No.	Question	Result	Skip

Section 1a: Cover Page

No.	Question	Result
001	Facility number	☐☐☐☐☐☐
001a	Date	Day ☐☐ Month ☐☐ Year ☐☐☐☐
001b	Interviewer Name	_____
003	Name of facility	_____
004	Location of facility (Street Address)	_____
005	Region/Province (Council Area)	_____
006	District (Ward)	_____

007 — Type of facility

Health Centre / Clinic	1	☐
Health Post	2	☐
Other (Specify)	3	☐
_____		

008 — Managing Authority

Government / Public	1	☐
NGO / Not-for-profit	2	☐
Private-for-profit	3	☐
Mission / Faith-based	4	☐
Other (Specify)	5	☐
_____		

009 — Urban/Rural

Urban	1	☐
Rural	2	☐

010 — Outpatient only

Yes	1	☐
No	2	☐

Section 1b: Geographic Coordinates

Collect geographic coordinates using the following methods. Move to main entrance of the building.
1. Open the "my altitude" app on a mobile device
2. Record the altitude (meters)
3. Record the latitude direction (north or south) and the decimal location
4. Record the longitude direction (east or west) and the decimal location

No.	Question	Result
012	Altitude	☐☐☐☐.☐☐ meters
013a	Latitude - direction	N ☐ S ☐
013b	Latitude - coordinates	☐☐.☐☐☐☐ degrees/dec
014a	Longitude - direction	E ☐ W ☐
014b	Longitude - coordinates	☐☐.☐☐☐☐ degrees/dec

Section 1c: Informed Consent

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:

Good day! My name is_____. We are here on behalf of the transforming hypertension management in Nigeria program conducting a survey of health facilities to assist the government in knowing more about health services in Nigeria. Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. 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.

Neither your name nor that of any other health worker respondents participating in this study will be included in the

No.	Question	Result		Skip

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. 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. There are no repercussions if you decide not to participate or answer some or all questions. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

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

Interviewers signature for obtaining consent	_____	
Date of Consent	Day ☐☐ Month ☐☐ Year ☐☐☐☐	
015	May I begin the interview?	Yes 1 ☐ No 2 ☐	5001
016	Interview start time (use 24-hour clock)	☐☐ . ☐☐	

Section 2: Staffing

Count each staff member only once, on the basis of the highest technical or professional qualification.	A. How many staff are currently assigned to, employed by, or are seconded to this facility?	B. Of the total number, how many are part-time in this facility?
201 Generalist medical doctors	☐☐☐	☐☐☐
202 Specialist medical doctors	☐☐☐	☐☐☐
203 Non-physician clinicians / paramedical professionals	☐☐☐	☐☐☐
204 Nursing professionals	☐☐☐	☐☐☐
208 Pharmacists	☐☐☐	☐☐☐
211 Laboratory technicians (medical and pathology)	☐☐☐	☐☐☐
212 Community health extension workers	☐☐☐	☐☐☐
213 Junior community health extension workers	☐☐☐	☐☐☐
214 Community volunteers attached to the health facility	☐☐☐	☐☐☐
215 Community health officer	☐☐☐	☐☐☐
216 Other (Specify): _____	☐☐☐	☐☐☐

Section 3: Patient Access and Capacity

301	Excluding delivery beds, how many total overnight / inpatient beds does this facility have for adults and children?	No. Overnight and Inpatient beds ☐☐☐
302	How many service delivery points do you have in this health facility?	Outpatient a ☐ Inpatient b ☐ ANC/PNC c ☐ FP d ☐ HIV/ART e ☐ HIV/PMTCT f ☐ Labor and Delivery g ☐ Immunization h ☐ Others (Specify) i ☐ _____
303	Is blood pressure (BP) measurement taken in all these service delivery points?	Yes 1 ☐ No 2 ☐

No.	Question	Result		Skip
304	Is there a staff who is licensed to provide high BP treatment available in all these service delivery points?	Yes 1 ☐ No 2 ☐		
305	How do patients access the facility?	Walk-in only 1 ☐ Appointment only 2 ☐ Combination of both 3 ☐		
306	Does the facility keep a record of patient visits?	Yes, in a registry 1 ☐ Yes, in longitudinal records 2 ☐ Yes, in both types of records 3 ☐ No (Specify) 4 ☐ _____		
307	Who keeps the patient records?	The clinic 1 ☐ The patient 2 ☐ Both the clinic and the patient 3 ☐		
308	How are patient records kept?	Paper patient files 1 ☐ Electronic patient files 2 ☐ Other (Specify) 3 ☐ _____		
309	What is the total number of visits to the health facility for outpatient services last month?	Total No. of Visits Last Month: ☐☐☐☐		
310	This figure is based on	Register/Record 1 ☐ Estimation 2 ☐		
311	What is the total number of visits to the health facility for outpatient services yesterday?	Total No. of Visits Yesterday: ☐☐☐☐		
312	Of the patients who visited in the last one month, how many visited for high BP?	No. of High BP Visits (last month): ☐☐☐		
313	How many patients with high BP have their BP regularly checked here?	No. of Regular High BP Patients: ☐☐☐		

No.	If a patient came in (with High BP), could you perform the following services? For any services performed by the clinic or by referral, complete questions B and C.	A. Service provided?			B. No. patients in the past 3 months	C. Referral location
		Yes, in Clinic	Yes, by referral	No		
314	Screen for high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____
315	Diagnose high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____
316	Confirm high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____
317	Provide a second opinion/specialist consultation	1 ☐	2 ☐	3 ☐	☐☐☐	_____
318	Refer for tests related to high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____
319	Prescribe initial treatment for high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____
320	Dispense initial treatment for high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____
321	Prescribe follow up treatment for high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____

No.	Question	Result						Skip
322	Dispense follow up treatment for high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____		
323	Monitor patients with known high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____		
324	Provide long term continued care for patients with high BP	1 ☐	2 ☐	3 ☐	☐☐☐	_____		

No.	Question	Result		Skip
325	For what reasons does this clinic refer patients with high BP for specialist evaluation and management (check all that apply):	Symptoms thought likely to be caused by high BP	1 ☐	
		An absolute BP level	2 ☐	
		SBP: _____ DBP: _____		
		Lack of BP control despite 3-drug therapy	3 ☐	
		Patient preference	4 ☐	
		Health care worker preference	5 ☐	
		Other (Specify)	6 ☐	
		_____		
		Does not refer	99 ☐	
326	If you refer patients for additional tests, which do you refer patients with high blood pressure for (check all that apply)?	Blood Pressure	1 ☐	
		ECG	2 ☐	
		Echocardiography	3 ☐	
		CT	4 ☐	
		MRI	5 ☐	
		Other (Specify)	6 ☐	
		_____		
		Does not refer	99 ☐	
327	When you treat patients with high BP at this clinic, do you work as a team to treat or as individual(s)?	Team	1 ☐	
		Individuals	2 ☐	
328	Are community health extension workers involved in caring for patients with high BP?	Yes	1 ☐	
		No (Specify)	2 ☐	
		_____		

Module 2

Section 4a: Communications

No.	Question	Result		Skip
400	Does this facility have a functioning land line telephone that is available to call outside at all times client services are offered? If facility offers 24-hour emergency services, then this refers to 24-hour availability	Yes	1 ☐	
		No	2 ☐	
401	Does this facility have a functioning cellular telephone or a private cellular phone that is supported by the facility?	Yes	1 ☐	
		No	2 ☐	
403	Does this facility have a functioning computer?	Yes	1 ☐	
		No	2 ☐	
404	Is there access to email or internet within the facility today?	Yes	1 ☐	
		No	2 ☐	

Section 4b: Ambulance / Transport for Emergencies

No.	Question	Result		Skip
405	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility?	Yes No	1 ☐ 2 ☐	407
406	Does this facility have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility in near proximity?	Yes No	1 ☐ 2 ☐	408 408
407	Is fuel for the ambulance or other emergency vehicle available today?	Yes No Don't Know	1 ☐ 2 ☐ 98 ☐	

Section 4c: Power Supply

No.	Question	Result		Skip
408	Does your facility have electricity from any source (e.g. electricity grid, generator, solar, or other) including for stand-alone devices (EPI cold chain)?	Yes No	1 ☐ 2 ☐	417
409	What is the electricity used for in the facility?	Stand-alone medical devices / appliances Lighting and communications Lighting, communications, and electric medical devices / appliances All electrical needs of facility	1 ☐ 2 ☐ 3 ☐ 4 ☐	
410	What is the facility's main source of electricity?	Central supply (e.g. national or community grid) Generator (fuel or battery operated generator) Solar system Other (specify) _____	1 ☐ 2 ☐ 3 ☐ 96 ☐	
411	Other than the main or primary source, does the facility have a secondary or backup source of electricity? What is the secondary source of electricity?	No secondary source Central supply (e.g. national or community grid) Generator (fuel or battery operated generator) Solar system Other (specify) _____	0 ☐ 1 ☐ 2 ☐ 3 ☐ 96 ☐	
412	During the past 7 days, was electricity available at all times from the main or any backup source when the facility was open for services?	Always (no interruptions) Often (interruptions < 2 hours/day) Sometimes (interruptions > 2 hours/day)	1 ☐ 2 ☐ 3 ☐	

Section 4d: Basic Amenities

No.	Question	Result		Skip
417	On average, how many hours per day is this facility open?	4 hours or less 5 to 8 hours 9 to 16 hours 17 to 23 hours 24 hours	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	

No.	Question	Result		Skip
418	What is the most commonly used source of water for the facility at this time? Observe that water is available from the source or in the facility on the day of the visit. E.g. check that the pipe is functioning.	Piped into facility	1	421
		Piped onto facility grounds	2	421
		Public taps / 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	421
		Cart with small tank or drum	11	421
		Tanker truck	12	421
		Surface water	13	
		Other (Specify)	96	
		_____		
		Don't know	98	421
		No water source	00	421
419	Is water available from this source on facility premises?	Yes, inside the facility	1	
		Yes, within the facility grounds	2	
		No, outside the facility grounds	3	
421	What type of functioning toilet (latrine) on the premises is accessible for general outpatient client use? If multiple toilets are available, consider the most modern type. Observe that the toilet (latrine) is accessible (unlocked or key available) and functioning.	Flush toilet	1	
		Ventilated improved pit latrine	2	
		Pit latrine with slab	3	
		Pit latrine without slab / open pit	4	
		Composting toilet	5	
		Bucket	6	
		Hanging toilet / hanging latrine	7	
		No facilities on premises / bush / field	8	

Section 4e: Infection Control

No.	Question	Result		Skip
422	Does this facility have any guidelines on standard precautions for infection prevention? If yes, ask to see the document.	Yes, observed	1	
		Yes, reported not seen	2	
		No	3	

Section 4f: Healthcare Waste Management

No.	Question	Result	Skip
424	How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)?	**Burn incinerator** 2-Chamber industrial (>800°C) 2 ☐ 1-Chamber drum or brick 3 ☐ **Open burning** Flat ground – no protection 4 ☐ Pit or protected ground 5 ☐ **Dump without burning** Flat ground – no protection 6 ☐ Covered pit or pit latrine 7 ☐ Open pit – no protection 8 ☐ Protected group or pit 9 ☐ **Remove offsite** Stored in covered container 10 ☐ Stored in other protected environment 11 ☐ Stored unprotected 12 ☐ Other (Specify) 96 ☐ _____ Never has sharp waste 95 ☐	

Section 4g: Supervision and Clinical Mentoring

No.	Question	Result	Skip
430	When was the last time this facility received a supervision visit from the higher level (DHMT or other)?	This month 1 ☐ In the last 3 months 2 ☐ More than 3 months ago 3 ☐ Don't know 98 ☐	

During the visit, did the supervisor assess the following?

No.	Question	Yes	No	Skip
431	Pharmacy (e.g. drug stock out, expiry, records)	1 ☐	2 ☐	
432	Staffing (e.g. staff available and training)	1 ☐	2 ☐	
433	Data (e.g. completeness, quality, and reporting)	1 ☐	2 ☐	
434	Did the supervisor observe the clinical staff when they were providing health services?	1 ☐	2 ☐	
435	Did the supervisor mentor the clinical staff and support them to build their skills and competency in high BP care and treatment?	1 ☐	2 ☐	

Section 4h: Basic Equipment

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

Ask to see the items

No.	Question	A) Available If observed or reported, complete section B			B) Functioning			Skip
		Observed	Reported not seen	Not available	Yes	No	Don't know	
501	Adult weighing scale	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐	
504	Measuring tape-height board / stadiometre	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐	

No.	Question	Result							Skip
505	Thermometer	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐	
506	Stethoscope	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐	
508	Light source (flashlight acceptable)	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐	
509	Blood sugar measurement devices	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐	
507	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐	
51n	How many blood pressure monitors are available in the clinic?	No. of BP Monitors: ☐☐☐						

For each blood pressure monitor in the clinic, please provide the following information:

	Make	Model	Date of last calibration	Cuff sizes in Clinic			Mode		Functional	
				S	M	L	Manual	Automatic	Yes	No
510	_____	_____	_____	____	____	____	☐	☐	☐	☐
511	_____	_____	_____	____	____	____	☐	☐	☐	☐
512	_____	_____	_____	____	____	____	☐	☐	☐	☐
513	_____	_____	_____	____	____	____	☐	☐	☐	☐
514	_____	_____	_____	____	____	____	☐	☐	☐	☐
515	_____	_____	_____	____	____	____	☐	☐	☐	☐
516	_____	_____	_____	____	____	____	☐	☐	☐	☐

No.	Question	Result		Skip
517	When equipment needs repair or maintenance, how is this completed?	Repaired at the facility	1 ☐	
		Sent back to the manufacturer	2 ☐	
		Sent back to a government store	3 ☐	
		No repairs are attempted	4 ☐	
		Other (Specify)	96 ☐	

Section 5: Available Services

No.	Question	Result			Skip
2000	Does this facility offer diagnosis or management of non-communicable diseases, such as diabetes, cardiovascular disease, chronic respiratory disease, or cervical cancer?	Yes	1	☐	3000
		No	2	☐	

Ask to be shown the location in the facility where non-communicable 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.

No.	Question	Result			Skip
2004	Do providers in this facility diagnose and/or manage cardiovascular diseases such as patients with high BP?	Yes	1	☐	3000
		No	2	☐	
2005	Do you have the national guidelines or protocols and SOPs for the diagnosis and management of cardiovascular diseases available in this facility today? If yes, ask to see the document	Yes, observed	1	☐	
		Yes, reported not seen	2	☐	
		No	3	☐	
2006	Have you or any provider(s) of services for cardiovascular diseases received any training in the diagnosis and management of cardiovascular diseases such as high BP in the last two years?	Yes	1	☐	
		No	2	☐	

No.	Question	Result				Skip

No.	Question	Result		Skip
2007	Do you have treatment algorithms for diagnosis and management of high blood pressure available in this facility today? If yes, ask to see the document	Yes, observed 1 ☐ Yes, reported not seen 2 ☐ No 3 ☐		
2008	Do you have Information, Education and Communication (IEC) materials for high blood pressure available in this facility today?	Yes, observed 1 ☐ Yes, reported not seen 2 ☐ No 3 ☐		
2009	Does this facility conduct patient counseling and education on smoking, diet, alcohol and/or physical activity?	Yes 1 ☐ No 2 ☐		
2010	Does this facility conduct family member counseling and education on smoking, diet, alcohol and/or physical activity?	Yes 1 ☐ No 2 ☐		
2011	Are there any community activities to support high BP services provided at this facility?	Yes 1 ☐ No 2 ☐		3000
2012	Is a vehicle for patient transfer provided for free by the community or patient support groups for treatment at this clinic or a referral clinic?	Yes 1 ☐ No 2 ☐		

Section 6: Diagnostics

No.	Question	Result		Skip
3000	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.

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

No.		Yes (Onsite)	Yes (Offsite)	No
3105	Urine protein dipstick testing	1 ☐	3 ☐	2 ☐
3106	Urine glucose dipstick testing	1 ☐	3 ☐	2 ☐
3107	Urine ketone dipstick testing	1 ☐	3 ☐	2 ☐
3201	Blood glucose tests using a glucometer	1 ☐	3 ☐	2 ☐
3202	Haemoglobin testing	1 ☐	3 ☐	2 ☐

Are the following items for rapid diagnostic testing are available today?

Check to see if at least one of each RDT is valid (not expired)

No.		A) Observed		B) Not Observed		
		At least one valid	Available non valid	Reported available but not seen	Not available today	Never Available
3108	Dipsticks for urine protein	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3109	Dipsticks for urine glucose	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3110	Dipsticks for urine ketone bodies	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3111	Filter paper for collecting DBS	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Are the following equipment available and functional today?

A) Available	B) Functioning
If observed or reported, complete section B	

No.	Question	Result							Skip
	Ask to see the items	Observed	Reported not seen	Not available	Yes	No	Don't know		
3203	Refrigerator	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐		
3204	Glucometer	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐		
3205	Glucometer test strips (with valid expiration date)	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐		
3206	Colorimeter or haemoglobinometer	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐		
3207	HemoCue	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐		
3604	ECG	1 ☐	2 ☐	3 ☐	1 ☐	2 ☐	8 ☐		
3605	What is the average cost to a patient for an ECG?						_____ Naira		

Section 7: Medicines and Commodities

No.	Question	Result		Skip
4000	Does this facility stock medicines, vaccines, or contraceptive commodities?	Yes 1 ☐ No 2 ☐		5000
4001	Does this facility usually provide blood pressure lowering medicines in the clinic or pharmacy prescriptions?	Medications typically available in clinic 1 ☐ Pharmacy prescription typically used 2 ☐		

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.

No.	Are any of the following medicines for the management of non-communicable diseases available in the facility today? Check to see if at least one of each medicine is valid (not expired)	A) Observed		B) Not Observed		
		At least one valid	Available non valid	Reported available but not seen	Not available today	Never Available
4004	ACE inhibitor (e.g. lisinopril)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4005	Thiazide (e.g. hydrochlorothiazide)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4024	Angiotensin Receptor Blocker (e.g. telmisartan)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4013	Furosemide cap/tab	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4023	Spironolactone tablets	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4025	Other diuretics (e.g. Amiloride)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4006	Beta blocker (e.g. labetalol, propranolol)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4007	Calcium channel blocker (e.g. amlodipine, nifedipine)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4022	Simvastatin tablet or other statin	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4026	Central acting agent (e.g. methyldopa)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4027	Vasodilator (e.g. Hydralazine)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4028	Fixed Dose Combinations (e.g lisinopril-hydrochlorothiazide)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4008	Aspirin cap/tab	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4012	Epinephrine injection	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4016	Glyceryl trinitrate sublingual tablet	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

No.	Question	Result							Skip
4017	Ibuprofen tablet	1 ☐	2 ☐		3 ☐	4 ☐		5 ☐	
4018	Isosorbide dinitrate tablet	1 ☐	2 ☐		3 ☐	4 ☐		5 ☐	

If any of the following medications are in stock, record the quantity on hand today. If any have been dispensed in the last 30-days, including today, record the quantity of 30-day doses dispensed.

No.	Drug Class	Generic Name	Dosage (mg)	Number of 30-day doses in stock	Number of 30-day doses dispensed in last 30 days
4029	ACE Inhibitor	Lisinopril	10 mg	_____	_____
4030	ACE Inhibitor	Lisinopril	5 mg	_____	_____
4031	Diuretic	Hydrochlorothiazide	50 mg	_____	_____
4032	Diuretic	Hydrochlorothiazide	25 mg	_____	_____
4033	Diuretic	Hydrochlorothiazide	12.5 mg	_____	_____
4034	Diuretic	Spironolactone	50 mg	_____	_____
4035	Diuretic	Spironolactone	25 mg	_____	_____
4036	Diuretic	Spironolactone	12.5 mg	_____	_____
4037	Diuretic	Amiloride / Hydrochloride	5 mg / 50 mg	_____	_____
4038	CCB	Amlodipine	10 mg	_____	_____
4039	CCB	Amlodipine	5 mg	_____	_____
4040	CCB	Nifedipine	30 mg	_____	_____
4041	CCB	Nifedipine	20 mg	_____	_____
4042	Central Acting Agent	Methyldopa	250 mg	_____	_____
4043	Vasodilator	Hydralazine	20 mg	_____	_____
4044	Beta Blocker	Labetalol	200 mg	_____	_____
4045	Beta Blocker	Propranolol	40 mg	_____	_____
4046	Beta Blocker	Propranolol	10 mg	_____	_____

Capture any other current HYPERTENSION medication inventory (including ACE inhibitors, Thiazides, Angiotensin Receptor Blockers, Other diuretics, Beta blockers, and Calcium channel blockers), as well as fixed dose combinations not captured in the section above:

No.	Drug Class	Generic Name	Dosage (mg)	Number of 30-day doses in stock	Number of 30-day doses dispensed in last 30 days
4047	_____	_____	_____	_____	_____
4048	_____	_____	_____	_____	_____
4049	_____	_____	_____	_____	_____
4050	_____	_____	_____	_____	_____
4051	_____	_____	_____	_____	_____
4052	_____	_____	_____	_____	_____
4053	_____	_____	_____	_____	_____
4054	_____	_____	_____	_____	_____
4055	_____	_____	_____	_____	_____

Section 8: Supply Chain

No.	Question	Result			Skip
4100	Who is the principal person responsible for managing the ordering of medical supplies at this facility?	Nurse 1 ☐ Clinical officer 2 ☐ Pharmacy technician 3 ☐ Pharmacy assistant 4 ☐ Pharmacist 5 ☐ Medical assistant 6 ☐ Other (Specify) 96 ☐ _____			

	Which of the following mechanisms is used to determine this facility's resupply quantities?	Yes	No	Don't know	
4101	The facility itself (pull distribution)	1 ☐	2 ☐	3 ☐	
4102	A higher level facility (push distribution)	1 ☐	2 ☐	3 ☐	
4103	Other (Specify) _____	1 ☐	2 ☐	3 ☐	

No.	Question	Result			Skip
4104	How are the facility's resupply quantities determined?	Formula (any calculation) 1 ☐ Don't know 2 ☐ Other means 3 ☐			
4105	What is the main source of your routine pharmaceutical commodity supplies? By this I mean who is the direct supplier to your facility?	National medical stores 1 ☐ Joint medical stores 2 ☐ NGO / Donors 3 ☐ Private sources 4 ☐ Other (Specify) 96 ☐ _____			
4106	How are your pharmaceutical commodity supplies from the main supplier of routine medications delivered to this facility?	Supplier delivers to facility 1 ☐ Facility must arrange delivery to facility 2 ☐ Other (Specify) 96 ☐ _____			

	Who is responsible for transporting products from central medical stores to your facility?	Yes		No	
4107	Local supplier delivers	1 ☐		2 ☐	
4108	Higher level delivers	1 ☐		2 ☐	
4109	This facility collects	1 ☐		2 ☐	
4110	Other (Specify): _____	1 ☐		2 ☐	

No.	Question	Result			Skip
4111	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 ☐			
4112	Are tools to manage information on drug ordering, supplies, receipt, storage, inventory control and dispensing available?	Daily use / dispensing register 1 ☐ Stock control register 2 ☐ Requisition / delivery form 3 ☐			
4113	Is there a mechanism to manage the logistics and supply chain information collected and use them to conduct audits?	Tallying receipt records and cross-checking with the stock control register 1 ☐ Cross checking requisition records 2 ☐ Detecting stock-outs 3 ☐			
		Module 3			

Section 9: Target and Goal Setting

No.	Question	Result	Skip

Target Setting is all about how tightly your targets are linked to wider objectives: are your targets covering a sufficiently broad set of metrics, how strongly are your short and long term targets connected, how well are they cascaded down and clarified to your workers?

4501 How are performance review meetings structured?

1	☐	The right information for a constructive discussion is often not present or the quality is too low; conversations focus overly on data that is not meaningful; a clear agenda is not known and purpose is not explicitly stated; next steps are not clearly defined.
2	☐	Between 1 and 3
3	☐	Review conversations are held with the appropriate data present; objectives of meetings are clear to all participating and a clear agenda is present; conversations do not drive to the root causes of the problems; next steps are not well defined.
4	☐	Between 3 and 5
5	☐	Regular review/performance conversations focus on problem solving and addressing root causes; purpose, agenda and follow-up steps are clear to all; meetings are an opportunity for constructive feedback and coaching.

4502 What would happen if a follow up plan agreed during one of your meetings were not enacted?

1	☐	Failure to achieve agreed objectives does not carry any consequences.
2	☐	Between 1 and 3
3	☐	Failure to achieve agreed results is tolerated for a period before action is taken.
4	☐	Between 3 and 5
5	☐	A failure to achieve agreed targets drives retraining in identified areas of weakness or moving individuals to where their skills are appropriate.

4503 What types of targets are set for the clinic?

1	☐	Goals focused only on government targets and achieving the budget.
2	☐	Between 1 and 3
3	☐	Goals are balanced set of targets (including quality, waiting time, operational efficiency, and financial balance); goals form part of the appraisal for senior staff only or do not extend to all staff groups; real interdependency is not well understood.
4	☐	Between 3 and 5
5	☐	Goals are a balanced set of targets covering all four dimensions (including quality, waiting time, operational efficiency, and financial balance); interplay of all four dimensions is understood by senior and junior staff (clinicians as well as nurses and managers).

4504 What is the motivation behind these goals and how are they cascaded down to the individual workers?

1	☐	Goals do not cascade down the organisation.
2	☐	Between 1 and 3
3	☐	Goals do cascade but only to some staff groups (e.g. nurses only).
4	☐	Between 3 and 5
5	☐	Goals increase in specificity as they cascade, ultimately defining individual expectations for all staff groups.

4505 What kind of time scale are you looking at with your targets? Are your goals set independently of each other?

1	☐	The staff's main focus is on achieving short-term targets.
2	☐	Between 1 and 3
3	☐	There are short and long-term goals for all levels of the organisation; goals are set independently and therefore are not necessarily linked to one another.
4	☐	Between 3 and 5
5	☐	Long-term goals are translated into specific short-term targets so that short-term targets become a 'staircase' to reach long-term goals.

Module 4

No.	Question	Result		Skip
Section 10: Interviewer Observations				
5000	Interview end time (use 24-hour clock)	☐☐ . ☐☐		
5001	Result code	Completed 1 ☐		
		Respondent not available 2 ☐		
		Refused 3 ☐		
		Partially completed 4 ☐		
		Other (Specify) 96 ☐		
		_____ ☐		
	Comments about the assessment:			