATOLOGY EQUIPMENT AND COMMODITIES								
ARD, AYC, BFU, BQR, BZH, CUC, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM, KVO, KVY, KVZ	R_C	10	Haematology analyser	1 → B	2 → B	3 → 11	1	2

ARD, AYC, BFU, BQR, BZH, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM, KVO, KVV, KVZ	R_C	11	Stains for full blood count and differential	1 → B	2 → B	3 → 12	1	2	
BQR, BZH, KVO, KVV, KVZ	R_C	12	White blood cell counting chamber/haemocytometer	1 → B	2 → B	3 → 13	1	2	
ARD, BFU, MFL, MFM, LEQ, LEY, LEZ, MKC, MKL, MKM	R_C	13	Micro-centrifuge & pipettes for haematocrit/PCV	1 → B	2 → B	3 → 14	1	2	
BUZ	R_C	14	Blood coagulation analyser (PT/PTT)	1 → B	2 → B	3 → 15	1	2	
CQE, MFL, MFM	R_C	15	Westergren tube and rack for ESR	1	2	3			
BLOOD CHEMISTRY EQUIPMENT AND COMMODITIES									
ARE, BQT, BQU, BVV, BZI, BZI, CUB, MFL, MFM, KVO, KVV, KVZ, MNP, MNY, MNZ	R_C	16	Blood chemistry analyser	1 → B	2 → B	3 → 17	1	2	
BQU, BZI, KVO, KVV, KVZ	R_C	17	Assay kit – liver function test including ALT	1 → B	2 → B	3 → 18	1	2	
BQT, KVO, KVV, KVZ	R_C	18	Assay kit – renal function test including creatinine and urea nitrogen	1 → B	2 → B	3 → 19	1	2	
BZI	R_C	19	Assay kit – serum electrolytes	1 → B	2 → B	3 → 20	1	2	
DQC	R_C	20	Assay kit/reagents for measuring lipase	1 → B	2 → B	3 → 21	1	2	
DQD	R_C	21	Assay kit/reagents for measuring thyroid stimulating hormone (TSH)	1 → B	2 → B	3 → 22	1	2	
DQE	R_C	22	Assay kit/reagents for measuring blood lipids	1 → B	2 → B	3 → 23	1	2	
BVA, BWF, BWU, MIP, MIY, MIZ	R_C	23	All items for blood gas measurement	1 → B	2 → B	3 → 24	1	2	
BUY	R_C	24	All items for any cardiac marker test	1 → B	2 → B	3 → 25	1	2	
BWE	R_C	25	All items for HbA1C measurement	1 → B	2 → B	3 → 26	1	2	
EIA/ELISA EQUIPMENT AND COMMODITIES									
ARK, AYE, BJW, BMM, BOJ, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	R_C	26	EIA/ELISA washer	1 → B	2 → B	3 → 27	1	2	
ARK, AYE, BJW, BMM, BOJ, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	R_C	27	EIA/ELISA reader	1 → B	2 → B	3 → 28	1	2	

ARK, AYE, BJW, BMM, BOJ, BRX, MFL, MFM, LEQ, LEY, LEZ, KTB, KTL, KTM, MJO, MJY, MJZ, KFP, KFY, KFZ, KHC, KHL, KHM	R_C	28	Assay kit – HIV antibody testing by EIA/ELISA	1 → B	2 → B	3 → 29	1	2
POLYMERASE CHAIN REACTION (PCR) EQUIPMENT AND COMMODITIES								
BLI, KVO, KVY, KVZ	R_C	29	PCR for HIV viral load or HIV early-infant diagnosis	1 → B	2 → B	3 → 30	1	2
DQF	R_C	30	PCR for COVID-19	1 → B	2 → B	3 → 31	1	2
CD4 EQUIPMENT AND COMMODITIES								
BQS, KVO, KVY, KVZ	R_C	31	CD4 counter	1 → B	2 → B	3 → 32	1	2
BQS, KVO, KVY, KVZ	R_C	32	Specific assay kit – CD4 test	1 → B	2 → B	3 → 33	1	2
SYPHILIS EQUIPMENT AND COMMODITIES								
ARL, AYF, BSS, MFL, MFM, LEQ, LEY, LEZ, OIB, OIL, OIM	R_C	33	Assay kit – syphilis serology (RPR)	1 → B	2 → B	3 → 34	1	2
ARL, AYF, BSS, MFL, MFM, LEQ, LEY, LEZ, OIB, OIL, OIM	R_C	34	VDRL test kit	1 → B	2 → B	3 → 35	1	2
ARL, AYF, BSS, MFL, MFM, LEQ, LEY, LEZ, OIB, OIL, OIM	R_C	35	Treponemal specific tests (FTA-Abs)	1 → B	2 → B	3 → 36	1	2
TUBERCULOSIS EQUIPMENT AND COMMODITIES								
BMK, MJO, MJY, MJZ	R_C	36	Fluorescence microscope (FM)	1 → B	2 → B	3 → 37	1	2
BMK, MJO, MJY, MJZ	R_C	37	Ziehl-Neelsen stain	1 → B	2 → B	3 → 38	1	2
BMK, MJO, MJY, MJZ	R_C	38	Auramine rhodamine stain for fluorescent microscopy	1 → B	2 → B	3 → 39	1	2
BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	R_C	39	GeneXpert 4 module unit with laptop	1 → B	2 → B	3 → 40	1	2
BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	R_C	40	GeneXpert 4 test cartridge	1 → B	2 → B	3 → 41	1	2
BML, BMU, MJO, MJY, MJZ, MHO, MHY, MHZ	R_C	41	Cartridge for Ultra test	1 → B	2 → B	3 → 42	1	2
OTHER EQUIPMENT AND COMMODITIES								
BTV, NPA, NPL, NPM	R_C	42	Kato Katz kit (for helminths)	1 → B	2 → B	3 → 43	1	2
ARJ, BFW, BKL, BKR, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM	R_C	43	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field stain A and B)	1 → B	2 → B	3 → 44	1	2
BPZ, MZO, MZY, MZZ	R_C	44	Specific assay kit – cryptococcal antigen test	1 → B	2 → B	3 → 45	1	2
	R_C	45	India ink stain preparation	1 → B	2 → B	3 → 46	1	2
BST, OIB, OIL, OIM	R_C	46	All items for gram stain	1 → B	2 → B	3 → 47	1	2

BFV, BSU, BTT, MKC, MKL, MKM, OIB, OIL, OIM, NPA, NPL, NPM	R_C	47	All items for wet mount preparation/stain	1 → B	2 → B	3 → 48	1	2
BRY, , KHB, KHL, KHM	R_C	48	Filter paper for dried blood spot (DBS)	1 → B	2 → B	3 → 48_1	1	2
	R_C	48_1	Specific assay kit - HIV viral load test	1 → B	2 → B	3 → 49	1	2
CULTURE AND SENSITIVITY EQUIPMENT AND COMMODITIES								
	R_C	49	Media for antimicrobial sensitivity tests	1 → B	2 → B	3 → 50	1	2
	R_C	50	Any medicine sensitivity disk other than for TB medicines	1 → B	2 → B	3 → 51	1	2
BMU, MHO, MHY, MHZ	R_C	51	Medicine sensitivity disks for MDR TB (rifampicin)	1 → B	2 → B	3 → 52	1	2
	R_C	52	All items for blood cultures	1 → B	2 → B	3 → 53	1	2
CANCER SPECIFIC EQUIPMENT AND COMMODITIES								
BYQ	R_C	53	All items for PSA test	1 → B	2 → B	3 → 54	1	2
BYZ, ODO, ODY, ODZ	R_C	54	Guaiac kit (FOBT) or faecal immunochemical kit (FIT) for blood in stool	1 → B	2 → B	3 → 55	1	2
BZG	R_C	55	Microtome for slicing biopsy samples	1 → B	2 → B	3 → 56	1	2
BLG, BXK, OIB, OIL, OIM	R_C	56	All items for HPV test (Cervista)	1 → B	2 → B	3 → 57	1	2
DQG	R_C	57	Acetic acid	1 → B	2 → B	3 → 58	1	2
BLOOD GROUPING AND SEROLOGY EQUIPMENT AND COMMODITIES								
BCA, CNI, CHV, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	58	ABO grouping sera	1 → B	2 → B	3 → 59	1	2
BCA, CNI, CHV, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	59	RH test sera	1 → B	2 → B	3 → 60	1	2
BCB, CNI, DGX, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	60	All items for cross-match testing by direct agglutination	1 → B	2 → B	3 → 61	1	2
BCB, CNI, DGX, LWC, LWL, LWM, KKC, KKL, KKM, KKY, KKZ	R_C	61	All items for cross-match testing by indirect antiglobulin testing or other test with equivalent sensitivity	1 → B	2 → B	3 → Q2918	1	2
29.5. SUPPORT FOR QUALITY LABORATORY SERVICES								
ARJ, BFW, BKL, CWV, BKR, MFL, MFM, MKC, MKL, MKM, KEB, KEL, KEM	R_C	2918	Does this facility have an accredited/certified microscopist?	YES..... 1 NO 2				
DQH	R_C	2919	Have you or any laboratory staff received biosafety training in the past 2 years?	YES, ALL STAFF 1 YES, SOME BUT NOT ALL STAFF 2 NO 3				

CYS	R_C	2920	Is there a system for documenting the movement of specimens from the time they are received to the delivery of results to the patient/provider? IF YES, ASK: May I see any records documenting this?	YES..... 1 NO 2					→Q2922
	R_C	2921	REVIEW SYSTEM AND RECORDS FOR ONE TYPE OF SPECIMEN AND INDICATE WHICH OF THE FOLLOWING ARE TRUE. IF UNCERTAIN, ASK THE RESPONDENT TO EXPLAIN THE SYSTEM TO YOU.	OBSERVED	REPORTED, NOT SEEN	NO			
CYS	R_C	01	Received specimens are labelled with patient identifier	1	2	3			
BMK, CYS, MJO, MJY, MJZ	R_C	02	Received specimens are logged in with patient identifier	1	2	3			
BMK, CYS, MJO, MJY, MJZ	R_C	03	Test results can be traced from received specimen to recording of results	1	2	3			
BMK, CYS, MJO, MJY, MJZ	R_C	04	There is documentation to show results were provided to the patient or service provider requesting the test	1	2	3			
BMK, MJO, MJY, MJZ	R_C	2922	Are any specimens sent outside for testing with results returned to the facility for follow-up?	YES..... 1 NO 2					→Q2924
	R_C	2923	Please tell me if specimens for each of the following tests are sent outside for testing. If yes, please show me a register that documents specimens for the test were sent and results were returned.	(A) TEST SENT OUTSIDE		(B) RECORD FOR SPECIMENS			
				YES	NO	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
BMK, MJO, MJY, MJZ	R_C	01	Specimen to test for TB infection	1 →B	2 →02	1	2	3	
BMU, MHO, MHY, MHZ	R_C	02	Specimens to test for TB drug resistance	1 →B	2 →03	1	2	3	
	R_C	03	CD4	1 →B	2 →04	1	2	3	
	R_C	04	OTHER TYPES OF SPECIMENS AND TESTS (SPECIFY)	1 →B _____	2 →Q2924	1	2	3	
CYN	M_C	2924	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					→ END OF SECTION
	M_C	2925	For which of the following tests does this facility have a system for routine external quality assessment checks:	YES	NO	NOT APPLICABLE			
CLX	M_C	01	HIV serology (e.g. ELISA)	1	2	5			
CMA	M_C	02	Blood chemistries	1	2	5			
CMB	M_C	03	TB sputum test	1	2	5			
CMC	M_C	04	CD4 testing	1	2	5			
	M_C	05	Other _____ (SPECIFY)	1	2				

Indicator ID	Module	No.	Question	Response					Skip
			30. CONSUMABLE COMMODITIES						
			30.1. CONSUMABLE SUPPLIES						
	R_C	i3000	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.						
	R_C	3001	I would like to check on the availability of consumable commodities. Please show me the main storage site for these types of commodities and for each item I ask about, if the facility has the item, please show it to me.	AVAILABLE					
				OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
			CONSUMABLE SUPPLIES						
CCF, CDY, LRP, LRY, LRZ, JKB, JKL, JKM	R_C	01	Sutures - absorbable	1	2	3	4	5	
AUQ, CCF, JEL, JEM, JKB, JKL, JKM	R_C	03	Sutures – non absorbable	1	2	3	4	5	
AUS, BAC, BDV, BQF, CQN, JEL, JEM, MEC, MEL, MEM, OAO, OAY, OAZ, MZP, MZY, MZZ	R_C	04	Intravenous infusion set	1	2	3	4	5	
AUT, JEL, JEM	R_C	05	Blood giving set	1	2	3	4	5	
AUU, JEL, JEM	R_C	06	Intravenous cannula (any size)	1	2	3	4	5	
AUU, JEL, JEM	R_C	07	Intravenous cannula gauge 14 or 16	1	2	3	4	5	
AUU, JEL, JEM	R_C	08	Intravenous cannula gauge 18	1	2	3	4	5	
AUU, JEL, JEM	R_C	09	Intravenous cannula gauge 20	1	2	3	4	5	
AUU, BDV, JEL, JEM, OAO, OAY, OAZ	R_C	10	Intravenous cannula gauge 22	1	2	3	4	5	
AUV, BDV, JEL, JEM, OAO, OAY, OAZ	R_C	11	Intravenous needle for children	1	2	3	4	5	
AUW, BDV, JEL, JEM, OAO, OAY, OAZ	R_C	12	Sterile needle (any size)	1	2	3	4	5	
AUW, JEL, JEM	R_C	13	Sterile needles gauge 19	1	2	3	4	5	
AUW, JEL, JEM	R_C	14	Sterile needles gauge 21	1	2	3	4	5	
AUW, JEL, JEM	R_C	15	Sterile needles gauge 23	1	2	3	4	5	
AUX, BDV, JEL, JEM, OAO, OAY, OAZ	R_C	16	Disposable syringes 2 or 3 mL	1	2	3	4	5	
AUX, BDV, JEL, JEM, OAO, OAY, OAZ	R_C	17	Disposable syringes 10 mL	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
				1	2	3	4	5	
ASZ, ATH, BAB, BEP, CCD, NXL, NXM, JXB, JXL, JXM, MEC, MEL, MEM, JKB, JKL, JKM, LUD, LUL, LUM	R_C	18	4% chlorhexidine solution for umbilical cord (or cleaning perineum/cervix or skin antiseptic)	1	2	3	4	5	
AUY, CCG, JEL, JEM, JKB, JKL, JKM	R_C	19	Materials for splinting extremities	1	2	3	4	5	
	R_C	20	Cervical collar	1	2	3	4	5	
AUZ, JEL, JEM, JKB, JKL, JKM	R_C	21	Material for casts	1	2	3	4	5	
AVA, AQV, JEL, JEM, MEY, MEZ	R_C	22	Disposable latex gloves (non-sterile)	1	2	3	4	5	
AVB, JEL, JEM	R_C	23	Alcohol swabs	1	2	3	4	5	
AVC, JEL, JEM	R_C	24	Sterile gauze swabs (any size)	1	2	3	4	5	
AVD, JEL, JEM	R_C	25	Adhesive tape (strapping)	1	2	3	4	5	
AVE, BQI, BSV, JEL, JEM, MZP, MZY, MZZ, OIC, OIL, OIM	R_C	26	Male condoms for non-family planning services	1	2	3	4	5	
AVF, JEL, JEM	R_C	27	Straight urinary catheter	1	2	3	4	5	
AVG, JEL, JEM	R_C	28	Urinary catheter with bulb for indwelling	1	2	3	4	5	
AVH, JEL, JEM	R_C	29	Urine collection bag for use with indwelling urinary catheter	1	2	3	4	5	
AVI, JEL, JEM	R_C	30	Endotracheal tube (adult)	1	2	3	4	5	
AVJ, JEL, JEM	R_C	31	Endotracheal tube (paediatric)	1	2	3	4	5	
AXZ, BGE, BKP, LER, LEY, LEZ, MKD, MKL, MKM, KEC, KEL, KEM	R_C	32	Long-lasting insecticidal nets (LLINs)	1	2	3	4	5	
AXZ, BGE, BKP, LER, LEY, LEZ, MKD, MKL, MKM, KEC, KEL, KEM	R_C	33	Voucher for long-lasting insecticidal nets (COUNTRY ADAPT)	1	2	3	4	5	
BEO, BGE, BKP, LUD, LUL, LUM, MKD, MKL, MKM, KEC, KEL, KEM	R_C	34	Infant LLINs	1	2	3	4	5	
30.2. COMMODITIES FOR STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL									
	R_C	i3002	I would like to check on the availability of protective clothing and commodities for standard precautions and infection prevention and control.						
	R_C	3003	Please show me the main storage site for these types of items and for each item I ask about, if the facility has the item, please show it to me.	AVAILABLE					
				OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
AQW, MEY, MEZ	R_C	01	Surgical masks	1	2	3	4	5	
AQX, MEY, MEZ	R_C	02	N95 face masks	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
				1	2	3	4	5	
AQY, MEY, MEZ	R_C	03	Non-sterile protective gowns	1	2	3	4	5	
AQY, MEY, MEZ	R_C	04	Sterile protective gowns	1	2	3	4	5	
AQZ, MEY, MEZ	R_C	05	Aprons (impermeable)	1	2	3	4	5	
ARA, MEY, MEZ	R_C	06	Eye protection (goggles, face shields)	1	2	3	4	5	
ARB, MEY, MEZ	R_C	07	Gumboots or clogs	1	2	3	4	5	
ARC, MEY, MEZ	R_C	08	Hair cover	1	2	3	4	5	
	R_C	09	Sharps container ("safety box")	1	2	3	4	5	
AVA, AQV, CCC, JEL, JEM, MEY, MEZ, JKA, JKL, JKM	R_C	10	Disposable latex gloves (sterile)	1	2	3	4	5	
AQN, NBL, NBM	R_C	11	Environmental disinfectant for surfaces	1	2	3	4	5	
	R_C	12	Alcohol-based handrub	1	2	3	4	5	
	R_C	13	Poster reminding staff about hand hygiene or showing good hand hygiene techniques	1	X	3	4	5	
	R_C	14	Disposable paper towels for drying hands or single use hand towels	1	X	3	4	5	
	R_C	15	Waste receptacle bin with lid	1	X	3	4	5	
	R_C	16	Plastic bin liner	1	X	3	4	5	
AQO, BDV, NBL, NBM, OAO, OAY, OAZ	R_C	17	Disposable syringes with disposable needles or auto-disable syringes	1	2	3	4	5	
30.3. PROCEDURE KITS AND PATIENT EQUIPMENT									
	R_C	3004	<p>Is there a central location where procedure kits or patient equipment are kept or are these only found in the unit where the procedure is conducted or the patient receives services?</p> <p>IF YES, ASK TO BE SHOWN THE CENTRAL LOCATION(S) WHERE EACH OF THE FOLLOWING MAY BE CENTRALLY STORED AND SUPPLIED TO UNITS ON REQUEST. DO NOT GO TO PATIENT UNITS TO SEE THESE ITEMS; THEY ARE CHECKED IN PATIENT UNITS IN OTHER SECTIONS.</p>	<p>YES, CENTRAL STORE(S) FOR KITS AND PATIENT EQUIPMENT..... 1</p> <p>NO CENTRAL STORE(S) FOR KITS OR PATIENT EQUIPMENT..... 2</p>					➔ END OF SECTION
	R_C	i3005	I would like to check on the availability of procedure kits and patient equipment .						
	R_C	3006	Please show me the main storage site for these items. For each item I ask about, if the facility has the item, please show it to me.	AVAILABLE					
				OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
COH, KJY, KJZ	R_C	01	Lumbar puncture kit	1	2	3	4	5	
CBY, JKA, JKL, JKM	R_C	02	Minor surgical kit	1	2	3	4	5	
	R_C	03	Cricothyroidotomy or tracheostomy set	1	2	3	4	5	
CPZ, LFL, LFM	R_C	04	Laryngeal mask or other supraglottic airway	1	2	3	4	5	
CCA, JKA, JKL, JKM	R_C	05	Chest tubes	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
				1	2	3	4	5	
CCA, JKA, JKL, JKM	R_C	06	Chest tube insertion kit	1	2	3	4	5	
	R_C	07	Device for intraosseous access	1	2	3	4	5	
	R_C	08	CPAP equipment	1	X	3	4	5	
	R_C	09	Pelvic binder	1	X	3	4	5	
	R_C	10	External cardiac pacemaker	1	X	3	4	5	
CPV, KJY, KJZ	R_C	11	Patient restraints for arms and legs	1	X	3	4	5	
	R_C	12	Peak flow meters	1	X	3	4	5	
	R_C	13	Spacers for inhalers	1	X	3	4	5	

Indicator ID	Module	No.	Question	Response	Skip			
31. PHARMACEUTICAL COMMODITIES								
31.1. MAIN STORAGE SITE FOR PHARMACEUTICALS								
31.1.1. MEDICINES AVAILABILITY								
ATP, ATQ, ATR, ATS, ATT, ATU, ATV, ATW, ATX, ATY, ATZ, AUA, AUB, AUC, AUD, OEY, OEZ	R_C	3100	Does this facility stock any medicines, vaccines or contraceptive commodities?	YES..... 1 NO 2	➔ END OF SECTION			
	R_C, M_C	i3101	ASK TO BE SHOWN THE MAIN STORAGE SITE FOR PHARMACEUTICALS. I would like to know if the following medicines are available in this facility today. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify. I will also be asking about stock outs for some specific medicines.					
	R_C	3102	For each medicine I ask about, please show it to me.	AVAILABLE				
			CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED	OBSERVED	NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
GENERAL MEDICINES								
	R_C	3103	ANTI-INFECTIVE AND ANTI-PARASITIC					
BGC, BTZ, MKD, MKL, MKM, NPB, NPL, NPM	R_C	01	Albendazole or mebendazole tab/cap	1	2	3	4	5
ASO, ATF, BES, NXL, NXM, JXB, JXL, JXM, LUD, LUL, LUM	R_C	02	Amoxicillin tab/cap	1	2	3	4	5
ATF, ATJ, BEU, BES, BDW, BFY, BGL, JXB, JXD, JXL, JXM, LUD, LUL, LUM, OAP, OAY, OAZ, MKD, MKL, MKM, JDY, JDZ	R_C	03	Amoxicillin suspension/or dispersible tab	1	2	3	4	5
ATF, AZZ, BAW, BCX, BES, BDW, BGM, COT, CPK, JXB, JXL, JXM, MEC, MEL, MEM, LOY, LOZ, LHY, LHZ, LKL, LKM, MVP, MVY, MVZ, LUD, LUL, LUM, OAP, OAY, OAZ, JDY, JDZ	R_C	04	Ampicillin powder for injection	1	2	3	4	5
BQE, MZP, MZY, MZZ	R_C	05	Amphotericin injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5
BBA, BSZ, BUE, CBD, CBE, LOY, LOZ LTD, LTL, LTM LTD, LTL, LTM, OIC, OIL, OIM, NPB, NPL, NPM	R_C	06	Azithromycin tab/cap or suspension	1	2	3	4	5

Indicator ID	Module	No.	Question	Response					Skip
ASP, AYB, AZZ, BBC, BSW, COT, CPK, CBB, NXL, NXM, LER, LEY, LEZ, MEC, MEL, MEM, LOY, LOZ, LTD, LTL, LTM, LHY, LHZ, LKL, LKM, OIC, OIL, OIM	R_C	07	Benzathine benzylpenicillin powder for injection (long-acting)	1	2	3	4	5	
BBB, BSY, CBD, LOY, LOZ LTD, LTL, LTM, OIC, OIL, OIM	R_C	08	Cefixime tab/cap	1	2	3	4	5	
ASN, CQC, AZZ, BCX, BET, BDY, BGN, BOF, COT, CPK, CBD, NXL, NXM, JXC, JXL, JXM, MEC, MEL, MEM, LTD, LTL, LTM, LHY, LHZ, LKL, LKM, MVP, MVY, MVZ, LUD, LUL, LUM, OAP, OAY, OAZ, JDY, JDZ, OIC, OIL, OIM	R_C	09	Ceftriaxone injection	1	2	3	4	5	
	R_C	10	Ciprofloxacin tab/cap	1	2	3	4	5	
BQA, MZP, MZY, MZZ	R_C	11	Cotrimoxazole tab/cap	1	2	3	4	5	
BFZ, BSI, BSC, MKD, MKL, MKM, NXY, NXZ, KHD, KHL, KHM	R_C	12	Cotrimoxazole syrup or dispersible tab	1	2	3	4	5	
BUC, NPB, NPL, NPM	R_C	13	Diethylcarbamazine tab/cap	1	2	3	4	5	
CBE LTD, LTL, LTM	R_C	14	Doxycycline tab/cap	1	2	3	4	5	
CRX, BQC, NXL, NXM, MZP, MZY, MZZ	R_C	15	Fluconazole tab/cap [FOLLOW-UP TREATMENT FOR FUNGAL INFECTION]	1	2	3	4	5	
BQE, MZP, MZY, MZZ	R_C	16	Flucytosine injection [IV MEDICINE FOR FUNGAL INFECTION]	1	2	3	4	5	
ASM, ATF, AZZ, BAX, BCX, BES, BDW, BGO, COT, CPK, NXL, NXM, JXB, JXL, JXM, MEC, MEL, MEM, LOY, LOZ, LHY, LHZ, LKL, LKM, MVP, MVY, MVZ, LUD, LUL, LUM, OAP, OAY, OAZ, JDY, JDZ	R_C	17	Gentamicin injection	1	2	3	4	5	
BUB, NPB, NPL, NPM	R_C	18	Ivermectin tab/cap (onchocerciasis)	1	2	3	4	5	
BSX, CBC LTD, LTL, LTM, OIC, OIL, OIM	R_C	19	Metronidazole tab/cap	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
BAY, LOY, LOZ	R_C	20	Metronidazole injection	1	2	3	4	5	
CSB, NXL, NXM	R_C	21	Nystatin tab/cap	1	2	3	4	5	
BUD, NPB, NPL, NPM	R_C	22	Pentamidine injection	1	2	3	4	5	
	R_C	23	Potassium permanganate (topical)	1	2	3	4	5	
BUA, NPB, NPL, NPM	R_C	24	Praziquantel tab/cap	1	2	3	4	5	
ASP, ATF, AZZ, BCX, BES, BDW, BGP, BSW, COT, CPK, CBB, NXL, NXM, JXB, JXL, JXM, MEC, MEL, MEM, LTD, LTL, LTM, LHY, LHZ, LKL, LKM, MVP, MVY, MVZ, LUD, LUL, LUM, OAP, OAY, OAZ, JDY, JDZ, OIC, OIL, OIM	R_C	25	Procaine benzylpenicillin injection	1	2	3	4	5	
	R_C	26	Vancomycin injection	1	2	3	4	5	
	R_C	27	Whitfield's ointment	1	2	3	4	5	
	R_C	28	Topical antibiotic cream or ointment (e.g. bacitracin)	1	2	3	4	5	
	R_C	3104	RESPIRATORY						
ARZ, BWQ, NXL, NXM, MIQ, MIY, MIZ	R_C	01	Beclometasone or other corticosteroid inhaler	1	2	3	4	5	
ARY, BWP, NXL, NXM, MIQ, MIY, MIZ	R_C	02	Salbutamol or terbutaline inhaler	1	2	3	4	5	
DJA, MIQ, MIY, MIZ	R_C	03	Salbutamol nebuliser solution	1	2	3	4	5	
	R_C	3105	CARDIOVASCULAR						
ASD, BUR, NXL, NXM, MNC, MNL, MNM	R_C	01	ACE inhibitor tab/cap (e.g. enalapril)	1	2	3	4	5	
ASF, BUS, CNY, NXL, NXM, LMY, LMZ, MNC, MNL, MNM	R_C	02	Acetylsalicylic acid (aspirin) tab/cap	1	2	3	4	5	
ASD, DGW, NXL, NXM, MNC, MNL, MNM	R_C	03	Beta blocker tab/cap (e.g. bisoprolol, metoprolol)	1	2	3	4	5	
ASD, BUU, NXL, NXM, MNC, MNL, MNM	R_C	04	Calcium channel blocker tab/cap (e.g. amlodipine)	1	2	3	4	5	
BVH	R_C	05	Digoxin injection	1	2	3	4	5	
DMI	R_C	06	Digoxin tab/cap	1	2	3	4	5	
DJK, COU, LKL, LKM	R_C	07	Dopamine injection [COUNTRY ADAPT VASOPRESSOR]	1	2	3	4	5	
ASG, DJC, NXL, NXM	R_C	08	Furosemide injection	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
ASG, BVK, NXL, NXM	R_C	09	Furosemide tab/cap	1	2	3	4	5	
BVB	R_C	10	Glyceryl trinitrate sublingual tab	1	2	3	4	5	
BVE	R_C	11	Heparin sodium injection	1	2	3	4	5	
BVC	R_C	12	Isosorbide dinitrate tab/cap	1	2	3	4	5	
ASE, BUW, NXL, NXM, MNC, MNL, MNM	R_C	13	Statin tab/cap (e.g. simvastatin)	1	2	3	4	5	
BVJ	R_C	14	Spirolactone tab/cap	1	2	3	4	5	
BVD, CNZ, LMY, LMZ	R_C	15	Streptokinase injection	1	2	3	4	5	
ASD, BUV, NXL, NXM, MNC, MNL, MNM	R_C	16	Thiazide/thiazide-type diuretic tab/cap (e.g. hydrochlorothiazide, chlorthalidone, indapamide)	1	2	3	4	5	
BVF	R_C	17	Warfarin tab/cap	1	2	3	4	5	
	R_C	3106	DIABETES						
ASA, BWA, NXL, NXM, MNQ, MNY, MNZ	R_C	01	Gliclazide or other sulfonylurea tab/cap (e.g. glipizide)	1	2	3	4	5	
BWC, MNQ, MNY, MNZ	R_C	02	Glucose 50% injection	1	2	3	4	5	
ASC, BWB, NXL, NXM, MNQ, MNY, MNZ	R_C	03	Insulin injection (regular)	1	2	3	4	5	
BWD	R_C	04	Insulin injection (other than regular)	1	2	3	4	5	
ASB, BVY, NXL, NXM, MNQ, MNY, MNZ	R_C	05	Metformin tab/cap	1	2	3	4	5	
	R_C	3107	CANCER						
BXT	R_C	01	Cisplatin injection (cervical cancer)	1	2	3	4	5	
BYH, LWO, LWY, LWZ	R_C	02	Cyclophosphamide injection	1	2	3	4	5	
BZA, , ODP, ODY, ODZ	R_C	03	Fluorouracil (5FU) injection (colorectal cancer)	1	2	3	4	5	
BYG, LWO, LWY, LWZ	R_C	04	Tamoxifen tab/cap	1	2	3	4	5	
	R_C	3108	OTHER/GENERAL MEDICINES						
CRV, BCF, BWT, NXL, NXM, LWD, LWL, LWM, MIQ, MIY, MIZ	R_C	01	Adrenaline or epinephrine injection	1	2	3	4	5	
BCH, LWD, LWL, LWM	R_C	02	Atropine injection	1	2	3	4	5	
ATG, BAD, BBD, JXB, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	R_C	03	Betamethasone injection	1	2	3	4	5	
BAU, LOY, LOZ	R_C	04	Calcium gluconate injection	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
CRW, ATG, BAD, BBD, NXL, NXM, JXB, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	R_C	05	Dexamethasone injection	1	2	3	4	5	
CAE	R_C	06	Diazepam suppository/gel	1	2	3	4	5	
CAE	R_C	07	Diazepam injection	1	2	3	4	5	
BWS, MIQ, MIY, MIZ	R_C	08	Hydrocortisone injection	1	2	3	4	5	
	R_C	09	Hyoscine (butylbromide) injection	1	2	3	4	5	
ASJ, BCY, BQG, CQS, NXL, NXM, MDB, MDL, MDM, MZP, MZY, MZZ	R_C	10	Ibuprofen tab/cap	1	2	3	4	5	
CSC, NXL, NXM	R_C	11	Levothyroxine tab/cap	1	2	3	4	5	
	R_C	12	Loperamide tab/cap	1	2	3	4	5	
	R_C	13	Metoclopramide injection	1	2	3	4	5	
ASH, BGV, BZM, NXL, NXM, MDB, MDL, MDM, JDY, JDZ	R_C	14	Morphine or other related opioid analgesics injection	1	2	3	4	5	
ASH, BGV, BQG, BZM, NXL, NXM, MDB, MDL, MDM, JDY, JDZ, MZP, MZY, MZZ	R_C	15	Morphine or meperidine or other related opioid analgesics tab/cap/solution	1	2	3	4	5	
	R_C	16	Naloxone injection (NARCAN®)	1	2	3	4	5	
ASI, BKN, BQG, CQS, NXL, NXM, MDB, MDL, MDM, KEC, KEL, KEM, MZP, MZY, MZZ	R_C	17	Paracetamol tab/cap	1	2	3	4	5	
BGA, BGW, MKD, MKL, MKM, JDY, JDZ	R_C	18	Paracetamol syrup/suspension	1	2	3	4	5	
BWR, MIQ, MIY, MIZ	R_C	19	Prednisolone tab/cap	1	2	3	4	5	
BVG	R_C	20	Protamine (sulphate) injection	1	2	3	4	5	
	R_C	21	Proton pump inhibitor (e.g. omeprazole or ranitidine) tab/cap	1	2	3	4	5	
	R_C	22	Pyridoxine tab/cap	1	2	3	4	5	
	R_C	23	Ranitidine injection	1	2	3	4	5	
	R_C	24	Senna or other laxative tab/cap	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
BGB, BGU, CQQ, MDB, MDL, MDM, MKD, MKL, MKM, JDY, JDZ	R_C	25	Vitamin A (retinol) tab/cap	1	2	3	4	5	
	R_C	26	Vitamin K injection	1	2	3	4	5	
	R_C	3109	MENTAL HEALTH/NEUROLOGICAL						
CAB, MRM, MRY, MRZ	R_C	01	Amitriptyline tab/cap	1	2	3	4	5	
DKQ, MRO, MRY, MRZ	R_C	02	Buprenorphine (oral)	1	2	3	4	5	
ASL, CAD, CAE, NXL, NXM, MRO, MRY, MRZ	R_C	03	Carbamazepine tab/cap	1	2	3	4	5	
CAC, MRO, MRY, MRZ	R_C	04	Chlorpromazine injection	1	2	3	4	5	
DLE, MRO, MRY, MRZ	R_C	05	Clomipramine tab/cap	1	2	3	4	5	
CAC, MRO, MRY, MRZ	R_C	06	Clozapine tab/cap	1	2	3	4	5	
CAE, MRO, MRY, MRZ	R_C	07	Diazepam or other benzodiazepine tab/cap	1	2	3	4	5	
ASK, CAB, DLE, NXL, NXM, MRO, MRY, MRZ	R_C	08	Fluoxetine tab/cap	1	2	3	4	5	
CAC, MRO, MRY, MRZ	R_C	09	Fluphenazine injection	1	2	3	4	5	
CAC, CPW, KJY, KJZ, MRO, MRY, MRZ	R_C	10	Haloperidol injection	1	2	3	4	5	
CAC, CPW, KJY, KJZ, MRO, MRY, MRZ	R_C	11	Haloperidol tab/cap	1	2	3	4	5	
CAE, MRO, MRY, MRZ	R_C	12	Lamotrigine tab/cap	1	2	3	4	5	
DMY, MRO, MRY, MRZ	R_C	13	Levodopa/carbidopa preparation tab/cap	1	2	3	4	5	
CAD, CQT, MRO, MRY, MRZ	R_C	14	Lithium carbonate tab/cap	1	2	3	4	5	
CAE, CQT, MRO, MRY, MRZ	R_C	15	Lorazepam injection	1	2	3	4	5	
DKQ, CQT, MDB, MDL, MDM, MRO, MRY, MRZ	R_C	16	Methadone (opioid dependence treatment) (oral)	1	2	3	4	5	
CAE, MRO, MRY, MRZ	R_C	17	Midazolam injection	1	2	3	4	5	
CAE, MRO, MRY, MRZ	R_C	18	Phenobarbital tab/cap	1	2	3	4	5	
CAE, MRO, MRY, MRZ	R_C	19	Phenobarbital injection	1	2	3	4	5	
ASL, CAE, NXL, NXM, MRO, MRY, MRZ	R_C	20	Phenytoin tab/cap	1	2	3	4	5	
CAC, MRO, MRY, MRZ	R_C	21	Risperidone tab/cap	1	2	3	4	5	
DMY, MRO, MRY, MRZ	R_C	22	Trihexyphenidyl or biperiden tab/cap	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
CAD, CAE, MRO, MRY, MRZ	R_C	23	Valproic acid tab/cap	1	2	3	4	5	
	R_C	3110	MATERNAL/NEONATAL						
BAI	R_C	01	Anti-D for RH incompatibility injection	1	2	3	4	5	
	R_C	02	Caffeine citrate injection	1	2	3	4	5	
AYA, LER, LEY, LEZ	R_C	03	Calcium tablet	1	2	3	4	5	
ASZ, ATH, BAB, BEP, CCD, NXL, NXM, JXB, JXL, JXM, MEC, MEL, MEM, JKB, JKL, JKM, LUD, LUL, LUM	R_C	04	Chlorhexidine solution 4%	1	2	3	4	5	
AXV, BGG, CQR, LER, LEY, LEZ, MDB, MDL, MDM, MKD, MKL, MKM	R_C	05	Ferrous sulphate tab/cap	1	2	3	4	5	
ASV, AXV, AXW, CQR, NXL, NXM, LER, LEY, LEZ, MDB, MDL, MDM	R_C	06	Ferrous and folic combined tab/cap	1	2	3	4	5	
ASV, AXW, NXL, NXM, LER, LEY, LEZ	R_C	07	Folic acid tab/cap	1	2	3	4	5	
	R_C	08	Hydralazine tab/cap	1	2	3	4	5	
BBF, LOY, LOZ	R_C	09	Hydralazine injection	1	2	3	4	5	
ASU, ATE, BAA, BAV, NXL, NXM, JXA, JXL, JXM, MEC, MEL, MEM, LOY, LOZ, MDB, MDL, MDM	R_C	10	Magnesium sulphate injection	1	2	3	4	5	
BBG, LOY, LOZ	R_C	11	Methyldopa tab/cap	1	2	3	4	5	
DKU, MVP, MVY, MVZ	R_C	12	Mifepristone tab/cap	1	2	3	4	5	
ATD, BAZ, BCW, JXA, JXL, JXM, LOY, LOZ, MVP, MVY, MVZ	R_C	13	Misoprostol tab/cap 200 mcg	1	2	3	4	5	
BBE, LOY, LOZ	R_C	14	Nifedipine 10 mg immediate release tablet	1	2	3	4	5	
ASR, ATK, BFX, BGQ, CKR, NXL, NXM, JXD, JXL, JXM, KKY, KKZ, MKD, MKL, MKM, JDY, JDZ	R_C	15	Oral rehydration salts (ORS)	1	2	3	4	5	
AZX, BUF, MEC, MEL, MEM, NPB, NPL, NPM	R_C	16	Tetracycline eye ointment (newborn/trachoma)	1	2	3	4	5	
ASS, ATL, BGD, BGR, NXL, NXM, JXD, JXL, JXM, MKD, MKL, MKM, JDY, JDZ	R_C	17	Zinc sulphate tab, dispersible tab, or syrup	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip
AST, ATC, AZY, BAS, NXL, NXM, JXA, JXL, JXM, MEC, MEL, MEM, LOY, LOZ	R_C	18	Oxytocin injection	1	2 → Q3112	3	4 → Q3112	5 → Q3112	
	R_C	3111	Is the oxytocin stored in cold storage?	YES..... 1 NO 2					
	R_C	3112	INTRAVENOUS FLUIDS						
BAC, BAT, BDV, BQF, CQN, MEC, MEL, MEM, LOY, LOZ, MDB, MDL, MDM, OAO, OAY, OAZ, MZP, MZY, MZZ	R_C	01	0.9% sodium chloride (normal saline) (0.9NS)	1	2	3	4	5	
BAC, BDV, BQF, MEC, MEL, MEM, MDB, MDL, MDM, OAO, OAY, OAZ, MZP, MZY, MZZ	R_C	02	Dextrose 5% and normal saline (D5NS)	1	2	3	4	5	
BAC, BDV, CQN, MEC, MEL, MEM, MDB, MDL, MDM, OAO, OAY, OAZ	R_C	03	Sodium lactate (Ringer's lactate) (RL)	1	2	3	4	5	
BAC, BDV, BQF, CQN, MEC, MEL, MEM, MDB, MDL, MDM, OAO, OAY, OAZ, MZP, MZY, MZZ	R_C	04	Dextrose 5% and water (D5W)	1	2	3	4	5	
			ANTIMALARIAL MEDICINES						
	R_C	3113	Does this facility stock any medicines or supplies for malaria prevention or treatment?	YES..... 1 NO 2					→ Q3116

Indicator ID	Module	No.	Question	Response					Skip	
	R_C	i3114	I would like to know if the following malaria medicines are available in this facility today. I will also be asking about stock outs for some specific medicines.							
	R_C	3115	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?	
				OBSERVED		NOT OBSERVED			YES	NO
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
ASW, BGF, BGS, BKM, BLB, NLX, NXM, MKD, MKL, MKM, JDY, JDZ, KEC, KEL, KEM	R_C	01	Artemether + lumefantrine (AL): 6 or 12 dispersible tablet/pack or Artesunate + amodiaquine (25 mg + 67.5 mg) or (50 mg + 135 mg) or Artesunate + mefloquine (25 mg + 55 mg) or Dihydroartemisinin + Piperaquine (20mg + 160 mg)	1 → B	2 → 02	3 → B	4 → 02	5 → 02	1	2
ASW, BGF, BGS, BKM, BLB, MKD, MKL, MKM, NXL, NXM, JDY, JDZ, KEC, KEL, KEM	R_C	02	Artemether + lumefantrine (AL): 18 or 24 tablet/pack or Artesunate + amodiaquine (100 mg + 270 mg) or Artesunate + mefloquine (100 mg + 220 mg) or Dihydroartemisinin + Piperaquine (40mg + 320 mg)	1 → B	2 → 03	3 → B	4 → 03	5 → 03	1	2
ASW, AXY, BKO, NLX, NXM, LER, LEY, LEZ, KEC, KEL, KEM	R_C	03	Fansidar (sulfadoxine + pyrimethamine) tab/cap	1 → B	2 → 04	3 → B	4 → 04	5 → 04	1	2
BLE	R_C	04	Quinine tab/cap	1	2	3	4	5	✕	✕
BLE	R_C	05	Quinine injection	1	2	3	4	5	✕	✕
ASW, ASX, BGT, BLD, NLX, NXM, JDY, JDZ, KEC, KEL, KEM	R_C	06	Artesunate injection	1	2	3	4	5	✕	✕
ASW, ASX, BGT, BLD, NLX, NXM, JDY, JDZ, KEC, KEL, KEM	R_C	07	Artesunate suppositories/rectal	1	2	3	4	5	✕	✕
BKA	R_C	08	Chloroquine tab/cap	1	2	3	4	5	✕	✕
BLF	R_C	09	Primaquine tab/cap	1	2	3	4	5	✕	✕
	R_C	10	Other antimalarial (SPECIFY)	1	2	3	4	5	✕	✕

Indicator ID	Module	No.	Question	Response	Skip																			
			ANTI-TUBERCULOSIS MEDICINES																					
BMW, BMX, BMY, BMZ, BNA, BNB, BNC, BND, BNE, BNF, BNG, BNH, BNI, BNJ, BNK, BNL, BNM, BNN, BNO, BNP, BNQ, BNR, BNS, BNT, BNU, BNV, BNW, BNX, BNY, BNZ	R_C	3116	Does this facility stock any medicines for tuberculosis treatment?	YES..... 1 NO 2	→Q3120																			
	R_C	3117	Where is the main storage site for tuberculosis medicines? GOT TO THE MAIN SITE TO ASSESS AVAILABILITY OF TB MEDICINES	MAIN STORAGE SITE FOR PHARMACEUTICALS 1 OTHER SITE IN FACILITY..... 2																				
	R_C	i3118	I would like to know if the following tuberculosis medicines are available in this facility today. I will also be asking about stock outs for some specific medicines.																					
	R_C	3119	CHECK TO SEE IF AT LEAST ONE IS NOT EXPIRED [COUNTRY ADAPT]	<table border="1"> <thead> <tr> <th colspan="5">(A) AVAILABLE</th> <th colspan="2">(B) ANY STOCK OUT IN THE PAST 3 MONTHS?</th> </tr> <tr> <th colspan="2">OBSERVED</th> <th colspan="3">NOT OBSERVED</th> <th rowspan="2">YES</th> <th rowspan="2">NO</th> </tr> <tr> <th>AT LEAST ONE NOT EXPIRED</th> <th>AVAILABLE BUT EXPIRED</th> <th>REPORTED AVAILABLE BUT NOT SEEN</th> <th>NOT AVAILABLE TODAY</th> <th>NEVER AVAILABLE</th> </tr> </thead> </table>	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?		OBSERVED		NOT OBSERVED			YES	NO	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?																			
OBSERVED		NOT OBSERVED			YES	NO																		
AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE																				
ATB, BMO, BMW, BNA, BNL, BNP, BQD, NXL, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ	R_C	01	Ethambutol tab/cap	<table border="1"> <tr> <td>1 →B</td> <td>2 →02</td> <td>3 →B</td> <td>4 →02</td> <td>5 →02</td> <td>1</td> <td>2</td> </tr> </table>	1 →B	2 →02	3 →B	4 →02	5 →02	1	2													
1 →B	2 →02	3 →B	4 →02	5 →02	1	2																		
ATB, BMO, BMW, BMY, BNL, BNN, BQB, BQD, NXL, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ, MZP, MZY, MZZ	R_C	02	Isoniazid (INH) tab/cap	<table border="1"> <tr> <td>1 →B</td> <td>2 →03</td> <td>3 →B</td> <td>4 →03</td> <td>5 →03</td> <td>1</td> <td>2</td> </tr> </table>	1 →B	2 →03	3 →B	4 →03	5 →03	1	2													
1 →B	2 →03	3 →B	4 →03	5 →03	1	2																		
	R_C	03	Moxifloxacin tab/cap	<table border="1"> <tr> <td>1 →B</td> <td>2 →04</td> <td>3 →B</td> <td>4 →04</td> <td>5 →04</td> <td>1</td> <td>2</td> </tr> </table>	1 →B	2 →04	3 →B	4 →04	5 →04	1	2													
1 →B	2 →04	3 →B	4 →04	5 →04	1	2																		
ATB, BMO, BMW, BNL, BNQ, BQD, NXL, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ	R_C	04	Pyrazinamide tab/cap	<table border="1"> <tr> <td>1 →B</td> <td>2 →05</td> <td>3 →B</td> <td>4 →05</td> <td>5 →05</td> <td>1</td> <td>2</td> </tr> </table>	1 →B	2 →05	3 →B	4 →05	5 →05	1	2													
1 →B	2 →05	3 →B	4 →05	5 →05	1	2																		
ATB, BMO, BMW, BMZ, BNL, BNO, BQD, NXL, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ	R_C	05	Rifampicin tab/cap	<table border="1"> <tr> <td>1 →B</td> <td>2 →06</td> <td>3 →B</td> <td>4 →06</td> <td>5 →06</td> <td>1</td> <td>2</td> </tr> </table>	1 →B	2 →06	3 →B	4 →06	5 →06	1	2													
1 →B	2 →06	3 →B	4 →06	5 →06	1	2																		
	R_C	06	Rifapentine tab/cap	<table border="1"> <tr> <td>1 →B</td> <td>2 →07</td> <td>3 →B</td> <td>4 →07</td> <td>5 →07</td> <td>1</td> <td>2</td> </tr> </table>	1 →B	2 →07	3 →B	4 →07	5 →07	1	2													
1 →B	2 →07	3 →B	4 →07	5 →07	1	2																		
ATB, BMO, BMW, BNC, BNL, BNR, BQD, NXL, NXM, MJP,	R_C	07	Isoniazid + rifampicin (2FDC) tab/cap	<table border="1"> <tr> <td>1 →B</td> <td>2 →08</td> <td>3 →B</td> <td>4 →08</td> <td>5 →08</td> <td>1</td> <td>2</td> </tr> </table>	1 →B	2 →08	3 →B	4 →08	5 →08	1	2													
1 →B	2 →08	3 →B	4 →08	5 →08	1	2																		

Indicator ID	Module	No.	Question	Response							Skip	
MJY, MJZ, MZP, MZY, MZZ												
ATB, BMO, BMW, BND, BNL, BNS, BQD, NLX, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ	R_C	08	Isoniazid + ethambutol (2FDC) tab/cap	1 → B	2 → 09	3 → B	4 → 09	5 → 09	1	2		
	R_C	09	Isoniazid + rifapentine tab/cap	1 → B	2 → 10	3 → B	4 → 10	5 → 10	1	2		
ATB, BMO, BMW, BNF, BNL, BNT, BQD, NLX, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ	R_C	10	Isoniazid + rifampicin + pyrazinamide (3FDC) tab/cap	1 → B	2 → 11	3 → B	4 → 11	5 → 11	1	2		
ATB, BMO, BMW, BNE, BNL, BNU, BQD, NLX, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ	R_C	11	Isoniazid + rifampicin + ethambutol (3FDC) tab/cap	1 → B	2 → 12	3 → B	4 → 12	5 → 12	1	2		
ATB, BMO, BMW, BNG, BNL, BNV, BQD, NLX, NXM, MJP, MJY, MJZ, MZP, MZY, MZZ	R_C	12	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC) tab/cap	1 → B	2 → 13	3 → B	4 → 13	5 → 13	1	2		
BMP, BNH, BNW, MJP, MJY, MJZ	R_C	13	Paediatric formulation for INH – as a single medicine for isoniazid preventive therapy (IPT) tab/cap	1 → B	2 → 14	3 → B	4 → 14	5 → 14	1	2		
BMP, BNI, BNX, MJP, MJY, MJZ	R_C	14	Paediatric formulation for rifampicin (may be in a combined formulation)	1 → B	2 → 15	3 → B	4 → 15	5 → 15	1	2		
BMP, BNJ, BNY, MJP, MJY, MJZ	R_C	15	Paediatric formulation for pyrazinamide (may be in a combined formulation)	1 → B	2 → 16	3 → B	4 → 16	5 → 16	1	2		
BMP, BNK, BNZ, MJP, MJY, MJZ	R_C	16	Paediatric formulation for ethambutol (may be in a combined formulation)	1 → B	2 → 17	3 → B	4 → 17	5 → 17	1	2		
BMV, BMX, BNM, MHP, MHY, MHZ	R_C	17	National first-line multidrug-resistant (MDR) treatment regimen [COUNTRY ADAPT]	1 → B	2 → Q3120	3 → B	4 → Q3120	5 → Q3120	1	2		
ANTIRETROVIRALS AND PROTEASE INHIBITORS												
	R_C	3120	Does this facility stock any antiretroviral (ARV) medicines for PMTCT or the treatment of HIV/AIDS?	YES..... 1 NO 2							→ Q3127	
	R_C	3121	Where is the main storage site for antiretroviral medicines? GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF ANTIRETROVIRAL MEDICINES.	MAIN STORAGE SITE FOR PHARMACEUTICALS 1 OTHER SITE IN FACILITY 2								

Indicator ID	Module	No.	Question	Response					Skip
	R_C	i3122	I would like to know if the following antiretrovirals are available in this facility today.						
	R_C	3123	For each medicine that I ask about, please show it to me. CHECK TO SEE IF AT LEAST ONE FROM THE MEDICINE TYPE IS NOT EXPIRED [COUNTRY ADAPT]	AVAILABLE					
				OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
BQW, BQZ, BRA	R_C	01	Zidovudine (ZDV, AZT) (tab/cap)	1	2	3	4	5	
BSM, BSA, NXY, NXZ, KHD, KHL, KHM	R_C	02	Zidovudine (ZDV, AZT) syrup	1	2	3	4	5	
	R_C	03	Abacavir (ABC) (oral)	1	2	3	4	5	
ASY, BQV, BQY, BQZ, BRA, DOA, NXL, NXM KVP, KVY, KVZ	R_C	04	Lamivudine (3TC) 2 tab/cap	1	2	3	4	5	
BSK, CBF LTD, LTL, LTM, NXY, NXZ	R_C	05	Lamivudine (3TC) syrup	1	2	3	4	5	
ASY, BQV, DOA, CBF, NXL, NXM LTD, LTL, LTM KVP, KVY, KVZ	R_C	06	Tenofovir disoproxil fumarate (TDF) tab/cap	1	2	3	4	5	
BQX, BRA	R_C	07	Nevirapine (NVP) tab/cap	1	2	3	4	5	
BSH, BRZ, NXY, NXZ, KHD, KHL, KHM	R_C	08	Nevirapine (NVP) syrup	1	2	3	4	5	
ASY, BQV, DOA, NXL, NXM KVP, KVY, KVZ	R_C	09	Efavirenz (EFV) tab/cap	1	2	3	4	5	
BSJ, NXY, NXZ	R_C	10	Efavirenz (EFV) syrup	1	2	3	4	5	
ASY, BQV, DOA, CBF, NXL, NXM LTD, LTL, LTM KVP, KVY, KVZ	R_C	11	Emtricitabine (FTC) tab/cap	1	2	3	4	5	
	R_C	12	Lamivudine + abacavir (3TC + ABC) tab/cap	1	2	3	4	5	
BQZ	R_C	13	Zidovudine + lamivudine (AZT + 3TC) tab/cap	1	2	3	4	5	
	R_C	14	Zidovudine + lamivudine + abacavir (AZT + 3TC + ABC) tab/cap	1	2	3	4	5	
BRA	R_C	15	Zidovudine + lamivudine + nevirapine (AZT + 3TC + NVP) tab/cap	1	2	3	4	5	
ASY, BQV, DOA, CBF, NXL, NXM LTD, LTL, LTM KVP, KVY, KVZ	R_C	16	Tenofovir + emtricitabine (TDF + FTC) tab/cap	1	2	3	4	5	
ASY, BQV, DOA, CBF, NXL, NXM LTD, LTL, LTM KVP, KVY, KVZ	R_C	17	Tenofovir + lamivudine (TDF + 3TC) tab/cap	1	2	3	4	5	

Indicator ID	Module	No.	Question	Response					Skip	
ASY, BQV, DOA, NLX, NXM, KVP, KVV, KVZ	R_C	18	Tenofovir + lamivudine + efavirenz (TDF + 3TC + EFV) tab/cap	1	2	3	4	5		
	R_C	19	Tenofovir + emtricitabine + efavirenz (TDF + FTC + EFV) tab/cap	1	2	3	4	5		
	R_C	3124	Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?	YES..... 1 NO 2					→Q3127	
	R_C	i3125	I would like to know if the following protease inhibitors are available in this facility today.							
	R_C	3126	For each medicine that I ask about, please show it to me.	AVAILABLE						
				OBSERVED		NOT OBSERVED				
			CHECK TO SEE IF AT LEAST IS VALID (NOT EXPIRED). [COUNTRY ADAPT]	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
	R_C	01	Lopinavir (LPV) tab/cap/pellet	1	2	3	4	5		
BSL, NXY, NXZ	R_C	02	Lopinavir (LPV) syrup	1	2	3	4	5		
	R_C	03	Ritonavir (RTV) tab/cap	1	2	3	4	5		
	R_C	04	Atazanavir (ATV) tab/cap	1	2	3	4	5		
	R_C	05	Darunavir (DRV) tab/cap	1	2	3	4	5		
	R_C	06	Lopinavir + ritonavir tab/cap	1	2	3	4	5		
	R_C	07	Atazanavir + ritonavir tab/cap	1	2	3	4	5		
	R_C	08	Raltegravir tab/cap	1	2	3	4	5		
ASY, BQV, DLX, DOA, NLX, NXM KVP, KVV, KVZ	R_C	09	Dolutegravir tab/cap	1	2	3	4	5		
	R_C	10	Etravirine tab/cap	1	2	3	4	5		
	R_C	11	Third-line non-nucleoside reverse transcriptase inhibitor (NNRTI) (capsule/tablet) [COUNTRY ADAPT]	1	2	3	4	5		
			COMMODITIES (FAMILY PLANNING AND MALNUTRITION SUPPLEMENTS)							
	R_C	3127	Does this facility stock any family planning commodities or contraceptives?	YES..... 1 NO 2					→Q3131	
	R_C	3128	Where is the main storage site for contraceptive commodities? GO TO THE MAIN SITE TO ASSESS AVAILABILITY OF COMMODITIES.	MAIN STORAGE SITE FOR PHARMACEUTICALS 1 OTHER SITE IN FACILITY 2						
	R_C	i3129	I would like to know if the following family planning commodities are available in this facility today.							
	R_C	3130	For each commodity that I ask about, please show it to me.	(A) AVAILABLE					(B) ANY STOCK OUT IN THE PAST 3 MONTHS?	
				OBSERVED		NOT OBSERVED			YES	NO
			CHECK TO SEE IF AT LEAST IS NOT EXPIRED	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
ASQ, AWJ, AWS, AWT, BCZ, NLX, NXM, KRC, KRL, KRM,	R_C	01	Combined estrogen progesterone oral contraceptive pills	1	2	3	4	5	✗	✗

Indicator ID	Module	No.	Question	Response						Skip	
MVP, MVY, MVZ											
ASQ, AWK, AWS, AWT, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	R_C	02	Progestin-only contraceptive pills	1	2	3	4	5	X	X	
ASQ, AWL, AWS, AWT, BCZ, NXL, NXM, KRC, KRL, KRM, MVP, MVY, MVZ	R_C	03	Combined estrogen progesterone injectable contraceptives	1	2	3	4	5	X	X	
ASQ, AWL, AWS, AWT, BCZ, NXL, NXM, MVP, MVY, MVZ	R_C	04	Progestin-only injectable contraceptives	1	2	3	4	5	X	X	
AVE, AWM, AWS, AWT, BCZ, BQI, BSV, JEL, JEM, KRC, KRL, KRM, MVP, MVY, MVZ, MZP, MZY, MZZ, OIC, OIL, OIM	R_C	05	Male condoms	1	2	3	4	5	X	X	
ATM, AWM, AWS, AWT, AWU, BCZ, BQI, BLK, JXE, JXL, JXM, KRC, KRL, KRM, MVP, MVY, MVZ, MZP, MZY, MZZ, OIC, OIL, OIM	R_C	06	Female condoms	1 →B	2 →07	3 →B	4 →07	5 →07	1	2	
ASQ, ATN, AWQ, AWS, AWT, AWV, BDA, NXL, NXM, JXE, JXL, JXM, MVP, MVY, MVZ	R_C	07	Implant (e.g. levonorgestrel, etonogestrel)	1 →B	2 →08	3 →B	4 →08	5 →08	1	2	
ATO, AWS, AWT, AWW, BDA, CBG, JXE, JXL, JXM LTD, LTL, LTM	R_C	08	Emergency contraceptive (e.g. levonorgestrel, ulipristal acetate, mifepristone tablet)	1 →B	2 →09	3 →B	4 →09	5 →09	1	2	
CSD, AWR, AWS, AWT, JXE, JXL, JXM, MVP, MVY, MVZ	R_C	09	Intrauterine contraceptive device (IUCD)	1	2	3	4	5	X	X	
AWO	R_C	10	Cycle beads for standard days method	1	2	3	4	5	X	X	
	R_C	3131	Are any nutritional supplements for malnutrition available in this facility? IF YES, GO TO WHERE NUTRITIONAL SUPPLEMENTS ARE STORED TO CHECK AVAILABILITY.	YES..... 1 NO 2						→Q3134	

Indicator ID	Module	No.	Question	Response					Skip
	R_C	i3132	I would like to know if the following nutritional supplements for malnutrition are available in this facility today.						
	R_C	3133	For each supplement that I ask about, please show it to me.	AVAILABLE					
			CHECK TO SEE IF AT LEAST ONE IS NOT EXPIRED	OBSERVED		NOT OBSERVED			
				AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
ATA, BGH, BQH, CQP, NXL, NXM, MDB, MDL, MDM, MKD, MKL, MKM, MZP, MZY, MZZ	R_C	01	Ready-to-use therapeutic food (RUTF)	1	2	3	4	5	
BGI, BQH, CQP, MDB, MDL, MDM, MKD, MKL, MKM, MZP, MZY, MZZ	R_C	02	F-75 (Formula 75)	1	2	3	4	5	
BGJ, BQH, CQP, MDB, MDL, MDM, MKD, MKL, MKM, MZP, MZY, MZZ	R_C	03	F-100 (Formula 100)	1	2	3	4	5	
BGK, BQH, CQP, MDB, MDL, MDM, MKD, MKL, MKM, MZP, MZY, MZZ	R_C	04	Micronutrient powder (MNP)	1	2	3	4	5	
31.1.2. SITE CONDITIONS									
	R_C	3134	OBSERVE THE MAIN STORAGE SITE FOR PHARMACEUTICALS (IF THERE ARE SEPARATE PHARMACIES FOR IN- AND OUTPATIENT, ASSESS THE OUTPATIENT PHARMACY) AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES		NO			
ATP, OEY, OEZ	R_C	01	ARE THE MEDICINES OFF THE FLOOR?	1			2		
ATQ, OEY, OEZ	R_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1			2		
ATR, OEY, OEZ	R_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1			2		
ATS, OEY, OEZ	R_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (COCKROACHES, ETC.)?	1			2		
ATT, OEY, OEZ	R_C	05	IS THE ROOM SWEEPED, WITH NO SPILLS OR OBVIOUS DIRT ON COUNTERS OR FLOOR?	1			2		
ATU, OEY, OEZ	R_C	06	IS THE AIRFLOW SUFFICIENT TO REDUCE RISK OF MOLD AND MILDEW?	1			2		
	R_C	3135	LOOK AT THE STORAGE SITE AND VERIFY ITEM WITH RESPONDENT.	YES		NO			
ATV, OEY, OEZ	R_C	01	Can the main pharmaceutical storage site (s) be locked?	1			2		
ATW, OEY, OEZ	R_C	02	Is there limited access to the main pharmaceutical storage sites?	1			2		
ATX, OEY, OEZ	R_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE SITES FROM NON-PHARMACEUTICAL STORAGE SITES ARE SOLID.	1			2		
ATY, OEY, OEZ	R_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY. IF NO WINDOWS, MARK 'YES'.	1			2		

Indicator ID	Module	No.	Question	Response	Skip	
ATZ, OEY, OEZ	R_C	3136	Is there a thermometer/thermostat for the room? IF YES, ASK: May I see the thermometer/thermostat? CHECK TO SEE IF THE THERMOMETER/THERMOSTAT IS FUNCTIONING.	YES, FUNCTIONING..... 1 YES, NOT FUNCTIONING..... 2 NO 3	→ Q3138 → Q3138	
AUA, OEY, OEZ	R_C	3137	What is the temperature in the room now?	BELOW 15 °C 1 BETWEEN 15–25 °C (INCLUSIVE) 2 ABOVE 25 °C..... 3 DON'T KNOW 8		
AUB, CTX, OEY, OEZ	R_C	3138	Is there a functioning refrigerator, separate from one used for vaccines that is used to store some medicines or reconstituted vials? IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT.	OBSERVED, FUNCTIONING 1 OBSERVED, NOT FUNCTIONING 2 NO FRIDGE FOR MEDICINES 3	→ Q3142 → Q3142	
AUB, OEY, OEZ	R_C	3139	CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY.	BETWEEN 2–8 °C (INCLUSIVE) 1 OUT OF RANGE..... 2 DON'T KNOW 8		
AUB, OEY, OEZ	R_C	3140	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN (E.G. NO SPILLED MEDICINES, NO GARBAGE, ETC.)?	YES..... 1 NO 2		
AUB, OEY, OEZ	R_C	3141	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES..... 1 NO 2		
31.1.3. SUPPORT FOR QUALITY SERVICES						
	R_C/ M_C	i3142	I would like to know if the following documents are available in this service site today.			
	R_C/ M_C	3143	For each document that I will ask about, please show it to me.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
AUC, OEY, OEZ	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
AUD, OEY, OEZ	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
CYI	M_C	03	Guidelines/protocols for pharmacovigilance (PV), that include guidelines for reporting on adverse reactions	1	2	3
CYF, CYG, CYH	M_C	04	Guidelines for monitoring prescription practices at any level	1	2	3
AMA	M_C	05	Written policies and procedures for identifying and managing medicine-use problems, including: monitoring adverse reactions, prescription monitoring and medicine utilization	1	2	3
	M_C	3144	Which of the following medicine-use problems are monitored in this facility:	YES	NO	
CYI	M_C	01	Adverse reactions	1	2	
CYG	M_C	02	Prescription practices for specific types of medicines such as pain medicine or antibiotics	1	2	
CYF	M_C	03	General prescription practices, such as numbers and combinations of medicines prescribed	1	2	
CYH	M_C	04	Medicine utilization, such as comparing medicine use to types of patients being treated	1	2	
	M_C	05	Other _____ (SPECIFY)	1	2	
31.2. BULK STORAGE SITE FOR PHARMACEUTICALS						
AUE, AUF, AUG, AUH, AUI, AUJ, AUK, AUL, AUM, AUN, AUO, JML, JMM	R_C	3145	Is there a bulk store in this facility for pharmaceuticals? IF YES, ASK TO BE TAKEN TO THE BULK STORE FOR PHARMACEUTICALS.	YES..... 1 NO 2	→ END OF SECTION	

Indicator ID	Module	No.	Question	Response	Skip
	R_C	i3146	<p>Now I would like to assess the storage conditions in the bulk store for pharmaceutical commodities.</p> <p>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.</p> <p>I am interested in seeing the bulk store for pharmaceutical commodities to assess the store conditions.</p>		
31.2.1. SITE CONDITIONS					
	R_C	3147	OBSERVE THE BULK PHARMACY STORE AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS:	YES	NO
AUE, JML, JMM	R_C	01	ARE THE MEDICINES OFF THE FLOOR?	1	2
AUF, JML, JMM	R_C	02	ARE THE MEDICINES AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2
AUG, JML, JMM	R_C	03	ARE THE MEDICINES PROTECTED FROM DIRECT SUNLIGHT?	1	2
AUH, JML, JMM	R_C	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	1	2
	R_C	3148	LOOK AT THE STORAGE SITE AND VERIFY ITEM WITH RESPONDENT	YES	NO
AUI, JML, JMM	R_C	01	Can the bulk pharmaceutical storage site(s) be locked?	1	2
AUJ, JML, JMM	R_C	02	Is there limited access to the bulk pharmaceutical storage sites?	1	2
AUK, JML, JMM	R_C	03	OBSERVE IF ALL DOORS THAT SEPARATE THE PHARMACEUTICAL STORAGE SITE FROM NON-PHARMACEUTICAL STORAGE SITES ARE SOLID	1	2
AUL, JML, JMM	R_C	04	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS OR OTHER MEANS FOR SECURITY	YES..... 1 NO 2 NOT APPLICABLE 5	
AUM, JML, JMM	R_C	3149	Is there a thermometer for the room? IF YES, ASK: May I see the thermometer? CHECK TO SEE IF THE THERMOMETER IS FUNCTIONING.	YES, FUNCTIONING..... 1 YES, NOT FUNCTIONING..... 2 NO 3	→ Q3151 → Q3151
AUN, JML, JMM	R_C	3150	What is the temperature in the room now?	BELOW 15 °C 1 BETWEEN 15–25 °C (INCLUSIVE) 2 ABOVE 25 °C..... 3 DON'T KNOW 8	
AUO, CTX, JML, JMM	R_C	3151	Is there a functioning refrigerator, separate from one used for vaccines that is used to store some medicines, or reconstituted vials? IF YES, ASK TO SEE THE REFRIGERATOR AND INDICATE IF IT IS FUNCTIONING OR NOT	OBSERVED, FUNCTIONING 1 OBSERVED, NOT FUNCTIONING 2 NO FRIDGE FOR MEDICINES 3	→ END OF SECTION → END OF SECTION
AUO, JML, JMM	R_C	3152	CHECK THE THERMOMETER FOR THE REFRIGERATOR AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	BETWEEN 2–8 °C (INCLUSIVE) 1 OUT OF RANGE..... 2 DON'T KNOW 8	
AUO, JML, JMM	R_C	3153	OBSERVE INSIDE REFRIGERATOR. IS IT CLEAN? E.G., NO SPILLED MEDICINES, NO GARBAGE, ETC.	YES..... 1 NO 2	
AUO, JML, JMM	R_C	3154	ARE THERE ANY FOOD PRODUCTS OR OTHER NON-PHARMACEUTICALS STORED IN THE REFRIGERATOR TODAY?	YES..... 1 NO 2	

