



# **SERVICE AVAILABILITY AND READINESS ASSESSMENT**

## **SURVEY IN THE ISLAMABAD CAPITAL TERRITORY**

**ISLAMIC REPUBLIC OF PAKISTAN**

**CONSOLIDATED REPORT**

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## FOREWORD

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## PREFACE

To be requested from the WHO Representative in Pakistan

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## ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
ARV	Antiretroviral
ART	Antiretroviral Therapy
BCG	Bacillus Calmette-Guérin vaccine
BHU	Basic Health Unit
BP	Benefits Package
CDA	Capital Development Authority
COVID-19	Coronavirus Disease 2019
CRD	Chronic Respiratory Disease
CVD	Cardiovascular Disease
D&C	Dilatation and Curettage
D&E	Dilatation and Evacuation
DBS	Dried Blood Spot
DCP3	Disease Control Priorities, third edition
DHIS	District Health Information System
EPHS	Essential Package of Health Services
EmONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Programme on Immunization

FDC	Fixed Drug Combination
FGSH	Federal Government Services Hospital (Polyclinic)
FWC	Family Welfare Centre
HBV	Hepatitis B
HCV	Hepatitis C
ILR	Ice Lined Refrigerator
IMNCI	Integrated Management of Maternal, Neonatal and Childhood Illnesses
HIS	Health Information System
ICT	Islamabad Capital Territory
IMEESC	integrated Management for Emergency and Essential Surgical Care
ICD	International Classification of Diseases
IPV	Inactivated Polio Vaccine
IPTp	Intermittent Preventive Treatment of Malaria in pregnancy
IUD	Intrauterine Device
MNCH	Maternal, Neonatal and Child health
mhGAP	Mental Health Gap Action Programme
MHPSS	Mental Health and Psychosocial Support
MMR	Measles, Mumps and Rubella vaccine
MNS	Mental, Neurological and Substance Use Disorders
MoNHRS&C	Ministry of National Health Services, Regulations & Coordination



NCDs	Noncommunicable Diseases
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
PCV	Pneumococcal Vaccine
PHC	Primary Health Care
PIMS	Pakistan Institute of Medical Sciences
PMTCT	Prevention of Mother-to Child-Transmission (of HIV)
RED	Reaching Every District (strategy name)
REC	Reaching Every Child (strategy name)
RDT	Rapid Diagnostic Test
RHC	Rural Health Centre
RHS	Reproductive Health Service
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goal
TB	Tuberculosis
TD	Tetanus and Diphtheria
UHC	Universal Health Coverage
WHO	World Health Organization

## EXECUTIVE SUMMARY

**INTRODUCTION:** The 2020 Service Availability and Readiness Assessment (SARA) for the Islamabad Capital Territory (ICT) health sector was conducted to assess the current status of health infrastructure, service delivery and health system resources across the public health facilities in Islamabad, the capital of Pakistan. This was the first survey of its kind in Pakistan that materialized with the technical assistance of the World Health Organization country and regional offices, the Health Services Academy Islamabad and the University of Manitoba, Canada. It was part of several efforts being carried out with the technical assistance of the World Health Organization to assist the Government of Pakistan in making Islamabad a model city for health care service delivery. This included an overview of the availability of human resources, supply chain system, technologies, service utilization and facilities' readiness to provide the mandated health services.

**METHODOLOGY:** A census of all Government health facilities was conducted, with a total of 118 facilities identified for inclusion in the survey. Of these 119 facilities identified in the master facility list, 23 facilities were classified not eligible, given their non-functional status and consequently were not included in the assessment. Furthermore, out a total of 95 eligible facilities, 9 were excluded during the data collection stage, as they were located in high security areas and the respective authorities did not grant permission for us to access or collect the data. The other 86 eligible facilities were surveyed in detail.

The SARA survey was a key milestone for the ICT health sector and provides significant information on the state of the health system and general service availability (e.g. density of health facilities and hospital beds, core health workers, service utilization). In addition, it indicates the readiness of facilities to provide an adequate level of services (measured by the availability of trained staff, diagnostics, equipment and medicines), both for general health services and specific key health interventions (e.g. services for maternal health, neonatal health, child health, adolescent health, infectious diseases, and noncommunicable diseases).

**RESULTS: GENERAL SERVICE AVAILABILITY** – this refers to the physical presence of the delivery of services and encompasses three domains of tracer indicators: health infrastructure, core health personnel, and the service utilization index. General service availability is measured using an index calculated from these three domains of tracer indicators. The service availability scores indicate a huge unmet need for health facilities/services, with these being more than four times below the minimum threshold set by WHO, while the number of inpatient beds is less than half of that required. The number of maternity beds is about right, but there may be access issues as the distribution of beds is skewed towards tertiary care hospitals and not distributed proportionate to ICT's population or geographic landscape.

The number of human resources for health reaches just over half of the number required by WHO: stipulating that there should be at least 23 doctors, nurses and lady health workers per 10 000 population. That said, 45 of these personnel per 10 000 population may be required in order to achieve universal health coverage (UHC). For some staff categories such as doctors/nurses in tertiary care settings, the number of filled positions exceeded the sanctioned number, indicating that some personnel are working there on secondment from peripheral facilities that may be short of the required personnel. Islamabad only has 295 lady health workers, which is highly inadequate for an overall population exceeding 2 million. The coverage of lady health workers in the provinces is far better.

On a scale of 0-100, service availability indices for health services infrastructure, health workforce and service availability all had just over half of the required score at 56, 51 and 53, respectively. This is shown in Table 1 below.

*Table 1 - Summary of tracer indicators, items, and services for service availability*

Domain	Indicator	Score
<b>Health infrastructure</b>		
Number of health facilities per 10 000 population	0.4	21
Number of inpatient beds per 10 000 population	11.3	45
Number of maternity beds per 1000 pregnant women	11.2	100
<b>Health workforce</b>		
Number of health workers per 10 000 population	11.7	51
<b>Service availability indices</b>	<b>Target</b>	<b>Score</b>
Health Services Infrastructure Index	100	56
Health Workforce Index	100	51
Service Availability Index	100	53

**GENERAL SERVICE READINESS** – this refers to the overall capacity of health facilities to provide general health services. It measures the availability of items needed to provide basic services within the following six domains: basic amenities, basic equipment, standard precautions for infection prevention, diagnostic capacity, essential medicines, and supervision.

A mean score of 43 for general service readiness, as shown in the table below, is certainly low for the capital city of Islamabad, which is otherwise a well-planned city. Diagnostic services have a readiness score of 7, which is particularly poor and requires immediate rectification. In certain places, highly sophisticated equipment was not functional for want of minor repairs and was not in operation at the time when the survey was conducted. Logistics like essential medicines had a score of just 21, which reflects that medicines are only provided free-of-charge in the emergency departments, while the remaining medicines are prescribed to patients and purchased through out-of-pocket expenditure. The infection control precautions in this survey, conducted just prior to the COVID-19 pandemic, had a score of 57. The pandemic has further underlined the need for strengthening these precautions and sufficient allocations have been made.

Table 2 - Summary of tracer indicators, items and services for service readiness

Domain	Readiness score (out of 100)*
Basic amenities	62
Basic equipment	70
Standard precautions for infection prevention	57
Diagnostic capacity	7
Essential medicines	21
<b>General service readiness index</b>	<b>43</b>

\*The general service readiness score for a domain is the sum of the means obtained for each essential tracer item, divided by the total number of essential tracer items in the domain, multiplied by 100.

**SERVICE SPECIFIC AVAILABILITY AND READINESS:** Of particular concern are the specific readiness scores. For maternal, neonatal, child and adolescent health, the average works out to 2; ranging from 5 as the lowest score, for safe abortion and post-abortion care; to 33 as the highest, for family planning services. However, it should be noted that out of the 86 facilities selected, 35 (41%) were family welfare centres offering reproductive health services.

Communicable diseases had an average score of 9, ranging from 2 for malaria and 3 for tuberculosis (TB) to a high of 28 for sexually transmitted infections. Noncommunicable diseases (NCDs), for which there is no national or provincial programme, have done better than communicable diseases, with an average score of 23. This ranges from 1 for mental health to 43 for cardiovascular diseases.

The paucity of mental health facilities can be explained by the presence of a state-of-the-art facility in Rawalpindi that can cater for patients of both the twin cities. However, Islamabad needs to make more efforts in this direction. Scores for diabetes and cancer are in the 20s despite no specific allocations or expenditure, while substantial grants are received for malaria, TB and HIV control. Blood transfusion has a score of 4 and general surgical facilities have a 7, which warrants the need for massive efforts. Generally speaking, the overall situation does not bode well for achieving our targets.

Table 3 - Summary of tracer indicators, items and services for specific service readiness

Domain	Readiness score (out of 100)
<b>Maternal, neonatal and child health (MNCH)</b>	<b>21</b>
Family planning	33
Antenatal care	23
Basic emergency obstetric care	32
Comprehensive obstetric and neonatal care	5
Safe abortion care	5
Post-abortion care	23
Child health immunization	22
Child health preventative and curative care	26
<b>Adolescent health</b>	<b>11</b>
<b>Communicable diseases</b>	<b>9</b>
Malaria diagnosis or treatment	2
Tuberculosis services	3
HIV counselling and testing	13
HIV/AIDS care and support services	18
Hepatitis	5

Antiretroviral prescription and client management	2
Prevention of mother-to-child transmission (PMTCT) of HIV	3
Sexually transmitted infections diagnosis or treatment	28
<b>Noncommunicable diseases</b>	<b>23</b>
Diabetes	27
Cardiovascular disease	43
Chronic respiratory disease	21
Cervical cancer	23
Mental health	1
<b>Blood transfusion</b>	<b>4</b>
<b>Surgery</b>	<b>7</b>
Basic surgical care	10
Comprehensive surgical care	4

Although some of the results may appear somewhat disconcerting, these need to be viewed in the context of the level or tier of facilities. It should be borne in mind that each level of facilities is mandated to offer a specific range of services and is therefore not expected to provide certain activities. For this reason, it is recommended that in future surveys the data from tertiary, secondary and primary level facilities be disaggregated for assessment purposes. A facility can only be blamed for a service that has not been delivered in terms of availability and/or readiness if this service falls within its mandate. Furthermore, the results of the survey were delayed by several months due to the COVID-19 situation, and things may have changed in the intervening period.

It should also be considered that being the federal capital, Islamabad is an atypical district and is considerably disadvantaged due to fragmentation in the administrative control of public sector hospitals and health facilities, in addition to a lack of sufficient funds for operational or non-salary costs. This commonly results in various operational inefficiencies, for example a lot of equipment worth millions lying useless for want of minor repairs, and a lack of sufficient managerial and support structures for monitoring and supervision. Furthermore, all the comprehensive emergency obstetric and neonatal care and delivery facilities are concentrated in urban Islamabad, with no hospitals in rural Islamabad.

The survey findings will serve as a baseline for implementing the four initiatives planned for in Islamabad: the UHC benefits package, health insurance, instituting the third edition of the Disease Control Priorities (DCP3) for reporting on efforts in communicable disease control, and the Islamabad Health Regulatory Authority performing a major regulatory role.

**RECOMMENDATIONS:** The recommendations of the SARA survey in ICT clearly warrant the need for strengthening all the building blocks of the health system with the support of all stakeholders, particularly the MoNHSR&C, District Health Office Islamabad and CDA Health Directorate. This strengthening is needed in order to fully catalyse the ongoing support from the World Health Organization. It is also absolutely imperative to expand links with the private sector, including senior physicians and surgeons, major hospitals, pharmacies and laboratories in order to develop a mutually shared vision on the way forward.

**THE WAY FORWARD:** This survey needs to be replicated in the provinces to help assess the service availability and readiness of the health facilities across the country. The ICT data cannot be regarded as representative for the entire country pending further studies in all the provinces and territories. The SARA tool can be adapted further in view of the lessons learnt from this highly rigorous exercise. The survey results need to be viewed positively, as they provide evidence for bridging the critical gaps in health services delivery in ICT. Meanwhile, a Planning Commission form (PC-1) needs to be prepared or a funding mechanism needs to be developed in order to ensure the smooth flow of funds for all the interventions envisaged in ICT. Some changes to the working culture and modalities are also needed. Lastly, the ICT SARA survey findings must be used properly to inform further planning, in tandem with other planned activities, so that ICT can truly emerge as a model district for health care service delivery and step-up efforts towards achieving universal health coverage across the country by 2030.

**STUDY LIMITATIONS AND LESSONS LEARNT:** One of the limitations of the study was the way it focused on the supply side while completely overlooking the demand side. Moreover, the study questionnaire failed to mention service utilization which would have given a good indication of the usefulness of the health facilities. Unfortunately, District Health Information System (DHIS) data on ICT are not available for the same period. The results were inordinately delayed for 5-6 months due to the COVID-19 pandemic and the resulting lockdown of all services. As SARA was not envisaged as a community survey, another survey was initiated in the catchment population of primary facilities to gauge community satisfaction and gender sensitivity of service delivery but had to be halted midway through March 2020 due to COVID-19. This point should not be overlooked in the newly targeted districts and can be incorporated into the SARA tool as well.

# 1 INTRODUCTION

## 1.1. Introduction and historical background of ICT and its health system

Pakistan is a South Asian republic with a projected population of 222 million, based on the census conducted in 2017. The population spans four provinces: Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan; two autonomous regions: Gilgit Baltistan, and Azad Jammu and Kashmir; and the Islamabad Capital Territory. Together with the Federal Government, these comprise the seven federating units of Pakistan.

Islamabad was designated as the capital city of Pakistan in 1960 and is administered by the Federal Government. Located adjacent to the city of Rawalpindi, the capital city is well-planned and provides a good quality of life and beautiful scenery as part of ICT. Migration from other parts of the country has resulted in a high population growth rate of over 4.91% annually as noted in the Population Census of 2017, making Islamabad the ninth largest city in Pakistan. In 1980, Islamabad became a district. The urban part of the city now comprises eight zones including an administrative area, diplomatic enclave, residential areas, educational sectors, industrial sectors, commercial areas, and rural and green areas. These are administered by the Metropolitan Corporation Islamabad and supported by the CDA. The Islamabad Department of Health was established in 1981-82 to create a network of rural health centres (RHCs) and basic health units (BHUs) in the rural part of ICT in order to substitute the mobile teams used prior to that time.

There are 10 main public sector hospitals in Islamabad, six of which come under the purview of the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C), and one of which comes under the CDA. The former include the Pakistan Institute of Medical Sciences (PIMS), Federal Government Services Hospital (FGSH) also known as the Polyclinic, the Federal General Hospital, the National Institute of Rehabilitation Medicine, the Capital Development Authority (CDA) Hospital and the recently established Isolation Hospital and Infectious Treatment Center, along with a network of health centres/dispensaries in urban areas that serve as filter clinics for the PIMS and the FGSH. The CDA Hospital, which originally catered to the health needs of its employees only, is now accessible to the general population as well. The Federal General Hospital, which is the nearest hospital in the vicinity of rural Islamabad, has also been made fully functional quite recently.

With the Ministry of Health being abolished under the constitutional amendment in 2011, these major public hospitals in Islamabad came under the control of the newly created Capital Administration and Development Division, while CDA continued to manage its health facilities through its Directorate of Health Services. The Health Department of ICT remained under the purview of the Deputy Commissioner of Islamabad within the Interior Division, with the Deputy Commissioner of Islamabad also working as the ex-officio Director of the Health Department. In May 2013 the MoNHSR&C was created, enabling harmonized execution of the federal health functions, and making efforts towards achieving universal health coverage by providing efficient, equitable, accessible and affordable health services. In 2018 the Capital Administration and Development Division was wound up and its health functions and those of the Islamabad Health Department were transferred to the MoNHSR&C, while the CDA



Health Directorate, its hospital and its health facilities, came under the purview of the Interior Division. Thus, despite the changes, a lot of fragmentation still exists.<sup>1</sup>

## 1.2. Health care delivery system

In addition to the five hospitals working under the MoNHS&C/CDA mentioned in Section 1.1, there are five other public sector hospitals under the administrative control of the Ministry of Defence (Pakistan Air Force and Pakistan Navy), Pakistan Atomic Energy Commission, Kahuta Research Laboratories, National Engineering and Scientific Commission, and the Social Security Hospital. The primary health care facilities include 1 community health centre, 3 RHCs, 2 maternal and child health (MCH) centres, in addition to 12 BHUs, 23 family welfare centres (FWCs) and 1 dispensary under the control of the Islamabad Health Department. These serve both the urban and rural parts of Islamabad and are spread over a large geographical area.

The PIMS Complex has 5 specialized teaching hospitals under its umbrella and promotes scientific research, and there are currently 64 dispensaries under the FGSH and CDA. In addition, there are 295 lady health workers in Islamabad who provide primary level outreach services through their health houses at community level, though at a much lower level than in other parts of the country. The private sector is also contributing to health care across ICT through a number of hospitals and private clinics. The overall mapping position of all 1 488 hospitals and health facilities in urban and rural ICT, regardless of their administrative control, is shown in Figure 1 below. The breakdown of this data is provided in Table 4.

S#	Health Facilities Category	No of cases
1	Public	119
2	Private	1369
3	LHWs	302

S#	Health Facility Type	Public	Private	Total
1	Basic Health Units	12		12
2	Rural Health Centers	3		3
3	Community Health Centers	5		5
4	Hospitals	10	54	64
5	Dispensaries	34	14	48
6	Medical Centers	14	61	75
7	Maternal and Child Health Centers	2	2	4
8	Family Welfare Centers	35		35
9	Private Clinic		661	661
10	Dental		186	186
11	Maternity Homes		23	23
12	Nursing Homes		3	3
13	Homeopathic		175	175
14	Hakeems		92	92
15	Others	4	98	102
	<b>Total Cases</b>	<b>119</b>	<b>1369</b>	<b>1488</b>

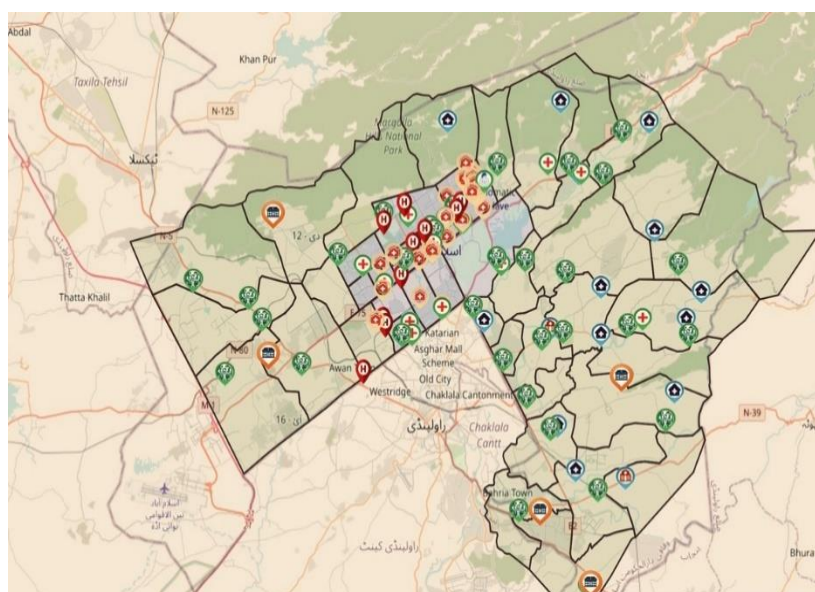


Figure 1 - Public and private sector health facilities in ICT 2020

<sup>1</sup> Summarized from Government of Pakistan, Ministry of National Health Services, Regulations and Coordination, Model Health Care System for Islamabad Capital Territory, March 2019



Table 4 - List of all hospitals and health facilities in ICT\*

Sr. #	Category	Public sector	Private sector	Total
1	Hospitals	10	54	64
2	Rural health centres	3	0	3
3	Maternal and child health centres	2	2	4
4	Community health centres	3	0	3
5	Basic health units	14	0	14
6	Family welfare centres	35	0	35
7	Dispensaries	34	14	48
8	Medical centres	14	61	75
9	Dental clinics	0	186	186
10	Maternity homes	0	23	23
11	Nursing homes	0	3	3
12	Private practitioner clinics	0	661	661
13	Homeopaths	0	175	175
14	Traditional Hakeems	0	92	92
15	Other health care providers	4	98	102
	<b>Total</b>	<b>119</b>	<b>1,369</b>	<b>1,488</b>

\* In addition, there are 287 health houses of lady health workers.

### 1.3. Challenges in health care delivery in ICT

- *The impact of devolution on Federal health services:* As health is a devolved responsibility, the public health sectors in the provinces have better structures with unity of command and are better equipped and financed to cope with the legitimate health aspirations and needs of their respective populations.
- *Rapid and unplanned growth:* Islamabad has emerged as the ninth largest district of Pakistan in terms of population, with the highest population growth rate (4.5%) in the country, mainly as a result of in-migration. The current population of Islamabad is estimated to be 2.2 million, almost equally spread between its urban and rural areas. This unplanned growth often overwhelms the public sector that is already unable to cope with the growing burden of patients, particularly in peripheral areas.
- *Sub-optimal referral system:* The lack of adequate health facilities with quality services and an effective referral system in rural areas of ICT has placed an additional burden on tertiary level hospitals such as PIMS and FGSH to provide primary level health care services, along with the mandated specialized care.
- *Large catchment areas:* Tertiary care hospitals, particularly PIMS, FGSH and the National Institute of Rehabilitation Medicine, cater not only to the needs of the people of Islamabad but also provide specialized care to the residents of Azad Jammu and Kashmir, Gilgit Baltistan, Khyber Pakhtunkhwa and certain parts of Northern Punjab. They also perform humanitarian services in the event of natural disasters such as earthquakes or man-made disasters such as bomb blasts and major accidents. They were also the mainstay of the ongoing COVID-19 pandemic.
- *Managerial and financial fragmentation in the public sector:* The fragmentation of health services under different ministries contributes to inequities in the provision of services, with an inadequate referral system, and results in dissatisfaction and unmet needs for quality health services among the rural population. Whether in the Islamabad district or

CDA, funds for health services are usually scarce. The district health office Islamabad has an eschewed mandate focusing on rural areas and often has difficulty in accessing the required resources and technical backup support needed to provide affordable and accessible services of an acceptable quality. This has resulted in the need for a major turnaround of the system that has been deteriorating over the past two decades.

- *Quackery:* Poor regulation and coordination has led to a sharp rise in quackery, and authorities estimate that there are approximately 3 100 private clinics and 1 100 medical stores currently being managed by unqualified personnel. The situation is giving rise to frequent use of unsafe injections and indiscriminate use of antibiotics, resulting in a high prevalence of diseases like hepatitis B and C, and antimicrobial resistance.
- *Regulatory efforts:* The 2014 Federal Health Care Regulation Act, which aimed to establish the Islamabad Health Regulatory Authority, was endorsed in 2018 although significant challenges are anticipated in effectively implementing and enforcing it.
- *Health inequities and lack of attention to social determinants of health:* Lack of attention to social determinants of health associated with unplanned and rapid urbanization leads to massive challenges for the health authorities and adversely affects their performance. These social determinants of health include inadequate facilities for safe water, a lack of basic education for females, sanitation, other environmental issues, communication, transport, overcrowded housing, and provision of health care services.
- *Human resources for health:* The number of people working in ICT's health sector is much lower than what is needed. This number has not increased, which can be explained by recruitment bans and several posts falling vacant due to unattractive salaries, particularly in comparison to those offered by the provincial governments, possibly due to scarcity of funding allocations.

#### 1.4. Rationale and objectives for the SARA survey

The Service Availability and Readiness Assessment is a comprehensive tool that provides a set of indicators for health system review, management and planning, and can be used at primary, secondary and tertiary care levels, with equal ease. As internationally recommended, the SARA survey is implemented over periodic intervals prior to health system planning (HR, essential services, drug supply and equipment), providing baseline data that can be used to detect changes and monitor progress. However, it is important to point out that the survey is not intended to provide comprehensive data on all aspects of health system functioning. Instead, it focuses on key "tracer" elements that are critical to programmes that are scaling up or that are indicative of the essential health system underpinnings or "readiness" to do so. It is designed as a systematic survey for assessing health facility service delivery. The objective is to generate reliable and regular information on service delivery including service availability, such as the availability of key human and infrastructure resources, and on the readiness of health facilities to provide basic health care interventions relating to family planning, child health services, basic and comprehensive obstetric care, HIV/AIDS, tuberculosis, malaria and NCDs.

The tracer indicators of service availability and readiness generated by SARA surveys can be used to detect change and measure progress in health system strengthening over time, plan and monitor the scale-up of interventions that are key to achieving the sustainable development goals (SDGs), generate the evidence base to feed into country annual health reviews, and support in planning and managing health systems.<sup>2</sup> Several countries in WHO's Eastern Mediterranean Region have completed the round of SARA implementation and reporting, including Syria, Iraq, Libya and Somalia during the period 2015-2018. Similar surveys have also been conducted in other WHO regions, starting with Zambia (2010), Sierra Leone (2011-2012), Tanzania and Uganda (2012). Being the capital city, Islamabad needs to have an integrated state-of-the-art and model health care system for all the people accessing its primary, secondary, and highly specialized tertiary level facilities, which can be replicated in other parts of the country. As such, at the end of 2018, the Government of Pakistan requested a visit from the Director-General of WHO to seek technical assistance in developing a model health care system. Accordingly, a memorandum of understanding between the Government of Pakistan and WHO was signed for developing a model health care system towards achieving UHC in ICT, reflecting a strong national commitment for achieving SDG-3.

Health information, evidence and research are among the strategic priorities for more effective and efficient organization. Surveys for assessing population health and facility capacities are the major initiatives that have been proposed in order to define population needs and health facilities capacities in line with UHC requirements. As such, action is being taken on a number of fronts. The 12th Five Year Plan, National Health Vision, and National Action Plan (2019-23)<sup>3</sup> are all aiming to ensure provision of good quality essential health care services to people across the country. The National Health Vision for Pakistan provides a strategic framework for implementing good governance parameters that can help Pakistan to achieve its SDG-3 targets. To transform the National Health Vision into practice, one of the key actions was to develop a UHC benefit package (BP) for Pakistan, comprising of an essential package of health services (EPHS) at several levels of care, while monitoring progress towards achieving UHC. SARA is thus a useful tool and serves to highlight implementation gaps and was one of the many key actions taken towards making Islamabad a model city for health care provision, in addition to providing updated data and information for planning purposes.

**General objective** – The general objective of the SARA survey was to provide baseline data for developing a model health care system for UHC in ICT by updating national, regional and global facility driven indicators for monitoring progress towards UHC and other SDG targets.

**Specific objectives** – The specific objectives of conducting the SARA survey in Islamabad were to assess: (a) the physical availability of health facilities, including affordability and accessibility; (b) general service readiness of health facilities to provide health services (essential and advanced); (c) specific service readiness such as control of communicable and noncommunicable diseases, family planning and maternal and child health care services; and (d) facility capacities to respond to specific disease surveillance and response programmes.

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<sup>2</sup> World Health Organization. Service Availability and Readiness Assessment (SARA): An annual monitoring system for service delivery: Reference Manual. World Health Organization; 2013  
[https://apps.who.int/iris/bitstream/handle/10665/104075/WHO\\_HIS\\_HSI\\_RME\\_2013\\_1\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/104075/WHO_HIS_HSI_RME_2013_1_eng.pdf)

<sup>3</sup> National Health Vision, Pakistan 2016-2025, Government of Pakistan, Islamabad. World Health Organization, ([https://extranet.who.int/countryplanningcycles/sites/default/files/planning\\_cycle\\_repository/pakistan/national\\_health\\_vision\\_2016-25\\_30-08-2016.pdf](https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/pakistan/national_health_vision_2016-25_30-08-2016.pdf)).

## 2 SURVEY METHODOLOGY

The SARA ICT 2019-20 was a cross-sectional health facility survey that covered most of the public health facilities across ICT under the administrative control of MoNHSR&C/CDA. It was conducted between January and March 2019 by the MoNHSR&C and the Government of Pakistan, in collaboration with the Health Services Academy and the University of Manitoba, Canada. Technical assistance was provided by the WHO. The state-owned health facilities referred to as "public sector" in the report were categorized into six facility types: tertiary care or teaching hospitals, maternal and child health centres, rural health centres, family welfare centres/reproductive health centres, basic health units and dispensaries, all based in both urban and rural parts of Islamabad.

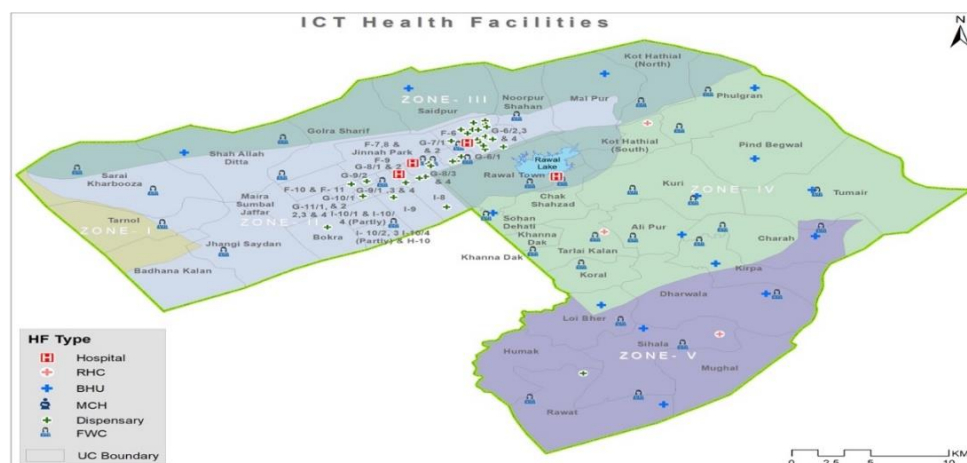
All 119 public health facilities in Islamabad were initially targeted by the survey as an initial step to assess the primary health care (PHC) facilities' availability and readiness for the essential package of health services and the response to country-specific public health needs. Out of these, 24 were not eligible as they were non-functional and as a result were excluded from the survey. Furthermore, out of a total of 95 eligible facilities, 9 were excluded during the actual data collection stage, as they were located in sensitive areas, while 86 were surveyed in detail. These include 4 tertiary care hospitals, 1 community health centre, 2 MCH centres, 3 rural health centres, 35 family welfare centres, 14 basic health units and 27 dispensaries with the following rural/urban spread as indicated in Table 5 below:

*Table 5 - Number of health facilities by region in Islamabad and facility type, 2020*

Facility type*	Region		Total
	Urban	Rural	
<b>Islamabad</b>	<b>46</b>	<b>40</b>	<b>86</b>
Tertiary Care Hospital/Teaching Hospital	4	0	4 (5%)
Community Health Centre	0	1	1 (1%)
Rural Health Centre (RHC)	2	3	5 (6%)
Family Welfare Centre (FWC)/Reproductive Health Service (RHS)	12	23	35 (41%)
Basic Health Unit (BHU)	2	12	14 (16%)
Dispensary	26	1	27 (31%)

*Note: Nine facilities were excluded from sample*

*\* Facility type has been revised as per mandate, e.g. Medical Centre has been merged with FWC/RHS and Maternal and Child Health Centre (MNCH/Maternity Centre) is merged with RHC*



*Figure 2 - Map of the 95 health facilities included in the SARA ICT 2020 Survey*

## 2.1 Survey planning and preparation

The SARA ICT 2019-20 survey constituted a major team effort led by a core team of experts from MoNHSR&C, WHO, Health Services Academy and University of Manitoba. The survey planning and preparation followed the steps in the SARA implementation guide prepared by the WHO in 2015. The SARA tool software was provided by the WHO Regional Office for the Eastern Mediterranean, which was adapted to Pakistan's context by the database manager, along with customization of the questionnaire on data collection instruments. Many modules of the original SARA tool were substantially modified to suit the health system in Pakistan, which is unique and to some extent different from the other countries. This exercise was finalized during a 2-day national stakeholders' consultation in September 2019 with representation from all provinces, ICT health department and clinicians, encompassing all levels of care. A total of nine modules were added to the questionnaire as indicated below in order to provide comprehensive coverage of ICT health services, while identifying gaps in these services:

- safe abortion, management of miscarriages and post-abortion care services
- hepatitis
- dengue
- mental health
- dental health
- breast cancer
- supply chain
- health information system
- emergency preparedness plan.

Regular meetings were held to discuss and finalize the appropriate design and sampling process, the SARA tools, data collection methods, data analysis and quality assurance of the survey. A manual for data collectors was prepared containing all the necessary information on survey administration including fieldwork schedule, logistic arrangements, obtaining permission, and interviewer skills. Instructions with examples were given on various types of questions, validation methods and procedures for correctly recording information. The designated survey teams were selected and made to undergo a comprehensive training process on the pretested tool. Monitoring for quality assurance, data entry and the data analysis procedure was also agreed on during the planning stage. During the survey implementation process, the quality assurance team made visits to data collection sites to observe the data collection process and verify the reliability of data collected by the enumerators. Quality assurance was continued during the data entry process as well.

## 2.2 Data management and analysis

Data were entered into fields as run time data entry by the data collection team, and later transferred by a team of experienced data entry operators into a database developed using CPro programme. The quality of data was ensured through appropriate validity checks in CPro, and data cleaning was carried prior to the analysis. Data were analysed with respect to two key outcome indicators: service availability and readiness, within the general health services and a wide spectrum of specific health services. Statistical analysis was performed using statistical software SPSS 22.0, CPro version 7.3 and visualized in Microsoft Excel 2016.

### 2.3 Developing the master facility list

The master file was developed following a mapping exercise conducted by the MoNHSR&C. A list was finalized after excluding the facilities based in high security locations and used as sampling frame. Thus, a total of 86 health facilities managed by MoNHSR&C were included in the survey. The complete list is provided in [Annex 16.1](#), and the geographical spread of the facilities is indicated in Table 5 above.

### 2.4 Adaptation and finalization of tools

The SARA tool shown in Annex 16.4 was developed for interviewers to collect information on core functional capacities and the availability of services in health facilities. The assessment tool was adapted to the country context to rapidly assess and monitor service availability and readiness with a focus on a number of core health interventions and identification of the tracer items. The survey additionally assessed the availability of services in relation to:

### 2.5 Data analysis forming the basis for decision-making

The SARA reference manual was used to compute composite indicators and indices (WHO, 2015).<sup>4</sup> For each service, the percentage of facilities offering the service was computed to measure the availability of the service. In addition, for facilities offering the service, readiness to provide the service was assessed based on the presence of a number of tracer items. The definitions used for calculation of SARA indicators for service availability and readiness are given below:

#### ***Service availability***

- The percentage availability of each tracer item equals the total number of facilities that have the tracer item available (i.e., value = 1) divided by the total number of facilities that are expected to provide the service, multiplied by 100 to get a percentage value.
- The percentage of health facilities that have all the tracer items for a service equals the sum of facilities that have all the items divided by the total number of facilities that are expected to provide the service, multiplied by 100.

#### ***Service readiness***

- Each service-specific indicator consists of a set of identified tracer items grouped into domains. There are four domains for each specific service: guidelines and trained staff, equipment, diagnostics, and medicines and commodities.
- The readiness score for a domain is the mean score of items obtained for each essential tracer item in a domain, multiplied by 100.
- Once the availability of each essential tracer item is obtained, they are aggregated to produce a service-specific overall readiness score. This is the mean score of availability of all the tracer items identified for service readiness, multiplied by 100.

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<sup>4</sup> World Health Organization. Service Availability and Readiness Assessment (SARA): An annual monitoring system for service delivery: Reference Manual. World Health Organization; 2013

[https://apps.who.int/iris/bitstream/handle/10665/104075/WHO\\_HIS\\_HSI\\_RME\\_2013\\_1\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/104075/WHO_HIS_HSI_RME_2013_1_eng.pdf)

The percentage availability and readiness scores were also summarized by the type/level of facility and for Islamabad as a whole. Thus, these indicators should be interpreted with due caution, and attention should be paid to indicators at the appropriate facility type or level.

SARA uses both tracer indicators and composite indicators for data analysis purposes. Tracer indicators aim to provide objective information about whether or not a facility meets the required conditions to support provision of basic or specific services with a consistent level of quality and quantity. Summary or composite indicators, also called indices, are a useful means to summarize and communicate information about multiple indicators and domains of indicators. Composite indices are useful to help get an overall view of the situation and to summarize multiple pieces of information. These data can serve as baseline for indicators of interest and importance, setting future operational goals and targets while allowing for a certain level of comparability between surveys performed in different locations and during different time periods. Moreover, indicators help place a focus on predetermined areas of a survey that are deemed to be most useful, relevant, and important to the current health system. Having a consistent indicator set also helped to standardize analytical reporting.

The data were cleaned and analysed. Following data analysis, a meeting was held with the survey coordinating group to correctly interpret the results and develop recommendations. The survey indicators are most important in providing crucial information for informed policy choices, especially to decision-makers, programme planners and policymakers. This report, however, focuses on and discusses the most critical, relevant, and significant results, while making passing mention of the less important ones.

For SARA, composite indices are useful for comparing districts or regions, or to look at change over time. However, composite indices also have limitations. It can be difficult to understand the individual factors contributing to an index score, which is why it is important to have information on individual indicators in addition to composite index scores. Table 6 provides a summary of the steps taken.



*Table 6 - Summary of steps taken*

- 
1. A September 2019 workshop conducted with all national stakeholders and partners to discuss the adaptation of the tool in a national context.
  2. Subsequently the census methods, survey objectives, census budget items, timetable orientation, and tool sensitization were identified.
  3. Developing the master facility list with identification of key facilities, number, type, and distribution of facilities.
  4. Adaptation and finalization of tools considering feedback from relevant stakeholders.
  5. Development, deployment, and testing of the android-based tool.
  6. Finalization of study methodology, timeliness.
  7. Identification and hiring of field teams.
  8. Training of trainers on focal points on data collection, followed by training of field data collection teams.
  9. Pre-testing (piloting) at BHU Mandhra (Rawalpindi district).
  10. Feedback after pilot/update.
  11. Field supervision - identification and hiring of field supervisors, supervisory plan.
  12. Data collection from the field.
  13. Collected data were continuously monitored and in case of any perceived errors or omissions, the sites were revisited.
  14. Data cleaning and analysis
  15. Hiring of technical assistance for data analysis and report writing.
  16. Dissemination of results in September 2020 due to COVID-19 delays/restrictions.
  17. Circulation of the draft report for eliciting comments.
  18. Finalization of the report.
-



## 3 RESULTS

### 3.1. GENERAL SERVICE AVAILABILITY

General service availability refers to the presence of the delivery of services and encompasses three domains of tracer indicators: health infrastructure, core health personnel, and service utilization. Service availability is described by an index using the three areas of tracer indicators. This is made possible by expressing the indicators as a percentage score compared with a target or benchmark, then taking the mean of the area scores. General service availability does not include more complex dimensions of availability such as geographical barriers, travel time and user behaviour, which require more complex input data. Calculating the general service availability indicators requires a census of all facilities as these measures require data that link the numerator (e.g., number of facilities) to the denominator (e.g., population size). The SARA survey collects some of the information required to calculate general service availability, however additional sources are often used, namely DHIS and other routine information systems. The data used for the ICT general service availability indicators was taken from the ICT 2019 SARA survey.

#### 3.1.1. Service availability summary results

The service availability scores indicated a huge unmet demand for health facilities, which were more than four times below the minimum threshold set by WHO, while there were less than half the inpatient beds required. The number of maternity beds was just about right but there may be access issues, such as the facilities may not be close enough to the population segments most in need of health services. For example, rural Islamabad did not have a single public sector hospital despite having a population of over a million. Human resources for health were just over half of the number required by WHO, stipulating that there should be at least 23 doctors, nurses, and lady health workers per 10 000 population. Although 45 of these personnel per 10 000 population are required in order to achieve UHC.

For some staff categories such as doctors/nurses in tertiary care settings, the number of filled positions exceeded the sanctioned number, indicating that some personnel were working there on secondment from peripheral facilities that may be short of the required personnel. Islamabad has only 287 outreach lady health workers, which is highly inadequate for an overall population of a district exceeding 2 million. The coverage of lady health workers in the provinces is far better. Service availability indices for all three domains (health services infrastructure, health workforce and service availability) only reached half of the target required, with their respective scores standing at 56, 51 and 53, as depicted in Table 7 below.

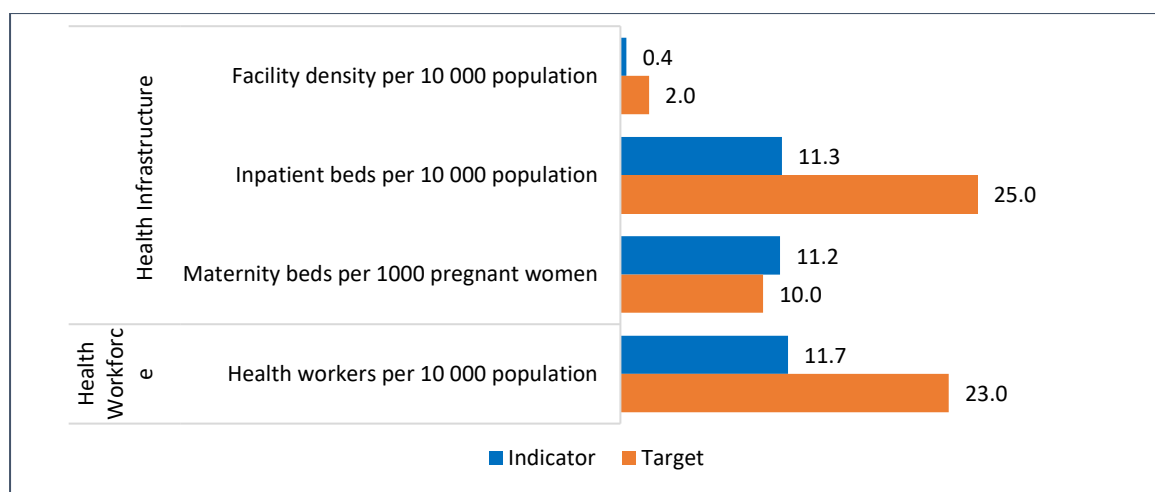


Figure 3 - Service availability indicators and targets

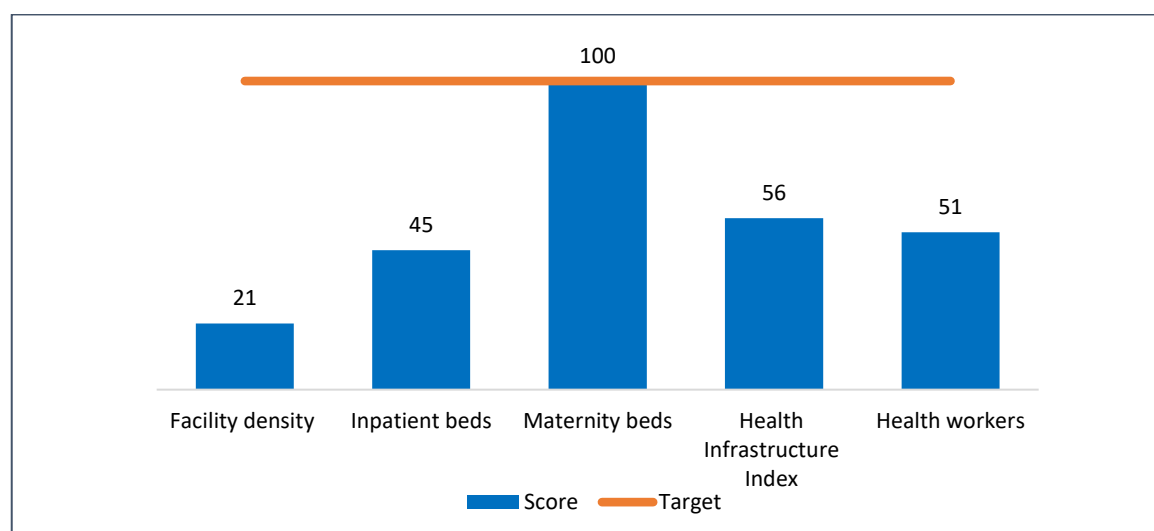


Figure 4 - Service availability scores

### 3.1.2. Health infrastructure

There are three indicators that measure health infrastructure: facility density, inpatient bed density, and maternity bed density. Facility density is primarily an indicator of outpatient services access. Health workforce is an indicator of facility staffing. Inpatient bed density provides an indicator of inpatient services access, including delivery services. For each of the health infrastructure indicators, density is calculated as the number per population. In addition, targets for each of the health infrastructure indicators have been set based on WHO guidelines. For facility density the target is two hospitals or facilities per 10 000 population. For workforce, the target is 23 doctors, nurses, or lady health workers per 10 000 population. For inpatient bed density, the target is 25 beds per 10 000 population. The global average is 27 beds per 10 000 population and lower- and upper-middle-income countries have 18 and 39 inpatient beds per 10 000 population, respectively. For the purposes of SARA, an arbitrary benchmark of 25 inpatient beds per 10 000 population was therefore selected. All data for calculating the health infrastructure indicators is taken from the ICT SARA survey. Health infrastructure service availability scores did not reach the target for the facilities themselves or for inpatient beds, but the score for maternity beds did.

Table 7 - Health infrastructure density and score calculations

Domain		Indicator	Target	Score (%) (n / target, maximum 100)
Health infrastructure				
a	Facility density	Number per 10 000 population (n)	2	$n / 2 \times 100$
b	Inpatient bed density	Number per 10 000 population (n)	25	$n / 25 \times 100$
c	Maternity bed density	Number per 1000 pregnant women (n)	10	$n / 10 \times 100$

### 3.1.2.1. Facility density

Facility density is the number of facilities per 10 000 population. In ICT this is calculated to be 0.4 against a target of 2 which gives ICT a score of 21 out of 100. The distribution of health facilities selected for the survey (n=86) according to their facility type and location (urban or rural). The number of tertiary care hospitals (n=4), community health centres (n=1), rural health/MCH centres (n=5), family welfare centres (n=35), basic health units (n=14), and dispensaries (n=27). Of the sample, only 5 facilities provided both inpatient and outpatient care services, and 81 (94%) provided outpatient care services alone, as shown in Table 15.

### 3.1.2.2. Inpatient bed density

Inpatient bed density is defined as the number of inpatient beds per 10 000 population. The indicator includes the density of dedicated delivery tables. Across ICT the inpatient bed density is 11.3 against a benchmark of 25. ICT is currently just over half (55%) the way there in terms of reaching the inpatient bed density benchmark (Table 12).

### 3.1.2.3. Maternity bed density

The maternity bed density is defined as the number of inpatient maternity beds per 1000 pregnant women. ICT has 11.2 maternity beds per thousand pregnant women compared to a target of 10, indicating that it is 12% ahead of the target number of beds (Table 12). However, there may be access issues as the distribution of beds is skewed towards tertiary care hospitals and not distributed proportionately to ICT's population or geographic landscape.

## 3.1.3. Health workforce

The health workforce domain is comprised of a single indicator: core health workforce density based on the availability of the following core health care providers: generalist medical doctors, specialist medical doctors (anaesthetists, obstetricians, and paediatricians), non-physician clinicians, nursing professionals, and midwifery professionals. For the health workforce indicator, density is calculated as the number of core health personnel per 10 000 population. The target for core health workforce density is 23 health workers per 10 000 population, although for achieving UHC the figure rises to 45 per 10 000. All data for calculating the health workforce indicator is taken from the 2019 ICT SARA survey and the MoNHSR&C. Table 16 shows that the core health workforce density in ICT totals 11.76 per 10 000 population, approximately half of the number of doctors, nurses and lady health workers/midwives required by WHO, which stands at 23 per 10 000. Table 16 shows the core health workforce by facility type, depicting an uneven distribution between facility types with a core health workforce of 10.63 at tertiary health care facilities compared to almost zero at family welfare centres. These differences in staff numbers may be linked to the facilities' respective mandates. The number of sanctioned and filled health staff positions in Islamabad by facility type is shown in the Annexes at 8.2. The numbers indicate there are more filled positions than there are sanctioned positions at tertiary care facilities.

### 3.1.4. Service availability index

The service availability index is calculated using the six service availability indicators: facility density, inpatient bed density, maternity bed density, health workforce density, outpatient service utilization, and inpatient service utilization. The services availability index is the unweighted average of the three areas: infrastructure, health workforce, and utilization and is represented as a percentage score. Table 8 below shows how the domain indices and overall service availability index were calculated.

*Table 8 - Service availability index calculations*

Index	Indicator	Target	Score	
Service utilization				
<i>a</i>	Health infrastructure index	Average score of the three indicators: facility density, inpatient bed density, maternity bed density	100	(a + b + c) / 3
<i>b</i>	Health workforce index	Core health worker density	100	<i>d</i>
	Service utilization index	Average score of the two indicators: outpatient visits, hospital discharges	100	(e + f) / 2
<i>c</i>	Service availability index	Unweighted average of the three areas: infrastructure, workforce, and utilization	100	(((a + b + c) / 3) + d + ((e + f) / 2)) / 3

On average, ICT is 56% of the way towards reaching health infrastructure targets and 51% of the way to achieving health workforce targets. Service utilization was not assessed as part of the current survey. Overall and on average, ICT is 53% of the way towards reaching the general service availability target (Table 18).

### 3.2. GENERAL SERVICE READINESS

General service readiness refers to the overall capacity of health facilities to provide general health services. Readiness is defined as the availability of components required to provide services such as basic infrastructure and amenities, basic equipment, standard precautions for infection prevention, laboratory tests, and medicines and commodities. This includes information on:

**Basic amenities:** Power, improved water source, room with privacy, adequate sanitation facilities, communication equipment, access to computer with Internet, emergency transportation.

**Basic equipment:** Blood pressure machine and cuff, stethoscope, adult scale, infant scale, child scale, thermometer, light source, neonatal bag and mask.

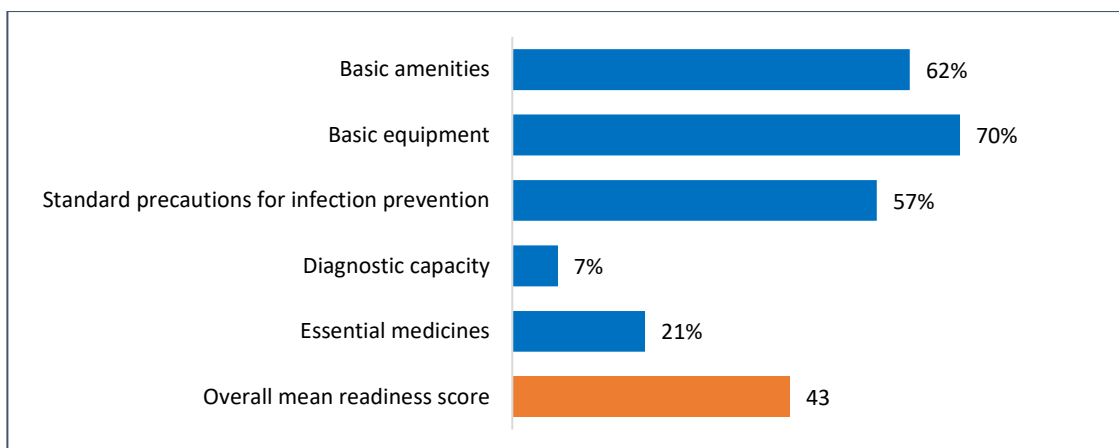
**Standard precautions for infection prevention:** Sterilization equipment, safe disposal of sharps and infectious wastes, sharps box, waste receptacle, disposable syringes, disinfectant, hand-washing soap, alcohol-based hand rub, latex gloves, masks, gowns, eye protection, guidelines.

**Diagnostic capacity:** HIV rapid diagnostic test (RDT), haemoglobin, malaria RDT or smear, TB microscopy, blood glucose, syphilis RDT, general microscopy, urine pregnancy test, urine dipstick, dried blood spot (DBS) collection, ALT and creatinine.

**Essential medicines:** 20 essential medicines (amitriptyline tablet, amlodipine tablet or alternative calcium channel blocker, amoxicillin syrup/suspension/dispersible tablet, amoxicillin tablet, ampicillin injection, beclomethasone inhaler, ceftriaxone injection, enalapril tablet or alternative ACE inhibitor, fluoxetine tablet, gentamicin injection, glibenclamide tablet, ibuprofen tablet, insulin regular injection, metformin tablet, omeprazole tablet or alternative, oral rehydration solution, paracetamol tablet, salbutamol inhaler, simvastatin tablet or other statin, zinc sulphate tablet).

#### Service readiness summary results

A mean score of 43 is rather low for the capital city of Islamabad, with is otherwise very well-planned. Diagnostic capacity has a readiness score of 7, which is particularly poor and requires immediate rectification. Highly sophisticated equipment may have been dysfunctional for want of minor repairs and may not have been in operation at the time when the survey was conducted. Logistics like essential medicines had a score of just 21, which indicates that perhaps medicines are only provided free-of-charge in emergency departments, while the remaining medicines are prescribed to patients and bought through out-of-pocket expenditure. The infection control precautions just prior to the COVID-19 pandemic had a score of 57 only. The pandemic has further underlined the need for strengthening these precautions and sufficient allocations have been made.



*Figure 5 - General service readiness scores*

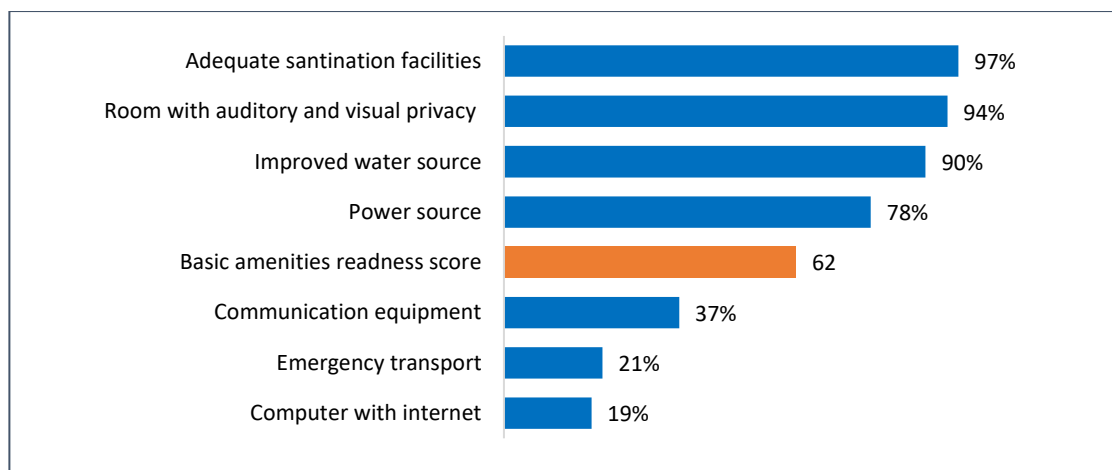
The general service readiness score for a domain is equal to the sum of the means that were obtained for each essential tracer item in a domain, divided by the total number of essential tracer items in the domain, multiplied by 100. General service readiness is described by the following three domains of tracer indicators:

### 3.2.1. Basic amenities

Sufficient physical infrastructure and the availability of basic amenities are needed for delivering quality services and for an effective and functional health care delivery system. Service readiness for basic amenities was assessed based on the availability of the following tracer items:

- power supply (grid or generator)
- improved water source
- consultation room
- sanitation facilities
- communication equipment
- Internet access
- emergency transport.

Availability of basic amenities was assessed based on the presence of these seven items that were considered particularly important for offering the services in general. Table 20 shows the percentage availability of tracer items for basic amenities, by facility type. About 78% of the facilities had a power source, very few facilities had a computer with Internet (19%), and less than a third of facilities (37%) had communication equipment. The majority of facilities had access to sanitation facilities (97%), improved water source (90%), and consultation room with auditory and visual privacy for patient consultations (94%). Emergency transport is an essential need in all health facilities. The availability of this service was found to be low (21%), with the highest availability found in Tertiary Care Hospitals (100%), and Community Health Centres (100%); and the lowest availability found in Family Welfare Centres (3%), and Basic Health Units (0%). Tertiary Care Hospitals (100%), Dispensaries (76%) and Community Health Centres (71%) were found to be better equipped with basic amenities than other facility types. The overall readiness score for basic amenities was 62, with the highest readiness scores in tertiary care hospitals i.e., 100; and the lowest at BHU level.



*Figure 6 - Availability of basic amenities*

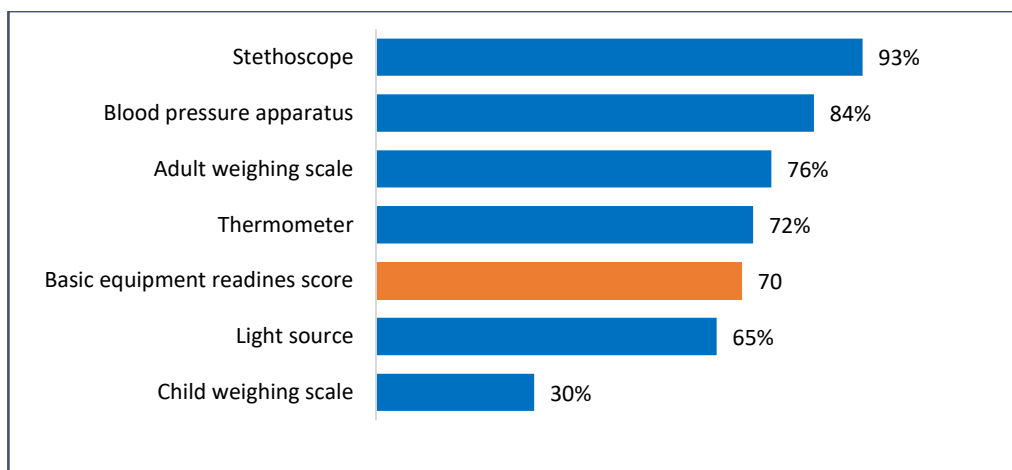
Table 21 shows the secondary power sources used by the facilities and the total number of hours the facilities were open each day, on average. All the health facilities have maximum central supply of electricity (99%) from the national or community grid, with 59% of facilities having no secondary power sources. All tertiary care hospitals were open 24 hours. Basic health units, which only offered outpatient care, were open 5-8 hours per day. Community health centres were open from 9 to 16 hours per day.

### 3.2.2. Basic equipment

In order to deliver quality health services, basic equipment needs to be functional and available. The World Health Organization has proposed a list of basic equipment that should be available at a health facility to guarantee its readiness to deliver basic health services. Service readiness for basic equipment was assessed based on the availability of the following tracer items:

- adult weighing scale
- child weighing scale
- thermometer
- stethoscope
- blood pressure apparatus
- light source.

Table 22 shows the percentage of facilities that have the tracer items for basic and emergency equipment, and it also provides the readiness score for basic equipment. Adult weighing scale and stethoscope were available in the vast majority all health facilities. The availability of child weighing scales was low except for in tertiary care hospitals. Tertiary care facilities had almost 100% of the basic equipment except for one hospital that did not have a child weighing scale. The readiness score for basic equipment was 70 out of 100 for all health facilities in ICT, Pakistan. Out of all the hospital types, the readiness score was highest at tertiary care hospitals.



*Figure 7 - Availability of basic equipment*

### 3.2.3. Standard precautions for infection prevention and control

Safety is an essential part of the health service delivery system. Health workers must be able to work in a safe environment and must be provided with all the safety training and equipment they need to carry out their duties. They must also be able to provide services to their patients in the safest possible way, which means using the highest standards for safety precautions. Disposing of needles and medical products properly, sterilizing medical equipment appropriately and disinfecting restrooms and work areas are among the basic standard safety precautions expected in health facilities. Service readiness for standard precautions for infection prevention and control was assessed based on the availability of the following tracer items:

- safe disposal of sharps
- safe disposal of infectious wastes
- appropriate storage of sharps wastes
- appropriate storage of infectious waste
- disinfectant
- disposable or auto-disable syringes
- soap and water or alcohol-based hand rub
- latex gloves
- guidelines on standard precautions.

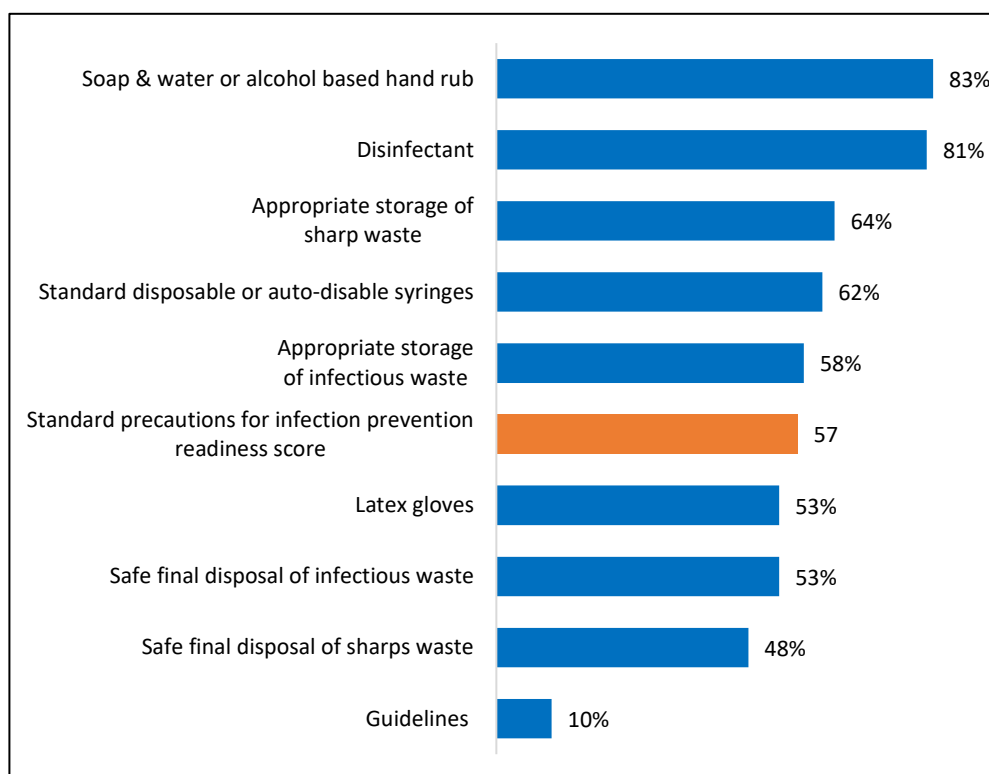
Currently, as the world is facing the challenges of the COVID-19 pandemic, infection prevention and control has taken on great importance. The survey was conducted just before the country had its first case of COVID-19. The infection prevention and control protocols and equipment availability has been the area of greatest focus in the intervening months.

Table 23 shows the percentage availability of standard precaution items for infection prevention and control by facility type. On average, facilities had 5 to 6 out of the 9 items, giving them an overall standard precautions readiness score of 57 out of 100. Soap and water or alcohol-based hand rub, and disinfectant, were the most commonly available standard precautions items, with 81% and 83% of facilities reporting having these items, respectively. Forty-eight per cent of the facilities reported safe disposal of sharps waste, while 53%



reported safe final disposal of infectious waste, appropriate storage of sharps of infectious waste was reported by 58% facilities. Guidelines for standard precautions were only available at 10% of the facilities.

In the country context, where several health care professionals have contracted COVID-19, the unavailability or non-implementation of the infection prevention and control guidelines has already proven to be lethal. The overall readiness score for standard precautions for infection control was 57 out of 100, with comparatively lower scores being reported at primary health care level. The readiness score for standard precautions was higher in tertiary care hospitals (81 out of 100).



*Figure 8 - Availability of standard precaution for infection control services*

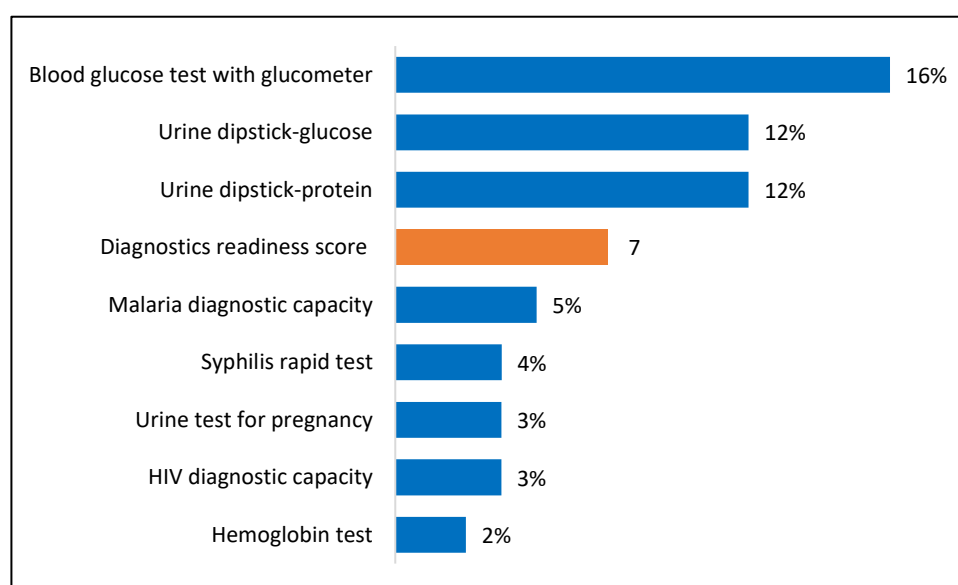
### 3.2.4. Diagnostic capacity

For any disease to be treated, it first needs to be rapidly and correctly diagnosed, which makes laboratories and diagnostics important parts of the country's health care delivery system. Laboratory diagnostic capacity was assessed based on the facility's ability to conduct the following eight basic diagnostic tests on site:

- haemoglobin
- blood glucose
- malaria diagnostic capacity
- urine dipstick – protein
- urine dipstick – glucose
- HIV diagnostic capacity
- syphilis rapid test

urine test for pregnancy.

Table 24 shows the percentage availability of diagnostic capacity at health facilities in ICT. The overall mean diagnostic readiness score for onsite laboratory tests was low, standing at 7%, and only a few facilities were able to perform all eight diagnostic tests on site. The diagnostic test with the highest percentage availability across all facilities was the blood glucose test using a glucometer, standing at 16%. The diagnostic test with the highest percentage availability across all facilities was the haemoglobin test (2%). None of the tests were available at all the facilities. The diagnostic capacity for each service has been explored below in the section on specific service availability and readiness.



*Figure 9 - Availability of basic diagnostic readiness score*

### 3.2.5. Essential medicines

Access to essential medicines is critical for the efficient delivery of health care services. Availability of medicines is usually considered by consumers to be the most important part of quality health care services, and their absence often leads to the underutilization of public sector health facilities. Problems with access to medicines are often attributed to inefficiencies in the pharmaceutical supply chain management system, and the inappropriate selection, poor distribution, expiration and improper use of medicines. Poor regulation of the pharmaceutical industry is associated with poor quality control, the presence of counterfeit or substandard medicines, a rise in drug resistance problems due to improper use, dispensation by unqualified practitioners, and self-medication instead of seeking professional health care. Facilities were assessed on whether they had the following 20 essential medicines at the facility and whether these medicines were in date (not expired):

- amitriptyline tablet
- amlodipine tablet or alternative calcium channel blocker
- amoxicillin syrup/suspension/dispersible tablet
- amoxicillin tablet
- ampicillin injection
- beclometasone inhaler
- ceftriaxone injection
- enalapril tablet or alternative ace inhibitor

- fluoxetine tablet
- gentamicin injection
- glibenclamide tablet
- ibuprofen tablet
- insulin regular injection
- metformin tablet
- omeprazole tablet or alternative oral rehydration solution
- paracetamol tablet salbutamol inhaler
- simvastatin tablet or other statins
- zinc sulphate tablet.

Table 25 shows the availability of essential medicines at health facilities in Islamabad.

- On average, facilities only had 21% of the 20 essential tracer medicines available on the day of the assessment.
- A low percentage of facilities had all essential tracer medicines available.
- The most commonly available drug was amoxicillin, at 55%; and oral rehydration salts (ORS), at 63%.

### 3.2.6. Supervision

Supervision visits to health facilities from a higher level in the health service can provide direct and timely support and can improve the availability and quality of services. These visits can also help to ensure that standards and protocols are followed and that health care providers at facilities are given adequate motivation. The facilities were assessed on their supervisory capacity using the following four parameters:

- the last time a facility received a supervision visit from the higher level
- supervision assessment of pharmacy (drug stock-out, expiry, records, etc.)
- supervision assessment of staffing (staff available and training)
- supervision assessment of data (completeness, quality, and timely reporting).

Table 26 shows the length of time since the last supervision visit from the higher level. Twenty per cent of facilities reported that they had a supervision visit in the past month, followed by 26% of facilities reporting their last supervision visit in the last three months, while over half (51%) received the last visit over three months ago.

### 3.3. SERVICE SPECIFIC AVAILABILITY AND READINESS

In addition to assessing the general services offered by health facilities, the SARA survey also measures the availability and readiness of health facilities to offer specific health interventions. Availability and readiness were calculated by looking at the presence of tracer items under the key health service areas listed below. These items include trained staff and guidelines, equipment, diagnostic capacity, and medicines and commodities. The following key health services were assessed.

1. Reproductive, maternal, and new-born health
  - 1.1 family planning services
  - 1.2 safe therapeutic abortion/miscarriage and -post-abortion/miscarriage care
  - 1.3 antenatal care services
  - 1.4 PMTCT of HIV
  - 1.5 antiretroviral prescription and client management
  - 1.6 emergency obstetric and new-born care services
  - 1.7 child health services: preventative and curative care
  - 1.8 immunization
2. Child and adolescent health
  - 2.1 comprehensive obstetric care
  - 2.2 adolescent care services
3. Communicable diseases
  - 1.1 HIV: counselling and testing
  - 1.2 HIV/ AIDS: care and support services
  - 1.3 sexually transmitted infections (STIs)
  - 1.4 TB diagnostic services
  - 1.5 malaria
  - 1.6 medicines and commodities for malaria
  - 1.7 dengue diagnostic services
4. Noncommunicable diseases
  - 4.1 diabetes
  - 4.2 cardiovascular disease
  - 4.3 chronic respiratory disease
  - 4.4 breast cancer
  - 4.5 dental health services
  - 4.6 mental health services
5. Surgery
  - 5.1 basic surgery
  - 5.2 comprehensive surgery services
  - 5.3 blood transfusion

The percentage of facilities offering each service was taken as a measure of the service availability. In addition, for facilities offering the service, readiness to provide the service was based on the presence of a number of tracer items in the following domains:

- guidelines and trained staff

- equipment
- diagnostic capacity
- medicines and commodities.

The tracer items are a minimum set of items that serve as a prerequisite for the facility to be able to offer an adequate level of care. Service readiness is a key indicator for assessing and monitoring improvements and investments in service delivery.

### *Specific service availability and readiness summary results*

Of particular concern are the specific service readiness scores. For maternal, neonatal, child and adolescent health, the average works out to 21, ranging from 5 for safe abortion and post-abortion care, to 33 for family planning. However, it should be noted that out of the 86 facilities selected, 35 (41%) were family welfare centres offering reproductive health services. Communicable diseases had an average score of 9, ranging from 2 for malaria and 3 for tuberculosis to a high of 28 for sexually transmitted infections. Noncommunicable diseases, for which there is no national or provincial programme, fared better with an average score of 23, ranging from 1 in mental health to 43 in cardiovascular diseases. The shortage of mental health facilities can be explained by the presence of a state-of-the-art facility in Rawalpindi, although Islamabad needs to make more efforts in this direction. Scores for diabetes and cancer are in the 20s despite no additional expenditure, while huge grants are received for malaria, TB and HIV control. Blood transfusion at 4 and surgery at 7 indicate the need for massive efforts. The overall situation does not bode well for achieving our targets.

*Table 9 - Summary of tracer indicators, items and services for specific service readiness*

Domain	Readiness score (out of 100)
<b>Maternal, neonatal and child health (MNCH)</b>	<b>21</b>
Family planning	33
Antenatal care	23
Basic emergency obstetric care	32
Comprehensive obstetric and neonatal care	5
Safe abortion care/Post-abortion care	5/23
Child health immunization	22
Child health preventative and curative care	26
<b>Adolescent health</b>	<b>11</b>
<b>Communicable diseases</b>	<b>9</b>
Malaria diagnosis or treatment	2
Tuberculosis services	3
HIV counselling and testing	13
HIV/AIDS care and support services	18
Hepatitis	5
Antiretroviral prescription and client management	2
PMTCT of HIV	3
Sexually transmitted infections diagnosis or treatment	28
<b>Noncommunicable diseases</b>	<b>23</b>
Diabetes	27
Cardiovascular disease	43
Chronic respiratory disease	21
Cervical cancer	23
Mental health	1
<b>Blood transfusion</b>	<b>4</b>
<b>Surgery</b>	<b>7</b>
Basic surgical care	10
Comprehensive surgical care	4

### 3.3.1. Reproductive, maternal, and newborn health

Reproductive, maternal and newborn health services are delivered through the family health programme, which is organized to ensure a continuum of care during the pre-pregnancy period, pregnancy, neonatal period, infancy, young childhood, and preschool, school and adolescent years. Availability and readiness for these services were assessed in the relevant health facilities where a given health service is provided and presented for each facility type.

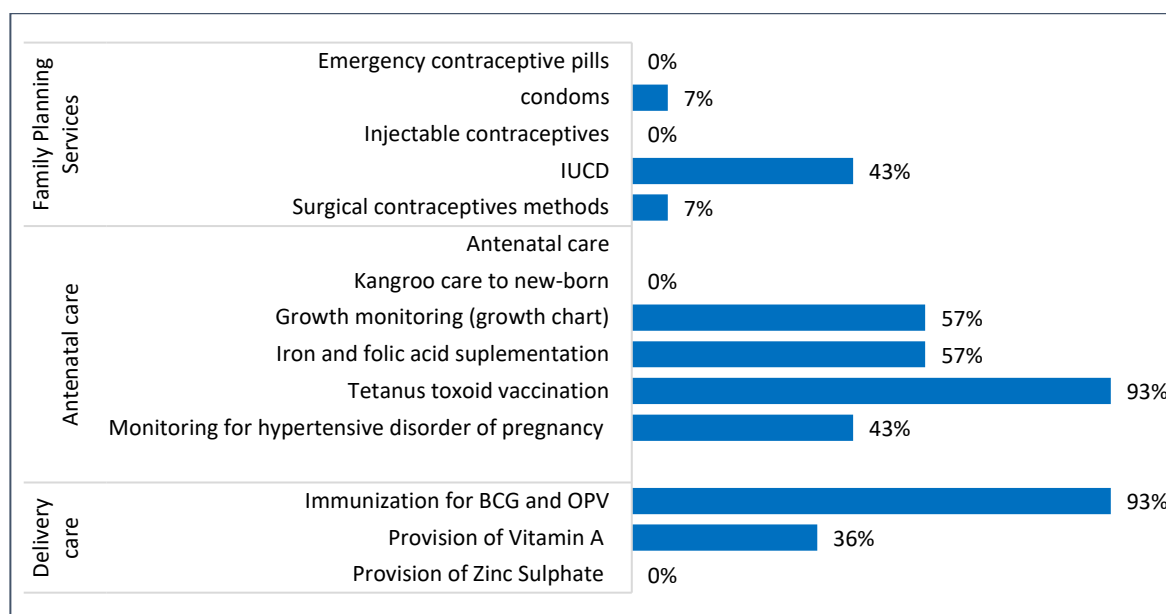


Figure 10 - EPHS-UHC/BP-PHC level availability of maternal, neonatal and child health

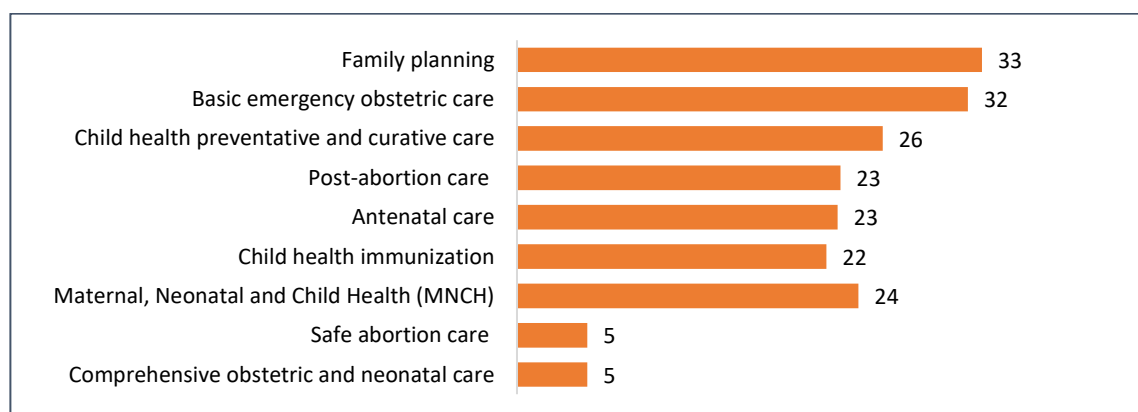


Figure 11 - Maternal, neonatal and child health readiness scores

#### 3.3.1.1. Family planning services

Family planning reduces pregnancy-related mortality and morbidity by increasing birth intervals and preventing unwanted pregnancies, particularly high-risk pregnancies among adolescents and older women. Birth intervals of less than 24 months compared with intervals of 36 months carry greater risks of foetal, infant and childhood death, low birth weight and childhood undernutrition. The ICT Health Strategy includes family planning as a key component of reproductive, maternal, and new-born health provided by the health system.

### Service availability

The tracer items required for family planning/birth spacing service availability are outlined in Table 27. In ICT, more than half of all facilities surveyed (63%) offered family planning/birth spacing services. Community health centres and family welfare centres provided the greatest proportion of family planning/birth spacing services (100%), followed by rural health centres (80%).

Table 28 shows the percentage availability of family planning services by contraception method among health facilities. Comparatively, long term methods were a slightly more available form of family planning (59%) than short term methods (57%).

### Service readiness

Readiness to offer family planning services was assessed based on the availability of several tracer items, including guidelines on family planning, staff training, examination equipment and availability of medicines and commodities for that domain. The overall readiness score of family planning services in ICT was 33 out of 100. Tertiary care hospitals and family welfare centres were much more likely to offer family planning/birth spacing services (56 out of 100 and 52 out of 100, respectively) compared to other facilities. Overall, the most commonly distributed contraceptives were condoms (48%). All the other contraceptives were rarely available (less than 10%). More than half of the facilities surveyed had intrauterine devices (IUDs) (52%) available on the assessment day, while the availability of other tracer items was quite low (<5%).

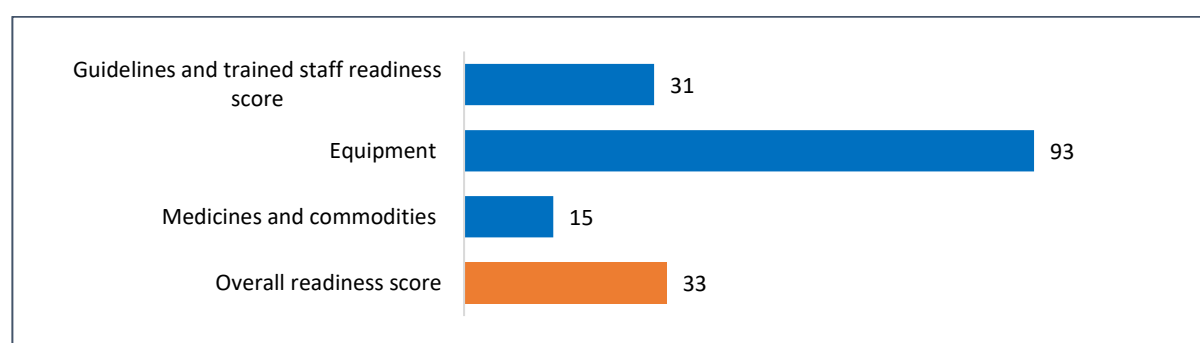


Figure 12 - Family planning service readiness score

Table 31 shows the stock-outs of contraceptives in the previous 3 months. The proportion of facilities that had stock-outs for more than 3 months was low for all concerned contraceptives. Only 33% of the facilities reported stock-outs of emergency contraceptives, which had the highest percentage, compared to stock-outs of implants (10%) and female condoms (7%).

#### 3.3.1.2. Safe abortion and post-abortion care

Safe abortion or therapeutic abortion care, to save the life of the mother, is a critical component of reproductive health services. In addition, implementing more liberal abortion policies can lead to reductions in maternal mortality and morbidity associated with unsafe abortions. Post-abortion care, however, is an integrated service delivery model that includes both maternal health and family planning interventions that are both curative and preventive. Curative interventions respond to the signs of complications that threaten a mother's life: haemorrhage and sepsis.

### *Service availability*

Table 32 and Table 33 show the percentage of facilities offering safe abortion (induced abortion) and post-abortion care services for adults by type of facility. The services were assessed by observing the availability of medicines and commodities for safe abortion and post-abortion care, and management of therapeutic abortion in the health facilities at the time of assessment. Overall, only 10% of all facilities offered these services to outpatients, compared to the 1% provision of these services to inpatients, although most of these procedures are carried out on inpatients. The percentage availability of medicines and commodities used for safe therapeutic abortion care services is low in all health facilities, with the highest availability in tertiary care hospitals, followed by rural health centres. Post-abortion care services were provided in tertiary care hospitals, rural health centres, and basic health units. Other health facilities had no provision for facilitating outpatients or inpatients seeking abortion services.

Table 34 shows the percentage of facilities offering safe therapeutic abortion (induced abortion) care services for adolescents by type of facility. The services were assessed by observing the guidelines and trained staff, diagnostic services, and availability of medicines and commodities in all the health facilities. The overall availability of the diagnostic services for safe abortion care was quite negligible (<5%) with the highest availability understandably in tertiary care hospitals, followed by rural health centres. Oral contraceptive pills were the most available post-abortion contraceptive method in ICT, at 24%, compared to IUDs at 19%.

#### **3.3.1.3. Antenatal care services**

Antenatal care (ANC) is essential for identifying and treating problems during pregnancy such as anaemia and hypertension, as well as for preventive care such as folic acid and iron supplementation, intermittent preventive treatment of malaria in pregnancy (IPTp), and tetanus toxoid (TT) vaccination.

### *Service availability*

Table 35 shows the percentage of facilities offering key antenatal care services, including iron supplementation, folic acid supplementation, IPTp, tetanus toxoid vaccination, and monitoring for hypertensive disorders of pregnancy. Overall, 58% of all facilities offered these antenatal care services. Folic acid supplementation was available in the majority of health facilities (51%), followed by iron supplementation (44%), and monitoring for hypertensive disorders of pregnancy (40%). Services such as tetanus toxoid vaccination and IPTp were least available (31% and 10%, respectively).



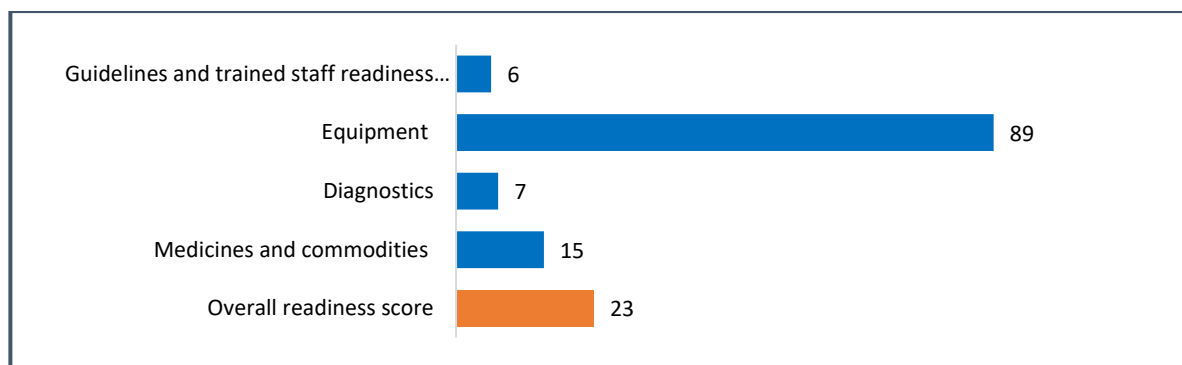


Figure 13 - Antenatal care services readiness score

### Service readiness

Readiness to provide antenatal care was assessed based on the availability of guidelines, trained staff, equipment, diagnostic capacity, and medicines and commodities.

Table 36 outlines the tracer items needed to determine ANC service readiness by domain. The overall readiness score of the health facilities was observed as 23 out of 100 with the highest availability in community health centres (46 out of 100). Less than 10% of the health facilities had any guidelines on ANC or staff trained on ANC. Less than a quarter of facilities offering ANC services had the necessary medicines available, including iron supplements, folic acid tablets, tetanus vaccine and IPTp drugs, giving them a readiness score of 15 out of 100. The majority of facilities demonstrated poor diagnostic capacity for testing urine protein (12%) and haemoglobin levels (2%).

#### 3.3.1.4. Prevention of mother-to-child transmission (PMTCT)

Mother-to-child transmission of HIV can occur during pregnancy, during delivery through the birth canal, or after birth from breastfeeding.

### Service availability

Table 37 shows the percentage of facilities offering key PMTCT services, including counselling and testing for pregnant women and infants, antiretroviral (ARV) prophylaxis for pregnant women and infants, infant and young child feeding counselling, nutritional counselling, and family planning counselling. PMTCT-related services in all the facilities were limited, with only 19% offering PMTCT services. The highest availability was observed in tertiary care services (50%), followed by family welfare centres (34%). However, there were no PMTCT services available in basic health units or community health centres.

### Service readiness

Readiness to provide PMTCT services was assessed based on the presence of guidelines for PMTCT, trained staff, equipment, diagnostics, and medicines and commodities. Overall readiness to provide mother-to-child transmission services was highest in tertiary care hospitals (17 out of 100) and lowest in community health centres, basic health units, and dispensaries (0 out of 100), with an overall readiness score of just 3 out of 100 of all the facilities. Only the tertiary care hospitals had staff trained in PMTCT and in infant and young

child feeding (22%). The least available items were in the medicines and commodities domain, with no availability in any health facility.

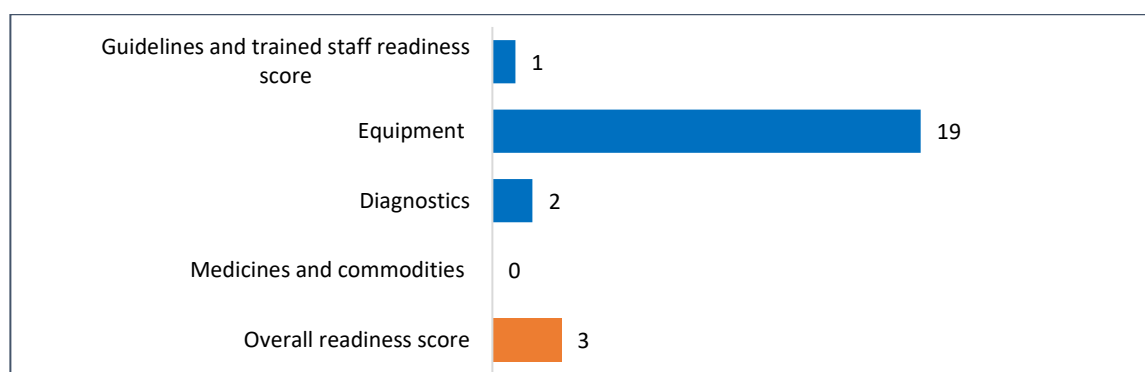


Figure 14 - Prevention of mother to child transmission of HIV

### 3.3.1.5. Antiretroviral prescription and client management

Antiretroviral therapy (ART) is only prescribed for HIV patients by one centre in ICT, which also caters to patients with STIs.

#### Service availability

Table 39 shows the percentage of facilities offering antiretroviral prescription and client management services. Very few facilities in ICT offered ART prescription or treatment follow-up services at the time of the survey (1%). Barring one tertiary care hospital, this service is not available anywhere else in Islamabad, owing to the low prevalence of HIV/AIDS in the country.

#### Service readiness

As shown in Table 40, readiness to provide antiretroviral prescription and client management services was assessed based on the availability of guidelines and staff trained in ART, and the diagnostics needed to monitor response to treatment and first-line antiretroviral medicines. The overall readiness score was low (2 out of 100), with the highest availability of items in tertiary care hospitals (39 out of 100) compared to any other health facility. The least available items were in the medicines and commodities domain, with no availability in any health facility.

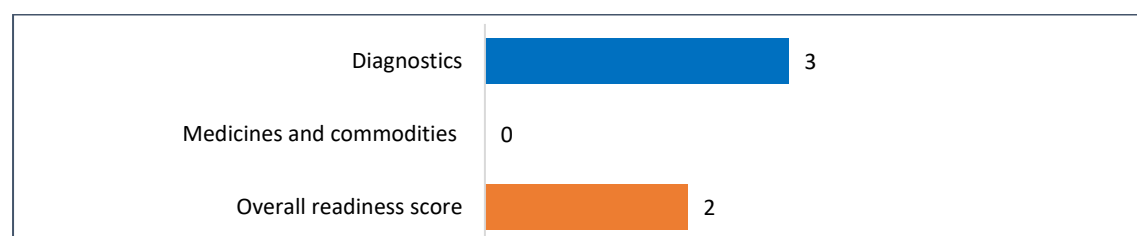


Figure 15 - Antiretroviral prescription and client management services readiness score

### 3.3.1.6. Emergency obstetric and new-born care services

Factors such as high fertility rates, early age of first birth, high prevalence of female genital mutilation, births attended by unskilled personnel, and poor nutritional status among women of reproductive age, generally contribute to obstetric complications across the entire

country, as well as in ICT. Improving access to emergency obstetric care is an effective strategy for reducing maternal and infant mortality, as complications of pregnancy and childbirth can be identified and referred to a higher level if necessary. Emergency obstetric and neonatal care (EmONC) refers to the provision of a list of life-saving services or 'signal functions', which define a health facility's ability to treat obstetric and newborn emergencies. There are six EmONC signal functions as listed below:

1. parenteral administration of antibiotics
2. parenteral administration of uterotonic drugs (e.g. parenteral oxytocin)
3. parenteral administration of anticonvulsants for pre-eclampsia and eclampsia
4. assisted vaginal delivery such as vacuum extraction or forceps delivery
5. manual removal of placenta
6. removal of retained products.

Guidelines jointly issued by WHO, UNICEF, and UNFPA recommend four facilities offering basic obstetric care and one facility offering comprehensive obstetric care for every 500 000 people.

#### *Service availability*

Table 41 outlines the tracer items required to provide EmONC services by type of facility. Delivery services were offered in 16% of the health facilities. Tertiary care hospitals (75%) and rural health centres (60%) were much more likely to offer EmONC services compared to other health facilities. Overall mean availability of EmONC tracer items was found to be 75% in tertiary care hospitals, compared to 51% in rural health centres. Comprehensive EmONC facilities were only available in three tertiary care hospitals while the RHCs/FWCs offered basic EmONC facilities.

#### *Service readiness*

In order to manage obstetric complications, a facility must have the skilled personnel (surgeon and anaesthetist), either available or on call at all times, with the required equipment, supplies, and trained support staff to administer blood transfusions and anaesthesia. Readiness to provide emergency obstetric and newborn care was assessed based on the availability of the tracer items in the health facilities outlined in Table 42. The guidelines for essential care and trained staff were only observed in tertiary care hospitals (25%), with a total readiness score of 2 out of 100 for availability of guidelines and trained staff in all health facilities. The most available item for providing EmONC services was blood pressure apparatus (84%), followed by soap and running water or alcohol-based hand rub (83%). The least available item was antibiotic eye ointment for newborns (3%). Overall, the highest readiness score was observed in tertiary care hospitals (75%) followed by (41%) in rural health centres.

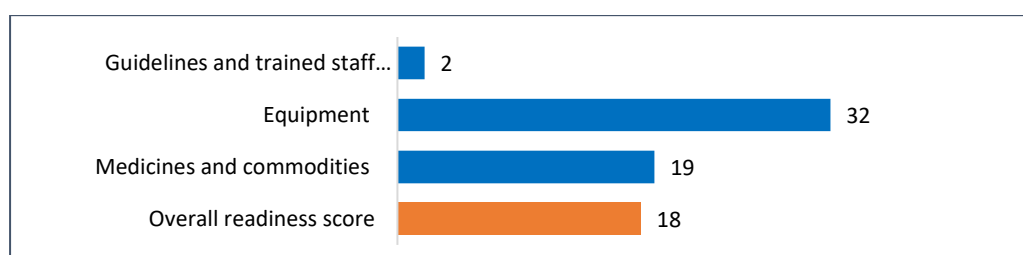


Figure 16 - Basic emergency obstetric care services readiness score

### 3.3.1.7. Child health services: preventative and curative care

Pneumonia is the leading cause of death among children under five in ICT, accounting for 19% of deaths, followed by diarrhoea (13%), birth asphyxia and measles (11%). Access to curative care services is low, with just 13% of children under five with acute respiratory infection symptoms being taken to a health facility and 20.8% of children under five receiving ORS for treatment of diarrhoea. Undernutrition is also a major contributing factor to childhood morbidity and mortality in the country, with recent estimates showing 42.1% of children under five stunted and 13.2% wasted.

#### Service availability

Table 43 outlines the percentage of facilities offering key child preventive and curative care services, including preventive and curative care for children under five, malnutrition diagnostics and treatment, vitamin A supplementation, iron supplementation, ORS and zinc supplementation, growth monitoring, treatment of pneumonia, administration of amoxicillin for the treatment of pneumonia in children, and treatment of malaria in children. Nearly two thirds of facilities in Islamabad offered preventive and curative child health care services (66%). Malnutrition diagnostics and treatment for children was observed in 48% of facilities. Vitamin A supplementation was the least available child health service, with 19% of facilities offering this.

#### Service readiness

Readiness to offer child health preventive and curative care was assessed based on the presence of guidelines, trained staff, available equipment, diagnostics, and medicines and commodities in the health facilities. The overall readiness score of all the health facilities was 26 out of 100. The most available item was the stethoscope (95%), with the highest availability in community health centres bringing the overall equipment score to 44 out of 100. The least available items were the guidelines for integrated management of childhood illness (IMCI) and the guidelines for growth monitoring, both at 0%.

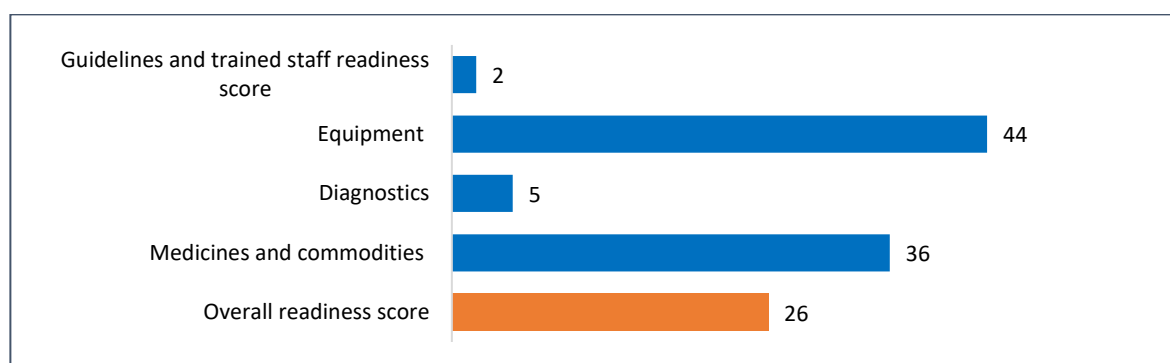


Figure 17 - Child health preventative and curative services readiness score

### 3.3.1.8. Immunization

The national Expanded Programme on Immunization (EPI) was launched in Pakistan in 1978 to protect children by immunizing them against childhood tuberculosis; poliomyelitis;

diphtheria, pertussis, tetanus (DPT); and measles. Later, with the support of development partners, a number of new vaccines such as the ones for hepatitis B, haemophilus influenzae type b (Hib), pneumococcal vaccine (PCV10), and the inactivated polio vaccine were introduced in 2002, 2009, 2012, and 2015, respectively. The programme also aims to protect mothers and newborn against tetanus. Immunizing children with these vaccines could prevent childhood mortality in Pakistan by up to 17%, and can therefore help us to achieve SDG 3. The programme provides its services through a wide network of service delivery points to ensure easy access to the public.

#### *Service availability*

Table 45 shows the percentage of health facilities in ICT offering immunization services. All community health centres (100%) offered weekly immunization services, birth dose of BCG, infant vaccines, and adolescent/adult vaccines within the facility and through outreach. The lowest availability of immunization services was observed in family welfare centres (<10%).

#### *Service readiness*

Readiness to provide childhood immunization services was assessed based on the availability of guidelines for child immunization, trained staff, available equipment, and available vaccines in the health facilities. The overall readiness score of the health facilities was 22 out of 100, with the highest availability of the service in rural health centres (91 out of 100), and the lowest availability in family welfare centres (1 out of 100).

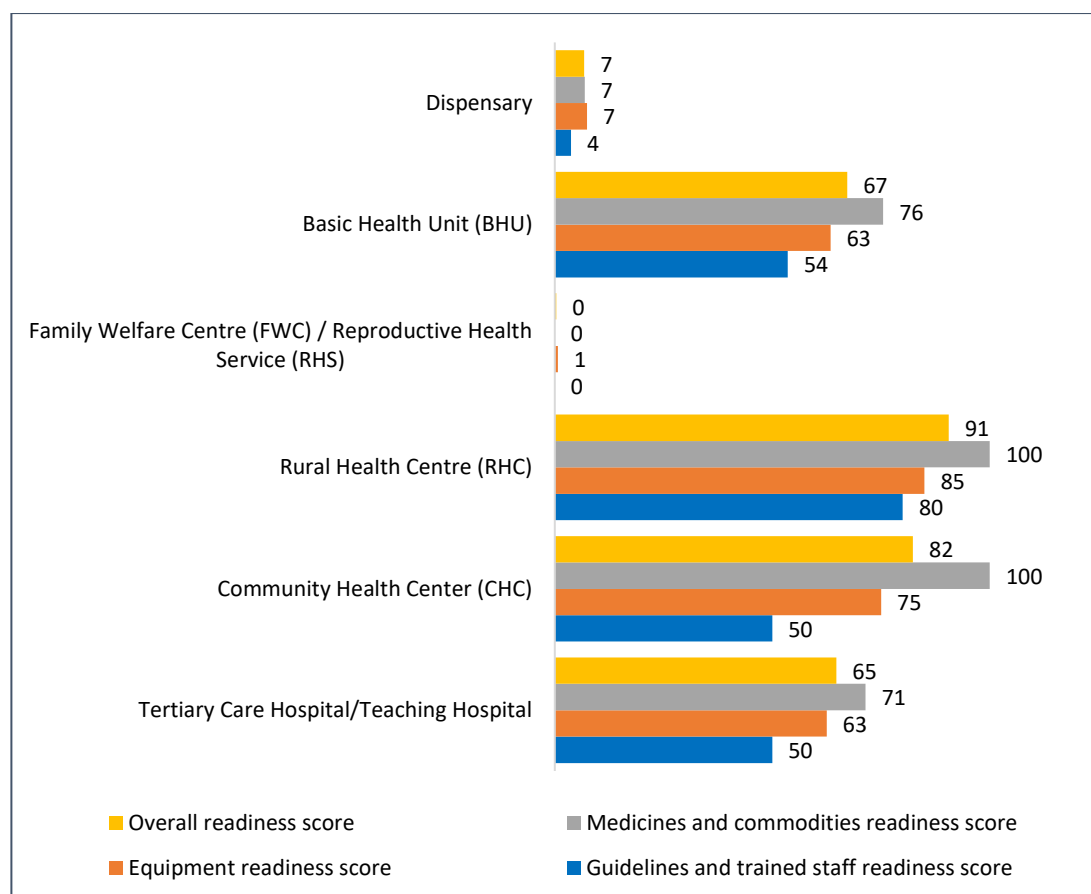


Figure 18 - Facility-wise Child health immunization readiness score

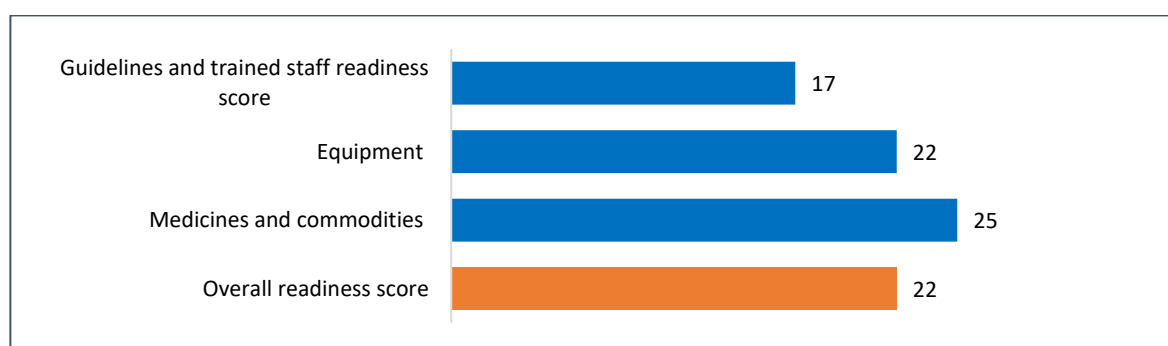


Figure 19 - Child health immunization readiness score

### 3.3.1.9. Vaccine stock-outs

Table 48 shows the stock-outs of vaccines at health facilities. The proportion of facilities that had stock-outs was low for all vaccines (<10%). The highest number of stock-outs was reported by family welfare centres and basic health units in comparison with the other health facilities.

Table 49 shows the percentage availability of the minimum requirements and energy source to maintain cold chain for vaccine storage. Only 28% of all health facilities were providing the cold chain minimum requirements for immunization. The most commonly used type of power for this purpose was the grid or generators (17%) with the maximum availability in rural health

centres, and lowest availability in family welfare centres, and community health centres (0%). The overall availability of all types of power in health facilities was 28%.

### 3.3.2. Child and adolescent health

#### 3.3.2.1. Obstetric and newborn care services

Pakistan's maternal mortality ratio has decreased from 1,300 deaths per 100 000 live births in 1990 to 140 deaths per 100 000 live births in 2017. Although improvements have been seen over time, the current situation is still far above the acceptable limits and the mortality ratio remains among one of the highest in the region. Increasing accessibility to emergency obstetric and newborn care (EmONC) of a high quality is an effective strategy for reducing maternal and infant mortality. In order to manage obstetric complications, a facility must have the skilled personnel (surgeon and anesthetist) either available or on call at all times, with the required equipment, supplies, and support staff trained to administer blood transfusions and anesthesia. Comprehensive EmONC is generally offered at the district hospital level and consists of all the functions of basic emergency obstetric care plus caesarean section and safe blood transfusion. Guidelines jointly issued by WHO, UNICEF, and UNFPA recommend four facilities offering basic obstetric care and one facility offering comprehensive obstetric care for every 500 000 people.

#### *Service availability*

The availability of signal functions for EmONC services are summarized by facility type in Table 50. The overall percentage of obstetric care services available in health facilities was low (3%) with only the tertiary care hospitals having the equipment to provide such comprehensive care services (75%).

#### *Service readiness*

Readiness to provide comprehensive EmONC was assessed based on the presence of guidelines and trained staff, availability of equipment, diagnostics, and medicines and commodities. Table 51 shows the percentage availability of these tracer items and readiness scores at health facilities in ICT. The overall readiness score of the health facilities was observed as 5 out of 100, with the highest readiness score in tertiary care hospitals (73) compared to the other facilities. Basic health units, family welfare centres, and the community health centres were the least equipped to provide comprehensive EmONC services in ICT.

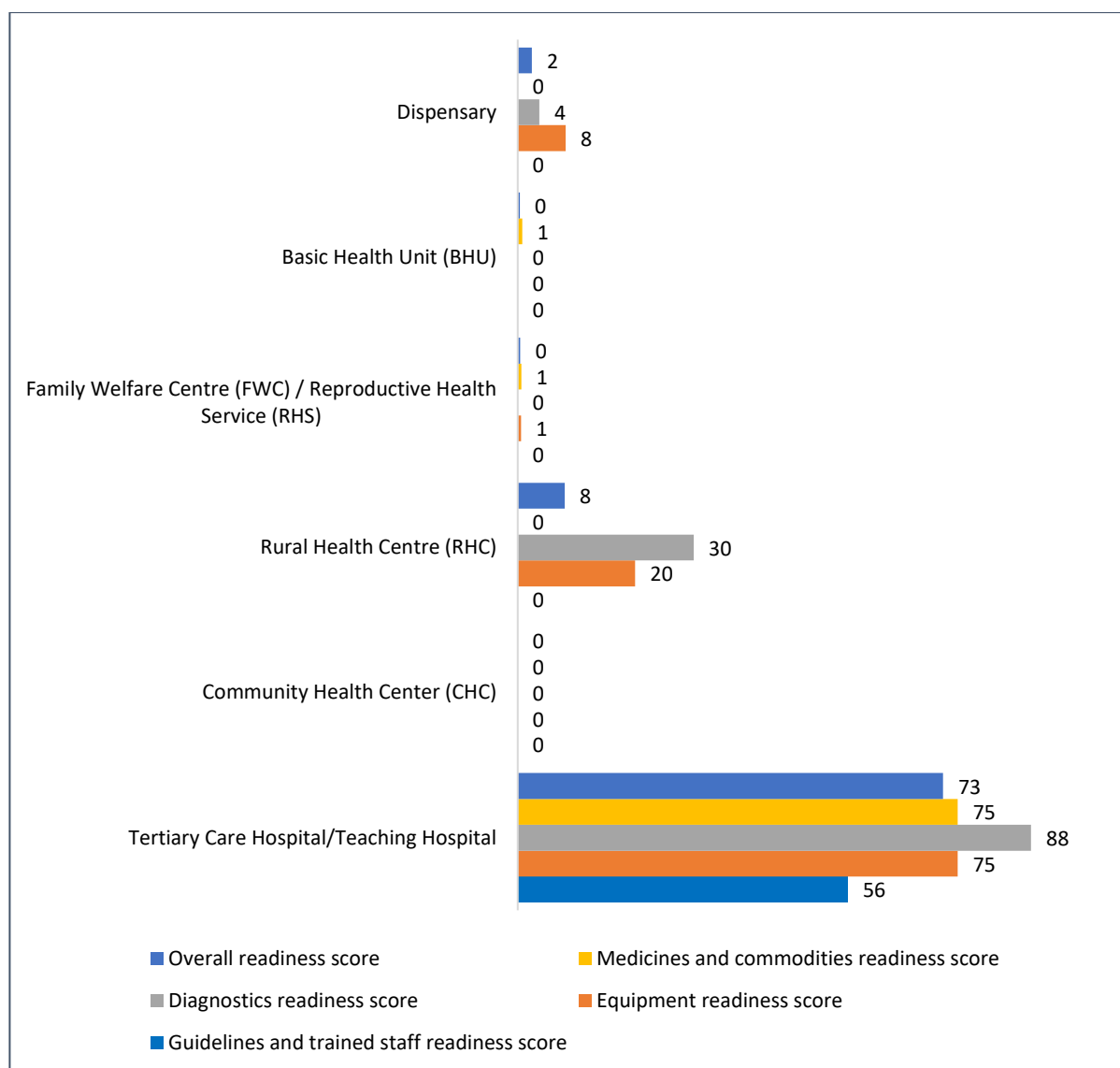


Figure 20 – Facility wise Comprehensive obstetric and neonatal care readiness score

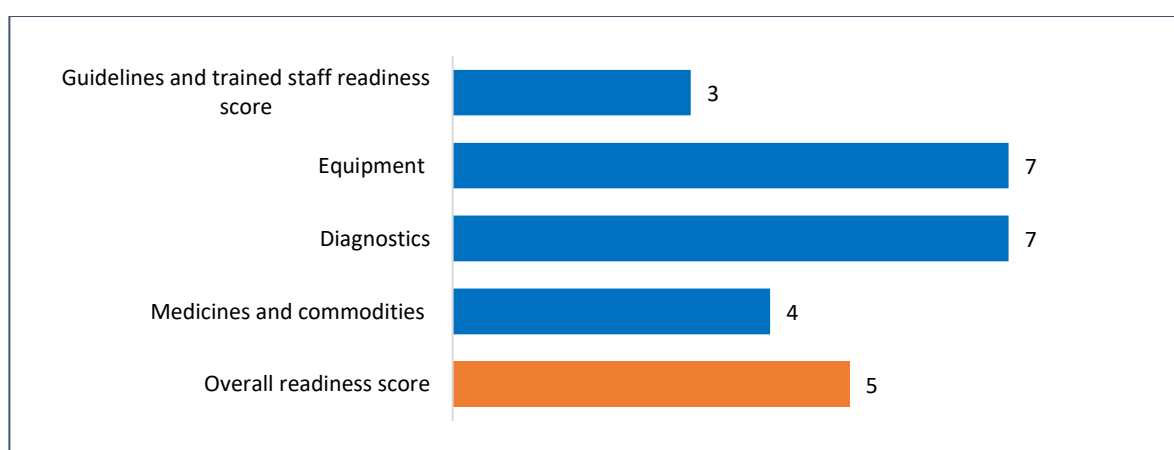


Figure 21 - Comprehensive obstetric and neonatal care readiness score



### 3.3.2.2. Adolescent care services

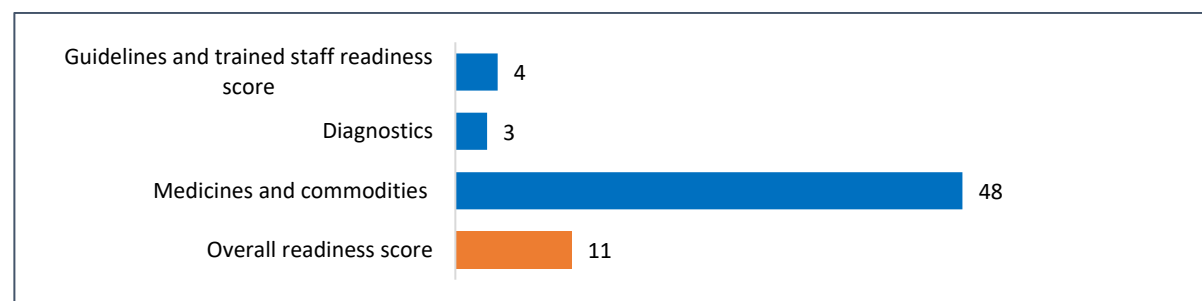
Adolescents have a significant need for health services. They pose different challenges for the health care system to children and adults, due to their rapidly evolving physical, intellectual and emotional development.

#### *Service availability*

Table 52 shows the percentage of facilities offering adolescent health services including the availability of the following services for adolescents: HIV testing and counselling services, family planning services, the provision of combined oral contraceptive pills, male condoms, emergency contraceptive pills, IUDs, and ART to adolescents. On average, facilities had 60% availability of essential health services for adolescents. Community health centres displayed the highest essential medicines availability (100%) compared to all other facility types.

#### *Service readiness*

As shown in Table 53, readiness to provide adolescent health services was assessed based on the presence of guidelines, trained staff, diagnostics and medicines and commodities. Readiness for adolescent health services was poor across all health facilities with an overall readiness score of 11 out of 100. The highest readiness score was observed in tertiary care centres and community health centres (both 33%), and the lowest readiness score was observed in dispensaries (1%).



*Figure 22 - Adolescent health services readiness score*

### 3.3.3. Communicable diseases

Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water. A variety of disease-producing bacteria and viruses are carried in the mouth, nose, throat and respiratory tract. Conditions such as leprosy, tuberculosis and different strains of influenza (flu) can be spread by droplets/aerosol spread, for example by coughing, sneezing, or saliva or mucus on unwashed hands. Sexually transmitted infections such as HIV and viral hepatitis are spread through the exposure to infective bodily fluids such as blood, vaginal secretions and semen.

Hepatitis is a significant concern in the African region and the majority of people living with hepatitis B and C are unaware of their infections. Insects play a significant role in the

transmission of disease. Bites from Anopheles mosquitoes transmit malaria parasites that can wreak havoc on high-risk populations such as children under age 5 and pregnant women. Yellow fever has also seen a resurgence due to reduced vaccination efforts. Many neglected tropical diseases are caused by unsafe water, poor housing conditions and poor sanitation in the region.

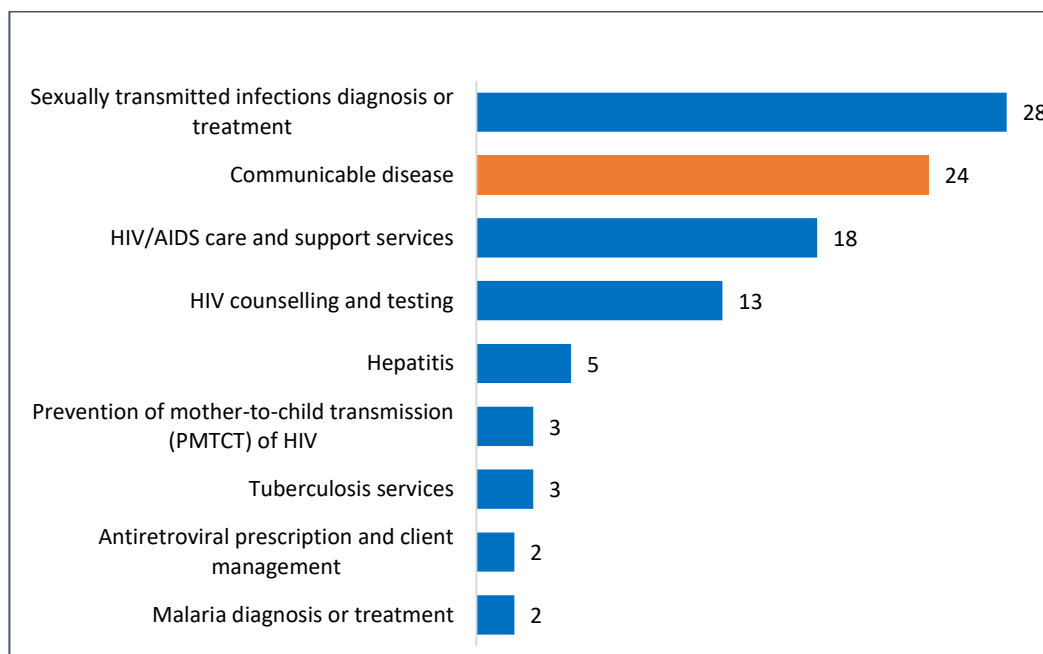


Figure 23 - Communicable disease readiness score

### 3.3.3.1. HIV: counselling and testing

HIV counselling and testing is an entry point to receiving care and treatment. Readiness to provide HIV/AIDS counselling and testing services was assessed based on the presence of the following 9 tracer items:

- national HIV testing guidelines
- staff trained in HIV counselling and testing
- trained staff readiness score
- visual and auditory privacy
- equipment readiness score
- HIV diagnostic capacity
- diagnostic readiness score
- male condoms
- medicine and commodities readiness score.

Table 54 shows that only 29% of facilities overall provided HIV/AIDS counselling and testing services in ICT at the time of the survey. The overall readiness score for HIV/AIDS counselling and testing services was low, at 13 out of 100. The HIV diagnostic capacity was very low, with only 3% of facilities offering this service. Around a quarter of the facilities were equipped with a visual and auditory privacy room area (27%), whereas the majority of facilities lack the proper guidelines and staff trained in HIV counselling and testing. Moreover, prevention

efforts were very low, with only 19% of facilities providing condoms for HIV prevention. The community health centres had the highest availability of tracer items needed to provide HIV/AIDS counselling and testing services (50%), whereas tertiary care hospitals and family welfare centres had readiness scores of 38% and 20%, respectively.

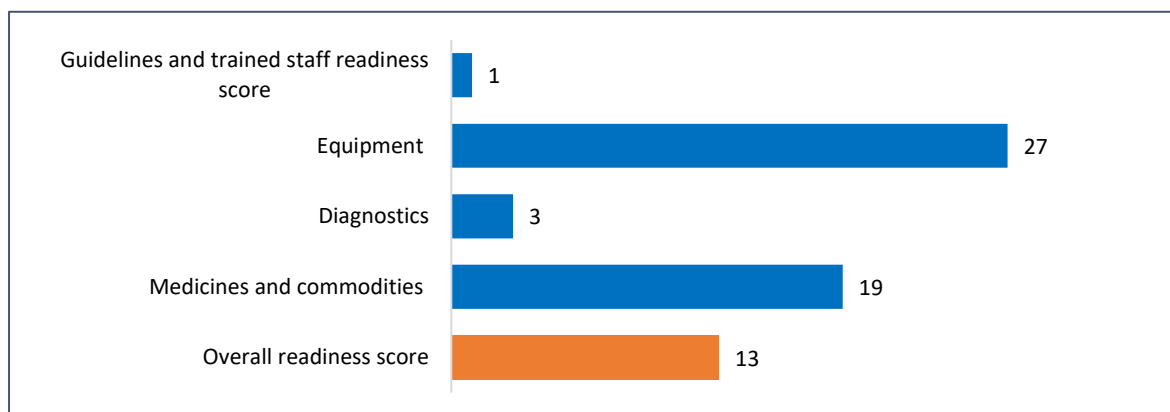


Figure 24 - HIV counselling and testing services readiness score

### 3.3.3.2. HIV/AIDS: care and support services

HIV/AIDS care and support services include the treatment of opportunistic infections and the provision of palliative care. Table 55 provides information on the tracer items needed for health facilities offering this service.

#### Service availability

The availability of care and support services was assessed based on the presence of the following tracer items:

- HIV/AIDS care and support services
- treatment of opportunistic infections
- provision of palliative care
- intravenous treatment of fungal infections
- treatment for Kaposi's sarcoma
- nutritional rehabilitation services
- provision/prescription of fortified protein supplementation
- care for paediatric HIV/AIDS patients
- provision of preventative treatment for TB
- primary preventative treatment for opportunistic infections
- provision/prescription of micronutrient supplementation
- family planning counselling
- provision of condoms.

HIV/AIDS care and support services were very limited across ICT, with only two tertiary care hospitals offering this service.

### Service readiness

Readiness to provide HIV/AIDS care and support services was measured on the basis of the following tracer items: guidelines for clinical management of HIV and AIDs, guidelines for palliative care, staff trained in clinical systems for diagnosing TB in HV+ clients, medicines and commodities such as intravenous solution with infusion, IV treatment for fungal infections, co-trimoxazole tablets, first line TB treatment medications, palliative care and pain management. Overall readiness of health facilities in Islamabad to provide HIV/AIDS care and support services scored 18 out of 100. The readiness scores for guidelines and trained staff (1 out of 100) and diagnostics (1 out of 100) were high in contrast to medicines and commodities (29 out of 100).

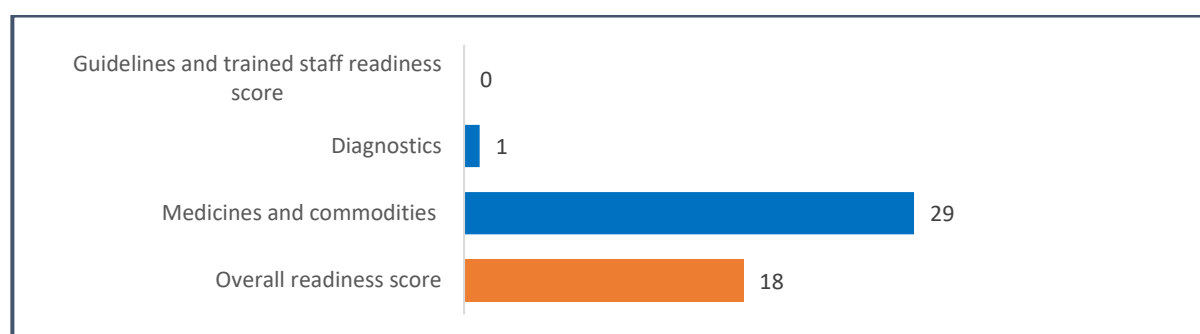


Figure 25 - HIV/AIDS care and support services readiness score

#### 3.3.3.3. Hepatitis

Approximately 5 and 10 million people are affected with hepatitis B (HBV) and hepatitis C (HCV) in Pakistan, respectively. There are thousands of new patients every year due to the lack of prevention, testing, and treatment resources, as well as inadequate screening of blood transfusions, improper sterilization of invasive medical devices, and unsafe injections. The availability of treatment for hepatitis B and C was assessed and is depicted in Table 57 on the basis of the following tracer items.

- treatment availability for HBV and HCV.
- diagnostics, including serological/nucleic acid testing for both HBV and HCV; and
- medicines and commodities, including sofosbuvir tablets, daclatasvir tablets, ribavirin tablets, and tenofovir tablets.

Of all the facilities, only two tertiary care hospitals had the treatment (50%), diagnostics (100%), and medicines (75%) for both HBV and HCV. The rest of the facilities did not provide services in this domain.

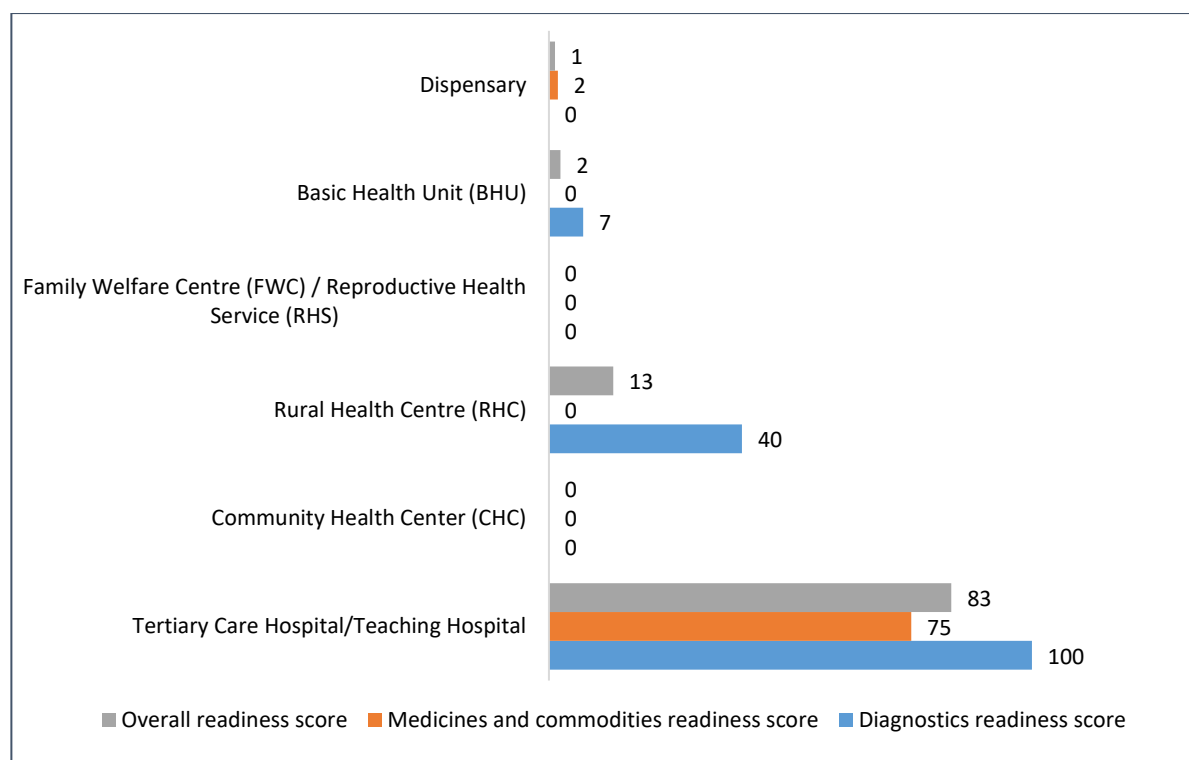


Figure 26 – Facility-Wise Hepatitis services readiness score

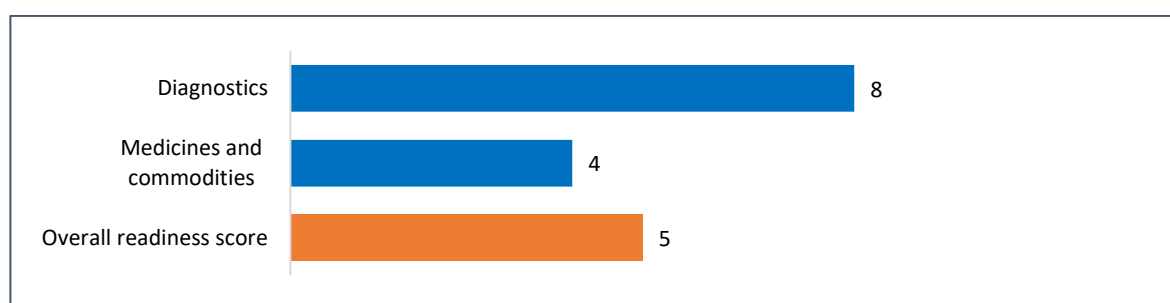


Figure 27 - Hepatitis services readiness score

### 3.3.3.4. Sexually transmitted infections

Syphilis is the only STI diagnosed as part of the HIV sentinel surveillance in ICT. STIs are caused by bacteria, viruses or parasites that are transmitted through unprotected sex (vaginal, anal, or oral) and skin to skin genital contact.

#### Service availability

Table 58 shows the percentage of facilities offering STI diagnosis and treatment services. Around 28% of health facilities in ICT offer STI services with the highest number of services offered by community health centres (100%), followed by rural health centres (80%), and the lowest number of services offered by dispensaries (19%). Diagnostics and treatment of STIs was only observed in 22% of facilities, with community health centres offering maximum treatment facility (100%). Dispensaries were the least equipped to provide STI diagnostics and treatment services (7%).

### Service readiness

The readiness score of STI services was assessed on the presence of the following tracer items:

- national guidelines for diagnosing and treating STIs
- staff trained in STI diagnosis and treatment
- guidelines and trained staff readiness score
- syphilis rapid test
- medicine and commodities, including condoms, metronidazole, ciprofloxacin and ceftriaxone injection.

The overall readiness score for STI diagnosis and treatment services was 28 out of 100. Readiness is highest for the availability of medicines and commodities (48 out of 100), and lowest for national guidelines and staff training (0 out of 100). There was far greater availability of STI diagnostic services in tertiary care hospitals (75%) than in any other facility type.

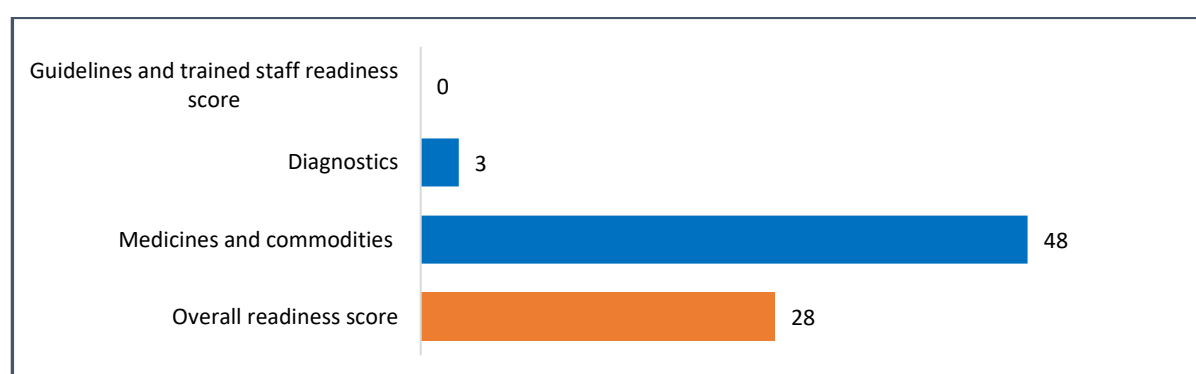


Figure 28 - Sexually transmitted infections diagnosis or treatment services readiness score

### 3.3.3.5. TB diagnostic services

#### Service availability

Table 60 shows the percentage of facilities offering TB diagnosis and treatment services. The availability of services was assessed based on the presence of the following 11 tracer items: TB services, TB diagnosis, TB diagnostic testing, TB diagnosis by clinical symptoms, by sputum smear microscopy, by culture, by rapid test (GeneXpert MTB/RIF), and by chest X-ray, prescription of drugs to TB patients, provision of drugs to TB patients, and management and treatment follow-up for TB patients. Few facilities in ICT offered TB services at the time of the survey (24%).

#### Service readiness

Readiness to provide TB diagnostic services was assessed based on the availability of HIV and TB diagnosis and treatment guidelines, trained staff, system for diagnosing HIV in patients with TB, and the availability of first-line TB medications. The overall score for service readiness was very low (3 out of 100). The most available item was first-line TB medication that was present in tertiary care hospitals (75%) and rural health centres (40%). Tertiary care

hospitals and rural health centres were the only facilities that were partially equipped with a system for HIV and TB diagnosis and treatment.

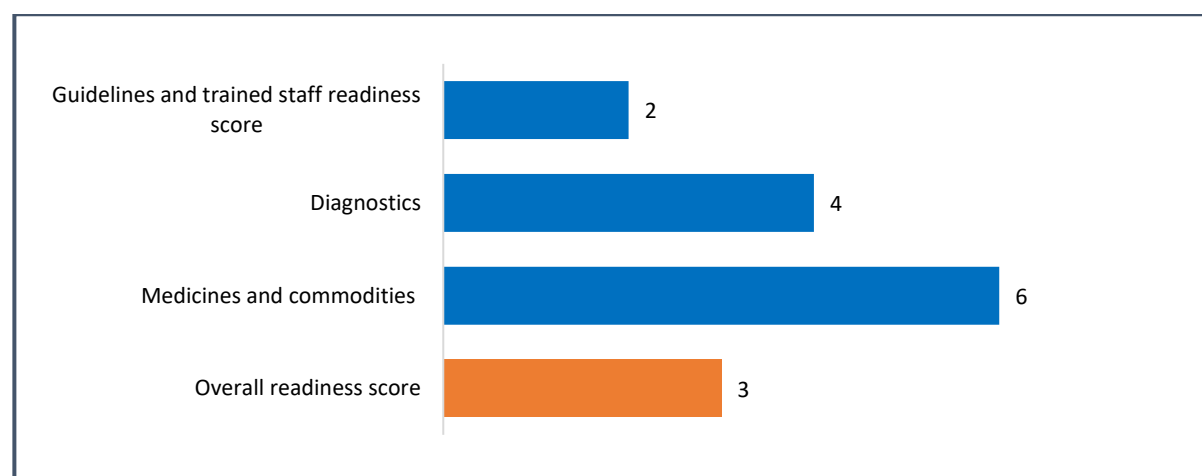


Figure 29 - Tuberculosis services readiness score

### 3.3.3.6. Malaria

Almost 177 million people in Pakistan are at risk of malaria, with 3.5 million presumed and confirmed malaria cases annually. Epidemiologically, Pakistan is classified as a moderate malaria-endemic country with a national annual parasite index averaging 1.66 and wide diversity within and between the provinces and districts. Malaria in Pakistan is typically unstable, and the major transmission period is post-monsoon i.e. from August to November. Major vector species are *Anopheles culicifacies* and *A. stephensi*, which are both still susceptible to the insecticides currently being used. As prevention is the primary strategy for controlling the spread of malaria, access to IPTp and distribution of long-lasting insecticide-treated nets is critical, particularly in districts that are highly endemic. In addition to ensuring that health facilities are stocked with treatment, artemisinin-based combination therapy is necessary for treating confirmed malaria cases. However, ICT is not a high-risk district for malaria.

#### Service availability

Table 62 shows the percentage of facilities offering malaria diagnostics and treatment services in ICT. The services were assessed based on presence of the following tracer items:

- malaria diagnostics
- malaria diagnostic testing
- malaria diagnosed by clinical symptoms
- malaria diagnosed by clinical symptoms
- malaria diagnostics by RDT
- malaria diagnostics by microscopy
- intermittent preventive treatment of malaria in pregnancy.

More than a third of all facilities in ICT (37%) offered diagnosis or treatment of malaria, with the highest availability of services in community health centres and tertiary care hospitals. While treatment efforts were observed in less than quarter of all the facilities (22%), prevention efforts such as IPTp were only available in 6% of facilities. Diagnosis of malaria by microscopy and by RDT was limited, with only 5% of facilities providing the service.

### Service readiness

Table 63 shows the readiness score for malaria diagnostics and treatment services facilities in ICT. Readiness to provide malaria diagnosis and treatment services was assessed based on the presence of following tracer items: guidelines for diagnosis and treatment of malaria, guidelines for IPTp, staff trained in malaria diagnosis or treatment, staff trained in IPTp, guidelines and trained staff readiness scores, malaria diagnostic capacity, first-line antimalarial, paracetamol capsules or tablets, IPTp drugs, and insecticide-treated bed nets.

The overall readiness score to provide malaria services was 2 out of 100. The highest readiness score was reported by tertiary care hospitals (19 out of 100). Trained staff and guidelines for preventive services such as IPTp were mostly available in tertiary care hospitals, with a score of 19 out of 100 reflecting through the overall score of 2 out of 100 for the domain. Diagnostic readiness score for the overall facilities was the highest with 75% of the tertiary care hospitals' diagnostic capacity. The least available items were the drugs (scoring 1 out of 100) needed to treat malaria. As ICT is not endemic for malaria, it is not included in the list of priority districts receiving support from The Global Fund.

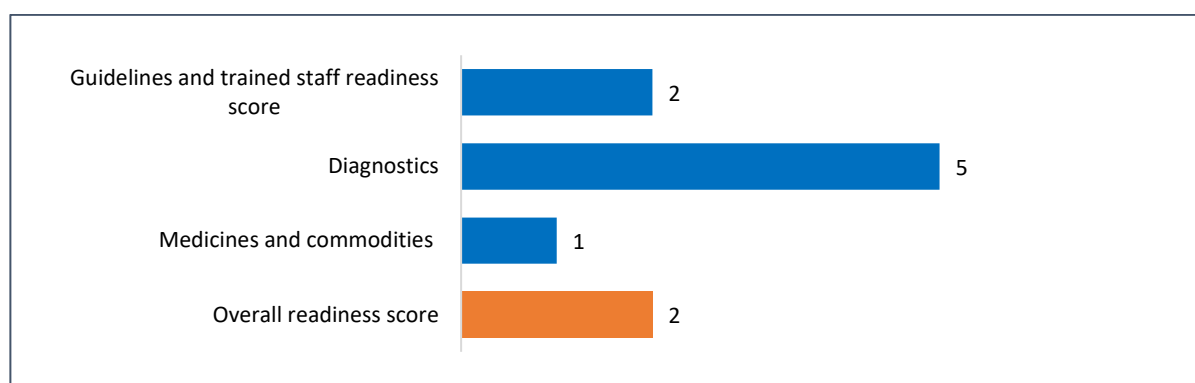


Figure 30 - Malaria diagnosis and treatment services readiness score

#### 3.3.3.7. Trained staff and stock-outs of antimalarial drugs

Health facilities need to be stocked with artesunate plus amodiaquine treatment (an ACT), and need to have accredited/certified staff. Table 64 shows the availability of trained staff, medicines and stock-outs of antimalarial drugs. Seven per cent of facilities had an accredited or certified microscopist, with the highest availability being in tertiary care hospitals (75%) and rural health centres (40%). The proportion of facilities that had stock-outs was less than 5% for all medicines and commodities concerned.

#### 3.3.3.8. Dengue diagnostic services

Dengue fever is a mosquito-borne viral infection caused by four dengue virus serotypes (DENV-1, DENV-2, DENV-3, and DENV-4). In 2019, 12 986 confirmed cases of dengue fever, including 22 deaths, were reported by eight major hospitals in Islamabad. The number of cases and the number of deaths have increased several times over in the subsequent years, resulting in a major public health crisis.

Table 65 shows the percentage of health facilities offering dengue diagnostic and treatment services. The tracer items used to assess dengue diagnostic services include serological testing and the viral antigen or RNA test. Dengue treatment includes primary



treatment for the disease, supportive treatment (rehydration, fever control), platelet transfusions, and acetaminophen. Services for the clinical diagnosis of dengue were mostly available in tertiary care health facilities (75%), with an overall percentage of just 3% in ICT – where dengue treatment services were 15%. The lowest availability across facilities was that of platelet transfusion (2%), which was understandably only present in two tertiary care hospitals. Community health centres, and family welfare centres were shown to be least equipped to provide dengue diagnostic and treatment services.

### 3.3.4. Noncommunicable diseases

Noncommunicable diseases encompass all diseases that are not transmitted from person to person. These include diabetes, hypertension, cancers, mental disorders, arthritis, injuries and accidents. Disease burden due to chronic NCDs has increased over the last few decades. These diseases have emerged as a major public health challenge with a devastating impact on premature morbidity, mortality and the economy.

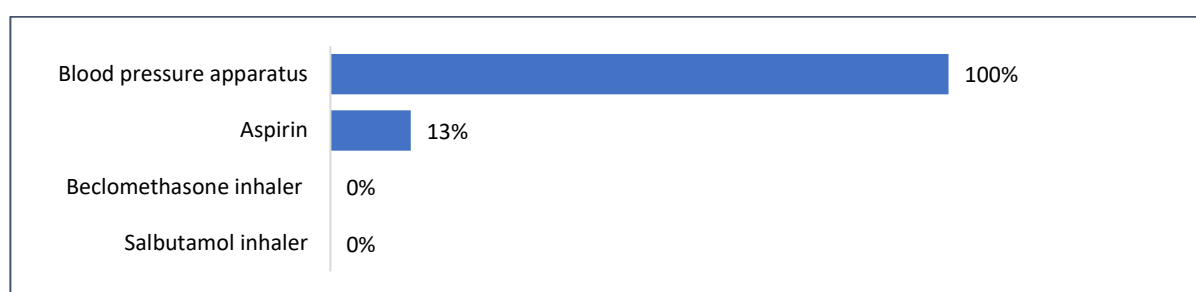


Figure 31 - EPHS-UHC/BP-PHC level availability of noncommunicable disease

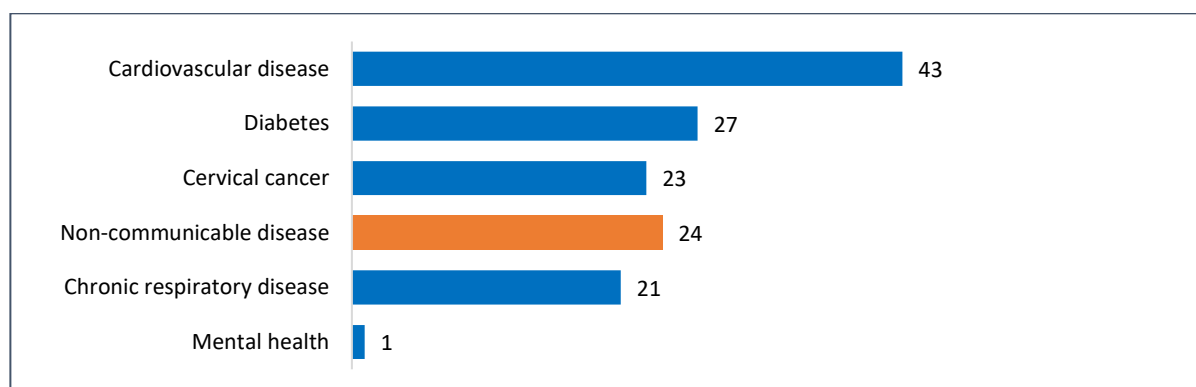


Figure 32 - Noncommunicable disease readiness scores

#### 3.3.4.1. Diabetes

##### Service availability

Table 66 shows the percentage availability of diabetes diagnosis and treatment services by facility type. In ICT, 60% of all facilities offered diabetes diagnosis and treatment services. The maximum availability was observed in tertiary care hospitals and community health centres (both with 100%), and the lowest availability of the service was in family welfare centres, at 37%.

### Service readiness

Readiness to provide diabetes services was assessed based on the presence of guidelines, trained staff, equipment, diagnostics, and medicines and commodities. Readiness in the equipment domain was highest (69 out of 100), with 93% of facilities having a blood pressure apparatus, 85% having an adult scale and 29% having measuring tape. The least available items were trained staff (5%), and guidelines for diabetes diagnostics and treatment (0%).

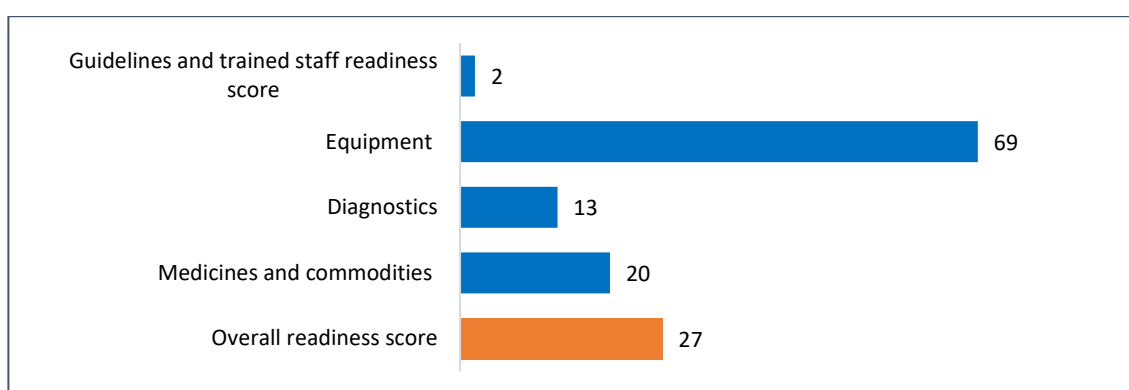


Figure 33 - Diabetes services readiness score

#### 3.3.4.2. Cardiovascular disease

Cardiovascular disease (CVD) accounts for an estimated 19% of all deaths in Pakistan. Readiness to provide CVD diagnosis and/or management services was assessed based on the presence of guidelines and trained staff, availability of the equipment, diagnostics and medicine and commodities. Equipment items were the most readily available in facilities offering CVD services (73 out of 100), with 93% having blood pressure apparatus, 95% having a stethoscope, and 85% having an adult scale. However, only 20% of facilities had oxygen. Guidelines and trained staff scored low (1 out of 100), with 0% of facilities having guidelines for CVD and just 2% having at least one member of staff trained in CVD diagnosis and management.

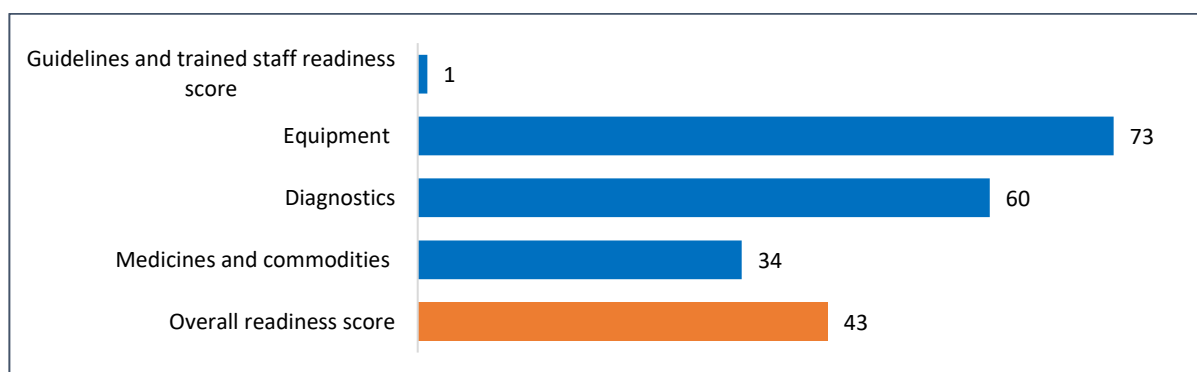


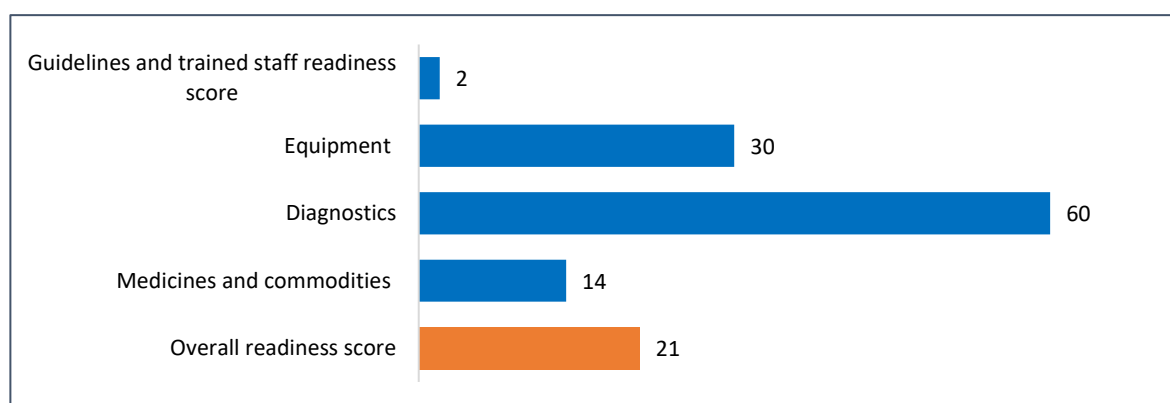
Figure 34 - Cardiovascular disease services readiness score

#### 3.3.4.3. Chronic respiratory diseases

Disease burden due to chronic NCDs has increased over the last few decades. Among all of them, the leading causes of mortality, morbidity and disability in ICT are: cardiovascular

diseases (including coronary heart diseases and cerebrovascular diseases), diabetes, cancers and chronic respiratory diseases. Tracer items required for health facilities providing chronic respiratory disease (CRD) services are outlined in Table 69.

Readiness to provide CRD services was assessed based on the presence of guidelines and trained staff, availability of the equipment, diagnostics and medicine and commodities. The overall readiness score of facilities providing CRD services was 21 out of 100. Diagnostics was the most readily available item in facilities offering CVD treatment services (60 out of 100), whereas only 5% of facilities had at least one member of staff trained in CRD, and no guidelines available for the domain. Less than a third of facilities had the medicines and commodities needed for CRD with an overall score of score of 14 out of 100.



*Figure 35 - Chronic respiratory disease services readiness score*

#### 3.3.4.4. Breast cancer

One in nine Pakistani women is likely to experience breast cancer at some point in their lives. Service availability of breast cancer services was assessed in relation to the diagnostic and treatment facilities provided in ICT. Cervical cancer is the second most common condition in women under 50 years of age, and the third most common condition for women in all age groups after breast and oral cancers. Although it is a preventable disease, the mortality rate is very high as it is an ignored ailment in Pakistan in terms of screening, prevention, and vaccination. More than 70% of cancer patients report with a very advanced stage of cancer and this is the cause of the high rate of mortality in Pakistan. The readiness score of cervical cancer screening facilities was measured through the presence of guidelines and trained staff, equipment, and diagnostic availability.

Table 70 shows the percentage availability of breast cancer diagnostic and treatment services among health facilities in ICT. Twenty-nine per cent of facilities provided diagnostics or treatment for breast cancer and there was 0% availability of radiotherapy for the domain.

#### 3.3.4.5. Cervical cancer

Readiness to provide cervical cancer prevention and control services was assessed based on the presence of guidelines, trained staff, equipment, and diagnostic services. The overall readiness score for cervical cancer screening in ICT was 23 out of 100. Diagnostics was the most readily available item in facilities offering cervical cancer treatment services (60 out

of 100), while only 3% of facilities had at least one member of staff trained in providing diagnostic treatment, and no guidelines available for the domain. The equipment needed to provide diagnostic and treatment services was observed in 28% of facilities offering this service.

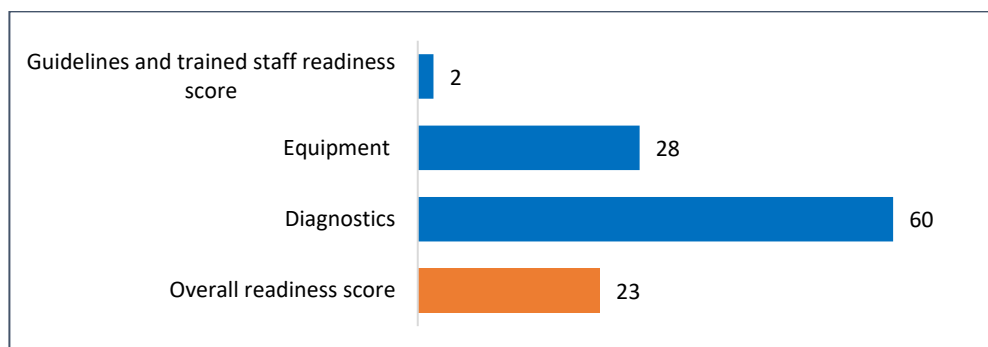


Figure 36 - Cervical cancer services readiness score

#### 3.3.4.6. Dental health services

Dental health is a key indicator of overall health, well-being and quality of life. A range of conditions and diseases fall within the scope of dental health, including dental caries, gum disease, tooth loss, oral cancer, oral manifestations of HIV, dental trauma, noma and birth defects such as cleft lip and palate. In Pakistan, the limited availability of oral health care and the high level of unmet oral health care needs are well documented. The recorded prevalence of dental caries is 50-70% and the prevalence of oral cancer is among the highest in the world. Most oral diseases and conditions share modifiable risk factors with the leading NCDs (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes). There is a proven correlation between oral and general health. It is reported, for example, that diabetes mellitus is linked with the development and progression of periodontitis. Dental health in ICT is measured in Table 72 using the following tracer items:

- dental caries in paediatrics
- dental health promotion
- medical treatment of dental health
- surgical treatment of dental health
- guidelines for diagnosis.

Only two tertiary care hospitals provide half of the dental services (50%) with no availability of guidelines for diagnosing and treating oral health problems.

#### 3.3.4.7. Mental health services

Mental health problems are common, underreported, and contribute to a significant proportion of disability-adjusted life years and years lived with disability. Substance and alcohol abuse have increased in magnitude over the past two decades. A significant number of people die due to suicides each year, which are somewhat preventable.

### Service availability

The availability of mental health services was assessed using tracer items such as: mental health services; psychiatric emergency, e.g. suicide attempt, acute psychosis, drug overdose, severe distress (anxiety and depression) and grief; treatment for common mental, neurological and substance use (MNS) disorders, mood and stress related disorders, and psychosis and epilepsy; referrals for common MNS disorders; and the facility's acceptance of referrals for common MNS disorders.

Table 73 shows the percentage of health facilities offering mental health services. From the total survey sample, 23% of hospitals offered outpatient mental health services and 6% of hospitals provided inpatient psychiatric services. Availability of outpatient mental health services was high at community health centres and rural health centres (100% and 60%, respectively). Availability of inpatient psychiatric services was higher at community health centres (100%) than at other types of facilities. Mental health services such as referral for common MNS disorders and services to treat these MNS disorders, as well as mood and stress related disorders, psychosis and epilepsy, were available in less than a quarter of the facilities (22%, 7%). Overall service availability was higher in the community health centre and rural health centres.

### Service readiness

As shown in Table 74, readiness to offer mental health services was assessed based on the availability of a range of medicines, and medical officers trained in mental health. Overall readiness was 1 out of 100, ranging from 18 to 100 in tertiary care hospitals. The readiness score was high for trained staff, and low for the medicines and commodities. The proportion of medicines available in tertiary care hospitals was higher than in other facilities. There were more trained staff available in tertiary care hospitals and community health centres than in any other health facilities.

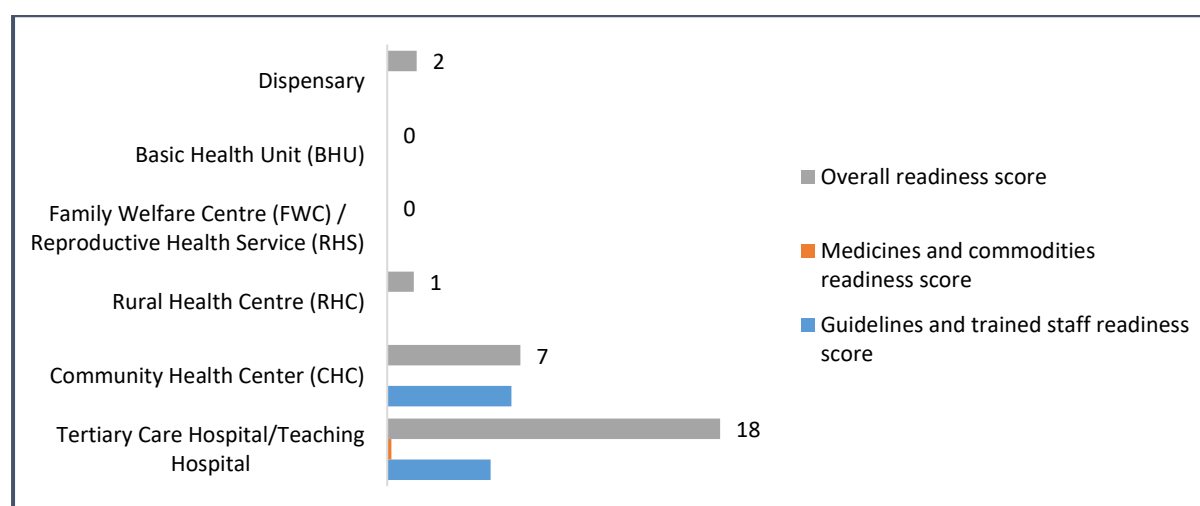


Figure 37 – Facility-Wise Mental health services readiness score

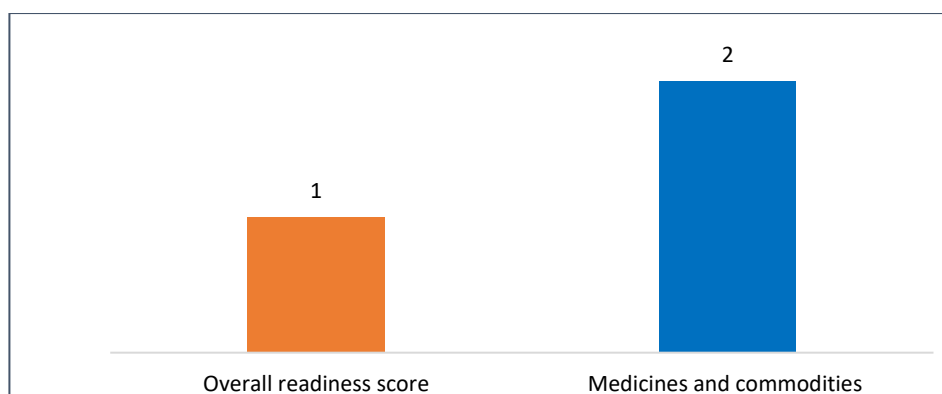


Figure 38 - Mental health services readiness score

### 3.3.5. Surgery

Improving efficacy, safety, and equity in the provision of surgical care is an increasingly recognized priority in low- and middle-income countries. Basic surgical care for minor procedures can be performed at the primary care level, whereas more comprehensive surgical care that requires a well-equipped major operating theatre is generally only performed at the district hospital level or above. In this survey, assessments were made for basic and comprehensive surgical care.

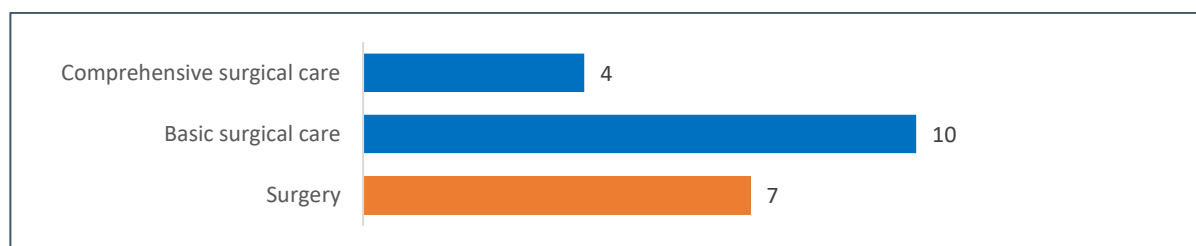


Figure 39 - Surgery readiness scores

#### 3.3.5.1. Basic surgery

Basic surgical care includes the following key services: incision and drainage, wound debridement, acute burn management, suturing, closed repair of fracture, cricothyroidotomy, male circumcision, hydrocele reduction, chest tube insertion, closed repair of dislocated joint, biopsy of lymph node or mass or other, and removal of foreign body (from the throat, eye, ear or nose). The tracer items needed to provide basic surgical care services are outlined in Table 75.

#### Service availability

Table 75 shows the percentage of facilities offering basic surgical management services by facility type. Basic surgical services were mostly available in tertiary care hospitals (100%), and least available in community health centres (0%). Little difference was observed in terms of the availability of basic surgical services between reproductive health services and dispensaries (9% compared to 4%, respectively); and between basic health units and rural health centres (21% compared to 20%, respectively).

### Service readiness

Readiness to offer basic surgical services was assessed based on the availability of 17 tracer items grouped into: guidelines and trained staff, equipment, and medicines and commodities. Readiness to provide basic surgical services was highest in tertiary care hospitals (82 out of 100), and lowest in family welfare centre (3 out of 100), constituting an overall readiness score of 10 out of 100 in ICT.

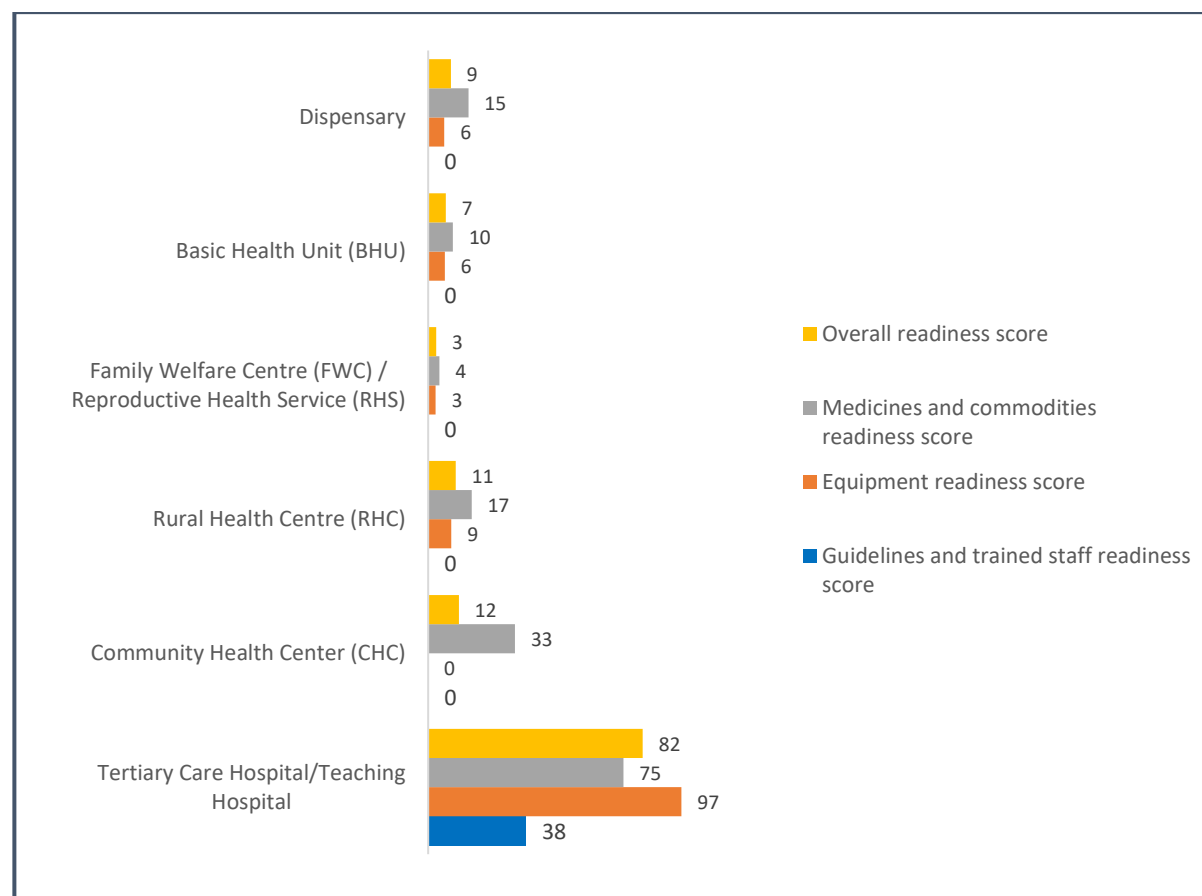


Figure 40 - Basic surgery care readiness score

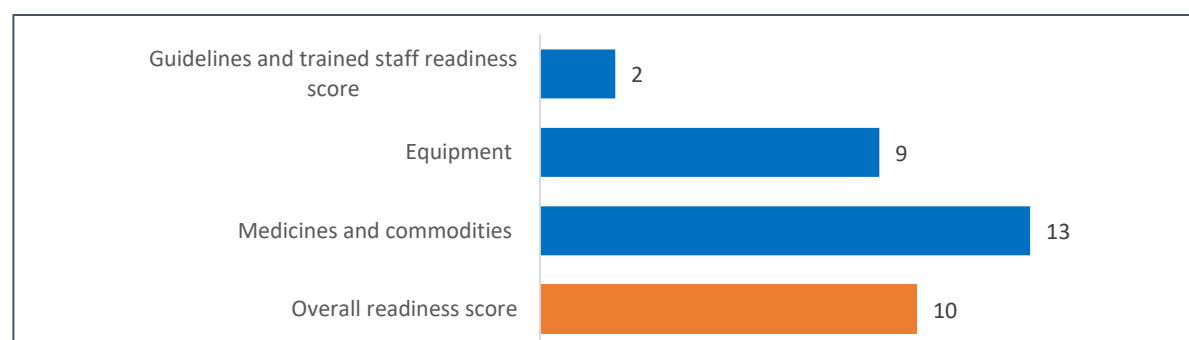


Figure 41 - Basic surgical services readiness score

### 3.3.5.2. Comprehensive surgery services

Hospitals are able to provide a wider and more comprehensive range of surgical care services compared to smaller facilities. The tracer items needed for the provision of comprehensive surgical care are outlined in Table 77.

### Service availability

Table 77 displays the percentage of facilities offering the key surgical procedures. The percentage availability of comprehensive surgical services across all facilities was quite low. The surgical procedure most commonly offered by health facilities was tubal ligation (7%) and the least common was neonatal surgery (1%). The percentage availability of almost all the services was highest in tertiary care hospitals, compared to the other facility types.

### Service readiness

Services readiness to provide comprehensive surgical care was assessed based on the presence of the 17 tracer items shown in Table 78. The number of staff trained in anaesthesia and staff trained in surgery was relatively high (5% and 3%, respectively), however, only 1% of facilities had materials available for Integrated Management for Emergency and Essential Surgical Care (IMEESC) and 2% of trained staff in IMEESC. The most available item for comprehensive surgical care was oxygen (20%), followed by diazepam (6%), and the least available item was anaesthesia equipment (3%) and spinal needle (3%). No facilities had all the items needed to provide comprehensive surgical care.

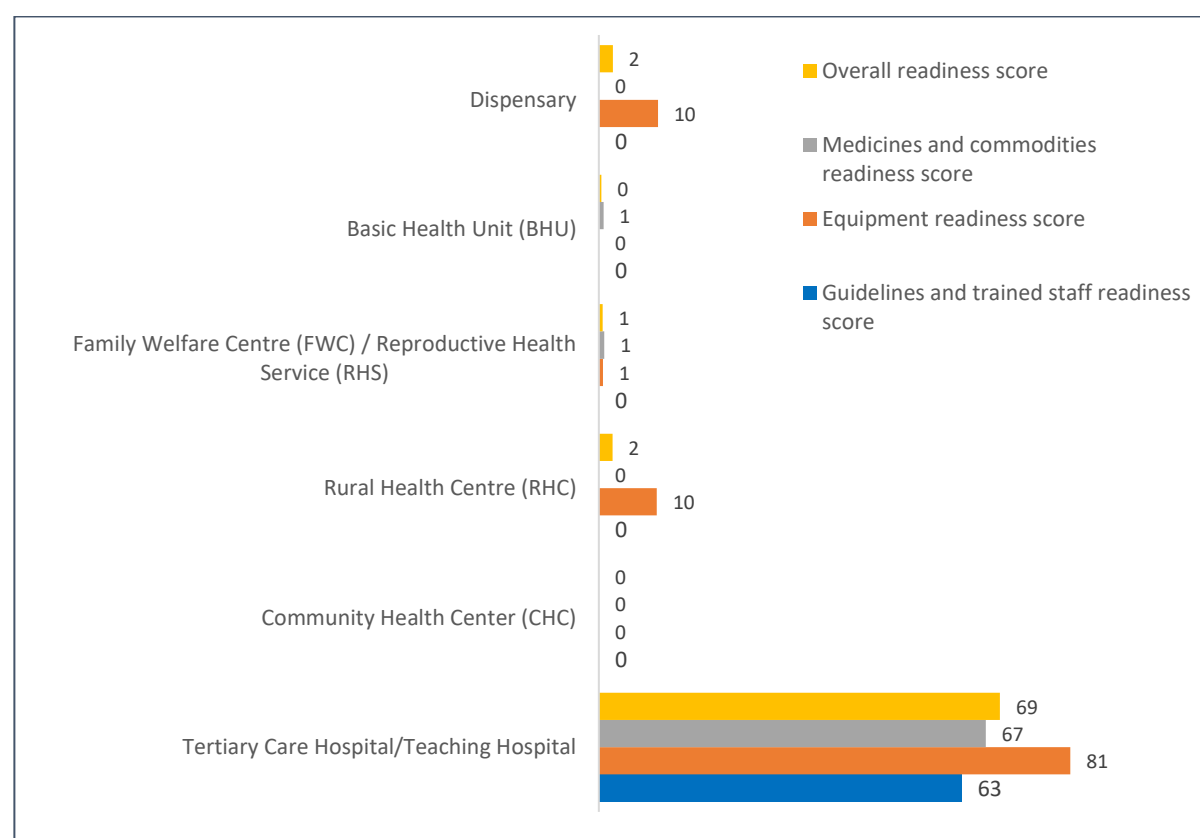


Figure 42 - Surgery readiness scores



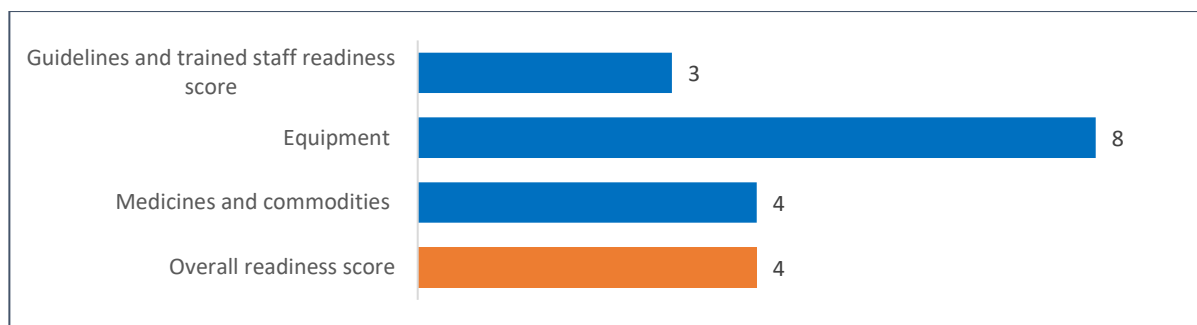


Figure 43 - Comprehensive surgical care services readiness score

### 3.3.5.3. Blood transfusion

#### Service availability

The tracer items needed for hospitals to provide blood transfusion are outlined in Table 79 below. Only tertiary care hospitals offered blood transfusion services, with ICT having an overall percentage of 5%. None of the other facilities provided safe blood transfusion services.

#### Service readiness

Readiness to provide blood transfusion services at facilities was assessed based on the presence of the seven tracer items shown in Table 80. The overall readiness score for ICT was 4 out of 100, with only two tertiary care hospitals offering blood transfusion services, 50% of staff trained in the appropriate use of blood and safe blood, and 25% of guidelines available for the appropriate use of blood and safe blood. The only available item for blood transfusion services was blood storage refrigerator (50%). The most available diagnostic test for blood transfusion was blood typing (100%) followed by cross match testing (75%). All four tertiary care hospitals were fully equipped with the medicines and commodities required for blood transfusion (100%).

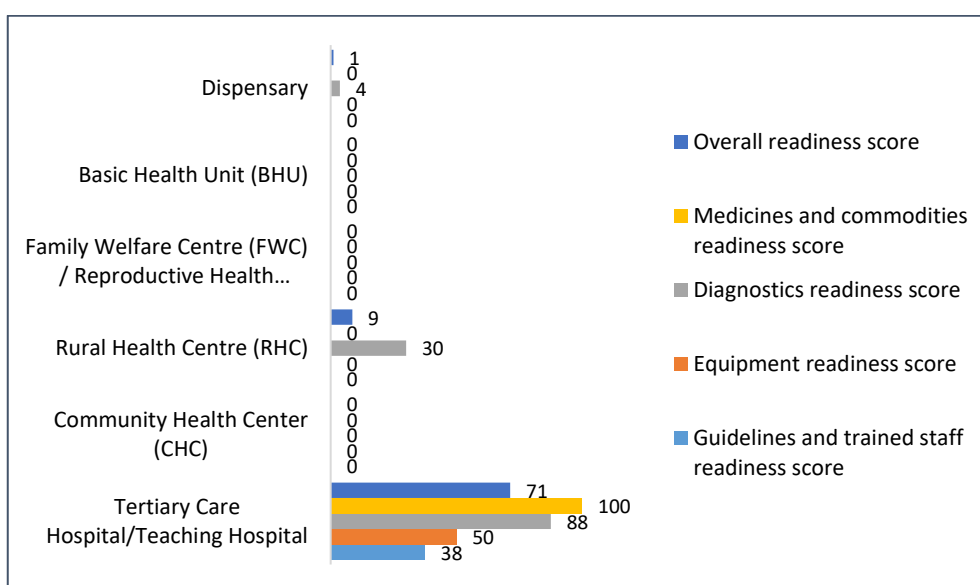
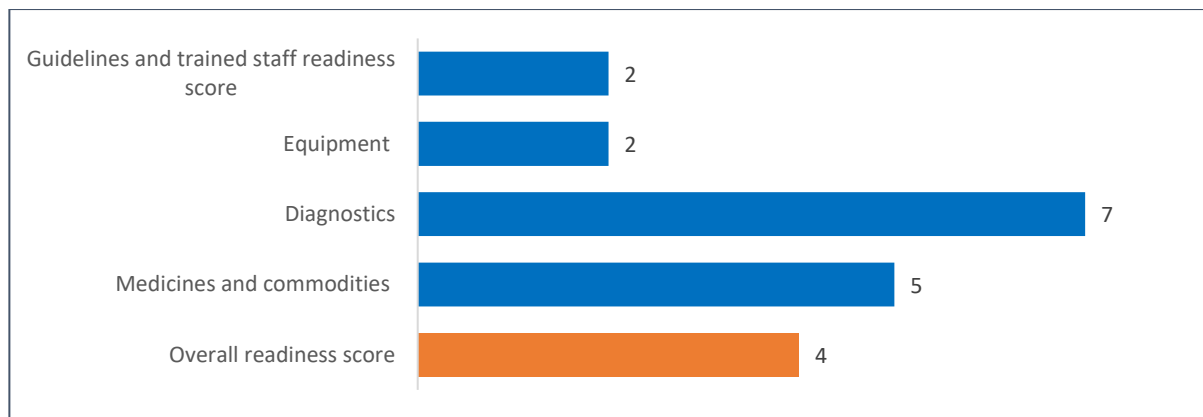


Figure 44 – Facility Wise Blood transfusion services readiness score



*Figure 45 - Blood transfusion services readiness score*

### 3.4. Diagnostic capacity

#### 3.4.1. Advanced diagnostic services

Advanced diagnostic services include laboratory tests that are generally performed at hospitals. The following types of advanced diagnostic tests were assessed:

- serum electrolytes
- full blood count with differential
- blood typing (ABO and Rhesus) and cross match (by anti-globulin or equivalent)
- liver function test (ALT or other)
- renal function test (serum creatinine testing or other)
- CD4 count and percentage
- HIV antibody testing (ELISA)
- syphilis serology
- cryptococcal antigen
- gram stain
- urine microscopy testing
- Cerebrospinal fluid/body fluid counts

Table 81 shows the percentage of hospitals offering advanced diagnostic services by facility type. Tertiary care hospitals displayed the highest availability of advanced diagnostic services across all categories compared to all other facility types.

#### 3.4.2. High level diagnostic equipment

The availability of high level diagnostic equipment service at hospitals was assessed based on the presence of the four types of diagnostic equipment (X-ray, ECG, ultrasound, and CT scan). Table 82 shows the availability of sophisticated diagnostic equipment by facility type. Across all items and as per their mandate, tertiary care hospitals had the greatest proportion of high level diagnostic equipment compared to all other facility types.

### 3.5. MEDICINES AND COMMODITIES

#### 3.5.1. Essential medicines

As mentioned earlier, access to essential medicines is fundamental to the good performance of the health care delivery system. Availability of medicines is commonly cited by consumers as the most important part of quality health care services, and the absence of medicines is a key factor in the underuse of government health services. Problems in access are often related to inefficiencies in the pharmaceutical supply chain management system, and the inappropriate selection, poor distribution, deterioration, expiration, and improper use of medicines. Poor regulation of the pharmaceutical industry is also associated with poor quality control, the presence of counterfeit or substandard medicines on the market, a rise in drug resistance problems due to improper use, dispensation by unqualified practitioners, and self-medication instead of seeking professional health care. The vast majority of medicines, including fifth generation antibiotics, are available over the counter. Facilities were assessed on whether they had the following 27 essential medicines at the facility and whether they were in date (not expired):

1. amlodipine or calcium channel blocker
2. amoxicillin syrup/suspension or dispersible tablet
3. amoxicillin tablet
4. ampicillin powder for injection
5. aspirin cap/tab
6. beclomethasone inhaler
7. beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)
8. carbamazepine tablet
9. ceftriaxone injection
10. diazepam injection
11. ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)
12. fluoxetine capsule
13. gentamicin injection
14. glibenclamide tablet
15. haloperidol tablet
16. insulin regular injection
17. magnesium sulphate injectable
18. metformin tablet
19. omeprazole tablet or alternative such as pantoprazole, rabeprazole
20. ORS sachets
21. oxytocin injection
22. salbutamol inhaler
23. simvastatin tablet or other statin e.g. atorvastatin, pravastatin, fluvastatin
24. thiazide
25. zinc sulphate syrup or dispersible tablets
26. erythropoiesis – stimulating agents
27. ampicillin injection

On average, facilities had 21% availability of the essential medicines. Tertiary care hospitals had the highest availability of essential medicines (62%) compared to other facility types.

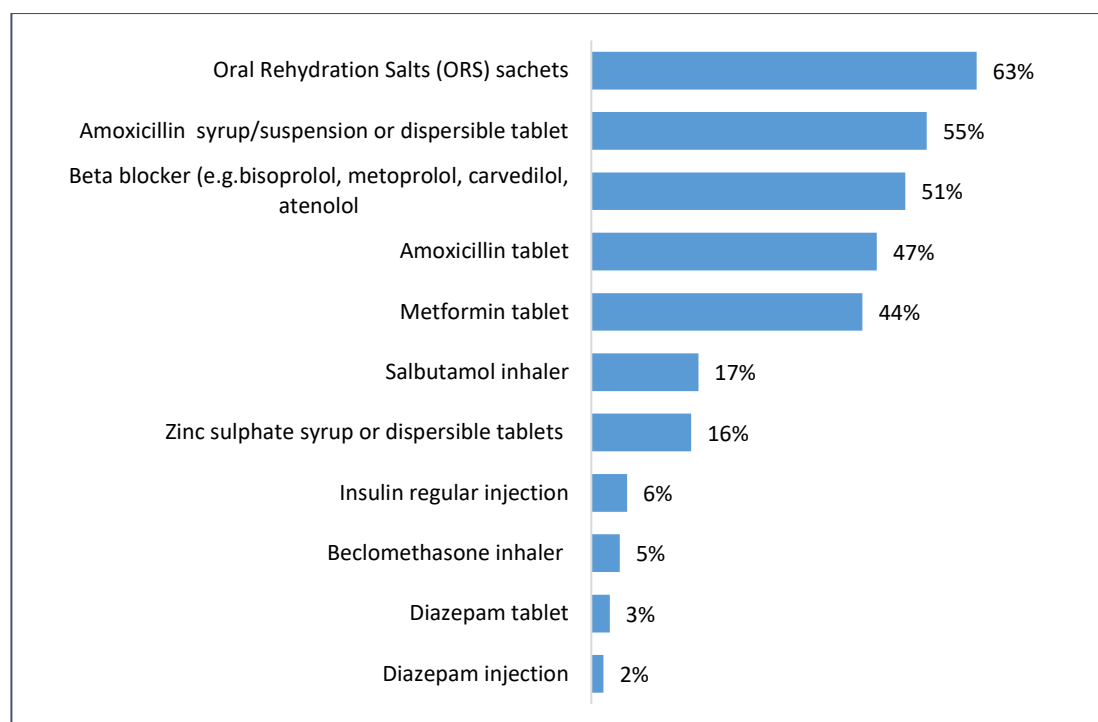


Figure 46 - Availability of essential medicines

### 3.5.2. Infectious disease medicines

Ciprofloxacin capsule/tablet was the most available antibacterial/antibiotic medicine (66% of facilities had this item), and fluconazole capsule/tablet was the least available medicine (only 2% of facilities had this item). Community health centres had much greater availability of the majority of infectious disease medicines compared to other facilities, with the exception of oral co-trimoxazole fluconazole preparations.

### 3.5.3. Noncommunicable disease medicines

With the exceptions of beclomethasone inhaler (5%), epinephrine injectable (5%), hydrochlorothiazide tablet or other thiazide diuretic tablet (3%), and isosorbide dinitrate tablet (1%), facilities in ICT had the greatest availability of noncommunicable disease medicines. The most available medicines for NCDs were paracetamol capsule/tablet (71%), omeprazole tablet or alternative such as pantoprazole or rabeprazole (55%), aspirin capsule/tablet (53%), and beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol) (51%). Tertiary care hospitals had the greatest availability of the majority of NCD medicines, with the exception of glyceryl trinitrate sublingual tablet.

### 3.5.4. Priority medicines for mothers

The availability of tracer items needed for maternal health was low in all the health facilities. The most available essential medicine for maternal health was dexamethasone injectable (25%) and the least available medicines were benzathine benzylpenicillin powder for injection and hydralazine injection (2%). Overall tertiary care hospitals, and rural health centres reflected maximum availability of the priority medicines as compared to other facilities.

### 3.5.5. Child curative care medicines

Table 86 shows the percentage of facilities offering child prevention and curative care services. The availability of child curative medicines was low with the exception of amoxicillin (dispersible tablet 250 mg, 500 mg OR syrup/suspension) (55%), ORS sachets (63%), and paracetamol syrup/suspension (71%). The majority of health facilities offered preventive and curative care services for children under five years of age with the exception of family welfare centres and community health centres.

### 3.5.6. Life-saving commodities for women and children

Table 87 displays the percentage of facilities offering life-saving commodities for maternal, newborn, child and adolescent health services. Across service categories, child health items were the most available and family planning/birth spacing items were least available. The most available life-saving commodity was oral rehydration salts (62.8%), followed by amoxicillin (54.7%), and the least available life-saving commodity was female condoms (0%).

### 3.5.7. Life-saving commodities for women and children medicine stock-outs

Table 88 shows the stock-outs of life-saving commodities for maternal, neonatal, child and adolescent health services. Only 33% of the facilities reported stock-outs of emergency contraceptives, which is the highest percentage, compared to 19% and 10% stock-out of ORS and implants. Dispensaries and community health centres reported the smallest proportion of stock-outs with the exception of amoxicillin (dispersible tablet 250 or 500 mg OR syrup/suspension), ORS, and zinc sulphate syrup or dispersible tablets.

### 3.5.8. Palliative care medicines

For most medicines, tertiary care hospitals had higher availability than other facilities. Although there were a few exceptions. The most available palliative care medicine was paracetamol (73%) and the least available were senna preparation (laxative) (8%); lorazepam tablet; morphine granule, injectable or capsule/tablet (2%); loperamide tablet/capsule; hyoscine butylbromide injection; metoclopramide injection (1%); and haloperidol injection (0%). The low availability of hypnotics, sedatives and tranquilizers needs to be viewed in the perspective of their being included in narcotics or highly controlled substances list.

### 3.5.9. Mental health and neurological medicines

Overall, the availability of mental health and neurological medicines was very low. The most available medicine was carbamazepine tablet, with 7% of facilities offering this item. The least available medicines were valproate sodium tablet (2%), amitriptyline tablet (1%), haloperidol tablet (1%), chlorpromazine, fluphenazine injection, phenobarbital and phenytoin tablet (0% of facilities had these items). Nearly all mental health medicines were only available in tertiary care hospitals and rural health centres, with the exception of diazepam and carbamazepine tablets, which were available in the peripheral facilities.

### 3.6. Supply chain

Information on the facilities' supply, management and distribution of medicines and commodities can assist in planning and monitoring service availability. Identifying barriers or delays that exist within the supply chain will enable managers to use this information to improve access to essential medicines and commodities needed to provide quality health care services in ICT. Facilities were assessed to determine whether they had the following items/functions on the day of the assessment:

- responsible person for managing the ordering of medical supplies
- mechanisms (distribution system) used to determine facility's resupply quantities
- main source of pharmaceutical supplies
- delivery method of pharmaceutical supplies
- transportation of products from medical stores to facilities
- timing between ordering and receiving products.

Table 91 shows the availability of the above tracer items by facility type. At most of the facilities, a pharmacy technician (20%), medical assistant (12%), or the medical officer in charge/senior medical officer (10%) were responsible for ordering the stock of medical supplies. Seventy-seven percent of facilities were restocked using a pull distribution system, whereas the hospitals and health centres placed orders for specific quantities. The other 27% of facilities were restocked through a push distribution system. National medical stores were a major source of pharmaceutical supplies (62%). Other sources included private sources (2%) and joint medical stores (1%), which make up less than 5% of the overall distribution system. The most commonly chosen means of delivering pharmaceutical commodities was self-delivery by the facilities (71%). However, the supplier was responsible for delivering stocks to tertiary care hospitals and community health centres (both 100%). In terms of delivery time, 71% of all facilities showed a delay of less than 2 weeks between ordering and receiving commodities, whereas 16% of all facilities showed significant delays of more than 2 months.

### 3.7. Health information system

Reliable and timely health information is one of the foundations for strengthening public health actions and health systems. Information is needed to track how health systems respond to increased inputs and the impact they have on improved health indicators and improved processes. In Pakistan, health information and disease surveillance activities are carried out through several vertical health information and disease surveillance systems, including health management and information systems, district health information systems, vertical health programmes (lady health workers, MNCH, HIV/AIDS, TB, EPI, dengue and malaria), service statistics, logistics, financial & human resource management information systems, disease early warning systems and several surveillance databases/dashboards operating according to their specific needs and respective capacities across Pakistan.

DHIS is one of the mainframe health recording and reporting systems that has been adopted and implemented across the four provinces of Pakistan since 2007/2008. DHIS in the four provinces has been subsequently digitized over the last two years, with the development of management dashboards to facilitate data flow mechanisms and promote evidence-based decision making. A national PHIS dashboard (1st phase) has been developed and housed at the Health Planning, System Strengthening and Information Analysis Unit.

Table 92 shows the percentage availability of 8 tracer items at facilities offering health information system services. These items include patient registration, computer for health information system (HIS) management, staff trained on data entry and data management, the provision of death certificates, International Classification of Diseases (ICD) coding system, monthly reports, list of notifiable diseases, frequency and methods of reporting of notifiable diseases. Less than 10% of facilities had trained staff and equipment for data entry and data management, with tertiary care hospitals having the maximum availability of these tracer items (50% and 75%, respectively). Patient registration services had the highest availability out of all the services, with 77% of health systems in all facilities offering it, followed by the monthly reports (66%) in all types of health facilities. On the other hand, only 6% of all the facilities provided other services including death certificate, and ICD coding system. Moreover, around 10% of all facilities in ICT had access to a list of notifiable diseases, less than 60% had a weekly reporting system, and 44% reported using either manual or both electronic and manual methods of reporting notifiable diseases.



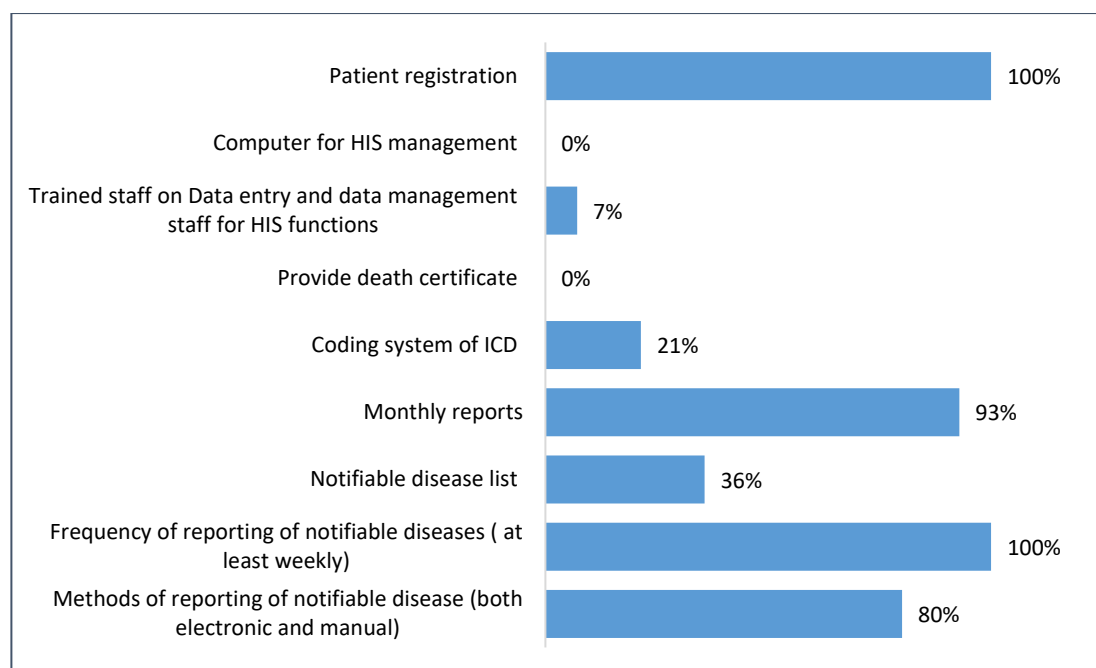


Figure 47 - EPHS-UHC/BP-PHC level availability of health information system

### 3.8. Emergency preparedness plan

Emergencies and disasters affect all parts of the globe and cause harm to people, property, infrastructure, economies and the environment. Harm to people includes death, injury, disease, malnutrition, and psychological stress. If emergencies and the hazards and vulnerabilities that cause them are not effectively managed, then the goal of sustainable development is jeopardized. In particular, emphasis must be placed on preventing emergencies and preparing effective responses for emergencies at the national and sub-national levels. Table 93 shows the tracer items used to assess the readiness score of emergency preparedness services in ICT. Tertiary care hospitals had the highest readiness score (75%), followed by rural health centres (30%), which is quite understandable. All other facilities are least prepared to respond to health emergencies.

## 4 DISCUSSION

This was the first survey of its kind in Pakistan and materialized with technical assistance from the WHO Regional Office for the Eastern Mediterranean, Health Services Academy Islamabad, and the University of Manitoba, as part of efforts to make the Islamabad Capital Territory a model city of Pakistan in terms of health care delivery and improved health outcomes in the strive towards achieving universal health coverage. The survey entailed a huge amount of effort from all the stakeholders and field teams and produced a number of interesting results. Although some of the results may appear somewhat disconcerting, they need to be viewed in the context of a bustling capital city of a lower-middle-income developing country with rapid urbanization and population growth.

The results from using the SARA methodology fill an important information gap in monitoring health system performance and the ability to achieve universal health coverage by providing objective and regular information on all major health programmes that feeds into country planning cycles. The survey results highlight important gaps in service delivery that are obstacles to universal access to health services. Although international results show considerable variation within and across countries in the distribution of health facilities, workforce and the types of services offered. Most surveys have nevertheless revealed that weaknesses in laboratories' diagnostic capacities and gaps in essential medicines and commodities were common across all countries,<sup>5</sup> and ICT does not appear to be an exception. Let us proceed to examine certain core indicators.

### 4.1 Service availability in ICT

Some of the overall results indicate substantial shortages in services availability, which warrants the urgent attention of policy makers. The overall number of inpatient beds is less than half (45%) of the required number. While the score for the availability of health services is 21%, this is mainly attributed to the fact that while most facilities are concentrated in tertiary care settings, the peripheral facilities often fall short of the desired expectations. The core health workforce of doctors, nurses and paramedics is also around half of those required, at 11 per 10 000 population compared to the threshold of 23 recommended by WHO. However, if other public sector hospitals catering to the needs of their own employees, and sometimes the general public (not included in the survey), are considered, the situation may not be so alarming. ICT also has a sizable private sector; however, this may be out of reach for the general population unless supported by social security nets. The provision of health cards through the Sehat Sahulat Programme (health insurance) needs to be viewed as a welcome step in this context. Nevertheless, the fact that most of the core health service availability or workforce indices consistently show a score slightly above 50%, merits concern of all the stakeholders.

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<sup>5</sup> O'Neill K, Takane M, Sheffel A, Abou-Zahr C, Boerma T. Monitoring service delivery for universal health coverage: the Service Availability and Readiness Assessment. Bulletin of the World Health Organization. 30 September 2013; 91:923-931 (<https://www.scielo.org/pdf/bwho/2013.v91n12/923-931/en>)

## 4.2 Service readiness in ICT

Scores for service readiness were definitely more promising than the scores for service availability, with service amenities at 62%, basic equipment at 70%, and infection control precaution at 57% (even prior to the COVID-19 pandemic). The major point of concern here was the availability of medicines score, at 21%. The low availability of essential medicines indicates that most of the costs of these medicines are transferred to the patients attending health care facilities in ICT. In the emergency department, medication may be provided free-of-charge. However, this essential element of the health system needs careful evaluation before coming to a sound conclusion. Diagnostics had a low score of 7, indicating that most of the diagnostic care is available only in hospitals. Additional information is required to reveal the true causes before taking affirmative action to effectively bridge the gaps.

### Specific indices

#### 4.2.1 Maternal, neonatal, child and adolescent health

The average score for maternal, neonatal, child and adolescent health services was 21. Safe therapeutic abortion and post-abortion care had a very low score of 5, which is a major point of concern. During the survey, teams met with some reluctance to broach the topic at all, indicating that peripheral population segments are not familiar with the public policy in force and attach a lot of stigma to therapeutic abortions carried out as treatment, even when performed expressly to save a mother's life. This is an area that warrants particular attention, both in terms of expanding care services and destigmatizing the issue in the light of recent governmental legislation/policy set out in certain provinces to save the lives of expectant mothers.

#### 4.2.2 Childhood immunization

With a low score of 22, ICT's immunization mechanisms do not appear to be performing well. The SARA readiness score needs to be regarded as a proxy indicator and the reported immunization coverage should be viewed through this lens, as it has grave implications for polio eradication efforts as well. The overall readiness score for preventive and curative care for children stands at 26.

#### 4.2.3 Family planning

The ICT score for family planning service readiness stands at 33. However, this score would be viewed in a more respectable light if we consider the context: only 41% of the health facilities surveyed had reproductive health services within their mandate. Although it may not be fair to compare the results of a city (ICT) with other countries, a case study from Africa was particularly illuminating. The World Health Organization and USAID designed a SARA survey to measure health facility capacity to provide end users with appropriate, high-quality health care in 10 African countries, comparing the SARA survey data on family planning services from each of the countries involved. Many of the countries surveyed had relatively high availability of at least one contraceptive method. Rural facilities tended to be better equipped with contraception methods than urban facilities, and government facilities tended to have higher availability of family planning than other providers. While countries differed in their most commonly available contraceptive method, stock-outs and logistics management issues were commonly witnessed among the countries surveyed. Critical gaps between reported and actual availability of products and services often makes it difficult for end users to access

appropriate family planning methods, and these gaps need to be bridged on a priority basis.<sup>6</sup> The same appears to be true for ICT.

#### 4.2.4 Communicable diseases

In the case of communicable diseases control there was an average score of 9, ranging from 2 for malaria and 3 for tuberculosis, to a high of 28 for STIs. The data indicates that the two priority communicable diseases are only addressed in RHCs and above this level. The score for STIs is much better, although there is still significant room for improvement.

#### 4.2.5 Noncommunicable diseases

The growing burden of NCDs often poses challenges for countries with resource-limited health systems, like Pakistan, that currently has very limited national and provincial programmatic intervention in this regard. That said, in ICT, NCDs had an average score of 23, and CVDs had a high of 43. Scores for diabetes and cancer were in the 20s. When the SARA survey was conducted in Bangladesh, Haiti, Malawi, Nepal, and Tanzania, both the service availability and readiness with regard to NCDs were found to be very low, with very few facilities fully “ready” to provide any one NCD service due to critical limitations.<sup>7</sup> In ICT, blood transfusion scored 4 and general surgical facilities a 7, underlining the need for massive efforts in these areas.

#### 4.2.6 Other considerations

##### 4.2.6.1 Surveys at national or sub-national levels

While questions may be raised about why the survey was conducted in ICT and not the country as a whole, and in phases, this approach has been recommended by WHO. As one of the organization’s strategic documents states: “Despite heightened investments in health systems, few countries have up-to-date information on the availability of systems that covers both the public and private sectors. Fewer still have accurate, up-to-date information required to assess and monitor the “readiness” of health facilities to provide quality services. This provides us with the main rationale for SARA surveys at national or sub-national levels.”<sup>8</sup>

##### 4.2.6.2 The SARA survey – expectations versus realities

The level or tier of facilities that are not expected to perform certain activities should not be assessed negatively, neither in the SARA methodology nor in future surveys. Results can be assessed by disaggregating the data by tertiary, secondary and primary levels in the other districts. A facility can only be blamed for a service which is within its mandate, and not being properly executed in terms of availability and/or readiness. Moreover, this principle has also been applied in several other countries.

##### 4.2.6.3 ICT is an atypical district

Although it is the federal capital, Islamabad is considerably disadvantaged by a) fragmentation in the administrative control of public sector hospitals and health facilities; b)

<sup>6</sup> Ali M, Farron M, Dilip TR, Folz R. Assessment of family planning service availability and readiness in 10 African countries. *Global Health: Science and Practice*. 2018 Oct 3;6 (3):473-83.

<sup>7</sup> Moucheraud C. Service readiness for noncommunicable diseases was low in five countries in 2013–15. *Health Affairs*. 2018 Aug 1;37 (8):1321-30.

<sup>8</sup> World Health Organization. Service availability and readiness assessment (SARA): An annual monitoring system for service delivery: Reference Manual. World Health Organization; 2013.

lack of sufficient funds for operational or non-salary costs, resulting in a lot of equipment lying useless for want of minor repairs; and c) lack of adequate managerial and supportive structures for monitoring and supervision. Nevertheless, being a planned city, Islamabad has its own strengths as well.

#### 4.2.6.4 Islamabad and its twin city of Rawalpindi

In the historical context when Islamabad had been announced as the capital city, most of its facilities and offices were located in Rawalpindi. Hence why Islamabad and Rawalpindi are regarded as twin cities, and although the latter is part of the Punjab province, the people share each other's specialized facilities. A case in point is the presence of the Institute of Psychiatry in the Benazir Bhutto Hospital Rawalpindi, which is a WHO collaborating centre for mental health and is very well attended. Not surprisingly, there is a huge scarcity of such facilities in Islamabad, with a low score of 1, so a wake-up call in that area is needed.

#### 4.2.6.5 Linkages of the SARA survey with other efforts in ICT

The survey findings will serve as a baseline for implementing the UHC benefits package, which is one of the activities to be undertaken. Essentially, all the dots will be connected from health insurance, service readiness and availability to the benefits package in order to achieve UHC. DCP3 engagement will also be ensured. The Islamabad Regulatory Authority is expected to perform the role currently being fulfilled by the Health Care Commissions in the provinces and will benefit the health sector as a whole.

#### 4.2.6.6 Equitable distribution of health facilities

Comprehensive EmONC and delivery facilities are all concentrated in urban Islamabad, as there are no hospitals in rural Islamabad. An additional challenge is that the rural-urban divide is changing fast, as two rural health centres constructed a long time ago now fall in urban areas. Nonetheless, this issue requires consideration.

#### 4.2.6.7 Private sector involvement

Private sector involvement needs to be guaranteed for all future activities in ICT, although their representative sample was not included in the ICT SARA survey.

#### 4.2.6.8 The impact of COVID-19 on the ICT SARA survey

The analysis, documentation and dissemination of the survey results were delayed by several months due to the ongoing COVID-19 pandemic in the country. During this period, most of the routine health services were considerably impacted, and this needs to be explained in some detail. Pakistan reported its first two confirmed COVID-19 cases on 26 February 2020. The number of cases gradually increased, causing panic and necessitating a smart lockdown by mid-March. By 5 October 2020, Pakistan had reported a total of 314 616 cases among which there were 6 516 reported deaths, indicating a case fatality rate of 2.1%. Following that, the pandemic seemed to have virtually been contained across the country, while presently another surge in November 2020 appears to be leading to a partial lockdown.

Although health care workers remain critical in the fight against COVID-19, they are also more vulnerable to catch the infection due to maximum exposure. Furthermore, around 25% of the workforce was not able to attend duties due to infection or illness of a family member necessitating isolation. Death among health professionals and workers also gravely affected the general staff confidence and morale. Due to disruptions and the closure of the health care

system for non-COVID related illnesses, elective care, routine immunization and maternal and childcare services all came to a virtual halt along with the control of priority communicable and noncommunicable diseases such as TB, malaria, HIV/AIDS, diabetes and CVDs.

The lockdown and flight restrictions created a gap in the stock of essential vaccines and led to the disruption of immunization services, including polio eradication work. The COVID-19 outbreak also limited women's access to life-saving maternal health services as a result of movement restrictions, combined with fear and household tensions. This is compounded by fragile reproductive health facilities, which needed significant investments in human capital, supplies and infrastructure even before the outbreak. There is a growing global concern amidst reports of fake masks, diagnostic tests, medicines, and vaccines, indicating the urgent need for surveillance of medical products and services to ensure they are used prudently and responsibly.

The pandemic has had a devastating impact on both the health of the population and the country's economy and threatens to cause further damage. Public health systems and people's livelihoods will be further compromised if immediate mitigation measures are not taken. There will be direct implications on hospital-based care as well as public health security due to outbreak of vaccine-preventable diseases and substandard perinatal and childhood care leading to high morbidity and mortality. The WHO Country Office Pakistan, in collaboration with the MoNHSR&C and other UN partners (notably UNICEF and UNFPA), has prepared a strategic plan to support the government in maintaining the supply of essential health services. The plan will ensure the continuity of essential diagnostic, treatment and prevention services during the COVID response while ensuring the protection, safety and wellbeing of the health care workforce, clients and patients.

## 5 STUDY LIMITATIONS AND LESSONS LEARNT

1. The study questionnaire did not mention service utilization which would have given a good indication of the utility of the health facilities. Unfortunately, DHIS data for ICT was not available for the corresponding period. This leaves us uncertain about the real level of primary health coverage, particularly in the peripheral parts of ICT.
2. The results were inordinately delayed for a period of five to six months due to the COVID-19 pandemic and the subsequent lockdown of all services.
3. In certain cases, questions appear either to have been misunderstood or not articulated properly by the field staff. For instance, if a certain drug, piece of equipment or diagnostic aid was not available, no attempt was made to see if a substitute could be obtained, and the answer was therefore marked "not available". This does not give a realistic picture of the facilities available. Communities also need to be sensitized on the need for therapeutic abortions to save the lives of the women involved, and these abortions need to be regarded as emergency treatment care. That realization alone could reduce maternal mortality.
4. *Community level engagement:* SARA was not envisaged as a community survey, but community satisfaction and gender sensitivity of services could have been assessed through community midwives or lady health workers by adding a few questions into the SARA without much time or many resources needed. This point should not be overlooked in the new districts to be taken up for the SARA survey.
5. *Demand side overlooked:* The survey has focused on the supply side in accordance with its methodology, but the demand side appears to have been considerably overlooked.
6. *Removing health inequities:* There is considerable inequity in resource allocations for tertiary and primary health care facilities. If a fraction of the allocations for tertiary care could be diverted to primary level facilities, the situation would improve dramatically.
7. *Integration of health and population welfare efforts:* There should be complete integration of the service delivery aspect of family planning services through health facilities and family welfare centres, pending the merger of the Health and Population Welfare Ministry and Department at federal and provincial levels, respectively. The District Health Officers/Executive District Officers/Chief Executive Officers for Health should work in close collaboration with the District Population Welfare Officers. This appears to be low-hanging fruit requiring a change in mindsets more than financial resources.

## 6 RECOMMENDATIONS

The results of the SARA survey in ICT clearly warrant the need for strengthening all the building blocks of the health system with the support of all stakeholders, particularly the MoNHSR&C, the Directorate of Health Services of the Islamabad district administration, and the Capital Development Authority, to fully catalyse the ongoing support from the World Health Organization. It is also absolutely imperative to expand links with the private sector including senior physicians and surgeons, major hospitals, pharmacies and laboratories in order to develop a mutually shared vision on the way forward. Some specific recommendations in this regard are as follows:

### 6.1 Leadership and governance

All mid-level managers should be selected based on their capabilities, track record and experience. The facilities should have adequate allocations, and if not then the District Health Officer Islamabad and Director General of Health Services CDA should ensure that all the relevant logistics including medicines, minor surgical instruments and other commodities are available in all the health facilities under their supervision. Funding should be released on time so that supply chain management is not affected. Proper monitoring with supportive supervision visits should be carried out periodically.

### 6.2 Health services delivery

The Islamabad Capital Territory covers a vast terrain, and the coverage of lady health workers is very poor. There are 295 lady health workers catering to a population of around 1.3 million residing in urban slums and rural areas of Islamabad. The number of workers needs to be increased, particularly in areas devoid of health facilities, to ensure that at least minimal facilities are available to people in the area and in order to reduce health inequities across different parts of the city. Capacity building of medical and paramedical staff needs to be carried out, particularly with regard to the prevention and control of communicable and noncommunicable diseases and ensuring that infection control and curative services are of an acceptable quality. The Health Planning, System Strengthening and Information Analysis Unit, in tandem with the preventive programmes, should ensure that copies of all the guidelines are provided to each facility and displayed properly where feasible, as this has emerged as a major gap across all hospitals and health facilities in Islamabad.

### 6.3 Health workforce

Care should be taken either to fill all the positions in the health facility or at least have a good mix of skills so that all the expected tasks assigned at that level of care can be carried out without any disruption. Female doctors/paramedics such as lady health workers should be posted wherever maternal, neonatal, child and adolescent health facilities are being provided. The practice of sending doctors and nurses on detailment and deputation should be avoided, as these practices tend to have a disproportionate impact on the poorer and more vulnerable population segments. Facilities in charge need to be motivated to take on greater challenges and staff should not be complacent with the lack of essential facilities at each level. Similarly, there should be some behaviour modifications in all human resources for health.



## 6.4 District health information system

The DHIS has yet to be properly implemented or taken seriously as a tool to support decision-making, which is its prime purpose. The DHIS is currently in the process of being implemented and needs to be upgraded to DHIS-2. The data are generated and disseminated on a periodic basis after considerable effort, but they often contain errors and are submitted late, losing all relevance as a result. Timely and error-free reporting is needed, together with the proper usage of the DHIS for decision-making, in order to improve service utilization and readiness. It is important to point out that while service utilization was not included in the current survey, the DHIS data for the corresponding period was also missing. This problem needs to be rectified as soon as possible, in coordination with the National Health Information and Resource Centre.

## 6.5 Medicines and medical products

Essential medicines according to each level of health facility need to be available throughout the year. Rolling out the UHC benefits package evenly across ICT is expected to facilitate this process and increase the number of patients receiving free medicines. It is hoped that the vast majority of patients in ICT will then receive them free-of-charge, compared to the 23% receiving them presently. This is all the more necessary in view of the steep rise in the price of drugs, and a growing reliance on health insurance schemes. However, medicines earmarked for a higher tier of health facilities and hospitals should not be expected to be present in a lower tier of facilities. Certain medicines used for specialized care should only be available in hospitals. However, an effective supply chain management system needs to be maintained in order to avoid stock-outs as these will burden the poorer segments the most.

## 6.6 Equitable health financing:

The Ministry of National Health Services, Regulation and Coordination, the Capital Development Authority and the District Health Administration of Islamabad should work together to increase their financial allocations for health service delivery within their recurrent budgetary allocations. They should also collaborate to ensure the timely releasing of funds, and the transparent use of these funds can be monitored by the relevant authorities.

## 7 CONCLUSION AND THE WAY FORWARD

This survey has only been conducted in one district: the capital city of Pakistan. It needs to be replicated in the provinces to get a real picture of service availability and readiness in hospitals and health facilities across the country, both in the public and private sectors. When considered alone, the data cannot be regarded as conclusive or representative of the entire country until further research is undertaken in all the provinces and territories. However, this survey certainly marks a significant milestone in the process of making Islamabad a model city for health care, as this was one of the crucial steps in that direction.

The survey results need to be viewed in a positive light, as they provide unique, comprehensive evidence for bridging the critical gaps in health services delivery in ICT; a city that has a unique system of stewardship of the health sector, giving it an advantage over the provinces. The results provide us with concrete evidence on several sub-sectors of health and delineate the role of policymakers with clarity. A Planning Commission form (PC-1) needs to be prepared to ensure the smooth flow of funds for all interventions in ICT. Islamabad can then be a role model for UHC benefits package implementation in Pakistan. Initially, five districts will be identified (one in each province) and Azad Jammu and Kashmir/Gilgit Baltistan. Later, two districts from each province will be selected for the implementation of UHC benefits package. The SARA survey must be used properly in further planning and identification of gaps. The evidence collected is highly important, but unless it is utilized, the survey will have been a futile exercise. The survey should also be repeated in a few years' time in order to gauge progress. Health facility mapping needs to be carried out in the selected pilot districts within the provinces, both for public and private sector health facilities.

The total absence of guidelines in all hospitals and health facilities in Islamabad is intriguing, as the capital city should be the repository for such documents relating to disease control and other vital health-related issues. It highlights the importance of ensuring that such vital documents reach the end-users for whom they produced. Everything considered, substantial variations and disparities should be expected between the provinces in future SARA surveys, particularly in terms of their reproductive, maternal, neonatal, child and adolescent health capacities. Each province therefore requires separate planning with regard to their realities and administrative structures in place.

## 8 ANNEXES

### 8.1 Master facility list

Sr #	Health facility code	Facility name	Union Council	Address	Province/region	Region	Health facility type
<b>COMPLETED</b>							
<b>HOSPITALS</b>							
1	701019	PIMS Hospital G-8/3	UC 32 – Sector G-8/3, G-8/4	PIMS G-8/3 Islamabad	CDA/Urban	Urban	Hospital
2	701028	FGPC Hospital G-6/2 (Polyclinic)	UC 27 – Sector G-6	Polyclinic Hospital G6/2, Islamabad	CDA/Urban	Urban	Hospital
3	702045	Federal General Hospital		Chak Shahzad		Urban	Hospital
4	701033 07	National Institute of Rehabilitation	UC 33 – Sector G-8/1, G-8/2	Street no 9 G-8/2 Islamabad	CDA/Urban	Urban	Hospital
<b>COMMUNITY HEALTH CENTRE</b>							
5	702002	BHU Shah Allah Ditta	UC 49 – Shah Allah Ditta	Main Shah Allah Ditta Islamabad	ICT/Rural	Rural	BHU
<b>RURAL HEALTH CENTRES (RHCs)/MATERNAL AND CHILD HEALTH (MCH) CENTRES</b>							
6	702006	RHC Tarlai	UC 19 – Tarlai Kalan	Taramri Chowk Tarlai	ICT/Rural	Rural	RHC
7	702013	RHC Sihala	UC 11 – Mughal	RHC Hospital main Kahuta road Sihala	ICT/Rural	Rural	RHC
8	702500 1	RHC Bhara Kahu	UC 5 – Kot Hathial (Janoob)	Simly Dam Road near Union Council office	ICT/Rural	Rural	RHC
9	701026	FGPC MCH Centre G-6/1-4	UC 26 – Sector G-6/1	G-6/1-4 MCH centre FGPC	CDA/Urban	Urban	MCH centre
10	701274 047	Awan-e-Saddar MCH	UC 27 – Sector G-6	Awan-e-Saddar colony Islamabad	CDA/Urban	Urban	MCH centre
<b>BASIC HEALTH UNITS (BHUs)</b>							
11	702001	BHU Jagiot	UC 23 – Kuri	BHU Jagiot UC Kurri	ICT/Rural	Rural	BHU
12	702005	BHU Tumair	UC 8 – Tumair	BHU Tumair	ICT/Rural	Rural	BHU
13	702007	BHU Phulgran	UC 6 – Phulgran	Malata Phulgran	ICT/Rural	Rural	BHU
14	702008	BHU Pind Begwal	UC 7 – Pind Begwal	Pind Begwal	ICT/Rural	Rural	BHU
15	702012	BHU Sohan	UC 21 – Sohan	Raja Nizam Deen Road Iqbal town	ICT/Rural	Rural	BHU
16	702014	BHU Chirah	UC 9 – Chirah	BHU Chirah	ICT/Rural	Rural	BHU
17	702015	BHU Kirpa	UC 10 – Kirpa	Kirpa village	ICT/Rural	Rural	BHU
18	702197	BHU Bukkar	UC 15 – Lohi Bhair	Basic health centre Bukkar main Haram Mira road Bukkar	ICT/Rural	Rural	BHU

Sr #	Health facility code	Facility name	Union Council	Address	Province/region	Region	Health facility type
19	703006	BHU Bhimber Trar	UC 16 – Darwala	Mahfouz Chowk 70ect7070r Trar village	ICT/Rural	Rural	BHU
20	7021034	BHU Jhang Syedan	UC 10 – Kirpa	BHU Jhang Syedan	ICT/Rural	Rural	BHU
21	70203001	BHU Shahdara	UC 3 – Mal Pur	Shahdara Kalan Village UC Malpur	ICT/Rural	Rural	BHU
22	70214012	BHU Gagri Sihala	UC 14 – Sihala	Village Gagri jtal Sihala	ICT/Rural	Rural	BHU
23	702012004	BHU Rawat	UC 12 – Rawat	70ect70 bazar	ICT/Rural	Rural	BHU
24	702024003	BHU Gokina Tele Health Centre	UC 1 – Said Pur	Gokina Talhaar Islamabad	ICT/Rural	Rural	BHU
<b>FAMILY WELFARE CENTRES (FWCs)</b>							
25	701174	FWC Nogazzi	UC 46 – Badhana Kalan	Nogazzi	CDA/Urban	Urban	FWC
26	701175	FWC Jhangi Syedan	UC 45 – Jhangi Syedan	Main Stop Jhangi Syedan Islamabad	CDA/Urban	Urban	FWC
27	701177	FWC I-10/1	UC 42 – Sector I-10/1	Street 51, Sector I-10/1	CDA/Urban	Urban	FWC
28	701178	Family Welfare Center, Department of Population Welfare, G-9 Markaz	UC 34 – Sector G-9 (1,3 & 4)	Near G9 bus stand beside CDA medical centre	CDA/Urban	Urban	FWC
29	701180	FWC G-7/2	UC 31 – Sector G-7/1, G-7/2	Street 5, G-7/2 near PIMS Hospital, Islamabad	CDA/Urban	Urban	FWC
30	701186	FWC Rawal Town	UC 24 – Rawal Town	Rawal town, Islamabad	CDA/Urban	Urban	FWC
31	702172	FWC Sarai Kharbooza	UC 48 – Sarai Kharbooza	Dhoke Abbasi Sarai Kharbooza Islamabad	ICT/Rural	Rural	FWC
32	702173	FWC Tarnol	UC 47 – Tarnol	Near Bardasht Centre Tarnol Islamabad	ICT/Rural	Rural	FWC
33	702176	FWC Golra	UC 50 – Golra Sharif	Golra Village, E11	ICT/Rural	Rural	FWC
34	702182	FWC Noorpur Shahan	UC 2 – Noorpur Shahan	Near University road, Noorpur Shahan, Islamabad	ICT/Rural	Rural	FWC
35	702185	FWC Satra Meel	UC 6 – Phulgran	Satra Meel Phulgran	ICT/Rural	Rural	FWC
36	702187	FWC National Institute of Health	UC 22 – Chak Shahzad	National Institute of Health, Chak Shahzad, Islamabad	ICT/Rural	Rural	FWC
37	702188	FWC Kurri	UC 23 – Kuri	Village Kurri	ICT/Rural	Rural	FWC
38	702189	FWC Tumair	UC 8 – Tumair	Mohrra Tanky Stop	ICT/Rural	Rural	FWC

Sr #	Health facility code	Facility name	Union Council	Address	Province/region	Region	Health facility type
39	702190	FWC Khanna Dak	UC 18 – Khanna Dak	Sangam street, Khanna, Islamabad	ICT/Rural	Rural	FWC
40	702193	FWC Chirah	UC 9 – Chirah	Village Chirah FWC	ICT/Rural	Rural	FWC
41	702195	FWC Koral	UC 17 – Koral	St 8, Koral	ICT/Rural	Rural	FWC
42	702196	FWC Lohi Bher	UC 15 – Lohi Bher	Lohi Bher. main Haran Mara road	ICT/Rural	Rural	FWC
43	702198	FWC Sihala	UC 14 – Sihala	FWC Sihala U/C road Sihala near railway station	ICT/Rural	Rural	FWC
44	7021020	FWC Kirpa Centre	UC 10 – Kirpa	Village p/o Kirpa isb	ICT/Rural	Rural	FWC
45	7022016	FWC	UC 20 – Ali Pur	Ali Pur Islamabad	ICT/Rural	Rural	FWC
46	70148947	FWC Sangjani	UC 48 – Sarai Kharbooza	Near F. G. Boys School Sangjani Islamabad	ICT/Rural	Rural	FWC
47	70204102	FWC Bara Kahu	UC 4 – Kot Hathial (Shamal)	Rizwan Shaheed road Chaki stop	ICT/Rural	Rural	FWC
48	70206008	FWC Phulgran	UC 6 – Phulgran	Mora Road Sarichok Phulgran	ICT/Rural	Rural	FWC
49	7+C69+B69:B119	FWC Humak	UC 13 – Humak	Humak village, m. town, isb.	ICT/Rural	Rural	FWC
50	70219009	FWC Tarlai	UC 19 – Tarlai Kalan	School stop Tarlai	ICT/Rural	Rural	FWC
51	701011801	FWC Pind Malkan	UC 11 – Mughal	Near main road, Pind Malkan	ICT/Rural	Rural	FWC
52	701021801	FWC Sohan	UC 21 – Sohan	Sohan Apartments, Pedestrian Highway crossing, Soha Islamabad	ICT/Rural	Rural	FWC
53	701026801	RHS A centre FGSH	UC 26 – Sector G-6/1	Street 20, G-6/2, Islamabad	CDA/Urban	Urban	FWC
54	701026802	RHS A centre MCH Aabpara	UC 26 – Sector G-6/1	Near Islamabad Regalia Hotel	CDA/Urban	Urban	FWC
55	701031801	RHS A centre PIMS	UC 31 – Sector G-7/1, G-7/2	Near ZTBL, G-7/2 Islamabad	CDA/Urban	Urban	FWC
56	701031810	FWC G-8/3 Islamabad	UC 31 – Sector G-7/1, G-7/2	PIMS, G-7, Islamabad	CDA/Urban	Urban	FWC
57	702012032	FWC Rawat	UC 12 – Rawat	Ward 2 Rawat	ICT/Rural	Rural	FWC
58	702050801	FWC Pakistan Air Force	UC 50 – Golra Sharif	Hospital Road, E-9/1 Islamabad	ICT/Rural	Rural	FWC
59	702090501	FWC Thanda Pani	UC 9 – Charah	Federal Town Thanda Pani Street No 5	ICT/Rural	Rural	FWC
<b>DISPENSARIES</b>							
60	701014	FGPC Dispensary G-10/3	UC 36 – Sector G-	Block # 22, Flat # 2D, G-10/3	CDA/Urban	Urban	Dispensary

Sr #	Health facility code	Facility name	Union Council	Address	Province/region	Region	Health facility type
			10/3, G-10/4				
61	701018	FGPC Dispensary G-9/2	UC 35 – Sector G-9/2	Flat # 9&10 block – 2D G-9/2 Islamabad	CDA/Urban	Urban	Dispensary
62	701023	FGPC Dispensary G-7/1	UC 31 – Sector G-7/1, G-7/2	FGPC Dispensary G-7/1	CDA/Urban	Urban	Dispensary
63	701024	FGPC Dispensary G-7/2	UC 31 – Sector G-7/1, G-7/2	G-7/2 Islamabad	CDA/Urban	Urban	Dispensary
64	701030	FGPC Dispensary F-6/1	UC 25 – Sector F-6	Acupuncture centre 70/3-D, Street 36 F-6/1 Islamabad	CDA/Urban	Urban	Dispensary
65	701041	Postal Dispensary, G-8/4	UC 32 – Sector G-8/3, G-8/4	G-8 / 4 I & T centre	CDA/Urban	Urban	Dispensary
66	701043	Federal Government Dispensary – Civil Surgeon's Office	UC 30 – Sector G-7/3, G-7/4	Near Al Habib market st no 55 G-7/3-4	CDA/Urban	Urban	Dispensary
67	701056	Federal Government Dispensary – Federal Board of Revenue, G-6	UC 27 – Sector G-6	FBR office Islamabad	CDA/Urban	Urban	Dispensary
68	701059	Federal Government Dispensary – Accountant General Pakistan Revenues G-8	UC 32 – Sector G-8/3, G-8/4	Accountant General Pakistan Revenues G-8/4	CDA/Urban	Urban	Dispensary
69	701027 01	Foreign Office Medical centre	UC 27 – Sector G-6	Ministry of Foreign Affairs	CDA/Urban	Urban	Dispensary
70	701027 04	Supreme Court Dispensary	UC 27 – Sector G-6	Supreme Court of Pakistan Consultation Avenue Islamabad	CDA/Urban	Urban	Dispensary
71	701027 06	A Block Dispensary	UC 25 – Sector F-6	A Block Pak secretariat	CDA/Urban	Urban	Dispensary
72	701027 08	Q-Block Dispensary	UC 25 – Sector F-6	Q-Block Pak secretariat	CDA/Urban	Urban	Dispensary
73	701033 06	Federal Government Dispensary	UC 33 – Sector G-8/1, G-8/2	Street 11 G-8/1 Islamabad	CDA/Urban	Urban	Dispensary
74	702130 01	Model town dispensary	UC 13 – Humak	Model town ICT, isb	ICT/Rural	Rural	Dispensary
75	701254 040	FPSC Dispensary	UC 25 – Sector F-6	F-5 Aqa Khan rd Islamabad	CDA/Urban	Urban	Dispensary
76	701254 042	K-Block Dispensary	UC 25 – Sector F-6	K-Block Pak secretariat Islamabad	CDA/Urban	Urban	Dispensary
77	701254 043	Parliament lodges Dispensary	UC 27 – Sector G-6	Parliament lodges G-5 Islamabad	CDA/Urban	Urban	Dispensary

Sr #	Health facility code	Facility name	Union Council	Address	Province/region	Region	Health facility type
78	701274 045	National Assembly Dispensary	UC 27 – Sector G-6	National Assembly Islamabad G-5	CDA/Urban	Urban	Dispensary
79	701274 048	Cabinet 73ect Dispensary	UC 27 – Sector G-6	Cabinet 73ect Islamabad	CDA/Urban	Urban	Dispensary
80	701274 050	Judges Enclave colony Dispensary	UC 25 – Sector F-6	Judges Enclave colony Islamabad	CDA/Urban	Urban	Dispensary
81	701274 055	PM Colony Dispensary	UC 25 – Sector F-6	PM staff colony Islamabad	CDA/Urban	Urban	Dispensary
82	701304 040	School health clinic – II Dispensary	UC 30 – Sector G-7/3, G-7/4	G-7/3-3 Islamabad	CDA/Urban	Urban	Dispensary
83	701364 001	Islamabad High Court Dispensary	UC 37 – Sector G-10/1, G-10/2	Islamabad High Court G-10/4	CDA/Urban	Urban	Dispensary
84	701404 001	I-8 Dispensary	UC 40 – Sector I-8	15/1-D, I-8 Islamabad	CDA/Urban	Urban	Dispensary
85	701434 031	Police line Dispensary	UC 43 – Sector I-10	Police line H-11 Islamabad	CDA/Urban	Urban	Dispensary
86	701046	PM Office Dispensary		PM Office	ICT/Urban	Urban	Dispensary
<b>FACILITIES THAT WERE EXCLUDED</b>							
87	701057	Federal Government Dispensary – G-7/2	UC 31 – Sector G-7/1, G-7/2	FGPC for female Dispensary G-7/2	CDA/Urban	Urban	Dispensary
88	701254 041	Gulshan-e-Jinnah Dispensary	UC 25 – Sector F-6	Gulshan-e-Jinnah F-5 Islamabad	CDA/Urban	Urban	Dispensary
89	701274 049	School Health Clinic – Islamabad Model College for Girls, G-6/1-4	UC 26 – Sector G-6/1	G-6/1-4 Islamabad	CDA/Urban	Urban	Dispensary
90	701027 02	Election Commission Dispensary (FGPC)	UC 27 – Sector G-6	Election commission of Pakistan G-5/2 IBD.	CDA/Urban	Urban	Dispensary
91	701027 03	Federal Shariat Court Dispensary	UC 27 – Sector G-6	Federal Shariat Court of Pakistan G-5/2	CDA/Urban	Urban	Dispensary
92	701027 07	P-Block Dispensary	UC 27 – Sector G-6	P-Block Pak secretariat	CDA/Urban	Urban	Dispensary
93	701414 001	H-9 Dispensary	UC 41 – Sector I-9	S.T.I H-9 Islamabad	CDA/Urban	Urban	Dispensary
94	701027 05	Directorate of Health Services	UC 25 – Sector F-6	Red Zone, Islamabad	CDA/Urban	Urban	Dispensary
95	701274 046	Awan Saddar Dispensary	UC 27 – Sector G-6	Awan Saddar 73ect Islamabad	CDA/Urban	Urban	Dispensary

## 8.2 Sanctioned and filled health staff positions in Islamabad

Table 10 - Number of sanctioned and filled health staff positions in Islamabad by health facility type, 2020

Facility type	Total		Consultants (specialists)		Senior medical officers		Medical officers		Women medical officers		Non-physician clinicians/paramedical professionals	
	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
<b>Islamabad</b>	<b>3 546</b>	<b>3 543</b>	<b>213</b>	<b>91</b>	<b>36</b>	<b>32</b>	<b>854</b>	<b>695</b>	<b>13</b>	<b>15</b>	<b>542</b>	<b>428</b>
Tertiary Care Hospital/Teaching hospital	2 850	2 819	210	87	17	11	784	625	0	0	475	364
Community Health Centre	11	17	0	0	1	0	0	3	0	1	0	1
Rural Health Centre	227	242	0	0	11	10	35	37	3	2	48	40
Family Welfare Centre												
/Reproductive Health Service	222	152	0	0	0	0	3	3	0	0	0	0
Basic Health Unit	145	204	0	0	2	0	11	7	3	1	4	7
Dispensary	91	109	3	4	5	11	21	20	7	11	15	16

Facility type	Nurses		Lady health workers		Midwives		Pharmacists		Laboratory technicians (medical and pathology)		Physiotherapists		Radiology technicians	
	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
<b>Islamabad</b>	<b>579</b>	<b>1 080</b>	<b>57</b>	<b>37</b>	<b>28</b>	<b>18</b>	<b>17</b>	<b>6</b>	<b>429</b>	<b>350</b>	<b>23</b>	<b>21</b>	<b>5</b>	<b>5</b>
Tertiary Care Hospital/Teaching hospital	518	1 031	32	22	19	14	16	6	384	300	16	15	4	4
Community Health Centre	0	0	0	1	0	1	0	0	0	0	0	0	0	0
Rural Health Centre	54	41	10	4	6	2	1	0	38	37	6	6	1	0
Family Welfare Centre														
/Reproductive Health Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Basic Health Unit	0	0	12	8	2	0	0	0	2	2	0	0	0	0
Dispensary	7	8	3	2	1	1	0	0	5	11	1	0	0	1



Facility type	Dental technicians		Lady health workers		Administrative staff		Accountant (finance staff)		Chowkidar (watchman)		Sanitary workers	
	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
Islamabad	1	0	99	232	90	68	4	4	115	102	254	233
Tertiary Care Hospital/Teaching hospital	0	0	0	0	82	61	4	4	65	64	224	211
Community Health Centre	0	0	7	7	0	0	0	0	2	2	1	1
Rural Health Centre	1	0	0	55	1	1	0	0	5	3	7	4
Family Welfare Centre /Reproductive Health Service	0	0	0	0	0	0	0	0	26	20	6	3
Basic Health Unit	0	0	92	170	0	0	0	0	12	8	5	1
Dispensary	0	0	0	0	7	6	0	0	5	5	11	13

[illegible]

[illegible]

## 8.3 Auxiliary tables

Table 11 - Summary of tracer indicators, items and services for service availability

Domain	Indicator	Score
<b>Health infrastructure</b>		
Number of health facilities per 10 000 population	0.4	21
Number of inpatient beds per 10 000 population	11.3	45
Number of maternity beds per 1000 pregnant women	11.2	100
<b>Health workforce</b>		
Number of health workers per 10 000 population	11.7	51
<b>Service availability Indices</b>	<b>Target</b>	<b>Score</b>
health services infrastructure Index	100	56
Health workforce Index	100	51
Service availability Index	100	53

Table 12 - Health infrastructure indicators by facility type, Islamabad 2020

Facility type	Inpatient beds	Inpatients beds density per 10 000 population	Maternity beds	Maternity beds per 1000 pregnant women
<b>Islamabad</b>	<b>2 269</b>	<b>11.3</b>	<b>261</b>	<b>11.19</b>
Tertiary Care Hospital/Teaching Hospital	2 159	10.8	181	7.76
Community Health Centre	2	0.0	2	0.09
Rural Health Centre	75	0.4	68	2.91
Family welfare centre/Reproductive Health Service	75	0.0	5	0.21
Basic Health Unit	10	0.0	5	0.21
Dispensary	15	0.1	0	0.00

Table 13 - Health infrastructure service availability score

	Indicator	Score
<b>Health infrastructure</b>		
(a) Facilities	0.4	21
(b) Inpatient beds	11.3	45
(c) Maternity beds	11.2	100

Table 14 - Number of health facilities by facility type

Facility type	Region		Total
	Urban	Rural	
<b>Islamabad</b>	<b>46</b>	<b>40</b>	<b>86</b>
Tertiary Care Hospital/Teaching Hospital	4	0	4(5%)
Community Health Centre	0	1	1(1%)
Rural Health Centre	2	3	5(6%)
Family Welfare Centre/Reproductive Health Service	12	23	35(41%)
Basic Health Unit	2	12	14(16%)
Dispensary	26	1	27(31%)

Note: Nine facilities were excluded from the sample

\* Type of facility is revised as per mandate, e.g. Medical Centre is merged with FWC/RHS and Maternal and Child Health Centre (MNCH/maternity centre) is merged with RHC

Table 15 - Outpatient facilities in Islamabad by facility type

Facility type	Outpatient only	Percentage	Managing authority Government/Public
<b>Islamabad</b>	<b>81</b>	<b>94%</b>	<b>86</b>
Tertiary Care Hospital/Teaching Hospital	0	0%	4
Community Health Centre	1	100%	1
Rural Health Centre	4	80%	5

Facility type	Outpatient only	Percentage	Managing authority Government/Public
Family Welfare Centre/Reproductive Health Service	35	100%	35
Basic Health Unit	14	100%	14
Dispensary	27	100%	27

Table 16 - Health workforce service availability and indicators by facility type, Islamabad 2020

Facility type	Core health workforce	Core health workforce per 10 000
<b>Islamabad</b>	<b>2 359</b>	<b>11.76</b>
Tertiary Care Hospital/Teaching Hospital	2 132	10.63
Community Health Centre	6	0.03
Rural Health Centre	132	0.66
Family welfare centre/Reproductive Health Service	3	0.00
Basic Health Unit	15	0.07
Dispensary	71	0.35

Table 17 - Health workforce availability score

Health workforce	Indicator	Score
(d) Core health workforce	11.7	51

Table 18 - Service availability indices

	Target	Score
Health services infrastructure index	100	56
Health workforce index	100	51
Service utilization index	100	n/a
Service availability index	100	53

Table 19 - Summary of tracer indicators, items and services for general service readiness

Domain	Readiness score (out of 100)
Basic amenities	62
Basic equipment	70
Standard precautions for infection prevention	57
Diagnostic capacity	7
Essential medicines	21
<b>General service readiness index</b>	<b>43</b>

Table 20 - Percentage availability of tracer items and readiness score for basic amenities in Islamabad by facility type, 2020

Facility type	Power source	Improved water source	Room with auditory and visual privacy for patient consultations	Sanitation facilities	Communication equipment	Computer with Internet	Emergency transport	Basic amenities readiness score <sup>±</sup>
<b>Islamabad</b>	<b>78%</b>	<b>90%</b>	<b>94%</b>	<b>97%</b>	<b>37%</b>	<b>19%</b>	<b>21%</b>	<b>62</b>
Tertiary Care Hospital/Teaching Hospital	100%	100%	100%	100%	100%	100%	100%	100
Community Health Centre	100%	100%	100%	100%	0%	0%	100%	71
Rural Health Centre	60%	100%	80%	100%	40%	0%	60%	63
Family Welfare Centre /Reproductive Health Service	80%	89%	100%	100%	9%	0%	3%	54
Basic Health Unit	57%	79%	79%	79%	0%	7%	0%	43
Dispensary	85%	93%	96%	100%	85%	41%	33%	76

Table 21 - Percentage availability of secondary power sources in Islamabad by facility type, 2020

Facility Type		Central supply of electricity (e.g. national or community grid)	Electricity secondary source						Total no. of hours facility is open per day		
						Generat or functioning	Fuel/batt ery available for generator	Solar system functional			
			No seconda ry source	Generat or (fuel or battery operated generator)	Solar syste m				5 to 8 hou rs	9 to 16 hou rs	24 hou rs
Islamabad	n(%)	99%	59%	30%	11%	23%	17%	10%	85%	7%	8%
Tertiary Care Hospital/Teaching Hospital	4(5%)	100%	0%	100%	0%	75%	75%	0%	0%	0%	100%
Community Health Center (CHC)	1(1%)	100%	0%	0%	100%	0%	0%	100%	0%	100%	0%
Rural Health Centre (RHC)	5(6%)	100%	20%	60%	20%	40%	20%	20%	60%	0%	40%
Family Welfare Centre (FWC) / Reproductive Health Service (RHS)	35(41%)	100%	89%	11%	0%	11%	6%	0%	94%	6%	0%
Basic Health Unit (BHU)	14(16%)	93%	57%	0%	43%	0%	0%	43%	100%	0%	0%

Dispensary	27(31%)	100%	41%	56%	4%	41%	33%	4%	85%	11%	4%
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Table 22 - Percentage availability of tracer items for basic and emergency equipment and readiness score in Islamabad by facility type, 2020

Facility type	Adult weighing scale	Child weighing scale	Thermometer	Stethoscope	Blood pressure apparatus	Light source	Basic equipment readiness score*
<b>Islamabad</b>	<b>76%</b>	<b>30%</b>	<b>72%</b>	<b>93%</b>	<b>84%</b>	<b>65%</b>	<b>70</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	100%	100%	100%	100%	92
Community Health Centre	100%	0%	100%	100%	100%	100%	83
Rural Health Centre	100%	20%	80%	80%	100%	80%	77
Family Welfare Centre /Reproductive Health Service	80%	40%	60%	91%	71%	60%	67
Basic Health Unit	64%	50%	64%	86%	71%	21%	60
Dispensary	70%	4%	85%	100%	100%	85%	74

Table 23 - Percentage availability of tracer items and readiness score of standard precautions for infection prevention and control in Islamabad by facility type, 2020

Facility type	Safe final disposal of sharps waste	Safe final disposal of infectious waste	Appropriate storage of sharps waste	Appropriate storage of infectious waste	Disinfectant	Standard disposable or auto-disposable syringes	Soap and water or alcohol-based hand rub	Latex gloves	Guidelines for standard precautions	Standard precautions for infection prevention readiness score*
<b>Islamabad</b>	<b>48%</b>	<b>53%</b>	<b>64%</b>	<b>58%</b>	<b>81%</b>	<b>62%</b>	<b>83%</b>	<b>53%</b>	<b>10%</b>	<b>57</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	100%	100%	100%	100%	100%	100%	25%	81
Community Health Centre	100%	100%	100%	0%	100%	100%	100%	100%	0%	78
Rural Health Centre	60%	40%	100%	40%	80%	100%	80%	80%	20%	67
Family Welfare Centre /Reproductive Health Service	51%	54%	57%	74%	86%	29%	89%	37%	14%	55
Basic Health Unit	64%	57%	71%	21%	64%	100%	36%	50%	7%	52
Dispensary	30%	52%	56%	56%	81%	70%	96%	63%	4%	56





Facility type	Diazepam injection	ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)	Fluoxetine Capsule	Gentamicin injection	Glibenclamide tablet	Haloperidol tablet	Insulin regular injection	Magnesium sulphate injectable
<b>Islamabad</b>	<b>6%</b>	<b>17%</b>	<b>2%</b>	<b>5%</b>	<b>30%</b>	<b>1%</b>	<b>6%</b>	<b>5%</b>
Tertiary Care Hospital/Teaching Hospital	100%	50%	25%	100%	50%	25%	75%	75%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	20%	0%	0%	40%	0%	0%	20%
Family Welfare Centre /Reproductive Health Service	3%	0%	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%	0%	0%
Dispensary	0%	44%	4%	0%	81%	0%	7%	0%

Facility type	Metformin tablet	Omeprazole tablet or alternative such as pantoprazole, rabeprazole	ORS sachets	Oxytocin injection	Salbutamol inhaler	Simvastatin tablet or other statin e.g. atorvastatin, pravastatin, fluvastatin	Thiazide	Zinc sulphate syrup or dispersible tablets	Erythropoiesis - stimulating agents*	Ampicillin injection*	Essential medicines readiness score
<b>Islamabad</b>	<b>44%</b>	<b>55%</b>	<b>63%</b>	<b>6%</b>	<b>17%</b>	<b>10%</b>	<b>3%</b>	<b>16%</b>	<b>1%</b>	<b>0%</b>	<b>21</b>
Tertiary Care Hospital/Teaching Hospital	75%	100%	75%	75%	50%	75%	25%	25%	25%	0%	62
Community Health Centre	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	26
Rural Health Centre	80%	100%	40%	40%	40%	0%	0%	60%	0%	0%	30
Family Welfare Centre /Reproductive Health Service	0%	0%	69%	0%	0%	0%	0%	0%	0%	0%	6
Basic Health Unit	64%	86%	7%	0%	0%	0%	7%	0%	0%	0%	20
Dispensary	81%	93%	89%	0%	41%	22%	4%	37%	0%	0%	33

\* These medicines are additionally added in the list of essential medicines

Table 26 - Supervision by district health management team among health facilities in Islamabad by facility type, 2020

Facility type	Last supervision visit from district health management team or other			Assessed during supervision visit		
	This month	In the last 3 months	More than 3 months ago	Pharmacy (e.g. drug stock-out, expiry, records, etc.)	Staffing (e.g. staff available and training)	Data (e.g. completeness, quality, and timely reporting)
<b>Islamabad</b>	<b>20%</b>	<b>26%</b>	<b>51%</b>	<b>40%</b>	<b>42%</b>	<b>38%</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	0%	25%	50%	25%
Community Health Centre	100%	0%	0%	100%	100%	100%
Rural Health Centre	80%	0%	20%	60%	60%	60%
Family Welfare Centre /Reproductive Health Service	6%	31%	60%	34%	37%	37%
Basic Health Unit	14%	21%	50%	36%	36%	29%
Dispensary	22%	22%	56%	44%	44%	41%

Table 27 - Percentage availability of family planning services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Offer family planning services	Combined oral contraceptive pill	Progestin-only contraceptive pills	Combined injectable contraceptives	Progestin-only injectable contraceptives	Male condoms	Female condoms	IUDs	Implants	Cycle beads	Emergency oral contraceptive pill	Male sterilization	Female sterilization
<b>Islamabad</b>	<b>63%</b>	<b>47%</b>	<b>41%</b>	<b>43%</b>	<b>33%</b>	<b>58%</b>	<b>2%</b>	<b>55%</b>	<b>16%</b>	<b>17%</b>	<b>48%</b>	<b>9%</b>	<b>19%</b>
Tertiary Care Hospital/Teaching Hospital	75%	50%	50%	50%	75%	75%	0%	75%	25%	25%	75%	25%	75%
Community Health Centre	100%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	80%	80%	60%	80%	60%	80%	0%	60%	0%	40%	60%	0%	0%
Family Welfare Centre /Reproductive Health Service	100%	83%	74%	77%	54%	100%	0%	97%	31%	23%	83%	14%	31%
Basic Health Unit	71%	29%	21%	29%	21%	43%	14%	43%	7%	21%	36%	7%	7%
Dispensary	4%	4%	4%	0%	0%	4%	10%	4%	4%	4%	4%	4%	4%

Table 28 - Percentage availability of family planning services by contraception method among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Short term method	Long term method
<b>Islamabad</b>	<b>57%</b>	<b>59%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%
Community Health Centre	0%	100%
Rural Health Centre	80%	80%
Family Welfare Centre/Reproductive Health Service	97%	100%
Basic Health Unit	50%	50%
Dispensary	4%	4%

Table 29 - Readiness score of family planning services of facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff				Equipment		Medicines and commodities					Overall readiness score
	Guide lines on family planning	Famil y planning check lists and/or job-aids	Staff trained in famil y planning	Guide lines and trained staff readiness score	Blood pressure apparatus	Equip ment readin ess score	Combin ed oral contrac eptive pill	Progesti n-only contrac eptive pills	Injectabl e contrace ptives	Condoms	Medici nes and commo dities readine ss score	
<b>Islamabad</b>	<b>22%</b>	<b>36%</b>	<b>35%</b>	<b>31</b>	<b>93%</b>	<b>93</b>	<b>3%</b>	<b>2%</b>	<b>5%</b>	<b>48%</b>	<b>15</b>	<b>33</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	75	100%	100	25%	25%	50%	75%	44	56
Community Health Centre	0%	0%	100%	33	100%	100	0%	0%	0%	100%	25	24
Rural Health Centre	20%	40%	40%	33	100%	100	40%	20%	40%	80%	45	47
Family Welfare Centre/Reproductive Health Service	37%	57%	46%	47	83%	83	0%	0%	0%	91%	23	52
Basic Health Unit	14%	43%	50%	36	100%	100	0%	0%	0%	7%	2	27
Dispensary	0%	0%	4%	1	100%	100	0%	0%	0%	0%	0	7

Table 30 - Percentage availability of family planning services that are expected to provide the service (auxiliary indicators) in Islamabad by facility type, 2020

Facility type	Combined estrogen progesterone injectable contraceptives	Progestin-only injectable contraceptives	Female condoms	Implants	Emergency contraceptive	IUDs
<b>Islamabad</b>	<b>3%</b>	<b>3%</b>	<b>0%</b>	<b>1%</b>	<b>3%</b>	<b>52%</b>
Tertiary Care Hospital/Teaching Hospital	25%	50%	0%	0%	50%	75%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	40%	20%	0%	0%	20%	40%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	3%	0%	100%
Basic Health Unit	0%	0%	0%	0%	0%	36%
Dispensary	0%	0%	0%	0%	0%	0%

Table 31 - Percentage of stock-outs of contraceptives (in past 3 months) among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Stock-out of female condoms	Stock-out of implants	Stock-out of emergency contraceptive
<b>Islamabad</b>	<b>7%</b>	<b>10%</b>	<b>33%</b>
Tertiary Care Hospital/Teaching Hospital	25%	50%	75%
Community Health Centre	0%	0%	0%
Rural Health Centre	0%	20%	40%
Family Welfare Centre/Reproductive Health Service	3%	9%	57%
Basic Health Unit	21%	14%	14%
Dispensary	4%	4%	4%

Table 32 - Percentage availability of safe abortion (induced abortion) and post-abortion care services for adults among health facilities that are expected to provide the service in Islamabad by facility type, 2020

[illegible]

Dispensary	0%	0%	0%	0%	0%	0%	0%	0%	0%
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Facility type	Management of miscarriages			
	Manual vacuum aspiration	Electric vacuum aspiration	Dilatation and evacuation for miscarriages (for pregnancies more than 12 weeks)	Dilatation and curettage
<b>Islamabad</b>	<b>6%</b>	<b>3%</b>	<b>5%</b>	<b>3%</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	75%	75%
Community Health Centre	0%	0%	0%	0%
Rural Health Centre	40%	0%	20%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0%
Basic Health Unit	7%	7%	0%	0%
Dispensary	0%	0%	0%	0%

Table 33 - Percentage availability of post-abortion care services for adults among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Post-abortion care services					Medicines and commodities			
	Outpatient only	Inpatient only	Misoprostol	Prophylactic antibiotics for surgical terminations	Pain medication for both medical and surgical evacuations	IUDs	Implants	Progestin-only injectable contraceptives	Oral contraceptive pills
<b>Islamabad</b>	<b>34%</b>	<b>7%</b>	<b>10%</b>	<b>23%</b>	<b>27%</b>	<b>37%</b>	<b>5%</b>	<b>24%</b>	<b>35%</b>
Tertiary Care Hospital/Teaching Hospital	0%	75%	75%	75%	75%	75%	0%	50%	75%
Community Health Centre	100%	0%	100%	0%	0%	0%	0%	0%	0%
Rural Health Centre	40%	20%	60%	40%	40%	60%	20%	40%	40%
Family Welfare Centre/Reproductive Health Service	69%	6%	3%	40%	49%	69%	6%	46%	66%
Basic Health Unit	7%	0%	7%	7%	7%	7%	7%	0%	7%
Dispensary	4%	0%	0%	0%	0%	4%	0%	4%	4%

Table 34 - Percentage availability of safe abortion care services for adolescents among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Misoprostol only	Mifepristone and misoprostol	Manual vacuum aspiration	Electric vacuum aspiration	Dilatation and evacuation	Dilatation and curettage
<b>Islamabad</b>	<b>3%</b>	<b>2%</b>	<b>3%</b>	<b>2%</b>	<b>3%</b>	<b>3%</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	50%	50%	75%	75%
Community Health Centre	0%	0%	0%	0%	0%	0%

Rural Health Centre	0%	0%	20%	0%	0%	0%
Family Welfare Centre /Reproductive Health Service	3%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%

Facility type	Guidelines and trained staff					Medicines and commodities			
	Guidelines on medical termination of pregnancy	Guidelines on safe uterine evacuation and post-abortion care	Guidelines on post-abortion family planning	Guidelines on infection prevention	Staff trained in safe abortion or post-abortion care	IUDs	Implants	Progestin-only injectable contraceptives	Oral contraceptive pills
<b>Islamabad</b>	<b>1%</b>	<b>2%</b>	<b>0%</b>	<b>3%</b>	<b>15%</b>	<b>19%</b>	<b>5%</b>	<b>14%</b>	<b>24%</b>
Tertiary Care Hospital/Teaching Hospital	0%	0%	0%	0%	50%	75%	0%	50%	75%
Community Health Centre	0%	0%	0%	0%	100%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	20%	40%	40%	20%	20%	20%
Family Welfare Centre /Reproductive Health Service	3%	3%	0%	6%	17%	29%	9%	23%	46%
Basic Health Unit	0%	7%	0%	0%	14%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	4%	0%	4%	4%

Table 35 - Percentage availability of antenatal care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Offer antenatal care services	Iron supplementation	Folic acid supplementation	Intermittent preventive treatment of malaria in pregnancy	Tetanus toxoid vaccination	Monitoring for hypertensive disorders of pregnancy
<b>Islamabad</b>	<b>58%</b>	<b>44%</b>	<b>51%</b>	<b>10%</b>	<b>31%</b>	<b>40%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	75%	75%	75%
Community Health Centre	100%	100%	100%	0%	100%	100%
Rural Health Centre	80%	60%	60%	60%	80%	80%
Family Welfare Centre /Reproductive Health Service	80%	54%	71%	9%	23%	49%
Basic Health Unit	79%	64%	64%	0%	64%	43%
Dispensary	11%	11%	11%	0%	7%	11%

Table 36 - Readiness score of antenatal care services for facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff				Equipment		
	Guidelines on ANC	ANC checklists and/or job aids	Staff trained in ANC	Guidelines and trained staff readiness score*	Blood pressure apparatus	Adult weighing scale	Equipment readiness score
<b>Islamabad</b>	<b>1%</b>	<b>8%</b>	<b>8%</b>	<b>6</b>	<b>93%</b>	<b>85%</b>	<b>89</b>
Tertiary Care Hospital/Teaching Hospital	0%	50%	50%	33	100%	100%	100
Community Health Centre	0%	0%	100%	33	100%	100%	100
Rural Health Centre	0%	0%	0%	0	100%	100%	100
Family Welfare Centre/Reproductive Health Service	3%	11%	3%	6	83%	86%	84
Basic Health Unit	0%	7%	14%	7	100%	86%	93
Dispensary	0%	0%	4%	1	100%	78%	89

Facility type	Diagnostics			Medicines and commodities						Overall readiness score	
	Haemoglobin	Urine dipstick-protein	Diagnostics readiness score	Iron tablets	Folic acid tablets	Iron and folic acid combined tablets	Tetanus toxoid vaccine	IPT drug	Insecticide- treated bed nets		Medicines and commodities readiness score
Islamabad	2%	12%	7	8%	21%	30%	28%	0%	0%	15	23
Tertiary Care Hospital/Teaching Hospital	0%	100%	50	50%	25%	50%	25%	0%	0%	25	42
Community Health Centre	0%	100%	50	0%	0%	100%	100%	0%	0%	33	46
Rural Health Centre	0%	80%	40	0%	0%	80%	60%	0%	0%	23	32
Family Welfare Centre /Reproductive Health Service	0%	0%	0	6%	43%	0%	0%	0%	0%	8	18
Basic Health Unit	0%	7%	4	14%	7%	57%	93%	0%	0%	29	30
Dispensary	7%	0%	4	4%	4%	41%	22%	0%	0%	12	20

Table 37 - Percentage availability of PMTCT services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	PMTCT services	Counseling and testing for HIV+ pregnant women	Counseling and testing for infants born to	ARV prophylaxis to HIV+ pregnant women	ARV prophylaxis to infants born to	Infant and young child feeding	Nutritional counseling for HIV+ women	Family planning counseling to HIV+ women
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	HIV+ women		HIV+ women		counselling	and their infants		
<b>Islamabad</b>	<b>19%</b>	<b>2%</b>	<b>12%</b>	<b>1%</b>	<b>1%</b>	<b>15%</b>	<b>14%</b>	<b>16%</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	25%	25%	25%	25%	25%	25%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	20%	0%	20%	0%	0%	20%	20%	20%
Family Welfare Centre /Reproductive Health Service	34%	0%	23%	0%	0%	29%	26%	31%
Basic Health Unit	0%	0%	0%	0%	0%	0%	0%	0%
Dispensary	4%	0%	0%	0%	0%	4%	4%	4%

Table 38 - Readiness score of PMTCT services among facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff					Equipment	
	Guidelines for PMTCT	Guidelines for infant and young child feeding counselling	Staff trained in PMTCT	Staff trained in infant and young child feeding	Guidelines and trained staff readiness score	Visual and auditory privacy	Equipment readiness score
<b>Islamabad</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1</b>	<b>19%</b>	<b>19</b>
Tertiary Care Hospital/Teaching Hospital	0%	0%	22%	22%	11	50%	50
Community Health Centre	0%	0%	0%	0%	0	0%	0
Rural Health Centre	0%	0%	0%	0%	0	20%	20
Family Welfare Centre/Reproductive Health Service	2%	2%	0%	0%	1	34%	34
Basic Health Unit	0%	0%	0%	0%	0	0%	0
Dispensary	0%	0%	0%	0%	0	4%	4

Facility type	Diagnostics			Medicines and commodities			Medicines and commodities readiness score	Overall readiness score
	HIV diagnostic capacity for adults	DBS filter paper for diagnosing HIV in newborns	Diagnostic readiness score	Zidovudine (AZT) syrup	Zidovudine (AZT) syrup Nevirapine syrup	Maternal ARV prophylaxis		
<b>Islamabad</b>	<b>3%</b>	<b>0%</b>	<b>2</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0</b>	<b>3</b>
Tertiary Care Hospital/Teaching Hospital	75%	0%	38	0%	0%	0%	0%	17
Community Health Centre	0%	0%	0	0%	0%	0%	0%	0
Rural Health Centre	0%	0%	0	0%	0%	0%	0%	2
Family Welfare Centre /Reproductive Health Service	0%	0%	0	0%	0%	0%	0%	4
Basic Health Unit	0%	0%	0	0%	0%	0%	0%	0
Dispensary	0%	0%	0	0%	0%	0%	0%	0



Table 39 - Percentage availability of antiretroviral prescription and client management among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	ARV prescription or ARV treatment follow-up services	Antiretroviral prescription	Treatment follow-up services for persons on ART
<b>Islamabad</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>
Tertiary Care Hospital/Teaching Hospital	25%	25%	25%
Community Health Centre	0%	0%	0%
Rural Health Centre	0%	0%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%
Basic Health Unit	0%	0%	0%
Dispensary	0%	0%	0%

Table 40 - Readiness score for antiretroviral prescription and client management among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Diagnostics					Medicines and commodities		Overall reading score
	Guidelines for antiretroviral therapy	Staff trained in ART prescription and management	Guidelines and trained staff readiness score	Full blood count	CD4 or Viral load	Renal function test (serum creatinine testing or other)	Liver function test (ALT or other)	Diagnostics readiness score	Three first-line antiretrovirals	Medicines and commodities readiness score	
Islamabad	1%	1%	1	2%	1%	3%	3%	3	0%	0	2
Tertiary Care Hospital/Teaching Hospital	25%	25%	25	50%	25%	75%	75%	56	0%	0	39
Hospital Community Health Centre	0%	0%	0	0%	0%	0%	0%	0	0%	0	0
Rural Health Centre	0%	0%	0	0%	0%	0%	0%	0	0%	0	0
Family Welfare Centre /Reproductive Health Service	0%	0%	0	0%	0%	0%	0%	0	0%	0	0
Basic Health Unit	0%	0%	0	0%	0%	0%	0%	0	0%	0	0
Dispensary	0%	0%	0	0%	0%	0%	0%	0	0%	0	0

*Table 41 - Percentage availability of emergency obstetric and newborn care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020*

[illegible]

Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	60%	60%	40%	40%	60%	60%	40%	51%
Family Welfare Centre /Reproductive Health Service	20%	0%	0%	0%	0%	0%	0%	3%
Basic Health Unit	7%	0%	0%	0%	0%	0%	0%	1%
Dispensary	0%	0%	0%	0%	0%	0%	0%	0%

Facility type	Emergency obstetric and newborn care signal functions					Mean availability of newborn signal functions offered
	Antibiotics for preterm or prolonged premature rupture of membranes to prevent infection	Neonatal resuscitation with bag and mask	Corticosteroids in preterm labour	Kangaroo mother care for premature/very small babies	Injectable antibiotics for neonatal sepsis	
<b>Islamabad</b>	<b>7%</b>	<b>6%</b>	<b>3%</b>	<b>3%</b>	<b>5%</b>	<b>5%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	50%	75%	70%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	60%	40%	0%	20%	20%	28%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%

Facility type	Routine Practices (perinatal)				
	Administration of oxytocin for the prevention of postpartum haemorrhage	Monitoring and management of labour using partograph	Immediate and exclusive breastfeeding	Hygienic cord care	Thermal protection (drying baby immediately after birth and wrapping)
<b>Islamabad</b>	<b>7%</b>	<b>5%</b>	<b>7%</b>	<b>6%</b>	<b>6%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	75%	75%
Community Health Centre	0%	0%	0%	0%	0%
Rural Health Centre	60%	20%	60%	40%	40%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%

Table 42 - Readiness score of emergency obstetric and newborn care services for health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Staff and guidelines					Guidelines and trained staff readiness score*
	Guidelines for essential childbirth care	Checklists and/or job-aids for essential childbirth care	Guidelines for essential newborn care**	Staff trained in essential childbirth care	Staff trained in newborn resuscitation	
<b>Islamabad</b>	<b>1%</b>	<b>1%</b>	<b>n/a</b>	<b>2%</b>	<b>2%</b>	<b>2</b>

Tertiary Care Hospital/Teaching Hospital	25%	25%	n/a	50%	50%	38
Community Health Centre	0%	0%	n/a	0%	0%	0
Rural Health Centre	0%	0%	n/a	0%	0%	0
Family Welfare Centre /Reproductive Health Service	0%	0%	n/a	0%	0%	0
Basic Health Unit	0%	0%	n/a	0%	0%	0
Dispensary	0%	0%	n/a	0%	0%	0

\* Readiness score is computed as mean score of items in a domain as percentage

\*\* Note: Data is not available for this variable

Facility type	Equipment						
	Emergency transport	Sterilization equipment	Examination light	Delivery pack	Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit (with speculum)
<b>Islamabad</b>	<b>21%</b>	<b>21%</b>	<b>16%</b>	<b>14%</b>	<b>5%</b>	<b>6%</b>	<b>6%</b>
Tertiary Care Hospital/Teaching Hospital	100%	100%	75%	75%	75%	50%	75%
Community Health Centre	100%	0%	0%	0%	0%	0%	0%
Rural Health Centre	60%	60%	60%	60%	20%	60%	20%
Family Welfare Centre /Reproductive Health Service	3%	14%	20%	14%	0%	0%	0%
Basic Health Unit	0%	21%	7%	7%	0%	0%	7%
Dispensary	33%	11%	0%	0%	0%	0%	0%

Facility type	Equipment							Equipment readiness score
	Neonatal bag and mask	Delivery bed	Partograph	Gloves	Infant weighing scale	Blood pressure apparatus	Soap and running water or alcohol-based hand rub	
<b>Islamabad</b>	<b>5%</b>	<b>8%</b>	<b>5%</b>	<b>10%</b>	<b>30%</b>	<b>84%</b>	<b>83%</b>	<b>32</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	75%	75%	100%	100%	82
Community Health Centre	0%	0%	0%	0%	0%	100%	100%	29
Rural Health Centre	20%	60%	20%	60%	60%	100%	80%	57
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	6%	37%	71%	89%	29
Basic Health Unit	0%	7%	0%	7%	36%	71%	36%	22
Dispensary	0%	0%	0%	0%	7%	100%	96%	29

Facility type	Medicines and commodities						Medicines and commodities readiness score	Overall readiness score
	Antibiotic eye ointment for newborn	Injectable uterotonic	Injectable antibiotic	Magnesium sulphate (injectable)	Skin disinfectant	Intravenous solution with infusion set		
<b>Islamabad</b>	<b>3%</b>	<b>6%</b>	<b>14%</b>	<b>5%</b>	<b>48%</b>	<b>37%</b>	<b>19</b>	<b>18</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	100%	75%	100%	100%	88	75
Community Health Centre	0%	0%	100%	0%	100%	100%	50	25
Rural Health Centre	0%	40%	40%	20%	40%	100%	40	41
Family Welfare Centre	0%	0%	0%	0%	17%	6%	4	12

/Reproductive Health Service								
Basic Health Unit	0%	0%	21%	0%	43%	71%	23	14
Dispensary	0%	0%	7%	0%	81%	37%	21	16

Table 43 - Percentage availability of child preventative and curative care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Preventive and curative care for children under five	Malnutrition Diagnostics and treatment	Vitamin A supplementation	Iron supplementation	ORS and Zinc supplementation	Growth monitoring	Treatment of pneumonia	Administration of amoxicillin for the treatment of pneumonia in children	Treatment of malaria in children
<b>Islamabad</b>	<b>66%</b>	<b>48%</b>	<b>19%</b>	<b>31%</b>	<b>23%</b>	<b>33%</b>	<b>33%</b>	<b>42%</b>	<b>30%</b>
Tertiary Care Hospital/Teaching Hospital	100%	100%	75%	100%	100%	100%	100%	100%	100%
Community Health Centre	100%	100%	0%	100%	100%	100%	100%	100%	100%
Rural Health Centre	80%	80%	0%	60%	60%	80%	80%	80%	80%
Family Welfare Centre									
/Reproductive Health Service	66%	37%	17%	29%	6%	23%	6%	17%	11%
Basic Health Unit	93%	64%	36%	29%	21%	57%	57%	86%	57%
Dispensary	44%	37%	7%	19%	26%	11%	33%	33%	19%

Table 44 - Readiness score for child preventative and curative care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Guidelines and trained staff						Equipment					
Facility type	Guidelines for IMCI	Guidelines for growth monitoring	Staff trained in IMCI	Staff trained in growth monitoring	Guidelines and trained staff readiness score*	Child and infant scale	Length/height measuring equipment	Thermometer	Stethoscope	Growth chart	Equipment readiness score
Islamabad	0%	0%	6%	3%	2	16%	21%	78%	95%	10%	44
Tertiary Care Hospital/Teaching Hospital	0%	0%	50%	50%	25	75%	75%	100%	101%	50%	80
Community Health Centre	0%	0%	100%	0%	25	0%	100%	100%	103%	0%	81
Rural Health Centre	0%	0%	0%	0%	0	0%	60%	80%	81%	20%	48
Family Welfare Centre											
/Reproductive Health Service	0%	0%	0%	0%	0	17%	0%	66%	94%	0%	35
Basic Health Unit	0%	0%	14%	7%	5	29%	50%	79%	93%	29%	56
Dispensary	0%	0%	0%	0%	0	4%	15%	89%	100%	4%	42

Facility type	Diagnostics				Medicines and commodities							Medicines and commodities readiness score	Overall readiness score
	Hemoglobin (Hb)	Test parasite in stool (general microscopy)	Malaria diagnostic capacity	Diagnostics readiness score	Oral rehydration solution packet	Amoxicillin (dispersible tablet 250 or 500 mg OR syrup/suspension)	Co-trimoxazole syrup/suspension	Paracetamol syrup/suspension	Vitamin A capsules	Me-/albedazole cap/tablet	Zinc sulphate tablets, dispersible tablets or syrup		
Islamabad	2%	7%	5%	5	59%	55%	9%	71%	2%	40%	16%	36	26
Tertiary Care Hospital/Teaching Hospital	0%	75%	75%	50	50%	50%	0%	100%	0%	50%	25%	39	49
Community Health Centre	0%	0%	0%	0	0%	100%	0%	100%	0%	100%	0%	43	42
Rural Health Centre	0%	60%	20%	27	40%	60%	20%	100%	0%	60%	60%	49	35
Family Welfare Centre													
Reproductive Health Service	0%	0%	0%	0	66%	31%	0%	29%	0%	3%	0%	18	16
Basic Health Unit	0%	0%	0%	0	7%	79%	0%	100%	7%	100%	0%	42	31
Dispensary	7%	0%	0%	2	85%	70%	26%	100%	4%	48%	37%	53	31

Table 45 - Percentage availability of immunization services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Location/place/room of immunization services easily recognized by clients	Location/place/room of immunization services comfortable for vaccinators and clients	Waiting area for the clients	Comprehensive EPI microplan	RED/REC microplan for union council
Islamabad	27%	24%	30%	15%	9%
Tertiary Care Hospital/Teaching Hospital	75%	50%	75%	0%	0%
Community Health Centre	100%	0%	100%	100%	0%
Rural Health Centre	80%	60%	80%	60%	40%
Family Welfare Centre					
Reproductive Health Service	3%	6%	6%	0%	0%
Basic Health Unit	71%	71%	79%	57%	36%
Dispensary	15%	15%	19%	4%	4%

Table 46 - Percentage availability of Immunization among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Routine immunization services	Birth doses <sup>a</sup>	Infant vaccines	Adolescent/ Adult vaccines (e.g. TT/Td, flu) <sup>c</sup>	Frequency of all childhood immunization services offered in the facility <sup>d</sup>		Frequency of all childhood immunization services offered as outreach <sup>d</sup>	
					Daily	Weekly	Daily	Weekly
<b>Islamabad</b>	<b>34%</b>	<b>31%</b>	<b>31%</b>	<b>30%</b>	<b>31%</b>	<b>52%</b>	<b>45%</b>	<b>14%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	50%	67%	33%	33%	0%
Community Health Centre	100%	100%	100%	100%	0%	100%	0%	100%
Rural Health Centre	100%	100%	100%	80%	60%	40%	60%	0%
Family Welfare Centre /Reproductive Health Service	6%	6%	6%	6%	0%	50%	0%	0%
Basic Health Unit	93%	93%	93%	93%	23%	69%	62%	23%
Dispensary	19%	11%	11%	15%	20%	20%	20%	0%

Table 47 - Readiness score for immunization services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff		Guideline s and trained staff readiness score	Equipment								Equipment readiness score
	Guideline s for child immunization	Staff trained in child immunization		Cold box/vaccine carrier with ice packs	Refrigerator	Sharps container/safety box	Auto-disable syringes	Temperature monitoring device in refrigerator	Adequate refrigerator temperature	Immunization cards	Immunization tally sheets	
<b>Islamabad</b>	<b>14%</b>	<b>21%</b>	<b>17</b>	<b>21%</b>	<b>28%</b>	<b>31%</b>	<b>23%</b>	<b>27%</b>	<b>8%</b>	<b>23%</b>	<b>12%</b>	<b>22</b>
Tertiary Care Hospital/Teaching Hospital	25%	75%	50	75%	75%	75%	75%	75%	25%	75%	25%	63
Community Health Centre	0%	100%	50	100%	100%	100%	100%	100%	0%	100%	0%	75
Rural Health Centre	80%	80%	80	80%	100%	100%	100%	100%	40%	100%	60%	85
Family Welfare Centre /Reproductive Health Service	0%	0%	0	0%	0%	6%	0%	0%	0%	0%	0%	1
Basic Health Unit	50%	57%	54	57%	86%	79%	71%	86%	21%	64%	43%	63
Dispensary	0%	7%	4	7%	11%	19%	4%	7%	4%	7%	0%	7

Facility type	Vaccine									Overall readiness score
	Measles vaccine	DPT-Hib+HepB vaccine	Oral polio vaccine	BCG vaccine	Pneumococcal vaccine	Rotavirus vaccine	IPV	HPV (Human Papillomavirus)*	Vaccine readiness score	

Islamabad	26%	26%	27%	26%	21%	26%	23%	n/a	25	22
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	75%	50%	75%	75%	n/a	71	65
Community Health Centre	100%	100%	100%	100%	100%	100%	100%	n/a	100	82
Rural Health Centre	100%	100%	100%	100%	100%	100%	100%	n/a	100	91
Family Welfare Centre									0	
/Reproductive Health Service	0%	0%	0%	0%	0%	0%	0%	n/a		0
Basic Health Unit	79%	79%	79%	79%	64%	79%	71%	n/a	76	67
Dispensary	7%	7%	11%	7%	4%	7%	4%	n/a	7	7

\* Data are not available for HPV

Table 48 - Percentage of vaccine stock-outs (in past 3 months) among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Vaccine							
	Stock-out of measles vaccine	Stock-out of DPT-Hib+HepB vaccine	Stock-out of oral polio vaccine	Stock-out of BCG vaccine	Stock-out of pneumococcal vaccine	Stock-out of rotavirus vaccine	Stock-out of IPV	Stock-out of HPV (Human Papillomavirus)
Islamabad	5%	3%	3%	5%	5%	3%	5%	n/a
Tertiary Care Hospital/Teaching Hospital	0%	0%	0%	0%	0%	0%	0%	n/a
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	n/a
Rural Health Centre	0%	0%	0%	0%	0%	0%	0%	n/a
Family Welfare Centre								
/Reproductive Health Service	6%	6%	6%	6%	6%	6%	6%	n/a
Basic Health Unit	14%	7%	7%	14%	14%	7%	14%	n/a
Dispensary	0%	0%	0%	0%	0%	0%	0%	n/a

Table 49 - Percentage availability of facilities to maintain cold chain in providing immunization that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Cold chain minimum requirements	Energy source and power supply for vaccine refrigerator	Types of power used for cold chain refrigeration						
			Grid or generator	Solar	Gas	Kerosene	Mixed	Other	Total
Islamabad	8%	28%	17%	9%	0%	0%	0%	1%	28%
Tertiary Care Hospital/Teaching Hospital	25%	75%	75%	0%	0%	0%	0%	0%	75%
Community Health Centre	0%	100%	0%	100%	0%	0%	0%	0%	100%
Rural Health Centre	40%	100%	100%	0%	0%	0%	0%	0%	100%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0%	0%	0%	0%	0%	0%
Basic Health Unit	21%	86%	36%	43%	0%	0%	0%	7%	86%
Dispensary	4%	11%	7%	4%	0%	0%	0%	0%	11%

Table 50 - Percentage availability of comprehensive obstetric care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Hospitals and lower level facilities		
	Caesarean section	Blood transfusion	Comprehensive emergency obstetric care
<b>Islamabad</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%
Community Health Centre	0%	0%	0%
Rural Health Centre	0%	0%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	3%
Basic Health Unit	0%	0%	0%
Dispensary	0%	0%	0%

Table 51 - Readiness score of comprehensive obstetric care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff					Equipment					Equipment readiness score
	Guidelines for CeMOC	Staff trained in CeMOC	Staff trained in surgery	Staff trained in anaesthesia	Guidelines and trained staff readiness score*	Anaesthesia equipment	Resuscitation table	Incubator	Oxygen	Spinal needle	
<b>Islamabad</b>	<b>1%</b>	<b>2%</b>	<b>3%</b>	<b>3%</b>	<b>3</b>	<b>3%</b>	<b>6%</b>	<b>5%</b>	<b>20%</b>	<b>3%</b>	<b>7</b>
Tertiary Care Hospital/Teaching Hospital	25%	50%	75%	75%	56	75%	75%	75%	75%	75%	75
Community Health Centre	0%	0%	0%	0%	0	0%	0%	0%	0%	0%	0
Rural Health Centre	0%	0%	0%	0%	0	0%	40%	20%	40%	0%	20
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0%	0	0%	0%	0%	3%	0%	1
Basic Health Unit	0%	0%	0%	0%	0	0%	0%	0%	0%	0%	0
Dispensary	0%	0%	0%	0%	0	0%	0%	0%	41%	0%	8

Facility type	Diagnostics			Medicines and commodities									Medicines and commodities readiness score	Overall readiness score
	Blood typing	Cross match 98e 98 98r	Diagnostics readiness score	Blood supply sufficiency	Blood supply safety	Lidocaine 5	Epinephrine (injection)	Halothane (inhalation)	Atropine (98e 98t 98r 98le)	Thiopental (powder)	Suxamethonium bromide (powder)	Ketamine (98e 98t 98r 98le)		
<b>Islamabad</b>	<b>10%</b>	<b>3%</b>	<b>7</b>	<b>5%</b>	<b>5%</b>	<b>3%</b>	<b>5%</b>	<b>2%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>5%</b>	<b>4</b>	<b>5</b>
Tertiary Care Hospital/	10%	75%	88	100%	10%	75%	75%	50%	75%	25%	75%	100%	<b>75</b>	<b>73</b>



Teaching Hospital																	
Community Health Centre	0%	0%	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0		0	
Rural Health Centre	60%	0%	30	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0		8	
Family Welfare Centre /Reproductive Health Service	0%	0%	0	0%	0%	0%	0%	0%	0%	6%	0%	0%		1		0	
Basic Health Unit	0%	0%	0	0%	0%	0%	7%	0%	0%	0%	0%	0%		1		0	
Dispensary	7%	0%	4	0%	0%	0%	0%	0%	0%	0%	0%	0%		0		2	

Table 52 - Percentage availability of adolescent care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Adolescent health services	HIV testing and counselling services to adolescents	Family planning services to adolescents	Provision of combined oral contraceptive pills to adolescents	Provision of male condoms to adolescents	Provision of emergency contraceptive pills to adolescents	Provision of IUDs to adolescents	Provision of ART to adolescents
<b>Islamabad</b>	<b>60%</b>	<b>23%</b>	<b>45%</b>	<b>37%</b>	<b>50%</b>	<b>37%</b>	<b>33%</b>	<b>1%</b>
Tertiary Care Hospital/Teaching Hospital	25%	75%	75%	25%	75%	75%	75%	25%
Community Health Centre	100%	100%	100%	100%	100%	0%	0%	0%
Rural Health Centre	60%	0%	40%	40%	40%	40%	20%	0%
Family Welfare Centre /Reproductive Health Service	66%	31%	80%	71%	89%	69%	51%	0%
Basic Health Unit	79%	14%	29%	14%	36%	14%	36%	0%
Dispensary	48%	11%	4%	4%	4%	4%	4%	0%

Table 53 - Readiness score for adolescent care services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff					Diagnostics		Medicines and commodities		Overall readiness score
	Guidelines for service provision to adolescents	Staff trained in provision of adolescent health services	Staff providing family planning services trained in adolescent sexual and reproductive health	Staff providing HIV testing and counselling services trained in HIV/AIDS prevention, care,	Guidelines and trained staff readiness score	HIV diagnostic capacity	Diagnostics readiness score	Condoms	Medicines and commodities readiness score	

				and managem ent for adolescent s						
<b>Islamabad</b>	<b>1%</b>	<b>1%</b>	<b>14%</b>	<b>0%</b>	<b>4</b>	<b>3%</b>	<b>3</b>	<b>48%</b>	<b>48</b>	<b>11</b>
Tertiary Care Hospital/Teaching Hospital	25%	0%	25%	0%	13	75%	75	75%	75	33
Community Health Centre	0%	0%	100%	0%	25	0%	0	100%	100	33
Rural Health Centre	0%	0%	20%	0%	5	0%	0	80%	80	17
Family Welfare Centre /Reproductive Health Service	0%	3%	14%	0%	4	0%	0	91%	91	18
Basic Health Unit	0%	0%	21%	0%	5	0%	0	7%	7	5
Dispensary	0%	0%	4%	0%	1	0%	0	0%	0	1

Table 54 - Readiness score for HIV counselling and testing services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	HIV counselling and testing	Guidelines and trained staff			Equipment		Diagnostics		Medicines and commodities		Overall readiness score
		Guidelines on HIV counselling and testing	Staff trained in HIV counselling and testing	Guidelines and trained staff readiness score	Visual and auditory privacy	Equipment readiness score	HIV diagnostic capacity	Diagnostics readiness score	Condoms	Medicine and commodities readiness score	
<b>Islamabad</b>	<b>29%</b>	<b>0%</b>	<b>0%</b>	<b>0</b>	<b>27%</b>	<b>27</b>	<b>3%</b>	<b>3</b>	<b>19%</b>	<b>19</b>	<b>13</b>
Tertiary Care Hospital/Teaching Hospital	75%	0%	0%	0	50%	50	75%	75	25%	25	38
Community Health Centre	100%	0%	0%	0	100%	100	0%	0	100%	100	50
Rural Health Centre	0%	0%	0%	0	0%	0	0%	0	0%	0	0
Family Welfare Centre /Reproductive Health Service	40%	0%	0%	0	40%	40	0%	0	37%	37	20
Basic Health Unit	29%	0%	0%	0	21%	21	0%	0	7%	7	10
Dispensary	11%	0%	0%	0	11%	11	0%	0	0%	0	4

Table 55 - Percentage availability of HIV/AIDS care and support services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

<b>Islamabad</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>n/a</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	25%	25%	25%	25%	n/a

Community Health Centre	0%	0%	0%	0%	0%	0%	n/a
Rural Health Centre	0%	0%	0%	0%	0%	0%	n/a
Family Welfare Centre							
/Reproductive Health Service	0%	0%	0%	0%	0%	0%	n/a
Basic Health Unit	0%	0%	0%	0%	0%	0%	n/a
Dispensary	0%	0%	0%	0%	0%	0%	n/a

*Table 56 - Readiness score for HIV/AIDS care and support services among health facilities that are expected to provide the service in Islamabad by facility type, 2020*

ive Health Service														
Basic Health Unit	0%	0%	0%	0	0%	0	71%	0%	0%	0%	100%	7%	30	18
Dispensary	0%	0%	0%	0	0%	0	37%	0%	22%	0%	100%	0%	27	16

Table 57 - Percentage availability of HIV care and support services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Offer treatment for HBV and HCV			Diagnostics						Medicines and commodities			
	HBV only	HCV only	Both HBV and HCV	Serological testing for both HBV and HCV			Nucleic acid testing for HBV and HCV			Treatment regimen offered for HBV and HCV			
				HBV only	HCV only	Both HBV and HCV	HBV only	HCV only	Both HBV and HCV	Tab. Sofosbuvir	Tab. Daclatsvir	Tab. Ribavirin	Tab. Tenofovir
<b>Islamabad</b>	<b>0%</b>	<b>1%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>	<b>8%</b>	<b>0%</b>	<b>1%</b>	<b>8%</b>	<b>5%</b>	<b>5%</b>	<b>3%</b>	<b>3%</b>
Tertiary Care Hospital/Teaching Hospital	0%	0%	50%			100%	0%	0%	100%	75%	75%	75%	75%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	40%	0%	0%	40%	0%	0%	0%	0%
Family Welfare Centre													
Centre /Reproductive Health Service	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	7%	0%	0%	7%	0%	0%	0%	0%
Dispensary	0%	4%	0%	0%	4%	0%	0%	4%	0%	4%	4%	0%	0%

Table 58 - Percentage availability of STI services with tracer items among health facilities in Islamabad by facility type, 2020

Facility type	STI services	STI diagnostics	STI treatment
<b>Islamabad</b>	<b>28%</b>	<b>22%</b>	<b>22%</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	50%
Community Health Centre	100%	0%	100%
Rural Health Centre	80%	80%	80%
Family Welfare Centre/Reproductive Health Service	26%	23%	20%
Basic Health Unit	21%	21%	21%
Dispensary	19%	7%	7%

Table 59 - Readiness score of STI services with tracer items in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Diagnostics		Medicines and commodities					Overall readiness score
	Guidelines for diagnosis and treatment of STIs	Staff trained in STI diagnosis and treatment	Guidelines and trained staff readiness score*	Syphilis rapid test	Diagnostics readiness score	Condoms	Metronidazole cap/tab	Ciprofloxacin cap/tab	Ceftriaxone injection	Medicines and commodities readiness score	
<b>Islamabad</b>	<b>0%</b>	<b>0%</b>	<b>0</b>	<b>3%</b>	<b>3</b>	<b>48%</b>	<b>64%</b>	<b>66%</b>	<b>14%</b>	<b>48</b>	<b>28</b>
Tertiary Care	0%	0%	0	75%	75	75%	100%	100%	100%	94	64

Hospital/Teaching Hospital	0%	0%	0	0%	0	100%	100%	100%	100%	100	57
Community Health Centre	0%	0%	0	0%	0	80%	100%	80%	40%	75	43
Rural Health Centre	0%	0%	0	0%	0	91%	26%	40%	0%	39	22
Family Welfare Centre	0%	0%	0	0%	0	7%	86%	86%	21%	50	29
/Reproductive Health Service	0%	0%	0	0%	0	0%	89%	81%	7%	44	25
Basic Health Unit											
Dispensary											

Table 60 - Percentage availability of TB diagnostic services among health facilities that are expected to provide the services in Islamabad by facility type, 2020

Facility type	TB services	TB diagnosis	TB diagnostic testing	TB diagnosis by clinical symptoms	TB diagnosis by sputum smear microscopy examination	TB diagnosis by culture	TB diagnosis by rapid test (GeneXpert MTB/RIF)	TB diagnosis by chest X-ray	Prescription of drugs to TB patients	Provision of drugs to TB patients	Management and treatment follow-up for TB patients
Islamabad	24.4%	22%	7%	22%	7%	1%	3%	3%	8%	7%	8%
Tertiary Care Hospital/Teaching Hospital	75%	50%	50%	50%	25%	50%	50%	75%	75%	75%	
Community Health Centre	100%	0%	100%	0%	0%	0%	0%	0%	0%	0%	
Rural Health Centre	100%	60%	80%	60%	0%	20%	20%	60%	60%	60%	
Family Welfare Centre /Reproductive Health Service	6%	0%	6%	0%	0%	0%	0%	0%	0%	0%	
Basic Health Unit	14%	7%	14%	7%	0%	0%	0%	0%	0%	0%	
Dispensary	30%	0%	30%	0%	0%	0%	0%	4%	0%	4%	

Table 61 - Readiness score for TB diagnostic services among facilities that are expected to provide the services in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff								Guidelines and trained staff readiness score*
	Guidelines for diagnostics and treatment of TB	Guidelines for management of HIV & TB co-infection	Guidelines related to MDR-TB treatment (or identification of need for referral)	Guidelines for TB infection control	Staff trained in TB diagnostics and treatment	Staff trained in management of HIV & TB co-infection	Staff trained in client MDR-TB treatment or identification of need for referral	Staff trained in TB Infection Control	
<b>Islamabad</b>	<b>3%</b>	<b>1%</b>	<b>1%</b>	<b>2%</b>	<b>6%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>2</b>
Tertiary Care Hospital/Teaching Hospital	25%	0%	0%	0%	25%	0%	0%	0%	6
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%	0
Rural Health Centre	40%	20%	20%	40%	40%	0%	0%	0%	20
Family Welfare Centre									
/Reproductive Health Service	0%	0%	0%	0%	0%	0%	0%	0%	0
Basic Health Unit	0%	0%	0%	0%	0%	0%	0%	0%	0
Dispensary	0%	0%	0%	0%	7%	7%	4%	7%	3

Facility type	Diagnostics				Medicines and commodities		Overall readiness score
	TB microscopy	HIV diagnostic capacity	System for diagnostics of HIV among TB clients	Diagnostics readiness score	First-line TB medications	Medicines and commodities readiness score	
<b>Islamabad</b>	<b>6%</b>	<b>3.5%</b>	<b>3%</b>	<b>4</b>	<b>6%</b>	<b>6</b>	<b>3</b>
Tertiary Care Hospital/Teaching Hospital	49%	75%	50%	58	75%	75	25
Community Health Centre	0%	0%	0%	0	0%	0	0
Rural Health Centre	60%	0%	20%	27	40%	40	23
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0			0
Basic Health Unit	0%	0%	0%	0	0%	0	0
Dispensary	0%	0%	0%	0	0%	0	2

Table 62 - Percentage availability of malaria diagnostics and treatment services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Malaria services	Malaria diagnostics	Malaria diagnostic testing	Malaria diagnosed by clinical symptoms	Malaria diagnostics by RDT	Malaria diagnostics by microscopy	Malaria treatment	IPT p
<b>Islamabad</b>	<b>37%</b>	<b>33%</b>	<b>6%</b>	<b>33%</b>	<b>5%</b>	<b>5%</b>	<b>22%</b>	<b>6%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	75%	75%	75%	75%	50%
Community Health Centre	100%	100%	0%	100%	0%	0%	100%	0%
Rural Health Centre	80%	80%	40%	80%	20%	20%	60%	0%
Family Welfare Centre/Reproductive Health Service	17%	14%	0%	14%	0%	0%	3%	3%
Basic Health Unit	36%	29%	0%	29%	0%	0%	29%	7%
Dispensary	48%	41%	0%	41%	0%	0%	26%	4%

Table 63 - Readiness score for malaria diagnostics and treatment services facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff					Diagnostics		Medicines and commodities					Overall readiness score
	Guidelines for diagnostics and treatment of malaria	Guidelines for IPTp	Staff trained in malaria diagnostics and treatment	Staff trained in IPTp	Guidelines and trained staff readiness score *	Malaria diagnostic capacity	Diagnostics readiness score	First-line antimalarial in stock	Paracetamol cap/tab	IPT drug	Insecticide-treated bed nets	Medicine and commodities readiness score	
<b>Islamabad</b>	<b>1%</b>	<b>1%</b>	<b>3%</b>	<b>2%</b>	<b>2</b>	<b>5%</b>	<b>5</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>1</b>	<b>2</b>
Tertiary Care Hospital/Teaching Hospital	0%	25%	25%	25%	19	75%	75	25%	0%	0%	0%	6	19
Community Health Centre	0%	0%	0%	0%	0	0%	0	0%	0%	0%	0%	0	0
Rural Health Centre	0%	0%	0%	0%	0	20%	20	0%	0%	0%	0%	0	2
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	3%	1	0%	0	0%	0%	0%	0%	0	0
Basic Health Unit	0%	0%	0%	0%	0	0%	0	7%	0%	0%	0%	2	1
Dispensary	4%	0%	7%	0%	3	0%	0	0%	0%	0%	0%	0	1

Table 64 - Percentage availability of trained staff, diagnostics, stock-outs and medicines of antimalarial drugs among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Staff	Diagnostics			Stock-outs				Medicines				
	Accredited/certified microscopist	Capacity to conduct malaria microscopy	Capacity to conduct RDT	Availability of RDT	RDT stock-out	Length of RDT stock-out	ACT stock-out	Length of ACT stock-out	Artemisinin monotherapy (oral)*	Artesunate rectal or injection dosage forms	Chloroquine (oral)	Quinine (oral)	Primaquine (oral)
Islamabad	7%	2%	1%	6%	3%	3%	1%	1%	n/a	1%	10%	1%	0%
Tertiary Care Hospital/Teaching Hospital	75%	50%	25%	100%	0%	0%	0%	0%	n/a	0%	0%	0%	0%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	100%	0%	0%
Rural Health Centre	40%	0%	0%	20%	20%	20%	0%	0%	n/a	20%	60%	0%	0%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0%	0%	3%	3%	n/a	0%	0%	0%	0%
Basic Health Unit	7%	0%	0%	0%	0%	0%	0%	0%	n/a	0%	29%	7%	0%
Dispensary	0%	0%	0%	0%	7%	7%	0%	0%	n/a	0%	4%	0%	0%

Table 65 - Percentage availability of dengue diagnostic services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Diagnostics		Treatment			
	Serological testing	Viral antigen or RNA test	Treatment for Dengue	Supportive treatment (rehydration, fever control)	Platelet transfusions	Acetaminophen (500 mg)
<b>Islamabad</b>	3%	0%	15%	12%	2%	13%
Tertiary Care Hospital/Teaching Hospital	75%	0%	75%	75%	50%	75%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	60%	60%	0%	40%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	14%	7%	0%	14%
Dispensary	0%	0%	19%	11%	0%	15%

Table 66 - Percentage availability of diabetes screening and Diagnostics services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Diabetes diagnostics and/or management
<b>Islamabad</b>	<b>60%</b>
Tertiary Care Hospital/Teaching Hospital	100%
Community Health Centre	100%
Rural Health Centre	60%
Family Welfare Centre/Reproductive Health Service	37%
Basic Health Unit	71%
Dispensary	78%



Table 67 - Readiness score of facilities providing diabetes services with tracer items in Islamabad by facility type, 2020

Facility type	Guidelines and Trained Staff		Guidelines and trained staff readiness score*	Equipment			Equipment readiness score
	Guidelines for diabetes Diagnostic s and treatment	Staff trained in diabetes diagnostics and treatment		Blood pressure apparatus	Adult scale	Measuring tape (height board/ stadiometer)	
<b>Islamabad</b>	<b>0%</b>	<b>5%</b>	<b>2</b>	<b>93%</b>	<b>85%</b>	<b>29%</b>	<b>69</b>
Tertiary Care Hospital/Teaching Hospital	0%	25%	13	100%	100%	75%	92
Community Health Centre	0%	100%	50	100%	100%	100%	100
Rural Health Centre	0%	0%	0	100%	100%	20%	73
Family Welfare Centre/Reproductive Health Service	0%	3%	1	83%	86%	3%	57
Basic Health Unit	0%	0%	0	100%	86%	71%	86
Dispensary	0%	4%	2	100%	78%	33%	70

Facility type	Diagnostics				Medicines and commodities					Medicine s and commodi ties readines s score	Overall readin ess score
	Bloo d gluco se	Urine dipsti ck-protei n	Urine dipsti ck-keton es	Diagnos tics readine ss score	Metfor min cap/tab	Glibencla mide cap/tab	Insulin regular injecta ble	Glucos e 50 injecta ble	Gliclaz ide tablet or glipizi de tablet		
<b>Islamabad</b>	<b>16%</b>	<b>12%</b>	<b>12%</b>	<b>13</b>	<b>44%</b>	<b>30%</b>	<b>6%</b>	<b>6%</b>	<b>16%</b>	<b>20</b>	<b>27</b>
Tertiary Care Hospital/Tea ching Hospital	50%	100%	100%	83	75%	50%	75%	50%	25%	55	63
Community Health Centre	100%	100%	100%	100	0%	0%	0%	100%	0%	20	62
Rural Health Centre	80%	80%	80%	80	80%	40%	0%	20%	20%	32	48
Family Welfare Centre /Reproductiv e Health Service	0%	0%	0%	0	0%	0%	0%	0%	0%	0	13
Basic Health Unit	7%	7%	7%	7	64%	0%	0%	7%	0%	14	27
Dispensary	22%	0%	0%	7	81%	81%	7%	0%	44%	43	35

Table 68 - Readiness score of facilities providing cardiovascular disease services with tracer items in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Equipment				Diagnostics		
	Guidelines for Diagnostics and treatment of chronic cardiovascular conditions	Staff trained in Diagnostics and management of chronic cardiovascular conditions	Guidelines and trained staff readiness score	Stethoscope	Blood pressure apparatus	Adult scale	Oxygen	Equipment readiness score	CVD Diagnostics and/or management	Diagnostics readiness score
Islamabad	0%	2%	1	95%	93%	85%	20%	73	60%	60
Tertiary Care Hospital/Teaching Hospital	0%	25%	13	100%	100%	100%	75%	94	100%	100
Community Health Centre	0%	0%	0	100%	100%	100%	0%	75	100%	100
Rural Health Centre	0%	0%	0	81%	100%	100%	40%	80	60%	60
Family Welfare Centre										
/Reproductive Health Service	0%	0%	0	94%	83%	86%	3%	66	37%	37
Basic Health Unit	0%	0%	0	93%	100%	86%	0%	70	71%	71
Dispensary	0%	4%	2	100%	100%	78%	41%	80	78%	78
Facility type	Medicines and commodities								Overall readiness score	
	ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)	Hydrochlorothiazide tablet or other thiazide diuretic tablet	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)	Calcium channel blockers (e.g. amlodipine)	Aspirin cap/tablets	Metformin cap/tablets	Medicines and commodities readiness score			
Islamabad	17%	3%	51%	36%	53%	44%	34	43		
Tertiary Care Hospital/Teaching Hospital	50%	25%	75%	100%	75%	75%	67	69		
Community Health Centre	0%	0%	100%	100%	100%	0%	50	54		
Rural Health Centre	20%	0%	80%	40%	100%	80%	53	54		
Family Welfare Centre										
/Reproductive Health Service	0%	0%	0%	0%	0%	0%	0	23		
Basic Health Unit	0%	7%	93%	14%	79%	64%	43	47		
Dispensary	44%	4%	85%	81%	96%	81%	65	61		

Table 69 - Readiness score of facilities providing chronic respiratory disease services with tracer items in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Equipment				Diagnostics		
	Guidelines for diagnostic s and managem ent of CRD	Staff trained in diagnostic s and managem ent of CRD	Guidelin es and trained staff readines s score*	Stethosco pe	Pea k flow met er	Space rs for inhal ers	Oxyg en	Equipm ent readine ss score	Chronic respirator y disease Diagnosti cs and/or managem ent	Diagnos tics readine ss score
<b>Islamabad</b>	<b>0%</b>	<b>5%</b>	<b>2</b>	<b>95%</b>	<b>2%</b>	<b>2%</b>	<b>20%</b>	<b>30</b>	<b>60%</b>	<b>60</b>
Tertiary Care Hospital/Teaching Hospital	0%	25%	13	100%	25%	50%	75%	63	100%	100
Community Health Centre	0%	100%	50	100%	0%	0%	0%	25	100%	100
Rural Health Centre	0%	0%	0	80%	0%	0%	40%	30	60%	60
Family Welfare Centre	0%	0%		94%	0%	0%	3%	24		
/Reproductive Health Service			0						37%	37
Basic Health Unit	0%	0%	0	93%	0%	0%	0%	23	71%	71
Dispensary	0%	7%	4	100%	4%	0%	41%	36	78%	78

Facility type	Medicines and commodities						Medicines and commoditie s readines s score	Overall readines s score
	Salbutamo l inhaler	Beclomethason e inhaler	Prednisolon e cap/tabs	Hydrocortison e injection	Epinephrin e injectable			
<b>Islamabad</b>	<b>17%</b>	<b>5%</b>	<b>12%</b>	<b>34%</b>	<b>5%</b>		<b>14</b>	<b>21</b>
Tertiary Care Hospital/Teaching Hospital							65	58
Community Health Centre	50%	50%	75%	75%	75%		40	42
Rural Health Centre	0%	0%	100%	100%	0%		24	25
Family Welfare Centre	40%	0%	20%	60%	0%			
/Reproductive Health Service							0	11
Basic Health Unit	0%	0%	0%	0%	0%		23	23
Dispensary	41%	7%	7%	37%	0%		19	27

Table 70 - Percentage availability of breast cancer services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Diagnostics					Treatment			
	Facility offers diagnosis or treatment of breast cancer	Providers offer diagnosis of breast cancer	Methods				Treatment for breast cancer by providers		
			Medical examination	Mammography	Ultrasound	Biopsy	Mastectomy	Radiotherapy	Chemotherapy
<b>Islamabad</b>	<b>29%</b>	<b>27%</b>	<b>27%</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	50%	25%	50%	50%	50%	0%	25%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	60%	60%	60%	0%	0%	0%	0%	0%	0%
Family Welfare Centre									
/Reproductive Health Service	31%	26%	26%	0%	0%	0%	0%	0%	0%
Basic Health Unit	7%	7%	7%	0%	0%	0%	0%	0%	0%
Dispensary	30%	30%	30%	0%	0%	0%	0%	0%	0%

Table 71 - Readiness score of cervical cancer screening facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Equipment		Diagnostics		Overall readiness score
	Guidelines for cervical cancer prevention and control	Staff trained in cervical cancer prevention and control	Guidelines and trained staff readiness score*	Speculum	Equipment readiness score	Cervical cancer diagnostics	Diagnostics readiness score	
<b>Islamabad</b>	<b>0%</b>	<b>3%</b>	<b>2</b>	<b>28%</b>	<b>28</b>	<b>60%</b>	<b>60</b>	<b>23</b>
Tertiary Care Hospital/Teaching Hospital	0%	0%	0	75%	75	100%	100	<b>35</b>
Community Health Centre	0%	0%	0	0%	0	100%	100	<b>20</b>
Rural Health Centre	0%	0%	0	80%	80	60%	60	<b>28</b>
Family Welfare Centre								
/Reproductive Health Service	0%	9%	4	46%	46	37%	37	<b>18</b>
Basic Health Unit	0%	0%	0	7%	7	71%	71	<b>16</b>
Dispensary	0%	0%	0	0%	0	78%	78	<b>16</b>

Table 72 - Percentage availability of dental health services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Dental health services	Dental caries in paediatrics	Dental health promotion	Medical treatment of dental health	Surgical treatment of dental health	Guidelines Guidelines for diagnosing and treating
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						oral health problems
Islamabad	3%	2%	2%	3%	2%	0%
Tertiary Care Hospital/Teaching Hospital	50%	50%	50%	50%	50%	0%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	0%
Family Welfare Centre						
/Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%
Dispensary	4%	0%	0%	4%	0%	0%

Table 73 - Percentage availability of mental health services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Mental health services	Psychiatric emergency e.g. suicide attempt, acute psychosis, drug overdose, severe distress (anxiety and depression) and grief	Treatment for common MNS disorders, psychosis and epilepsy	Referrals for common MNS disorders	The facility's acceptance of referrals for common MNS disorders
Islamabad	23%	6%	7%	22%	7%
Tertiary Care Hospital/Teaching Hospital	50%	25%	50%	25%	50%
Community Health Centre	100%	100%	0%	100%	0%
Rural Health Centre	60%	20%	40%	60%	20%
Family Welfare Centre					
/Reproductive Health Service	6%	0%	0%	6%	0%
Basic Health Unit	21%	0%	0%	21%	0%
Dispensary	33%	7%	7%	33%	11%

Table 74 - Readiness score of mental health services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Guidelines and trained staff readiness score	Medicines and commodities						
	Guidelines for diagnosis and management of common MNS disorders	Guidelines for referral mechanism /protocol of common MNS disorders	Staff trained in provision of mhGAP/ MHPSS and management of common MNS disorders		Ami triptyline tablet	Carbamazepine tablet	Chlorpromazine injection	Diazepam tablet	Diazepam injection or diazepam rectal tubes	Fluoxetine tablet	Fluphenazine injection
Islamabad	0%	0%	1%	5	1%	7%	0%	3%	2%	2%	0%
Tertiary Care Hospital/Teaching Hospital	0%	0%	0%	6	0%	75%	0%	25%	50%	25%	0%
Community Health Centre	0%	0%	100%	7	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0	0%	0%	0%	20%	0%	0%	0%
Family Welfare	0%	0%	0%	0	0%	0%	0%	0%	0%	0%	0%

Centre /Reproduc tive Health Service Basic Health Unit Dispensar y	0%	0%	0%	0	0%	0%	0%	0%	0%	0%	0%
	0%	0%	0%	0	4%	11%	0%	4%	0%	4%	0%

Facility type	Medicines and commodities							Medicines and commoditi es readiness score	Overall readine ss score
	Haloperid ol tablet	Levodop a + carbidop a tablet*	Lorazepa m injection *	Lithiu m tablet *	Phenobarbit al tablet	Phenytoi n tablet	Valproat e sodium tablet		
<b>Islamabad</b>	<b>1%</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>2%</b>	<b>1</b>
Tertiary Care Hospital/Teachi ng Hospital	25%	n/a	n/a	n/a	0%	0%	50%	23%	18
Community Health Centre	0%	n/a	n/a	n/a	0%	0%	0%	0%	7
Rural Health Centre	0%	n/a	n/a	n/a	0%	0%	0%	2%	1
Family Welfare Centre									0
/Reproductive Health Service	0%	n/a	n/a	n/a	0%	0%	0%	0%	
Basic Health Unit	0%	n/a	n/a	n/a	0%	0%	0%	0%	0
Dispensary	0%	n/a	n/a	n/a	0%	0%	0%	2%	2

Table 75 - Percentage availability of basic surgical services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Basic surgical services	Incision and drainage of abscesses	Wound debridement	Acute burn management	Suturing	Closed repair of fracture	Cricothyroidotomy
Islamabad	14%	9%	9%	6%	13%	5%	4%
Tertiary Care Hospital/Teaching Hospital	100%	100%	101%	75%	100%	100%	75%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	20%	20%	21%	0%	20%	0%	0%
Family Welfare Centre /Reproductive Health Service	9%	0%	0%	0%	6%	0%	0%
Basic Health Unit	21%	14%	14%	7%	21%	0%	0%
Dispensary	4%	4%	4%	4%	4%	0%	0%

Facility type	Male circumcision	Hydrocele reduction	Chest tube insertion	Closed repair of dislocated joint	Biopsy of lymph node or mass or other	Removal of foreign body (from the throat, eye, ear or nose)
Islamabad	5%	5%	4%	5%	4.7%	4.7%
Tertiary Care Hospital/Teaching Hospital	100%	100%	75%	100%	100%	100%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	0%
Family Welfare Centre						
/Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%

Table 76 - Readiness score for basic surgical facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Equipment									
	Guidelines for IMEES C	Staff trained in IME ESC	Guidelines and trained staff readiness score	Needle holder	Scalpel handle with blades	Retractor	Surgical scissors	Nasogastric tubes (10-16 FG)	Tourniquet	Adult and paediatric resuscitators	Suction apparatus (manual or electric sucker)	Oxygen	Equipment readiness score
Islamabad	1%	2%	2	13%	9%	8%	12%	5%	7%	5%	5%	20%	9
Tertiary Care Hospital/Teaching Hospital Community Health Centre	25%	50%	38	100%	100%	100%	100%	100%	100%	100%	100%	75%	97
	0%	0%	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0

Rural Health Centre	0%	0%	0	20%	0%	0%	20%	0%	0%	0%	0%	40%	9
Family Welfare Centre /Reproductive Health Service	0%	0%	0	6%	6%	6%	6%	0%	0%	0%	0%	3%	3
Basic Health Unit	0%	0%	0	21%	7%	7%	14%	0%	7%	0%	0%	0%	6
Dispensary	0%	0%	0	4%	4%	0%	4%	0%	4%	0%	0%	41%	6

Facility type	Medicines and commodities							Overall readiness score
	Skin disinfectant	Sutures (any type)	Ketamine (injectable)	Lidocaine (1 or 2 injectables)	Splints for extremities	Material for cast	Medicines and commodities readiness score	
Islamabad	48%	15%	5%	7%	1%	2%	13	10
Tertiary Care Hospital/Teaching Hospital	100%	75%	100%	100%	25%	50%	75	82
Community Health Centre	100%	100%	0%	0%	0%	0%	33	12
Rural Health Centre	40%	60%	0%	0%	0%	0%	17	11
Family Welfare Centre /Reproductive Health Service	17%	6%	0%	3%	0%	0%	4	3
Basic Health Unit	43%	14%	0%	0%	0%	0%	10	7
Dispensary	81%	7%	0%	4%	0%	0%	15	9

Table 77 - Percentage availability of comprehensive surgery services in Islamabad by facility type, 2020

Facility type	Comprehensive surgical services	Tracheostomy	Tubal ligation	Vasectomy	Dilatation and Curettage	Obstetric fistula repair	Episiotomy	Appendectomy
<b>Islamabad</b>	<b>4%</b>	<b>3%</b>	<b>7%</b>	<b>3%</b>	<b>4%</b>	<b>3%</b>	<b>3%</b>	<b>4%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75%	75%	75%	75%	75%	75%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	0%	0%	0%
Family Welfare Centre /Reproductive Health Service	0%	0%	9%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%	0%	0%

Facility type	Hernia repair (strangulated)	Hernia repair (elective)	Cystostomy	Urethral stricture dilatation	Laparotomy	Congenital hernia repair	Neonatal surgery	Cleft palate
<b>Islamabad</b>	<b>3%</b>	<b>5%</b>	<b>5%</b>	<b>4%</b>	<b>5%</b>	<b>2%</b>	<b>1%</b>	<b>3%</b>
Tertiary Care Hospital/Teaching Hospital	75%	100%	100%	75%	100%	50%	25%	75%



Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	0%	0%	0%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%	0%	0%

Facility type	Skin grafting and contracture release	Open reduction and fixation for fracture	Amputation	Cataract surgery	Club foot repair	Drainage of osteomyelitis septic arthritis
<b>Islamabad</b>	5%	5%	5%	5%	3%	5%
Tertiary Care Hospital/Teaching Hospital	100%	100%	100%	100%	75%	100%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	0%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%

Table 78 - Readiness score for comprehensive surgery facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff					Equipment				
	Materials for IMEESC	Staff trained in IMEESC	Staff trained in surgery	Staff trained in anaesthesia	Guidelines and trained staff readiness score*	Oxygen	Anaesthesia equipment	Spinal needle	Suction apparatus	Equipment readiness score
<b>Islamabad</b>	<b>1%</b>	<b>2%</b>	<b>5%</b>	<b>3%</b>	<b>3</b>	<b>20%</b>	<b>3%</b>	<b>3%</b>	<b>5%</b>	<b>8</b>
Tertiary Care Hospital/Teaching Hospital	25%	50%	100%	75%	63	75%	75%	75%	100%	81
Community Health Centre	0%	0%	0%	0%	0	0%	0%	0%	0%	0
Rural Health Centre	0%	0%	0%	0%	0	40%	0%	0%	0%	10
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0	3%	0%	0%	0%	1
Basic Health Unit	0%	0%	0%	0%	0	0%	0%	0%	0%	0
Dispensary	0%	0%	0%	0%	0	41%	0%	0%	0%	10

Facility type	Medicines and commodities										Overall readiness score
	Thiopental (powder)	Suxamethonium bromide (powder)	Atropine (injectable)	Diazepam (injectable)	Halothane (inhalation)	Bupivacaine (injectable)	Lidocaine 5% (heavy spinal solution)	Epinephrine (injectable)	Ephedrine (injectable)	Medicines and commodities readiness score	
<b>Islamabad</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>6%</b>	<b>2%</b>	<b>3%</b>	<b>3%</b>	<b>5%</b>	<b>2%</b>	<b>4</b>	<b>4</b>
Tertiary Care	25%	75%	75%	100%	50%	75%	75%	75%	50%	67	69

Hospital/Teaching Hospital											
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0
Rural Health Centre	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	2
Family Welfare Centre											
/Reproductive Health Service	6%	0%	0%	3%	0%	0%	0%	0%	0%	1	1
Basic Health Unit	0%	0%	0%	0%	0%	0%	0%	7%	0%	1	0
Dispensary	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	2

*Table 79 - Percentage availability of blood transfusion services among health facilities that are expected to provide the service in Islamabad by facility type, 2020*

Facility type	Blood transfusion
<b>Islamabad</b>	<b>5%</b>
Tertiary Care Hospital/Teaching Hospital	100%
Community Health Centre	0%
Rural Health Centre	0%
Family Welfare Centre/Reproductive Health Service	0%
Basic Health Unit	0%
Dispensary	0%

Table 80 - Readiness score of blood transfusion services among facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff			Equipment		Diagnostics			Medicines and commodities			Overall readiness score
	Guidelines on the appropriate use of blood and safe blood transfusion	Staff trained in the appropriate use of blood and safe blood transfusion	Guidelines and trained staff readiness score*	Blood storage refrigerator	Equipment readiness score	Blood typing	Cross matching testing	Diagnostics readiness score	Blood supply sufficiency	Blood supply safety	Medicines and commodities readiness score	
<b>Islamabad</b>	<b>1%</b>	<b>2%</b>	<b>2</b>	<b>2%</b>	<b>2</b>	<b>10%</b>	<b>3%</b>	<b>7</b>	<b>5%</b>	<b>5%</b>	<b>5</b>	<b>4</b>
Tertiary Care Hospital/Teaching Hospital	25%	50%	38	50%	50	100%	75%	88	100%	100%	100	71
Community Health Centre	0%	0%	0	0%	0	0%	0%	0	0%	0%	0	0
Rural Health Centre	0%	0%	0	0%	0	60%	0%	30	0%	0%	0	9
Family Welfare Centre												
Reproductive Health Service	0%	0%	0	0%	0	0%	0%	0	0%	0%	0	0
Basic Health Unit	0%	0%	0	0%	0	0%	0%	0	0%	0%	0	0
Dispensary	0%	0%	0	0%	0	7%	0%	4	0%	0%	0	1

Table 81 - Percentage availability of facilities offering advanced diagnostic services in Islamabad by facility type, 2020

Facility type	Serum electrolytes	Full blood count with differential	Blood typing (ABO and Rhesus) and cross match (by anti-globulin or equivalent)	Liver function test (ALT or other)	Renal function test (serum creatinine testing or other)	CD4 count and percentage
<b>Islamabad</b>	<b>0%</b>	<b>2%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>1%</b>
Tertiary Care Hospital/Teaching Hospital	0%	50%	75%	75%	75%	25%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%

Facility type	HIV antibody testing (ELISA)	Syphilis serology	Cryptococcal antigen	Gram stain	Urine microscopy testing	Cerebrospinal fluid/body fluid counts
<b>Islamabad</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
Tertiary Care Hospital/Teaching Hospital	25%	0%	0%	0%	0%	0%
Community Health Centre	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%	0%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%	0%	0%

Table 82 - Percentage availability of facilities with high level diagnostic equipment in Islamabad by facility type, 2020

Facility type	X-ray	ECG	Ultrasound	CT scan
<b>Islamabad</b>	<b>6%</b>	<b>5%</b>	<b>6%</b>	<b>5%</b>
Tertiary Care Hospital/Teaching Hospital	100%	75%	100%	100%
Community Health Centre	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%
Dispensary	0%	0%	0%	0%

Table 83 - Percentage availability of infectious disease medicines in Islamabad by facility type, 2020

Facility type	Albendazole or Mebendazole cap/tab	Amoxicillin cap/tab	Ceftriaxone injection	Co-trimoxazole cap/tab	Ciprofloxacin cap/tab	Fluconazole cap/tab	Metronidazole cap/tab
<b>Islamabad</b>	<b>40%</b>	<b>47%</b>	<b>14%</b>	<b>12%</b>	<b>66%</b>	<b>2%</b>	<b>64%</b>
Tertiary Care Hospital/Teaching Hospital	50%	50%	100%	0%	100%	25%	100%
Community Health Centre	100%	100%	100%	0%	100%	0%	100%
Rural Health Centre	60%	40%	40%	20%	80%	20%	100%
Family Welfare Centre /Reproductive Health Service	3%	46%	0%	9%	40%	0%	26%
Basic Health Unit	100%	79%	21%	0%	86%	0%	86%
Dispensary	48%	30%	7%	22%	81%	0%	89%

Table 84 - Percentage availability of noncommunicable disease medicines in Islamabad by facility type, 2020

Facility type	Amlodipine tablet or alternative calcium channel blocker	Aspirin cap/tablet	Beclometasone inhaler	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)	Enalapril tablet or other ACE inhibitor e.g. lisinopril, ramipril, perindopril	Epinephrine injectable	Furosemide cap/tablet	Glibenclamide cap/tablet
<b>Islamabad</b>	<b>36%</b>	<b>53%</b>	<b>5%</b>	<b>51%</b>	<b>17%</b>	<b>5%</b>	<b>16%</b>	<b>30%</b>
Tertiary Care Hospital/Teaching Hospital	100%	75%	50%	75%	50%	75%	50%	50%
Community Health Centre	100%	100%	0%	100%	0%	0%	0%	0%
Rural Health Centre	40%	100%	0%	80%	20%	0%	20%	40%
Family Welfare Centre								
/Reproductive Health Service	0%	0%	0%	0%	0%	0%	0%	0%
Basic Health Unit	14%	79%	0%	93%	0%	7%	29%	0%
Dispensary	81%	96%	7%	85%	44%	0%	26%	81%

Facility type	Gliclazide tablet or glipizide tablet	Glucose 50% injection	Glycerol trinitrate sublingual tablet	Hydrochlorothiazide tablet or another thiazide diuretic tablet	Hydrocortisone injection	Ibuprofen tablet	Insulin regular injection	Isosorbide dinitrate tablet
<b>Islamabad</b>	<b>16%</b>	<b>6%</b>	<b>7%</b>	<b>3%</b>	<b>34%</b>	<b>38%</b>	<b>6%</b>	<b>1%</b>
Tertiary Care Hospital/Teaching Hospital	25%	50%	0%	25%	75%	50%	75%	25%
Community Health Centre	0%	100%	0%	0%	100%	100%	0%	0%
Rural Health Centre	20%	20%	0%	0%	60%	80%	0%	0%
Family Welfare Centre								
/Reproductive Health Service	0%	0%	0%	0%	0%	11%	0%	0%
Basic Health Unit	0%	7%	0%	7%	86%	57%	0%	0%
Dispensary	44%	0%	22%	4%	37%	52%	7%	0%

Facility type	Metformin tablet	Omeprazole tablet or alternative such as pantoprazole, rabeprazole	Paracetamol cap/tab	Prednisolone cap/tab	Salbutamol inhaler	Simvastatin tablet or other statin e.g. atorvastatin, pravastatin	Spironolactone tablet
<b>Islamabad</b>	<b>44%</b>	<b>55%</b>	<b>71%</b>	<b>12%</b>	<b>17%</b>	<b>10%</b>	<b>5%</b>
Tertiary Care Hospital/Teaching Hospital	75%	100%	100%	75%	50%	75%	50%
Community Health Centre	0%	100%	100%	100%	0%	0%	0%
Rural Health Centre	80%	100%	100%	20%	40%	0%	0%
Family Welfare Centre							
/Reproductive Health Service	0%	0%	31%	0%	0%	0%	0%
Basic Health Unit	64%	86%	100%	21%	0%	0%	0%
Dispensary	81%	93%	96%	7%	41%	22%	7%

Table 85 - Percentage availability of priority medicines for mothers among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Oxytocin injectable	Sodium chloride injectable solution	Calcium gluconate injectable	Magnesium sulphate injection	Ampicillin powder for injection	Gentamicin injectable	Metronidazole tablet or injection	Misoprostol cap/tab	Azithromycin cap/tab or oral liquid	Cefixime cap/tab	Benzathine benzylpenicillin powder for injection	Beta methasone tablet or injection	Dexamethasone injectable	Nifedipine cap/tab	Hydralazine injection	Metoprolol tablet
Islamabad	6%	16%	5%	5%	5%	5%	8%	3%	6%	8%	2%	24%	25.6%	5%	2%	5%
Tertiary Care Hospital /Teaching Hospital Community Health Centre Rural Health Centre Family Welfare Centre /Reproductive Health Service Basic Health Unit Dispensary	75%	100%	75%	75%	75%	100%	75%	25%	75%	75%	50%	75%	75%	75%		75%
		10%										100%	100%	0%	0%	0%
	40%	60%	20%	20%	20%	0%	40%	40%	0%	0%	0%	100%	100%	20%	20%	0%
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	0%	29%	0%	0%	0%	0%	0%	0%	0%	0%	0%	71%	79%	0%	0%	0%
	0%	7%	0%	0%	0%	0%	7%	0%	7%	15%	0%	7%	7%	0%	0%	4%

Table 86 - Percentage availability of child curative care medicines among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Amoxicillin (dispersible tablet 250 or 500 mg OR syrup/suspension)	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamicin injectable	Procaine benzylpenicillin powder for injection	ORS sachets	Zinc sulphate tablets, dispersible tablets or syrup	Artemisinin combination therapy (ACT)	Artesunate rectal or injectable forms	Vitamin A 121 121 121 121 r	Morphine granule, 121 121 121 121 or cap/tab	Paracetamol syrup/suspension
Islamabad	55%	5%	14%	5%	0%	63%	16%	10%	1%	2%	2%	71%
Tertiary Care Hospital/Teaching Hospital	50%	75%	100%	100%	0%	75%	25%	100%	0%	0%	25%	100%

Community Health Centre	100%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	100%
Rural Health Centre	60%	20%	40%	0%	0%	40%	60%	0%	20%	0%	0%	100%
Family Welfare Centre												
Centre /Reproductive Health Service	31%	0%	0%	0%	0%	69%	0%	0%	0%	0%	0%	29%
Basic Health Unit	79%	0%	21%	0%	0%	7%	0%	31%	0%	7%	0%	100%
Dispensary	70%	0%	7%	0%	0%	89%	37%	0%	0%	4%	4%	100%

Table 87 - Percentage availability of life-saving commodities for women and children among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Family planning			Maternal health			Newborn health			Child health			
	Female condoms	Implants	Emergency contraceptives	Oxytocin	Misoprostol	Magnesium sulphate	Injectable antibiotics	Antenatal corticosteroids	Skin disinfectant	Resuscitation equipment	Amoxicillin	Oral rehydration salts	Zinc sulphate
Islamabad	0%	1%	3%	6%	3%	5%	14%	24.4%	48%	5.8%	54.7%	62.8%	16.3%
Tertiary Care Hospital/Teaching Hospital	0%	0%	50%	75%	25%	75%	100%	75%	100%	75%	50%	75%	25%
Community Health Centre	0%	0%	0%	0%	0%	0%	100%	100%	100%	0%	100%	0%	0%
Rural Health Centre	0%	0%	20%	40%	40%	20%	40%	100%	40%	40%	60%	40%	60%
Family Welfare Centre													
/Reproductive Health Service	0%	3%	0%	0%	0%	0%	0%	0%	17%	0%	31%	69%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%	21%	71%	43%	0%	79%	7%	0%
Dispensary	0%	0%	0%	0%	0%	0%	7%	7%	81%	0%	70%	89%	37%

Table 88 - Percentage of life-saving commodities for women and children medicine stock-outs (in past 3 months) among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Medicines and commodities							
	Stock-out of female condoms	Stock-out of implants	Stock-out of emergency contraceptive	Stock-out of oxytocin injection	Stock-out of misoprostol 200µg tablets	Stock-out of magnesium sulphate injection	Stock-out of gentamicin injection	Stock-out of procaine benzylpenicillin injection
Islamabad	7%	10%	33%	0%	3%	0%	3%	0%
Tertiary Care Hospital/Teaching Hospital	25%	50%	75%	0%	25%	0%	50%	0%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%	0%



Rural Health Centre	0%	20%	40%	0%	0%	0%	20%	0%
Family Welfare Centre								
/Reproductive Health Service	3%	9%	57%	0%	6%	0%	0%	0%
Basic Health Unit	21%	14%	14%	0%	0%	0%	0%	0%
Dispensary	4%	4%	4%	0%	0%	0%	0%	0%

Facility type	Medicines and commodities						
	Stock-out of ceftriaxone injection	Stock-out of betamethasone injection	Stock-out of dexamethasone injection	Stock-out of amoxicillin (dispersible tablet 250 or 500 mg OR syrup/suspension)	Stock-out of ORS	Stock-out of zinc sulphate tablets	Stock-out of zinc sulphate syrup or dispersible tablets
<b>Islamabad</b>	<b>3.5%</b>	<b>0.0%</b>	<b>7.0%</b>	<b>32.6%</b>	<b>19.8%</b>	<b>3.5%</b>	<b>9.3%</b>
Tertiary Care Hospital/Teaching Hospital	0%	0%	0%	0%	25%	0%	25%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	20%	40%	20%	20%	20%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	34%	17%	0%	0%
Basic Health Unit	21%	0%	36%	43%	29%	0%	7%
Dispensary	0%	0%	0%	30%	19%	7%	19%

Table 89 - Percentage availability of palliative care medicines in Islamabad by facility type, 2020

Facility type	Dexamethasone injection	Haloperidol injection	Hyoscine butylbromide injection	Ibuprofen	Loperamide tab/cap
<b>Islamabad</b>	<b>26%</b>	<b>0%</b>	<b>1%</b>	<b>38%</b>	<b>1%</b>
Tertiary Care Hospital/Teaching Hospital	75%	0%	0%	50%	0%
Community Health Centre	100%	0%	0%	100%	0%
Rural Health Centre	100%	0%	0%	80%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	11%	0%
Basic Health Unit	79%	0%	7%	57%	0%
Dispensary	7%	0%	0%	52%	4%

Facility type	Lorazepam tablet	Metoclopramide injection	Morphine granule, injectable or cap/tab	Paracetamol	Senna preparation (laxative)
<b>Islamabad</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>73%</b>	<b>8%</b>
Tertiary Care Hospital/Teaching Hospital	0%	25%	25%	100%	25%
Community Health Centre	0%	0%	0%	100%	0%
Rural Health Centre	0%	0%	0%	100%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	34%	0%
Basic Health Unit	0%	0%	0%	100%	0%
Dispensary	7%	0%	4%	100%	22%

Table 90 - Percentage availability of mental health and neurological medicines in Islamabad by facility type, 2020

Facility type	Amitriptyline tablet	Carbamazepine tablet	Chlorpromazine injection	Diazepam tablet	Diazepam injection or diazepam rectal tubes	Fluoxetine tablet	Fluphenazine injection
<b>Islamabad</b>	<b>1%</b>	<b>7%</b>	<b>0%</b>	<b>3%</b>	<b>2%</b>	<b>2%</b>	<b>0%</b>

Tertiary Care							
Hospital/Teaching Hospital	0%	75%	0%	25%	50%	25%	0%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	0%	0%	20%	0%	0%	0%
Family Welfare Centre /Reproductive Health							
Service	0%	0%	0%	0%	0%	0%	0%
Basic Health Unit	0%	0%	0%	0%	0%	0%	0%
Dispensary	4%	11%	0%	4%	0%	4%	0%

Facility type	Haloperidol tablet	Levodopa + carbidopa tablet*	Lorazepam injection*	Lithium tablet*	Phenobarbital tablet	Phenytoin tablet	Valproate sodium tablet
<b>Islamabad</b>	<b>1%</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>
Tertiary Care							
Hospital/Teaching Hospital	25%	n/a	n/a	n/a	0%	0%	50%
Community Health Centre	0%	n/a	n/a	n/a	0%	0%	0%
Rural Health Centre	0%	n/a	n/a	n/a	0%	0%	0%
Family Welfare Centre /Reproductive Health							
Service	0%	n/a	n/a	n/a	0%	0%	0%
Basic Health Unit	0%	n/a	n/a	n/a	0%	0%	0%
Dispensary	0%	n/a	n/a	n/a	0%	0%	0%

*Data are not available for these variables*

Table 91 - Percentage availability of supply chain services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Responsible person for managing the ordering of medical supplies						
	Nurse	Pharmacy technician	Pharmacy assistant	Pharmacist	Medical assistant	Medical in charge/senior medical officer	Medical superintendent/ executive director/125 executive director
<b>Islamabad</b>	<b>2%</b>	<b>20%</b>	<b>6%</b>	<b>1%</b>	<b>12%</b>	<b>10%</b>	<b>2%</b>
Tertiary Care Hospital/Teaching Hospital	0%	0%	25%	25%	0%	0%	50%
Community Health Centre	0%	0%	0%	0%	0%	0%	0%
Rural Health Centre	0%	20%	20%	0%	20%	40%	0%
Family Welfare Centre /Reproductive Health Service	0%	0%	0%	0%	0%	14%	0%
Basic Health Unit	7%	0%	0%	0%	64%	7%	0%
Dispensary	4%	59%	11%	0%	0%	4%	0%

Facility type	Mechanisms used to determine this facility's resupply quant		Facility's resupply quantities determined		Main source of pharmaceutical supplies			
	Pull distribution system	Push distribution system			National medical stores	Joint medical Stores	NGO/Donors	Private sources
<b>Islamabad</b>	<b>77%</b>	<b>27%</b>	<b>36%</b>	<b>56%</b>	<b>62%</b>	<b>1%</b>	<b>0%</b>	<b>2%</b>
Tertiary Care Hospital/Teaching Hospital	50%	25%	25%	75%	50%	0%	0%	50%
Community Health Centre	100%	0%	0%	100%	100%	0%	0%	0%
Rural Health Centre	60%	40%	40%	60%	80%	0%	0%	0%
Family Welfare Centre /Reproductive Health Service	71%	43%	40%	40%	54%	0%	0%	0%
Basic Health Unit	79%	21%	43%	57%	100%	0%	0%	0%
Dispensary	89%	7%	30%	70%	48%	4%	0%	0%

Facility type	Pharmaceutical supplies from the main supplier of pharmaceuticals delivered		Responsible person for transporting products from central medical stores to facility			Time takes between ordering and receiving order for recent order			
	Supplier Delivers to facility	Facility must arrange delivery to facility	Local supplier delivers	Higher level delivers	Facility collects	Less than 2 weeks	2 Weeks to 1 months	Between 1 and 2 months	More than 2 months
<b>Islamabad</b>	<b>48%</b>	<b>44%</b>	<b>20%</b>	<b>31%</b>	<b>71%</b>	<b>71%</b>	<b>10%</b>	<b>2%</b>	<b>16%</b>
Tertiary Care Hospital/Teaching Hospital	100%	0%	100%	0%	0%	0%	75%	25%	0%
Community Health Centre	100%	0%	0%	100%	100%	100%	0%	0%	0%
Rural Health Centre	60%	40%	0%	20%	80%	80%	0%	0%	20%
Family Welfare Centre /Reproductive Health Service	46%	37%	20%	40%	71%	66%	0%	0%	34%
Basic Health Unit	64%	36%	29%	36%	64%	64%	29%	0%	7%
Dispensary	30%	67%	7%	22%	81%	89%	7%	4%	0%

Table 92 - Percentage availability of health information systems services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Patient registration	Computer for HIS management	Staff trained on data entry and data management for HIS functions	Provide death certificate	ICD coding system	Monthly reports	List of notifiable diseases
<b>Islamabad</b>	<b>77%</b>	<b>8%</b>	<b>5%</b>	<b>6%</b>	<b>6%</b>	<b>66%</b>	<b>10%</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	50%	100%	25%	100%	25%
Community Health Centre	100%	0%	0%	0%	0%	100%	100%
Rural Health Centre	80%	0%	20%	20%	20%	100%	40%
Family Welfare Centre /Reproductive Health Service	71%	0%	0%	0%	0%	54%	0%
Basic Health Unit	100%	0%	7%	0%	21%	93%	36%
Dispensary	70%	15%	0%	0%	0%	56%	0%

Facility type	Frequency of reporting of notifiable diseases			Methods of reporting of notifiable disease		
	Daily	Weekly	Monthly	Electronic	Manual	Both Electronic & Manual
<b>Islamabad</b>	<b>22%</b>	<b>56%</b>	<b>22%</b>	<b>11%</b>	<b>44%</b>	<b>44%</b>
Tertiary Care Hospital/Teaching Hospital	100%	0%	0%	100%	0%	0%
Community Health Centre	0%	100%	0%	0%	100%	0%
Rural Health Centre	0%	0%	100%	0%	100%	0%
Family Welfare Centre/Reproductive Health Service	0%	0%	0%	0%	0%	0%
Basic Health Unit	20%	80%	0%	0%	20%	80%
Dispensary	0%	0%	0%	0%	0%	0%

Table 93 - Readiness score of emergency preparedness plan services among health facilities that are expected to provide the service in Islamabad by facility type, 2020

Facility type	Guidelines and trained staff		Guidelines and trained staff readiness score
	Emergency preparedness plan	Staff trained on EPP	
<b>Islamabad</b>	<b>8%</b>	<b>6%</b>	<b>7</b>
Tertiary Care Hospital/Teaching Hospital	75%	75%	75
Community Health Centre	0%	0%	0
Rural Health Centre	40%	20%	30
Family Welfare Centre/Reproductive Health Service	0%	0%	0
Basic Health Unit	7%	0%	4
Dispensary	4%	4%	4

## 8.4 Questionnaire

Number	Question	Result												
<b>SECTION 1: COVER PAGE</b>														
<b>INTERVIEWER VISITS</b>														
<b>001</b>	Facility number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
<b>002</b>	Is this a supervisor validation check of a facility?	<table border="1"> <tr> <td>DATA COLLECTION FOR FACILITY ASSESSMENT.....</td> <td>1</td> </tr> <tr> <td>SUPERVISOR VALIDATION.....</td> <td>2</td> </tr> </table>	DATA COLLECTION FOR FACILITY ASSESSMENT.....	1	SUPERVISOR VALIDATION.....	2								
DATA COLLECTION FOR FACILITY ASSESSMENT.....	1													
SUPERVISOR VALIDATION.....	2													
<b>Date</b>	<b>1</b>	<b>2</b>												
<b>Interviewer name</b>	<b>3</b>	<b>FINAL VISIT</b>												
		<table border="1"> <tr> <td>DAY</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTH</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEAR</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>INT. NUMBER</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAY	<input type="text"/>	<input type="text"/>	MONTH	<input type="text"/>	<input type="text"/>	YEAR	<input type="text"/>	<input type="text"/>	INT. NUMBER	<input type="text"/>	<input type="text"/>
DAY	<input type="text"/>	<input type="text"/>												
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YEAR	<input type="text"/>	<input type="text"/>												
INT. NUMBER	<input type="text"/>	<input type="text"/>												
<b>FACILITY IDENTIFICATION</b>														
003	Name of facility	<input type="text"/>												
004	Location of facility	<input type="text"/>												
005	Region/province	<input type="text"/>												
006	District	<input type="text"/>												
007	Type of facility	<ol style="list-style-type: none"> <li>1. Medical centre</li> <li>2. Dispensary</li> <li>3. Maternal and Child Health Centre (maternity centre)</li> <li>4. Family Welfare Centre/Reproductive Health Service</li> <li>5. Basic Health Unit</li> <li>6. Rural Health Centre</li> <li>8. Community Health Centre</li> <li>9. Tehsil Headquarter Hospital</li> <li>10. District Headquarter Hospital</li> <li>11. Tertiary care hospital/teaching hospital (incl. Polyclinic, PIMS, CDA, etc.)</li> <li>12. Private hospital/centre/clinics</li> <li>13. Others (specify)_____</li> </ol>												

Number	Question	Result	
008	Managing authority	GOVERNMENT/PUBLIC .....	1
		NGO/NOT-FOR-PROFIT .....	2
		PRIVATE-FOR-PROFIT .....	3
		MISSION/FAITH-BASED .....	4
		OTHER (SPECIFY) _____	9 6
009	Urban/rural	URBAN .....	1
		RURAL .....	2
010	Outpatient only	YES .....	1
		NO .....	2

Number	Question	Result	Skip
<b>GENERAL INFORMATION</b>			
FACILITY NUMBER		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INTERVIEWER CODE <input type="text"/> <input type="text"/>
<p>FIND THE MANAGER, THE PERSON IN CHARGE OF THE FACILITY, OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:</p> <p>Good day! My name is _____. As you have already been informed, we are here on behalf of the Ministry of National Health Services, Regulation and Coordination (MNHSRC) conducting an assessment of health facilities to assist in determining the different health services available in the government health facilities. Assessment of private health facilities will also be planned.</p> <p>Now I will read a statement explaining the study.</p> <p>This assessment is being conducted in all health facilities. We will be asking you questions about various health services that are available in this facility which may include human resources, medicines, equipment, etc. Information about your facility may be used by the [MOH], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.</p> <p>Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report. However, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.</p> <p>If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you could introduce us to that person to help us collect the information.</p> <p>At this point, do you have any questions about the study? Do I have your agreement to proceed?</p> <p>_____</p>			
<b>INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED</b>		<div> <div>2</div> <div>0</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
		DAY	MONTH
		YEAR	
015	May I begin the interview?	YES ..... 1 NO ..... 2	→5001
016	<b>INTERVIEW START TIME</b> (use the 24 hour clock system)	<div> <div></div> <div></div> </div> : <div> <div></div> <div></div> </div>	





Indicator code	Number	Question	Result	Skip
	<b><u>MODULE 1: SERVICE AVAILABILITY</u></b>			
	<b><u>SECTION 2: STAFFING</u></b>			
	<b>200</b>	<p>I have a few questions on staffing for this facility. Please tell me how many positions are currently filled and how many are sanctioned for each of the following categories of staff. Please count each staff member only once. For each category, I would like to know the total number of sanctioned and filled positions.</p> <p>(NOTE: Staff posts differ by level of health facility. Note: staff information according to type of health facility)</p>		
			<b>A) SANCTIONED</b>	<b>B) FILLED</b>
S4	<b>01</b>	Consultants (specialists)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
S4	<b>02</b>	Senior Medical Officers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
S4	<b>03</b>	Medical Officers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
S4	<b>04</b>	Women medical officers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
S4	<b>05</b>	Non-physician clinicians/paramedical professionals	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>06</b>	Nurses	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>06_01A</b>	Lady health workers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>07</b>	Midwives	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>08</b>	Pharmacists	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>09</b>	Laboratory technicians (medical and pathology)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>10</b>	Physiotherapists	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<b>11</b>	Radiology technicians	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>



	12	Dental technicians			
	13	Lady health workers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	14	Administrative staff	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	15	Accountants (finance staff)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	16	Chowkidar (watchman)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	17	Sanitary workers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	18	Is there an appointed vaccinator	YES.....1 NO.....2		
	19	Is there an appointed malaria supervisor?	YES.....1 NO.....2		
<b><u>SECTION 3: INPATIENT AND OBSERVATION BEDS</u></b>					
S2	301	Excluding any delivery beds, how many overnight/inpatient beds does this facility have in total, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
S3	302	Out of the overnight/inpatient beds in this facility, how many are dedicated maternity beds? <b>THIS DOES NOT INCLUDE DELIVERY BEDS</b>	# OF DEDICATED MATERNITY BEDS. .... <input type="text"/> <input type="text"/> <input type="text"/>		
	303	How many delivery tables/beds do you have in this facility? <b>THIS REFERS TO TABLES/BEDS ON WHICH DELIVERIES ARE CONDUCTED</b> <b><i>IN CASE THIS FACILITY DOES NOT HAVE DELIVERY FACILITY WRITE CODE "999"</i></b>	# OF DEDICATED DELIVERY TABLES. ... <input type="text"/> <input type="text"/> <input type="text"/>		

Indicator code	Number	Question	Result	Skip
	<b><u>MODULE 2: SERVICE READINESS</u></b>			
	<b><u>SECTION 4: INFRASTRUCTURE</u></b>			
	This section will focus on questions related to infrastructure.			
	<b><u>COMMUNICATIONS</u></b>			
I5	<b>400</b>	Does this facility have a <b><i><u>functioning land line telephone</u></i></b> that is available to call outside at all times client services are offered?  <b>CLARIFY THAT IF THE FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.</b>	YES ..... 1 NO ..... 2	
I5	<b>401</b>	Does this facility have a <b><i><u>functioning cellular telephone or a private cellular phone</u></i></b> that is supported by the facility?	YES ..... 1 NO ..... 2	
I5	<b>402</b>	Does this facility have a <b><i><u>functioning shortwave radio</u></i></b> for radio calls?	YES ..... 1 NO ..... 2	
I6	<b>403</b>	Does this facility have <b><i><u>a functioning computer?</u></i></b>	YES ..... 1 NO ..... 2	
I6	<b>404</b>	Is there access to email or Internet within the facility today?	YES ..... 1 NO ..... 2	
	<b><u>AMBULANCE/TRANSPORT FOR EMERGENCIES</u></b>			
I7	<b>405</b>	Does this facility have a <b><i><u>functional ambulance</u></i></b> or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility?	YES ..... 1 NO ..... 2	
I7	<b>406</b>	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	
I7	<b>407</b>	Is fuel for the ambulance or other emergency vehicle available today?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
	<b><u>POWER SUPPLY</u></b>			
I1	<b>408</b>	Does your facility have electricity from any source (e.g. electricity grid, generator, solar, other) including for stand-alone devices (EPI cold chain)?	YES ..... 1 NO ..... 2	→417



Indicator code	Number	Question	Result	Skip
l1	<b>409</b>	What is the electricity used for in the facility?	<p>ONLY STAND-ALONE ELECTRIC MEDICAL DEVICES/APPLIANCES (e.g. EPI cold room, refrigerator, suction apparatus, etc.) ..... 1</p> <p>ELECTRIC LIGHTING (EXCLUDING FLASHLIGHTS) AND COMMUNICATIONS .....2</p> <p>ELECTRIC LIGHTING, COMMUNICATIONS, AND 1 TO 2 ELECTRIC MEDICAL DEVICES/APPLIANCES .....3</p> <p>ALL ELECTRICAL NEEDS OF FACILITY .4</p>	
	<b>410</b>	What is the facility's main source of electricity?	<p>CENTRAL SUPPLY OF ELECTRICITY (e.g. national or community grid)..... 1</p> <p>GENERATOR (FUEL OR BATTERY OPERATED GENERATOR) .....2</p> <p>SOLAR SYSTEM.....3</p> <p>OTHER _____96</p> <p>(SPECIFY)</p>	
	<b>411</b>	<p>Other than the main or primary source, does the facility have a secondary or backup source of electricity?</p> <p>IF YES: What is the secondary source of electricity?</p>	<p>NO SECONDARY SOURCE.....0</p> <p>CENTRAL SUPPLY OF ELECTRICITY (e.g. national or community grid)..... 1</p> <p>GENERATOR (FUEL OR BATTERY OPERATED GENERATOR) .....2</p> <p>SOLAR SYSTEM.....3</p> <p>OTHER _____96</p> <p>(SPECIFY)</p>	

Indicator code	Number	Question	Result	Skip
l1	<b>412</b>	Over the past 7 days, was electricity available at all times from the mains 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	
		CHECK Q410 AND Q411: FACILITY HAS A GENERATOR (“2” CIRCLED FOR EITHER QUESTION) 	FACILITY DOES NOT HAVE A GENERATOR (“2” NOT CIRCLED FOR EITHER QUESTION) 	Q415
	<b>413</b>	Is the generator functional?	YES ..... 1 NO ..... 2 DON’T KNOW ..... 98	➔415 ➔415
	<b>414</b>	Is there fuel or a charged battery available today?	YES ..... 1 NO ..... 2 DON’T KNOW ..... 98	
	<b>415</b>	CHECK Q410 AND Q411: FACILITY HAS A SOLAR SYSTEM (“3” CIRCLED FOR EITHER QUESTION) 	FACILITY DOES NOT HAVE A SOLAR SYSTEM (“3” NOT CIRCLED FOR EITHER QUESTION) 	Q417
	<b>416</b>	Is the solar system functional?	YES, FUNCTIONING... 1 PARTIALLY, BATTERY NEEDS SERVICING/REPLACEMENT ..... 2 NO, NOT FUNCTIONAL ..... 3 DON’T KNOW ..... 98	
<b><u>BASIC CLIENT AMENITIES</u></b>				

Indicator code	Number	Question	Result	Skip
	<b>417</b>	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	
12	<b>418</b>	What is the <i>most commonly used</i> source of water for the facility <i>at this time</i> ?	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	➔420 ➔420  ➔420 ➔420 ➔420  ➔420 ➔420
12	<b>419</b>	Is a water outlet from this source available within 500 metres of the facility?	YES ..... 1 NO ..... 2	
13	<b>420</b>	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	

Indicator code	Number	Question	Result	Skip																																																						
I4	421	<p>Is there a toilet (latrine) in <i>functioning condition</i> that is available for general outpatient client use?</p> <p>IF YES: What type of toilet?</p> <p><b>IF MULTIPLE TOILETS ARE AVAILABLE, SELECT THE MOST MODERN TYPE</b></p>	<p>FLUSH TOILET ..... 1</p> <p>VENTILATED IMPROVED PIT LATRINE (VIP) ..... 2</p> <p>PIT LATRINE WITH SLAB ..... 3</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 4</p> <p>COMPOSTING TOILET... 5</p> <p>BUCKET..... 6</p> <p>HANGING TOILET/ HANGING LATRINE ..... 7</p> <p>NO FACILITIES/BUSH/FIELD ..... 8</p>																																																							
<u>INFECTION CONTROL</u>																																																										
T1	422	<p>Does this facility have any guidelines on standard precautions for infection prevention?</p> <p><b>IF YES, ASK TO SEE THE DOCUMENT</b></p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED NOT SEEN..... 2</p> <p>NO ..... 3</p>																																																							
<u>PROCESSING OF EQUIPMENT FOR REUSE</u>																																																										
	423	<p>Please tell me if the following items used for processing of equipment for reuse are available and functional in the facility today.</p> <p><b>IF AVAILABLE, ASK TO SEE IT AND INDICATE IF IT IS FUNCTIONING OR NOT.</b></p>	<table border="1"> <thead> <tr> <th colspan="3">A) AVAILABLE</th> <th colspan="3">B) FUNCTIONING</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> <tbody> <tr> <td>I8</td> <td>01</td> <td>Electric autoclave (pressure &amp; wet heat)</td> <td>1 → B</td> <td>2 → B</td> <td>3 02 ↙</td> <td>1 2 8</td> </tr> <tr> <td>I8</td> <td>02</td> <td>Non-electric autoclave</td> <td>1 → B</td> <td>2 → B</td> <td>3 03 ↙</td> <td>1 2 8</td> </tr> <tr> <td>I8</td> <td>03</td> <td>Electric dry heat sterilizer</td> <td>1 → B</td> <td>2 → B</td> <td>3 04 ↙</td> <td>1 2 8</td> </tr> <tr> <td></td> <td>04</td> <td>Electric boiler or steamer (no pressure)</td> <td>1 → B</td> <td>2 → B</td> <td>3 05 ↙</td> <td>1 2 8</td> </tr> <tr> <td></td> <td>05</td> <td>Non-electric pot with cover for boiling/steam</td> <td>1 06 ↙</td> <td>2 06 ↙</td> <td>3 06 ↙</td> <td></td> </tr> <tr> <td>I8</td> <td>06</td> <td>Heat source for non-electric equipment</td> <td>1 → B</td> <td>2 → B</td> <td>3 424 ↙</td> <td>1 2 8</td> </tr> </tbody> </table>	A) AVAILABLE			B) FUNCTIONING			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	I8	01	Electric autoclave (pressure & wet heat)	1 → B	2 → B	3 02 ↙	1 2 8	I8	02	Non-electric autoclave	1 → B	2 → B	3 03 ↙	1 2 8	I8	03	Electric dry heat sterilizer	1 → B	2 → B	3 04 ↙	1 2 8		04	Electric boiler or steamer (no pressure)	1 → B	2 → B	3 05 ↙	1 2 8		05	Non-electric pot with cover for boiling/steam	1 06 ↙	2 06 ↙	3 06 ↙		I8	06	Heat source for non-electric equipment	1 → B	2 → B	3 424 ↙	1 2 8	
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<u>HEALTH CARE WASTE MANAGEMENT</u>																																																										

Indicator code	Number	Question	Result	Skip
19	424	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility <i>finally</i> dispose of sharps waste (e.g. filled sharps boxes)?</p> <p><b>PROBE TO ARRIVE AT CORRECT RESPONSE</b></p> <p><b>NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE "REMOVE OFFSITE" CATEGORY.</b></p>	<p><b>INCINERATOR</b></p> <p>DOUBLE CHAMBER INDUSTRIAL (800-1000+°C) ..... 2</p> <p>SINGLE CHAMBER DRUM/BRICK ..... 3</p> <p><b>OPEN BURNING</b></p> <p>FLAT GROUND - NO PROTECTION ..... 4</p> <p>PIT OR PROTECTED GROUND ..... 5</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>FLAT GROUND - NO PROTECTION ..... 6</p> <p>COVERED PIT OR PIT LATRINE ..... 7</p> <p>OPEN-PIT - NO PROTECTION ..... 8</p> <p>PROTECTED GROUND OR PIT ..... 9</p> <p><b>REMOVE OFFSITE</b></p> <p>STORED IN COVERED CONTAINER..... 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT ..... 11</p> <p>STORED UNPROTECTED ..... 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>NEVER HAS SHARPS WASTE..... 95</p>	

Indicator code	Number	Question	Result	Skip
I10	425	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages.</p> <p>How does this facility <i>finally</i> dispose of medical waste other than sharps boxes?</p> <p><b>PROBE TO ARRIVE AT CORRECT RESPONSE</b></p> <p><b>NOTE: IF ANY OF THE RESPONSES 2-9 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE "REMOVE OFFSITE" CATEGORY.</b></p>	<p>SAME AS FOR SHARPS ITEMS..... 1</p> <p><b>INCINERATOR</b></p> <p>2-CHAMBER INDUSTRIAL (800-1000+° C) ..... 2</p> <p>1-CHAMBER DRUM/BRICK ..... 3</p> <p><b>OPEN BURNING</b></p> <p>FLAT GROUND - NO PROTECTION ..... 4</p> <p>PIT OR PROTECTED GROUND ..... 5</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>FLAT GROUND - NO PROTECTION ..... 6</p> <p>COVERED PIT OR PIT LATRINE ..... 7</p> <p>OPEN-PIT - NO PROTECTION ..... 8</p> <p>PROTECTED GROUND OR PIT ..... 9</p> <p><b>REMOVE OFFSITE</b></p> <p>STORED IN COVERED CONTAINER..... 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT ..... 11</p> <p>STORED UNPROTECTED ..... 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>NEVER HAS MEDICAL WASTE OTHER THAN SHARPS ..... 95</p>	
	426	<p>CHECK Q424 AND Q425: INCINERATOR USED (EITHER "2" OR "3" CIRCLED)</p> 	<p>INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED)</p> 	Q430
I9 I10	427	Is the incinerator functional today?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 98</p>	→430→430
I9 I10	428	Is fuel for the incinerator available today?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 98</p>	





Indicator code	Number	Question	Result			Skip		
<b>SUPERVISION</b>								
	<b>430</b>	When was the last time this facility received a supervision visit from the higher level (District Health Management Team or other)?	THIS MONTH..... 1 IN THE LAST 3 MONTHS ..... 2 MORE THAN 3 MONTHS AGO..... 3 DON'T KNOW..... 98			→500→500		
	<b>431</b>	During the supervision visit, did the supervisor assess the following?	<b>YES</b>	<b>NO</b>				
	<b>01</b>	Pharmacy (e.g. drug stock-out, expiry, records, etc.)	1	2				
	<b>02</b>	Staffing (e.g. staff available and training)	1	2				
	<b>03</b>	Data (e.g. completeness, quality, and timely reporting)	1	2				
<b>GENERAL OUTPATIENT SECTION</b>								
<b>BASIC EQUIPMENT</b>								
	<b>500</b>	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. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b> OBSERVED REPORTED NOT AVAILABLE			<b>B) FUNCTIONING</b> YES NO DON'T KNOW		
E1	<b>01</b>	Adult weighing scale	1 → B	2 → B	3 02	1	2	8
E2 E38	<b>02</b>	Child weighing scale - 250 gram gradation	1 → B	2 → B	3 03	1	2	8
E38	<b>03</b>	Infant weighing scale - 100 gram gradation	1 → B	2 → B	3 04	1	2	8
E18	<b>04</b>	Measuring tape-height board/stadiometer	1 → B	2 → B	3 05	1	2	8
E3	<b>05</b>	Thermometer	1 → B	2 → B	3 06	1	2	8
E4	<b>06</b>	Stethoscope	1 → B	2 → B	3 07	1	2	8
E5	<b>07</b>	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 → B	2 → B	3 08	1	2	8
E6	<b>08</b>	Light source (flashlight acceptable)	1 → B	2 → B	3 09	1	2	8
M2 7	<b>09</b>	Intravenous infusion kits	1 10	2 10	3 10			
	<b>10</b>	Dental chair	1 → B	2 → B	3 11	1	2	8



Indicator code	Number	Question	Result			Skip	
E45	11	Oxygen concentrators	1 → B	2 → B	3 12	1	2 8
E45	12	Oxygen cylinders	1 → B	2 → B	3 13	1	2 8
E45	13	Central oxygen supply	1 → B	2 → B	3 14	1	2 8
E45	14	Flowmeter for oxygen therapy (with humidification)	1 → B	2 → B	3 15	1	2 8
E45	15	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → B	2 → B	3 501	1	2 8
E45	501	At any time during the past 3 months has oxygen been unavailable for any reason?	YES.....1 NO.....2				
<b><u>INFECTION CONTROL PRECAUTIONS</u></b>							
	600	Please tell me if the following resources/supplies used for infection control are available in the general outpatient area of this facility today. <b>ASK TO SEE THE ITEMS</b>	<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>		
I15	01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3		
I15	02	Hand washing soap/liquid soap	1	2	3		
I15	03	Alcohol-based hand rub	1	2	3		
I16	04	Disposable latex gloves	1	2	3		
I12	05	Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3		
I11	06	Sharps container ("safety box")	1	2	3		
I13	07	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3		
I14	08	Disposable syringes with disposable needles	1	2	3		
I14	09	Auto-disable syringes	1	2	3		

Indicator code	Number	Question	Result	Skip
	<b><u>SECTION 5: AVAILABLE SERVICES</u></b>			
	This section will focus on questions related to available services.			
	<b><u>A. REPRODUCTIVE, MATERNAL AND NEWBORN HEALTH</u></b>			
	<b><i>FAMILY PLANNING SERVICES</i></b>			
S7	<b>700</b>	Does this facility offer family planning services?	YES ..... 1 NO ..... 2	→701 a
	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.			
	<b>701</b>	Does this facility <i>provide</i> or <i>prescribe</i> any of the following modern methods of family planning?	<b>YES</b>	<b>NO</b>
S7_01	<b>01</b>	Combined estrogen progesterone oral contraceptive pills	1	2
S7_02	<b>02</b>	Progestin-only contraceptive pills	1	2
S7_03	<b>03</b>	Combined estrogen progesterone injectable contraceptives	1	2
S7_04	<b>04</b>	Progestin-only injectable contraceptives	1	2
S7_05	<b>05</b>	Male condoms	1	2
S7_06	<b>06</b>	Female condoms	1	2
S7_07	<b>07</b>	IUDs	1	2
S7_08	<b>08</b>	Implants	1	2
S7_09	<b>09</b>	Cycle beads for standard days method	1	2
S7_10	<b>10</b>	Emergency contraceptive pills	1	2
S7_11	<b>11</b>	Male sterilization	1	2
S7_12	<b>12</b>	Female sterilization	1	2
	<b>702</b>	Does this facility <i>provide</i> or <i>prescribe</i> any of the following modern methods of family planning for <u>adolescent clients (aged between 10-19 yrs):</u>	<b>YES</b>	<b>NO</b>
S12_02 S12_03	<b>01</b>	Combined estrogen progesterone oral contraceptive pills	1	2
S12_02 S12_04	<b>02</b>	Male condoms	1	2
S12_02 S12_06	<b>03</b>	Emergency contraceptive pills	1	2

Indicator code	Number	Question	Result			Skip	
S12_02 S12_07	04	IUDs	1		2		
	703	Please tell me if the following documents are available in the facility today: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	<b>YES, OBSERVED</b>	<b>YES, REPORTED NOT SEEN</b>	<b>NO</b>		
T2	01	National family planning guidelines	1	2	3		
T62	02	Any family planning checklists and/or job aids	1	2	3		
	704	Have you or any provider(s) of family planning services:	<b>YES</b>		<b>NO</b>		
T3	01	Received any family planning training in the last two years?	1		2		
T16	02	Received any training in adolescent sexual and reproductive health in the last two years?	1		2		
	705	Does this facility stock contraceptive commodities at this service site?	YES .....1 NO.....2				➔701a
	706	Are any of the following <b>reproductive health</b> medicines and commodities available at this service site today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>			<b>NOT OBSERVED</b>	
			AT LEAST ONE VALID	AVAILABLE NOT VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
M15	01	Combined estrogen progesterone oral contraceptive pills	1	2	3	4	5
M96	02	Progestin-only contraceptive pills	1	2	3	4	5
M16 M97	03	Combined estrogen progesterone injectable contraceptives	1	2	3	4	5
M16 M98	04	Progestin-only injectable contraceptives	1	2	3	4	5
M17	05	Male condoms	1	2	3	4	5
M99	06	Female condoms	1	2	3	4	5
M108	07	Implant (e.g. levonorgestrel, etonogestrel)	1	2	3	4	5
M109	08	Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)	1	2	3	4	5
M105	09	IUDs	1	2	3	4	5

Indicator code	Number	Question	Result				Skip
	707	For each of the following items, please check in the facility records if there has been a stock-out in the past 3 months:	STOCK-OUT IN THE PAST 3 MONTHS	NO STOCK-OUT IN THE PAST 3 MONTHS	NOT INDICATED	PRODUCT NOT OFFERED	FACILITY RECORD NOT AVAILABLE
M99_A	01	Female condoms	1	2	3	4	5
M108_A	02	Implant (e.g. levonorgestrel, etonogestrel)	1	2	3	4	5
M109_A	03	Emergency contraceptive pills (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)	1	2	3	4	5
Safe abortion and post-abortion care services							
	701a	Does this facility offer safe abortion (induced abortion) care services? IF YES, ASK: Is the service provided as an outpatient service, inpatient service, or both?	YES, OUTPATIENT ..... 1 YES, INPATIENT ..... 2 YES, BOTH OUT AND INPATIENT ..... 3 NO ..... 4				→703a
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE SAFE ABORTION CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT SAFE ABORTION CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
	702a	Does this facility <i>provide</i> or <i>prescribe</i> any of the following safe abortion (induced abortion) care services	YES		NO		
	01	Misoprostol only	1		2		
	02	Mifepristone and misoprostol	1		2		
	03	Manual vacuum aspiration	1		2		
	04	Electric vacuum aspiration	1		2		
	05	Dilatation and evacuation (for pregnancies more than 12 weeks)	1		2		
	06	Dilatation and curettage	1		2		
	703a	Does this facility offer post-abortion care? IF YES, ASK: Is the service provided as an outpatient service, inpatient service, or both?	YES, OUTPATIENT ..... 1 YES, INPATIENT ..... 2 YES, BOTH OUT AND INPATIENT ..... 3 NO ..... 4				→707a

Indicator code	Number	Question	Result		Skip
	<b>704a</b>	Is post-abortion care provided in the same service area as deliveries	YES, ALWAYS..... ....1 YES, SOMETIMES.....2 NO..... ....3		
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE POST-ABORTION CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT POST-ABORTION CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
	<b>705a</b>	<b>Management of miscarriages</b>	YES	NO	
	<b>01</b>	Manual vacuum aspiration	1	2	
	<b>02</b>	Electric vacuum aspiration	1	2	
	<b>03</b>	Dilatation and evacuation for miscarriages (for pregnancies more than 12 weeks)	1	2	
	<b>04</b>	Dilatation and curettage	1	2	
	<b>05</b>	Misoprostol	1	2	
	<b>706a</b>	<b>Post-abortion care</b>	YES	NO	
	<b>01</b>	Prophylactic antibiotics for surgical terminations	1	2	
	<b>02</b>	Pain medication for both medical and surgical evacuations	1	2	
	<b>706b</b>	<b>Post-abortion family planning</b>	YES	NO	
	<b>01</b>	IUDs	1	2	
	<b>02</b>	Implants	1	2	
	<b>03</b>	Progestin-only injectable contraceptives	1	2	
	<b>04</b>	Oral contraceptive pills	1	2	
	<b>05</b>	Other methods (specify).....	1	2	
		Check Q701a IF “1”, or “2” or “3” then ask the questions listed below 	IF Q701a is “4”  708		
	<b>707a</b>	Does this facility <i>provide</i> or <i>prescribe</i> any of the following safe abortion care services for <u>adolescents (clients aged between 10-19 years)</u> :	YES	NO	
	<b>01</b>	Misoprostol only	1	2	
	<b>02</b>	Mifepristone and misoprostol	1	2	
	<b>03</b>	Manual vacuum aspiration	1	2	

Indicator code	Number	Question	Result			Skip
	<b>04</b>	Electric vacuum aspiration	1	2		
	<b>05</b>	Dilatation and evacuation	1	2		
	<b>06</b>	Dilatation and curettage				
		<b>Check Q703a IF “1”, or “2” or “3” then ask the questions listed below</b> 	<b>IF Q703a is “4”</b>  <b>708a</b>			
	<b>708</b>	<b>Post-abortion care (post-abortion family planning) to adolescents (clients aged between 10-19 years)</b>	YES	NO		
	<b>01</b>	IUDs	1	2		
	<b>02</b>	Implants	1	2		
	<b>03</b>	Progestin-only injectable contraceptives	1	2		
	<b>04</b>	Oral contraceptive pills	1	2		
	<b>05</b>	Other (specify).....				
	<b>708a</b>	Please tell me if the following documents are available in the facility today: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	<b>YES, OBSERVED</b>	<b>YES, REPORTED NOT SEEN</b>	<b>NO</b>	
	<b>01</b>	National guidelines on medical termination of pregnancy	1	2	3	
	<b>02</b>	National guidelines on safe uterine evacuation and post-abortion care	1	2	3	
	<b>03</b>	National guidelines on post-abortion family planning	1	2	3	
	<b>04</b>	National guidelines on infection prevention	1	2	3	
			<b>YES</b>	<b>NO</b>		
	<b>709a</b>	Have you or any provider(s) of safe abortion/post-abortion care services received any training on safe abortion care and post-abortion care in the last two years?	<b>1</b>	<b>2</b>		
<b>ANTENATAL CARE SERVICES</b>						
S8	<b>800</b>	Does this facility offer antenatal care (ANC) services?	YES..... 1 NO..... 2			➔900
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.						

Indicator code	Number	Question	Result			Skip
	<b>801</b>	Do ANC providers provide any of the following services to pregnant women as part of routine ANC services?	<b>YES</b>		<b>NO</b>	
S8_01	<b>01</b>	Iron supplementation	1	2		
S8_02	<b>02</b>	Folic acid supplementation	1	2		
S8_03	<b>03</b>	Intermittent preventive treatment of malaria in pregnancy	1	2		
S8_04	<b>04</b>	Tetanus toxoid immunization	1	2		
S8_05	<b>05</b>	Monitoring for hypertensive disorder of pregnancy	1	2		
	<b>802</b>	Please tell me if the following documents are available in the facility today: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	<b>YES, OBSERVED</b>	<b>YES, REPORTED NOT SEEN</b>	<b>NO</b>	
T4	<b>01</b>	National ANC guidelines	1	2	3	
T63	<b>02</b>	Any ANC checklists and/or job-aids	1	2	3	
T19	<b>03</b>	Intermittent preventive treatment of malaria in pregnancy, guidelines, checklists and/or job-aids (including wall charts) <b>ACCEPTABLE IF PART OF ANC GUIDELINES.</b>	1	2	3	
	<b>803</b>	Have you or any provider(s) of ANC services:	<b>YES</b>		<b>NO</b>	
T5	<b>01</b>	Received any ANC training in the last two years?	1	2		
T21	<b>02</b>	Received any training in intermittent preventive treatment of malaria in pregnancy, in the last two years?	1	2		
<b>PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV</b>						
S20	<b>900</b>	Does this facility offer services for PMTCT of HIV?	YES..... 1 NO..... 2			→ 1000
	<b>901</b>	Does this facility offer services for hepatitis screening as well?	YES..... 1 NO..... 2			
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.						







Indicator code	Number	Question	Result			Skip
	<b>901</b>	As part of PMTCT services, please tell me if this facility provides the following services to clients:	<b>YES</b>		<b>NO</b>	
S20_01	<b>01</b>	Provides HIV counselling and testing services to HIV positive pregnant women for PMTCT	1	2		
S20_02	<b>02</b>	Provides HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT	1	2		
S20_03	<b>03</b>	Provides ARV prophylaxis to HIV positive pregnant women for PMTCT	1	2		
S20_04	<b>04</b>	Provides ARV prophylaxis to newborns of HIV positive pregnant women for PMTCT	1	2		
S20_05	<b>05</b>	Provides infant and young child feeding counselling for PMTCT	1	2		
S20_06	<b>06</b>	Provides nutritional counselling for HIV positive pregnant women and their infants for PMTCT	1	2		
S20_07	<b>07</b>	Provides family planning counselling to HIV positive pregnant women for PMTCT	1	2		
	<b>902</b>	Please tell me if the following guidelines are available in the facility today: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	<b>YES, OBSERVED</b>	<b>YES, REPORTED NOT SEEN</b>	<b>NO</b>	
T37	<b>01</b>	National guidelines for PMTCT	1	2	3	
T38	<b>02</b>	Guidelines for infant and young child feeding counselling	1	2	3	
	<b>903</b>	Have you or any provider(s) of PMTCT services:	<b>YES</b>		<b>NO</b>	
T39	<b>01</b>	Received any training in PMTCT in the last two years?	1	2		
T40	<b>02</b>	Received any training in infant and young child feeding in the last two years?	1	2		
I24	<b>904</b>	Is the PMTCT service room or area a private room/area with auditory and visual privacy?	AUDITORY PRIVACY ONLY ..... 1 VISUAL PRIVACY ONLY ..... 2 BOTH AUDITORY AND VISUAL PRIVACY ..... 3 NO PRIVACY ..... 4			
<b>OBSTETRIC AND NEWBORN CARE SERVICES</b>						

Indicator code	Number	Question	Result		Skip
S9	1000	Does this facility offer delivery (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services?	YES..... 1 NO..... 2		➔1100
	ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE OBSTETRIC AND NEWBORN CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT OBSTETRIC AND NEWBORN CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
	1001	Please tell me if the following interventions are <u>routinely</u> carried out by providers of delivery services in this facility:	YES	NO	
S9_13	01	Administration of oxytocin injection immediately after birth to all women for the prevention of post-partum haemorrhage	1	2	
S9_14	02	Monitoring and management of labour using partograph	1	2	
S9_15	03	Immediate and exclusive breastfeeding	1	2	
S9_16	04	Hygienic cord care (cut with sterile/new disposable item and apply disinfectant to tip and stump, and no application of other substances)	1	2	
S9_17	05	Thermal protection (drying baby immediately after birth and wrapping) and (skin to skin contact/delayed bathing)	1	2	
	1002	Please tell me if any of the following interventions for the management of complications during and after pregnancy and childbirth have been carried out in the last 12 months by providers of delivery services as part of their work in this facility.	YES	NO	
S9_01 S9_18 S26_03	01	Parenteral administration of antibiotics (IV or IM) for mothers	1	2	
S9_02 S9_18 S26_03	02	Parenteral administration of oxytocin for treatment of post-partum haemorrhage (IV or IM)	1	2	
S9_03 S9_18 S26_03	03	Parenteral administration of magnesium sulphate for management of pre-eclampsia and eclampsia (IV or IM)	1	2	

Indicator code	Number	Question	Result			Skip
S9_04 S9_18 S26_03	<b>04</b>	Assisted vaginal delivery	1	2		
S9_05 S9_18 S26_03	<b>05</b>	Manual removal of placenta	1	2		
S9_06 S9_18 S26_03	<b>06</b>	Removal of retained products of conception	1	2		
S9_07 S9_19 S26_03	<b>07</b>	Neonatal resuscitation with bag and mask	1	2		
S26_01 S26_03	<b>08</b>	Caesarean section	1	2		
S26_02 S26_03	<b>09</b>	Blood transfusion	1	2		
S9_09 S9_19	<b>10</b>	Antibiotics for preterm or prolonged premature rupture of membranes to prevent infection	1	2		
S9_10 S9_19	<b>11</b>	Corticosteroids in preterm labour	1	2		
S9_11 S9_19	<b>12</b>	Kangaroo mother care for premature/very small babies	1	2		
S9_12 S9_19	<b>13</b>	Injectable antibiotics for neonatal sepsis	1	2		
	<b>14</b>	Phototherapy	1	2		
	<b>1003</b>	Are the following documents available in the facility today: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	<b>YES, OBSERVED</b>	<b>YES, REPORT ED NOT SEEN</b>	<b>NO</b>	
T6	<b>01</b>	Any national guidelines for essential childbirth care	1	2	3	
<b>T64</b>	<b>02</b>	Any checklists and/or job-aids for essential childbirth care	1	2	3	
	<b>1004</b>	Have you or any provider(s) of delivery services:	<b>YES</b>	<b>NO</b>		
T65	<b>01</b>	Received training in newborn resuscitation using the newborn bag and mask in the last two years	1	2		
T7	<b>02</b>	Apart from newborn resuscitation, received training in essential childbirth care in the last two years	1	2		

Indicator code	Number	Question	Result					Skip
	1005	I would like to know if the following basic equipment items are available in this service area today. For each equipment or item, please tell me if it is available today and functioning. <b>ASK TO SEE THE ITEMS</b>	A) AVAILABLE			B) FUNCTIONING		
			OBSE RVED	REPO RTED NOT SEEN	NOT AVAIL ABLE	YES	NO	DON' T KNO W
E7	01	Examination light (flashlight ok)	1 → B	2 → B	3 02 ←	1	2	8
E8	02	Delivery pack	1 → B	2 → B	3 03 ←			
E8	03	Cord clamp (plastic)	1 → B	2 → B	3 04 ←			
E8	04	Episiotomy scissors	1 → B	2 → B	3 05 ←	1	2	8
E8	05	Scissors or blade to cut cord	1 → B	2 → B	3 06 ←	1	2	8
E8	06	Suture material with needle	1 07 ←	2 07 ←	3 07 ←			
E8	07	Needle holder	1 → B	2 → B	3 08 ←	1	2	8
E10	08	Manual vacuum extractor	1 → B	2 → B	3 09 ←	1	2	8
E11	09	Vacuum aspirator or D&C kit	1 → B	2 → B	3 10 ←	1	2	8
E30	10	Incubator	1 → B	2 → B	3 11 ←	1	2	8
I20	11	Disposable latex gloves	1 12 ←	2 12 ←	3 12 ←			
E13	12	Blank partograph	1 13 ←	2 13 ←	3 13 ←			
E37	13	Delivery bed	1 → B	2 → B	3 14 ←	1	2	8
E50	14	Resuscitation table with heat source (for newborn resuscitation)	1 → B	2 → B	3 15 ←	1	2	8
E12 E43	15	Newborn bag and mask size 1 for term babies (for newborn resuscitation)	1 → B	2 → B	3 16 ←	1	2	8
E12 E43	16	Newborn bag and mask size 0 for pre-term babies (for newborn resuscitation)	1 → B	2 → B	3 17 ←	1	2	8
E9 E43	17	Electric suction pump (for suction apparatus)	1 → B	2 → B	3 18 ←	1	2	8

Indicator code	Number	Question	Result					Skip
E9 E43	18	Suction catheter (for suction apparatus) for suctioning newborn	1 → B	2 → B	3 19 ↩	1	2	8
E9 E43	19	Suction bulb, single use	1 → B	2 → B	3 20 ↩	1	2	8
E9 E43	20	Suction bulb, sterilizable multi-use	1 → B	2 → B	3 21 ↩	1	2	8
E44	21	Speculum	1 → B	2 → B	3 1006 ↩	1	2	8
	1006	Does this facility stock any medicines for obstetric care at this service site?	YES..... 1 NO..... 2					→ 1009
	1007	Are any of the following medicines and commodities available at this service site today?  <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>			<b>NOT OBSERVED</b>		
			<b>AT LEAST ONE VALID</b>	<b>AVAILABLE NOT VALID</b>	<b>REPORTED AVAILABLE BUT NOT SEEN</b>	<b>NOT AVAILABLE TODAY</b>	<b>NEVER AVAILABLE</b>	
M21	01	Antibiotic eye ointment for newborn	1	2	3	4	5	
M72 M23 M110 M141	02	Gentamicin injection	1	2	3	4	5	
M71 M23	03	Ampicillin powder for injection	1	2	3	4	5	
M106	04	Hydralazine injection	1	2	3	4	5	
M73	05	Metronidazole injection	1	2	3	4	5	
M75	06	Azithromycin cap/tab or oral liquid	1	2	3	4	5	
M76	07	Cefixime cap/tab	1	2	3	4	5	
M77	08	Benzathine benzylpenicillin powder for injection	1	2	3	4	5	
M79	09	Nifedipine cap/tab (10mg)	1	2	3	4	5	
M107	10	Methyldopa tablet	1	2	3	4	5	
M70	11	Calcium gluconate injection	1	2	3	4	5	
M24	12	Magnesium sulphate injectable	1	2	3	4	5	
M26	13	Skin disinfectant	1	2	3	4	5	
M27	14	Intravenous solution with infusion set	1	2	3	4	5	

Indicator code	Number	Question	Result				Skip
M69	15	Sodium chloride injectable solution	1	2	3	4	5
M78	16	Betamethasone injection	1	2	3	4	5
M78 M129	17	Dexamethasone injection	1	2	3	4	5
M22	18	Oxytocin injection	1	2	3	4	5
		IF OXYTOCIN IS OBSERVED AVAILABLE (Q1007_18 is "1" OR "2") 	IF OXYTOCIN IS NOT OBSERVED AVAILABLE (Q1007_19 is "3", "4", OR "5") 				Q1009
	1008	Is the oxytocin stored in cold storage?	YES..... 1 NO..... 2				
<b>CAESAREAN SECTION</b>							
	1009	CHECK Q1002_08: CAESAREAN SECTION OFFERED 	CAESAREAN SECTION NOT OFFERED 				Q1100
T51	1010	Do you have the national guidelines for Comprehensive Emergency Obstetric Care available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO..... 3				
T52	1011	Have you or any provider(s) of delivery services received any training in Comprehensive Emergency Obstetric Care in the last two years?	YES..... 1 NO..... 2				
T53	1012	Does this facility have a health professional who can perform caesarean section present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES..... 1 NO..... 2				
T54	1013	Does this facility have an anaesthetist (or doctor with anaesthetics training) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES..... 1 NO..... 2				
<b>IMMUNIZATION</b>							
S10	1100	Does this facility offer immunization services?	YES..... 1				→1200

Indicator code	Number	Question	Result	Skip			
			NO..... 2				
	<b>1100 a</b>	Is the location/place/room of immunization services easily recognized by clients?	YES..... 1 NO..... 2				
	<b>1100 b</b>	Is the location/place/room of immunization services comfortable for both vaccinators and clients? <i>By comfortable this means that the place is spacious</i>	YES, comfortable for BOTH.....1 Yes, comfortable for vaccinator ONLY.....2 YES, comfortable for client ONL....3 Not comfortable for BOTH.....4				
	<b>1100c</b>	Is there a waiting area for clients?	YES..... 1 NO..... 2				
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.							
	<b>1101</b>	Is this facility providing immunization services today?	YES..... 1 NO..... 2				
	<b>1102</b>	Does this facility provide any of the following immunization services in the facility only, as outreach at fixed post only, or both? <b>*VACCINES SCHEDULE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION</b>	<b>BOTH IN THE FACILITY AND AS OUTREACH</b>	<b>IN THE FACILITY ONLY</b>	<b>OUTREACH ONLY</b>	<b>SERVICE NOT OFFERED</b>	
	<b>01</b>	BCG (at birth)	1	2	3	4	
	<b>02</b>	OPV (at birth)	1	2	3	4	
	<b>03</b>	OPV	1	2	3	4	
	<b>04</b>	IPV (first dose - 14 weeks)	1	2	3	4	
	<b>05</b>	Pentavalent vaccine	1	2	3	4	
	<b>06</b>	HBV (at birth)	1	2	3	4	
	<b>07</b>	PCV	1	2	3	4	
	<b>08</b>	Rotavirus	1	2	3	4	
	<b>09</b>	Measles	1	2	3	4	
	<b>10</b>	MMR	1	2	3	4	
S10_09	<b>11</b>	Adolescent/adult vaccines (e.g. TT/Td, flu)	1	2	3	4	


Indicator code	Number	Question	Result			Skip
S10_10A S10_10B S10_10C S10_10D S10_10E	<b>1103</b>	How often does this facility offer routine all antigens for childhood immunization services at the facility?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 QUARTERLY ..... 4 OTHER ..... 96 (SPECIFY)			
S10_11A S10_11B S10_11C S10_11D S10_11E	<b>1104</b>	How often does this facility offer routine childhood immunization services through outreach?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 QUARTERLY ..... 4 OTHER ..... 96 (SPECIFY)			
T8	<b>1105</b>	Do you have the national EPI guidelines for routine child immunization available in this facility today?  <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>  <b>*NATIONAL GUIDELINE SHOULD BE SPECIFIED AS PART OF COUNTRY ADAPTATION</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3			
	<b>1105 a</b>	Does this health facility have a comprehensive EPI microplan for immunization activities?	YES ..... 1 NO ..... 2			
	<b>1105 b</b>	Did this facility have the Reaching Every District (RED) / Reaching Every Child (REC) microplan for their union council?	YES ..... 1 NO ..... 2			
	<b>1106</b>	Have you or any provider(s) of immunization service delivery received any training in any of the following childhood immunization services in the last two years?  <b>IF YES:</b> Please specify if it was through formal training or supportive supervision	<b>YES, FORMAL TRAINING</b>	<b>YES, SUPPORTIVE SUPERVISION</b>	<b>NO TRAINING</b>	
T9	<b>01</b>	Immunization service delivery (immunization in practice or any similar)	1	2	3	
T9	<b>02</b>	Vaccine management/handling and cold chain management	1	2	3	
T9	<b>03</b>	Data reporting and monitoring of service delivery (e.g. data quality self-assessment)	1	2	3	
T9	<b>04</b>	Vaccine preventable disease surveillance and reporting	1	2	3	



Indicator code	Number	Question	Result			Skip
T9	05	Injection safety and waste management	1	2	3	
T9	06	RED/REC microplanning	1	2	3	
T9	07	Training on new vaccine* prior to introduction  *these include pentavalent vaccine, PCV10, rotavirus, bivalent OPV, IPV (inactivated polio vaccine), pre-campaign trainings e.g. for measles, polio, turkey rhinotracheitis virus.	1	2	3	
	08	Vaccination staff have received training on adverse events following immunization	1	2	3	
	1107	I would like to know if the following items for immunization are available at this fixed site. For each item, please tell me if it is available today. <b>ASK TO SEE THE ITEMS</b>	<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>	
I14 I22	01	Auto-disable syringes	1	2	3	
I21	02	Sharps container/safety box	1	2	3	
E14	03	Vaccine carrier(s)/cold box	1	2	3	
E14	04	Set of ice packs for vaccine carriers (Note: 4 ice packs make one set)	1	2	3	
E41	05	Immunization cards (or child health booklet)	1	2	3	
E42	06	Official immunization tally sheets	1	2	3	
	07	Official daily and permanent immunization registers or equivalent	1	2	3	
	08	Investigation/reporting form for adverse events following immunization	1	2	3	
E15 E47	1108	Does this facility have a refrigerator/ice lined refrigerator (ILR) available and functioning for the storage of vaccines?  <b>NOTE: FOR A REFRIGERATOR TO BE FUNCTIONAL IT MUST HAVE SUFFICIENT CAPACITY TO ACCOMMODATE ALL NEEDED VACCINES.</b>	AVAILABLE AND FUNCTIONAL ..... 1 AVAILABLE NOT FUNCTIONAL ..... 2 AVAILABLE DON'T KNOW IF FUNCTIONING ..... 3 NOT AVAILABLE..... 4			→1115

Indicator code	Number	Question	Result						Skip
E40 E40_A E40_B E40_C E40_D E40_E E40_F	1109	What type of energy source is used for the ILR for storing vaccines?	ELECTRICITY (GRID OR GENERATOR) ..... 1 SOLAR (WITH OR WITHOUT BATTERIES) ..... 2 GAS ..... 3 KEROSENE ..... 4 MIXED (ELECTRIC WITH GAS KEROSENE) ..... 5 OTHER ..... 96						
E40	1110	Does this energy source supply power to the ILR 24 hours a day and 7 days a week?	YES ..... 1 NO ..... 2						
			A) AVAILABLE			B) FUNCTIONNING			
		Which of the following devices for monitoring ILR temperature are available and functioning in the refrigerator today: <b>ASK TO SEE THE ITEMS</b>	OBSE RVED	REPO RTED NOT SEEN	NOT AVAIL ABLE	YES	NO	DO N'T KN OW	
E39 E47	01	Thermometer	1 → B	2 → B	3 02 ↙	1	2	8	
E39 E47	02	Continuous temperature recorder/ Data logger	1 → B	2 → B	3 1112 ↙	1	2	8	
E49 E47	1112	Is the temperature of the ILR monitored twice daily? <b>IF YES: PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE</b>	YES, LOG OBSERVED ..... 1 YES, LOG REPORTED NOT SEEN ..... 2 NO ..... 3						→ 1115
E49 E47	1113	Has the temperature log been completed for the last 30 days? <b>PLEASE REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED 2 TIMES/DAY DURING THE LAST 30 DAYS)</b>	YES ..... 1 YES, PARTIALLY ..... 2 NO ..... 3						→ 1115
E49 E47	1114	Has the temperature been out of the range 2 to 8°C inclusive in the last 30 days? <b>PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE LAST 30 WORKING DAYS IN ORDER TO ANSWER THE QUESTION</b>	OBSERVED IN RANGE ..... 1 REPORTED IN RANGE BUT NOT SEEN ..... 2 OUT OF RANGE ..... 3 RECORD NOT AVAILABLE ..... 4						
	1115	CHECK Q1101 AND Q1108: FACILITY IS OFFERING IMMUNIZATION SERVICES TODAY (Q1101 = "1" ) OR HAS A	FACILITY DOES NOT OFFER IMMUNIZATION SERVICES TODAY (Q1101 = "2") AND DOES NOT HAVE A FUNCTIONAL REFRIGERATOR FOR						



Indicator code	Number	Question	Result					Skip
		FUNCTIONING REFRIGERATOR FOR THE STORAGE OF VACCINES (Q1108 = "1") 	THE STORAGE OF VACCINES (Q1108 = "2", "3" OR "4")					Q1117
	<b>1116</b>	Are any of the following vaccines available at this service site today? <b>* THE LIST OF VACCINES BELOW SHOULD BE SPECIFIED AS PER NATIONAL SCHEDULE DURING COUNTRY ADAPTATION PROCESS</b> <b>SELECT ONE OF EACH VACCINE AT RANDOM AND CHECK IF THE VACCINE IS VALID: 1. VIAL MONITOR ON THE VACCINE VIAL HAS NOT TURNED AND 2. THE EXPIRY DATE HAS NOT PASSED.</b>	<b>OBSERVED AVAILABLE</b>			<b>NOT OBSERVED</b>		
			<b>AT LEAST ONE VIAL ID</b>	<b>AVAILABLE NOT VIAL ID</b>	<b>REPORTED AVAILABLE BUT NOT SEEN</b>	<b>NOT AVAILABLE TO DAY</b>	<b>NEVER AVAILABLE</b>	<b>Not Applicable</b>
M28	<b>01</b>	Measles vaccine and diluent	1	2	3	4	5	9
M29	<b>02</b>	Pentavalent vaccine	1	2	3	4	5	9
M30	<b>03</b>	Oral polio vaccine	1	2	3	4	5	9
M31	<b>04</b>	BCG vaccine and diluent	1	2	3	4	5	9
M92	<b>05</b>	Rotavirus vaccine	1	2	3	4	5	9
M93	<b>06</b>	PCV10	1	2	3	4	5	9
M142	<b>07</b>	IPV	1	2	3	4	5	9
	<b>08</b>	MR	1	2	3	4	5	9
	<b>09</b>	Tetanus Toxoid (TT)/Td (adult)	1	2	3	4	5	9
	<b>10</b>	MMR	1	2	3	4	5	9
	<b>11</b>	HBV	1	2	3	4	5	9
	<b>1117</b>	In the past three months were you unable to give any of the vaccines listed below because of unavailable stock? <b>FOR EACH OF THE FOLLOWING ITEMS, PLEASE CHECK IN THE FACILITY RECORDS IF THERE HAS BEEN A STOCK-OUT IN THE PAST 3 MONTHS</b> <b>* THE LIST OF VACCINES BELOW SHOULD BE SPECIFIED AS PER NATIONAL SCHEDULE DURING COUNTRY ADAPTATION PROCESS</b>	<b>YES, STOCK-OUT</b>	<b>NO STOCK-OUT</b>	<b>NOT INDICATED</b>	<b>PRODUCT NOT OFFERED</b>	<b>FACILITY RECORD NOT AVAILABLE</b>	
M28_A	<b>01</b>	Measles vaccine and diluent	1	2	3	4	5	
M29_A	<b>02</b>	Pentavalent vaccine	1	2	3	4	5	

Indicator code	Number	Question	Result				Skip
M30_A	03	OPV	1	2	3	4	5
M31_A	04	BCG vaccine and diluent	1	2	3	4	5
M92_A	05	Rotavirus vaccine	1	2	3	4	5
M93_A	06	PCV10	1	2	3	4	5
M142_A	07	IPV	1	2	3	4	5
	08	MR	1	2	3	4	5
	09	Tetanus Toxoid /Td (adult)	1	2	3	4	5
	10	MMR	1	2	3	4	5
	11	HBV	1	2	3	4	5
<b><u>B. CHILD AND ADOLESCENT HEALTH</u></b>							
<i>CHILD PREVENTATIVE AND CURATIVE CARE SERVICES</i>							
S11	1200	Does this facility offer preventative and curative care services for children under five?	YES ..... 1 NO ..... 2				→1300
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTATIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTATIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
	1201	Please tell me if this facility provides the following services:	<b>YES</b>		<b>NO</b>		
S11_01	01	Diagnose and/or treat child malnutrition	1		2		
S11_02	02	Provide vitamin A supplementation	1		2		
S11_03	03	Provide iron supplementation	1		2		
S11_04	04	Provide ORS to children with diarrhoea	1		2		
S11_04	05	Provide zinc supplementation to children with diarrhoea	1		2		
S11_05	06	Child growth monitoring	1		2		
S11_06	07	Treatment of pneumonia	1		2		
S11_07	08	Administration of amoxicillin for the treatment of pneumonia in children	1		2		
S11_08	09	Treatment of malaria in children	1		2		
	10	Treatment of dengue in children	1		2		
	11	Provide Tetanus Toxoid	1		2		
	12	Provide Anti-helminthic	1		2		
	1202	Please tell me if the following documents are available in the facility today:	<b>YES, OBSERVED</b>	<b>YES, REPORTED NOT SEEN</b>	<b>NO</b>		

Indicator code	Number	Question	Result			Skip		
		<b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>						
T10	<b>01</b>	IMNCI guidelines for the diagnosis and management of childhood illnesses	1	2	3			
T11	<b>02</b>	National guidelines for growth monitoring	1	2	3			
	<b>03</b>	Any checklists and/or job-aids for IMNCI	1	2	3			
	<b>1203</b>	Have you or any provider(s):	<b>YES</b>		<b>NO</b>			
T12	<b>01</b>	Of curative care services for sick children received any training in IMNCI in the last two years?	1		2			
T13	<b>02</b>	Of growth monitoring services for children received any training in growth monitoring in the last two years?	1		2			
	<b>1204</b>	Please tell me if the following basic equipment items are available and functional in this service area today. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b>		<b>B) FUNCTIONNING</b>			
			<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
E16	<b>01</b>	Length/height measuring equipment	1 → B	2 → B	3 02 ←	1	2	9
E17	<b>02</b>	Growth charts	1 B ←	2 B ←	3 03 ←			
	<b>03</b>	Mid-upper arm circumference measurement tape	1 B ←	2 03 ←	3 04 ←	1	2	9
	<b>04</b>	Weight measuring equipment	1 1300 ←	2 1300 ←	3 1300 ←	1	2	9
<b>ADOLESCENT HEALTH SERVICES</b>								
S12	<b>1300</b>	Does this facility offer adolescent health services?	YES ..... 1 NO ..... 2				→ 1400	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ADOLESCENT HEALTH SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ADOLESCENT HEALTH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.								
T14	<b>1301</b>	Do you have the national guidelines for service provision to adolescents available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3					

Indicator code	Number	Question	Result	Skip
T15	1302	Have you or any providers of adolescent health services received any training on the provision of adolescent health services in the last two years?	YES ..... 1 NO..... 2	
<b><u>C. COMMUNICABLE DISEASES</u></b>				
<b><i>HIV COUNSELLING &amp; TESTING</i></b>				
S17	1400	Does this facility offer HIV counselling and testing services?	YES ..... 1 NO..... 2	➔1500
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV COUNSELLING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELLING AND TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
T30	1401	Do you have the national HIV counselling and testing guidelines available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO..... 3	
	1402	Have you or any provider(s) of HIV/AIDS counselling and testing services:	<b>YES</b>	<b>NO</b>
T31	01	Received any training in voluntary counselling and testing in the last two years?	1	2
T17	02	Received any training in HIV/AIDS prevention, care, and management for adolescents in the last two years?	1	2
S12_01	1403	Does this facility provide HIV counselling and testing services to minor adolescents?	YES ..... 1 NO..... 2	
I23	1404	Is the HIV testing and counselling service room or area a private room/area with auditory and visual privacy?	AUDITORY PRIVACY ONLY ..... 1 VISUAL PRIVACY ONLY ..... 2 BOTH AUDITORY AND VISUAL PRIVACY ..... 3 NO PRIVACY ..... 4	
D6	1405	Does this facility have HIV rapid test kits (in date, i.e. not expired) in stock at this service site today? <b>CHECK TO SEE IF IN DATE (NOT EXPIRED)</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO..... 3	
M17 M91	1406	Does this facility have condoms available at this service site today to give to clients receiving services? <b>IF YES, ASK TO SEE CONDOMS</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO..... 3	

Indicator code	Number	Question	Result			Skip
	1407	Please tell me if the following resources/supplies used for infection control are available in this service area today. <b>ASK TO SEE THE ITEMS</b>	<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>	
I15	01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
I15	02	Hand-washing soap/liquid soap	1	2	3	
I15	03	Alcohol based hand rub	1	2	3	
I16	04	Disposable latex gloves	1	2	3	
I12	05	Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3	
I11	06	Sharps container ("safety box")	1	2	3	
I13	07	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
I14	08	Disposable syringes with disposable needles	1	2	3	
I14	09	Auto-disable syringes	1	2	3	
<b>HIV TREATMENT</b>						
	1500 a	Does this facility offer risk assessment and referral services for HIV?	YES ..... 1 NO ..... 2			
	1500 b	Does this facility offer screening services for HIV?	YES ..... 1 NO ..... 2			
S19	1500	Does this facility offer HIV & AIDS antiretroviral prescription or antiretroviral treatment follow-up services?	YES ..... 1 NO ..... 2			➔1600
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.						
	1501	Do providers in this facility:	<b>YES</b>		<b>NO</b>	
S19_01	01	Prescribe ART	1		2	
S12_09	02	Prescribe ART to adolescents	1		2	
S19_02	1502	Does this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES ..... 1 NO ..... 2			
T35	1503	Do you have the national ART guidelines available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3			



Indicator code	Num ber	Question	Result		Skip
T36	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					
S18	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		➔1605
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
	1601	Please tell me if this facility provides the following services for HIV/AIDS clients:	YES	NO	
S18_01	01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	
S18_02	02	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients?	1	2	
S18_03	03	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2	
S18_04	04	Provide treatment for Kaposi's sarcoma?	1	2	
S18_05	05	Provide nutritional rehabilitation services? E.g. client education and provision of nutritional supplements?	1	2	
S18_07	07	Care for paediatric HIV/AIDS patients?	1	2	
S18_08	08	Prescribe or provide preventive treatment for TB (isoniazid + pyridoxine)?	1	2	
S18_09	09	Primary preventive treatment for opportunistic infections, such as co-trimoxazole preventive treatment?	1	2	
S18_10	10	Provide or prescribe micronutrient supplementation, such as vitamins or iron?	1	2	
S18_11	11	Family planning counselling for HIV/AIDS clients?	1	2	



Indicator code	Number	Question	Result			Skip
S18_12	12	Provide condoms for preventing further transmission of HIV?	1	2		
D14	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? <b>IF YES, ASK TO SEE A REGISTER OR RECORD OF HIV-POSITIVE CLIENTS TESTED FOR TB</b>	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: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED	YES, REPORTED NOT SEEN	NO	
T32	01	National guidelines for the clinical management of HIV/AIDS	1	2	3	
T33	02	Guidelines for palliative care	1	2	3	
T34	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			
<b>HEPATITIS</b>						
	1605	Does the facility offer serological testing for both HBV (i.e., HbsAg) and HCV (i.e., Anti-HCV)?	Yes for HBV.....1 Yes For HCV.....2 Yes for both HBV and HCV.....3 No.....4			
	1606	Does the facility offer nucleic acid testing for both HBV (i.e., HBV DNA) and HCV (i.e., HCV RNA)?	Yes for HBV.....1 Yes For HCV.....2 Yes for both HBV and HCV.....3 No.....4			
	1607	Does the facility offer treatment for HBV and HCV?	Yes for HBV.....1 Yes For HCV.....2 Yes for both HBV and HC.....3 No.....4			→170 0
	1608	What treatment regimen does the facility offer for both HBV and HCV	YES	NO		
	01	Tab. Sofosbuvir				
	02	Tab. Daclatsvir				
	03	Tab. Ribavirin				
	04	Tab. Tenofovir				
	05	Others (specify)				
<b>SEXUALLY TRANSMITTED INFECTIONS</b>						

Indicator code	Number	Question	Result	Skip
S21	<b>1700</b>	Does this facility offer diagnosis or treatment of STIs other than HIV?	YES ..... 1 NO ..... 2	➔1800
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.				
S21_01	<b>1701</b>	Do providers in this facility diagnose STIs?	YES ..... 1 NO ..... 2	
S21_02	<b>1702</b>	Do providers in this facility prescribe treatment for STIs?	YES ..... 1 NO ..... 2	
T41	<b>1703</b>	Do you have the national guidelines for the diagnosis and treatment of STIs available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
T42	<b>1704</b>	Have you or any provider(s) of STI services received any training in STI diagnosis and treatment in the last two years?	YES ..... 1 NO ..... 2	
<b>TUBERCULOSIS</b>				
S16	<b>1800</b>	Does this facility offer diagnosis, treatment prescription, or treatment follow-up of tuberculosis?	YES ..... 1 NO ..... 2	➔1900
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TUBERCULOSIS SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT TUBERCULOSIS SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
S16_01	<b>1801</b>	Do providers in this facility diagnose TB?	YES ..... 1 NO ..... 2	➔1803
	<b>1802</b>	Which of the following methods are used at this facility for diagnosing TB:	<b>YES</b>	<b>NO</b>
S16_03	<b>01</b>	Clinical symptoms	1	2
S16_02 S16_04	<b>02</b>	Sputum smear microscopy examination	1	2
S16_02 S16_05	<b>03</b>	Culture	1	2
S16_02 S16_06	<b>04</b>	Rapid test (GeneXpert MTB/RIF)	1	2
S16_02 S16_07	<b>05</b>	Chest X-ray	1	2
S16_08	<b>1803</b>	Does this facility prescribe drugs for TB patients?	YES ..... 1	

Indicator code	Number	Question	Result			Skip
			NO..... 2			
S16_09	1804	Does this facility provide drugs to TB patients?	YES ..... 1 NO..... 2			
S16_10	1805	Does this facility manage and provide treatment follow-up for TB patients?	YES ..... 1 NO..... 2			
D13	1806	Do providers in this facility screen or test TB patients for HIV or have a system for diagnosis of HIV among TB patients? <b>IF YES, ASK TO SEE A REGISTER OR RECORD OF TB CLIENTS TESTED FOR HIV</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 YES, REGISTER NOT MAINTAINED ..... 3 NO..... 4			
	1807	Please tell me if the following guidelines are available in the facility today: <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	<b>YES, OBSERVED</b>	<b>YES, REPORTED NOT SEEN</b>	<b>NO</b>	
T22	01	Diagnosis and treatment of TB	1	2	3	
T23	02	Management of HIV and TB co-infection	1	2	3	
T24	03	MDR-TB	1	2	3	
T25	04	TB infection control	1	2	3	
	1808	Have any providers of TB services at this facility received training in the following topics in the last two years?	<b>YES</b>	<b>NO</b>		
T26	01	Diagnosis and treatment of TB	1	2		
T27	02	Management of HIV and TB co-infection	1	2		
T28	03	MDR-TB	1	2		
T29	04	TB infection control	1	2		
	1809	Does this facility stock any medicines for TB treatment?	YES, IN SERVICE SITE ..... 1 YES, ELSEWHERE (E.G BULK STORE/PHARMACY) ..... 2 YES, IN BOTH LOCATIONS ..... 3 NO, TB MEDS NOT STOCKED ... 4			→1900 →1900
	1810	Are any of the following medicines available at this service site today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>	
			<b>AT LEAST ONE VALID</b>	<b>AVAILABLE BUT NOT SEEN</b>	<b>REPORTED AVAILABLE BUT NOT SEEN</b>	<b>NOT AVAILABLE TODAY</b>
			<b>NEVER AVAILABLE</b>			

Indicator code	Number	Question	Result				Skip
M41	01	Ethambutol	1	2	3	4	5
M41	02	Isoniazid	1	2	3	4	5
M41	03	Pyrazinamide	1	2	3	4	5
M41	04	Rifampicin	1	2	3	4	5
M41	05	Isoniazid + rifampicin (2FDC)	1	2	3	4	5
M41	06	Isoniazid + ethambutol (EH) (2FDC)	1	2	3	4	5
M41	07	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC)	1	2	3	4	5
M41	08	Isoniazid + rifampicin + ethambutol (RHE) (3FDC)	1	2	3	4	5
M41	09	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC)	1	2	3	4	5
	10	Streptomycin injectable	1	2	3	4	5
<b>MALARIA</b>							
S15	1900	Does this facility offer diagnosis or treatment of malaria?	YES ..... 1 NO ..... 2				➔ 1911
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MALARIA SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
S15_01	1901	Do providers in this facility diagnose malaria?	YES ..... 1 NO ..... 2				➔ 1906
	1902	Which of the following methods are used at this facility for diagnosing malaria:					
			YES	NO			
S15_05	01	Clinical symptoms	1	2			
S15_02 S15_06	02	Rapid diagnostic testing	1	2			
S15_02 S15_07	03	Microscopy	1	2			
	04	Microscopic reagents in date (not expired)	1	2			
	05	CHECK Q1902_02: IF FACILITY CONDUCTS MALARIA RDTs: 	IF FACILITY DOES NOT CONDUCT MALARIA RDTs: 				Q1906
D3 D34 D36	1903	Does this facility have malaria rapid diagnostic test kits (in date, i.e. not expired) in stock at this service site today?	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3				

Indicator code	Number	Question	Result		Skip
		<b>CHECK TO SEE IF IN DATE (NOT EXPIRED)</b>			
D36_A	<b>1904</b>	Has there been a stock-out of malaria RDT kits in the past 4 weeks?	YES ..... 1 NO..... 2		→1906
D36_B	<b>1905</b>	How many days of stock-out?	LESS THAN 7 DAYS ..... 1 7 TO 14 DAYS ..... 2 MORE THAN 14 DAYS ..... 3		
S15_03	<b>1906</b>	Do providers in this facility prescribe treatment for malaria?	YES ..... 1 NO..... 2		
T18	<b>1907</b>	Do you have the national guidelines for the diagnosis and treatment of malaria available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO..... 3		
T20 D34	<b>1908</b>	Have you or any provider(s) of malaria services received any training in malaria diagnosis with RDTs in the last two years?	YES ..... 1 NO..... 2		
T20	<b>1909</b>	Have you or any provider(s) of malaria services received any training in malaria treatment in the last two years?	YES ..... 1 NO..... 2		
S15_04	<b>1910</b>	Does this facility provide intermittent preventive treatment for malaria?	YES ..... 1 NO..... 2		
<b>Dengue</b>					
	<b>1911</b>	Does the facility offer serological testing for dengue?	YES ..... 1 NO..... 2		→1913
	<b>1912</b>	Does the facility offer viral antigen or RNA testing?	Yes PCR.....1 Yes ELISA.....2 Yes for both PCR and ELISA.....3		
	<b>1913</b>	Does the facility offer treatment for dengue?	YES ..... 1 NO..... 2		→2000
	<b>1914</b>	Which of the following treatments are offered for dengue in this facility?	YES	NO	
	<b>01</b>	Supportive treatment (rehydration, fever control, etc.)	1	2	
	<b>02</b>	Platelet transfusions	1	2	
	<b>03</b>	Acetaminophen: 500 mg	1	2	
	<b>04</b>	Others (specify)			



Indicator code	Number	Question	Result	Skip
<b><u>D. NONCOMMUNICABLE DISEASES</u></b>				
S22 S23 S24 S29	<b>2000</b>	Does this facility offer diagnosis or management of noncommunicable diseases such as diabetes, cardiovascular disease, chronic respiratory disease, mental neurological and substance disorders, cervical cancer and breast cancer?	YES ..... 1 NO ..... 2	➔2100
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NONCOMMUNICABLE DISEASE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NCD SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
S22	<b>2001</b>	Do providers in this facility diagnose and/or manage diabetes in patients?	YES ..... 1 NO ..... 2	➔2004
T43	<b>2002</b>	Do you have the national guidelines for the diagnosis and management of diabetes available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
T44	<b>2003</b>	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	
S23	<b>2004</b>	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES ..... 1 NO ..... 2	➔2007
T45	<b>2005</b>	Do you have the national guidelines for the diagnosis and management of cardiovascular diseases available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	
T46	<b>2006</b>	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	
S24	<b>2007</b>	Do providers in this facility diagnose and/or manage chronic respiratory diseases in patients?	YES ..... 1 NO ..... 2	➔2011
T47	<b>2008</b>	Do you have the national guidelines for the diagnosis and management of chronic respiratory disease available in this facility today?	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3	

Indicator code	Number	Question	Result						Skip
		<b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>							
T48	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. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
			<b>OBSE RVED</b>	<b>REPO RTED NOT SEEN</b>	<b>NOT AVAIL ABLE</b>	<b>YES</b>	<b>NO</b>	<b>DO N'T KN OW</b>	
E19	01	Peak flow meters	1 → B	2 → B	3 02 ↙	1	2	8	
E20	02	Spacers for inhalers	1 → B	2 → B	3 2011 ↙	1	2	8	
S29	2011	Do providers in this facility diagnose cervical cancer in patients?	YES ..... 1 NO ..... 2						→2015
T60	2012	Do you have the national guidelines for cervical cancer prevention and control? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3						
T61	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. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>			
			<b>OBSE RVED</b>	<b>REPO RTED NOT SEEN</b>	<b>NOT AVAIL ABLE</b>	<b>YES</b>	<b>NO</b>	<b>DO N'T KN OW</b>	
D37	01	Acetic acid	1 02 ↙	2 02 ↙	3 02 ↙				
E44	02	Speculum	1 → B	2 → B	3 2100 ↙	1	2	8	
		<i>BREAST CANCER</i>							
	2015	Does this facility offer diagnosis or treatment of breast cancer?	YES ..... 1 NO ..... 2						→2018




















Indicator code	Number	Question	Result	Skip
	<b>2015 A</b>	Do providers in this facility diagnose breast cancer?	YES ..... 1 NO ..... 2	→ 2017
	<b>2016</b>	What methods are used by providers in this facility for diagnosing breast cancer?		
	<b>01</b>	Only medical examination	YES ..... 1 NO ..... 2	
	<b>02</b>	Mammography	YES ..... 1 NO ..... 2	
	<b>03</b>	Ultrasound	YES ..... 1 NO ..... 2	
	<b>04</b>	Biopsy	YES ..... 1 NO ..... 2	
	<b>05</b>	Others (Specify)		
	<b>2017</b>	Do providers in this facility provide treatment for breast cancer?	YES ..... 1 NO ..... 2	→ 2018
	<b>01</b>	Do providers in this facility provide treatment for breast cancer_ mastectomy	YES ..... 1 NO ..... 2	
	<b>02</b>	Do providers in this facility provide treatment for breast cancer _radiotherapy	YES ..... 1 NO ..... 2	
	<b>03</b>	Do providers in this facility provide treatment for breast cancer _chemotherapy	YES ..... 1 NO ..... 2	
	<b>04</b>	Do providers in this facility provide treatment for breast cancer _other (specify)		
		<b>MENTAL HEALTH</b>		
	<b>2018</b>	Does this facility offer mental health services?	YES ..... 1 NO ..... 2	→ 2026
	<b>2019</b>	Does this facility provide services for psychiatric emergency e.g. suicidal attempt, acute psychosis, drug overdose, severe distress (anxiety and depression) and grief?	YES ..... 1 NO ..... 2	
	<b>2020</b>	Does this facility provide treatment for common MNS disorders, mood and stress related disorders, psychosis and epilepsy?	YES ..... 1 NO ..... 2	
	<b>2021</b>	Has the PHC staff been trained in provision of mhGAP/MHPSS and	YES ..... 1 NO ..... 2	





Indicator code	Number	Question	Result	Skip
		management of common MNS disorders?		
	<b>2022</b>	Are there any national guidelines for diagnosis and management of common MNS disorders?	YES, observed.....1 YES, reported not seen.....2 NO.....3	
	<b>2023</b>	Does this facility make referrals for common MNS disorders?	YES ..... 1 NO ..... 2	
	<b>2024</b>	Does this facility accept referrals for common MNS disorders?	YES ..... 1 NO ..... 2	
	<b>2025</b>	Are there any national guidelines for referral mechanism/protocol of common MNS disorders?	YES, observed.....1 YES, reported not seen..2 NO.....3	
		<b><i>DENTAL HEALTH</i></b>		
	<b>2026</b>	Does this facility offer dental health services?	YES ..... 1 NO.....2	→2100
	<b>2027</b>	Does this health facility provide any of the following dental health services:		
	<b>01</b>	Does this health facility provide any of the following dental health services _dental caries in paediatrics	YES ..... 1 NO.....2	
	<b>02</b>	Does this health facility provide any of the following dental health services _dental health promotion	YES ..... 1 NO.....2	
	<b>03</b>	Does this health facility provide any of the following dental health services _medical treatment of dental health	YES ..... 1 NO.....2	
	<b>04</b>	Does this health facility provide any of the following dental health services _surgical treatment of dental health	YES ..... 1 NO.....2	
	<b>2028</b>	Do you have guidelines for diagnosing and treating oral health problems available in this facility?	YES, observed.....1 YES, reported not seen.....2 NO.....3 NO, there is no such guideline.....4	
	<b><u>E. SURGERY</u></b>			
	<b><i>SURGICAL SERVICES</i></b>			
S25 S28	<b>2100</b>	Does this facility offer any surgical services (including minor surgery such as suturing, circumcision, wound debridement, etc.), or caesarean section?	YES ..... 1 NO..... 2	→2200
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE SURGICAL SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT SURGICAL				

Indicator code	Number	Question	Result		Skip
	SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
	2101	Please tell me if this facility provides the following services:	YES	NO	
S25_01	01	Incision and drainage of abscesses	1	2	
S25_02	02	Wound debridement	1	2	
S25_03	03	Acute burn management	1	2	
S25_04	04	Suturing	1	2	
S25_05	05	Closed repair of fracture	1	2	
S25_06	06	Cricothyroidotomy	1	2	
S25_07	07	Male circumcision	1	2	
S25_08	08	Hydrocele reduction	1	2	
S25_09	09	Chest tube insertion	1	2	
S25_10	10	Closed repair of dislocated joint	1	2	
S25_11	11	Biopsy of lymph node or mass or other	1	2	
S25_12	12	Removal of foreign body (from the throat, eye, ear or nose)	1	2	
S28_02	14	Tubal ligation	1	2	
S28_03	15	Vasectomy	1	2	
		CHECK Q007: IF IT’S “3”, “5”, “6”, “7”, “8”, “9”, “10”, “11”, “12” IF HOSPITAL: 	IF NOT HOSPITAL: “1”, “2”, “4” 		Q2102
S28_01	13	Tracheostomy	1	2	
S28_04	16	Dilatation and curettage	1	2	
S28_05	17	Obstetric fistula repair	1	2	
S28_06	18	Episiotomy, cervical and vaginal laceration	1	2	
S28_07	19	Appendectomy/appendisectomy	1	2	
S28_08	20	Hernia repair (strangulated)	1	2	
S28_22	21	Hernia repair (elective)	1	2	
S28_09	22	Cystostomy	1	2	
S28_10	23	Urethral stricture dilatation	1	2	
S28_11	24	Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, intestinal obstruction, perforation, injuries)	1	2	
S28_12	25	Congenital hernia repair	1	2	

Indicator code	Number	Question	Result			Skip		
S28_13	26	Neonatal surgery (abdominal wall defect, colostomy imperforate anus, intussusceptions)	1		2			
S28_14	27	Cleft palate repair	1		2			
S28_23	28	Contracture release	1		2			
S28_23	29	Skin grafting	1		2			
S28_17	30	Open reduction and fixation for fracture	1		2			
S28_18	31	Amputation	1		2			
S28_19	32	Cataract surgery	1		2			
S28_20	33	Club foot repair (casting or open club foot release)	1		2			
S28_21	34	Drainage of osteomyelitis-septic arthritis	1		2			
	2102	Please tell me if the following surgical equipment and supplies are available and functional in this facility today. <b>ASK TO SEE THE ITEMS</b>	A) AVAILABLE			B) FUNCTIONING		
			OBSE RVED	REPO RTED NOT SEEN	NOT AVAIL ABLE	YES	NO	DON'T KNOW
E29 E27	01	Resuscitator bag and mask- adult	1 → B	2 → B	3 02 ↙	1	2	8
E29 E27	02	Resuscitator bag and mask- paediatric	1 → B	2 → B	3 03 ↙	1	2	8
E21	03	Needle holder	1 → B	2 → B	3 04 ↙	1	2	8
E22	04	Scalpel handle with blades	1 → B	2 → B	3 05 ↙	1	2	8
E23	05	Retractor	1 → B	2 → B	3 06 ↙	1	2	8
	05a	Cannula	1 → B	2 → B	3 07 ↙	1	2	8
E24	06	Surgical scissors	1 → B	2 → B	3 07 ↙	1	2	8
E25	07	Nasogastric tubes	1 → B	2 → B	3 08 ↙	1	2	8
E26	08	Tourniquet	1 → B	2 → B	3 09 ↙	1	2	8
E28	09	Suction pump (manual or electric) with catheter	1 → B	2 → B	3 10 ↙	1	2	8

Indicator code	Number	Question	Result						Skip
	<b>10</b>	CHECK Q007: IF IT'S "3", "5", "6", "7", "8", "9", "10", "11", "12" AND Q1002_08: IF HOSPITAL OR HEALTH FACILITY OFFERS CAESAREAN SECTION: 	IF NOT HOSPITAL: "1", "2", "4" AND CAESAREAN SECTION NOT OFFERED: 						Q2103
E29	<b>11</b>	Oropharyngeal airway- adult	1 → B	2 → B	$\frac{3}{12}$ 	1	2	8	
E29	<b>12</b>	Oropharyngeal airway- paediatric	1 → B	2 → B	$\frac{3}{13}$ 	1	2	8	
E29	<b>13</b>	Magills forceps- adult	1 → B	2 → B	$\frac{3}{14}$ 	1	2	8	
E29	<b>14</b>	Magills forceps- paediatric	1 → B	2 → B	$\frac{3}{15}$ 	1	2	8	
E29	<b>15</b>	Endotracheal tube neonatal - uncuffed size below 3	1 → B	2 → B	$\frac{3}{16}$ 	1	2	8	
E29	<b>16</b>	Endotracheal tube paediatric- uncuffed sizes 3.0 to 5.0	1 → B	2 → B	$\frac{3}{17}$ 	1	2	8	
E29	<b>17</b>	Endotracheal tube adult- cuffed sizes 5.5 to 9.0	1 → B	2 → B	$\frac{3}{18}$ 	1	2	8	
E29	<b>18</b>	Laryngoscope handle and blade- adult	1 → B	2 → B	$\frac{3}{19}$ 	1	2	8	
E29	<b>19</b>	Laryngoscope handle and blade- paediatric	1 → B	2 → B	$\frac{3}{20}$ 	1	2	8	
E29	<b>20</b>	Laryngoscope handle and blade- neonatal	1 → B	2 → B	$\frac{3}{21}$ 	1	2	8	
E29	<b>21</b>	Anaesthesia machine	1 → B	2 → B	$\frac{3}{22}$ 	1	2	8	
E29	<b>22</b>	Tubings and connectors (to connect endotracheal tube)	1 → B	2 → B	$\frac{3}{23}$ 	1	2	8	
E29	<b>23</b>	Stylet	1 → B	2 → B	$\frac{3}{24}$ 	1	2	8	
E32	<b>24</b>	Spinal needle	1 → B	2 → B	$\frac{3}{25}$ 	1	2	8	
E29	<b>25</b>	Newborn bag and mask size 1 for term babies (for newborn resuscitation)	1 → B	2 → B	$\frac{3}{26}$ 	1	2	8	
E48	<b>26</b>	Oxygen concentrators	1 → B	2 → B	$\frac{3}{27}$ 	1	2	8	
E48	<b>27</b>	Oxygen cylinders	1 → B	2 → B	$\frac{3}{28}$ 	1	2	8	

Indicator code	Number	Question	Result					Skip
E48	28	Central oxygen supply	1 → B	2 → B	3 29	1	2	8
E48	29	Flowmeter for oxygen therapy (with humidification)	1 → B	2 → B	3 30	1	2	8
E48	30	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → B	2 → B	3 2103	1	2	8
E48	2103	At any time during the past 3 months has oxygen been unavailable for any reason?	YES ..... 1 NO ..... 2					
	2104	Please tell me if any of the following materials or medicines are available at this service site today. I would like to see those that are available.  <b>CHECK TO SEE IF AT LEAST ONE OF EACH MATERIAL/MEDICINE IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>			<b>NOT OBSERVED</b>		
			<b>AT LEAST ONE VALID</b>	<b>AVAILABLE NOT VALID</b>	<b>REPORTED AVAILABLE BUT NOT SEEN</b>	<b>NOT AVAILABLE TODAY</b>	<b>NEVER AVAILABLE</b>	
M63	01	Suture material (any type)	1	2	3	4	5	
M26	02	Skin disinfectant	1	2	3	4	5	
M64	03	Ketamine (injection)	1	2	3	4	5	
M65	04	Lidocaine 1% or 2% (anaesthesia)	1	2	3	4	5	
M148	05	Splints for extremities	1	2	3	4	5	
M149	06	Material for cast	1	2	3	4	5	
		CHECK Q007: IF IT'S "3", "5", "6", "7", "8", "9", "10", "11", "12" AND Q1002_08: IF HOSPITAL OR HEALTH FACILITY OFFERS CAESAREAN SECTION: 	IF NOT HOSPITAL: : "1", "2", "4" AND CAESAREAN SECTION NOT OFFERED: 					Q2105
M84	07	Thiopental (powder)	1	2	3	4	5	
M85	08	Suxamethonium bromide (powder)	1	2	3	4	5	
M86	09	Atropine (injection)	1	2	3	4	5	
M25	10	Diazepam (injection)	1	2	3	4	5	
M87	11	Halothane (inhalation)	1	2	3	4	5	
M88	12	Bupivacaine (injection)	1	2	3	4	5	
M89	13	Lidocaine 5% (heavy spinal solution)	1	2	3	4	5	
M62	14	Epinephrine (injection)	1	2	3	4	5	
M90	15	Ephedrine (injection)	1	2	3	4	5	

Indicator code	Number	Question	Result			Skip
T49	2105	Do you have materials on Integrated Management for Emergency and Essential Surgical Care (IMEESC) (e.g. best practices, protocols, etc.) available in this facility today? <b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b>	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3			
T50	2106	Have you or any provider(s) of basic surgical services received any training in IMEESC in the last two years?	YES ..... 1 NO ..... 2			
T57	2107	Does this facility have a staff member trained in surgery, including caesarean section, (clinical officer, general physician, or surgeon) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2			
T58	2108	Does this facility have a staff member trained in anaesthesia (nurse, clinical officer, general physician, surgeon, or anaesthesiologist) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES ..... 1 NO ..... 2			
	2109	I am interested in knowing if the following resources/supplies used for infection control are available in this service area today. <b>ASK TO SEE THE ITEMS</b>	<b>OBSERVED</b>	<b>REPORTED NOT SEEN</b>	<b>NOT AVAILABLE</b>	
I15	01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
I15	02	Hand-washing soap/liquid soap	1	2	3	
I15	03	Alcohol based hand rub	1	2	3	
I16	04	Disposable latex gloves	1	2	3	
I12	05	Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3	
I11	06	Sharps container ("safety box")	1	2	3	
I13	07	Environmental disinfectant (e.g. chlorine, alcohol)	1	2	3	
I14	08	Disposable syringes with disposable needles	1	2	3	
I14	09	Auto-disable syringes	1	2	3	
<b>BLOOD TRANSFUSION</b>						
S27	2200	Does this facility offer blood transfusion services?	YES ..... 1 NO ..... 2			→3000

Indicator code	Number	Question	Result			Skip
	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.					
M66	2201	Have there been any interruptions in blood availability during the past 3 months?	YES..... 1 NO..... 2			
M67	2202	Does this facility obtain blood from a national or regional blood centre?	YES..... 1 NO..... 2			
M67	2203	Does this facility obtain ANY blood from sources other than the national or regional blood centre?	YES..... 1 NO..... 2			
M67	2204	Does this facility carry out blood screening for infectious diseases prior to transfusion?	YES..... 1 NO..... 2			→2206
	2205	Please tell me if the blood that is transfused in the facility is "always", "sometimes", "rarely", or "never" screened for any of the following infectious diseases.	ALWAYS	SOMETIMES	RARELY	NEVER
M67	01	HIV	1	2	3	4
M67	03	Hepatitis B	1	2	3	4
M67	04	Hepatitis C	1	2	3	4
E31	2206	Does this facility have a refrigerator available and functioning in this service area for the storage of blood?	AVAILABLE AND FUNCTIONAL ..... 1 AVAILABLE NOT FUNCTIONAL ..... 2 AVAILABLE DON'T KNOW IF FUNCTIONING ..... 3 NOT AVAILABLE..... 4			→2210
E31	2207	Is the temperature of the refrigerator monitored at least once every 24 hours?  IF YES: PLEASE ASK TO SEE THE LOG USED TO RECORD THE TEMPERATURE	YES, LOG OBSERVED ..... 1 YES, LOG REPORTED NOT SEEN ..... 2 NO..... 3			→2210
E31	2208	Has the temperature log been completed for the last 30 days?  PLEASE REVIEW LOG AND CHECK FOR COMPLETENESS (TEMPERATURE RECORDED AT LEAST ONCE EVERY 24 HOURS DURING THE LAST 30 DAYS)	YES ..... 1 YES, PARTIALLY ..... 2 NO..... 3			→2210

→ 2206

→ 2210




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

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

Indicator code	Number	Question	Result	Skip
E31	2209	<p>Has the temperature been out of the range 2 to 6 °C inclusive in the last 30 days?</p> <p><b>PLEASE CHECK THE TEMPERATURE RECORD AND VERIFY THE TEMPERATURE FOR THE LAST 30 WORKING DAYS IN ORDER TO ANSWER THE QUESTION</b></p>	<p>OBSERVED IN RANGE..... 1</p> <p>REPORTED IN RANGE BUT NOT SEEN..... 2</p> <p>OUT OF RANGE..... 3</p> <p>RECORD NOT AVAILABLE..... 4</p>	
T55	2210	<p>Do you have any guidelines on the appropriate use of blood and safe transfusion practices?</p> <p><b>IF AVAILABLE, ASK TO SEE THE DOCUMENT</b></p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED NOT SEEN ..... 2</p> <p>NO..... 3</p>	
T56	2211	<p>Have any provider(s) of blood transfusion services received any training in the appropriate use of blood and safe transfusion practices in the last two years?</p>	<p>YES ..... 1</p> <p>NO..... 2</p>	



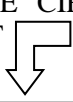






Indicator code	Number	Question	Result			Skip	
<b>SECTION 6: DIAGNOSTICS</b>							
	<b>3000</b>	Does this facility conduct any diagnostic testing including any rapid diagnostic testing?	YES ..... 1 NO ..... 2			➔4000	
ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY, THEN ASK THE FOLLOWING QUESTIONS.							
I would like to know if the following diagnostic tests and associated equipment are available today in this facility.							
	<b>3100</b>	Does this facility offer any of the following tests on-site?	<b>YES (ONSITE)</b>	<b>NO</b>			
D9	<b>02</b>	Rapid syphilis testing	1	2			
D6	<b>03</b>	HIV rapid testing	1	2			
D11	<b>04</b>	Urine rapid tests for pregnancy	1	2			
D4	<b>05</b>	Urine protein dipstick testing	1	2			
D5	<b>06</b>	Urine glucose dipstick testing	1	2			
D20	<b>07</b>	Urine ketone dipstick testing	1	2			
	<b>07a</b>	HbA1C	1	2			
	<b>07b</b>	Haemoglobin electrophoresis	1	2			
D7	<b>08</b>	DBS collection for HIV viral load or early infant diagnosis	1	2			
	<b>3101</b>	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 IN DATE (NOT EXPIRED)	OBSERVED AVAILABLE			NOT OBSERVED	
			AT LEAST ONE VALID	AVAILABLE NOT VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE
D3 D34 D36	<b>01</b>	Malaria rapid diagnostic kit	1	2	3	4	5
D9	<b>02</b>	Syphilis rapid test kit	1	2	3	4	5
D6	<b>03</b>	HIV rapid test kit	1	2	3	4	5
D11	<b>04</b>	Urine pregnancy test kit	1	2	3	4	5
D4	<b>05</b>	Dipsticks for urine protein	1	2	3	4	5
D5	<b>06</b>	Dipsticks for urine glucose	1	2	3	4	5
D20	<b>07</b>	Dipsticks for urine ketone bodies	1	2	3	4	5

Indicator code	Number	Question	Result			Skip		
D7	08	Filter paper for collecting DBS	1	2	3	4	5	
		CHECK Q3101_01: IF FACILITY CONDUCTS MALARIA RDTs (Q3101_01 = 1, 2, 3, OR 4):	IF FACILITY DOES NOT CONDUCT MALARIA RDTs (Q3101_01 = 5): 			 Q3200		
D36_A	3102	Has there been a stock-out of malaria RDT kits in the past 4 weeks?	YES ..... 1 NO ..... 2			➔ 3200		
D36_B	3103	How many days of stock-out?	LESS THAN 7 DAYS..... 1 7 TO 14 DAYS..... 2 MORE THAN 14 DAYS ..... 3					
	3200	Does this facility conduct the following tests onsite or offsite?	YES, ONSITE	YES, OFFSITE	DON'T CONDUCT THE TEST			
D2	01	Blood glucose tests using a glucometer	1	2	3			
D1	02	Haemoglobin testing	1	2	3			
D10	03	General microscopy/wet- mounts	1	2	3			
D3	04	Malaria smear tests	1	2	3			
D6 D23	05	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. <b>ASK TO SEE THE ITEMS</b>	A) AVAILABLE			B) FUNCTIONING		
			OBSE RVED	REPOR TED NOT SEEN	NOT AVAIL ABLE	YES	NO	DON' T KNO W
D3 D10 D35 D8 D31 D32 D33	01	Light microscope	1 → B	2 → B	3 02 	1	2	8

Indicator code	Number	Question	Result				Skip	
D3 D10 D35 D8 D31 D32	<b>02</b>	Glass slides and cover slips	1 → B	2 → B	3 03	1	2	8
	<b>03</b>	Refrigerator	1 → B	2 → B	3 04	1	2	8
D2	<b>04</b>	Glucometer	1 → B	2 → B	3 05	1	2	8
D2	<b>05</b>	Glucometer test strips (in date, i.e. not expired)	1 → B	2 → B	3 06	1	2	8
D1	<b>06</b>	Colorimeter or haemoglobinometer	1 → B	2 → B	3 07	1	2	8
D1	<b>07</b>	HemoCue	1 → B	2 → B	3 08	1	2	8
D3 D35	<b>08</b>	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field Stain A and B)	1 → B	2 → B	3 09	1	2	8
D6 D23	<b>09</b>	ELISA washer	1 → B	2 → B	3 10	1	2	8
D6 D23	<b>10</b>	ELISA reader	1 → B	2 → B	3 11	1	2	8
D6 D23	<b>11</b>	Incubator	1 → B	2 → B	3 12	1	2	8
D6 D23	<b>12</b>	Specific assay kit- HIV antibody testing by ELISA	1 → B	2 → B	3 3202	1	2	8
T59 D35	<b>3202</b>	Does this facility have an accredited/certified microscopist?	YES ..... 1 NO ..... 2					
	<b>3300</b>	CHECK Q1800: TB SERVICES OFFERED 	TB SERVICES NOT OFFERED 				Q3400	
D8	<b>3301</b>	Does this facility do Ziehl-Neelsen testing for TB (acid-fast bacillus) onsite or offsite?	YES, ONSITE ..... 1 YES, OFFSITE..... 2 NO ..... 3				➔3303 ➔3303	
	<b>3302</b>		A) AVAILABLE      B) FUNCTIONING					

Indicator code	Number	Question	Result				Skip	
			OBSE RVED	REPO RTED NOT SEEN	NOT AVAIL ABLE	YES	NO	DON' T KNO W
		I would like to know if the following equipment items for TB testing are available and functional today. <b>ASK TO SEE THE ITEMS</b>						
D8	01	Fluorescence microscope (FM)	1 → B	2 → B	3 02 ↙	1	2	8
D8	02	Ziehl-Neelsen stain	1 → B	2 → B	3 03 ↙	1	2	8
D8	03	Auramine Rhodamine stain for fluorescent microscopy	1 → B	2 → B	3 3303 ↙	1	2	8
	3303	Does this facility conduct Xpert MTB/RIF diagnostic testing for TB onsite or offsite?	YES, ONSITE ..... 1 YES, OFFSITE..... 2 NO ..... 3				→ 3400 → 3400	
	3304	Please tell me if the following equipment items for Xpert MTB/RIF diagnostic testing for TB are available and functional today. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
			OBSE RVED	REPORT ED NOT SEEN	NOT AVAILA BLE	YES	NO	DON'T KNOW
	01	GeneXpert 4 module unit with laptop	1 → B	2 → B	3 02 ↙	1	2	8
	02	TB rapid test cartridge	1 → B	2 → B	3 3400 ↙	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				→ 3500	
	3401	Does this facility conduct the following liver and renal function tests onsite or offsite?	<b>YES, ONSITE</b>		<b>YES, OFFSITE</b>		<b>DON'T CONDUCT THE TEST</b>	
D19	01	ALT testing	1		2		3	
D19	02	Other liver function testing (such as bilirubin)	1		2		3	
D18	03	Serum creatinine testing	1		2		3	
D18	04	Other renal function testing (such as urea nitrogen)	1		2		3	
		CHECK Q3401 liver function/renal function: IF "YES, ONSITE" CIRCLED FOR ANY TEST 	IF ONLY "YES, OFFSITE" OR "NO" ARE CIRCLED 				Q3403	

Indicator code	Number	Question	Result			Skip		
	<b>3402</b>	Please tell me if the following equipment items and reagents for liver and kidney function testing are available and functional today. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
			OBSE RVED	REPOR TED NOT SEEN	NOT AVAIL ABLE	YES	NO	DON' T KNO W
D18 D19	<b>01</b>	Biochemistry analyser	1 → B	2 → B	3 02↙	1	2	8
D18 D19	<b>02</b>	Centrifuge	1 → B	2 → B	3 03↙	1	2	8
D19	<b>03</b>	Specific assay kit(s)- liver function test	1 → B	2 → B	3 04↙	1	2	8
D18	<b>04</b>	Specific assay kit(s)- renal function test	1 → B	2 → B	3 3403↙	1	2	8
D15 D25	<b>3403</b>	Does this facility do full blood count and differential testing onsite or offsite?	YES, ONSITE ..... 1 YES, OFFSITE..... 2 NO ..... 3				➔3405 ➔3405	
	<b>3404</b>	Please tell me if the following equipment items and reagents for full blood count testing are available and functional today. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
			OBSE RVED	REPOR TED NOT SEEN	NOT AVAIL ABLE	YES	NO	DON' T KNO W
D15 D25	<b>01</b>	Haematology analyser (for full blood count)	1 → B	2 → B	3 02↙	1	2	8
D15 D25	<b>02</b>	Stains for full blood count and differential	1 → B	2 → B	3 3405↙	1	2	8
D16	<b>3405</b>	Does this facility do CD4 count (absolute and percentage) testing onsite or offsite?	YES, ONSITE ..... 1 YES, OFFSITE..... 2 NO ..... 3				➔3500 ➔3500	
	<b>3406</b>	Please tell me if the following equipment items for CD4 testing are available and functional today. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b>			<b>B) FUNCTIONING</b>		
			OBSE RVED	REPOR TED NOT SEEN	NOT AVAIL ABLE	YES	NO	DON' T KNO W
D16	<b>01</b>	CD4 counter	1 → B	2 → B	3 02↙	1	2	8
D16	<b>02</b>	Specific assay kit- CD4 test	1 → B	2 → B	3 3500↙	1	2	8

Indicator code	Number	Question	Result			Skip		
D21 D22	<b>3500</b>	Does this facility conduct blood group serology onsite or offsite?	YES, ONSITE ..... 1 YES, OFFSITE..... 2 NO ..... 3			→ 3600		
	<b>3501</b>	Does this facility conduct the following blood group serology tests onsite or offsite?	<b>YES, ONSITE</b>	<b>YES, OFFSITE</b>	<b>DON'T CONDUCT THE TEST</b>			
D21	<b>01</b>	ABO blood grouping testing	1	2	3			
D21	<b>02</b>	Rhesus blood grouping testing	1	2	3			
D22	<b>03</b>	Cross-match testing by direct agglutination	1	2	3			
D22	<b>04</b>	Cross-match testing by indirect anti-globulin testing or other test with equivalent sensitivity	1	2	3			
		CHECK Q3501 Blood typing and cross match: IF "YES, ONSITE" CIRCLED FOR ANY TEST 	IF ONLY "YES, OFFSITE" OR "NO" ARE CIRCLED 			Q3600		
	<b>3502</b>	Please tell me if the following equipment items and reagents for blood typing and cross match are available and functional today. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b> OBSE RVED    REPOR TED NOT SEEN    NOT AVAIL ABLE			<b>B) FUNCTIONING</b> YES    NO    DON' T KNO W		
D21 D22	<b>01</b>	Centrifuge	1 → B	2 → B	3 02 	1	2	8
D22	<b>02</b>	37 °C incubator	1 → B	2 → B	3 03 	1	2	8
D22	<b>03</b>	Grouping sera	1 → B	2 → B	3 3600 	1	2	8
	<b>3600</b>	CHECK Q007: IF IT'S "3", "5", "6", "7", "8", "9", "10", "11", "12"  IF HOSPITAL:	IF NOT HOSPITAL: "1", "2", "4" 			Q4000		
	<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>			
D24	<b>01</b>	Serum electrolyte testing	1	2	3			
D32	<b>02</b>	Urine microscopy testing	1	2	3			
D29	<b>03</b>	Syphilis serology testing	1	2	3			

Indicator code	Number	Question	Result			Skip		
D31	04	Gram stain testing	1	2	3			
	04a	Arterial blood gas tests	1	2	3			
D33	05	Cerebrospinal fluid/body fluid counts	1	2	3			
D30	06	Cryptococcal antigen testing	1	2	3			
D17	07	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: <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b> OBSE RVED    REPOR TED NOT SEEN    NOT AVAIL ABLE			<b>B) FUNCTIONING</b> YES    NO    DON' T KNO W		
D24	01	Specific assay kit- serum electrolyte test	1 → B	2 → B	3 02	1	2	8
D29	02	Specific assay kit- syphilis serology	1 → B	2 → B	3 03	1	2	8
D31	03	Gram stains	1 → B	2 → B	3 04	1	2	8
	04	White blood counting chamber	1 → B	2 → B	3 05	1	2	8
D30	05	Specific assay kit- cryptococcal antigen test	1 → B	2 → B	3 06	1	2	8
D17	06	Assay specific automated system for estimating HIV viral load	1 → B	2 → B	3 07	1	2	8
D17 D24	07	Centrifuge	1 → B	2 → B	3 08	1	2	8
D17	08	Vortex mixer	1 → B	2 → B	3 09	1	2	8
D17	09	Pipettes	1 → B	2 → B	3 10	1	2	8
D24	10	Biochemistry analyser	1 → B	2 → B	3 3603	1	2	8
	3603	Does this facility perform diagnostic x-rays, ultrasound, or computerized tomography?	YES ..... 1 NO ..... 2			→4000		
	3604	Please tell me if the following imaging equipment items are available and functional today. <b>ASK TO SEE THE ITEMS</b>	<b>A) AVAILABLE</b> OBSE RVED    REPOR TED NOT SEEN    NOT AVAIL ABLE			<b>B) FUNCTIONING</b> YES    NO    DON' T KNO W		

Indicator code	Number	Question	Result				Skip	
E33	01	X-ray machine	1 → B	2 → B	3 02 ↗	1	2	8
E35	02	Ultrasound equipment	1 → B	2 → B	3 03 ↗	1	2	8
E36	03	CT scan	1 → B	2 → B	3 04 ↗	1	2	8
E34	04	ECG	1 → B	2 → B	3 5 ↗	1	2	8
	05	Echocardiography	1 → B	2 → B	3 6 ↗	1	2	8
	06	Echo Doppler	1 → B	2 → B	3 7 ↗	1	2	8
	07	Cardiotocography	1 → B	2 → B	3 4000 ↗	1	2	8







Indicator code	Number	Question	Result	Skip															
<b>SECTION 7: MEDICINES AND COMMODITIES</b>																			
	<b>4000</b>	Does this facility stock medicine, vaccines, or contraceptive commodities?	YES .....1 NO .....2	→5000															
<p><b>ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b></p>																			
<p><b>I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.</b></p>																			
	<b>4001</b>	Are any of the following medicines for the treatment of <b>infectious diseases</b> available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	<table border="1"> <thead> <tr> <th colspan="2">OBSERVED AVAILABLE</th><th colspan="3">NOT OBSERVED</th></tr> <tr> <th>AT LEAST ONE VALID</th><th>AVAILABLE NOT VALID</th><th>REPORTED AVAILABLE BUT NOT SEEN</th><th>NOT AVAILABLE TODAY</th><th>NEVER AVAILABLE</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	OBSERVED AVAILABLE		NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NOT VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	1	2	3	4	5	
OBSERVED AVAILABLE		NOT OBSERVED																	
AT LEAST ONE VALID	AVAILABLE NOT VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE															
1	2	3	4	5															
M43	<b>01</b>	Co-trimoxazole cap/tab (oral antibiotic)	1	2	3	4	5												
M135	<b>02</b>	Fluconazole cap/tab	1	2	3	4	5												
M35	<b>03</b>	Albendazole or mebendazole cap/tab	1	2	3	4	5												
M49	<b>04</b>	Metronidazole cap/tab	1	2	3	4	5												
M2	<b>05</b>	Amoxicillin cap/tab	1	2	3	4	5												
M5 M23 M110	<b>06</b>	Ceftriaxone injection	1	2	3	4	5												
M6	<b>07</b>	Ciprofloxacin cap/tab	1	2	3	4	5												
	<b>4002</b>	Are any of the following medicines for the management of <b>noncommunicable diseases</b> available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	OBSERVED AVAILABLE		NOT OBSERVED														

Indicator code	Number	Question	Result					Skip
			AT LEA ST ONE VAL ID	AV AIL ABL E NOT VAL ID	REP ORT ED AVA ILA BLE BUT NOT SEE N	NOT AVA ILA BLE TOD AY	NE VE R AV AIL AB LE	
M50	<b>01</b>	Metformin cap/tab	1	2	3	4	5	
M51	<b>02</b>	Insulin regular injection	1	2	3	4	5	
M52	<b>03</b>	Glucose 50% injection	1	2	3	4	5	
M53	<b>04</b>	ACE inhibitor (e.g. enalapril, lisinopril, ramipril, perindopril)	1	2	3	4	5	
M54	<b>05</b>	Thiazide (e.g. hydrochlorothiazide)	1	2	3	4	5	
M55	<b>06</b>	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)	1	2	3	4	5	
M56	<b>07</b>	Calcium channel blocker (e.g. amlodipine)	1	2	3	4	5	
M57	<b>08</b>	Aspirin cap/tab	1	2	3	4	5	
M59	<b>09</b>	Beclomethasone inhaler	1	2	3	4	5	
M60	<b>10</b>	Prednisolone cap/tab	1	2	3	4	5	
M61	<b>11</b>	Hydrocortisone injection	1	2	3	4	5	
M62	<b>12</b>	Epinephrine injection	1	2	3	4	5	
M114	<b>13</b>	Furosemide cap/tab	1	2	3	4	5	
M10	<b>14</b>	Glibenclamide cap/tab	1	2	3	4	5	
M115	<b>15</b>	Gliclazide tablet or glipizide tablet	1	2	3	4	5	
M116	<b>16</b>	Glyceryl trinitrate sublingual tablet	1	2	3	4	5	
M95 M44	<b>17</b>	Ibuprofen tablet	1	2	3	4	5	
M118	<b>18</b>	Isosorbide dinitrate tablet	1	2	3	4	5	
M11	<b>19</b>	Omeprazole tablet or alternative such as pantoprazole, rabeprazole	1	2	3	4	5	
M38 M44	<b>20</b>	Paracetamol cap/tab (adult oral formulation)	1	2	3	4	5	



Indicator code	Number	Question	Result					Skip
	<b>21a</b>	Salbutamol tablets	1	2	3	4	5	
M13	<b>21</b>	Salbutamol inhaler	1	2	3	4	5	
M14	<b>22</b>	Simvastatin tablet or other statin e.g. atorvastatin, pravastatin, fluvastatin	1	2	3	4	5	
M147	<b>23</b>	Spironolactone tablets	1	2	3	4	5	
	<b>4003</b>	Are any of the following <b>reproductive health</b> medicines and commodities available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
			AT LEAST ONE AVAILABLE ID	AVAILABLE NOT AVAILABLE ID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
M15	<b>01</b>	Combined estrogen progesterone oral contraceptive pills	1	2	3	4	5	
M96	<b>02</b>	Progestin-only contraceptive pills	1	2	3	4	5	
M16 M97	<b>03</b>	Combined estrogen progesterone injectable contraceptives	1	2	3	4	5	
M16 M98	<b>04</b>	Progestin-only injectable contraceptives	1	2	3	4	5	
M17	<b>05</b>	Male condoms	1	2	3	4	5	
M99	<b>06</b>	Female condoms	1	2	3	4	5	
M108	<b>07</b>	Implant (e.g. levonorgestrel, etonogestrel)	1	2	3	4	5	
M109	<b>08</b>	Emergency contraceptive pill (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)	1	2	3	4	5	
M105	<b>09</b>	IUDs	1	2	3	4	5	

Indicator code	Number	Question	Result					Skip
	<b>4004</b>	For each of the following items, please check in the facility records if there has been a stock-out in the past 3 months:	<b>STOCK-OUT IN THE PAST 3 MONTHS</b>	<b>NO STOCK-OUT IN PAST 3 MONTHS</b>	<b>NOT INDICATED</b>	<b>PRODUCT NOT OFFERED</b>	<b>FACILITY RECORD NOT AVAILABLE</b>	
M99_A	<b>01</b>	Female condoms	1	2	3	4	5	
M108_A	<b>02</b>	Implant (e.g. levonorgestrel, etonogestrel)	1	2	3	4	5	
M109_A	<b>03</b>	Emergency contraceptive pill (e.g. levonorgestrel tablet, ulipristal acetate tablet, mifepristone tablet 10-25 mg)	1	2	3	4	5	
	<b>4005</b>	Are any of the following <b>maternal health</b> medicines available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>			<b>NOT OBSERVED</b>		
			AT LEAST ONE AVAILABLE	AVAILABLE BUT NOT SEEN	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	Price
M18	<b>01</b>	Iron tablets	1	2	3	4	5	
M19	<b>02</b>	Folic acid tablets	1	2	3	4	5	
M18 M19	<b>03</b>	Iron and folic acid combined tablets	1	2	3	4	5	
M20	<b>04</b>	Tetanus toxoid vaccine	1	2	3	4	5	
M69	<b>05</b>	Sodium chloride injectable solution	1	2	3	4	5	
M70	<b>06</b>	Calcium gluconate injection	1	2	3	4	5	
M24	<b>07</b>	Magnesium sulphate injectable	1	2	3	4	5	
M71 M23	<b>08</b>	Ampicillin powder for injection	1	2	3	4	5	
M72 M23 M110 M141	<b>09</b>	Gentamicin injection	1	2	3	4	5	

Indicator code	Number	Question	Result					Skip
M106	<b>10</b>	Hydralazine injection	1	2	3	4	5	
M73	<b>11</b>	Metronidazole injection	1	2	3	4	5	
M74	<b>12</b>	Misoprostol 200µg tablets	1	2	3	4	5	
M75	<b>13</b>	Azithromycin cap/tab or oral liquid	1	2	3	4	5	
M76	<b>14</b>	Cefixime cap/tab	1	2	3	4	5	
M77	<b>15</b>	Benzathine benzylpenicillin powder for injection	1	2	3	4	5	
M78	<b>16</b>	Betamethasone injection	1	2	3	4	5	
M78 M129	<b>17</b>	Dexamethasone injection	1	2	3	4	5	
M79	<b>18</b>	Nifedipine cap/tab (10mg)	1	2	3	4	5	
M107	<b>19</b>	Methyldopa tablet	1	2	3	4	5	
	<b>19a</b>	Labetalol tablet	1	2	3	4	5	
M22	<b>20</b>	Oxytocin injection	1	2	3	4	5	
		IF OXYTOCIN IS OBSERVED AVAILABLE (Q4005_20 is “1” OR “2”) 	IF OXYTOCIN IS NOT OBSERVED AVAILABLE (Q4005_20 is “3”, “4”, OR “5”) 					→4007
	<b>4006</b>	Is the oxytocin stored in cold storage?	YES.....1 NO.....2					
	<b>4007</b>	For each of the following items, please check in the facility records if there has been a stock-out in the past 3 months:	<b>STOCK-OUT IN THE PAST 3 MONTHS</b>	<b>NO STOCK-OUT IN THE PAST 3 MONTHS</b>	<b>NOT INDICATED</b>	<b>PRODUCT NOT OFFERED</b>	<b>FACILITY RECORD NOT AVAILABLE</b>	
M22_A	<b>01</b>	Oxytocin injection	1	2	3	4	5	
M74_A	<b>02</b>	Misoprostol 200µg tablets	1	2	3	4	5	
M24_A	<b>03</b>	Magnesium sulphate injection	1	2	3	4	5	
M72_A	<b>04</b>	Gentamicin injection	1	2	3	4	5	

Indicator code	Number	Question	Result					Skip
M80_A	05	Procaine benzylpenicillin injection	1	2	3	4	5	
M5_A	06	Ceftriaxone injection	1	2	3	4	5	
M78_A	07	Betamethasone injection	1	2	3	4	5	
M78_B	08	Dexamethasone injection	1	2	3	4	5	
	4008	Are any of the following <b>child health</b> medicines available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
			AT LEAST ONE AVAILABLE	AVAILABLE	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
M80 M110	01	Procaine benzylpenicillin injection	1	2	3	4	5	
M32	02	ORS sachets	1	2	3	4	5	
M36	03	Zinc sulphate tablets	1	2	3	4	5	
M36	04	Zinc sulphate syrup or dispersible tablets	1	2	3	4	5	
M34	05	Vitamin A (retinol) capsules	1	2	3	4	5	
M21	06	Antibiotic eye ointment for newborn	1	2	3	4	5	
M7	07	Co-trimoxazole syrup/suspension	1	2	3	4	5	
M12	08	Paracetamol syrup/suspension	1	2	3	4	5	
M33	09	Amoxicillin 250 mg or 500 mg dispersible tablet or syrup/suspension	1	2	3	4	5	
	10	Anthelmintic syrup/tablets	1	2	3	4	5	
	11	IF AMOXICILLIN DISPERSIBLE TABLETS ARE OBSERVED AVAILABLE (Q4008_09 is "1") 	AMOXICILLIN DISPERSIBLE TABLETS NOT OBSERVED 					→4011

Indicator code	Number	Question	Result					Skip
	<b>4009</b>	Is the product stored so that identification labels and expiry and manufacturing dates are visible?	YES.....1 NO.....2					
	<b>4010</b>	Check the expiry dates of the stored product. Are they stored in first-to-expire, first-out order (i.e. the stock that will expire first is the closest to the front)?  <b>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”.</b>	YES.....1 NO.....2					
	<b>4011</b>	For each of the following items, please check in the facility records if there has been a stock-out in the past 3 months:	<b>STOCK-OUT IN THE PAST 3 MONTHS</b>	<b>NO STOCK-OUT IN PAST 3 MONTHS</b>	<b>NOT INDICATED</b>	<b>PRODUCT NOT OFFERED</b>	<b>FACILITY RECORD NOT AVAILABLE</b>	
M33_A	<b>01</b>	Amoxicillin 250mg or 500mg dispersible tablet or syrup/suspension	1	2	3	4	5	
M32_A	<b>02</b>	ORS sachets	1	2	3	4	5	
M36_A	<b>03</b>	Zinc sulphate tablets	1	2	3	4	5	
M36_B	<b>04</b>	Zinc sulphate syrup or dispersible tablets	1	2	3	4	5	
	<b>4012</b>	Does this facility stock any medicines for malaria treatment?	YES .....1 NO .....2					➔4016
	<b>4013</b>	Are any of the following malaria medicines and commodities available today in this facility?	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			



Indicator code	Number	Question	Result					Skip
		<b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS IN DATE (NOT EXPIRED)</b>	AT LEAST ONE VALID	AVAILABLE	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
M81 M37	<b>01</b>	Artemisinin combination therapy	1	2	3	4	5	
M82	<b>03</b>	Artesunate rectal or injection dosage forms	1	2	3	4	5	
M39	<b>04</b>	Sulfadoxine + pyrimethamine	1	2	3	4	5	
M40	<b>05</b>	Insecticide-treated bed nets for patients and their families and households	1	2	3	4	5	
M40	<b>06</b>	Insecticide-treated bed net vouchers for patients and their families and households	1	2	3	4	5	
M138	<b>07</b>	Chloroquine (oral)	1	2	3	4	5	
	<b>07a</b>	Quinine injection	1	2	3	4	5	
M139	<b>08</b>	Quinine (oral)	1	2	3	4	5	
M140	<b>09</b>	Primaquine (oral)	1	2	3	4	5	
		CHECK Q4013_01: IF FACILITY STOCKS artemisinin combination therapy (Q4013_01 = 1, 2, 3, OR 4): 	IF FACILITY DOES NOT STOCK artemisinin combination therapy (Q4013_01 = 5): 					➔4016
M37_A	<b>4014</b>	Has there been a stock-out of artemisinin combination therapy in the past 4 weeks?	YES.....1 NO.....2					➔4016
M37_B	<b>4015</b>	How many days of stock-out?	LESS THAN 7 DAYS .....1 7 TO 14 DAYS .....2 MORE THAN 14 DAYS .....3					
	<b>4016</b>	Does this facility stock any medicines for tuberculosis treatment?	YES.....1 NO.....2					➔4018



Indicator code	Number	Question	Result					Skip
	<b>4017</b>	Are any of the following <b>TB medicines</b> available today in this facility? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVE D AVAILABLE</b>		<b>NOT OBSERVED</b>			
			AT LEAST ONE VALID ID	AVAILABLE TODAY	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE	NEVER AVAILABLE	
M41	<b>01</b>	Ethambutol	1	2	3	4	5	
M41	<b>02</b>	Isoniazid	1	2	3	4	5	
M41	<b>03</b>	Pyrazinamide	1	2	3	4	5	
M41	<b>04</b>	Rifampicin	1	2	3	4	5	
M41	<b>05</b>	Isoniazid + rifampicin (2FDC)	1	2	3	4	5	
M41	<b>06</b>	Isoniazid + ethambutol (EH) (2FDC)	1	2	3	4	5	
M41	<b>07</b>	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC)	1	2	3	4	5	
M41	<b>08</b>	Isoniazid + rifampicin + ethambutol (RHE) (3FDC)	1	2	3	4	5	
M41	<b>09</b>	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC)	1	2	3	4	5	
	<b>10</b>	Streptomycin injectable	1	2	3	4	5	
	<b>4018</b>	Does this facility stock any antiretroviral medicines?	YES.....1 NO.....2					→4020
	<b>4019</b>	Are any of the following <b>ARVs</b> available today in this facility? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			
			AT LEAST ONE VALID ID	AVAILABLE TODAY	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE	NEVER AVAILABLE	

Indicator code	Number	Question	Result					Skip
M45 M48	<b>01</b>	Tenofovir 300mg - pack of 30 tabs	1	2	3	4	5	
M45 M48	<b>08</b>	Abacavir 300 mg - pack of 60 tabs	1	2	3	4	5	
M45 M48	<b>09</b>	Lopinavir & ritonavir tabs (100/25 mg)	1	2	3	4	5	
M45 M48	<b>10</b>	Lamivudine 150 mg - pack of 60 tabs	1	2	3	4	5	
M45 M48	<b>11</b>	Tenofovir 245mg & emtricitabine 200 mg - p. of 30 tabs	1	2	3	4	5	
M45 M48	<b>12</b>	Zidovudine 300mg + lamivudine 150mg - p. of 60 tabs	1	2	3	4	5	
M45 M48	<b>13</b>	Efavirenz 600mg - pack of 30 tabs	1	2	3	4	5	
M45 M48	<b>15</b>	Lamivudine 100 mg - pack of 28 tabs	1	2	3	4	5	
M45 M48	<b>16</b>	Abacavir syrup 20 mg/ml - 240 ml	1	2	3	4	5	
M45 M48	<b>17</b>	Zidovudine syrup 10mg/ml - 200 ml	1	2	3	4	5	
M45	<b>18</b>	Lopinavir & ritonavir (200/50 mg) - p. of 120 tab	1	2	3	4	5	
	<b>19</b>	Zidovudine 100 mg - pack of 100 tabs	1	2	3	4	5	
M45	<b>20</b>	Zidovudine 300 mg - pack of 60 tabs	1	2	3	4	5	
	<b>21</b>	Didanosine 400 mg - pack of 30 cap.	1	2	3	4	5	
	<b>22</b>	Efavirenz 200 mg - pack of 90 tabs	1	2	3	4	5	
M45	<b>23</b>	Lopinavir & retonavir (80 mg/20 mg) - 60ml	1	2	3	4	5	
M45	<b>24</b>	Nevirapine syrup 10 mg/ml - 240 ml	1	2	3	4	5	
	<b>25</b>	Dolutegravir 50mg tabs	1	2	3	4	5	
	<b>26</b>	Hepsera 10 mg	1	2	3	4	5	

Indicator code	Number	Question	Result					Skip
	<b>4020</b>	Does this facility stock any protease inhibitors for the treatment of HIV/AIDS?	YES.....1 NO.....2					→4022
	<b>4021</b>	Are any of the following <b>protease inhibitors</b> available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVE D AVAILAB LE</b>		<b>NOT OBSERVED</b>			
			AT LEA ST ONE VAL ID	AV AIL AB LE NO T VA LID	REP ORT ED AVA ILA BLE BUT NOT SEE N	NO T AV AIL AB LE TO DA Y	NEV ER AVA ILA BLE	
M48	<b>01</b>	Lopinavir	1	2	3	4	5	
	<b>02</b>	Indinavir	1	2	3	4	5	
	<b>03</b>	Nelfinavir	1	2	3	4	5	
	<b>04</b>	Saquinavir	1	2	3	4	5	
	<b>05</b>	Ritonavir	1	2	3	4	5	
	<b>06</b>	Atazanavir	1	2	3	4	5	
	<b>07</b>	Fosamprenavir	1	2	3	4	5	
	<b>08</b>	Tipranavir	1	2	3	4	5	
	<b>09</b>	Darunavir	1	2	3	4	5	
	<b>4022</b>	Are any of the following <b>other</b> medicines and commodities available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS IN DATE (NOT EXPIRED)</b>	<b>OBSERVE D AVAILAB LE</b>		<b>NOT OBSERVED</b>			
			AT LEA ST ONE VAL ID	AV AIL AB LE NO T VA LID	REP ORT ED AVA ILA BLE BUT NOT SEE N	NO T AV AIL AB LE TO DA Y	NEV ER AVA ILA BLE	
M27	<b>01</b>	Normal saline IV solution	1	2	3	4	5	
M27	<b>02</b>	Ringers lactate IV solution	1	2	3	4	5	
M27	<b>03</b>	5% dextrose IV solution	1	2	3	4	5	

Indicator code	Number	Question	Result					Skip
M42	<b>04</b>	IV treatment for fungal infections	1	2	3	4	5	
M26	<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	
M63	<b>09</b>	Absorbable suture material	1	2	3	4	5	
M63	<b>10</b>	Non-absorbable suture material	1	2	3	4	5	
M64	<b>11</b>	Ketamine (injection)	1	2	3	4	5	
M65	<b>12</b>	Lidocaine 1% or 2% (anaesthesia)	1	2	3	4	5	
M25	<b>13</b>	Diazepam (injection)	1	2	3	4	5	
		CHECK Q007 : IF IT'S "3", "5", "6", "7", "8", "9", "10", "11", "12" AND Q1002_08: IF HOSPITAL OR HEALTH FACILITY OFFERS CAESAREAN SECTION: 	IF NOT HOSPITAL: "1", "2", "4" AND CAESAREAN SECTION NOT OFFERED: 					Q4100
M84	<b>14</b>	Thiopental (powder)	1	2	3	4	5	
M85	<b>15</b>	Suxamethonium bromide (powder)	1	2	3	4	5	
M86	<b>16</b>	Atropine (injection)	1	2	3	4	5	
M87	<b>17</b>	Halothane (inhalation)	1	2	3	4	5	
M88	<b>18</b>	Bupivacaine (injection)	1	2	3	4	5	
M89	<b>19</b>	Lidocaine 5% (heavy spinal solution)	1	2	3	4	5	
M62	<b>20</b>	Epinephrine (injection)	1	2	3	4	5	
M90	<b>21</b>	Ephedrine (injection)	1	2	3	4	5	
	<b>4023</b>	Are any of the following mental health and neurological	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			

Indicator code	Number	Question	Result					Skip
		medicines available in the facility today? <b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS IN DATE (NOT EXPIRED)</b>	AT LEAST ONE VALID	AVAILABLE NOT VALID	REPRESENTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
M1	<b>01</b>	Amitriptyline tablet	1	2	3	4	5	
M119	<b>02</b>	Carbamazepine tablet	1	2	3	4	5	
M120	<b>03</b>	Chlorpromazine injection	1	2	3	4	5	
M121	<b>04</b>	Diazepam tablet	1	2	3	4	5	
	<b>04a</b>	Alprazolam tablet	1	2	3	4	5	
	<b>04b</b>	Amitriptyline tablet	1	2	3	4	5	
M122	<b>05</b>	Diazepam injection or diazepam rectal tubes	1	2	3	4	5	
M94	<b>06</b>	Fluoxetine capsule	1	2	3	4	5	
M123	<b>07</b>	Fluphenazine injection	1	2	3	4	5	
M124	<b>08</b>	Haloperidol tablet	1	2	3	4	5	
M126	<b>10</b>	Phenobarbital tablet/injection	1	2	3	4	5	
M127	<b>11</b>	Phenytoin tablet	1	2	3	4	5	
M128	<b>12</b>	Valproate sodium tablet	1	2	3	4	5	
	<b>4024</b>	Are any of the following palliative care medicines available in the facility today?	<b>OBSERVED AVAILABLE</b>		<b>NOT OBSERVED</b>			

Indicator code	Number	Question	Result					Skip
		<b>CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS IN DATE (NOT EXPIRED)</b>	AT LEAST ONE VALID	AVAILABLE NOT VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	
M129	<b>01</b>	Dexamethasone injection	1	2	3	4	5	
M130	<b>02</b>	Haloperidol injection	1	2	3	4	5	
M131	<b>03</b>	Hyoscine butylbromide injection	1	2	3	4	5	
M132	<b>04</b>	Lorazepam tablet	1	2	3	4	5	
M133	<b>05</b>	Metoclopramide injection	1	2	3	4	5	
M83 M44	<b>06</b>	Morphine granules, tablet	1	2	3	4	5	
M83 M44	<b>07</b>	Morphine injection	1	2	3	4	5	
M134	<b>08</b>	Senna preparation (laxative)	1	2	3	4	5	
M146	<b>09</b>	Loperamide tab/cap	1	2	3	4	5	
Essential medicine price								

Indicator code	Number	Question	Result				Skip
	<b>4025</b>		Is it available during survey time?	What is the product name (brand/trade name)? Write names of the two most common brands e.g.: x1. brand name & x2. brand name	Pack size	Pack price	Unit price
	<b>01</b>	Glibenclamide 5 mg cap/tab	YES....1 NO.....2	x1: x2:			
	<b>02</b>	Omeprazole 20 mg cap/tab	YES....1 NO.....2	x1: x2:			
	<b>03</b>	Carbamazepine tablet	YES....1 NO.....2	x1: x2:			
	<b>04</b>	Haloperidol tablet	YES....1 NO.....2	x1: x2:			
	<b>05</b>	Salbutamol inhaler 1mg/dose	YES....1 NO.....2	x1: x2:			
	<b>06</b>	Simvastatin 20 mg cap/tab	YES....1 NO.....2	x1: x2:			
	<b>07</b>	Amoxicillin 500 mg cap/tab	YES....1 NO.....2	x1: x2:			
	<b>08</b>	Oxytocin injection	YES....1 NO.....2	x1: x2:			
	<b>09</b>	Magnesium sulphate injectable	YES....1 NO.....2	x1: x2:			
	<b>10</b>	Diazepam injection	YES....1 NO.....2	x1: x2:			
	<b>11</b>	Oral rehydration solution	YES....1 NO.....2	x1: x2:			
	<b>12</b>	Amoxicillin suspension	YES....1 NO.....2	x1: x2:			
	<b>13</b>	Zinc sulphate tablet	YES....1 NO.....2	x1: x2:			

Indicator code	Number	Question	Result				Skip
	14	Ceftriaxone injection 1g/vial	YES....1 NO.....2	x1: x2:			
	15	Metformin tablet	YES....1 NO.....2	x1: x2:			
	16	Insulin regular	YES....1 NO.....2	x1: x2:			
	17	Enalapril tablet or alternative ACE inhibitor	YES....1 NO.....2	x1: x2:			
	18	Thiazide	YES....1 NO.....2	x1: x2:			
	19	Beta blocker (e.g. bisoprolol, metoprolol, carvedilol, atenolol)	YES....1 NO.....2	x1: x2:			
	20	Amlodipine tablet or alternative calcium channel blocker	YES....1 NO.....2	x1: x2:			
	21	Aspirin cap/tab	YES....1 NO.....2	x1: x2:			
	22	Beclometasone inhaler	YES....1 NO.....2	x1: x2:			
	23	Ampicillin injection	YES....1 NO.....2	x1: x2:			
	24	Gentamicin injection	YES....1 NO.....2	x1: x2:			
	25	Fluoxetine tablet	YES....1 NO.....2	x1: x2:			
	26	Artesunate	YES....1 NO.....2	x1: x2:			
	27	Efavirenz + emtricitabine + tenofovir disoproxil fumarate OR efavirenz + lamivudine + tenofovir disoproxil fumarate	YES....1 NO.....2	x1: x2:			
	28	Erythropoiesis - stimulating agents	YES....1 NO.....2	x1: x2:			
	29	Folic acid	YES....1 NO.....2	x1: x2:			
	30	Furosemide	YES....1 NO.....2	x1: x2:			



Indicator code	Number	Question	Result				Skip
	31	Ibuprofen	YES....1 NO.....2	x1: x2:			
	32	Isoniazid + pyrazinamide + rifampicin	YES....1 NO.....2	x1: x2:			
	33	Morphine	YES....1 NO.....2	x1: x2:			
	34	Paracetamol	YES....1 NO.....2	x1: x2:			
	35	Procaine benzylpenicillin OR benzathine benzylpenicillin	YES....1 NO.....2	x1: x2:			
	36	Ethinylestradiol + levonorgestrel OR levonorgestrel OR medroxyprogesterone acetate OR progesterone- releasing implant OR levonorgestrel	YES....1 NO.....2	x1: x2:			
<b><u>SUPPLY CHAIN</u></b>							
	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 MEDICAL INCHARGE/SENIOR MEDICAL OFFICER..... .....7 MEDICAL SUPERINTENDENT/EXECUTIV E DIRECTOR/DEPUTY EXECUTIVE DIRECTOR..... .....8 OTHER ..... 96 (SPECIFY)				
	4101	Which of the following mechanisms is used to determine this facility's resupply quantities?  ASK FOR EACH OF THE BELOW	YES	NO	DON'T KNOW		

Indicator code	Number	Question	Result			Skip
	<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	
	<b>4102</b>	How are the facility's resupply quantities determined?	FORMULA (ANY CALCULATION) .....1 DON'T KNOW .....2 OTHER MEANS/MIXED .....3			
	<b>4103</b>	What is the <u>main source</u> of your routine pharmaceutical 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)			
	<b>4104</b>	How are your pharmaceutical supplies from the <u>main supplier</u> of your routine pharmaceuticals delivered to this facility?	SUPPLIER DELIVERS TO FACILITY .....1 FACILITY MUST ARRANGE DELIVERY TO FACILITY .....2 OTHER _____ 96 (SPECIFY)			
	<b>4105</b>	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>4106</b>	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			
		<b>Health information systems</b>	YES	NO	N/A	
	<b>4107</b>	Is there a system for patient registration?				

Indicator code	Number	Question	Result	Skip
	<b>4108</b>	Is there a computer available for HIS management?		
	<b>4109</b>	Are data entry and data management staff trained on HIS functions?		
	<b>4110</b>	Does the facility issue death certificates?		
	<b>4111</b>	Is there an ICD coding system?		
	<b>4112</b>	Are monthly reports available?		
	<b>4113</b>	Is a list of notifiable diseases available?	YES AND OBSERVED.....1 YES BUT NOT OBSERVED.....2 NO.....3	→4201
	<b>4114</b>	What is frequency of reporting for notifiable diseases?	DAILY.....1 WEEKLY.....2 MONTHLY.....3	
	<b>4115</b>	What are the methods of reporting for notifiable diseases (electronic, manual)	ELECTRONIC.....1 MANUAL.....2 BOTH ELECTRONIC & MANUAL.....3	
Emergency preparedness plan				
	<b>4201</b>	Available EPP for the facility?	Yes.....1 No.....2	→End interview
	<b>4202</b>	Trained staff on EPP?	Yes.....1 No.....2	
We have now completed all of the questions in this module of the survey. Thank you for your participation.				

Number	Question	Result	Skip
<b>SECTION 8: INTERVIEWER'S OBSERVATIONS</b>			
5000	INTERVIEW END TIME (use the 24 hour-clock system)	<div> <div></div> <div></div> </div> : <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
5001	RESULT CODES (LAST VISIT):	COMPLETED ..... 1 RESPONDENT NOT AVAILABLE ..... 2 REFUSED ..... 3 PARTIALLY COMPLETED ..... 4 OTHER _____ 96 (SPECIFY)	
<b>COMMENTS ABOUT THE RESPONDENT:</b>			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
<b>COMMENTS ON SPECIFIC QUESTIONS:</b>			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
<b>ANY OTHER COMMENTS:</b>			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
<b>SUPERVISOR'S OBSERVATIONS:</b>			
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
NAME OF SUPERVISOR:		DATE: -	
<div> <div></div> </div>		<div> <div></div> </div>	