

## SCREEN1:1. Confirm ID and Introduction

1. Confirm ID and Introduction Label

**Module 3: Facility Management and Direct Observation**

1. Confirm ID and Introduction Label

**Instructions for interviewer:***All text in blue are directions for you and should not be read aloud.**All text in red are observations only.**Never read the options Don't know, Decline to respond, or Not applicable; only fill those in when indicated by the respondent.*

1. Confirm ID and Introduction Q.1

**id\_correct****IND\_M3***Is the following information correct?**Province: [fac\_province]**District: [fac\_block]**Facility: [customid]**Interviewer ID: [fieldstaff\_id]**Supervisor ID: [supervisor\_id]**If any of the information above is incorrect, please go back and enter the correct information*

(1)Yes,(0)No

1. Confirm ID and Introduction Q.2

**replacement****IND\_M3***Is this a replacement facility?*

(1)Yes,(0)No

1. Confirm ID and Introduction Q.3

**replacement\_name****IND\_M3**

Enable if :current.replacement = 1

*Enter the name of this replacement facility:*

1. Confirm ID and Introduction Q.4

**replacement\_address****IND\_M3**

Enable if :current.replacement = 1

*Enter the physical address of this facility:*

1. Confirm ID and Introduction Q.5

**fac\_int\_ctrl****IND\_M3***Is this an intervention facility or a control facility?*

(1)HealthRise intervention facility,(0)Control facility

1. Confirm ID and Introduction Q.6

**consent\_state****IND\_M3***Is this facility in KwaZulu-Natal or Northern Cape?*

(1)KwaZulu-Natal,(2)Northern Cape

1. Confirm ID and Introduction Q.7

**platform\_type****IND\_M3***Health service delivery platform type:*

(1)Community Health Centre,(2)Primary Health Centre,(-999)Don't know/Uncertain/Don't remember,(-998)Decline to respond

1. Confirm ID and Introduction Q.8

**gps\_id1****IND\_M3***Get GPS from the tablet. Press "Get GPS"*

**START ROSTER 1.1:Facility GPS Coordinates:**

Please enter in the same format as displayed on your GPS Device.  
Enter the latitude and longitude

Enter the following codes, if necessary:

-1= Error with GPS Device

RosterContents :(1)Latitude,(2)Longitude

**Facility GPS Coordinates:**

Value

Please enter in the same format as displayed on  
your GPS Device.  
Enter the latitude and longitude

Enter the following codes, if necessary:

-1= Error with GPS Device

Q.9

**gps1\_degrees**

**gps2**

**END ROSTER 1.1:Facility GPS Coordinates:**

Please enter in the same format as displayed on your GPS Device.  
Enter the latitude and longitude

Enter the following codes, if necessary:

-1= Error with GPS Device

**1. Confirm ID and Introduction Q.10**

**time\_start**

**IND\_M3**

*Survey Start Time. Please click 'Timestamp' button  
'Timestamp'*

**1. Confirm ID and Introduction Label****Important Reminders:**

- 1. Select "Remove Disabled Values" button below (red X).**
- 2. Validate at the top right corner of the page (orange check mark).**
- 3. Select "Show Error Details" button below (bottom right button)**
- 4. Fix any "Errors" below (red circle).**

**END SCREEN 1:1. Confirm ID and Introduction****SCREEN2:2. Medical Equipment**

Enable if :current.time\_start IS NOT NULL and current.platform\_type is not null

**2. Medical Equipment Label****Instructions for interviewer:**

*All text in blue are directions for you and should not be read aloud.  
All text in red are observations only.  
Never read the options Don't know, Decline to respond, or Not applicable; only fill those in when indicated by the respondent.*

**2. Medical Equipment Label** **Section 2: Assisted Observation with nurse/medical staff**

*Please indicate the type and number of medical equipment items that are available at this facility today and of those how many are functional today. Functional denotes that particular equipment is in a condition to be used adequately and appropriately.*

*In column 1, please report the total number of each item.  
In column 2 please report, of those available, how many are functional.  
In column 3, please report whether or not the item is staffed by someone at the facility who knows how to operate/use it.*

**2. Medical Equipment Label**

*Column 1: Total Available  
-999=Don't know  
-998=Decline to respond  
-997= Missing/Data not available*

*Column 2: Total Functional  
Enter the following codes:  
0=None functional at this facility  
-999=Don't know  
-998=Decline to respond  
-997= Missing/Data not available*

**START ROSTER 2.1: Assisted Observation: Medical Equipment: with nurse/medical staff**

RosterContents : (1)Adult Scale,(2)Blood Pressure Apparatus <br>(digital or manual with cuff),(3)Stethoscope,(4)Cardiac Monitor,(5)Pulse Oximeter,(6)Xray machine,(7)Electrocardiography (ECG or EKG),(8)Treadmill stress ECG,(9)Ultrasound for body imaging,(10)Dedicated cardiac ultrasound <br>(echocardiogram machine) with Doppler,(11)Stress echocardiography with <br>exercise or pharmacologic stress,(12)CT scan for body imaging,(13)Cardiac CT with dedicated coronary imaging,(14)Electron Beam CT for coronary calcium scoring,(15)SPECT (single photon emission tomography) nuclear scanner,(16)Myocardial perfusion imaging (cardiac SPECT with exercise or pharmacologic stress),(17)Defibrillator,(18)Automatic External Defibrillator (AED),(19)Dialysis machine,(20)Ventilator (Adult)

**Assisted Observation: Medical Equipment: with nurse/medical staff Label** *[SELECT mse\_value FROM mse\_rt WHERE mse\_code = current.mse]*

**Assisted Observation: Medical Equipment: with nurse/medical staff Q.1** *Total Available TODAY*

**mse\_avail** **mse**

**Assisted Observation: Medical Equipment: with nurse/medical staff Q.2** *Total FUNCTIONAL:*

**mse\_func** **mse**

**Assisted Observation: Medical Equipment: with nurse/medical staff Q.3** *Is there someone working in this facility that knows how to use the equipment?*

**mse\_staff** **mse**

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond,(-996)Not applicable

[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_dh mse	plat_dh
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_ch mse	plat_ch
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_chc mse	plat_chc
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_phc mse	plat_phc
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_shc mse	plat_shc
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_mc mse	plat_mc
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_nh mse	plat_nh
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_th mse	plat_th
[HIDDEN]Assisted Observation: Medical Equipment: with nurse/medical staff mse_pvt mse	plat_pvt

END ROSTER 2.1:Assisted Observation: Medical Equipment: with nurse/medical staff

2. Medical Equipment Label *Please report on the availability of each medical supply item today.*

START ROSTER 2.2:Assisted Observation: Medical Supplies: with nurse/medical staff  
RosterContents :(1)Gloves,(2)Equipment Disinfectant,(3)Hand disinfectant,(4)Needle holder,(5)Eye protection

Assisted Observation: Medical Supplies: with nurse/medical staff Q.4 supplies_typical supplies	Available today? (1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond
---	--

END ROSTER 2.2: Assisted Observation: Medical Supplies: with nurse/medical staff

2. Medical Equipment Q.5

Comments for Section 2: Medical Equipment

commentsM3\_2

IND\_M3

2. Medical Equipment Label

**Important Reminders:**

1. Select "Remove Disabled Values" button below (red X).
2. Validate at the top right corner of the page (orange check mark).
3. Select "Show Error Details" button below (bottom right button)
4. Fix any "Errors" below (red circle).

END SCREEN 2:2. Medical Equipment

**SCREEN3:3. Staff**

Enable if :current.time\_start IS NOT NULL

3. Staff Label

**Instructions for interviewer:**

All text in blue are directions for you and should not be read aloud.  
All text in red are observations only.  
Never read the options Don't know, Decline to respond, or Not applicable; only fill those in when indicated by the respondent.

3. Staff Label

**Section 3: Assisted Observation: Staff Inventory: with nurse/medical staff**

Please inventory the staffs who are working at the facility the day that you are completing this module. Ask the individual assisting you during this module to inform you who is working that day.

Enter the following codes, if necessary:

0=None

-999=Don't know

-998=Decline to respond

-997= Missing/Data not available

START ROSTER 3.1: Assisted Observation: Staff Inventory: with nurse/medical staff

RosterContents : (1)Doctors, (2)Clinical Officers, (3)Midwives, (4)Nurses, (5)Pharmacy personnel, (6)Environmental Health Personnel, (7)Data Clerk, (8)Other paramedical staff, (9)Administrative staff, (10)Support staff, (11)Community Care Giver, (12)Facility-based Community Health Worker

Assisted Observation: Staff Inventory: with nurse/medical staff Q.1  
tot\_staff

Number working today

staff

END ROSTER 3.1: Assisted Observation: Staff Inventory: with nurse/medical staff

3. Staff Q.2

Comments for Section 3: Staff

commentsM3\_3

IND\_M3

3. Staff Label

**Important Reminders:**

1. Select "Remove Disabled Values" button below (red X).
2. Validate at the top right corner of the page (orange check mark).
3. Select "Show Error Details" button below (bottom right button)
4. Fix any "Errors" below (red circle).

END SCREEN 3:3. Staff

**SCREEN4:4. Laboratory**

Enable if :current.time\_start IS NOT NULL

4. Laboratory Label

**Instructions for interviewer:**

All text in blue are directions for you and should not be read aloud.

All text in red are observations only.

Never read the options Don't know, Decline to respond, or Not applicable; only fill those in when indicated by the respondent.

4. Laboratory Label

**Section 4: Laboratory Tests: with lab tech/medical staff**

Please complete this module with a laboratory technician or other individual who is well-informed about the medical equipment, medical consumables and facility information that is normally used in the laboratory or to perform lab tests.

Please report if each of the following lab tests are:

- Typically available
- If the test is performed at this facility.

**START ROSTER 4.1:Tests Available**

Tests Available Label

[select tests\_avail\_id from tests\_avail\_rt where tests\_avail\_code = current.tests\_avail]

Tests Available Q.1

tests\_avail\_typ

tests\_avail

Typically Available

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond

Tests Available Q.2

tests\_avail\_fac

tests\_avail

Is the test performed within this facility?

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond,(-996)Not applicable

[HIDDEN]Tests Available

tests\_avail\_dh

tests\_avail

plat\_dh

[HIDDEN]Tests Available

tests\_avail\_ch

tests\_avail

plat\_ch

[HIDDEN]Tests Available

tests\_avail\_chc

tests\_avail

plat\_chc

[HIDDEN]Tests Available  
tests\_avail\_phc tests\_avail plat\_phc

[HIDDEN]Tests Available  
tests\_avail\_shc tests\_avail plat\_shc

[HIDDEN]Tests Available  
tests\_avail\_mc tests\_avail plat\_mc

[HIDDEN]Tests Available  
tests\_avail\_nh tests\_avail plat\_nh

[HIDDEN]Tests Available  
tests\_avail\_th tests\_avail plat\_th

[HIDDEN]Tests Available  
tests\_avail\_pvt tests\_avail plat\_pvt

#### END ROSTER 4.1:Tests Available

4. Laboratory Label

**Assisted Observation: Medical consumables and supplies: with lab tech/medical staff**

*Please report if the following medical consumables and supplies are available and functional at this facility today:*

#### START ROSTER 4.2:Medical Supplies

Medical Supplies Label

[select mcs\_avail\_id from mcs\_avail\_rt where current.mcs\_avail = mcs\_avail\_code]

Medical Supplies Q.3

mcs\_avail\_typ mcs\_avail

Available

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond

Medical Supplies Q.4

mcs\_avail\_now mcs\_avail

Functional today

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond,(-996)Not applicable

[HIDDEN]Medical Supplies

mcs\_avail\_dh mcs\_avail

plat\_dh

[HIDDEN]Medical Supplies

mcs\_avail\_ch mcs\_avail

plat\_ch

[HIDDEN]Medical Supplies

mcs\_avail\_chc mcs\_avail

plat\_chc

[HIDDEN]Medical Supplies

mcs\_avail\_phc mcs\_avail

plat\_phc

[HIDDEN]Medical Supplies

mcs\_avail\_shc mcs\_avail

plat\_shc

[HIDDEN]Medical Supplies  
 mcs\_avail\_mc                    mcs\_avail                    plat\_mc

[HIDDEN]Medical Supplies  
 mcs\_avail\_nh                    mcs\_avail                    plat\_nh

[HIDDEN]Medical Supplies  
 mcs\_avail\_th                    mcs\_avail                    plat\_th

[HIDDEN]Medical Supplies  
 mcs\_avail\_pvt                    mcs\_avail                    plat\_pvt

#### END ROSTER 4.2:Medical Supplies

4. Laboratory Q.5  
 commentsM3\_4                    IND\_M3                    Comments for Section 4: Laboratory

4. Laboratory Label

#### **Important Reminders:**

1. Select "Remove Disabled Values" button below (red X).
2. Validate at the top right corner of the page (orange check mark).
3. Select "Show Error Details" button below (bottom right button)
4. Fix any "Errors" below (red circle).

END SCREEN 4:4. Laboratory

#### SCREEN5:5. Pharmacy

Enable if :current.time\_start IS NOT NULL

5. Pharmacy Label

#### **Instructions for interviewer:**

All text in blue are directions for you and should not be read aloud.  
 All text in red are observations only.  
 Never read the options Don't know, Decline to respond, or Not applicable; only fill those in when indicated by the respondent.

5. Pharmacy Label

#### **Section 5: Pharmaceutical Availability: Assisted Observation: with pharmacist**

Please complete this section with a pharmacist or other individual who is well-informed about the pharmaceutical ordering and receipt system that is normally used in the pharmacy. Proceed to the pharmacy or place where pharmaceuticals are stored in this facility.

5. Pharmacy Label

For products listed, please indicate which are available today, and please report if the drug was stocked out for 1 day during the last 3 months and if the drug was stocked out for more than 8 consecutive days during the last 3 months.

**Stock available (of any of the options within the category) today-**  
 Record if stock is available today-

**Stocked out for one day during the last 3 months - as reported by**

5. Pharmacy Label

*pharmacist.**Stocked out for more than 8 consecutive days during the last 3 months  
- as reported by pharmacist.***START ROSTER 5.1:Pharmaceutical Availability**

Pharmaceutical Availability Label

*[select drug\_cat from drug\_rt where current.pharm\_avail = drug\_code]*

Pharmaceutical Availability Label

*[select drug\_nam from drug\_rt where current.pharm\_avail = drug\_code]*

Pharmaceutical Availability Q.1

stock\_avail

pharm\_avail

**Stock available (of any of the options within the category) TODAY**

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond

Pharmaceutical Availability Q.2

so1

pharm\_avail

**Stocked out for at least 1 day  
DURING THE LAST 3 MONTHS**

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond

Pharmaceutical Availability Q.3

so8

pharm\_avail

**Stocked out for more than 8 consecutive days  
DURING THE LAST 3 MONTHS**

(1)Yes,(0)No,(-999)Don't Know,(-998)Decline to respond

**END ROSTER 5.1:Pharmaceutical Availability**

5. Pharmacy Q.4

commentsM3\_5

IND\_M3

*Comments for Section 5: Assisted Observation with Pharmacist*

5. Pharmacy Label

**Important Reminders:**

- 1. Select "Remove Disabled Values" button below (red X).**
- 2. Validate at the top right corner of the page (orange check mark).**
- 3. Select "Show Error Details" button below (bottom right button)**
- 4. Fix any "Errors" below (red circle).**

END SCREEN 5:5. Pharmacy

**SCREEN6:6. Direct Observation**

Enable if :current.time\_start IS NOT NULL

6. Direct Observation Label

**Instructions for interviewer:***All text in blue are directions for you and should not be read aloud.**All text in red are observations only.**Never read the options Don't know, Decline to respond, or Not applicable; only fill those in when indicated by the respondent.*

6. Direct Observation Label

**Section 6: Direct Observation***This section is designed for direct observation of some of this facility's characteristics. This section is to be completed by the interviewer only, and does not need the input from any facility staff.*

## 6. Direct Observation Q.1

rural

IND\_M3

*Is this facility located in a rural, semi-/peri-urban or urban area?**(If you are not sure, ask the facility administrator)*

(1)Rural,(2)Semi-/Peri-urban,(3)Urban

## 6. Direct Observation Q.2

fac\_perm

IND\_M3

*What type of structure is the main building of this facility?*

(0)Permanent,(1)semi-permanent,(2)Temporary,(-997)Missing data/not observed,(3)Urban

## 6. Direct Observation Q.3

fac\_buildings

IND\_M3

*Please indicate the number of buildings on this campus.  
Do not include sheds and parking areas in this count**Enter the following codes, if necessary:**0=None**-999=Don't know**-998=Decline to respond**-997= Missing/Data not available*

## 6. Direct Observation Label

## 6. Direct Observation Q.4

fac\_roomwait\_do

IND\_M3

*Does this facility have designated waiting area (s) available that is separated from the examination room(s)?*

(3)Yes, observed at least one designated waiting area separated from the examination rooms,(0)No, waiting areas(s) not separated from the examination rooms/area,(-996)Not applicable, no designated waiting area

## 6. Direct Observation Q.5

fac\_roomwaitout\_do

IND\_M3

Enable if :current.fac\_roomwait\_do = 3

*If outdoors, is the designated waiting area protected from the elements- is shade or rain-covering provided? Consider all waiting areas if more than one.*

(2)Yes, well protected,(1)No, not well protected,(0)Waiting area is not outside,(-996)Not applicable, no waiting area

## 6. Direct Observation Q.6

fac\_roomwait\_cleanliness\_do

IND\_M3

Enable if :current.fac\_roomwait\_do IN (1,2,3)

*In general, describe the overall cleanliness of the waiting areas:  
Consider all waiting areas if more than one.*

(2)Clean and orderly in appearance,(1)Somewhat dirty in appearance, with minor spills, debris, or trash present,(0)Very dirty in appearance, with major spills, debris, or trash on the chairs or floor,(-996)Not applicable, no waiting areas,(-997)Missing data/not observed

## 6. Direct Observation Q.7

fac\_examroom\_cleanliness\_do

IND\_M3

*In general, describe the overall cleanliness of the examination room(s):  
Consider all examination areas if more than one.*

(2)Clean and orderly in appearance,(1)Somewhat dirty in appearance, with minor spills, debris, or trash present,(0)Very dirty in appearance, with major spills, debris, or trash on the chairs or floor,(-996)Not applicable, no examination room,(-997)Missing data/not observed

## 6. Direct Observation Q.8

exam\_do

IND\_M3

Enable if :current.fac\_examroom\_cleanliness\_do &lt;&gt;-996

*In general, describe the overall setting of the examination room(s):  
Consider all examination areas if more than one.*

(3)Room with visual and auditory privacy,(2)Room with visual privacy only,(1)Room with auditory privacy only,(0)No privacy,(-996)Not applicable, no examination room,(-997)Missing data/not observed

## 6. Direct Observation Label

## 6. Direct Observation Q.9

feelist\_do

IND\_M3

*Is there an official fee list posted so that the patients can easily see it?*

(1)Yes,(0)No,(-996)Not applicable, facility does not collect fees from patients,(-997)Missing data/not observed

## 6. Direct Observation Label

**Guideline Observation**

*Indicate whether or not the following guidelines are present. A guideline can be a document/poster etc., they do not need to be posted, but should be available to medical staff (for example: on a computer or in a folder readily available at this facility). If you do not directly observe them, inquire with a medical staff if there are any of the following guidelines available.*

## START ROSTER 6.1:Guideline Observation

RosterContents : (1)Disease specific treatment guidelines: Diabetes,(2)Disease specific treatment guidelines: Hypertension,(3)Disease specific treatment guidelines: Ischaemic Heart Disease and Acute Myocardial Infarction,(4)Disease specific treatment guidelines: Management of Critical Care,(5)Disease specific treatment guidelines: Management of Cardiovascular Diseases,(6)Disease specific treatment guidelines: Endocrinology,(7)Disease specific treatment guidelines: Neurology

## Guideline Observation Q.10

guidelines\_do\_q

guidelines\_do

**Guideline Observation**

(1)Yes, observed,(2)Yes available but not observed,(0)No guidelines present,(-996)Not applicable,(-997)Missing data/not observed

## END ROSTER 6.1:Guideline Observation

## START ROSTER 6.2:What types of toilet facilities are available and functional to patients and staff?

RosterContents : (1)Flush/pour flush to piped sewer system,(2)Flush/pour flush to septic tank,(3)Flush/pour to pit latrine,(4)Flush/pour flush to elsewhere,(5)Flush/pour flush to unknown destination,(6)Covered, ventilated pit latrine,(7)Covered, unventilated pit latrine,(8)Uncovered pit latrine,(9)Bucket,(10)No toilet facilities are available and functional at this facility,(11)Other,(-999)Don't know,(-998)Decline to respond

What types of toilet facilities are available and functional to patients and staff? Q.11

toilets\_t

toilets

*(SELECT ALL THAT APPLY)*

## END ROSTER 6.2:What types of toilet facilities are available and functional to patients and staff?

## 6. Direct Observation Q.12

toilets\_osp

IND\_M3

*Please specify 'other':*

Enable if :(select toilets\_t from toilets where toilets = 11) = 'Y'

## 6. Direct Observation Q.13

commentsM3\_6

IND\_M3

*Comments for Section 6: Direct Observation*

## 6. Direct Observation Label

**Important Reminders:**

1. Select "Remove Disabled Values" button below (red X).
2. Validate at the top right corner of the page (orange check mark).
3. Select "Show Error Details" button below (bottom right button)
4. Fix any "Errors" below (red circle).

END SCREEN 6:6. Direct Observation

### SCREEN7:7. End

Enable if :current.time\_start IS NOT NULL and current.platform\_type is not null

#### 7. End Label

#### **Instructions for interviewer:**

*All text in blue are directions for you and should not be read aloud.*

*All text in red are observations only.*

*Never read the options Don't know, Decline to respond, or Not applicable; only fill those in when indicated by the respondent.*

#### START ROSTER 7.1:What were the positions of the respondents who helped you fill in this section of the survey?

RosterContents :(1)Facility Manager,(2)Doctors,(3)Clinical Officers,(4)Midwives,(5)Nurse,(6)Pharmacy Personnel,(7)Environmental Health Personnel,(8)Other paramedical staff,(9)Administrative staff,(10)Support staff,(11)Community Care Giver,(12)Other, specify

What were the positions of the respondents who helped you fill in this section of the survey? Q.1

(SELECT ALL THAT APPLY)

**who\_assisted\_t**

**who\_assisted**

#### END ROSTER 7.1:What were the positions of the respondents who helped you fill in this section of the survey?

#### 7. End Q.2

*Please specify 'other':*

**who\_assisted\_osp**

**IND\_M3**

Enable if :(select who\_assisted\_t from who\_assisted where who\_assisted = 10) = 'Y'

#### 7. End Q.3

*Please use this space to provide us with any feedback/comments/issues you encountered while completing this section.*

**comments2**

**IND\_M3**

#### 7. End Q.4

*Get GPS from the tablet. Press "Get GPS"*

**gps\_id2**

**IND\_M3**

#### START ROSTER 7.2:Verify facility GPS Coordinates:

Please enter in the same format as displayed on your GPS Device.  
Enter the latitude and longitude

Enter the following codes, if necessary:

-1= Error with GPS Device

RosterContents :(1)Latitude,(2)Longitude

Verify facility GPS Coordinates: *Value*

Please enter in the same format as displayed on your GPS Device.

Enter the latitude and longitude

Enter the following codes, if necessary:

-1= Error with GPS Device Q.5

**gps2\_degrees** **gps2**

END ROSTER 7.2:Verify facility GPS Coordinates:

Please enter in the same format as displayed on your GPS Device.

Enter the latitude and longitude

Enter the following codes, if necessary:

-1= Error with GPS Device

7. End Q.6

**time\_end**

**IND\_M3**

*Thank you for participating in the Facility Survey Module 3: Direct observations and Facility Supplies  
Click 'Timestamp' button.*

7. End Label

*Important Reminder:*

- 1. Click the three lines at the top left corner*
- 2. Select 'Validate Entire Interview'*
- 3. Fix any 'Errors' and validate again*

**SCREEN7.3:IHME ONLY**

START ROSTER 7.3.1:Survey Version

[HIDDEN]Survey Version

*Survey version*

**survey\_ver\_q**

**survey\_ver**

END ROSTER 7.3.1:Survey Version

END SCREEN 7.3:IHME ONLY

END SCREEN 7:7. End

### Validation rules

GPS latitude 1

*You are out of the latitudinal range*

(select gps2\_degrees from gps2 where gps2 = 1) < 22  
OR (select gps2\_degrees from gps2 where gps2 = 1) > 33

GPS longitude 1

*You are out of the longitudinal range*

(select gps2\_degrees from gps2 where gps2 = 2) < 71  
OR (select gps2\_degrees from gps2 where gps2 = 2) > 79

**Validation rules**

fac_private req	<i>This platform type must be private.</i>	((current.platform_type = 6) OR (current.platform_type = 7))
correct_fac_info	<i>Please return to the dashboard to fix the facility information</i> □□□□□□ □□ □□□□□□□□ □□ □□□□ □□□□□ □□ □□□ □□□□□ □□□□□□□□□□ □□ □□□□□□□□	current.id_correct=0

**Validation rules**

mse Func Avail	<i>The total number of functional imaging equipment cannot be greater than the total number available.</i>	current.mse_func > current.mse_avail
mse_staff func avail	<i>Staff response is required if equipment is functional.</i>	(current.mse_staff = -3) AND (current.mse_avail >=1) AND (current.mse_func >= 1)

**Validation rules**

so1 so8	<i>If an item is stocked out for at least 8 consecutive days then it must also be stocked out for at least 1 day.</i>	(current.so1 < 1) AND (current.so8 = 1)
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**Validation rules**

toilets Exclusive	<i>The 'Don't know', 'Decline to respond', and 'Not applicable' responses are mutually exclusive to all other responses.</i>	(current.toilets_t = 'Y') AND ((select count(*) from toilets where toilets_t = 'Y') > 1) AND (((select toilets_t from toilets where toilets = -999) = 'Y') OR (select toilets_t from toilets where toilets = -998) = 'Y'))
toilets required	<i>A response is required.</i>	((select count(*) from toilets where toilets_t = 'Y') < 1) and (current.toilets_t = current.toilets_t)

**Validation rules**

GPS latitude	<i>You are out of the latitudinal range</i>	(select gps2_degrees from gps2 where gps2 = 1) < 22 OR (select gps2_degrees from gps2 where gps2 = 1) > 33
GPS longitude	<i>You are out of the longitudinal range</i>	(select gps2_degrees from gps2 where gps2 = 2) < 71 OR (select gps2_degrees from gps2 where gps2 = 2) > 79