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	Core component 1: Infection Prevention and Control (IPC) programme		
Do you have and IPC programme?			
		Frequency	**Percent (%)**
	No	257	74.5
	Yes, without clearly defined objectives	31	9.0
	Yes, with clearly defined objectives and annual activity plan	19	5.5
Is the IPC programme supported by an IPC team comprising of IPC professionals ?			
	No	268	77.7
	Not a team, only an IPC focal person	18	5.2
	Yes	21	6.1
Does the IPC team have at least one full-time IPC professional or equivalent(nurse or doctor working 100% in IPC) available?			
	No IPC professional available	269	78.0
	No, only a part-time IPC professional available	29	8.4
	Yes, one per > 250 beds	7	2.0
	Yes, one per ≤ 250 beds	2	0.6
Does the IPC team or focal person have dedicated time for IPC activitoes?			

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	No	261	75.7
	Yes	46	13.3
Does the IPC team include both doctors and nurses?			
	No	265	76.8
	Yes	42	12.2
Do you have an IPC committee actively supporting the IPC team ?			
	No	279	80.9
	Yes	28	8.1
Are any of the following professional groups represented/included in the IPC committee?			
	No-Senior facility leadership (for example, administrative director, chief executive officer [CEO], medical director)	261	75.7
	Yes-Senior clinical staff (for example, physician, nurse)	25	7.2
	No- Facility management (for example, biosafety, waste, and those tasked with addressing water, sanitation, and hygiene [WASH])	21	6.1
Do you have clearly defined IPC objectives (in specific critical areas)?			
	No	258	74.8
	Yes, IPC objectives only	38	11.0
	Yes, IPC objectives and measurable outcome indicators (that is,adequate measures for improvement)	7	2.0

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	Yes, IPC objectives, measurable outcome indicators and set future targets	4	1.2
Does the senior facility leadership show clear commitment and support for the IPC programme?			
	No	268	77.7
	Yes	39	11.3
Does your facility have microbiological laboratory support(eithe present on or off site) for routine day to day use?			
	No	263	76.2
	Yes, but not delivering results reliably (timely and of sufficient quality)	25	7.2
	Yes, and delivering results reliably (timely and of sufficient quality)	19	5.5
	Total	307	89.0
Core component 2: Infection Prevention and Control (IPC) guidelines			
Does your facility have the expertise(in IPC/infectious diseases) for developing or adapting guidelines?			
	No	263	76.2
	Yes	44	12.8
	Total	307	89.0
Does you facility have guidelines available for			
	Standard precautions- No	213	61.7
	Hand hygiene? -No	38	11.0
	Transmission-based precautions? -No	26	7.5

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	Outbreak management and preparedness?-NO	12	3.5
	Prevention of surgical site infection? -NO	7	2.0
	Prevention of hospital-acquired pneumonia ([HAP]; all types of HAP ? -NO	3	0.9
	Health care worker protection and safety ?-NO	2	0.6
	Injection safety?-NO	3	0.9
	Waste management?-NO	2	0.6
	Antibiotic stewardship? -NO	1	0.3
Are the guidelines in your facility consistent with national/international guidelines?			
	No	238	69.0
	Yes	69	20.0
Is implementation of the guidelines adapted according to the local needs and resourses while maintaining key IPC standards?			
	No	259	75.1
	Yes	48	13.9
Are frontline HCWs involved in both planning and executing the implementation of IPC guidelines in addition to IPC personnel?			
	No	257	74.5
	Yes	50	14.5

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Do HCWs specific training related to new or updated IPC guidelines introduced in the facility?			
	No	243	70.4
	Yes	64	18.6
Are relevant stakeholders(ex, les doctors and nurses, hospital management……)involved in the development and adaptation of guidelines in addition to IPC personnel?			
	No	251	72.8
	Yes	56	16.2
Do you regularly monitor the implementation of at least some of the IPC guidelines in your facility?			
	No	245	71.0
	Yes	62	18.0
Core component 3: Infection Prevention and Control (IPC) education and training			
Are there personnle with the IPC expertise (in IPC/infectious diseases) to lead IPC training			
	No	249	72.2
	Yes	58	16.8
Are there additional 0n-IPC personnel with adequate skills to serve as trainers and mentors(Link nurse, doctors, champoins)?			
	No	229	66.4

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	Yes	78	22.6
How frequently do HCWs receive training regarding IPC in your facility?			
	Never or rarely	250	72.5
	New employee orientation only for health care workers	35	10.1
	New employee orientation and regular (at least annually) IPC training for health care workers offered but not mandatory	8	2.3
	New employee orientation and regular (at least annually) mandatory IPC training for all health care workers	14	4.1
How frequent do cleaners and othe personnel directly involve in patient care receive training regarding IPC in your facility?			
	Never or rarely	253	73.3
	New employee orientation only for other personnel	35	10.1
	New employee orientation and regular (at least annually) training for other personnel offered but not mandatory	10	2.9
	New employee orientation and regular (at least annually) mandatory IPC training for other personnel	9	2.6
Does administrative and managerial staff receive general training regarding IPC in your facility?			
	No	244	70.7
	Yes	63	18.3

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How are HCWs and other personnel trained?			
	No training available	219	63.5
	Using written information and/or oral instruction and/or e-learning only	70	20.3
	Includes additional interactive training sessions (for example, simulation and/or bedside training)	18	5.2
Are there periodic evaluation of the effectiveness of training programmers(Ex, HH audits, checks on k0wledge)?			
	No	223	64.6
	Yes, but not regularly	71	20.6
	Yes, regularly (at least annually)	13	3.8
Is IPC training integrated in the clinical practice and training of other specialities(ex, surgeons, involving aspects of IPC)?			
	No	255	73.9
	Yes, in some disciplines	42	12.2
	Yes, in all disciplines	10	2.9
Is there specific IPC training for patients or familiy members to miimize the potientiial for HAIs (Ex, immu0suppressed)?			
	No	262	75.9
	Yes	45	13.0
	Total	307	89.0
Is ongoing developments/education offered for IPC staff(Ex, by regularlly attending conferences, courses)?			

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	No	275	79.7
	Yes	32	9.3
Core component 4: Health care-associated infection (HAI) surveillance			
Is surveillance a defined component of your IPC programme?			
	No	253	73.3
	Yes	54	15.7
Do you have personnel responsible for surveillance activities?			
	No	221	64.1
	Yes	86	24.9
Have the professionals responsible for surveillance activities been trained in basic epidemiology, surviellance and data management)?			
	No	239	69.3
	Yes	68	19.7
Do you have info/IT support to conduct your surviellance(Ex, equipmnet , mobile….)?			
	No	240	69.6
	Yes	67	19.4
Do you go through a prioritization exercise the HAIs to be targeted for surviellance according to the local context……?			

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	No	236	68.4
	Yes	71	20.6
In your facility is surveillance conducted for?			
	Surgical site infections?-NO	210	60.9
	Device-associated infections ? -NO	64	18.6
	Colonization or infections caused by multidrug-resistant13 pathogens according to your local epidemiological situation?-NO	15	4.3
	Local priority epidemic-prone infections (for example, norovirus, influenza, tuberculosis [TB], severe acute respiratory syndrome [SARS], Ebola, Lassa fever)? -NO	7	2.0
	Infections in vulnerable populations (for example, neonates, intensive care unit, immunocompromised, burn patients)?-NO	3	0.9
	Infections that may affect health care workers in clinical, laboratory, or other settings (for example, hepatitis B or C, human immunodeficiency virus [HIV], influenza)?-NO	3	0.9
	Infections that may affect health care workers in clinical, laboratory, or other settings (for example, hepatitis B or C, human immunodeficiency virus [HIV], influenza)?-Yes	5	1.4
Do you regularly evaluate if your surviellance is in line with the current needs and priorities of your facility?			
	No	214	62.0
	Yes	93	27.0
Do you use reliable surviellance case definitions or if adapted through n evidence based adaptation process and expert consultation?			

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	No	240	69.6
	Yes	67	19.4
Do you have processes in place to regularly review data quility(Ex, case reports assessmnets…)?			
	No	234	67.8
	Yes	73	21.2
Do you have adequate microbiology and laboratory capacity to support surviellance?			
	No	266	77.1
	Yes, can differentiate gram-positive/negative strains but cannot identify pathogens	24	7.0
	Yes, can reliably identify pathogens (for example, isolate identification) in a timely manner	13	3.8
	Yes, can reliably identify pathogens and antimicrobial drug resistance patterns (that is, susceptibilities) in a timely manner	4	1.2
Are surviellance data used to make tailored facility based plans for implemaentation of IPC practices?			
	No	247	71.6
	Yes	60	17.4
Do you analyze amr drug on regular basis(quaterly, half yearly/ annually)?			
	No	264	76.5
	Yes	43	12.5

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Do you regularly(Ex, quaterly/half-yearly/annually) feedback uptodate surviellance info…?			
	No	215	62.3
	Yes	92	26.7
How do you feedback uptodate surviellance information(5)			
	Frontline health care workers (doctors/nurses)?-NO	208	60.3
	Clinical leaders/heads of department ?-NO	85	24.6
	IPC committee ? -NO	14	4.1
Core component 5: Multimodal strategies for implementation of infection prevention and control (IPC) interventions			
Do you use multimodal strategies to implement IPC intervensions?			
	No	274	79.4
	Yes	33	9.6
Do you have multimodal strategies include any or all the follwing elements			
	System change ? -Element not included in multimodal strategies	275	79.7
	Education and training ?-Element not included in multimodal strategies	2	0.6
	Monitoring and feedback ? -Element not included in multimodal strategies	20	5.8
	Communications and reminders ?-Reminders, posters, or other advocacy/awareness-raising tools to promote the intervention	2	0.6
	Communications and reminders ?-Element not included in multimodal strategies	1	0.3

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	Safety climate and culture change ?- Element not included in multimodal strategies	4	1.2
	Safety climate and culture change ?- Managers/leaders show visible support and act as champions	3	0.9
Is a multidisciplinary team used to implement IPC multimodal strategies ?			
	NO	274	79.4
	Yes	33	9.6
Do you regularly link to colleagues from quality improvement and patient safety to develop and promote IPC multimodal strategies ?			
	No	263	76.2
	Yes	44	12.8
Do these strategies include bundles or checklist ?			
	No	275	79.7
	Yes	32	9.3
Core component 6: Monitoring/audit of IPC practices and feedback			
Do you have trained personnel responsible for monitoring/audit of IPC practices and feedback ?			
	No	267	77.4
	Yes	40	11.6

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Do you have well-defined monitoring plan with clear goals, target and activities (including tools to collect data in systematic way)?			
	No	243	70.4
	Yes	64	18.6
Which processes and indicators do you monitor in your facility?			
	None	172	49.9
	Hand hygiene compliance (using the WHO hand hygiene observation tool20 or equivalent)	56	16.2
	Intravascular catheter insertion and/or care	18	5.2
	Wound dressing change	13	3.8
	Cleaning of the ward environment	15	4.3
	Disinfection and sterilization of medical equipment	8	2.3
	usage of alcohol-based handrub or soap	10	2.9
	usage of antimicrobial agents	7	2.0
	Waste management	8	2.3
How frequently is the WHO self-assessment framework survey undertaken ?			
	Never	229	66.4
	Periodically, but no regular schedule	52	15.1
	At least annually	26	7.5

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Do you feedback auditing reports (for example, feedback on hand hygiene compliance data or other processes) on the state of the IPC activities/performance?			
	Yes, within the IPC team	1	0.3
	No reporting	289	83.8
	Yes, to department leaders and managers in the areas being audited	10	2.9
	Yes, to frontline health care workers	4	1.2
	Yes, to the IPC committee or quality of care committees or equivalent	1	0.3
	Yes, to hospital management and senior administration	2	0.6
Is the reporting of monitoring data undertaken regularly ?			
	No	217	62.9
	Yes	90	26.1
Are monitoring and feedback of IPC processes and indicators performed in a blame-free institutional culture aimed at improvement and behavioural change ?			
	No	254	73.6
	Yes	53	15.4
Do you assess safety cultural factors in your facility (for example, by using other surveys such as HSOPSC, SAQ, PSCHO, HSC22)			
	No	274	79.4

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	Yes	33	9.6
Core component 7: Workload, staffing and bed occupancy			
Are appropiate staffing levels assessed in your facilty according to patient workload using national standard or a standard staffing needs assessment tool such as the WHO workload indicators of staffing need 24 method?			
	No	239	69.3
	Yes	68	19.7
	Total	307	89.0
Is an agreed (that is, WHO or national) ratio of health care workers to patients maintained across your facility ?			
	No	222	64.3
	Yes, for staff in less than 50% of units	48	13.9
	Yes, for staff in more than 50% of units	18	5.2
	Yes, for all health care workers in the facility	19	5.5
Is a system in place in your facility to act on the results of the staffing needs assessments when staffing levels are deemed to be too low ?			
	No	210	60.9
	Yes	97	28.1
Is the design of wards in your facility in accordance with international standards regarding bed capacity ?			

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	No	227	65.8
	Yes, but only in certain departments	55	15.9
	Yes, for all departments (including emergency department and pediatrics)	25	7.2
Is bed occupancy in your facility is kept to one patient per bed ?			
	No	168	48.7
	Yes, but only in certain departments	79	22.9
	Yes, for all units (including emergency departments and pediatrics)	60	17.4
	Total	307	89.0
Are patients in your facility placed in beds standing in the corridor outside of the room (including beds in the emergency department)?			
		Frequency	Percent
Valid	Yes, more frequently than twice a week	198	57.4
	Yes, less frequently than twice a week	36	10.4
	No	73	21.2
	Total	307	89.0
Is adequate spacing more than 1 meter between patient beds ensured in your facility ?			
		Frequency	Percent

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Valid	No	155	44.9
	Yes, but only in certain departments	109	31.6
	Yes, for all departments (including emergency department and pediatrics)	43	12.5
	Total	307	89.0
Is a system in place in your facility to assess and respond when adequate bed capacity is exceeded ?			
		Frequency	Percent
Valid	No	203	58.8
	Yes, this is the responsibility of the head of department	74	21.4
	Yes, this is the responsibility of the hospital administration/ management	30	8.7
	Total	307	89.0
Core component 8: Built environment, materials and equipment for IPC at the facility level			
Are water services available at all times and of sufficient quantity for all uses (for example, hand washing, drinking, personal hygiene, medical activities)			
	No, available on average < 5 days per week	116	33.6
	Yes, available on average ≥ 5 days per week or every day but not of sufficient quantity	60	17.4
	Yes, every day and of sufficient quantity	131	38.0
Is a reliable safe drinking water station present and accessible for staff, patients and families at all times and in all location/wards?			

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	No, not available	117	33.9
	Sometimes, or only in some places or not available for all users	92	26.7
	Yes, accessible at all times and for all wards/groups	98	28.4
Are functioning stations (that is alcohol-based handrub solution or soap and water and clean sigle-use towels) available at all points of care?			
	No, not present	119	34.5
	Yes, stations present, but supplies are not reliably available	101	29.3
	Yes, with reliably available supplies	87	25.2
In your facility, are = or greater 4 toilets or improved latrines available for outpatient settings = or greater 1 per 20 users for inpatient settings?			
	Less than required number of toilets or latrines available and functioning	166	48.1
	Sufficient number present but not all functioning	69	20.0
	Sufficient number present and functioning	72	20.9
in your health care facility, is sufficient energy/power supply available at day and night for all uses (for example pumping and boiling water, sterilization and decontamination, incineration or alternative treatment technologies, electronic medical devic			
	No	149	43.2
	Yes, sometimes or only in some of the mentioned areas	158	45.8

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Is functioning enviromental ventilation (natural or mechanical) available in patient care areas ?			
	No	130	37.7
	Yes	177	51.3
For floors and horizontal work surfaces, is there an accessible record of cleaning,signed by the cleaners each day ?			
	No record of floors and surfaces being cleaned	178	51.6
	Record exists, but is not completed and signed daily or is outdated	51	14.8
	Yes, record completed and signed daily	78	22.6
Are appropiate and well-maintained mateials for clearing (for example, detergent, mops, buckets,etc. available ?			
	No materials available	118	34.2
	Yes, available but not well maintained	100	29.0
	Yes, available and well-maintained	89	25.8
Do you have single patient rooms or rooms for cohorting patients with similar pathogens if the number of isolation rooms is insufficient (for example, TB, measles,cholera,Ebola, SARS)?			
	No	247	71.6

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	No single rooms but rather rooms suitable for patient cohorting available	26	7.5
	Yes, single rooms are available	34	9.9
Is PPE availabe at all times and in sufficient quantity for all uses for all health care workers?			
	No	161	46.7
	Yes, but not continuously available in sufficient quantities	96	27.8
	Yes, continuously available in sufficient quantities	50	14.5
Do you have functional waste collection containers for non infectious (general) waste, infectious waste and sharps wastein close proximity to all waste generation points?			
	No bins or separate sharps disposal	146	42.3
	Separate bins present but lids missing or more than 3/4 full; only two bins (instead of three); or bins at some but not all waste generation points	80	23.2
	Yes	81	23.5
Is a functional burial pit/fenced waste dump or municipal pick up available for disposal of non infectious (non hazardous /general waste)?			
	No pit or other disposal method used	186	53.9
	Pit in facility but insufficient dimensions; pits/dumps overfilled or not fenced/locked; or irregular municipal waste pick up	50	14.5
	Yes	71	20.6

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Is an Incinerator or alternative treatment technology for the treatment of infectious and sharp waste(for example, an autoclave) Present (either oresent on or off site and operated by licensed waste management service), functional and of a sufficient c			
	No, none present	206	59.7
	Present, but not functional	24	7.0
	Yes	77	22.3
Is a wastewater treatment system (for example, septic tank followed by drainage pit) present (either on or off site) and functioning reliably?			
	No, not present	234	67.8
	Yes, but not functioning reliably	33	9.6
	Yes and functioning reliably	40	11.6
Does your health care facility provide a dedicated decontamination area and/or sterile supply department (either present on or off site and operated by a lincensed decontamination management service) for the decontamination and sterilization of medical			
	No, not present	213	61.7
	Yes, but not functioning reliably	57	16.5
	Yes and functioning reliably	37	10.7

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Do you reliably have sterile and disinfected equipment ready for use?			
	No, available on average < five days per week	160	46.4
	Yes, available on average ≥ five days per week or every day, but not of sufficient quantity	59	17.1
	Yes, available every day and of sufficient quantity	88	25.5
Are disposable items available when necessary ?(for example, injection safety devices, examination gloves)			
	No, not available	114	33.0
	Yes, but only sometimes available	88	25.5
	Yes, continuously available	105	30.4