

Primary Healthcare Facility Assessment Form
Centers for Disease Control and Prevention

Assessment Date: ___ / ___ / ___
 (dd) (mm) (yyyy)

This document is a representation of an Open Data Kit (ODK) electronic survey form. In the ODK form, skip patterns are built in and certain groups of questions can be repeated. For example, the observations of patient care areas in Section G are to be repeated for each room in the facility. This document indicates some skip patterns, but the precise flow of questions may be unclear. The ODK form can be provided upon request.

Questions are “select one” unless otherwise indicated. Some questions are observation only, and these are indicated by “(Do not read aloud)” at the start of the question. Other instructions are provided in the rightmost column.

Several questions should be adapted to what is relevant in the local context, including (but not limited to): questions A3, A8, B10, E4, F16, G1, H13, H23, H25, H38, and J4.

The respondent for these questions should be the director of the health facility or a designee that has a good understanding of the facility’s daily operations.

Facility identification and consent			Instructions (parenthesis indicate when the question is applicable)
A1	Interviewer:		
A2	Name of district:		
A3	Type of health facility	1	Dispensary
		2	Clinic
		3	Health center
A4	Name of health facility:		
A5	<i>Read consent form</i>		
A6	Are you willing to participate?	0	No
		1	Yes
A8	What is your role at this health facility?	1	Clinical officer
		2	Doctor
		3	Nurse / nurse in-charge
		4	Medical superintendent
		5	Public health officer
		6	Hospital administrator
		7	Community health volunteer
		Other (specify):	
			<i>If 'no', end survey</i>

Clinical Services

The first part of this questionnaire is an interview that will take about 20-30 minutes. After the interview, we will do some observations that will take approximately 1-1.5 hours. I would like to speak with you for this part of the interview, but if you would like to assign someone else to take me around the facility for the observations that will be fine.

B1	How many days per week is the facility usually open?			
B2	Average number of outpatient consultations per month (last calendar year's data):			
B3	Average number of admissions (overnight stay, not counting delivery) per month:		<i>If there are typically some during the year, but less than 1 per month, enter '1'. Include unplanned admissions (such as emergencies, etc.)</i>	
B4	Average number of deliveries per month:		<i>If there are typically some during the year, but less than 1 per month, enter '1'</i>	
B5	How many days on average do inpatients stay, not including delivering mothers?		<i>(If B3 greater than 0)</i>	
B6	How many relatives typically accompany an inpatient?		<i>(If B3 greater than 0)</i>	
B7	How many days on average do delivering mothers stay?		<i>(If B4 greater than 0)</i>	
B8	How many relatives typically accompany a delivering mother?		<i>(If B4 greater than 0)</i>	
B9	How do delivering mothers or inpatients and their relatives eat? <i>(select all that apply)</i>	1	Family / relatives bring food	<i>(If B3 or B4 greater than 0)</i>
		2	The family prepares food onsite	
		3	Food is made by a cook at the HCF	
		88	Other (specify) :	
Health Center Staff				
Now, we would like to ask about the number of staff at this facility.				
B10a	Number of medical staff: doctors, nurses, midwives, clinical officers, physician assistants, etc.			
B10b	Number of dedicated cleaning staff			
B10c	Number of other paid non-medical staff: administrative staff, records officers, accountants, guards, etc.			
B11	Does this health facility ever have electrical power in any rooms?	0	No	<i>If 'no', skip to B17</i>
		1	Yes	
B12	What is the main source of electricity?	1	Electricity grid system	
		2	Generator	
		3	Solar energy	
B13	Are there any additional sources of electricity?	1	Yes	
		2	No	

B14	What are the additional sources of electricity that the health facility uses?	1	Electricity grid system	<i>Select all that apply</i>
		2	Generator	
		3	Solar energy	
B16	What problems does the health facility have with electricity?	0	No problems	<i>Select all that apply</i>
		1	Irregular availability of electricity	
		2	No money to pay bill	
		3	Unable to acquire fuel for generator	
		4	Unable to pay for fuel for generator	
		5	System breakdowns	
		88	Other (specify):	
Supplies Now, I would like to ask you questions about supplies at your Health Center.				
B17	In the past 6 months, have there been any stock outs of gloves?	0	No	
		1	Yes	
B18	Are gloves ever re-used between patients?	0	No	
		1	Yes	
B19	Do providers regularly carry alcohol hand rub on their person as they work?	0	No	
		1	Yes	
B20	Are bed linens provided at the facility? If yes, always or sometimes?	0	No, never or almost never	<i>(If B3 or B4 greater than 0) If 'No, never or almost never', skip to B22</i>
		1	Yes, sometimes	
		2	Yes, always or almost always	
B21	Are bed linens ever re-used between patients without washing?	0	No	<i>(If B20 is 'Yes, sometimes' or 'Yes, always or almost always')</i>
		1	Yes	
B22	Are beds ever re-used between patients without disinfecting?	0	No	<i>(If B20 is 'Yes, sometimes' or 'Yes, always or almost always')</i>
		1	Yes	
B23	Who oversees cleaning in the health facility?	1	Facility in-charge	
		2	Public health officer in charge of sanitation	
		3	Head of cleaning department	
		4	Cleaner	
		88	Other (specify):	
B24	Who conducts cleaning?	1	Cleaner	<i>Select all that apply</i>
		2	Guard	
		3	Patients' relatives or caregivers	
		4	Health worker	

		5	Community health volunteer	
		88	Other (specify) :	
Water supply				
Now, I would like to ask you questions about the water sources at this facility.				
C1	What is the main water source of this health facility today?	1	Piped water (tap or standpipe)	<i>If water is available from multiple sources, record the main source used in the outpatient area</i>
		2	Borehole	
		3	Protected hand dug well (cement collar or platform, with lid/cover)	
		4	Unprotected hand dug well (no cement top, no lid/cover)	
		5	Rain water harvest	
		6	Tanker truck	
		7	Protected spring	
		8	Unprotected spring	
		9	Surface water	
		99	Do not know	
		88	Other (specify):	
C2	What is the original source of the piped water?	0	Town system, unknown source	<i>(If C1= 'Piped water (tap or standpipe)')</i>
		1	Borehole	
		2	Protected hand dug well	
		3	Unprotected hand dug well	
		4	Rain water harvest	
		5	Unprotected spring	
		6	Protected spring	
		7	Surface water	
		88	Other (specify):	
		99	Do not know	
C3	Can the main water source be accessed on facility premises? This means either the source is onsite or there is a tap onsite.	0	No, more than 500m outside the facility grounds	<i>If it is not available on the health facility grounds, confirm if it is within 500m</i> <i>If 'Yes, within the grounds of the facility', skip to C6</i>
		1	No, but it is available within 500m of the facility	
		2	Yes, within the grounds of the facility	
C4	How is water from the main source typically brought on-site?	1	A caretaker goes to get water	<i>Select the method used most often</i>
		2	A paid water vendor brings water to the health facility	
		3	Someone from the health facility goes to get water	

		4	A community volunteer goes to get water	
		88	Other	
C5	How long does it take to go there, get water and come back, in minutes?			<i>Record time in minutes. Enter "999" if they do not know</i>
C6	How is water from the main source used: Handwashing? Drinking? Cleaning? Bathing? Cooking? Equipment sterilization? Laundry?	1	Handwashing	<i>Select all that apply</i>
		2	Drinking	
		3	Cleaning	
		4	Bathing	
		5	Cooking	
		6	Equipment sterilization	
		7	Laundry	
C7	Is water from the main source free of charge or is there a cost?	0	The water is free of charge	<i>If 'The water is free of charge', skip to C8</i>
		1	The water has a cost	
C7a	Who pays for the water?	1	The health facility's budget	
		2	A private company	
		3	The local government	
		0	Nobody is currently paying for water	
		88	Other (specify):	
C8	Are there ever interruptions at this water source? This means times when water is not accessible at the source.	0	No	<i>If 'yes', confirm that water is available 24 hours a day every day of the year</i> <i>If 'No', skip to C13</i>
		1	Yes	
C9	What are the reasons that water is sometimes not available?	1	Low water table	<i>Select all that apply</i>
		2	Locked / restricted access	
		3	Power outage	
		4	Seasonal availability	
		5	Inability to pay	
		6	Too expensive	
		7	Mechanical breakdown	
		8	Planned construction	
		88	Other	
C10	When using the primary source, for how many hours on average is water usually available at the source per day? (in hours)			
C11	Does this water source ever have seasonal water shortages?	1	Yes	<i>If 'No', skip to C13</i>
		0	No	
C12	During last calendar year (2018), during how many months was water disrupted or NOT available for one or more days?			<i>This does not have to be consecutive months.</i>

C19	Does your health facility ever use water from an additional source?	0	No	<i>If 'No', skip to C25</i>
		1	Yes	
C20	What is the secondary water source for this facility?	1	Piped water (tap or standpipe)	<i>If multiple secondary sources are used, choose the most-used secondary source</i>
		2	Borehole	
		3	Protected hand dug well (cement collar or platform, with lid/cover)	
		4	Unprotected hand dug well (no cement top, no lid/cover)	
		5	Rain water harvest	
		6	Tanker truck	
		7	Protected spring	
		8	Unprotected spring	
		9	Surface water	
		99	Do not know	
C21	What is the original source of the piped water?	1	Borehole	<i>(If C20= 'Piped water (tap or standpipe))</i>
		2	Protected hand dug well	
		3	Unprotected hand dug well	
		4	Rain water harvest	
		5	Unprotected spring	
		6	Protected spring	
		88	Other (specify):	
		99	Do not know	
C22	Can the secondary source be accessed on facility premises?	0	No, more than 500m outside the facility grounds	
		1	No, but it is available within 500m of the facility	
		2	Yes, within the grounds of the facility	
C23a	When is the secondary source used?	1	As a supplement to the primary source	<i>Select all that apply</i>
		2	When the primary source is not available	
C23b	Last calendar year, during how many months was the secondary source used for one or more days?			<i>If more than 0 and less than 1 month, answer "1"</i>
C24	How is water from the secondary source used: Handwashing? Drinking? Cleaning? Bathing? Cooking? Equipment sterilization? Laundry?	1	Handwashing	<i>Select all that apply</i>
		2	Drinking	
		3	Cleaning	
		4	Bathing	
		5	Cooking	
		6	Equipment sterilization	
		7	Laundry	
C27	Is free drinking water ever provided to staff at this health facility?	0	No	<i>Do not include water that staff bring themselves</i>
		1	Yes	
				<i>If 'No', skip to C28</i>

C27a	In the last two weeks, was drinking water always available to staff throughout each day?	0	No	
		1	Yes	
C28	Is free drinking water ever provided to patients at this health facility?	0	No	<i>Do not include water that patients bring themselves</i>
		1	Yes	
<i>If 'No', skip to C30</i>				
C28a	In the last two weeks, was drinking water always available to patients throughout each day?	0	No	
		1	Yes	
C30	In the past 6 months, has water ever been treated before drinking by someone at this health facility?	0	No	<i>(If 'Yes' was selected for question C27 or C28)</i>
		1	Yes	
		99	Don't know	
<i>If offsite sources are treated but no additional treatment is done at the HCF, select 'no'</i>				
<i>If 'No', skip to C34</i>				
C31	What type of treatment?	1	Boiling	<i>Select all that apply</i>
		2	Filtration	
		3	Chlorination	
		88	Other (specify):	
		99	I don't know	
C32	Has water been treated in the last 24 hours?	0	No	<i>If 'No', skip to C34</i>
		1	Yes	
		99	Don't know	
C33	What type of treatment?	1	Boiling	
		2	Filtration	
		3	Chlorination	
		88	Other (specify):	
		99	I don't know	
C36	In the past two weeks, has there been enough water at the health facility for the following activities?	Yes	No	NA
	a. Drinking	1	0	99
	b. Handwashing	1	0	99
	c. Food preparation	1	0	99
	d. Delivery services (including cleaning the room)	1	0	99
	e. Other medical activities	1	0	99
	f. Cleaning (not including cleaning the delivery room)	1	0	99
	g. Laundry	1	0	99
C37	Do you regularly store water? This includes water stored in point-of-use containers, polytanks, or other containers.	0	No	<i>If 'No', skip to C39</i>
		1	Yes	

C38	How long can your stored water supply last - less than two days, or at least two days?	1	Sufficient water to meet all needs of the facility for less than 2 days is stored	
		2	Sufficient water to meet all needs of the facility for 2 or more days is stored	
C39	Are there any regularly-used high-capacity (500L or more) water storage containers on the facility grounds?	0	No	
		1	Yes	
C40	What is the total storage capacity in liters of your high-capacity (500L or more) water storage containers?			<i>Add up the storage capacity for all high capacity storage containers currently being used. Enter '999' if unknown.</i>
C41	Are there any UNUSED high-capacity (500L or more) water storage containers?	0	No	<i>If 'No', skip to C43</i>
		1	Yes	
C42	Why is it not being used?	1	Container is broken	
		2	Container is dirty	
		3	Motor or piping is broken	
		4	Connected well is dry	
		5	Electricity or water fee too high	
		6	Not needed at the moment (but is sometimes used)	
		7	Never needed	
		8	Broken tap	
		9	Broken gutters	
		88	Other (specify):	
		99	Don't know	
C43	Are there any bathrooms or bathing areas (aside from latrines) that patients use?	0	No	<i>If 'No,' skip to C47</i>
		1	Yes	
C44	How many useable bathing areas are available for patients?			
C45	Are there any bathing areas that are designated for FEMALE patients only?	0	No	
		1	Yes	
C46	Are there any bathing areas that are designated for MALE patients only?	0	No	
		1	Yes	
C47	Are there any non-useable bathing areas at this health facility that can potentially be rehabilitated?	0	No	
		1	Yes	

Toilets				
Now, I would like to ask a few questions about your toilets.				
D1	Are there any toilets/latrines at this healthcare facility that are currently being used?	0	No	<i>This includes any sanitation facility (i.e. latrines, pour-flush toilets) that the healthcare facility has responsibility for</i> <i>If 'No', continue to D2 then skip to D7</i>
		1	Yes	
D2	Are there any non-functional toilets at this health facility that can potentially be rehabilitated?	0	No	
		1	Yes	
D3	Do members of the community who are not staff, patients, or their caregivers/companions ever use the toilets?	0	No	
		1	Yes	
D4	Have any of the toilets/latrines at this health facility become unusable because they were full?	0	No	
		1	Yes	
		99	Don't know	
D5	Last time a toilet was full, what did you do to resolve the problem?	1	Dug a new pit	
		2	Emptied the current pit	
		3	Locked until the level went down	
		4	Added a bio-digester	
		5	Nothing, is still unusable	
		88	Other (specify):	
D6	When children are too small to use the toilet, such as 2 year olds, where do they defecate while they are here at the health facility?	1	Pan	<i>Select all that apply. Answer should correspond to general practice that occurs at the HCF -- it does not need to be sanctioned by the HCF.</i>
		2	Ground (inside toilet/latrine)	
		3	Ground (outside toilet/latrine)	
		4	Shower	
		5	Diaper (cloth)	
		0	No particular method	
		88	Other (specify):	
		99	Don't know	
D7	Is there a poster or document with guidelines for managing healthcare waste posted in any clinical areas?	0	No	
		1	Yes	
D8	Are cleaning protocols or SOPs available?	0	No	
	Protocols should: 1. Include step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, and cleaning a spillage of blood or body fluids 2. Specify responsibility for cleaning tasks and frequency for which they are performed	1	Yes	

D9	Have all staff responsible for cleaning received training? This includes staff with cleaning responsibilities and designated cleaners. Training refers to structured training plans or programs led by a trainer or a qualified supervisor.	2	Yes, all have been trained	
		1	Some have been trained, but not all	
		0	None have been trained	
		98	There are no staff responsible for cleaning	
		99	Don't know	
Facility Observations				
For the next portion of this assessment, I would like to walk around the health facility with you and observe various parts of the health facility.				
Please feel free to assign someone else to show us around the health facility for our observations.				
E1	May I see the poster or other document with guidelines for managing healthcare waste?	0	Not shown	<i>(If 'Yes' was selected for D7)</i>
		1	Shown	
E2	May I see your cleaning protocol or SOP?	0	Not shown	<i>(If 'Yes' was selected for D8)</i>
		1	Shown	
E3	May I see your chlorination supply?	0	Not shown	<i>(If 'Chlorination' was selected for C31)</i> <i>If 'Not shown', skip to F1</i>
		1	Shown	
E4	(Do not read aloud) What type of chlorine treatment is observed?	1	Chlorine tablets	<i>Select all that apply</i>
		2	Chlorine liquid	
		88	Other (specify):	
Waste Disposal				
Next, I will ask some questions about waste disposal in your health facility. I will ask you about three main types of waste:				
- SHARPS, such as needles, blades, contaminated glass, etc.				
- INFECTIOUS WASTE, such as used gauze, used gloves, laboratory cultures, or anything that has been in contact with blood or other body fluids				
- NON-INFECTIOUS WASTE, such as paper, boxes, or unused/uncontaminated medical supplies				
F1	Do you eliminate or dispose of INFECTIOUS waste on-site?	0	No, it is taken off-site for disposal	<i>If 'No', answer F2 then skip to F7</i>
		1	Yes, it is disposed on-site	
F2	Where is your infectious waste disposed of off-site?	1	Private waste disposal company	<i>(If 'No' was selected for F1)</i> <i>Select all that apply</i>
		2	Municipal waste disposal	
		3	Other health facility	
		4	Refuse pit	
		88	Other (specify):	
F3	May I see where your infectious waste is disposed on-site?	0	No	<i>(If 'Yes' was selected for F1)</i>
		1	Yes	
F4	(Do not read aloud)	1	Flat ground	

	What type of waste disposal area is this?	2	Unlined pit	
		3	Unlined pit with cover	
		4	Lined pit	
		5	Lined pit with cover	
		6	Incinerator	
		7	Drain	
		8	Latrine	
		88	Other (specify):	
F5	(Do not read aloud)	0	No	
	Is the area fully fenced with a lockable gate (inaccessible to the public)?	1	Yes	
F6	May I take a photo of this waste disposal area?	0	No	
		1	Yes	
F7	Do you eliminate or dispose of SHARPS waste on-site?	0	No, it is taken off-site for disposal	<i>If 'No', answer F8 then skip to F13</i>
		1	Yes, it is disposed on-site	
F8	Where is your sharps waste disposed of off-site?	1	Private waste disposal company	<i>(If 'No' was selected for F7)</i> <i>Select all that apply</i>
		2	Municipal waste disposal	
		3	Other health facility	
		4	Waste pit	
		88	Other (specify):	
F9	May I see where your sharps waste is disposed on-site?	0	No	<i>(if 'Yes' was selected for F7)</i>
		1	Yes	
F10	(Do not read aloud)	1	Flat ground	
	What type of waste disposal area is this?	2	Unlined pit	
		3	Unlined pit with cover	
		4	Lined pit	
		5	Lined pit with cover	
		6	Incinerator	
		7	Drain	
		8	Latrine	
		88	Other (specify):	
F11	(Do not read aloud)	0	No	
	Is the area fully fenced with a lockable gate (inaccessible to the public)?	1	Yes	
F12	May I take a photo of this waste disposal area?	0	No	
		1	Yes	
F13	Could you please show me where you store sharps waste before collection for disposal off-site?	1	In a location inaccessible to the public (fenced, locked)	<i>(If F7='No')</i>

		2	In a location potentially accessible to the public	<i>Observe the storage area and select the appropriate response.</i>
F14	May I take a photo of this sharps storage area?	0	No	
		1	Yes	
F23	Could you please show me where you store infectious waste before collection for disposal off-site? <i>Observe the storage area and select the appropriate response</i>	1	In a location inaccessible to the public (fenced, locked)	<i>(If F1='No')</i>
		2	In a location potentially accessible to the public	
F24	May I take a photo of this infectious waste storage area?	0	No	
		1	Yes	
F26	Does everyone who handles waste always use heavy-duty gloves when handling waste?	2	Yes, everyone, always	
		1	Yes, sometimes	
		0	No, never	
Patient Care Areas G. Next, I would like to ask you questions about each room in this healthcare facility and observe various aspects of each area. Can we go to the first room? <i>Note: if there is a small room without a door attached to the room, assess it as part of the room</i>				
G1	What type of room is this?	1	Inpatient	
		2	Outpatient	
		3	Delivery/Maternity	
		4	Staff room	
		5	Storage/unused room	
		6	Pharmacy	
		7	Waiting area	
		8	Surgical theater	
		9	Cleaning room	
		10	Laboratory	
		11	Triage	
		12	Administrative	
		88	Other (specify):	
G2	Do healthcare providers ever touch patients in this room?	0	No	
		1	Yes	
G3	Do patients ever take oral medications in this room?	0	No	
		1	Yes	
G4	Is this a waiting area for patients?	0	No	
		1	Yes	
G5	Do staff ever handle lab specimens or medication in this room?	0	No	
		1	Yes	
G6	Do patients ever stay in this room overnight?	0	No	
		1	Yes	
G7	[Do not read aloud]	0	No	

	Is the room accessible for observation? If it is locked and the key is not available, or if an urgent medical situation prevents viewing, select 'no'	1	Yes	<i>(If 'Yes' was selected for G2, G3, G4, G5, or G6)</i> <i>If 'No', skip to G39</i>
G10	Which of these types of waste are generated in this room: non-infectious waste, sharps, and/or infectious non-sharps waste such as used gloves, gauze, etc.?	1	Sharps waste	<i>Select all that apply</i>
		2	Infectious non-sharps waste	
		3	Non-infectious waste	
		0	None	
G11	(Do not read aloud.) Are there any waste bins or sharps boxes?	0	No	<i>Only include waste bins that are being used.</i> <i>If 'No', skip to G18</i>
		1	Yes	
G12	Are there separate bins for infectious non-sharps waste and non-infectious waste?	0	No	<i>Be sure to look inside the bins to see what waste is present.</i>
		1	Yes	
G13a	(Do not read aloud.) Is at least one appropriate sharps container available? It must: - be puncture and leak-proof - be covered / sealed - have a hole for inserting sharps	0	No	<i>Only include waste bins that are being used.</i>
		1	Yes	
G13b	[Do not read aloud.] Do all bins contain only the waste they are supposed to contain?	0	No	<i>(If 'Yes' was selected for G12)</i> <i>Be sure to look inside the bins to see what waste is present.</i>
		1	Yes	
		1	Yes	
G14	(Do not read aloud.) Are all waste bins color-coded or clearly labelled with the type of waste that should be disposed?	0	No	
		1	Yes	
G15	(Do not read aloud.) Are there plastic bags in each bin (not including sharps containers)?	0	No	<i>Only include waste bins that are being used</i>
		1	Yes	
G16	(Do not read aloud.) Are all bins for INFECTIOUS waste completely covered with lids (no holes)?	0	No	<i>Only include waste bins that are being used</i>
		1	Yes	
G17	(Do not read aloud.) Are one or more waste containers, including sharps containers, more than 75% full?	0	No	<i>Only include waste bins that are being used</i>
		1	Yes	
G18	(Do not read aloud.) Are the floors FREE from visible dirt and clear of all solid and liquid waste?	0	No	<i>(If 'Yes' was selected for G2, G4, G5, or G6)</i>
		1	Yes	
G19	(Do not read aloud.)	0	No	

	Are all work surfaces (including counters and tables) FREE from visible dirt and clear of solid and liquid waste?	1	Yes	<i>(If 'Yes' was selected for G2, G5 or G6)</i>
		99	Not applicable	
G20	Is there any alcohol handrub in this room?	0	No	<i>(If 'Yes' was selected for G2 or G5)</i>
		1	Yes	
G21	Is there a glove box/pack in the room?	0	No	<i>(If 'Yes' was selected for G2 or G5)</i>
		1	Yes	
Water Access in Patient Care Areas				
Begin observations of water access points (sinks, water stations, taps, etc.)				
G22	Is there a handwashing station in this room?	0	No	<i>(If 'Yes' was selected for G2 or G5)</i> <i>Do not count handwashing stations that are in attached bathrooms</i> <i>If 'No', skip to G37</i>
		1	Yes	
G23	(Do not read aloud.) What type of handwashing station is this?	1	Open container without tap	<i>If there is more than one handwashing station present, answer questions G23-G32 about the MOST-USED handwashing station in the room.</i>
		2	Open container WITH tap	
		3	Covered container without tap	
		4	Covered container WITH tap	
		5	Sink with tap	
		6	Tap with no basin	
		88	Other (specify):	
G24	(Do not read aloud.) Is water available?	0	No	
		1	Yes	
G25	(Do not read aloud.) Is the tap functional?	0	No	<i>(If 'Open container with tap', 'Covered container with tap', 'Sink with tap' or 'Tap with no basin' is selected for G23)</i>
		1	Yes	
G28	(Do not read aloud.) Is soap available?	0	No	
		1	Yes	
G32	(Do not read aloud.) Are single-use hand drying supplies available?	0	No	
		1	Yes	
G35	Is there drinking water for patients in this room? This does not include personal cups or bottles.	0	No	<i>If 'No', skip to G41</i>
		1	Yes	
G36	(Do not read aloud.) What type of drinking water station is this?	1	Open container without tap	<i>If there is more than one drinking water station present, answer questions G36-G40b about the</i>
		2	Open container WITH tap	
		3	Covered container without tap	

		4	Covered container WITH tap	<i>MOST-USED drinking water station in the room.</i>
		5	Sink with tap	
		6	Tap with no basin	
		88	Other (specify):	
G37	(Do not read aloud.) Is water available?	0	No	
		1	Yes	
G38	(Do not read aloud.) Is the tap functional?	0	No	<i>(If 'Open container with tap', 'Covered container with tap', 'Sink with tap' or 'Tap with no basin' is selected for G36)</i>
		1	Yes	
G39	(Do not read aloud) Record Sample ID			
G40a	Total chlorine residual (in mg/L)			
G40b	Free chlorine residual (in mg/L)			
G41	Is there a useable bathing area available for patients in this room?	0	No	<i>(If 'Yes' is selected for C39 and G2 or G6)</i>
		1	Yes	
G42	Are there any toilets in this room, either functional or non-functional?	0	No	<i>(If 'Yes' is selected for D1) If 'No', skip to G43</i>
		1	Yes	
Patient care area toilet observations				
Repeat question set I1-I17 for each toilet within this patient care area.				
I1	Is the toilet functional? (the toilet is not broken, the hole is not blocked)	0	No	<i>If 'No', answer I2-I4 then skip to I18</i>
		1	Yes	
I2	[Do not read aloud.] Is the toilet unlocked, or the key is easily available at all times?	0	No	<i>If 'No', answer I3-I4 then skip to I16</i>
		1	Yes	
I3	[Do not read aloud.] What type of toilet is this?	1	Flush/pour-flush toilet	<i>To be classified as a VIP, the latrine must have a ventilation pipe with a cap; if not, select 'pit latrine'</i>
		2	Pit latrine	
		3	VIP latrine (ventilated pit latrine)	
		4	Composting toilet	
		5	EcoSan toilet	
		88	Other (specify):	
I4	Is this toilet for patients, staff, or not separated?	1	Staff only	
		2	Patients only	
		3	Not separated	
I5	Is this toilet for women, men, or not separated?	1	Women only	
		2	Men only	
		3	Not separated	
I7	[Do not read aloud.]	0	No	

	Is there intact feces (more than just traces) on the floor or drophole?	1	Yes	
I8	[Do not read aloud.]	0	No	
	Is the toilet private? This means there are closable doors that lock from the inside and no large gaps in the structure.	1	Yes	
I9	[Do not read aloud.]	0	No	<i>(If 'Flush/pour-flush toilet' was selected for I3)</i>
	Is there water in the cabin for flushing?	1	Yes	
I15	[Do not read aloud.] How clean is this toilet?	1	CLEAN: no strong smell, no significant number of flies or mosquitos, no visible feces or traces of feces, no rubbish	
		2	SOMEWHAT CLEAN: some smell / traces of feces on the floor, drophole, or walls / some rubbish / some flies	
		0	NOT CLEAN: strong smell / presence of feces/ presence of flies / stagnant puddle / used TP materials on floor	
I16	[Do not read aloud.] Is there a functional handwashing station with soap and water within 5 meters of the toilet?	0	No handwashing station	
		1	Handwashing station, no water	
		2	Handwashing station with water, no soap	
		3	Yes, handwashing station with soap and water	
I18	Is there another toilet present?	0	No	<i>If 'Yes', repeat questions I1-I17 for the next toilet</i>
		1	Yes	
G43	Is there another room in this facility, including outdoor waiting or vaccination areas? If yes, can we go observe the room?	0	No	<i>If 'Yes', repeat questions G1-G42 for the next room</i>
		1	Yes	
G44	(Do not read aloud) Did you observe any broken / non-functional taps or pipes in any patient care areas of the health facility?	0	No	
		1	Yes	
H. Water sources and storage				
Additional Drinking Water Access Points				
H1	Are there any ADDITIONAL drinking water	0	No	

	points that were not already observed in the room observation section? If yes, can we go see them?	1	Yes	<i>(If 'Yes' was selected for C27 or C28)</i> <i>This may include the source if people drink from it directly. Include drinking water points that do not currently have water.</i> <i>If 'No', skip to H9</i>
H2	Where is it located?	1	Within the facility	
		2	Outside within the facility grounds	
		88	Other (specify):	
H3	(Do not read aloud) What type of water access point is this?	1	Open container without tap	
		2	Open container WITH tap	
		3	Covered container without tap	
		4	Covered container WITH tap	
		5	Sink with tap	
		6	Tap with no basin	
		7	Water source (borehole, well, etc.)	
		88	Other (specify):	
H4	Is water available?	0	No	<i>If 'No', skip to H8</i>
		1	Yes	
H5	May I collect a small sample to take with me for <i>E.coli</i> and chlorine testing?	0	No	<i>If 'No' or 'Not applicable' skip to H8</i>
		1	Yes	
		99	Not applicable – 2 drinking water samples have already been taken	
H5a	(Do not read aloud) Record Sample ID			
H5b	Total chlorine residual (in mg/L)			
H5c	Free chlorine residual (in mg/L)			
H8	Is there another additional drinking water point in this facility? If yes, can we go observe the area?	0	No	<i>If 'Yes', repeat questions H2-H5c for the next drinking water point</i>
		1	Yes	
H9	(Do not read aloud)	0	No	

	Is there at least one drinking water point within the outpatient area that is accessible to people with limited mobility? This means: 1. Drinking water is accessible through a piped system or covered container with a tap 2. The drinking point is accessible at a sitting level. 3. The drinking point is accessible without any stairs or steps from the patient area.	1	Yes	<i>(If 'Yes' was selected for C28)</i>
Health Facility Water Source				
H10	May I see where you access the source that you said was the facility's main water source TODAY?	1	Yes	<i>(If 'Yes, within the grounds of the facility' or 'No, but it is available within 500m of the facility' was selected for C3)</i> <i>If 'No', skip to H16</i>
		0	No, because it is not permitted	
		88	No, due to another reason:	
H10a	Specify other			
H11	May I take a photo of this water source?	0	No	
		1	Yes	
H12	(Do not read aloud.) Is water currently available from the source?	0	No	
		1	Yes	
H13	Why is water not currently available?	1	Locked	<i>(If 'No' was selected for H12)</i> <i>Select all that apply</i>
		2	Seasonal shortage	
		3	Temporary/daily shortage	
		4	Permanently dry	
		5	Pump or piping is broken	
		88	Other (specify):	
		99	Don't know	
H14	(If used for drinking) May I collect a small sample to take with me for <i>E.coli</i> and chlorine testing?	0	No	<i>(If 'Yes' was selected for H12)</i> <i>If 'No' skip to H16</i>
		1	Yes	
H14a	(Do not read aloud) Record Sample ID			
H14b	Total chlorine residual (in mg/L)			
H14c	Free chlorine residual (in mg/L)			
H16	Are there any other water sources on the facility grounds, including ones that are not functional or not used?	0	No	<i>If 'No', skip to H30</i>
		1	Yes	
Additional Health Facility Water Source				

H20	(Do not read aloud.) What type of source is this?	1	Piped water (tap or standpipe)	
		2	Borehole	
		3	Protected hand dug well (cement collar or platform, with lid/cover)	
		4	Unprotected hand dug well (no cement top, no lid/cover)	
		5	Rain water harvest	
		6	Tanker truck	
		7	Protected spring	
		8	Unprotected spring	
		9	Surface water	
		99	Do not know	
		88	Other (specify):	
H21	May I take a photo of this water source?	0	No	
		1	Yes	
H22	Does the health facility ever use this source?	0	No	<i>If 'Yes' skip to H24</i>
		1	Yes	
H23	Why does the health facility not use this source?	1	User fees are too high for HCF budget	<i>Select all that apply</i>
		2	Poor quality (taste, smell, appearance, etc.)	
		3	Water is unsafe	
		4	Insufficient quantity	
		5	Source is broken/dry	
		6	Water is not needed	
		88	Other (specify):	
		99	Don't know	
H24	(Do not read aloud.) Is water currently available from the source?	0	No	<i>If 'Yes' skip to H26</i>
		1	Yes	
H25	Why is water not currently available?	1	Locked / restricted access	<i>Select all that apply</i>
			Temporary / daily shortage (low water table, etc.)	
		2	Seasonal shortage	
		3	Source permanently dry	
		4	Mechanical breakdown	
		5	Power outages	
		6	No funds available / cost too high	
		7	Other (specify):	
		88	Don't know	
99				
H26	What is this water used for?	1	Handwashing	<i>(If 'Yes' is selected for H22)</i>

		2	Drinking	<i>Select all that apply</i>
		3	Cleaning	
		4	Bathing	
		5	Cooking	
H27	May I collect a small sample to take with me for <i>E.coli</i> and chlorine testing?	0	No	<i>(If 'Yes' is selected for H22 and 'Drinking' is selected for H26)</i> <i>If 'No' skip to H29</i>
		1	Yes	
H27a	(Do not read aloud) Record Sample ID			
H27b	Total chlorine residual (in mg/L)			
H27c	Free chlorine residual (in mg/L)			
H29	Are there any additional sources on the facility grounds, including ones that are not functional or not used?	0	No	<i>If 'Yes', repeat questions H20-H27c for the next onsite water source</i>
		1	Yes	
Water Storage in Health Facility				
H30	Can we see the most-used water storage area at the facility, aside from any storage containers that have already been tested as part of the assessment?	0	No additional water storage area	<i>(If the water source is located >500m from the facility or if it was not possible to collect a water sample from the main source)</i> <i>If 'No additional water storage area', skip to H35</i>
		1	Yes	
H31	What is this water used for?	1	Drinking	<i>Select all that apply</i>
		2	Handwashing	
		3	Cleaning	
		4	Bathing	
		5	Cooking	
H32	[Do not read aloud] Is water present in the storage area?	0	No	<i>If 'No', skip to H35</i>
		1	Yes	
H33	May I collect a small sample to test for <i>E.coli</i> and chlorine residual?	0	No	<i>(If 'Yes' is selected for H22 and 'Drinking' is selected for H26)</i> <i>If 'No' skip to H16</i>
		1	Yes	
H33a	(Do not read aloud) Record Sample ID			
H33b	Total chlorine residual (in mg/L)			
H33c	Free chlorine residual (in mg/L)			
J. Latrines				
J1		0	No	

	Now, I would like to observe all of the functional toilets or latrines available at this health facility that were not in the patient care areas. Could you show me the first toilet?	1	Yes	<i>(If 'Yes' was selected for D1)</i>
		99	No additional toilets	
J2	Where is this toilet located?	1	Inside a room	
		2	Inside the facility, but not in a room	
		3	Outside, within the facility grounds	
J3	Is the toilet unlocked, or the key is easily available at all times?	0	No	<i>If 'No', skip to J14</i>
		1	Yes	
J4	(Do not read aloud.) What type of toilet is this?	1	Flush/pour-flush toilet	
		2	Pit latrine	
		3	VIP latrine (ventilated pit latrine)	
		4	Composting toilet	
		5	EcoSan toilet	
		88	Other (specify):	
J5	Is this toilet for patients, staff, or not separated?	1	Staff only	
		2	Patients only	
		3	Not separated	
J6	Is this toilet for women, men, or not separated?	1	Women only	
		2	Men only	
		3	Not separated	
J7	(Do not read aloud.) Is there a slab (concrete floor with iron bars) present?	0	No	<i>(If 'Pit latrine', 'VIP latrine' or 'Composting toilet' is selected for J4)</i>
		1	Yes	
J8	(Do not read aloud.) Is there water in the cabin for flushing?	0	No	<i>(If 'Flush/pour-flush toilet' was selected for J4)</i>
		1	Yes	
J10	(Do not read aloud.) Is the toilet private? <i>(there are closable doors that lock from the inside and no large gaps in the structure)</i>	0	No	
		1	Yes	
J11	(Do not read aloud.) How clean is this toilet?	3	CLEAN: no strong smell, no significant number of flies or mosquitos, no visible feces or traces of feces, no rubbish	
		2	SOMEWHAT CLEAN: some smell / traces of feces on the floor, drophole, or walls / some rubbish	

		1	NOT CLEAN: strong smell / presence of feces / stagnant puddle / used TP materials on floor	
J12	(Do not read aloud.) Is there a functional handwashing station with soap and water within 5 meters of the toilet?	0	No handwashing station	
		1	Handwashing station, no water	
		2	Handwashing station with water, no soap	
		3	Yes, handwashing station with water and soap	
J14	Is there another toilet to observe?	0	No	<i>If 'Yes' repeat questions J1-J13 for the next toilet</i>
		1	Yes	
J15	(Do not read aloud.) How many blocks of functional toilets/latrines are present on facility grounds outside of the health center building?			<i>(If 'Yes' was selected for D1)</i> <i>A block is a separate structure containing 1 or more toilet/latrine cabins.</i> <i>If '0', skip to J17</i>
J16	(Do not read aloud.) How many of these latrine blocks have handwashing stations with water and soap within 5m?			
J17	(Do not read aloud.) Is there at least one functional, improved toilet cabin accessible to patients that is acceptable for MHM? That means it meets the following conditions: 1. It is private 2. It is available to women 3. It has a covered trash bin inside OR it has water and soap inside for washing	0	No	<i>(If 'Yes' was selected for D1)</i>
		1	Yes	
J18	(Do not read aloud.) Is there at least one functional, improved toilet cabin accessible to patients that is acceptable for accessibility for people with reduced mobility? That means it meets the following conditions: 1. It is accessible from the patient care area without stairs or steps 2. It has a handle that can be reached by someone using a wheelchair or crutches/sticks 3. It has handrails on the walls or floor 4. It has an entry at least 80 cm wide 5. It has a raised seat	0	No	<i>(If 'Yes' was selected for D1)</i>
		1	Yes	

Health Facility Compound				
E. I will now examine the exterior of the facility, thank you for your participation.				
E5	(Do not read aloud)	0	No	
	Is the exterior of the facility well-fenced (does it have a functional gate and does the fence prohibit animals from entering the facility grounds)?	1	Yes	
E6	(Do not read aloud)	0	No	
	Is the facility compound or grounds around the facility free from solid waste?	1	Yes	
E7	(Do not read aloud)	0	No	
	Is facility compound or grounds around the facility free from stagnant water?	1	Yes	
E8	(Do not read aloud)	0	No	
	Is the facility compound or grounds around the facility free from animals? <i>Do not count animal that are being used for labor.</i>	1	Yes	
E9	(Do not read aloud)	0	No	<i>If 'Yes', skip to E11</i>
	Is the facility compound or grounds around the facility free from human or animal feces?	1	Yes	
E10	(Do not read aloud)	1	Human	
	What type of feces are present?	2	Animal	
	<i>Select all that apply</i>	99	Cannot tell	
E11	GPS Coordinates			