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## **ONLINE APPENDIX 1**

### **Manuscript Title:**

**Barriers and facilitators to primary care for people living with HIV and diabetes in Harare**

### **Adopted: SARA Questionnaire**

#### **SECTION 1: COVER PAGE**

**001** Facility number

**002** Is this a supervisor validation check of a facility?

DATA COLLECTION FOR FACILITY ASSESSMENT ..... 1

SUPERVISOR VALIDATION ..... 2

DATE

FACILITY IDENTIFICATION

**003** Name of facility

**004** Region/Province

**006** District

**007** Type of facility

NATIONAL REFERRAL HOSPITAL ..... 1  
DISTRICT/PROVINCIAL HOSPITAL ..... 2  
HEALTH CENTRE/CLINIC ..... 3  
HEALTH POST ..... 4  
MATERNAL/CHILD HEALTH CLINIC ..... 5  
OTHER (SPECIFY) ..... 96

**008** Managing Authority

GOVERNMENT/PUBLIC ..... 1  
NGO/NOT-FOR-PROFIT ..... 2  
PRIVATE-FOR-PROFIT ..... 3  
MISSION/FAITH-BASED ..... 4  
OTHER (SPECIFY) ..... 96

**009** Urban/Rural

URBAN ..... 1  
RURAL ..... 2

**010** Outpatient only

YES ..... 1  
NO ..... 2

## **MODULE 1: SERVICE AVAILABILITY**

### **SECTION 2: STAFFING**

**200** I have a few questions on staffing for this facility. Please tell me how many staff with each of the following qualifications are currently assigned to, employed by, or seconded to this facility. Please count each staff member only once, on the basis of the highest technical or professional qualification. For doctors, I would also like to know, of the total number, how many are part-time in this facility.

**01** Generalist (non-specialist) medical doctors

**02** Specialist medical doctors

**03** Non-physician clinicians/paramedical professionals

**04** Nursing professionals

**05** Midwifery professionals

**08** Pharmacists

**11** Laboratory technicians (medical and pathology)

**12** Community health workers

	Assigned/Employed/		
	Seconded	Part-time	Not available
<b>01</b> Generalist (non-specialist) medical doctors	1	2	3
<b>02</b> Specialist medical doctors	1	2	3
<b>03</b> Non-physician clinicians/paramedical professionals	1	2	3
<b>04</b> Nursing professionals	1	2	3
<b>05</b> Midwifery professionals	1	2	3
<b>08</b> Pharmacists	1	2	3
<b>11</b> Laboratory technicians (medical and pathology)	1	2	3
<b>12</b> Community health workers	1	2	3

**201 How is the clinic staffed**

**Well staffed**

**short staffed**

1

2

**Total number of staff**

**SECTION 3: INPATIENT AND OBSERVATION BEDS**

**301** Excluding any delivery beds, how many overnight/inpatient beds in total does this facility have, both for adults and children?  
# of Overnight/Inpatient beds ...

**302** Of the overnight/inpatient beds in this facility, how many are dedicated maternity beds?  
This does not include delivery beds.  
# of dedicated Maternity beds ...

<b>303 State of the beds</b>	<b>Could be better</b>	<b>Still in great shape</b>	<b>Worn out</b>
	<b>shape</b>		
	<b>1</b>	<b>2</b>	<b>3</b>

**SECTION 4: INFRASTRUCTURE COMMUNICATIONS**

**400** Does this facility have a functioning land line telephone that is available to call outside at all times client services are offered?

Clarify that if facility offers 24-hour emergency services, then this refers to 24-hour availability.

YES ..... 1

NO ..... 2

**401** Does this facility have a functioning cellular telephone or a private cellular phone that is supported by the facility?

YES ..... 1

NO ..... 2

**402** Does this facility have a functioning short-wave radio for radio calls?

YES ..... 1

NO ..... 2

**403** Does this facility have a functioning computer?

YES ..... 1

NO ..... 2

**HIV FACILITIES ARE THE ONLY PLACE THAT HAD  
COMPUTERS**

If yes, does the computer service the whole clinic.

YES ..... 1

NO ..... 2

**404** Is there access to email or internet within the  
facility today?

YES ..... 1

NO ..... 2

**AMBULANCE/TRANSPORT FOR EMERGENCIES**

**405** Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility?

- YES ..... 1
- NO ..... 2

**406** Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility in near proximity?

- YES ..... 1
- NO ..... 2

**407** Is fuel for the ambulance or other emergency vehicle available today?

- YES ..... 1
- NO ..... 2
- DON'T KNOW ..... 98



**POWER SUPPLY**

**408** Does your facility have electricity from any source (e.g. electricity grid, generator, solar, or other) including for stand-alone devices (EPI cold chain)?

YES ..... 1

NO ..... 2

**409** What is the electricity used for in the facility?

Only stand-alone electric medical devices/appliances (e.g. EPI cold room, refrigerator, suction apparatus, etc.) ..... 1

Electric lighting (excluding flashlights) and communications ..... 2

Electric lighting, communications, and 1 to 2 electric medical devices/appliances ..... 3

All electrical needs of facility ..... 4

**410** What is the facility's main source of electricity?

- CENTRAL SUPPLY OF ELECTRICITY (e.g. national or community grid) ..... 1
- GENERATOR (FUEL OR BATTERY OPERATED GENERATOR) ..... 2
- SOLAR SYSTEM ..... 3
- OTHER ..... 96 (SPECIFY)

**411** Other than the main or primary source, does the facility have a secondary or backup source of electricity?

IF YES: What is the secondary source of electricity?

- NO SECONDARY SOURCE ..... 0
- CENTRAL SUPPLY OF ELECTRICITY (e.g. national or community grid) ..... 1
- GENERATOR (FUEL OR BATTERY OPERATED GENERATOR) ..... 2
- SOLAR SYSTEM ..... 3
- OTHER ..... 96 (SPECIFY)

**412** During the past 7 days, was electricity available at all times from the main or any backup source when the facility was open for services?

ALWAYS AVAILABLE

(NO INTERRUPTIONS) ..... 1

OFTEN AVAILABLE (INTERRUPTIONS OF LESS THAN 2 HOURS PER DAY) ..... 2

SOMETIMES AVAILABLE (FREQUENT OR PROLONGED INTERRUPTIONS OF MORE THAN 2 HOURS PER DAY) ..... 3

**413** Is the generator functional?

YES ..... 1

NO ..... 2

DON'T KNOW ..... 98

**414** Is there fuel or a charged battery available today?

YES ..... 1

NO ..... 2

DON'T KNOW ..... 98

**416** Is the solar system functional?

YES, FUNCTIONING .....	1
PARTIALLY, BATTERY NEEDS SERVICING/REPLACEMENT .....	2
NO, NOT FUNCTIONAL .....	3
DON'T KNOW .....	98

**BASIC CLIENT AMENITIES**

**417** On average, how many hours per day is this facility open?

4 HOURS OR LESS .....	1
5 TO 8 HOURS .....	2
9 TO 16 HOURS .....	3
17 TO 23 HOURS .....	4
24 HOURS .....	5

**418** What is the most commonly used source of water for the facility at this time?

OBSERVE THAT WATER IS AVAILABLE FROM THE SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G. CHECK THAT THE PIPE IS FUNCTIONING.

- PIPED INTO FACILITY ..... 1
- PIPED ONTO FACILITY GROUNDS ..... 2
- PUBLIC TAP/STANDPIPE ..... 3
- TUBEWELL/BOREHOLE ..... 4
- PROTECTED DUG WELL ..... 5
- UNPROTECTED DUG WELL ..... 6
- PROTECTED SPRING ..... 7
- UNPROTECTED SPRING ..... 8
- RAINWATER COLLECTION ..... 9
- BOTTLED WATER..... 10
- CART W/SMALL TANK/DRUM ..... 11
- TANKER TRUCK..... 12
- SURFACE WATER ..... 13
- OTHER ..... 96 (SPECIFY)
- DON'T KNOW ..... 98
- NO WATER SOURCE ..... 00

**419** Is water available from this source on facility premises?

YES, INSIDE THE FACILITY ..... 1

YES, WITHIN THE GROUND OF THE FACILITY ..... 2

NO, OUTSIDE THE FACILITY GROUNDS ..... 3

**420** Is there a room with auditory and visual privacy available for patient consultations?

AUDITORY PRIVACY ONLY ..... 1

VISUAL PRIVACY ONLY ..... 2

BOTH AUDITORY AND VISUAL PRIVACY ..... 3

NO PRIVACY ..... 4

**421** Is there a toilet (latrine) on premises in functioning condition that is accessible for general outpatient client use? IF YES: What type of toilet?

IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE OBSERVE THAT THE TOILET (LATRINE) IS ACCESSIBLE (UNLOCKED OR KEY AVAILABLE) AND:

- FUNCTIONING FLUSH TOILET ..... 1
- VENTILATED IMPROVED PIT LATRINE (VIP) ..... 2
- PIT LATRINE WITH SLAB ..... 3
- PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 4
- COMPOSTING TOILET ..... 5
- BUCKET ..... 6
- HANGING TOILET/ HANGING LATRINE ..... 7
- NO FACILITIES ON PREMISES/BUSH/FIELD ..... 8

**422** Does this facility have any guidelines on standard precautions for infection prevention?

IF YES, ASK TO SEE THE DOCUMENT

- YES, OBSERVED ..... 1
- YES, REPORTED NOT SEEN ..... 2
- NO ..... 3

**423** Please tell me if the following items used for processing of equipment for reuse are available and functional in the facility today.

IF AVAILABLE, ASK TO SEE IT AND INDICATE IF IT IS FUNCTIONING OR NOT

	A) AVAILABLE			B) FUNCTIONING		
	OBSERVED	REPORTED	NOT	YES	NO	DON'T KNOW
		SEEN	AVAILABLE			
<b>01</b> Electric autoclave (pressure & wet heat)	1	2	3	1	2	8
<b>02</b> Non-electric autoclave	1	2	3	1	2	8
<b>03</b> Electric dry heat sterilizer	1	2	3	1	2	8
<b>04</b> Electric boiler or steamer (no pressure)	1	2	3	1	2	8
<b>05</b> Non-electric pot with cover for boiling/steam	1	2	3	1	2	8
<b>06</b> Heat source for non-electric equipment	1	2	3	1	2	8



**HEALTH CARE WASTE MANAGEMENT**

**424** Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades. How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)?

**PROBE TO ARRIVE AT CORRECT RESPONSE**

**NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE" BURN INCINERATOR**

- 2-CHAMBER INDUSTRIAL (800-1000+° C) ..... 2
- 1-CHAMBER DRUM/BRICK ..... 3

**OPEN BURNING**

- FLAT GROUND - NO PROTECTION ..... 4
- PIT OR PROTECTED GROUND ..... 5

**DUMP WITHOUT BURNING**

FLAT GROUND - NO PROTECTION ..... 6  
COVERED PIT OR PIT LATRINE ..... 7  
OPEN-PIT - NO PROTECTION ..... 8  
PROTECTED GROUND OR PIT ..... 9

**REMOVE OFFSITE**

STORED IN COVERED CONTAINER ..... 10  
STORED IN OTHER PROTECTED  
ENVIRONMENT ..... 11  
STORED UNPROTECTED ..... 12  
OTHER ..... 96 (SPECIFY)  
NEVER HAS SHARP WASTE ..... 95

**425** Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages.

How does this facility finally dispose of medical waste other than sharps boxes?

**PROBE TO ARRIVE AT CORRECT RESPONSE**

**NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"**

SAME AS FOR SHARPS ITEMS ..... 1

**BURN INCINERATOR**

2-CHAMBER INDUSTRIAL (800-1000+° C) .2

1-CHAMBER DRUM/BRICK ..... 3

**OPEN BURNING**

FLAT GROUND - NO PROTECTION ..... 4

PIT OR PROTECTED GROUND ..... 5

**DUMP WITHOUT BURNING**

FLAT GROUND - NO PROTECTION ..... 6  
COVERED PIT OR PIT LATRINE ..... 7  
OPEN-PIT - NO PROTECTION ..... 8  
PROTECTED GROUND OR PIT ..... 9

**REMOVE OFFSITE**

STORED IN COVERED CONTAINER ..... 10  
STORED IN OTHER PROTECTED  
ENVIRONMENT ..... 11  
STORED UNPROTECTED ..... 12  
OTHER ..... 96 (SPECIFY)  
NEVER HAS SHARP WASTE ..... 95

**427** Is the incinerator functional today?

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... 98

**428** Is fuel for the incinerator available today?

YES ..... 1  
NO ..... 2  
DON'T KNOW ..... 98

**SUPERVISION**

**430** When was the last time this facility received a supervision visit from the higher level (DHMT or other)?

THIS MONTH ..... 1  
IN THE LAST 3 MONTHS ..... 2  
MORE THAN 3 MONTHS AGO ..... 3  
DON'T KNOW ..... 98

**431** During the supervision visit, did the supervisor assess the following?

**YES**

**NO**

**01** Pharmacy (e.g. drug stock out, expiry, records, etc.)

1

2

**02** Staffing (e.g. staff available and training)

1

2

**03** Data (e.g. completeness, quality, and timely reporting)

1

2

## GENERAL OUTPATIENT SECTION

### BASIC EQUIPMENT

**500** Please tell me if the following basic equipment and supplies used in the provision of client services are available and functional in this facility today.

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	A) AVAILABLE			B) FUNCTIONING		
	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> Adult weighing scale	1	2	3	1	2	8
<b>02</b> Child weighing scale- 250 gram gradation	1	2	3	1	2	8
<b>03</b> Infant weighing scale – 100 gram gradation	1	2	3	1	2	8
<b>04</b> Measuring tape-height board/stadiometre	1	2	3	1	2	8
<b>05</b> Thermometer	1	2	3	1	2	8
<b>06</b> Stethoscope	1	2	3	1	2	8
<b>07</b> Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1	2	3	1	2	8
<b>08</b> Light source (flashlight acceptable)	1	2	3	1	2	8
<b>09</b> Intravenous infusion kits	1	2	3	1	2	8
<b>10</b> Oxygen concentrators	1	2	3	1	2	8
<b>11</b> Oxygen cylinders	1	2	3	1	2	8
<b>12</b> Central oxygen supply	1	2	3	1	2	8
<b>13</b> Flowmeter for oxygen therapy (with humidification)	1	2	3	1	2	8

**14** Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)

1

2

3

1

2

8

**501** At any time during the past 3 months has oxygen been unavailable for any reason?

YES ..... 1

NO ..... 2



## INFECTION CONTROL PRECAUTIONS

**600** Please tell me if the following resources/supplies used for infection control are available in the general outpatient area of this facility today.

ASK TO SEE THE ITEMS	OBSERVED	REPORTED NOT	
		SEEN	NOT AVAILABLE
<b>01</b> Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3
<b>02</b> Hand-washing soap/liquid soap	1	2	3
<b>03</b> Alcohol based hand rub	1	2	3
<b>04</b> Disposable latex gloves	1	2	3
<b>05</b> Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3
<b>06</b> Sharps container ("safety box")	1	2	3
<b>07</b> Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3
<b>08</b> Disposable syringes with disposable needles	1	2	3
<b>09</b> Auto-disable syringes	1	2	3

**SECTION 5: AVAILABLE SERVICES**

**HIV TREATMENT**

**1500** Does this facility offer HIV & AIDS antiretroviral prescription or antiretroviral treatment follow-up services?

YES ..... 1

NO ..... 2

**1501** Do providers in this facility:

**YES**

**NO**

**01** Prescribe ART

1

2

**02** Prescribe ART to adolescents

1

2

**1502** Does this facility provide treatment follow-up services for persons on ART, including providing community-based services?

YES ..... 1

NO ..... 2

**1503** Do you have the national ART guidelines available in this facility today?

IF AVAILABLE, ASK TO SEE THE DOCUMENT:

- YES, OBSERVED ..... 1
- YES, REPORTED NOT SEEN ..... 2
- NO ..... 3

**1504** Have you or any provider(s) of ART received any training in ART prescription and management in the last two years?

- YES ..... 1
- NO ..... 2

**HIV CARE AND SUPPORT**

**1600** Does this facility offer HIV & AIDS care and support services, including treatment of opportunistic infections and provisions of palliative care?

- YES ..... 1
- NO ..... 2

	YES	NO
<b>1601</b> Please tell me if this facility provides the following services for HIV/AIDS clients:		
<b>01</b> Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2
<b>02</b> Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients?	1	2
<b>03</b> Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2
<b>04</b> Provide treatment for Kaposi's sarcoma?	1	2
<b>05</b> Provide nutritional rehabilitation services? e.g., client education and provision of nutritional supplements?	1	2
<b>06</b> Prescribe or provide fortified protein supplementation (FPS)?	1	2
<b>07</b> Care for paediatric HIV/AIDS patients?	1	2
<b>08</b> Prescribe or provide preventive treatment for TB (INH + Pyridoxine)?	1	2
<b>09</b> Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment (CPT)?	1	2
<b>10</b> Provide or prescribe micronutrient supplementation, such as vitamins or iron?	1	2

**11** Family planning counselling for HIV/AIDS

clients? 1 2

**12** Provide condoms for preventing further

transmission of HIV? 1 2

**1602** Do providers in this facility screen or test HIV

clients for TB or have a system for diagnosis

of TB among HIV positive clients?

IF YES, ASK TO SEE A REGISTER OR RECORD OF HIV POSITIVE

CLIENTS TESTED FOR TB

YES, OBSERVED ..... 1

YES, REPORTED NOT SEEN ..... 2

YES, REGISTER NOT MAINTAINED ..... 3

NO ..... 4

**1603** Please tell me if the following guidelines are

available in the facility today:

IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED	YES, REPORTED	
		NOT SEEN	NO
<b>01</b> National guidelines for the clinical management of HIV/AIDS	1	2	3
<b>02</b> Guidelines for palliative care	1	2	3

**1604** Have you or any provider(s) of HIV care and support services received any training in the clinical management of HIV/AIDS in the last two years?

- YES ..... 1
- NO ..... 2

**D. NON-COMMUNICABLE DISEASES**

**2000** Does this facility offer diagnosis or management of non-communicable diseases, such as diabetes, cardiovascular disease, chronic respiratory disease, or cervical cancer?

- YES ..... 1
- NO ..... 2

**2001** Do providers in this facility diagnose and/or manage diabetes in patients?

- YES ..... 1
- NO ..... 2

**2002** Do you have the national guidelines for the diagnosis and management of diabetes available in this facility today?

IF AVAILABLE, ASK TO SEE THE DOCUMENT:

- YES, OBSERVED ..... 1
- YES, REPORTED NOT SEEN ..... 2
- NO ..... 3

**2003** Have you or any provider(s) of diabetes services received any training in the diagnosis and management of diabetes in the last two years?

- YES ..... 1
- NO ..... 2

**2004** Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?

- YES ..... 1
- NO ..... 2

**2005** Do you have the national guidelines for the diagnosis and management of cardiovascular diseases available in this facility today?

IF AVAILABLE, ASK TO SEE THE DOCUMENT:

- YES, OBSERVED ..... 1
- YES, REPORTED NOT SEEN ..... 2
- NO ..... 3

**2006** Have you or any provider(s) of services for cardiovascular diseases received any training in the diagnosis and management of cardiovascular diseases such as hypertension in the last two years?

- YES ..... 1
- NO ..... 2

**2007** Do providers in this facility diagnose and/or manage chronic respiratory diseases in patients?

- YES ..... 1
- NO ..... 2



**2008** Do you have the national guidelines for the diagnosis and management of chronic respiratory disease available in this facility today?

IF AVAILABLE, ASK TO SEE THE DOCUMENT:

YES, OBSERVED ..... 1

YES, REPORTED NOT SEEN ..... 2

NO ..... 3

**2009** Have you or any provider(s) of chronic respiratory disease services received any training in the diagnosis and management of chronic respiratory diseases in the last two years?

YES ..... 1

NO ..... 2

**2010** Please tell me if the following basic equipment items are available and functional in this service area today.

**ASK TO SEE THE ITEMS**

**A) AVAILABLE**

**B) FUNCTIONING**

	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> Peak flow meters	1	2	3	1	2	8
<b>02</b> Spacers for inhalers	1	2	3	1	2	8

**2011** Do providers in this facility diagnose cervical cancer in patients?

YES ..... 1  
 NO ..... 2

**2012** Do you have the national guidelines for cervical cancer prevention and control?

IF AVAILABLE, ASK TO SEE THE DOCUMENT:

YES, OBSERVED ..... 1  
 YES, REPORTED NOT SEEN ..... 2  
 NO ..... 3

**2013** Have you or any provider(s) received any training in cervical cancer prevention and control?

YES ..... 1  
 NO ..... 2

**2014** Please tell me if the following basic equipment/items are available in this service area today.

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	A) AVAILABLE			B) FUNCTIONING		
	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> Acetic acid	1	2	3	1	2	8
<b>02</b> Speculum	1	2	3	1	2	8

**SECTION 6: DIAGNOSTICS**

**3000** Does this facility conduct any diagnostic testing including any rapid diagnostic testing?

YES ..... 1

NO ..... 2

**3100** Does this facility offer any of the following tests on-site?

**YES (ONSITE)**

**NO**

**02** Rapid syphilis testing

1

2

**03** HIV rapid testing

1

2

**04** Urine rapid tests for pregnancy

1

2

**05** Urine protein dipstick testing

1

2

**06** Urine glucose dipstick testing

1

2

**07** Urine ketone dipstick testing

1

2

**08** Dry Blood Spot (DBS) collection for HIV viral load or EID

1

2

**3101** I would like to know if the following items for rapid diagnostic testing are available or not available today.

CHECK TO SEE IF AT LEAST ONE OF EACH RDT IS VALID (NOT EXPIRED)

**OBSERVED AVAILABLE**

**NOT OBSERVED**

	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
<b>01</b> Malaria rapid diagnostic kit	1	2	3	4	5
<b>02</b> Syphilis rapid test kit	1	2	3	4	5
<b>03</b> HIV rapid test kit	1	2	3	4	5
<b>05</b> Dipsticks for urine protein	1	2	3	4	5
<b>06</b> Dipsticks for urine glucose	1	2	3	4	5
<b>07</b> Dipsticks for urine ketone bodies	1	2	3	4	5

**3200** Does this facility conduct the following tests onsite or offsite?

	YES (ONSITE)	YES, OFFSITE	DON'T CONDUCT THE TEST
<b>01</b> Blood glucose tests using a glucometer	1	2	3
<b>02</b> Haemoglobin testing	1	2	3
<b>05</b> HIV antibody testing by ELISA	1	2	3

**3201** I would like to know if the following general equipment items are available and functional today.

ASK TO SEE THE ITEMS

A) AVAILABLE

B) FUNCTIONING

	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> Light microscope	1	2	3	1	2	8
<b>02</b> Glass slides and cover slips	1	2	3	1	2	8
<b>03</b> Refrigerator	1	2	3	1	2	8
<b>04</b> Glucometer	1	2	3	1	2	8
<b>05</b> Glucometer test strips (with valid expiration date)	1	2	3	1	2	8
<b>09</b> ELISA washer	1	2	3	1	2	8
<b>10</b> ELISA reader	1	2	3	1	2	8
<b>11</b> Incubator	1	2	3	1	2	8
<b>12</b> Specific assay kit- HIV antibody testing by ELISA	1	2	3	1	2	8

**3202** Does this facility have an accredited/certified microscopist?

YES ..... 1

NO ..... 2

**3302** I would like to know if the following equipment items for TB testing are available and functional today.

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
0 Fluorescence microscope (FM)	1	2	3	1	2	8

	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01 GeneXpert 4 module unit with laptop	1	2	3	1	2	8
02 TB rapid test cartridge	1	2	3	1	2	8

**3400** Does this facility conduct liver function /renal function tests and/or white blood counts onsite or offsite?

YES, ONSITE ..... 1  
 YES, OFFSITE ..... 2  
 NO ..... 3

**3401** Does this facility conduct the following liver and renal function tests onsite or offsite?

**YES (ONSITE)                      YES, OFFSITE                      DON'T CONDUCT THE TEST**

**3402** Please tell me if the following equipment items and reagents for liver and kidney function testing are available and functional today.

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> Biochemistry analyzer	1	2	3	1	2	8
<b>02</b> Centrifuge	1	2	3	1	2	8

**3405** Does this facility do CD4 count (absolute and percentage) testing onsite or offsite?

YES, ONSITE ..... 1  
 YES, OFFSITE ..... 2  
 NO ..... 3

**3406** Please tell me if the following equipment items for CD4 testing are available and functional today.

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> CD4 counter	1	2	3	1	2	8
<b>02</b> Specific assay kit- CD4 test	1	2	3	1	2	8



**3500** Does this facility conduct blood group serology onsite or offsite?

- YES, ONSITE ..... 1
- YES, OFFSITE ..... 2
- NO ..... 3

**3502** Please tell me if the following equipment items and reagents for blood typing and cross match are available and functional today.

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	A) AVAILABLE			B) FUNCTIONING		
	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> Centrifuge	1	2	3	1	2	8
<b>02</b> 37° C incubator	1	2	3	1	2	8
<b>03</b> Grouping sera	1	2	3	1	2	8

<b>3601</b> Does this facility conduct the following tests onsite or offsite?	<b>YES, ONSITE</b>	<b>YES, OFFSITE</b>	<b>DON'T CONDUCT THE TEST</b>
<b>01</b> Serum electrolyte testing	1	2	3
<b>02</b> Urine microscopy testing	1	2	3
<b>03</b> Syphilis serology testing	1	2	3
<b>04</b> Gram stain testing	1	2	3
<b>05</b> CSF/ body fluid counts	1	2	3
<b>06</b> Cryptococcal antigen testing	1	2	3
<b>07</b> Molecular biological technique for HIV viral load or HIV early-infant diagnosis (PCR)	1	2	3

**3602** Please tell me if the following equipment items and reagents are available and functional today:

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
<b>01</b> Specific assay kit- serum electrolyte test	1	2	3	1	2	8
<b>02</b> Specific assay kit- syphilis serology	1	2	3	1	2	8
<b>03</b> Gram stains	1	2	3	1	2	8
<b>04</b> White blood counting chamber	1	2	3	1	2	8
<b>05</b> Specific assay kit- cryptococcal antigen test	1	2	3	1	2	8
<b>06</b> Assay specific automated system for estimating HIV viral load	1	2	3	1	2	8
<b>09</b> Pipettes	1	2	3	1	2	8
<b>10</b> Biochemistry analyzer	1	2	3	1	2	8

**3603** Does this facility perform diagnostic x-rays, ultrasound, or computerized tomography?

YES ..... 1  
 NO..... 2

**3604** Please tell me if the following imaging equipment items are available and functional today.

ASK TO SEE THE ITEMS

**A) AVAILABLE**

**B) FUNCTIONING**

	<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
<b>01</b> X-ray machine	1	2	3	1	2	8
<b>02</b> Ultrasound equipment	1	2	3	1	2	8
<b>03</b> CT scan	1	2	3	1	2	8
<b>04</b> ECG	1	2	3	1	2	8

**4000** Does this facility stock medicines, vaccines, or contraceptive commodities?

YES ..... 1

NO ..... 2

**4001** Are any of the following medicines for the treatment of infectious diseases available in the facility today?

CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)

**OBSERVED AVAILABLE**

**NOT OBSERVED**

	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
<b>01</b> Co-trimoxazole cap/tab (Oral antibiotic)	1	2	3	4	5
<b>02</b> Fluconazole cap/tab	1	2	3	4	5
<b>03</b> Albendazole or Mebendazole cap/tab	1	2	3	4	5
<b>04</b> Metronidazole cap/tab	1	2	3	4	5
<b>05</b> Amoxicillin cap/tab	1	2	3	4	5
<b>06</b> Ceftriaxone injection	1	2	3	4	5
<b>07</b> Ciprofloxacin cap/tab	1	2	3	4	5

\*\*\*\*Are the above mentioned drugs being dispensed at the facility or patients are given a prescriptions.

YES ..... 1  
 NO THEY ARE GIVEN PRESCRIPTION ..... 2

**4002** Are any of the following medicines for the management of non-communicable diseases available in the facility today?

CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)

**OBSERVED AVAILABLE**

**NOT OBSERVED**

	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
<b>01</b> Metformin cap/tab	1	2	3	4	5
<b>02</b> Insulin regular injection	1	2	3	4	5
<b>03</b> Glucose 50% injection	1	2	3	4	5
<b>04</b> ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)	1	2	3	4	5
<b>05</b> Thiazide (e.g. hydrochlorothiazide)	1	2	3	4	5
<b>06</b> Beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)	1	2	3	4	5
<b>07</b> Calcium channel blocker (e.g. amlodipine)	1	2	3	4	5
<b>08</b> Aspirin cap/tab	1	2	3	4	5
<b>09</b> Beclomethasone inhaler	1	2	3	4	5
<b>10</b> Prednisolone cap/tab	1	2	3	4	5
<b>11</b> Hydrocortisone injection	1	2	3	4	5
<b>12</b> Epinephrine injection	1	2	3	4	5
<b>13</b> Furosemide cap/tab	1	2	3	4	5
<b>14</b> Glibenclamide cap/tab	1	2	3	4	5
<b>15</b> Gliclazide tablet or glipizide tablet	1	2	3	4	5
<b>16</b> Glyceryl trinitrate sublingual tablet	1	2	3	4	5
<b>17</b> Ibuprofen tablet	1	2	3	4	5
<b>18</b> Isosorbide dinitrate tablet	1	2	3	4	5
<b>19</b> Omeprazole tablet or alternative such as pantoprazole, rabeprazole	1	2	3	4	5
<b>20</b> Paracetamol cap/tab (adult oral formulation)	1	2	3	4	5
<b>21</b> Salbutamol inhaler	1	2	3	4	5

<b>22</b> Simvastatin tablet or other statin e.g. atorvastatin, pravastatin, fluvastatin	1	2	3	4	5
<b>23</b> Spironolactone tablets	1	2	3	4	5

\*\*\*\* ARE THERE DRUGS TO BE DISPENSED TO THE PUBLIC  
OR PATIENTS ARE GIVEN PRESCRIPTIONS.

YES ..... 1  
NO PATIENTS ARE GIVEN PRESCRIPTIONS ..... 2

**4009** Is the product stored so that identification  
labels and expiry dates and manufacturing  
dates are visible?

YES ..... 1  
NO ..... 2

**4010** Check the expiry dates of the stored product.  
Are they stored in first-to-expire, first-out  
(FEFO) order (i.e. the stock that will expire  
first is the closest to the front)?

CHECK THE EXPIRY DATES OF THE STORED PRODUCT AT THE FRONT AND AT THE BACK OF THE SHELF. IF THE PRODUCT AT THE FRONT EXPIRES FIRST, ANSWER “YES”. IF THE PRODUCT AT THE BACK EXPIRES FIRST, ANSWER “NO”.

YES ..... 1  
NO ..... 2

\*\*\*\*\*ARE THERE DRUGS TO BE DISPENSED TO THE PUBLIC OR PATIENTS ARE REFERRED.

YES ..... 1  
NO PATIENTS ARE REFERRED TO ANOTHER HOSPITAL ..... 2

**4018** Does this facility stock any antiretroviral medicines?

YES ..... 1  
NO ..... 2

**4019** Are any of the following ARVs available today in this facility?

CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)

**OBSERVED AVAILABLE**

**NOT OBSERVED**



	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
<b>01</b> Zidovudine (ZDV, AZT)	1	2	3	4	5
<b>02</b> Zidovudine (ZDV, AZT) syrup	1	2	3	4	5
<b>03</b> Abacavir (ABC)	1	2	3	4	5
<b>04</b> Lamivudine (3TC)	1	2	3	4	5
<b>05</b> Tenofovir Disoproxil Fumarate (TDF)	1	2	3	4	5
<b>06</b> Nevirapine (NVP)	1	2	3	4	5
<b>07</b> Nevirapine (NVP) syrup	1	2	3	4	5
<b>08</b> Efavirenz (EFV)	1	2	3	4	5
<b>09</b> Emtricitabine (FTC)	1	2	3	4	5
<b>10</b> Lamivudine + Abacavir (3TC + ABC)	1	2	3	4	5
<b>11</b> Zidovudine + Lamivudine (AZT + 3TC)	1	2	3	4	5
<b>12</b> Zidovudine + Lamivudine + Abacavir (AZT + 3TC + ABC)	1	2	3	4	5
<b>13</b> Zidovudine + Lamivudine + Nevirapine (AZT + 3TC + NVP)	1	2	3	4	5
<b>14</b> Tenofovir + Emtricitabine (TDF + FTC)	1	2	3	4	5
<b>15</b> Tenofovir + Lamivudine (TDF + 3TC)	1	2	3	4	5
<b>16</b> Tenofovir + Lamivudine + Efavirenz (TDF + 3TC + EFV)	1	2	3	4	5
<b>17</b> Tenofovir + Emtricitabine + Efavirenz (TDF + FTC + EFV)	1	2	3	4	5
<b>18</b> Didanosine (DDI)	1	2	3	4	5
<b>19</b> Lamivudine (3TC) syrup	1	2	3	4	5
<b>20</b> Stavudine 30 or 40 (D4T)	1	2	3	4	5

<b>21</b> Stavudine syrup	1	2	3	4	5
<b>22</b> Efavirenz (EFV) syrup	1	2	3	4	5
<b>23</b> Delavirdine (DLV)	1	2	3	4	5
<b>24</b> Enfuvirtide (T-20)	1	2	3	4	5
<b>25</b> Stavudine + Lamivudine (D4T + 3TC)	1	2	3	4	5
<b>26</b> Stavudine + Lamivudine + Nevirapine (D4T + 3TC + NVP)	1	2	3	4	5

**4020** Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?

- YES ..... 1  
 NO ..... 2

**4021** Are any of the following protease inhibitors available in the facility today?

CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)

**OBSERVED AVAILABLE**

**NOT OBSERVED**

	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
<b>01</b> Lopinavir (LPV)	1	2	3	4	5
<b>02</b> Indinavir (IDV)	1	2	3	4	5
<b>03</b> Nelfinavir (NFV)	1	2	3	4	5
<b>04</b> Saquinavir (SQV)	1	2	3	4	5
<b>05</b> Ritonavir (RTV)	1	2	3	4	5
<b>06</b> Atazanavir (ATV)	1	2	3	4	5
<b>07</b> Fosamprenavir (FPV)	1	2	3	4	5
<b>08</b> Tipranavir (TPV)	1	2	3	4	5
<b>09</b> Darunavir (DRV)	1	2	3	4	5

**4022** Are any of the following other medicines and commodities available in the facility today?

CHECK TO SEE IF AT LEAST ONE OF EACH  
MEDICINE/COMMODITY IS VALID (NOT EXPIRED)

**OBSERVED AVAILABLE**

**NOT OBSERVED**

	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
<b>01</b> Normal saline IV solution	1	2	3	4	5
<b>02</b> Ringers lactate IV solution	1	2	3	4	5
<b>03</b> 5% dextrose IV solution	1	2	3	4	5
<b>04</b> IV treatment for fungal infections	1	2	3	4	5
<b>05</b> Skin disinfectant	1	2	3	4	5
<b>06</b> Gowns	1	2	3	4	5
<b>07</b> Eye protection (goggles, face shields)	1	2	3	4	5
<b>08</b> Medical (surgical or procedural) masks	1	2	3	4	5
<b>09</b> Absorbable suture material	1	2	3	4	5
<b>10</b> Non-absorbable suture material	1	2	3	4	5

**SUPPLY CHAIN**

**4100** Who is the principal person responsible for managing the ordering of medical supplies at this facility?

- NURSE ..... 1
- CLINICAL OFFICER ..... 2
- PHARMACY TECHNICIAN ..... 3
- PHARMACY ASSISTANT ..... 4
- PHARMACIST ..... 5
- MEDICAL ASSISTANT ..... 6
- OTHER ..... 96 (SPECIFY)

**4101** Which of the following mechanisms is used to determine this facility's resupply quantities?

ASK FOR EACH OF THE BELOW	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
<b>01</b> The facility itself (pull distribution system)	1	2	3
<b>02</b> A higher level facility (push distribution system)	1	2	3
<b>03</b> Other ..... (SPECIFY)	1	2	3

**4102** How are the facility's resupply quantities determined?

- FORMULA (ANY CALCULATION) ..... 1
- DON'T KNOW ..... 2
- OTHER MEANS ..... 3

**4103** What is the main source of your routine pharmaceutical commodity supplies? By this I mean who is the direct supplier to your facility?

- NATIONAL MEDICAL STORES ..... 1
- JOINT MEDICAL STORES ..... 2
- NGO/DONORS ..... 3
- PRIVATE SOURCES ..... 4
- OTHER ..... 96 (SPECIFY)

**4104** How are your pharmaceutical commodity supplies from the main supplier of your routine pharmaceuticals delivered to this facility?

- SUPPLIER DELIVERS TO FACILITY ..... 1
- FACILITY MUST ARRANGE DELIVERY TO FACILITY ..... 2
- OTHER ..... 96 (SPECIFY)

**4105** Who is responsible for transporting products from central medical stores to your facility?

	<b>YES</b>	<b>NO</b>
<b>01</b> Local supplier delivers	1	2
<b>02</b> Higher level delivers	1	2
<b>03</b> This facility collects	1	2
<b>04</b> Other ..... (SPECIFY)	1	2

**4106** For the most recent order, how long did it take between ordering and receiving products?

- LESS THAN 2 WEEKS ..... 1
- 2 WEEKS TO 1 MONTH ..... 2
- BETWEEN 1 AND 2 MONTHS ..... 3
- MORE THAN 2 MONTHS ..... 4

