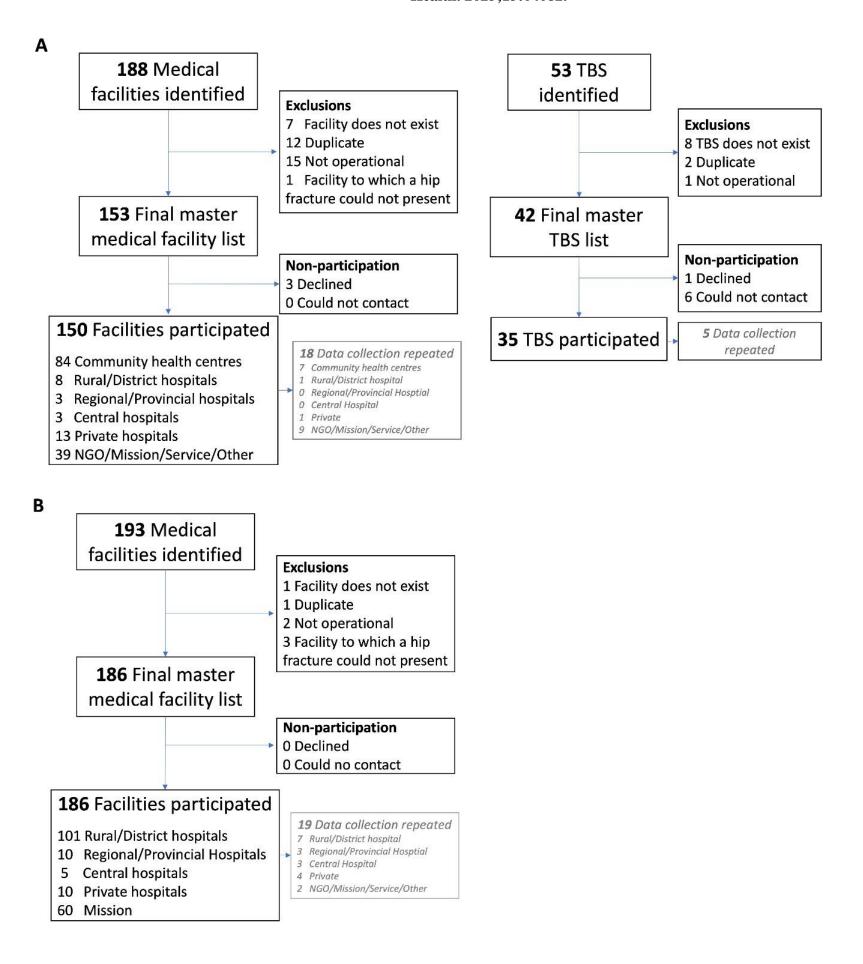
Supplement to: Burton A, Manyanga T, Wilson H, Jarjou L, Costa ML, Graham S, Masters J, Jallow MK, Hawley S, Nyassi MT, Mushayavanhu P, Ndekwere M, Ferrand RA, Ward KA, Marenah KS, Gregson CL. Challenges to fracture service availability and readiness provided by allopathic and traditional health providers: national surveys across The Gambia and Zimbabwe. J Glob Health. 2025;15:04082.



Supplementary Figure 1: Consort diagrams – A) The Gambia, B) Zimbabwe

Supplementary Table 1: Service Availability - staffing

			The G	ambia			Zim	ıbabwe	
		Public	Private	Other	Total	Public	Private	Faith-based	Total
Doctors (total)	N	300	95	84	479	1318	682	200	2200
	N weighted	267.4	84.7	74.9	427.0	1198.1	619.9	181.8	1999.8
	Density (per 100,000)	21.5	6.8	6.0	34.3	14.2	7.4	2.2	23.8
General Surgeons	N	9	13	7	29	30	98	13	141
	N weighted	7.9	11.4	6.2	25.5	18.5	60.3	8.0	86.7
Orthopaedic Surgeons	Density (per 100,000) N	0.6	0.9 5	0.5 1	2.0 12	0.2 27	0.7 36	0.1 7	1.0 70
Orthopaedic Surgeons	N weighted	5.3	4.4	0.9	10.5	16.6	22.1	4.3	43.1
	Density (per 100,000)	0.4	0.4	0.1	0.8	0.2	0.3	0.1	0.5
Anaesthetists	N	13	9	4	26	35	119	7	161
	N weighted	11.4	7.9	3.5	22.8	21.5	73.2	4.3	99.0
	Density (per 100,000)	0.9	0.6	0.3	1.8	0.3	0.9	0.1	1.2
Internal Medicine	N	28	31	15	74	15	57	13	85
	N weighted	24.6	27.2	13.2	65.0	9.1	34.5	7.9	51.4
	Density (per 100,000)	2.0	2.2	1.1	5.2	0.1	0.4	0.1	0.6
Geriatricians	N	0	0	0	0	0	0	0	0
	N weighted	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Density (per 100,000)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rheumatologists	N	0	0	0	0	0	2	0	2
	N weighted	0.0	0.0	0.0	0.0	0.0	1.2	0.0	1.2
Dadialogists	Density (per 100,000)	0.0	0.0	0.0	0.0	0.0	0.0 7	0.0	0.0
Radiologists	N N weighted	3 2.6	3 2.6	2 1.8	8 7.0	5 3.0	4.2	0.0	12 7.3
	Density (per 100,000)	0.2	0.2	0.1	0.6	0.0	0.1	0.0	0.1
Specialist doctors	N	83	41	41	165	146	474	40	660
(ignore)	N weighted	72.9	36.0	36.0	145.0	88.3	286.8	24.2	399.3
(18.1010)	Density (per 100,000)	5.9	2.9	2.9	11.6	1.0	3.4	0.3	4.7
Junior doctors	N	115	44	39	198	333	13	52	398
	N weighted	113.0	43.3	38.3	194.6	332.7	13.0	52.0	397.6
	Density (per 100,000)	9.1	3.5	3.1	15.6	4.0	0.2	0.6	4.7
General Nurses	N	1205	102	178	1485	9800	519	1369	11688
	N weighted	1184.5	100.3	175.0	1459.7	9790.9	518.5	1367.7	11677.1
	Density (per 100,000)	95.0	8.0	14.0	117.1	116.3	6.2	16.3	138.7
Orthopaedic -trained	NI.		4	2	7	25	1	0	26
nurses	N N waishtad	0.0	4 3.9	3 2.9	6.9	25 25.0	1 1.0	0.0	26 26.0
	N weighted Density (per 100,000)	0.0	0.3	0.2	0.6	0.3	0.0	0.0	0.3
Nurse aids/attendants	N	783	72	176	1031	2218	258	994	3470
ivarse alasy atteriaants	N weighted	769.7	70.8	173.0	1013.4	2215.9	257.8	993.1	3466.8
	Density (per 100,000)	61.7	5.7	13.9	81.3	26.3	3.1	11.8	41.2
Physiotherapists	N	14	4	2	20	105	13	24	142
, ,	N weighted	13.8	3.9	2.0	19.7	104.9	13.0	24.0	141.9
	Density (per 100,000)	1.1	0.3	0.2	1.6	1.2	0.2	0.3	1.7
Occupational Therapists	N	1	2	0	3	51	3	7	61
	N weighted	1.0	2.0	0.0	2.9	51.0	3.0	7.0	60.9
	Density (per 100,000)	0.1	0.2	0.0	0.2	0.6	0.0	0.1	0.7
Nutritionists	N	1	0	1	2	59	3	16	78
	N weighted	1.0	0.0	1.0	2.0	58.9	3.0	16.0	77.9
	Density (per 100,000)	0.1	0.0	0.1	0.2	0.7	0.0	0.2	0.9
Radiographers	N	8	11	3	22	120	28	18	166
	N weighted	7.9	10.8	2.9	21.6	119.9	28.0	18.0	165.8
Dharmasists	Density (per 100,000)	0.6	0.9	0.2	1.7	1.4	0.3	0.2	2.0
Pharmacists	N N weighted	35 34.4	24 23.6	22 21.6	81 79.6	85 84.9	17 17.0	16 16.0	118 117.9
	Density (per 100,000)	2.8	1.9	1.7	6.4	1.0	0.2	0.2	117.9
Social Workers	N	17	5	25	47	20	0.2	4	24
Josiai Worners	N weighted	16.7	4.9	24.6	46.2	20.0	0.0	4.0	24.0
	Density (per 100,000)	1.3	0.4	2.0	3.7	0.2	0.0	0.0	0.3
	, ,, = = = = = = = = = = = = = = = = =								

Supplementary Table 2: General, Surgical and Blood transfusion Service Readiness - All facilities

			The Ga	ambia						Zimbabwe			
	Health centre/clinic	Rural/District Hospital	Regional/Provincial Hospital	Central Hospital	Private	Other	All Facilities	Rural/District Hospital	Regional/Provincial Hospital	Central Hospital	Private	Faith- based	All Facilities
N Facilities GENERAL READINESS (% of facilities with tracer items, unless otherwise specified)	84	8	3	3	13	39	150	101	10	5	10	60	186
Basic amenity tracer items													
Power	53.6%	53.6%	53.6%	53.6%	53.6%	53.6%	60.7%	35.6%	10.0%	60.0%	70.0%	33.3%	36.0%
Improved water source*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	98.3%	97.8%
Room with auditory and visual privacy for patient consultations	27.4%	27.4%	27.4%	27.4%	27.4%	27.4%	32.0%	88.1%	80.0%	100.0%	90.0%	86.7%	87.6%
Access to adequate sanitation facilities for clients	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%	99.3%	99.0%	100.0%	100.0%	100.0%	100.0%	99.5%
Communication equipment (phone or short wave radio)	64.3%	64.3%	64.3%	64.3%	64.3%	64.3%	76.0%	92.1%	100.0%	100.0%	100.0%	86.7%	91.4%
Facility has access to computer with email/internet access	22.6%	22.6%	22.6%	22.6%	22.6%	22.6%	38.0%	71.3%	80.0%	100.0%	100.0%	78.3%	76.3%
Emergency transportation	73.8%	73.8%	73.8%	73.8%	73.8%	73.8%	73.3%	60.4%	100.0%	100.0%	90.0%	76.7%	70.4%
Facilities with all 7 Items - N(%)	1 (1.2%)	1 (12.5%)	0 (0.0%)	0 (0.0%)	6 (42.9%)	4 (10.5%)	12 (8.0%)	18 (17.8%)	1 (10.0%)	3 (60.0%)	6 (60.0%)	9 (15.0%)	37 (19.9%)
Mean % of 7 tracer items available across the basic amenity domain**	62.9%	83.9%	76.2%	76.2%	87.9%	69.6%	68.5%	77.7%	81.4%	94.3%	92.9%	80.0%	79.9%
Basic equipment tracer items													
Adult scale	92.9%	100.0%	100.0%	100.0%	100.0%	97.4%	95.3%	93.1%	80.0%	100.0%	100.0%	98.3%	94.6%
Thermometer	98.8%	100.0%	100.0%	100.0%	100.0%	92.3%	97.3%	99.0%	100.0%	100.0%	100.0%	100.0%	99.5%
Stethoscope	98.8%	100.0%	100.0%	100.0%	100.0%	94.9%	98.0%	96.0%	90.0%	80.0%	100.0%	98.3%	96.2%
Blood pressure apparatus	98.8%	100.0%	100.0%	100.0%	100.0%	97.4%	98.7%	93.1%	90.0%	100.0%	100.0%	98.3%	95.2%
Light source	89.3%	100.0%	100.0%	100.0%	92.3%	89.7% 31	90.7%	92.1%	100.0%	100.0%	100.0% 10	96.7%	94.6% 155
Facilities with all 5 Items- N(%) Mean % of 5 tracer items available across the basic equipment domain**	68 (81.0%) 95.7%	8 (100.0%) 100.0%	3 (100.0%) 100.0%	3 (100.0%) 100.0%	12 (85.7%) 98.5%	(81.6%) 94.4%	125 (83.3%) 96.0%	78 (77.2%) 94.7%	7 (70.0%) 92.0%	4 (80.0%) 96.0%	(100.0%) 100.0%	56 (93.3%) 98.3%	(83.3%) 96.0%
Infection precautions tracer items													
Safe final disposal of sharps and infectious													
waste	75.0%	75.0%	66.7%	100.0%	92.3%	84.6%	79.3%	74.3%	70.0%	20.0%	80.0%	60.0%	68.3%
Appropriate storage of sharps waste	100.0%	100.0%	100.0%	100.0%	92.3%	97.4%	98.7%	99.0%	90.0%	100.0%	100.0%	100.0%	98.9%
Appropriate storage of infectious waste	96.4%	100.0%	100.0%	66.7%	92.3%	87.2%	93.3%	90.1%	90.0%	100.0%	100.0%	93.3%	91.9%
Disinfectant	66.7%	87.5%	100.0%	66.7%	53.8%	71.8%	68.7%	97.0%	100.0%	100.0%	100.0%	96.7%	97.3%
Single use —standard disposable or auto-													
disable syringes	98.8%	100.0%	100.0%	100.0%	92.3%	92.3%	96.7%	99.0%	100.0%	100.0%	90.0%	100.0%	98.9%
Soap and running water or alcohol based hand rub	00 00/	87.5%	100.0%	100.0%	92.3%	100.0%	98.0%	100.0%	100.0%	100 0%	100.0%	100.0%	100.0%
Latex gloves	98.8% 98.8%		100.0% 100.0%		92.3%	97.4%	98.0%		100.0%	100.0% 100.0%	100.0%	100.0%	100.0%
Guidelines for standard precautions		100.0%		100.0%				100.0%					
Quidelliles for standard precautions	94.0%	100.0%	100.0%	100.0%	84.6%	79.5%	90.0%	98.0%	100.0%	100.0%	100.0%	100.0%	98.9%

						16							106
Facilities with all 8 Items- N(%)	43 (51.2%)	4 (50.0%)	2 (66.7%)	2 (66.7%)	5 (38.5%)	(41.0%)	72 (48.0%)	60 (59.4%)	5 (50.0%)	1 (20.0%)	8 (80.0%)	32 (53.3%)	(57.0%)
Mean % of 8 tracer items available across the	91.1%	93.8%	95.8%	91.7%	86.5%	88.8%	90.3%	94.7%	93.8%	90.0%	96.2%	93.8%	94.3%
infection precaution domain**													
Diagnostic capacity tracer items													
Haemoglobin testing	0.0%	75.0%	33.3%	66.7%	61.5%	10.3%	14.0%	42.6%	90.0%	100.0%	80.0%	56.7%	53.2%
HIV testing	53.6%	100.0%	66.7%	66.7%	69.2%	56.4%	58.7%	100.0%	100.0%	100.0%	90.0%	98.3%	98.9%
Facilities with both Items- N(%)	0 (0.0%)	6 (75.0%)	1 (33.3%)	2 (66.7%)	7 (53.8%)	4 (10.3%)	20 (13.3%)	43 (42.6%)	9 (90.0%)	5 (100.0%)	7 (70.0%)	33 (55.0%)	97 (52.2%)
Mean % of 2 tracer items available across the diagnostic capacity domain**	26.8%	87.5%	50.0%	66.7%	65.4%	33.3%	36.3%	71.3%	95.0%	100.0%	85.0%	77.5%	76.1%
Overall mean General Readiness Score	68.9%	91.3%	80.5%	83.6%	83.4%	71.4%	72.5%	84.6%	90.5%	95.1%	93.5%	87.4%	86.6%
SURGICAL SERVICES (selected tracer items)											10		129
Facility provides surgical services	6 (7.1%)	5 (62.5%)	1 (33.3%)	2 (66.7%)	9 (69.2%)	8 (20.5%)	31 (20.7%)	60 (59.4%)	10 (100.0%)	5 (100.0%)	(100.0%)	44 (73.3%)	(69.4%)
Staff and guidelines													
Guidelines for IMEESC	66.7%	40.0%	100.0%	50.0%	66.7%	50.0%	58.1%	40.0%	70.0%	80.0%	70.0%	25.0%	41.1%
Staff trained in IMEESC	16.7%	60.0%	100.0%	50.0%	44.4%	25.0%	38.7%	23.3%	20.0%	60.0%	40.0%	13.6%	22.5%
Equipment													
Oxygen	0.0%	60.0%	100.0%	100.0%	44.4%	12.5%	35.5%	43.3%	80.0%	100.0%	100.0%	38.6%	51.2%
Medicines and commodities													
Skin disinfectant	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	96.8%	95.0%	100.0%	100.0%	100.0%	97.7%	96.9%
Sutures (any type)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	90.0%	100.0%	100.0%	88.6%	90.7%
Halothane (inhalation)	0.0%	40.0%	100.0%	100.0%	77.8%	50.0%	51.6%	53.3%	90.0%	60.0%	70.0%	50.0%	56.6%
Bupivacaine (injection)	0.0%	80.0%	100.0%	0.0%	88.9%	50.0%	54.8%	70.0%	70.0%	60.0%	90.0%	72.7%	72.1%
Epinephrine (injection)	16.7%	40.0%	100.0%	100.0%	77.8%	37.5%	51.6%	61.7%	80.0%	60.0%	80.0%	70.5%	67.4%
Ephedrine (injection)	33.3%	40.0%	100.0%	100.0%	66.7%	37.5%	51.6%	33.3%	70.0%	60.0%	100.0%	43.2%	45.7%
Lidocaine (1% or 2% injectable)	100.0%	80.0%	100.0%	50.0%	77.8%	87.5%	83.9%	83.3%	70.0%	60.0%	80.0%	72.7%	77.5%
Splints for extremities	16.7%	40.0%	100.0%	50.0%	77.8%	25.0%	45.2%	61.7%	100.0%	80.0%	90.0%	68.2%	69.8%
Material for cast	33.3%	80.0%	100.0%	50.0%	77.8%	37.5%	58.1%	63.3%	90.0%	100.0%	100.0%	88.6%	78.3%
BLOOD TRANSFUSION SERVICES (selected													
tracer items)											10		106
Facility offers transfusion services	0 (0.0%)	6 (75.0%)	1 (33.3%)	2 (66.7%)	8 (61.5%)	4 (10.3%)	21 (14.0%)	45 (44.6%)	10 (100.0%)	5 (100.0%)	(100.0%)	36 (60.0%)	(57.0%)
Blood storage refrigerator	NA	100.0%	100.0%	100.0%	100.0%	75.0%	95.2%	97.8%	100.0%	100.0%	100.0%	94.4%	97.2%
Blood supply sufficiency	NA	33.3%	0.0%	100.0%	75.0%	50.0%	57.1%	35.6%	60.0%	100.0%	60.0%	52.8%	49.1%
Blood supply safety	NA	100.0%	100.0%	100.0%	100.0%	75.0%	95.2%	100.0%	100.0%	100.0%	100.0%	97.2%	99.1%

^{*} Definitions for safe water sources promoted by UNICEF: Piped, public tap, standpipe, tubewell/borehole, protected dug well, protected spring, rain water

Note: Adapted General Readiness - disposal of sharps and infectious waste combined, and essential medicines and most diagnostic capacity domains not included as focus of survey was on fracture care. Mean domain scores not calculated for surgical or blood transfusion readiness due to the limited number of variables included.

^{**} Known as the domain score in WHO SARA methodology

IMEESC Integrated management for emergency and surgical care. NA: Not available. Other = NGO/faith-based/service/research

Supplementary Table 3: Fracture Service Readiness - All facilities

				The Gambia						Zimbabwe			
Fracture service-specific indicators	Health centre/clinic	Rural/District Hospital	Regional/Provincial Hospital	Central Hospital	Private	Other	Total	Rural/District Hospital	Regional/Provincial Hospital	Central Hospital	Private	Faith- based	Total
Beds - Median (range)													
Beds per facility T&O beds per facility		52 (0-132) 0 (0-30)	6 (0-200) 1 (0-17)	100 (8-456) 0 (0-28)	13 (0-40) 0 (0-12)	6 (0-42) 0 (0-14)	8 (0-456) 0 (0-30)	35 (0-183) 0 (0-52)	167.5 (50-394) 17 (0-50)	500 (140-1200) 60 (40-92)	59 (20-146) 7.5 (0-27)	59 (4-350) 0 (0-30)	50 (0-1200) 0 (0-92)
Staff*													
Total doctors per facility - Median (range)	0 (0-2.7)	3.1 (0.9-8.9)	0 (0-13.4)	9.8 (4.5-196.1)	4.5 (0-16.9)	0 (0-16.9)	0 (0-196.1)	0.9 (0-15.6)	15.6 (5.5-34.9)	188 (78.9-285.3)	1.8 (0-315.5)	1.8 (0-79.8)	1.8 (0-315.5)
Facilities with doctors (%) General or T&O Surgeons per facility - Median (range)		100.0% 0 (0-1.8)	33.3% 1.8 (1.8-1.8)	100.0% 0.9 (0-7)	92.3% 1.3 (0-2.6)	46.2% 0 (0-1.8)	34.0% 0 (0-7)	56.4% 0 (0-1.8)	100.0% 1.2 (0-2.5)	100.0% 3.7 (2.5-4.9)	60.0% 3.7 (0-43.1)	78.3% 0 (0-10.5)	67.2% 0 (0-43.1)
Facilities with general or T&O surgeons (%)	0.0%	37.5%	33.3%	66.7%	69.2%	15.4%	14.0%	5.9%	70.0%	100.0%	40.0%	5.0%	13.4%
General or T&O Nurses per facility - Median (range)	2.9 (0-87.5)	19.7 (8.8- 118.9)	16.7 (0-60)	108.1 (8.8-257.5)	4.9 (0-27.5)	2.9 (0-24.6)	2.9 (0- 257.5)	22 (0-144.9)	191.8 (50-321.7)	1090 (520.5-1137.9)	44 (1-147.9)	17.5 (2- 90.9)	27 (0- 1137.9)
Facilities with general or T&O nurses (%)	97.6%	100.0%	66.7%	100.0%	92.3%	97.4%	96.7%	99.0%	100.0%	100.0%	100.0%	100.0%	99.5%
Physiotherapists per facility - Median (range)	0 (0-2.7)	3.1 (0.9-8.9)	0 (0-13.4)	9.8 (4.5-196.1)	4.5 (0-16.9)	0 (0-16.9)	0 (0-196.1)	0 (0-5)	2 (0-7)	8 (1-18)	1 (0-6)	0 (0-9)	0 (0-18)
Facilities with physiotherapists (%)	0.0%	25.0%	33.3%	33.3%	30.8%	5.1%	6.7%	19.8%	80.0%	100.0%	60.0%	20.0%	27.4%
Imaging** - N (%)													
Digital/non-digital radiography	0 (0.0%)	1 (12.5%)	1 (33.3%)	1 (33.3%)	5 (38.5%)	2 (5.1%)	10 (6.7%)	18 (17.8%)	9 (90.0%)	5 (100.0%)	6 (60.0%)	18 (30.0%)	56 (30.1%)
MRI (magnetic resonance imaging)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (10.0%)	1 (1.7%)	2 (1.1%)
CT scan (computer tomography)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	1 (0.7%)	0 (0.0%)	2 (20.0%)	2 (40.0%)	4 (40.0%)	1 (1.7%)	9 (4.8%)
Fracture Treatment - N (%)													
Splints (for limb fractures)	17 (20.2%)	3 (37.5%)	1 (33.3%)	1 (33.3%)	8 (61.5%)	8 (20.5%)	38 (25.3%)	55 (54.5%)	10 (100.0%)	4 (80.0%)	9 (90.0%)	39 (65.0%)	117 (62.9%)
Slings (for arm fractures)	30 (35.7%)	2 (25.0%)	1 (33.3%)	0 (0.0%)	7 (53.8%)	11 (28.2%)	51 (34.0%)	60 (59.4%)	8 (80.0%)	5 (100.0%)	10 (100.0%)	44 (73.3%)	127 (68.3%)
Plaster of Paris	, ,	4 (50.0%)	1 (33.3%)	1 (33.3%)	8 (61.5%)	6 (15.4%)	29 (19.3%)	45 (44.6%)	9 (90.0%)	5 (100.0%)	10 (100.0%)	43 (71.7%)	112 (60.2%)
Lower limb traction Walking aids (e.g. crutches)	, ,	3 (37.5%) 4 (50.0%)	1 (33.3%) 2 (66.7%)	2 (66.7%) 1 (33.3%)	3 (23.1%) 8 (61.5%)	2 (5.1%) 20 (51.3%)	12 (8.0%) 50 (33.3%)	34 (33.7%) 47 (46.5%)	9 (90.0%) 8 (80.0%)	5 (100.0%) 5 (100.0%)	9 (90.0%) 10 (100.0%)	28 (46.7%) 42 (70.0%)	85 (45.7%)
None of those available	33 (39.3%)	1 (12.5%)	1 (33.3%)	1 (33.3%)	2 (15.4%)	13 (33.3%)	51 (34.0%)	23 (22.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (11.7%)	112 (60.2%) 30 (16.1%)
Medicines*** - N (%)													
Paracetamol	83 (98.8%)	8 (100.0%)	3 (100.0%)	3 (100.0%)	13 (100.0%)	38 (97.4%)	148 (98.7%)	72 (71.3%)	8 (80.0%)	5 (100.0%)	10 (100.0%)	55 (91.7%)	150 (80.6%)

Codeine	4 (4.8%)	1 (12.5%)	0 (0.0%)	1 (33.3%)	6 (46.2%)	10 (25.6%)	22 (14.7%)	10 (9.9%)	2 (20.0%)	1 (20.0%)	9 (90.0%)	9 (15.0%)	31 (16.7%)
Morphine	4 (4.8%)	4 (50.0%)	1 (33.3%)	2 (66.7%)	5 (38.5%)	8 (20.5%)	24 (16.0%)	26 (25.7%)	3 (30.0%)	2 (40.0%)	10 (100.0%)	13 (21.7%)	54 (29.0%)
Alendronic Acid	3 (3.6%)	1 (12.5%)	1 (33.3%)	0 (0.0%)	1 (7.7%)	1 (2.6%)	7 (4.7%)	3 (3.0%)	0 (0.0%)	0 (0.0%)	5 (50.0%)	1 (1.7%)	9 (4.8%)
Zoledronate	1 (1.2%)	1 (12.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (5.1%)	4 (2.7%)	2 (2.0%)	0 (0.0%)	0 (0.0%)	4 (40.0%)	0 (0.0%)	6 (3.2%)
Calcium supplement tablets	13 (15.5%)	3 (37.5%)	1 (33.3%)	2 (66.7%)	8 (61.5%)	10 (25.6%)	37 (24.7%)	10 (9.9%)	1 (10.0%)	1 (20.0%)	8 (80.0%)	8 (13.3%)	28 (15.1%)
Vitamin D supplements	14 (16.7%)	2 (25.0%)	1 (33.3%)	1 (33.3%)	8 (61.5%)	13 (33.3%)	39 (26.0%)	12 (11.9%)	1 (10.0%)	1 (20.0%)	8 (80.0%)	8 (13.3%)	30 (16.1%)
Normal saline IV solution	76 (90.5%)	8 (100.0%)	3 (100.0%)	3 (100.0%)	12 (92.3%)	34 (87.2%)	136 (90.7%)	94 (93.1%)	9 (90.0%)	4 (80.0%)	10 (100.0%)	57 (95.0%)	174 (93.5%)
Ringers lactate/Hartmann's IV	49 (58.3%)	7 (87.5%)	3 (100.0%)	2 (66.7%)	10 (76.9%)	29 (74.4%)	100 (66.7%)	96 (95.0%)	9 (90.0%)	4 (80.0%)	10 (100.0%)	59 (98.3%)	178 (95.7%)
solution													
% dextrose IV solution	64 (76.2%)	6 (75.0%)	3 (100.0%)	3 (100.0%)	11 (84.6%)	29 (74.4%)	116 (77.3%)	78 (77.2%)	7 (70.0%)	5 (100.0%)	10 (100.0%)	46 (76.7%)	146 (78.5%)
Skin disinfectant	71 (84.5%)	8 (100.0%)	3 (100.0%)	3 (100.0%)	12 (92.3%)	30 (76.9%)	127 (84.7%)	96 (95.0%)	10 (100.0%)	5 (100.0%)	9 (90.0%)	55 (91.7%)	175 (94.1%)
Gowns	66 (78.6%)	7 (87.5%)	3 (100.0%)	2 (66.7%)	12 (92.3%)	29 (74.4%)	119 (79.3%)	100 (99.0%)	10 (100.0%)	5 (100.0%)	10 (100.0%)	60 (100.0%)	185 (99.5%)
Eye protection (goggles or face	41 (48.8%)	6 (75.0%)	2 (66.7%)	1 (33.3%)	10 (76.9%)	19 (48.7%)	79 (52.7%)	99 (98.0%)	9 (90.0%)	5 (100.0%)	10 (100.0%)	58 (96.7%)	181 (97.3%)
shields)													
Medical (surgical or procedural)	66 (78.6%)	7 (87.5%)	3 (100.0%)	3 (100.0%)	10 (76.9%)	27 (69.2%)	116 (77.3%)	98 (97.0%)	9 (90.0%)	5 (100.0%)	10 (100.0%)	60 (100.0%)	182 (97.8%)
masks													
Absorbable suture material	69 (82.1%)	7 (87.5%)	3 (100.0%)	2 (66.7%)	11 (84.6%)	29 (74.4%)	121 (80.7%)	89 (88.1%)	8 (80.0%)	5 (100.0%)	10 (100.0%)	54 (90.0%)	166 (89.2%)
Non-absorbable suture material	73 (86.9%)	7 (87.5%)	3 (100.0%)	2 (66.7%)	12 (92.3%)	28 (71.8%)	125 (83.3%)	82 (81.2%)	8 (80.0%)	5 (100.0%)	10 (100.0%)	52 (86.7%)	157 (84.4%)

^{*}Adjusted for part time workers. **Available and functional and there is a staff member trained/qualified to use it. *** At least one available and in date. Other = NGO/faith-based/mission/service/research

Supplementary Table 4: Fracture Service Readiness by Rural/Urban catchment

			ambia			Zimbabwe				
	Rural	Urban	Mixed	Total	Rural	Urban	Mixed	Total		
N facilities	100	49	1	150	117	28	41	186		
Fracture service-specific indicators										
Number of inpatient beds - Median (range)	8.5 (0-200)	8 (0-456)	19 (19-19)	8 (0-456)	40 (0-240)	100 (0-394)	80 (0-1200)	50 (0-1200)		
Adult, non-maternity beds per facility T&O beds per facility	0 (0-30)	0 (0-27)	0 (0-0)	0 (0-430)	0 (0-28)	5.5 (0-50)	0 (0-92)	0 (0-1200)		
Staff*	0 (0-30)	0 (0-27)	0 (0-0)	0 (0-30)	0 (0-28)	3.3 (0-30)	0 (0-32)	0 (0-32)		
Total doctors per facility - Median (range)	0 (0-13.4)	1.8 (0-196.1)	4.5 (4.5-4.5)	0 (0-196.1)	0.9 (0-5.5)	3.7 (0-315.5)	3.7 (0-285.3)	1.8 (0-315.5)		
Facilities with doctors (%)	17.0%	67.3%	100.0%	34.0%	54.7%	92.9%	85.4%	67.2%		
General or T&O Surgeons per facility - Median (range)	0 (0-1.8)	0 (0-7)	0.9 (0.9-0.9)	0 (0-7)	0 (0-1.2)	0 (0-43.1)	0 (0-4.9)	0 (0-43.1)		
Facilities with general or T&O surgeons (%)	5.0%	30.6%	100.0%	14.0%	3.4%	42.9%	22.0%	13.4%		
General or T&O Nurses per facility - Median (range)	2.9 (0-64.9)	6.9 (0-257.5)	4.9 (4.9-4.9)	2.9 (0-257.5)	15 (0-99.9)	56.9 (1-321.7)	52 (2- 1137.9)	27 (0- 1137.9)		
Facilities with general or T&O nurses (%)	97.0%	95.9%	100.0%	96.7%	99.1%	100.0%	100.0%	99.5%		
Physiotherapists per facility - Median (range)	0.0 (0.0-2.9)	0.0 (0.0-8.8)	1.0 (1.0-1.0)	0.0 (0.0-8.8)	0 (0-5)	1 (0-9)	0 (0-18)	0 (0-18)		
Facilities with physiotherapists (%)	4.0%	10.2%	100.0%	6.7%	14.5%	57.1%	43.9%	27.4%		
Imaging** - N (%)	2 (2 00/)	7 (4 4 20()	0 (0 00()	40 (6 70)	22 (40 70/)	45 (52 50()	40 (42 00()	EC (20 40/)		
Digital/non-digital radiography	3 (3.0%)	7 (14.3%)	0 (0.0%)	10 (6.7%)	23 (19.7%)	15 (53.6%)	18 (43.9%)	56 (30.1%)		
MRI (magnetic resonance imaging)	0 (0.0%)	1 (2.0%)	0 (0.0%)	1 (0.7%)	0 (0.0%)	2 (7.1%)	0 (0.0%)	2 (1.1%)		
CT scan (computer tomography)	0 (0.0%)	1 (2.0%)	0 (0.0%)	1 (0.7%)	0 (0.0%)	7 (25.0%)	2 (4.9%)	9 (4.8%)		
Fracture Treatment - N (%)	0.4 (0.4.00()	12 (25 50()	4 (400 00()	22 (25 22()	74 (50 70)	20 (74 40()	25 (52 40/)	117 (52 00)		
Splints (for limb fractures)	24 (24.0%)	13 (26.5%)	1 (100.0%)	38 (25.3%)	71 (60.7%)	20 (71.4%)	26 (63.4%)	117 (62.9%)		
Slings (for arm fractures)	36 (36.0%)	14 (28.6%)	1 (100.0%)	51 (34.0%)	76 (65.0%)	21 (75.0%)	30 (73.2%)	127 (68.3%)		
Plaster of Paris	15 (15.0%)	13 (26.5%)	1 (100.0%)	29 (19.3%)	60 (51.3%)	19 (67.9%)	33 (80.5%)	112 (60.2%)		
Lower limb traction	4 (4.0%)	8 (16.3%)	0 (0.0%)	12 (8.0%)	1 (0.9%)	0 (0.0%)	1 (1.7%)	2 (1.1%)		
Walking aids (e.g. crutches)	29 (29.0%)	20 (40.8%)	1 (100.0%)	50 (33.3%)	61 (52.1%)	21 (75.0%)	30 (73.2%)	112 (60.2%)		
None of those available	31 (31.0%)	20 (40.8%)	0 (0.0%)	51 (34.0%)	24 (20.5%)	1 (3.6%)	5 (12.2%)	30 (16.1%)		
Medicines*** - N (%)										
Paracetamol	99 (99.0%)	48 (98.0%)	1 (100.0%)	148 (98.7%)	92 (78.6%)	26 (92.9%)	32 (78.0%)	150 (80.6%)		
Codeine	11 (11.0%)	10 (20.4%)	1 (100.0%)	22 (14.7%)	12 (10.3%)	10 (35.7%)	9 (22.0%)	31 (16.7%)		
Morphine	11 (11.0%)	12 (24.5%)	1 (100.0%)	24 (16.0%)	23 (19.7%)	15 (53.6%)	16 (39.0%)	54 (29.0%)		
Oral alendronate	4 (4.0%)	3 (6.1%)	0 (0.0%)	7 (4.7%)	3 (2.6%)	3 (10.7%)	3 (7.3%)	9 (4.8%)		
IV zoledronate	1 (1.0%)	3 (6.1%)	0 (0.0%)	4 (2.7%)	2 (1.7%)	3 (10.7%)	1 (2.4%)	6 (3.2%)		
Calcium supplement tablets	21 (21.0%)	15 (30.6%)	1 (100.0%)	37 (24.7%)	11 (9.4%)	10 (35.7%)	7 (17.1%)	28 (15.1%)		

Vitamin D supplements	19 (19.0%)	19 (38.8%)	1 (100.0%)	39 (26.0%)	13 (11.1%)	10 (35.7%)	7 (17.1%)	30 (16.1%)
Normal saline IV solution	91 (91.0%)	44 (89.8%)	1 (100.0%)	136 (90.7%)	111 (94.9%)	26 (92.9%)	37 (90.2%)	174 (93.5%)
Ringers lactate/Hartmann's IV solution	63 (63.0%)	36 (73.5%)	1 (100.0%)	100 (66.7%)	112 (95.7%)	27 (96.4%)	39 (95.1%)	178 (95.7%)
% dextrose IV solution	76 (76.0%)	39 (79.6%)	1 (100.0%)	116 (77.3%)	90 (76.9%)	23 (82.1%)	33 (80.5%)	146 (78.5%)
Skin disinfectant	85 (85.0%)	41 (83.7%)	1 (100.0%)	127 (84.7%)	111 (94.9%)	24 (85.7%)	40 (97.6%)	175 (94.1%)
Gowns	79 (79.0%)	39 (79.6%)	1 (100.0%)	119 (79.3%)	116 (99.1%)	28 (100.0%)	41 (100.0%)	185 (99.5%)
Eye protection (goggles or face shields)	52 (52.0%)	26 (53.1%)	1 (100.0%)	79 (52.7%)	113 (96.6%)	28 (100.0%)	40 (97.6%)	181 (97.3%)
Medical (surgical or procedural) masks	84 (84.0%)	31 (63.3%)	1 (100.0%)	116 (77.3%)	115 (98.3%)	27 (96.4%)	40 (97.6%)	182 (97.8%)
Absorbable suture material	85 (85.0%)	35 (71.4%)	1 (100.0%)	121 (80.7%)	101 (86.3%)	28 (100.0%)	37 (90.2%)	166 (89.2%)
Non-absorbable suture material	87 (87.0%)	37 (75.5%)	1 (100.0%)	125 (83.3%)	94 (80.3%)	28 (100.0%)	35 (85.4%)	157 (84.4%)

^{*}Adjusted for part time workers. **Available and functional and there is a staff member trained/qualified to use it. *** At least one available and in date Rural = rural and semi-rural catchment only, Urban = urban and semi-urban catchment only, Mixed = urban and rural catchment IV=intravenous. T&O= Trauma and orthopaedic

Supplementary Table 5: Hip Fracture-specific Readiness - additional items

	The Gambia	Zimbabwe
N Facilities that can diagnose or treat a hip fracture	10	107
Facility has clinical guidelines on osteoporosis		
management Facility has clinical guideline on the following for	3 (30.0%)	26 (24.3%)
management of a hip fracture:		
Pain management	9 (90.0%)	42 (39.3%)
Diagnostic investigations	8 (80.0%)	40 (37.4%)
Referral for care None of the above	7 (70.0%) 1 (10.0%)	50 (46.7%) 54 (50.5%)
Days per week facility if open to receive people with	•	
suspected hip fractures - median (range)	7 (7-7)	7 (5-7)
Hours per day facility open to receive people with suspected hip fractures? - median (range)	24 (24-24)	24 (7-24)
Staff members present in the facility or on call over 24 hours (including weekends and on public holidays)		
General surgeon	8 (80.0%)	41 (38.3%)
Orthopaedic/ trauma surgeon	6 (60.0%)	21 (19.6%)
Orthopaedic trained nurse	4 (40.0%)	12 (11.2%)
Anaesthetist	9 (90.0%)	58 (54.2%)
Operating theatre assistants	7 (70.0%)	64 (59.8%)
Radiologist	8 (80.0%)	16 (15.0%)
Radiographers	5 (50.0%)	52 (48.6%)
Laboratory technicians	10 (100.0%)	78 (72.9%)
None of the above	0 (0.0%)	11 (10.3%)
No. of HF presentations (last 4 weeks)	2.2, 1 (0-10)	1.7, 0 (0-20)
N low impact	56.7, 75 (0-100)	27, 0 (0-100)
Total HFs	22	183 39.6, 40 (0-100)
What percentage of all the people with hip fractures had been referred to your hospital from another health facility?	15.7, 0.5 (0-80)	35.0, 40 (0-100)
Over the last 4 weeks, what percentage of all the people with hip fractures had been referred to your hospital from another health facility? First contact following hip fracture	12.9, 0 (0-90)	13, 0 (0-100)
Family	9 (90.0%)	93 (86.9%)
Friends/neighbours	8 (80.0%)	46 (43.0%)
Hospital	4 (40.0%)	64 (59.8%)
Health Centre/Clinic	2 (20.0%)	80 (74.8%)
Community Health worker/nurse	2 (20.0%)	26 (24.3%)
Pharmacy/chemist/dispensary	1 (10.0%)	0 (0.0%)
Community based organisation (CBO) or non-	0 (0.0%)	
governmental organisation (NGO)		1 (0.9%)
Traditional healers/bonesetters	6 (60.0%)	6 (5.6%)
Religious leader/church	0 (0.0%)	8 (7.5%)
Private doctor/clinic	0 (0.0%)	12 (11.2%)
Other (specify)	0 (0.0%)	1 (0.9%)
If other:		Any person who is nearby
Transport to facility		(1)
Ambulance	0 (0.0)	33 (30.8)
Private transport	5 (50.0)	57 (53.3)
Public transport	5 (50.0)	11 (10.3)
Other (specify)	0 (0.0)	5 (4.7)
Do not know	0 (0.0)	1 (0.9)
If other:		Scotchcart (3), hired car or scotchcart (1), Animal
Average time to reach the facility (hours) - median (range)	24 (1-720)	drawn vehicle (1) 6 (0-168)
Has a person with a suspected hip fracture usually received pain medication before they arrive at your facility?		
No	2 (20.0%)	19 (17.8%)
Simple painkillers (e.g. paracetamol)	6 (60.0%)	95 (88.8%)
Oral opiates	0 (0.0%)	8 (7.5%)
Injected opiates	0 (0.0%)	9 (8.4%)
Other (specify below)	0 (0.0%)	0 (0.0%)
Do not know	2 (20.0%)	0 (0.0%)
If other:		
Who does HF assessment		

Nurse	8 (80.0%)	95 (88.8%)
Clinical Officer	2 (20.0%)	28 (26.2%)
General doctor	8 (80.0%)	82 (76.6%)
Emergency department doctor	4 (40.0%)	18 (16.8%)
General surgical doctor	4 (40.0%)	2 (1.9%)
Orthopaedic doctor	5 (50.0%)	16 (15.0%)
Geriatric medicine doctor	NA	NA
Internal medicine doctor	2 (20.0%)	1 (0.9%)
Anaesthetist	0 (0.0%)	8 (7.5%)
Other (specify	0 (0.0%)	7 (6.5%)
If other:		physician (1), Rehab technician (5), physiotherapists and rehab technician (1)
Pain relief offered		
Simple painkillers such as paracetamol Oral opiates Intramuscular injection of opiates Intravenous injection of opiates Nerve block (e.g. of the femoral nerve)	8 (80.0%) 2 (20.0%) 8 (80.0%) 4 (40.0%) 0 (0.0%)	85 (79.4%) 38 (35.5%) 74 (69.2%) 17 (15.9%) 3 (2.8%)
Average wait time in hours from presentation to admission - median (range)	1 (0-48)	1 (0-12)
Average waiting time in hours from arrival at your facility to onward referral for hip fracture care - median (range)	0.5 (0-6)	2 (0-24)

Supplementary Table 6: Hip fracture surgical readiness

	The Gambia	Zimbabwe Public	Zimbabwe Private*
N facilities that can perform hip fracture surgery	n=4	n=9	n=8
Who routinely assesses the patient on the ward before surgery		>	.1-0
for a hip fracture - N(%)			
Clinical Officer	2 (50.0%)	0 (0.0%)	0 (0.0%)
General surgeon	2 (50.0%)	2 (22.2%)	5 (62.5%)
Orthopaedic surgeon	4 (100.0%)	9 (100.0%)	8 (100.0%)
Geriatric medicine doctor	0 (0.0%)	0 (0.0%)	0 (0.0%)
Internal medicine doctor	2 (50.0%)	0 (0.0%)	3 (37.5%)
Anaesthetist	1 (25.0%)	6 (66.7%)	7 (87.5%)
Other (specify)	0 (0.0%)	0 (0.0%)	1 (12.5%)
If other: Cognition routinely assessed (Y - 4AT) - N(%)			Physiotherapist (1)
10 question Abbreviated Mini-mental Test (AMT)	0 (0.0%)	3 (33.3%)	3 (37.5%)
, AAT	2 (50.0%)	0 (0.0%)	0 (0.0%)
No	2 (50.0%)	5 (55.6%)	5 (62.5%)
Other	0 (0.0%)	1 (11.1%)	0 (0.0%)
	. ,	they do assessments	
If other:		without a checklist (1)	
Average time from presentation to surgery (days) - median (range)	8 (2-48)	14 (0-60)	2 (1-3)
Percentage of patients with hip fracture that receive surgery -	E90/ /2E 700/\	750/ // 1000/\	00% (00 100%)
median (range)	58% (25-70%)	75% (4-100%)	99% (90-100%)
Importance of various factors on deciding to operate (1 to 10 with 1 being "not at all important" and 10 being "extremely important") - median (range)			
Patient's health?	9.0 (7.0-10.0)	10.0 (8.0-10.0)	10.0 (10.0-10.0)
Patient's age?	4.5 (2.0-10.0)	8.0 (2.0-10.0)	10.0 (5.0-10.0)
Patient's wishes?	9.0 (5.0-10.0)	10.0 (5.0-10.0)	10.0 (10.0-10.0)
Family's wishes?	8.5 (3.0-10.0)	7.0 (2.0-8.0)	9.0 (8.0-10.0)
Patient's ability to pay for the operation?	8.0 (5.0-10.0)	5.0 (1.0-10.0)	10.0 (10.0-10.0)
Availability of equipment?	9.5 (5.0-10.0)	10.0 (8.0-10.0)	10.0 (10.0-10.0)
Availability of surgical expertise?	10.0 (8.0-10.0)	10.0 (10.0-10.0)	10.0 (10.0-10.0)
Availability of anaesthetic expertise?	10.0 (8.0-10.0)	10.0 (10.0-10.0)	10.0 (10.0-10.0)
	Patients willingness to		
	sign the consent form (1),	where they stay and ability	Premorbid function of the
Are there any other factors, if so please specify these factor/s:	Alternative treatment (1)	to come for reviews (1)	patient (1)
Important of other factors	1.0 (1.0-10.0)	7.0, 7.0 (7.0-7.0)	7.0, 7.0 (7.0-7.0)
Anaesthesia, percentage of hip fracture patients - median (range):			
having surgery under general anaesthesia	3.0% (0-75%)	30.0% (10-100%)	32.5% (5-90%)
having surgery under spinal anaesthesia	72.5% (10-99%)	70% (0-90%)	67.5% (10-95%)
that get a regional nerve block (e.g. of the femoral nerve) as	,	,	,
part of their anaesthetic	0% (0-30%)	0% (0-90%)	5% (0-90%)
Anaesthesia for hip fracture surgery usually given by - N(%):			
A fully qualified anaesthetist	2 (50.0%)	7 (77.8%)	8 (100.0%)
An anaesthetist in training	0 (0.0%)	1 (11.1%)	0 (0.0%)
An anaesthetic assistant	2 (50 00/)	4 /44 40/1	0.40.0043
Other (specify)	2 (50.0%) Nurse Angesthetist (2)	1 (11.1%) Nurse Angesthetist (1)	0 (0.0%)
Hip fracture fixation prostheses available - N(%)	Nurse Anaesthetist (2)	Nurse Anaesthetist (1)	
Total hip replacement (THR)	3 (75.0%)	2 (22.2%)	3 (37.5%)
Hip hemi-arthroplasty	3 (75.0%)	6 (66.7%)	3 (37.5%)
Intramedullary (IM) nail	2 (50.0%)	4 (44.4%)	3 (37.5%)
Cannulated screws	4 (100.0%)	2 (22.2%)	3 (37.5%)
Sliding hip screw	4 (100.0%)	2 (22.2%)	2 (25.0%)
None of those	0 (0.0%)	3 (33.3%)	5 (62.5%)
Hospital's preferred surgical option for:			
For patients with an undisplaced intra-capsular fracture - N(%)			
Screw fixation	1 (25.0%)	2 (22.2%)	2 (25.0%)
Sliding hip screw fixation	0 (0.0%)	4 (44.4%)	2 (25.0%)
Hemi-arthroplasty cemented	3 (75.0%)	0 (0.0%)	0 (0.0%)
Hemi-arthroplasty uncemented	0 (0.0%)	2 (22.2%)	1 (12.5%)
Total hip replacement (THR)	0 (0.0%)	0 (0.0%)	1 (12.5%)
No standardisation	0 (0.0%)	1 (11.1%)	1 (12.5%)
Other (specify) Do not know	0 (0.0%) 0 (0.0%)	0 (0.0%) 0 (0.0%)	0 (0.0%)
DO HOU KNOW	U (U.U/0)	U (U.U/0)	1 (12.5%)

If No standardisation:		Varies with patient's age, condition and radiography results (1) NA	The choice depends on premorbid function, cognitive function and ability to withstand the operation (1)
For patients with a displaced intra-capsular fracture - N(%)			
Screw fixation	1 (25.0%)	0 (0.0%)	0 (0.0%)
Sliding hip screw fixation	0 (0%)	0 (0%)	0 (0%)
Hemi-arthroplasty cemented	3 (75.0%)	1 (11.1%)	1 (12.5%)
Hemi-arthroplasty uncemented	0 (0.0%)	0 (0.0%)	1 (12.5%)
• •			
Total hip replacement (THR)	0 (0.0%)	5 (55.6%)	3 (37.5%)
No standardisation	0 (0.0%)	2 (22.2%)	2 (25.0%)
Other (specify)	0 (0.0%)	1 (11.1%)	0 (0.0%)
Do not know	0 (0.0%)	0 (0.0%)	1 (12.5%)
If No standardisation:	NA	Depends on patients age. The young ones gets fixation and the old ones replacement surgery (1) varies from patient to	The choice of procedure depends with the premorbid status of patient, cognitive function and patient's ability to withstand the operation (1) This varies between patients due to other
		patient depending on patient's age, condition and radiography results (1)	factors like age and ability to withstand the operation (1)
If Other:	NA	depends on patient's age. young patients hip screw, old patients arthroplasty (1)	NA
Patients with good mobility before hip fracture routinely			
offered a total hip replacement - N(%)	2 (50 00/)	0.(0.00/)	1 (12 50/)
Yes, cemented	2 (50.0%)	0 (0.0%)	1 (12.5%)
Yes, uncemented	0 (0.0%)	3 (33.3%)	1 (12.5%)
Yes, either cemented or uncemented (i.e. according to	0 (0.0%)		
surgeon's preference)	0 (0.0%)	3 (33.3%)	6 (75.0%)
No	2 (50.0%)	3 (33.3%)	0 (0.0%)
Do not know	0 ()	0 ()	0 ()
For patients with a two-part extra-capsular fracture - N(%)	5 ()		3 ()
• • • • • • • • • • • • • • • • • • • •	0 (0 00()	4 (44 40()	0.40.00()
IM (intramedullary) nail fixation	0 (0.0%)	1 (11.1%)	0 (0.0%)
Sliding hip screw fixation	3 (75.0%)	2 (22.2%)	4 (50.0%)
Either IM nail fixation or sliding hip screw fixation (i.e.			
according to surgeon's preference)	1 (25.0%)	4 (44.4%)	4 (50.0%)
Other (specify)	0 (0.0%)	1 (11.1%)	0 (0.0%)
Do not know	0 (0.0%)	1 (11.1%)	0 (0.0%)
Do not know	0 (0.070)		0 (0.070)
If Other:	NA	patients are referred to a central hospital (1)	NA
For patients with a complex (more than two-part) extra- capsular fracture - N(%)			
IM (intramedullary) nail fixation	0 (0.0%)	4 (44.4%)	0 (0.0%)
Sliding hip screw fixation	3 (75.0%)	0 (0.0%)	3 (37.5%)
Either IM nail fixation or sliding hip screw fixation (i.e.	· /	V - 1	· /
according to surgeon's preference)	1 (25 00/)	2 (22 20/\	E (62 E0/)
	1 (25.0%)	3 (33.3%)	5 (62.5%)
Other (specify)	0 (0.0%)	1 (11.1%)	0 (0.0%)
Do not know	0 (0.0%)	1 (11.1%)	0 (0.0%)
If Other:	NA	patients are referred to a	NA
For patients with a reverse oblique (lateral wall) extra-capsular		central hospital (1)	
fracture - N(%)			
IM (intramedullary) nail fixation	,	5 (55.6%)	3 (37.5%)
Sliding hip screw fixation	2 (50.0%)	0 (0.0%)	1 (12.5%)
Either IM nail fixation or sliding hip screw fixation (i.e.			
according to surgeon's preference)	1 (25.0%)	3 (33.3%)	4 (50.0%)
Do not know	0 (0.0%)	1 (11.1%)	0 (0.0%)
Wards patients go to after hip fracture surgery - N(%)	•		
General ward	0 (0.0%)	2 (22.2%)	2 (25.0%)
Surgical ward	0 (0.0%)	4 (44.4%)	2 (25.0%)
Geriatric ward	0 (0.0%)	0 (0.0%)	0 (0.0%)
Specialist orthopaedic ward	1 (25.0%)	4 (44.4%)	1 (12.5%)
Other (specify below)	3 (75.0%)	1 (11.1%)	5 (62.5%)
If Other:	ICU (2), Private rooms (1)	HDU and ICU (1)	HDU or ICU (5)
Doctors who are routinely involved in the care of patients with hip fractures whilst in the facility - N(%):			
The fractures willist in the facility - 14(1/0).			

The choice depends on

Anaesthetists Orthopaedic surgeons Geriatricians General internal medics Palliative care doctors Rehabilitation doctors Other (specify below)	3 (75.0%) 1 (25.0%) 1 (25.0%) 1 (25.0%)	5 (55.6%) 9 (100.0%) 1 (11.1%) 1 (11.1%) 0 (0.0%) 2 (22.2%) 0 (0.0%) NA	8 (100.0%) 8 (100.0%) 1 (12.5%) 3 (37.5%) 0 (0.0%) 1 (12.5%) 4 (50.0%) Physicians (2)
Staff routinely involved in the care of patients with hip fractures whilst in the facility - N(%)			
General nurses Specialist orthopaedic nurses Physiotherapists Occupational therapists Dietitians Pharmacists Social workers Case managers	3 (75.0%) 3 (75.0%) 1 (25.0%) 0 (0.0%) 1 (25.0%)	9 (100.0%) 7 (77.8%) 9 (100.0%) 5 (55.6%) 6 (66.7%) 7 (77.8%) 7 (77.8%) 2 (22.2%)	8 (100.0%) 3 (37.5%) 8 (100.0%) 2 (25.0%) 4 (50.0%) 8 (100.0%) 2 (25.0%) 1 (12.5%)
Percentage of patients with hip fractures develop the following complications - median (range)	, ,	·	
Pressure sores DVT or PE Post-operative wound infection Other post-operative wound infections, including pneumonia and urinary infection	1.5% (0-5%)	10% (0-40%) 14% (0-60%) 5% (0-15%) 4.8%, 2% (0-20%)	1% (0-5%) 2% (1-3%) 1% (0-5%) 1.5% (0-5%)
Percentage of patients routinely allowed to put their full weight on their injured leg in the first 24 hours after surgery - mean (range)	43.8% (0-95%)	33.7% (0-90%)	33.0% (0-99%)
N days after surgery patients allowed to put their full weight on their operated leg after - mean (range):	.5.5.5 (5 55/0)	30.7.0 (0.3070)	33.3,0 (0 33/0)
An internal fixation of an extracapsular hip fracture An internal fixation of an extracapsular hip fracture		21.9 (2-99) 30.9 (3-99) 31.7 (3-99)	11.3 (1-70) 11.4 (1-70) 11.4 (1-70)
If you would like to provide more information on weight bearing post-surgery, please do so here	NA	NA	Surgeon indicated that there are unique patient-specific factors they consider before putting patients on full weight. Generally it will be painful to put patients on full weight immediately post-surgery so we do it gradually (1)
Days after surgery routinely start mobilising patients - mean (range)	1.5 (1-3)	6.0 (1-30)	1.1 (1-2)
Who helps the patients to mobilise - N(%)			
General Nurse Orthopaedic nurse Physiotherapist Occupational therapist Family Equipment routinely have available to help mobilise patients - N(%)	3 (75.0%) 1 (25.0%)	3 (33.3%) 3 (33.3%) 9 (100.0%) 1 (11.1%) 2 (22.2%)	5 (62.5%) 0 (0.0%) 8 (100.0%) 1 (12.5%) 0 (0.0%)
	0 (0.0%)	4 (44.4%) 7 (77.8%) 8 (88.9%) 0 (0.0%) 0 (0.0%) 8 (88.9%) 0 (0.0%)	3 (37.5%) 7 (87.5%) 8 (100.0%) 1 (12.5%) 1 (12.5%) 6 (75.0%) 1 (12.5%)
What equipment are you able to provide for patients at discharge to take home - N(%): Walking sticks	1/05 000		
Available at no cost to patient Available to patient if they pay Not available	1 (25.0%) 0 (0.0%) 3 (75.0%)	0 (0.0%) 1 (11.1%) 8 (88.9%)	0 (0.0%) 3 (37.5%) 5 (62.5%)
Crutches Available at no cost to patient Available to patient if they pay Not available	2 (50.0%)	0 (0.0%) 5 (55.6%) 4 (44.4%)	0 (0.0%) 3 (37.5%) 5 (62.5%)
Walking (Zimmer) frame Available at no cost to patient	3 (75.0%)	0 (0.0%)	0 (0.0%)

Available to patient if they pay	1 (25.0%)	5 (55.6%)	3 (37.5%)
Not available	0 (0.0%)	4 (44.4%)	5 (62.5%)
Wheelchair			
Available at no cost to patient	1 (25.0%)	0 (0.0%)	0 (0.0%)
Available to patient if they pay	1 (25.0%)	4 (44.4%)	3 (37.5%)
Not available	2 (50.0%)	5 (55.6%)	5 (62.5%)
Hoist			
Available at no cost to patient	0 (0.0%)	0 (0.0%)	0 (0.0%)
Available to patient if they pay	0 (0.0%)	1 (11.1%)	1 (12.5%)
Not available	4 (100.0%)	8 (88.9%)	7 (87.5%)
	4 (100.0%)	8 (88.37%)	7 (87.3%)
Average length of stay in days in those operated - mean	2.2 (2.5)	22.6 (5.60)	5.0 (0.7)
(range)	3.2 (2-5)	23.6 (5-60)	5.2 (3-7)
Average length of stay in days of those non-operated - mean			
(range)	1.2 (0-3)	35.8 (7-90)	17.5 (0-42)
Medication prescribed for osteoporosis before discharge, if			
indicated - N(%)			
Calcium and vitamin D supplements	3 (75.0%)	8 (88.9%)	6 (75.0%)
Alendronate (oral tablets)	0 (0.0%)	2 (22.2%)	0 (0.0%)
Risedronate (oral tablets)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Ibandronic acid (oral tablets)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Zoledronate (intravenous)	0 (0.0%)	1 (11.1%)	4 (50.0%)
Hormone replacement therapy (for women)	·		
·	0 (0.0%)	2 (22.2%)	1 (12.5%)
Raloxifine (oral tablets)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Strontium ranelate (oral sachets)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Teriparatide (subcutaneous injections)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Investigations used to identify people who needs medications for osteoporosis			
X-ray	2 (50.0%)	7 (77.8%)	3 (37.5%)
DXA scan (of hip and lumbar spine)	0 (0.0%)	3 (33.3%)	5 (62.5%)
DXA VFA scan (vertebral fracture assessment)	0 (0.0%)	3 (33.3%)	5 (62.5%)
·			
CT-scan	0 (0.0%)	3 (33.3%)	5 (62.5%)
MRI	0 (0.0%)	3 (33.3%)	5 (62.5%)
Blood tests for bone turnover markers	0 (0.0%)	3 (33.3%)	5 (62.5%)
Fracture risk assessment tool (e.g. FRAX)	0 (0.0%)	3 (33.3%)	5 (62.5%)
Other	0 (0.0%)	3 (33.3%)	5 (62.5%)
None	0 (0.0%)	3 (33.3%)	5 (62.5%)
DXA scanner available and functional			
Available and functional	0 (0.0%)	0 (0.0%)	1 (12.5%)
Available but non-functional	0 (0.0%)	0 (0.0%)	0 (0.0%)
Available but functionality unknown	0 (0.0%)	0 (0.0%)	0 (0.0%)
Not available	4 (100.0%)	9 (100.0%)	7 (87.5%)
For hip fracture patients, do you have:	\ 1	\ /	√ · - <i>I</i>
A written treatment plan for care before hospital (e.g.	0 (0 0%)	2 (22 20/)	0 (0 0%)
ambulance care)	0 (0.0%)	2 (22.2%)	0 (0.0%)
Standardised admission paperwork (e.g. hip fracture admission	4 (25 00)	2 (22 25)	4 (40 500)
proforma)	1 (25.0%)	3 (33.3%)	1 (12.5%)
Protocol/ policy for pain management before surgery	1 (25.0%)	4 (44.4%)	2 (25.0%)
Protocol/ policy for pain management after surgery	2 (50.0%)	4 (44.4%)	2 (25.0%)
Standardised assessment of readiness to be discharged	0 (0.0%)	2 (22.2%)	1 (12.5%)
Written treatment plan for after discharge	3 (75.0%)	4 (44.4%)	1 (12.5%)
Local guideline for osteoporosis management	0 (0.0%)	2 (22.2%)	1 (12.5%)
None of the above	1 (25.0%)	5 (55.6%)	6 (75.0%)
Data on patients with a hip fracture after they have been			
discharged routinely collected	1 (25.0%)	3 (33.3%)	4 (50.0%)
What data do you routinely collect after discharge?	\==:=/=/	- (/-/	(/-)
Death	0 (0.0%)	2 (22.2%)	2 (25.0%)
Cause of death	0 (0.0%)	2 (22.2%)	2 (25.0%)
Re-admission for hip fracture/surgery related problem	1 (25.0%)	3 (33.3%)	4 (50.0%)
Re-operation	1 (25.0%)	3 (33.3%)	4 (50.0%)

^{*}Includes one faith-based facility

Supplementary Table 7: Traditional bone-setter availability and readiness (The Gambia)

		Rural/	Urban/
	Total	Semi Rural	Peri Urban
Catchment	35	17 (48.6%)	23 (65.7%)
TBS Training and work pattern			
	A bone setter from	A local bone	
Trained to be a	TBS by: my family	setter	I trained myself
	32 (91.4%)	1 (2.9%)	2 (5.7%)
Days per week usually work as a bone	e-setter ≥5 days	<5 days	
	24 (68.6%)	11 (31.4%)	
	Mean	Range	
Years worked as a bone	e-setter 26.1	(2-71)	
How many people work with t	the TBS 1.7	(0-3)	

Fracture treatment		Frequency of presentation				
Injuries	Never	Rare	Sometimes	Common	patient has an X- ray	Able to set
Fingers/hands	0 (0.0%)	1 (2.9%)	5 (14.3%)	29 (82.9%)	12 (34.3%)	34 (97.1%)
Arms (skin intact)	0 (0.0%)	2 (5.7%)	14 (40.0%)	19 (54.3%)	10 (28.6%)	27 (77.1%)
Arms (skin broken)	1 (2.9%)	5 (14.3%)	6 (17.1%)	23 (65.7%)	19 (54.3%)	29 (82.9%)
Hip (top quarter of thigh bone/femur)	7 (20.0%)	7 (20.0%)	11 (31.4%)	10 (28.6%)	24 (68.6%)	18 (51.4%)
Legs (excluding hips, skin intact)	6 (17.1%)	5 (14.3%)	11 (31.4%)	13 (37.1%)	18 (51.4%)	29 (82.9%)
Legs (excluding hips, skin broken)	6 (17.1%)	4 (11.4%)	13 (37.1%)	12 (34.3%)	22 (62.9%)	23 (65.7%)
Toes/feet	0 (0.0%)	1 (2.9%)	9 (25.7%)	25 (71.4%)	7 (20.0%)	34 (97.1%)
Face/nose	21 (60.0%)	12 (34.3%)	1 (2.9%)	1 (2.9%)	0 (0.0%)	2 (5.7%)
Neck	17 (48.6%)	13 (37.1%)	4 (11.4%)	1 (2.9%)	8 (22.9%)	11 (31.4%)
Spine	13 (37.1%)	15 (42.9%)	5 (14.3%)	2 (5.7%)	9 (25.7%)	10 (28.6%)

Pain relief used when treating patients with fractures	Never	Sometimes	Often
Paracetamol	26 (74.3%)	8 (22.9%)	1 (2.9%)
Ibuprofen/Diclofenac/Naproxen	33 (94.3%)	1 (2.9%)	1 (2.9%)
Codeine	35 (100.0%)	0 (0.0%)	0 (0.0%)
Morphine	35 (100.0%)	0 (0.0%)	0 (0.0%)
Traditional medication and/or herbs	14 (40.0%)	10 (28.6%)	11 (31.4%)
Other	None		
	None		

Referral for fractures cannot set	To another bone setter 13 (37.1%)	To a clinical facility 18 (51.4%)	No 10 (28.6%)				
Records kept of fractures treated	Number only 0 (0.0%)	Number and type 4 (11.4%)	No 31 (88.6%)				
Management of a hip fracture?	Splinting 7 (20.0%)	Manipulation 5 (14.3%)	Traction 2 (5.7%)	Herbal/traditional medicines 20 (57.1%)	Hospital referral 5 (14.3%)	Not at all 11 (31.4%)	
Number of fractures in last 4 weeks Number of fractures seen in last year Number of hip fractures in last 4 weeks Number of hip fracture seen in last year Number of hip fractures confirmed by x-ray Percent of hip fractures referred for X-ray Percent of hip fractures referred for fracture management Equipment available for the treatment of patients with fractures	Median 5 25 0 0 0 0 0%	Range 0-35 0-350 0-4 0-30 0-10 0-100% Slings 7 (20.0%)	Plaster of Paris 10 (28.6%)	Traction 2 (5.7%)	Walking sticks 8 (22.9%)	Crutches 2 (5.7%)	Wheelchair 1 (2.9%)
Infrastructure	Centrally supplied electricity 22 (75.9%)	Light source available 31 (88.6%)	Landline phone available 0 (0.0%)	mobile phone available 34 (97.1%)	Internet (today) 1 (2.9%)	Clean running water available 9 (25.7%)	Functioning flush toilet 3 (8.6%)
Average time to reach the facility (hours)	Mean 55.7	Range 0-576					
Ambulance Motorbike Private car Private 4WD Taxi car Public bus Bicycle	10 (28.6%) 3 (8.6%) 0 (0.0%) 13 (37.1%) 2 (5.7%) 10 (28.6%) 0 (0.0%) 3 (8.6%)	Access to in order to 0 (0.0%) 13 (37.1%) 20 (57.1%) 0 (0.0%) 21 (60.0%) 1 (2.9%) 3 (8.6%) 5 (14.3%) 12 (34.3%) NA	o help patients rea	ch TBS			

Sterilisation and sanitation					
Final disposal of medical waste (e.g. bandages)					
Open burning, flat ground, no protection	7 (20.0%)				
Open burning, pit or protected ground	6 (17.1%)				
Dump without burning, flat ground, open pit-no					
protection	5 (14.3%)				
Dump without burning, ground or pit with					
protection (includes burying)	5 (14.3%)				
Stored in covered container	· ·				
Stored in other protected environment	, ,				
Stored unprotected	0 (0.0%)				
	Available	Not available			
Processing of equipment for reuse	/ (Validale	. Tot available			
Non-electric pot with cover for boiling/steam	7 (20.0%)	28 (80.0%)			
Heat source for cleaning non-electric	,	,			
equipment	0 (0.0%)	35 (100.0%)			
	Available	Not available			
Resources/supplies used for infection control					
Clean running water (piped, bucket with tap, or					
	•	20 (57.1%)			
Handwashing soap, liquid soap	•	23 (65.7%)			
Alcohol-based hand rub	•	35 (100.0%)			
Disposable latex gloves	0 (0.0%)	35 (100.0%)			
Waste receptacle (pedal bin) with lid and plastic	0 (0 00/)	25 (100 00/)			
bin liners		35 (100.0%)			
• • • • • • • • • • • • • • • • • • • •	0 (0.0%)	35 (100.0%)			
Environmental disinfectant (e.g. chlorine, alcohol)	0 (0.0%)	35 (100.0%)			
alconory	0 (0.070)	33 (100.070)			

Supplementary Table 8: Interrater Agreement

	Agreement	Expected agreement	Карра	SE	z	Prob>Z
Medical facilities - Zimbabwe and The Gambia (N repeats = 37, 11.0%)						
Does your facility have electricity?	97.2%	87.0%	0.79	0.163	4.83	< 0.001
Patients with hip fractures can present to this facility	86.1%	74.1%	0.46	0.166	2.80	0.003
This facility has an X-ray machine	97.2%	54.6%	0.94	0.166	5.64	< 0.001
How many radiographers work in this facility	94.4%	51.7%	0.89	0.092	9.60	< 0.001
This facility provides surgical treatment for a hip fracture	94.4%	65.3%	0.84	0.165	5.11	<0.001
TBS (N repeats= 5, 15.3%)						
Does your workplace have electricity?	80.0%	80.0%	0.00	0.000		
Patients with hip fractures can present to this facility	100.0%	68.0%	1.00	0.447	2.24	0.013
Who was the main person who trained you to become a bone setter?	80.0%	52.0%	0.58	0.298	1.96	0.025
How many days in the week do you usually work as a bone setter?	100.0%	68.0%	1.00	0.447	2.24	0.013
Are you able to set hip (top quarter of thigh bone/femur) fractures?	100.0%	68.0%	1.00	0.447	2.24	0.013

SECTIO	N 1: Identification	
_	/ Identification	
1.01	Data collection Start date:	[_][_]/[_][_] (day/month/year)
1.02	Country	The Gambia (1) Zimbabwe (2) South Africa (3)
1.03	Method of data collection	Face-to-face researcher administered questionnaire (1)
		Virtual researcher administered questionnaire (2) Online survey completed by respondent (3) Paper form sent to facility (4)
1.03b	Researcher ID:	
	(only to be asked if 1.03=1 or 1.03=2)	
We wo	uld like to know the location (latitude and	longitude) of your facility. Please select from the three options below which
	d you would prefer to use for entering thi	
1.04	Method for reporting facility latitude C	(1) Enter latitude C longitude using maps.me
	longitude:	(option for study team doing face to face data collection)
		(2) Send location using WhatsApp (remote data collection - Android phone and internet connection needed)
		(2) Enter latitude C longitude using google maps (remote data collection -
		computer, tablet or iphone needed)
		If 1.04=(2), continue to next question
If 1.04=	7.	If 1.04=(1 or 3), skip to 1.0c
		eam via WhatsApp on your Android mobile phone, please follow these instructions:
a)	Turn on wifi or mobile data and location (Gl	
Swi	pe down from the top of your screen and tap	o the location symbol - when it turns blue it is switched on
b)	Open WhatsApp and begin a new message	·
c)	Press the paperclip button, next to where y	
		be prompted to allow WhatsApp to access your location, please allow this. You can
d)	change settings back afterwards). By default your current location will be sele	cted. If you are currently located at the facility (this is the preference), then click the
(u)	•	mmediately send another message with the ID number and name of the facility
e)	· · · · · · · · · · · · · · · · · · ·	ity but you know where it is on a map, press the button in the top left-hand corner (four
	corners of a square inside a circle), and dra	ng the map to the location of your facility. You may need to zoom in or out to find the
	•	ce, push the 'Send this location' button then immediately send another message with
	the ID number and name of your facility	
4.05	164.04.0	
1.05	If 1.04=2 Once the location has been sent,	DD/MM/YYYY : HH:MM
	please confirm this by clicking the	
	'Now' button (to the right) to enter the	
	date C time of sending the facility	
If 1 O4	location over WhatsApp	
If 1.04=		udy team doing in-person data collection, no internet connection needed):
	a) Turn on location (GPS) in your device	ady team doing in person data concection, no internet confidence in needed.
	b) Open the maps.me app	
	c) Press the blue arrow in the bottom rig	ht corner to navigate to your current location
	d) Tap on the location on the map; the la	atitude and longitude coordinates will display (you may need to scroll down a little).
	These will be two numbers specified t	·
	e) You can copy and paste this into the I	REDCap form by tapping and holding the number
Not		المنافعة والمعارض وال
	· · · ·	ap within in it must be downloaded onto device in advance
		ays them in different formats. Only copy the decimal degrees format e.g.
If 1.04=	,	minutes and seconds format e.g. 41°24'12.2"N 2°10'26.5"E
		e maps (computer, tablet or iphone needed):
		cation (GPS) in your phone, tablet or browser settings
	b) Open the Google maps app or websit	e
	c) Either select your current location (if a	• • • • • • • • • • • • • • • • • • • •
	d) Or find and click to drop a pin where t	·
	•	etails that appear should include latitude and longitude co-ordinates. These will
	•	specified to over 5 decimal places. You will need to write these down and copy
	them into the questionnaire manua	lly
4.04	Diogram on the wife with the trade of the	
1.06a	Please enter facility's <i>latitude</i> (the first number from the coordinates):	
	in sendinger from the coordinates).	
	Please enter at least FOUR numbers	——·———
	after the decimal point. Take care to	Valid simple standard ranges: 13 to 14 (Gambia),
	enter a negative sign ('-') if present:	-15 to -23 (Zimbabwe) and -22 to -35 (South Africa)

1.06b		rfacility's <i>longitude</i> (the lber from the):		
				ndard ranges: -13 to -17 (Gambia), nbabwe) and 16 to 33 (South Africa)
Respor	dent Details			
1.07	Name of ma	in respondent questionnaire: iven Name followed by		
1.08	Main respon facility:	dent's position in		
1.09a	telephone r	dent's primary number: code if applicable		
1.09b	Main respon telephone r	dent's secondary number:		
1.10a		code if applicable		
1.10a	address:	dent's primary email dent's secondary email		
	address (op	-		
CEC	N. C. C.		MODULE 1: SERVICE AVAILABILITY	
	N 2: Staffing		ifications are currently assigned to available division	r cocondad to this facility (Fac
			ifications are currently assigned to, employed by, on wher only once, based on their highest technical or	
2.01	ratt court, pt		s? (including junior, senior and specialist doctors)	
_,,			Please enter 0 if none	L-JL-J
2.02			How many of these doctors work part-time? Please enter 0 if none	[_][_][_]
2.03a	(Several		How many of these doctors are specialists in:	
_	options		(a.) general surgery? Please enter 0 if none	
2.03g	may	(b.) ortho	paedic and trauma surgery? Please enter 0 if none (c.) anaesthesia? Please enter 0 if none	[_][_][_]
	apply for each	(d.)	[_][_][_]	
	doctor)	(u.)	general internal medicine? Please enter 0 if none (e.) geriatric medicine? Please enter 0 if none	[_][_][_] [_][_][_]
	doctory		(f.) rheumatology? Please enter 0 if none	
			(g.) radiology? Please enter 0 if none	
2.04			TOTAL NUMBER of specialist doctors? rs (people) that have at least one specialty training or of specialties Please enter 0 if none	[_][_][_]
		rather than the total humbe	of speciatties riease efficient in filone	
2.05		How many of these specia	llist doctors work part-time? Please enter 0 if none	
2.06a	(Several	Moving on fron	n specialist doctors and thinking about other staff	
-	options	/ \ I ! ! I	How many of the staff working in this facility are:	[_][_][_]
2.06j	may	(a.) clinical or medi	cal officers? (also known as junior doctors) Please enter 0 if none	
	apply)		(b.) general nurses? Please enter 0 if none	[_][_][_] [_][_][_]
		(c.) o	orthopaedic trained nurses? Please enter 0 if none	[_][_][_]
			nts (not trained to nurse level)? These may be called	[_][_][_]
		. ,	nurse aids/assistants Please enter 0 if none	[_][_]
			(e.) physiotherapists? Please enter 0 if none	[_][_]
		,	f.) occupational therapists? Please enter 0 if none	[_][_][_]
		(g.) nutritionists/dieticians? Please enter 0 if none	[_][_]
			(h.) radiographers? Please enter 0 if none (i.) pharmacists? Please enter 0 if none	
			(j.) social workers? Please enter 0 if none	
2.07			TOTAL NUMBER of these members of staff:	[_][_][_]
. = -		For the total, each member of	of staff should be counted once only, even if they	
		work in several disciplines. P		
2.08			y of these work part-time? Please enter 0 if none	
		nt bed availability	and this familiary have in take I (and the late	r 1r 1r 1r 1
3.01	beds in mat	ernity)?	es this facility have in total (excluding delivery	[_][_][_]
3.02	How many o adults?	f the overnight beds are de	dicated orthopaedic/trauma care beds for	[_][_][_]
			DULE 2: SERVICE READINESS (GENERAL)	
SECTIO	N 4: Infrastr			
Power				
4.01	•	acility have electricity (from	•	Yes 1
	-	electricity grid, generator e on Immunisation [EPI] c	, solar) including for stand-alone devices (Expanded	d No 0
Facilitie		e on immunisation [EPI] c city only (If Q4.01=2, SKIP)	,	
i aciilli	O WILL I CICCLI	ony only (II Q4.01=2, ONIP)	10 9 7 .00)	

4.02	What is the electricity used for in this facility?						
	Tick all that apply	Stand-alone electric me	edical	devices/ar	poliances	1	
		Electric lighting (excluding torches)					
		Communications (e.g. telephone, inter					
			Dlass	- :6	Other	4	
4.03	What is the facility's main source of electricity?		rieas	se specify o	uner use		
4.03	I	Central supply of electricity (e.g. na	ational	or commu	nity grid)	1	
	•	Generator/charge				2	
					ar system	3	
		_	_		Other	4	
4.04	Others the set has seein as a signed as a the	Р		specify other		4	
4.04	Other than the main or primary source, does the facility have a secondary or backup source of	Central supply of e		o secondar	-	1 2	
	electricity?	Certiful Supply of C	. (CCCI IC		nity grid)	_	
		Generator charge	ed batt			3	
				Sola	ar system	4	
		Pleases	ocifyo	ther backu	Other	5	
4.05	During the past 7 days, were there any interruption				-	1	
	to your main electricity supply when the facility wa					2	
	open?	·		two hours	per day)		
		Electricity sometime				3	
		prolonged interruptions of	more t	nan two no	day)		
			The	re was no e		4	
If facilit	ly has a generator or battery storage system (charged	generator or battery storage system (charged by the grid) (Q4.03=2 and/or Q4.04=3), continue with Q4.0c. If n					
to Q4.0		12					
4.06	Is the generator or battery storage system function	al?			Yes	1	
				n o.C	No not know	9	
4.07	Is there fuel for the generator or a charged battery available today?				Yes	1	
	5 5 7			No	2		
	Do not know 9						
	y has a solar system (Q4.03=3 and/or Q4.04=4), conti	nue with Q4.08. If not, SKIP to Q4.	.0S.			4	
4.08	Is the solar system functioning?				Yes No	1 2	
				Don	ot know.	9	
						nunications	
4.09	Does this facility have a functioning landline teleph				Yes	1	
	calls outside the facility at all times that patient se				No	0	
	(If the facility is open for 24 hours, this service need	ds to be available for 24 hours).					
4.10	Does this facility own a functioning mobile phone o	or a private mobile phone that is			Yes	1	
1.10	supported by the facility? The mobile phone can be	· · · · · · · · · · · · · · · · · · ·			No	0	
	but it should be functioning and supported by the						
	facility.						
4.11	Does this facility have a functioning shortwave rad	io to make calls?	Yes			1 0	
4.12	Does this facility have a functioning computer?		No Yes			1	
			No			0	
4.13	When was it last possible to have access to email o	r internet from a facility-owned			Never	1	
	device within this facility?			4 4	Today	2	
	A privately owned device counts, as long as the facility saccess.	supports it by providing internet		ss than 1 m At least 1 m	_	3 4	
					not know	9	
			An			y transport	
4.14	Does this facility have a functional vehicle (e.g. ar	, — — ,			Yes	1	
	transportation of patients, that is stationed at this	facility or operates from this			No	0	
4.15	facility? Does this facility have access to another vehicle fo	r emergency transport of			Yes	1	
T. 1J	patients that is stationed at another facility or that				No	0	
	nearby?						
4.16	Have you got fuel for your ambulance/emergency v	ehicle today?		<u> </u>	Yes	1	
				Do.	No not know	9	
	If the facility has no access to any vehicles (Q4.14 A	ND Q4.15=2), SKIP to Q4.17		ו טע	IOC KIIUW	,	
117							
Water		Br. Dr. C.	1111		16.4		
4.17	What is currently the most commonly used source of water for the facility?	Piped into/onto fa Public tap/stan	- 1	1 2		ırce is dug or spring	
	Source of water for the facility:	Tubewell/bore			(05), com	•	
		Dug	well	4	Q4.18, or	-	
		-	oring	5	SKIP to Q		
		Rainwater collec Bottled w		6 7			
				_			
i		Delivered by cart/t	truck	Ŏ			
		Delivered by cart/t Surface w		8 9			
		Surface w	vater Other	_			

4.18	Is the water source protected?		Yes	1
			No Do not know	2 9
Basic	l client amenities		DO NOT KNOW	,
4.19	On average, how many hours per day is this facilit	y open?		[_][_] hours
4.20	, , ,	•	Auditory privacy only	1
	Is there a room with auditory and visual privacy av	ailable for	Visual privacy only	2
	patient consultations?		Both auditory and visual privacy	3
4 24	la the second still at one the appropriate in five etioning a constitution	ماندنا ما داد داد داد داد داد داد داد داد داد	No privacy Flush toilet	4
4.21	Is there a toilet on the premises in functioning con accessible for general outpatient client use?	dition that is	Ventilated improved pit latrine (VIP)	1 2
	(if multiple toilets are available, consider the mos	t modern type)	Pit latrine with slab	3
	, , ,	, ,	Pit latrine without slab/ open pit	
			Composting toilet	
			Bucket Hanging toilet/hanging latrine	6 7
			No facilities on premises/bush/field	
Infecti	on control		·	
4.22	Does this facility have any guidelines on standard	precautions	Yes	1
	for infection prevention?		No	0
Health	ncare waste management			
4.23	We would like to ask you a few questions	Burn incinera	ator: chamber industrial (800-1000 degrees C)	1
	about waste management practices for		Burn incinerator: chamber drum/brick	
	medical waste, such as needles or blades and also for medical waste other than sharps,		Open burning: flat ground, no protection. Open burning: pit or protected ground	3 4
	such as used bandages.	Dump withou	it burning: flat ground, open pit-no protection	
	How does this facility finally dispose of		vithout burning: ground or pit with protection.	6
	medical waste?		Remove offsite: stored in covered container	7
		Remove o	offsite: stored in other protected environment	
	Indicate all that apply		Remove offsite: stored unprotected Other	9
	indicate att that appty		Please specify other method used	
If incir	nerator used for waste disposal (Q4.23=01 or 02),	continue with Q4	<u> </u>	
·	SKIP to Q4.26		V	1 .
4.24	Is the incinerator functional today?		Yes No	1 2
			Don't know	9
4.25	Is fuel for the incinerator available today?		Yes	1
	-		No	2
Drass			Don't know	9
	ssing of equipment for reuse e following items for processing reusable equipment	· available and fur	actional in this facility today?	
Aleuk		. avaitable and ful	• •	
4.26a	Electric autoclave (pressure and wet heat)		Available and functional	
			Available but non-functional Available but functionality unknown	
			Availability and functionality unknown	
			Not available	5
4.26b	If 4.26a=1-4, please indicate whether the availabi	lity/functionality	in previous question was reported or	1,
	observed (question only to be answered if 1.03=1)			reported 2,
	(question only to be answered if 1.05=1)			observed
4.27a	Non-electric autoclave		Available and functional	1
			Available but non-functional	
			Available but functionality unknown	3
4.27b	If 4.27a=1-4, please indicate whether the availabi	lity/functionality	Not available in previous question was reported or	1,
1.275	observed	arey run ectoriaarey	in previous question was reported of	reported
	(question only to be answered if 1.03=1)			2,
4.30				observed
4.28a	Electric dry heat sterilizer		Available and functional Available but non-functional	2
			Available but functionality unknown	3
			Not available	4
4.28b	If 4.28a=1-4, please indicate whether the availabi	lity/functionality	in previous question was reported or	1,
	observed			reported
	(question only to be answered if 1.03=1)			2, observed
4.29a	Electric boiler or steamer (no pressure)		Available and functional	1
	(Available but non-functional	2
			Available but functionality unknown	3
4 201	If 4 20a-1 4 places indicate whether the coult is	lity/frimations lite	Not available	4
4.29b	If 4.29a=1-4, please indicate whether the availabi observed	ucy/ runctionality	in previous question was reported or	1, reported
	(question only to be answered if 1.03=1)			2,
				observed
4.30a	Non-electric pot with cover for boiling/steam		Available and functional	1
			Availability and functionality unknown	
			Not available	3

4.30b	If 4.30a=1-4, please indicate whether the availability/functionality observed (question only to be answered if 1.03=1)	Supplementary Information S1 Hospitals in previous question was reported or	1, reported 2,
4.31	Heat source for non-electric equipment Only needs to be answered if non-electric equipment is used for sterilisation (4.27==1-4 OR 4.30==1-2)	Available and functional Available but non-functional Available but functionality unknown Not available	observed 1 2 3 4
Superv			
4.32	When was the last time this facility received a supervision visit from the higher level (District Health Management Team or other)?	This month In the last 3 months More than 3 months ago Do not know	1 2 3 9
Section	n 5: General equipment	actions comicae available and functional in this	facility
	Are the following equipment and supplies used in the provision of production today?	Datient Services available and functional in this	racility
5.01a	Adult weighing scales	Available and functional Available but non-functional Available but functionality unknown Availability and functionality unknown Not available	1 2 3 4 5
5.01b	If 5.01a=1-4, please indicate whether the availability/functionality	in previous question was reported or	1,
	observed (question only to be answered if 1.03=1)		reported 2, observed
5.02a	Light source (a torch is acceptable)	Available and functional	1
		Available but non-functional Available but functionality unknown Availability and functionality unknown Not available	2 3 4 5
5.02b	If 5.02a=1-4, please indicate whether the availability/functionality	in previous question was reported or	1,
	observed (question only to be answered if 1.03=1)		reported 2, observed
5.03a	Thermometer	Available and functional Available but non-functional Available but functionality unknown Availability and functionality unknown Not available	1 2 3 4 5
5.03b	If 5.03a=1-4, please indicate whether the availability/functionality observed (question only to be answered if 1.03=1)	in previous question was reported or	1, reported 2,
E 045	Ctathogona	Available and functional	observed
5.04a	Stethoscope	Available but non-functional Available but functionality unknown Availability and functionality unknown Not available	1 2 3 4 5
5.04b	If 5.04a=1-4, please indicate whether the availability/functionality observed (question only to be answered if 1.03=1)	in previous question was reported or	1, reported 2,
5.05a	Blood pressure equipment (digital or manual	Available and functional	observed 1
3.034	sphygmomanometer with stethoscope)	Available but non-functional Available but functionality unknown Availability and functionality unknown Not available	2 3 4 5
5.05b	If 5.05a=1-4, please indicate whether the availability/functionality observed (question only to be answered if 1.03=1)	in previous question was reported or	1, reported 2,
	(4835857 5777 to bo anonorou ii 1.00—1)		observed
5.06a	Oxygen concentrators	Available and functional Available but non-functional Available but functionality unknown Availability and functionality unknown Not available	1 2 3 4 5
5.05b	If 5.05a=1-4, please indicate whether the availability/functionality observed (question only to be answered if 1.03=1)	in previous question was reported or	1, reported 2,
5.07a	Oxygen cylinders	Available and functional Available but non-functional Available but functionality unknown Availability and functionality unknown Not available	observed 1 2 3 4 5
5.07b	If 5.07a=1-4, please indicate whether the availability/functionality observed (question only to be answered if 1.03=1)		1, reported 2,
	(quoditority to be answered if 1.00—1)		observed
		Available and functional	

		Available but non-functional	
		Available but functionality unknown Availability and functionality unknown Not available	
5.08b	If 5.08a=1-4, please indicate whether the availability/functionality i		1,
	observed (question only to be answered if 1.03=1)		reported 2,
5.09a	Flowmeter for oxygen therapy (with humidification)	Available and functional	observed 1
5.09a	rtownieter for oxygen therapy (with numbhication)	Available but non-functional	-
		Available but functionality unknown	
		Availability and functionality unknown	4
		Not available	+
5.09b	If 5.09a=1-4, please indicate whether the availability/functionality in observed (question only to be answered if 1.03=1)	n previous question was reported or	1, reported 2,
5.10	At any time during the last three months has oxygen been	Yes	observed
	unavailable for any reason?	No	0
Infection	on Control Precautions		
	Are the following resources/supplies used for infection control availa	ble in this facility today?	
E 115	Class wasning water (pined burdet with ten or new nitcher)		1 Aveileble
5.11a	Clean running water (piped, bucket with tap, or pour pitcher)	2 Availah	1, Available lility unknown
		·	Not available
5.11b	If 5.11a=1-2, please indicate whether this was reported or observed	·	1,
	(question only to be answered if 1.03=1)		reported 2,
			observed
5.12a	Handwashing soap and/or liquid soap	2 Availab	1, Available
			ility unknown Not available
5.12b	If 5.12a=1-2, please indicate whether this was reported or observed	·	1,
3.120	(question only to be answered if 1.03=1)		reported 2,
			observed
5.13a	Alcohol based hand rub		1, Available
		•	ility unknown
E 425	If E 12a 1.2 places indicate wheether this was reported or sheem and	•	Not available
5.13b	If 5.13a=1-2, please indicate whether this was reported or observed (question only to be answered if 1.03=1)		1, reported
			2,
			observed
5.14a	Disposable latex gloves	2 Availah	1, Available
		•	ility unknown Not available
5.14b	If 5.14a=1-2, please indicate whether this was reported or observed	3,1	1,
	(question only to be answered if 1.03=1)		reported
			2,
F 4F			observed
5.15a	Waste receptacle (pedal bin) with lid and plastic bin liners	2 Availab	1, Available ility unknown
		•	Not available
5.15b	If 5.15a=1-2, please indicate whether this was reported or observed	·	1,
	(question only to be answered if 1.03=1)		reported
			2,
			observed
5.16a	Sharps container ("safety box")	2 Availab	1, Available
		·	ility unknown Not available
5.16b	If 5.16a=1-2, please indicate whether this was reported or observed		1,
	(question only to be answered if 1.03=1)		reported
			2,
			observed
5.17a	Environmental disinfectant (e.g. chlorine, alcohol)	0 49.1	1, Available
		•	ility unknown Not available
5.17b	If 5.17a=1-2, please indicate whether this was reported or observed	•	1,
2.175	(question only to be answered if 1.03=1)		reported
			2,
			observed
5.18a	Disposable syringes with disposable needles	•	1, Available
		·	ility unknown
5.18b	If 5.18a=1-2, please indicate whether this was reported or observed	•	Not available 1,
J. 10D	(question only to be answered if 1.03=1)		reported
	(4		2,
			observed
SECTIO	N 6: Available Services		
Surger	у		

6.01	Does this facility offer any surgical services?			Yes	1
	If it does not offer surgical services (2), SKIP Qc	:.02-Qc.0c and		No	0
	continue with Qc.07				
	Are the following surgical equipment and suppli	ies available and fur	nctional in this facility t	oday.	
4.00			T .		Τ 4
6.02a	Suture material (any type)			vailable and functional ble but non-functional	
				unctionality unknown	
				functionality unknown	
				Not available	
6.02b	If 6.02a=1-4, please indicate whether the availa	ability/functionality	in previous question w	as reported or	1,
	observed (question only to be answered if 1.03=1)				reported 2,
	(quodicit of my to be discreted in 1.00=1)				observed
6.03a	Skin disinfectant Examples: Povidone-Iodine, C	hlorhexidine,		vailable and functional	1
	alcohol-based solutions			ole but non-functional	
				unctionality unknown f functionality unknown	
			Availability and	Not available	
6.03a	If 6.03a=1-4, please indicate whether the availa	ability/functionality	in previous question w	as reported or	1,
	observed				reported
	(question only to be answered if 1.03=1)				2, observed
	<u> </u>				observed
	hetic drugs: Can be applied by inhalation or injec		list contains generic n	ames (name of the actu	ıal
	nce) that is usually different from a brand (mark	keting) name.	T		
6.04a 6.04b	Anaesthetic drugs: • Halothane (inhalation)				1, Available
0.045	Bupivacaine (injection)			2, Availab	oility unknown
	Lidocaine 5% (heavy spinal solution)			ŕ	Not available
	Epinephrine (injection)		F 1.9 (1		
	Ephedrine (injection)		For each item tha	t is available or unknow this was reported	•
				uns was reported	1, reported
					2, observed
6.05a	Do you have materials on Integrated Manageme	ent of Fmergency		Yes	1
0.000	and Essential Surgical Care (IMEESC) (e.g. bes			No	0
	protocols, etc.) available in this facility today				
6.05b					
0.030	· ·	onling of IMEESC Hate	erials was reported or o	bserved	1,
0.036	(question only to be answered if 1.03=1)	nitty of imeese mate	erials was reported or c	bserved	reported
	(question only to be answered if 1.03=1)		erials was reported or c	bserved	•
6.06	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set		erials was reported or o	Yes	reported 2, observed
6.06	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years?		erials was reported or o		reported 2,
6.06	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set	rvices received	erials was reported or o	Yes	reported 2, observed
6.06 HIV co 6.07	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi	rvices received	erials was reported or o	Yes No	reported 2, observed
6.06 HIV co 6.07	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi	rvices received ing services?	erials was reported or o	Yes No Yes No	reported 2, observed 1 0
6.06 HIV co 6.07	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services	rvices received ing services?	erials was reported or o	Yes No Yes No	reported 2, observed 1 0
6.06 HIV co 6.07	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi	rvices received ing services?	erials was reported or o	Yes No Yes No	reported 2, observed 1 0
6.06 HIV co 6.07	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services If the facility does not offer transfusion services Have there been any interruptions in blood avail	rvices received Ing services? es? (2), SKIP to Qc.17	erials was reported or o	Yes No Yes No Yes No	reported 2, observed 1 0 0 1 0 1 0 1 1 0 1 1 0 1 1 1 1 1 1
6.06 HIV co 6.07 Blood: 6.08	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the Have there been any interruptions in blood avail past 3 months?	rvices received ing services? es? (2), SKIP to Qc.17 lability during the	erials was reported or o	Yes No Yes No Yes No	reported 2, observed 1 0 1 0 1 0
6.06 HIV co 6.07 Blood 6	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services If the facility does not offer transfusion services Have there been any interruptions in blood avail past 3 months? Does this facility obtain blood from a national of	rvices received ing services? es? (2), SKIP to Qc.17 lability during the	erials was reported or o	Yes No Yes No Yes No Yes	reported 2, observed 1 0 1 0 1 0 1 1 0
6.06 HIV co 6.07 Blood 6 6.08 6.09	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility does not offer transfusion in blood avail past 3 months? Does this facility obtain blood from a national of centre?	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood	erials was reported or o	Yes No Yes No Yes No Yes No Yes	reported 2, observed 1 0 1 0 1 0
6.06 HIV co 6.07 Blood: 6.08	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the Have there been any interruptions in blood avail past 3 months? Does this facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion?	erials was reported or o	Yes No Yes No Yes No Yes	reported 2, observed 1 0 1 0 1 0 1 1 0
6.06 HIV co 6.07 Blood 6 6.08 6.09	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the second and the services of the second and t	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion?	erials was reported or o	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	reported 2, observed 1 0
6.06 HIV co 6.07 Blood 6 6.08 6.09	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the Have there been any interruptions in blood avail past 3 months? Does this facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion?	SOMETIMES	Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes	reported 2, observed 1 0
6.06 HIV co 6.07 Blood 6 6.08 6.09	(question only to be answered if 1.03=1) Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility does not offer transfusion services of the service of the facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to the service of the blood that is transfused in the facility ALWAYS, SOMETIMES or NEVER	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and		Yes No Yes No Yes No Yes No Yes No Yes No Yes No	reported 2, observed 1 0
6.06 HIV co 6.07 Blood 1 6.09 6.10 6.11	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services If the facility does not offer transfusion services Have there been any interruptions in blood avail past 3 months? Does this facility obtain blood from a national o centre? Is blood screened for infectious diseases prior to the solution of the services	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and	SOMETIMES	Yes No	reported 2, observed 1 0
6.06 HIV co 6.07 Blood 1 6.08 6.09 6.10	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility does not offer transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and	SOMETIMES 2	Yes No	reported 2, observed 1 0
6.06 HIV co 6.07 Blood 1 6.09 6.10 6.11	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services If the facility does not offer transfusion services Have there been any interruptions in blood avail past 3 months? Does this facility obtain blood from a national o centre? Is blood screened for infectious diseases prior to the solution of the services	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and	SOMETIMES	Yes No	reported 2, observed 1 0
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6.06 HIV co 6.07 Blood 1 6.09 6.10 6.11	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national ocentre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis C Does the blood transfusion service have a refrigoreal for the following service have a refrigoreal for the followi	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and ALWAYS	SOMETIMES 2 2 2 2 2 Av	Yes No And	reported 2, observed 1 0 0 1 0 0 1 0 0 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 1 1 0 1 1 0 1
6.06 HIV co 6.07 Blood 1 6.09 6.10 6.11 6.12 - 6.15	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis C	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and ALWAYS	SOMETIMES 2 2 2 2 2 Available	Yes No And	reported 2, observed 1 0 0 1 0 1 0 1 0 1 0 1 0 1 2 1 2 1 2
6.06 HIV co 6.07 Blood 1 6.09 6.10 6.11 6.12 - 6.15	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national ocentre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis C Does the blood transfusion service have a refrigoreal for the following service have a refrigoreal for the followi	rvices received ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and ALWAYS	SOMETIMES 2 2 2 2 Av Available Available but fu	Yes No And	reported 2, observed 1 0 0 1 0 0 1 0 0 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 1 1 0 1 1 0 1
6.06 HIV co 6.07 Blood 1 6.09 6.10 6.11 6.12 - 6.15	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility does not offer transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis C Does the blood transfusion service have a refrigant functional for the storage of blood?	rvices received Ing services? 22), SKIP to Qc.17 Iability during the r regional blood to transfusion? Qc.15 and ALWAYS 1 1 1 1 terator available	SOMETIMES 2 2 2 2 Available but for Availability and	Yes No And	reported 2, observed 1 0 0 1 0 0 1 0 1 0 0 1 1 0 0 1 1 0 1 1 0 1 1 0 1
6.06 HIV co 6.07 Blood 1 6.09 6.10 6.11 6.12 - 6.15	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis B Hepatitis C Does the blood transfusion service have a refriguent for the storage of blood?	rvices received Ing services? 22), SKIP to Qc.17 Iability during the r regional blood to transfusion? Qc.15 and ALWAYS 1 1 1 1 terator available	SOMETIMES 2 2 2 2 Available but for Availability and	Yes No And	reported 2, observed 1 0 0 1 0 0 1 0 1 0 0 1 1 0 0 1 1 0 1 1 0 1 1 0 1
6.06 HIV co 6.07 Blood: 6.09 6.10 6.11 6.12 - 6.15	Have you or any provider(s) of basic surgical ser any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national ocentre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis B Hepatitis C Does the blood transfusion service have a refrigand functional for the storage of blood? If 6.16a=1-4, please indicate whether the availator observed	rvices received Ing services? 22), SKIP to Qc.17 Iability during the r regional blood to transfusion? Qc.15 and ALWAYS 1 1 1 1 terator available	SOMETIMES 2 2 2 2 Available but for Availability and	Yes No And	reported 2, observed 1 0 0 1 0 0 1 0 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 1 1 0 1 1 0 1
6.06 HIV co 6.07 Blood: 6.09 6.10 6.11 6.12 - 6.15	Have you or any provider(s) of basic surgical set any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national of centre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis B Hepatitis C Does the blood transfusion service have a refriguent for the storage of blood?	rvices received Ing services? 22), SKIP to Qc.17 Iability during the r regional blood to transfusion? Qc.15 and ALWAYS 1 1 1 1 terator available	SOMETIMES 2 2 2 2 Available but for Availability and	Yes No And	reported 2, observed 1 0
6.06 HIV co 6.07 Blood: 6.09 6.10 6.11 6.12 - 6.15	Have you or any provider(s) of basic surgical ser any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testi transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion services of the facility obtain blood from a national ocentre? Is blood screened for infectious diseases prior to the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis B Hepatitis C Does the blood transfusion service have a refrigand functional for the storage of blood? If 6.16a=1-4, please indicate whether the availator observed	rvices received Ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and ALWAYS 1 1 1 1 gerator available	SOMETIMES 2 2 2 2 Available but for Availability and	Yes No And	reported 2, observed 1 0 0 1 0 0 1 0 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 1 1 0 1 1 0 1
6.06 HIV co 6.07 Blood 6.08 6.09 6.10 6.11 6.12 6.15 6.16a	Have you or any provider(s) of basic surgical ser any training in IMEESC in the last two years? unselling and testing Does this facility offer HIV counselling and testite transfusion Does this facility offer blood transfusion services of the facility does not offer transfusion and in blood available past 3 months? Does this facility obtain blood from a national of centre? Is blood screening offered (2), SKIP Qc. 12 – Qcontinue with Qc. 1c Is the blood screening offered (2), SKIP Qc. 12 – Qcontinue with Qc. 1c Is the blood that is transfused in the facility ALWAYS, SOMETIMES or NEVER screened for the following infections: HIV Syphilis Hepatitis B Hepatitis C Does the blood transfusion service have a refrigand functional for the storage of blood? If 6.16a=1-4, please indicate whether the availator observed (question only to be answered if 1.03=1)	rvices received Ing services? es? (2), SKIP to Qc.17 lability during the r regional blood to transfusion? Qc.15 and ALWAYS 1 1 1 1 gerator available	SOMETIMES 2 2 2 2 Available but for Availability and	Yes No No Never 3 3 3 ailable and functional e but non-functional inctional ity unknown functional inctionality unknown functionality unk	reported 2, observed 1 0

6.18b III a (Which imaging techniques are available in this fif any are available, ask to see them. Digital/non-digital radiography If 6.18a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1) CT scan (computer tomography) If 6.19a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1) MRI (magnetic resonance imaging) If 6.20a=1-5, please indicate whether the availability/functionality in previous question w	vas reported or ob	staff mendo staff member staff	mber trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained/ond functional loer trained or a Available but functional	nal and there is a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available nal and there is a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available nal and there is a qualified to use it but there is not a qualified to use it but there is not a qualified to use it but there is not a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown	1 2 3 4 5 6 1, reported 2, observed 1 2 2, observed 1 2, observed 1 2 3 4 5 1 2 2 3 4 5 1 2 3 4 5 5 1 2
6.18b III a (If 6.18a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1) CT scan (computer tomography) If 6.19a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1) MRI (magnetic resonance imaging) If 6.20a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1)	vas reported or ob	staff mendo staff member staff	mber trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained/ond functional loer trained or a Available but functional	qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available anal and there is a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available anal and there is a qualified to use it ut non-functional ionality unknown a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown ionality unknown	2 3 4 5 6 1, reported 2, observed 1 2 3 4 5 1, reported 2, observed 1 2 3 4 5
6.18b III a (Digital/non-digital radiography If 6.18a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1) CT scan (computer tomography) If 6.19a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1) MRI (magnetic resonance imaging) If 6.20a=1-5, please indicate whether the availability/functionality in previous question w	vas reported or ob	staff mendo staff member staff	mber trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained/ond functional loer trained or a Available but functional	qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available anal and there is a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available anal and there is a qualified to use it ut non-functional ionality unknown a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown ionality unknown	2 3 4 5 6 1, reported 2, observed 1 2 3 4 5 1, reported 2, observed 1 2 3 4 5
6.18b III a (If 6.18a=1-5, please indicate whether the availability/functionality in previous question was (question only to be answered if 1.03=1) CT scan (computer tomography) If 6.19a=1-5, please indicate whether the availability/functionality in previous question was (question only to be answered if 1.03=1) MRI (magnetic resonance imaging) If 6.20a=1-5, please indicate whether the availability/functionality in previous question was availability in previ	vas reported or ob	staff mendo staff member staff	mber trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained or a Available but functional loer trained/ond functional loer trained/ond functional loer trained or a Available but functional	qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available anal and there is a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available anal and there is a qualified to use it ut non-functional ionality unknown a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown ionality unknown	2 3 4 5 6 1, reported 2, observed 1 2 3 4 5 1, reported 2, observed 1 2 3 4 5
6.19a C 6.19b III a (6.20a A	availability/functionality in previous question was (question only to be answered if 1.03=1) CT scan (computer tomography) If 6.19a=1-5, please indicate whether the availability/functionality in previous question was (question only to be answered if 1.03=1) MRI (magnetic resonance imaging) If 6.20a=1-5, please indicate whether the availability/functionality in previous question was availability functionality in previous question was availability functionality in previous question was availability functionality in previous questi	vas reported or ob	Availab staff mem Availab staff mem Availab staff me Availab staff mem Available a staff mem Available Avail	mber trained/ond functional loer trained or one Available but functional loer trained/ond functional loer trained or one Available but functional loer train	nal and there is a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown Not available nal and there is a qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown	1, reported 2, observed 1 2 3 4 5 1, reported 2, observed 1 2 3 4 5 1 2 3 4
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6.20a A	availability/functionality in previous question was (question only to be answered if 1.03=1) MRI (magnetic resonance imaging) If 6.20a=1-5, please indicate whether the availability/functionality in previous question was a second or se		Availab staff me Available a staff meml Avail	mber trained/o and functional l ber trained or o Available bu able but functi	qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown	1, reported 2, observed 1 2 3 4
6.20b II	If 6.20a=1-5, please indicate whether the availability/functionality in previous question w	vas renorted or ob	staff me Available a staff meml Avail	mber trained/o and functional l ber trained or o Available bu able but functi	qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown	1 2 3 4
a (availability/functionality in previous question w	vas renorted or ob			Not available	6
6.21a F	If 6.20a=1-5, please indicate whether the availability/functionality in previous question was reported or observed (question only to be answered if 1.03=1)				1, reported 2, observed	
	Fluoroscopy Available and functional and there is staff member trained/qualified to use and functional but there is not staff member trained or qualified to use and functional but there is not staff member trained or qualified to use and functional fun		qualified to use it but there is not a qualified to use it ut non-functional ionality unknown ionality unknown	1 2 3 4 5		
а	If 6.21a=1-5, please indicate whether the availability/functionality in previous question w (question only to be answered if 1.03=1)	vas reported or ob	oserved		Not available	1, reported 2, observed
SECTION	N 7: Medication and Commodities					
Check th	he dates of the stored product					
	Does this facility stock the following			Availability		
S T t	medicines/equipment?(check the date of the stored product) The brand (marketing) name may be different from the generic names used in this list. However, the generic name should be used under ingredients listed on the drug container.	Yes, at least one available and in date	Yes, but all out of date	Not today	Availability unknown	Never
7.01	Paracetamol	1	2	3	4	5
7.02	Codeine	1	2	3	4	5
7.03	Morphine	1	2	3	4	5
7.04	Alendronic Acid	1	2	3	4	5
7.05	Zoledronate	1	2	3	4	5
7.06	Calcium supplement tablets		2	3	4	5
7.07	Vitamin D supplements		2	3	4	5
7.08	Normal saline IV solution		2	3	4	5
7.09	Ringers lactate IV solution (Also known as Hartmann's solution)		2	3	4	5
7.10 7.11	5% dextrose IV solution Skin disinfectant		2 2	3	4	5
7.11	Gowns		2	3	4	5
7.12	Eye protection (goggles or face shields)	1	2	3	4	5
7.13	Medical (surgical or procedural) masks	1	2	3	4	5
7.15	Absorbable suture material		2	3	4	5
7.16 Supply C	Non-absorbable suture material	1	2	3	4	5

	T	T	Supplementary in	TOTTILATION SE 1103pital	service ques
7.18a	Who is the principal person responsible			Nurse	
7.18b	for managing the ordering of medical		C	llinical/Medical Officer	
	supplies at this facility?			Pharmacy technician Pharmacist	
				Medical assistant	
				Other	
			If 'Other'	(above), please specify:	
7.19	Which of the following mechanisms is used				
7.20	to determine this facility's resupply				
7.21a	quantities?	Yes	No	Don't know	
7.21b	The facility itself (pull distribution system		2	3	
	A higher-level facility (push distribution		2	3	
	system Othe		2	3	
	(specify below			3	
	(4)				
	Please specify an 'other' systems (above):				
7.22a	, ,,,,		Foi	mula (any calculation)	
7.22b	determined?			Don't know Other means	
				(specify below)	3
	If 'other' (above), please specify:			(specify second)	
7.23a	What is the main source of your routine pharr	naceutical	For	rmula (any calculation)	1
7.23b	commodity supplies? i.e who is the direct supp	lier to your		Joint medical stores	
	facility?			NGO/donors	
				Private sources	
	If 'other' (above), please specify:	T		Other	5
7.24a	, ,,, ,				
7.24b	, ,				
7.24c	products? Provide the number of months,				
	weeks and days taken (if less than 1 month,	[][]months[][_]weeks[_]days		
	enter 0 months but enter number of weeks][_]wcck3[_]day3		
	and days. If less than 1 week enter 0				
	months and 0 weeks and just enter number of days)				
SECTIO	ON 8: Fracture care				
8.01a		tment of patients w	rith fractures? Tick all th	at apply	
				its (for limb fractures)	1
			Slir	ngs (for arm fractures)	2
				Plaster of Paris	3
			Walld	Lower limb traction	4
				ng aids (e.g. crutches) one of those available	5 6
8.01b	If 8.01a=1-5, please indicate whether availabili	ty in previous guest			1,
	(question only to be answered if 1.03=1)		•		reported
					2,
9.02	Do you have clinical guidelines on esta energi	managament?			observed
8.02	Do you have clinical guidelines on osteoporosis	s management:			1 Yes 0 No
8.03	Does this facility offer care for people with sus	pected hip fracture	s?		0110
	Select one option only	,			
				igation and treatment	1
			Diagnostic investiga	ation and referral only	2
	If OO OO down a climible to complete him for atomic			Referral only	3
9.04	If Q8.03= 1 or 2, eligible to complete hip fracture	•		provido facility namo an	d addross
8.04	If patients get referred for hip fracture care, wh	ere do you routinet	y refer them to: Please [or ovide facility halfie an	u auui ESS
8.05	Regarding management of suspected hip fractu	ıre patients, do you	have a clinical guidelir	ne on	
	(select all that apply):	, , , , ,	5		
				Pain management	1
			Dia	gnostic investigations	2
					3
You ba	 ave now completed all of the questions in this s	urvey Thank you	for your participation	None of the above	
	in general or to specific questions, please tel		, our pur ticipation.	you have any confill	
	ON G: Researcher's/respondent's observation				
9.01	General comments				
0.02					
9 117	Comments on specific questions				
9.02	Comments on specific questions				
9.02	Comments on specific questions				
9.02	Comments on specific questions				
9.02	Comments on specific questions Data Collection: End date		day/month/year)		

Facility	N 1, Identification	
1.01	Data collection start date	[][]/[][]/[][]
1.01	bata concector start aute	[_][_]'[_][_]' [_][_]
1.02	Country	(day/month/year)
1.02	The Gambia	1
	Zimbabwe	2 3
	South Africa	3
	Is this form being completed by an Orthopaedic surgeon?	
	Yes	1
1.03	Method of data collection	_
	Face-to-face researcher administered questionnaire	1 2
	Virtual researcher administered questionnaire Online survey completed by respondent	3
	Paper form sent to facility (4)	
1.03b	Researcher ID	
D	(only to be asked if 1.03=1 or 1.03=2)	
Respond 1.04	Name of main respondent completing questionnaire	<u> </u>
1.05	Main respondent's position in facility	
	· · · · ·	
1.06a 1.06b	Main respondent's primary telephone number: (Include area code if applicable) Main respondent's secondary telephone number (optional): (Include area code if	
1.000	applicable)	
1.07a	Main respondent's primary email address:	
1.07b	Main respondent's secondary email address (optional):	
	HIP FRACTURE SERVICE	
SECTION	2: General Information	
2.01	Does this facility have clinical guidelines on Osteoporosis management?	
	Yes	
2.02	No Regarding management of suspected hip fracture patients, does this facility have a clinical	0
2.02	guideline on: (select all that apply)	
	Pain management	1
	Diagnostic investigations	
	Referral for care	
	None of the above	4
2.03	Does this facility offer care for people with suspected hip fractures?	
	Diagnostic investigation and treatment	
	Diagnostic investigation and referral only Referral only	
	Neichtat Only	3
If the fac	sility offers diagnostic investigation and referral only (O2 02-2) SKIP to O2 05	
	cility offers diagnostic investigation and referral only (Q2.03=2) SKIP to Q2.05.	
	=3 END the questionnaire.	
If Q2.03=	=3 END the questionnaire. Does this facility provide: Select all that apply Non-surgical treatment (e.g. traction) for a hip fracture	
If Q2.03=	=3 END the questionnaire. Does this facility provide: Select all that apply	
If Q2.03=	Does this facility provide: Select all that apply Non-surgical treatment (e.g. traction) for a hip fracture Surgical treatment for a hip fracture How many days per week is this facility open to receive people with suspected hip	
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2.09b	Please indicate if this is based on records or e	estimates:			
		Records Estimates	1 2		
2.09c	falling over)?	age were caused by a low impact injury (such as	[_][_]%		
2.00.1	(Only asked for repeated facilities) Please indicate if this is based on records or estimates:				
2.09d	Prease indicate it this is based of records of e	Records	1		
		Estimates	2		
2.10a	In 2020, what percentage of all the people wi hospital from another health facility?	[_][_]%			
2.10b	Please indicate if this is based on records or	estimates:			
		Records Estimates	1 2		
2.10c	In 2022, what percentage of all the people wi	th hip fractures had been referred to your	[][][]%		
	hospital from another health facility? (Only asked for repeated facilities)	•			
2.10d	Please indicate if this is based on records or e				
		Records Estimates	1 2		
2.11a	Over the last 4 weeks, how many people with	a hip fracture have attended this facility?			
2.11b	Please indicate if this is based on records or e	estimates: Records	4		
		Estimates	1 2		
2.12a	Of those hip fractures in the last 4 weeks, wh	at percentage were caused by a low impact	[_][_]%		
	injury (such as falling over)?				
2.12b	Please indicate if this is based on records or e				
		Records Estimates	1 2		
2.13a	· · · · · · · · · · · · · · · · · · ·	the people with hip fractures had been	[_][_]%		
2.13a 2.13b	Over the last 4 weeks, what percentage of all referred to your hospital from another health Please indicate if this is based on records or 6	facility? estimates	[_][_]%		
	referred to your hospital from another health	facility? estimates Records	1		
2.13b	referred to your hospital from another health	facility? estimates			
2.13b SECTION Before a	referred to your hospital from another health Please indicate if this is based on records or e N 3: Pathways of hip fracture care arrival to your health facility	facility? estimates Records Estimates	1 2		
2.13b <u>SECTION</u>	referred to your hospital from another health. Please indicate if this is based on records or each of the second	facility? estimates Records Estimates Family	1 2		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours	1 2		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic	1 2		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse	1 2 1 2 3 4 5		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary	1 2 1 2 3 4		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non-	1 2 1 2 3 4 5		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters	1 2 3 4 5 6		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church	1 2 3 4 5 6 7 8		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic	1 2 3 4 5 6 7 8 9		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church	1 2 3 4 5 6 7 8		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify)	1 2 3 4 5 6 7 8 9 10		
2.13b SECTION Before a	referred to your hospital from another health. Please indicate if this is based on records or each of the second	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance	1 2 3 4 5 6 7 8 9 10		
2.13b SECTION Before a 3.01	referred to your hospital from another health. Please indicate if this is based on records or experience in the second of the s	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport	1 2 3 4 5 6 7 8 9 10 11 12		
2.13b SECTION Before a 3.01	referred to your hospital from another health. Please indicate if this is based on records or experience in the second of the s	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport	1 2 3 4 5 6 7 8 9 10 11 12		
2.13b SECTION Before a 3.01	referred to your hospital from another health. Please indicate if this is based on records or experience in the second of the s	Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport	1 2 3 4 5 6 7 8 9 10 11 12		
2.13b SECTION Before a 3.01	referred to your hospital from another health. Please indicate if this is based on records or experience in the second of the s	Facility? Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12		
2.13b SECTION Before a 3.01	referred to your hospital from another health. Please indicate if this is based on records or expenses indicate if this is based on records or expenses. Note: A 3: Pathways of hip fracture care carrival to your health facility. Whom would a patient most commonly contact for help if they injure their hip and cannot bear weight? Select up to 3 responses. How would a person with a suspected hip fracture most commonly be transported to your facility? On average, how long do you estimate it takes reach your facility after the injury has occurred.	Facility? Records Estimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify) Do not know Please specify 'other' stor a patient with a suspected hip fracture to	1 2 3 4 5 6 7 8 9 10 11 12		
2.13b SECTION Before a 3.01	referred to your hospital from another health. Please indicate if this is based on records or experience indicate if this is based on records or experience indicate if this is based on records or experience indicate if this is based on records or experience indicate in the process of the process is based on records or experience indicate in the process is based on records or experience in the process is based on records or e	Facility? Records Estimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify) Do not know Please specify 'other' s for a patient with a suspected hip fracture to red: Please answer in either days or hours	1 2 3 4 5 6 7 8 9 10 11 12		
2.13b SECTION Before a 3.01 3.02	referred to your hospital from another health. Please indicate if this is based on records or early arrival to your health facility. Whom would a patient most commonly contact for help if they injure their hip and cannot bear weight? Select up to 3 responses. How would a person with a suspected hip fracture most commonly be transported to your facility? On average, how long do you estimate it takes reach your facility after the injury has occurr (below) Number of days: enter 0 if less than one day, Number of hours: enter 0 if wishing to provide	Facility? Pestimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Other (specify) Do not know Please specify 'other' s for a patient with a suspected hip fracture to red: Please answer in either days or hours and provide answer in hours (below) e answer only in days	1 2 3 4 5 6 7 8 9 10 11 12		
2.13b SECTION Before a 3.01	referred to your hospital from another health. Please indicate if this is based on records or early arrival to your health facility Whom would a patient most commonly contact for help if they injure their hip and cannot bear weight? Select up to 3 responses How would a person with a suspected hip fracture most commonly be transported to your facility? On average, how long do you estimate it takes reach your facility after the injury has occurred below) Number of days: enter 0 if less than one day, Number of hours: enter 0 if wishing to provide thas a person with a suspected hip fracture	Facility? Pestimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify) Do not know Please specify 'other' s for a patient with a suspected hip fracture to red: Please answer in either days or hours and provide answer in hours (below) answer only in days No	1 2 3 4 5 6 7 8 9 10 11 12 12 1 2 3 4 5 5 5 1 1 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 1 1		
2.13b SECTION Before a 3.01 3.02	referred to your hospital from another health. Please indicate if this is based on records or each of the plant of the pl	Facility? Estimates Records Estimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify) Do not know Please specify 'other' s for a patient with a suspected hip fracture to red: Please answer in either days or hours and provide answer in hours (below) answer only in days No Simple painkillers (e.g. paracetamol)	1 2 3 4 5 6 6 7 8 9 10 11 12 12 1 2 3 4 5 5 5 1 1 2 2 3 4 5 5 1 1 2 2 3 4 5 5 1 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1		
2.13b SECTION Before a 3.01 3.02	referred to your hospital from another health. Please indicate if this is based on records or experience in the process of the plant of the process of the plant	Facility? Pestimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify) Do not know Please specify 'other' s for a patient with a suspected hip fracture to red: Please answer in either days or hours and provide answer in hours (below) e answer only in days No Simple painkillers (e.g. paracetamol) Oral opiates	1 2 3 4 5 6 6 7 8 9 10 11 12 12 1 2 3 4 5 5 5 1 1 2 2 3 4 5 5 1 1 2 2 3 4 5 5 1 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1		
2.13b SECTION Before a 3.01 3.02	referred to your hospital from another health. Please indicate if this is based on records or each of the plant of the pl	Facility? Estimates Records Estimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify) Do not know Please specify 'other' s for a patient with a suspected hip fracture to red: Please answer in either days or hours and provide answer in hours (below) answer only in days No Simple painkillers (e.g. paracetamol)	1 2 3 4 5 6 6 7 8 9 10 11 12 1 2 3 4 4 5 5 5 5 5 5 6 6 7 7 8 9 10 11 12 12 1 1 2 1 1 2 1 1 1 1 1 1 1 1		
2.13b SECTION Before a 3.01 3.02	referred to your hospital from another health. Please indicate if this is based on records or earrival to your health facility Whom would a patient most commonly contact for help if they injure their hip and cannot bear weight? Select up to 3 responses How would a person with a suspected hip fracture most commonly be transported to your facility? On average, how long do you estimate it take reach your facility after the injury has occur (below) Number of days: enter 0 if less than one day, Number of hours: enter 0 if wishing to provide Has a person with a suspected hip fracture usually received pain medication before they arrive at your facility? If so, which one(s)? (several options may apply)	Facility? Pestimates Records Estimates Family Friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary Community based organisation (CBO) or non- governmental organisation (NGO) Traditional healers/bonesetters Religious leader/church Private doctor/clinic Other (specify) Do not know Please specify 'other' Ambulance Private transport Public transport Other (specify) Do not know Please specify 'other' s for a patient with a suspected hip fracture to red: Please answer in either days or hours and provide answer in hours (below) answer only in days No Simple painkillers (e.g. paracetamol) Oral opiates Injected opiates	1 2 3 4 5 6 6 7 8 9 10 11 12 12 1 2 3 4 4 5 5 1 2 3 4 4 5 5		

Within v	our health facility		
3.05	On arrival at your facility, who is the person wi	th a suspected hip fracture assessed hv?	
3.03	(several may apply)	and a suspected risp fracture assessed by:	
	(βενειαι παγ αρριγ)	A.I.	
		Nurse	1
		Clinical Officer	2
		General doctor	3
		Emergency department doctor	4
		General surgical doctor	5
		Orthopaedic doctor	6
		Geriatric medicine doctor	7
		Internal medicine doctor	8
		Anaesthetist	9
		Other (specify)	10
	Please specify 'other' (as reported above)		
3.06	On arrival at your facility, what pain relief is a p	erson with a suspected hip fracture offered?	
	(several may apply)		
	(coverational approx)	Simple painkillers such as paracetamol	1
		Oral opiates	2
		•	
		Intramuscular injection of opiates	3
		Intravenous injection of opiates	4
		Nerve block (e.g. of the femoral nerve)	5
		Other (specify below)	6
		Please specify 'other'	
3.07	Which is the first imaging technique offered to		
3.07	(several may apply)	a person with suspected in pinaetare.	
	, , , , , ,	Antorior-postorior (AD) radiograph of the polici-	1
	·	Anterior-posterior (AP) radiograph of the pelvis	1
		AP radiograph of the hip	2
		Lateral radiograph of the hip	3
		Other (specify below)	4
		Please specify 'other' (as reported above)	
3.08	Is traction (skin or skeletal) routinely applied to		
3.55	is a decision (similar shere ear) routinety applied to	Yes	1
		No No	
3.09	What is the average waiting time in hours from a	arrival at your facility to admission to the	[][] hours
	ward? If less than 1 hour, fill in 00		
	Skip this question if clinical facility does not admit	patients with hip fractures (Q2.03=2)	
3.10	What is the average waiting time in hours from a	rrival at your facility to onward referral for	[][] hours
	hip fracture care? If less than 1 hour, fill in 00	, ,	
	Skip this question if clinical facility admits patients	with hin fractures (02.02-1)	
	Do you have guidelines on the following:		
	, ,		Han a same of the
	Please send a copy of available guidelines to		Has a copy of the
	study team		guideline sent/given to
3.11	Osteoporosis management?	1 Yes/ 0 No	the study team?
	Management of suspected hip fracture	1 Yes/ 0 No	1 Yes / 0 No
3.12	patients regarding pain management?		1 Yes/ 0 No
3.13	Management of suspected hip fracture	1 Yes/ 0 No	
3.14	patients regarding diagnostic investigations?		1 Yes/ 0 No
		1 Yes/ 0 No	1 1637 0110
3.15	Management of suspected hip fracture	I TES/ UNO	437 (03)
	patients regarding referral for care?		1 Yes/ 0 No
	None of the above guidelines?		
	Copies of guidelines should be emailed to		
	local research assistant		
		We don't have any of the above guidelines	
		I was a way or the above galactines	
Complete	a this section cultivities and the section cultivities are section cultivities are section cultivities and the section cultivities are section cultivities and the section cultivities are section cultivities are section cultivities and the section cultivities are section cultivities and the section cultivities are section cultivi	1	VID 40 O 4 O 4
•	te this section only if facility provides surgical trea		\IM 10 Q4.04
3.16	Who routinely assesses the patient on the ward	d betore surgery for a hip fracture? (several	
	may apply)		
		Clinical Officer	
		General surgeon	2
		Orthopaedic surgeon	
		Geriatric medicine doctor	4
		Internal medicine doctor	5
		Anaesthetist	_
		Other (specify)	7
	If 'other' (above), please specify		
3.17a	Do patients with a hip fracture have a routine a	assessment of their cognitive function before	
	surgery?		
	<u> </u>	question Abbreviated Mini-mental Test (AMT)	1
		Yes, 4AT	
		No	3
		Other	4
2 4 71	Diago specific type of (athor) (remarked alice)	Other	T
3.17b	Please specify type of 'other' (reported above)		C 3C 3 1
3.18	What is the average time in days between pres	enting to hospital and performing surgery for	[_][_] days
	a hip fracture? If less than 1, enter 00		
3.19	What percentage of patients with hip fractures	receive surgery in your facility?	[][][]%
	How important are the following factors when		
	surgery for a hip fracture: For each factor, use a		
	important" and 10 being "extremely importar		
2.25	important and to being extremely importar		r 1r 1
3.20		Patient's health?	[][]
3.21		Patient's age?	LJLJ

3.22	Patient's wishes?	<u>[_][_]</u>
3.23 3.24	Family's wishes? Patient's ability to pay for the operation?	<u> </u> r
3.25	Availability of equipment	LJLJ [
3.26	Availability of surgical expertise?	<u> </u>
3.27	Availability of anaesthetic expertise?	
3.28a	Are there any other factors, if so please specify these factor/s: specify factors, or leave	
3.28b	blank if there are no others	
3.29	If there are other factor/s, please specify their importance What percentage of patients who receive surgery for their hip fracture has the operation	[][][]%
3.29	done under general anaesthesia? percentage	LJLJ^/*
3.30	What percentage of patients who receive surgery for their hip fracture has the operation done under spinal anaesthesia? percentage	[_][_]%
3.31	What percentage of patients gets a regional nerve block (e.g. of the femoral nerve) as part of their anaesthetic?? percentage	[_][_]%
3.32	Who usually gives the anaesthesia for hip fracture surgery in your facility?	
	A fully qualified anaesthetist	
	An anaesthetist in training	
	An anaesthetic assistant	3
	Other (specify)	4
	Please specify 'other' (as selected above)	
3.33	Which of the following hip fracture fixation prostheses are available in hospital stock for use in	
	your hospital today? (several may apply)	
	Total hip replacement (THR)	1
	Hip hemi-arthroplasty IM (intramedullary) nail	
	Cannulated screws	
	Sliding hip screw	
	None of those available	6
3.34	For patients with an undisplaced intra-capsular fracture, what is your hospital's preferred	
	surgical option Screw fixation	1
	Sliding hip screw fixation	
	Hemi-arthroplasty cemented	3
	Hemi-arthroplasty uncemented	
	Total hip replacement (THR)	
	No standardisation Other (specify)	
	Do not know	
	No standardisation - further detail	
	Please specify 'other' (as selected above)	
3.35	For patients with a displaced intra-capsular fracture, what is your hospital's preferred surgical option	
	e ,	
	Screw fixation	
	Screw fixation Sliding hip screw fixation	2
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented	2 3
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented	2 3 4
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented	2 3 4 5
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify)	2 3 4 5 6 7
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know	2 3 4 5 6 7
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail	2 3 4 5 6 7
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above)	2 3 4 5 6 7
3.36	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement?	2 3 4 5 6 7 8
3.36	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented	2 3 4 5 6 7 8
3.36	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented	2 3 4 5 6 7 8
3.36	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented	2 3 4 5 6 7 8
3.36	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference)	2 3 4 5 6 7 8
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know	2 3 4 5 6 7 8
3.36	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No	2 3 4 5 6 7 8
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation	2 3 4 5 6 7 8
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation	2 3 4 5 6 7 8 1 2 3 4 5
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference)	2 3 4 5 6 7 8
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify)	2 3 4 5 6 7 8
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference)	2 3 4 5 6 7 8 1 2 3 4 5
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify)	2 3 4 5 6 7 8 1 2 3 4 5
	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify) Do not know Please specify 'other' (as selected above) For patients with a complex (more than two-part) extra-capsular fracture, what is your	2 3 4 5 6 7 8 1 2 3 4 5
3.37	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty cemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify) Do not know Please specify 'other' (as selected above) For patients with a complex (more than two-part) extra-capsular fracture, what is your hospital's preferred surgical option:	2 3 4 5 6 7 8 1 2 3 4 5
3.37	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify) Do not know Please specify 'other' (as selected above) For patients with a complex (more than two-part) extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation	2 3 4 5 6 7 8 1 2 3 4 5
3.37	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify) Do not know Please specify 'other' (as selected above) For patients with a complex (more than two-part) extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Sliding hip screw fixation	2 3 4 5 6 7 8 1 2 3 4 5
3.37	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify) Do not know Please specify 'other' (as selected above) For patients with a complex (more than two-part) extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation	2 3 4 5 6 7 8 1 2 3 4 5
3.37	Screw fixation Sliding hip screw fixation Hemi-arthroplasty cemented Hemi-arthroplasty uncemented Total hip replacement (THR) No standardisation Other (specify) Do not know No standardisation - further detail Please specify 'other' (as selected above) Are patients with good mobility before hip fracture routinely offered a total hip replacement? Yes, cemented Yes, uncemented Yes, either cemented or uncemented (i.e. according to surgeon's preference) No Do not know For patients with a two-part extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Either IM nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference) Other (specify) Do not know Please specify 'other' (as selected above) For patients with a complex (more than two-part) extra-capsular fracture, what is your hospital's preferred surgical option: IM (intramedullary) nail fixation Sliding hip screw fixation Sliding hip screw fixation Sliding hip screw fixation or Sliding hip screw fixation sliding hip screw fixation or Sliding hip screw fixation sliding hip screw fixation or Sliding hip screw fixation sliding hip screw fixation or Sliding hip s	2 3 4 5 6 7 8 1 2 3 4 5

3.39	For patients with a reverse oblique (lateral wall) extra-capsular fracture, what is your	
	hospital's preferred surgical option: IM (intramedullary) nail fixation	1
	Sliding hip screw fixation	2
	Either nail fixation or sliding hip screw fixation (i.e. according to surgeon's preference)	3
	Other (specify)	4
	Do not know	5
	Please specify 'other' (as selected above)	
3.40	What wards do patients go to after hip fracture surgery? (indicate all that apply)	
	General ward	1
	Surgical ward Geriatric ward	2
	Specialist orthopaedic ward	3 4
	Other (specify below)	5
	Please specify 'other' (as selected above)	
3.41	Which doctors are routinely involved in the care of patients with hip fractures whilst in your	
	facility: (indicate all that apply) Anaesthetists	1
	Orthopaedic surgeons	1 2
	Geriatricians	3
	General internal medics	4
	Palliative care doctors	5
	Rehabilitation doctors	6
	Other (specify below)	7
	Please specify 'other' (as selected above)	
3.42	Which of the following staff are routinely involved in the care of patients with hip fractures whilst in your facility: (indicate all that apply)	
	General nurses	1
	Specialist orthopaedic nurses	2
	Physiotherapists	3
	Occupational therapists Dietitians	4
	Pharmacists	5 6
	Social workers	7
	Case managers	8
	Other (specify below)	9
	Please specify 'other' (as selected above)	
	What percentage of patients with hip fractures develop the following complications whilst	
3.43	they are in your facility: Pressure sores	[][][]%
3.43		<u></u>
3.44	a DVT or PE	[_][_]%
3.45	post-operative wound infection	[_][_]%
3.46	Other post-operative wound infections, including pneumonia and urinary infection	[][][]%
3.47	What percentage of patients in your facility are routinely allowed to put their full weight on their injured leg in the first 24 hours after surgery? Fill in 999 if you do not know	[_][_]%
	How many days after surgery are patients allowed to put their full weight on their operated	
	leg?	[][].daa
3.48	After arthroplasty Fill in 99 if not used in your facility After an internal fixation of an intracapsular hip fracture Fill in 99 if not used in your facility	[][]days [][]days
3.49	After an internal fixation of an extracapsular hip fracture Fill in 99 if not used in your facility	
	,	
3.50		
3.51	If you would like to provide more information on weight bearing post-surgery, please do so her	
	· · · · · · · · · · · · · · · · · · ·	e: Fill in 99 if not used in
	your facility	e: Fill in 99 if not used in
3.52	your facility	e: Fill in 99 if not used in
3.52	· · · · · · · · · · · · · · · · · · ·	e: Fill in 99 if not used in [_][_]days
3.52	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used	
	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used in your facility	
3.52	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used	
	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used in your facility Who helps the patients to mobilise?	
	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used in your facility Who helps the patients to mobilise? (select all that apply) General Nurse Orthopaedic nurse	[_][_]days 1 2
	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used in your facility Who helps the patients to mobilise? (select all that apply) General Nurse Orthopaedic nurse Physiotherapist	[_][_]days 1 2 3
	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used in your facility Who helps the patients to mobilise? (select all that apply) General Nurse Orthopaedic nurse Physiotherapist Occupational therapist	[][]days 1 2 3 4
	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used in your facility Who helps the patients to mobilise? (select all that apply) General Nurse Orthopaedic nurse Physiotherapist Occupational therapist Family	[_][_]days 1 2 3 4 5
	your facility How many days after surgery do you routinely start mobilising patients? Fill in 99 if not used in your facility Who helps the patients to mobilise? (select all that apply) General Nurse Orthopaedic nurse Physiotherapist Occupational therapist	[][]days 1 2 3 4

	Supplementary Informa	tion S2 Fracture service questionnaire
3.54a	What equipment do you routinely have available to help mobilise patients?	tion 32 i ractare service questionnant
	(select all that apply)	
	Walking sticks	1
	Crutches	2
	Walking (Zimmer) frame	3
	Pulpit frame	4
	Sara Stedy™	5
	Wheelchair	6
	Hoist	7
	Other (specify)	8
3.54b	please specify 'other' (as answered above):	
3.340	What equipment are you able to provide for patients at discharge to take home:	
	What equipment are you able to provide for patients at discharge to take nome.	Response options:
3.55	Walking sticks	1 Available at no cost to
3.56	Crutches	patient
3.57	Walking (Zimmer) frame	2 Available to patient if
3.58	Wheelchair	they pay
3.59	Hoist	3 Not available
3.60	Other	
	please specify 'other' equipment (as answered above)	
3.61	On average, how many days do people with a hip fracture who have an operation stay in your facility?	[_][_] days
3.62	On average, how many days do people with a hip fracture who DO NOT have an operation	[][] days
	stay in your facility?	
3.63	If indicated, what medication do you prescribe for osteoporosis before discharge from your facility? (indicate all that apply)	
	Calcium and vitamin D supplements	1
	Alendronic acid (oral tablets)	2
	Risedronate (oral tablets)	3
	Ibandronic acid (oral tablets)	4
	Zoledronate (intravenous)	5
	Hormone replacement therapy (for women)	6
	Raloxifine (oral tablets)	7
	Strontium ranelate (oral sachets)	8
	Teriparatide (subcutaneous injections) Which of the following investigations do you use to identify people who need these	9
3.64	medications for osteoporosis? (indicate all that apply)	
3.01	X-ray	1
	DXA scan (of hip and lumbar spine)	2
	DXA VFA scan (vertebral fracture assessment)	3
	CT-scan	4
	MRI	5
	Blood tests for bone turnover markers	6
	Fracture risk assessment tool (e.g. FRAX)	7
	Other (specify) None	8
	None	7
3.65	Is a DXA scanner available in this facility?	
	Available and functional	1
	Available but non-functional	2
	Available but functionality unknown Not available	3
SECTION	N 4: Guidelines and protocols for hip fracture care	4
_	end copies of guidelines/protocols to study team if available	
	For hip fracture patients, do you have:	Copy sent to study
	(indicate all that apply, and please send the study team a copy of guidelines/protocols if	team if available
4.01	available)	
	1 A written treatment plan for care before bespital (a.g. ambulance care)	(a) 1 Yes / 0 No
	1 A written treatment plan for care before hospital (e.g. ambulance care) 2 Standardised admission paperwork (e.g. hip fracture admission proforma)	(a) 1 Yes/ 0 No (b) 1 Yes/ 0No
	3 Protocol/ policy for pain management before surgery	(c) 1 Yes/ 0 No
	4 Protocol/ policy for pain management after surgery	(d) 1 Yes/ 0 No
	5 Standardised assessment of readiness to be discharged	(e) 1 Yes/ 0 No
	6 Written treatment plan for after discharge	(f) 1 Yes/ 0 No
	7 Local guideline for osteoporosis management	(g) 1 Yes/ 0 No
	8 None of the above	
	Copies of guidelines should be emailed to local research assistant	
	Copies of guidelines should be emailed to local research assistant	
4.02	Do you routinely collect data on patients with a hip fracture after they have been discharged?	
	Yes	1
	No	0
	If not (4.02=2), SKIP to 4.04	
4.03a	What data do you routinely collect after discharge? (indicate all that apply)	
	Death	1
	Cause of death	2
	Re-admission for hip fracture/surgery related problem	
	Re-operation	4

		Other (specify)	5		
4.03b					
Please sp	Please specify 'other' (reported above)				
4.04	Data collection:	[_][_]/[_][_] (day/month/year)			
	End date				
You have	now completed all the c	uestions of this survey. Thank you very much for your participation.			

SECTION	1: IDENTIFICATION					
1.01	Data collection start date		[_][_]/[_][_] (day/month/year)			
	Full Date must be entered					
1.02	Country	The Gambia	1			
1.03a	Method of data collection					
	Face-to-face researcher-administe Virtual researcher-administe Online survey complete	ered questionnaire	1 2 3			
1.03b	Interviewer (only to be asked if 1.03a=1 or 1.03a=2)					
Geograp	Geographic Coordinates					
We would like to know the location (latitude and longitude) of your facility. Please select from the two options below which						
method y	ou would prefer to use for entering these geog	graphical coordi	nates.			
1.04	Method for reporting facility latitude C longitude	(1) Enter l	atitude C longitude using maps.me (option for study team doing face to face data collection)			
		(2) Send	location using WhatsApp (remote data collection - Android phone and internet connection needed)			
		(3) Enter l	atitude C longitude using google maps (remote data collection - computer, tablet or iphone needed)			
		If 1.04=(1), continue to next question, If 1.04=(2), skip to 1.0c			
If 1.04=2: To share the location of the facility with the study team via WhatsApp on your Android mobile phone, please follow these instructions: f) Turn on wifi or mobile data and location (GPS) in your phone settings Swipe down from the top of your screen and tap the location symbol – when it turns blue it is switched on g) Open WhatsApp and begin a new message to Study Team h) Press the paperclip button, next to where you'd type a new message Click 'Location' from the options (you may be prompted to allow WhatsApp to access your location, please allow this. You can change settings back afterwards). i) By default your current location will be selected. If you are currently located at the facility (this is the preference), then click the 'Send your current location' button, then immediately send another message with the ID number and name of the facility j) If you are not currently located at your facility but you know where it is on a map, press the button in the top left-hand corner (four corners of a square inside a circle), and drag the map to the location of your facility. You may need to zoom in or out to find the right place. Once the pin is in the right place, push the 'Send this location' button then immediately send another message with the ID						
1.05	mber and name of your facility If 1 04=7	DD/MM/YYYY ·	HH·MM			
	If 1.04=2 for confirmation purposes, please enter date and time of sending the facility location please click the 'Now' button (to the right) to enter the date & time of sending the facility location over WhatsApp					
	• • • • • • • • • • • • • • • • • • • •	eam doing in-p	erson data collection, no internet connection			
needed)						
 f) Turn on location (GPS) in your device g) Open the maps.me app h) Press the blue arrow in the bottom right corner to navigate to your current location i) Tap on the location on the map; the latitude and longitude coordinates will display (you may need to scroll down a little). These will be two numbers specified to over 5 decimal places j) You can copy and paste this into the REDCap form by tapping and holding the number Notes: the Maps.me App and The Gambia map within in it must be downloaded onto device in advance 						
	on the GPS coordinates displays them in differer and not degrees, minutes and seconds format e		copy the decimal degrees format e.g. 41.40338, N 2° 10'26.5"E			
f) g)	Instructions for sending coordinates using Google maps (computer, tablet or iphone needed): f) Turn on wifi or data mobile data, and location (GPS) in your phone, tablet or browser settings g) Open the Google maps app or website h) Either select your current location (if at a facility, the preference) i) Or find and click to drop a pin where the facility is located					
1.06a	Please enter facility's latitude (the first number from the coordinates):					
1.06b	Please enter at least FOUR numbers after the decimal point. Take care to enter a negative sign ('-') if present: Please enter facility's longitude (the second		Valid simple standard ranges: 13 to 14 (Gambia),			
1.000	number from the coordinates):		*			

	Please enter at least FOUR numbers after the		
	decimal point. Take care to enter a negative sign	Valid simple standard range	s: -12 to -17 (Cambia)
	('-') if present:	valid siiripie staridard rarige	313 to -17 (Garribia)
SECTION	2: Background and workplace		
2.01	How many years have you worked as a bone	[_][_] (years)	
2.01	setter?	00 if less than 1 year	
2.02a	Who was the main person who trained you	Another bone setter from my family	1
	to become a bone setter?	Another local bone setter	2
		Another bone setter further away	3
		I trained myself	4
		Other	5
2.02b	Other (specify)		
2.03	In which regions have you worked as a bone	Lower River Region (LRR)	1
	setter?	Central River Region (CRR)	2
		North Bank Region (NBR)	3
		Upper River Region (URR) West Coast Region (WCR)	4 5
		Banjul City Council (BCC)	6
		Kanifing Municipal Council (KMC)	7
2.04	How many days in the week do you usually wo	• • • • • • • • • • • • • • • • • • • •	,
		Less than 1 day	0
		1 day	1
		2 days	2
		3 days	3
		4 days	
		5 days	
		6 days	
2.05	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 days	7
2.05	Where do you mainly work from as a bone setter?	From a separate work facility	1 2
	Setter:	From a separate work facility From the homes of clients who I visit	2 3
2.06	If working from home or in a separate facility,		1Yes
2.00	overnight if needed?	do you have beds where patients can stay	0 No
2.08	How many people work with you?	If the bone setter works alone, skip to	
		Q.3.01	
2.09a	How many of the people you work with are?	Fully trained independent bone setters	0/1/2/3/4
		Trainee bone setters	0/1/2/3/4
		Assistants	0/1/2/3/4
2 001 041	(• • • • • • • • • • • • • • • • • • •	Others	0/1/2/3/4
	ners (specify)		
<u>SECTION</u>	3: Fracture care What kind of injuries commonly present to		
	you?		
3.01	Fingers/hands	Never/Rare/Sometimes/Common	1/2/3/4
3.02	Arms (skin intact)	Never/Rare/Sometimes/Common	1/2/3/4
3.03	Arms (skin broken)	Never/Rare/Sometimes/Common	1/2/3/4
3.04	Hip (top quarter of thigh bone/femur)	Never/Rare/Sometimes/Common	1/2/3/4
3.05	Legs (excluding hips, skin intact)	Never/Rare/Sometimes/Common	1/2/3/4
3.06	Legs (excluding hips, skin broken)	Never/Rare/Sometimes/Common	1/2/3/4
3.07	Toes/feet	Never/Rare/Sometimes/Common	1/2/3/4
3.08	Face/nose	Never/Rare/Sometimes/Common	1/2/3/4
3.09 3.10	Neck Spino	Never/Rare/Sometimes/Common Never/Rare/Sometimes/Common	1/2/3/4 1/2/3/4
3.10 3.11a	Spine Other	Never/Rare/Sometimes/Common	1/2/3/4
3.11a	Other Specify	Never/Nare/Sometimes/Common	1727374
3.115	outer speetry		
3.12a	For what kind of injuries do you suggest the p	atient has an X-ray? (Several may apply) If	
	Other, please Other Specify must not be bla	- '	
		Fingers/hands	1
		Arms (skin intact)	2
		Arms (skin broken)	3
		Hip (top quarter of thigh bone/femur)	4
		Legs (excluding hips, skin intact)	5
		Legs (excluding hips, skin broken) Toes/feet	6
		Face/nose	7 8
		Neck	9
		Spine	10
		Other	11
3.12b		Other (specify)	

Supplementary Information S3 TBS questionnaire

3.13a	What kind of fractures are you al	ble to set? (Se		formation S3 TBS quest
	If Other, please Other Specify m	ust not be bla		
	Fingers/hands 1 Arms (skin intact) 2			1 2
	Arms (skin intact) Arms (skin broken)			3
	Hip (top quarter of thigh bone/femur)			4
	Legs (excluding hips, skin intact)			5
	Legs (excluding hips, skin broken)			6
	_Toes/feet			7
	Face/nose			8
		Spine Other		
3.13b			Other specify	11
	Which of the following do you us	se for pain relie	ef when treating patients with fractures?	
3.14	ı	Paracetamol	Never/Rare/Sometimes/Often	1/2/3/4
3.15	Ibuprofen/Diclofena	ac/Naproxen	Never/Rare/Sometimes/Often	1/2/3/4
3.16		Codeine	Never/Rare/Sometimes/Often	1/2/3/4
3.17		Morphine	Never/Rare/Sometimes/Often	1/2/3/4
3.18	Traditional medication a	and/or herbs	Never/Rare/Sometimes/Often	1/2/3/4
3.19		Alcohol	Never/Rare/Sometimes/Often	1/2/3/4
3.20		None	Never/Rare/Sometimes/Often	1/2/3/4
3.21a	201	Other	Never/Rare/Sometimes/Often	1/2/3/4
3.21b 3.22		her (specify)		Show if 3.18 = 2/3/4
J. ZZ	If you use traditional medic herbs, please specify			JIIUW II 3, 10 = 2/3/4
3.23			racture that you cannot set? (Several	
100	options may apply)	., wii	-,	
			Yes, to another bone setter	1
			Yes, to a clinical facility (provide details)	2
xx_warning1	WARNING along the day year order. If 'Ne'		No any of the other options then please amend	3
XX_Wallingt	WARNING: please check responses. If No i	is ticked alongside	any of the other options then please amend	Show if 3.23 = 3 and 1 or 2
		1012		
3.24	Do you keep records of the numb	per and type o	f fractures that you treat?	
	Yes, number only			
	Yes, number and type 1			
			Yes, number and type No	2
3.25a	How many fractures did you trea	it over the last	No	2 3
			No No 24 weeks	[] [] []
3.25a 3.25b	How many fractures did you trea		No No 24 weeks	2 3 [] [] [] 1 Recorded
	Please indicate if this is based o	n records or e	No No 24 weeks	2 3 [] [] [] 1 Recorded 2 Estimated
3.25b		n records or e	No No 24 weeks	2 3 [] [] [] 1 Recorded
	Please indicate if this is based of How many of those were hip frac	n records or e ctures?	4 weeks stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] []
3.25b	Please indicate if this is based o	n records or e ctures?	4 weeks stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded
3.25b 3.25c 3.25d	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based or	n records or e ctures? n records or e	stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c	Please indicate if this is based of How many of those were hip frac	n records or e ctures? n records or e	stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded
3.25b 3.25c 3.25d	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based or	n records or e ctures? n records or e	stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a	Please indicate if this is based of How many of those were hip fractive Please indicate if this is based of How many fractures did you treated	n records or e ctures? n records or e	stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] []
3.25b 3.25c 3.25d 3.26a 3.26b	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat the Please indicate if this is based of Please indicate indicate if this is based of Please indicate indicate if this is based of Please indicate in	n records or e ctures? n records or e	stimates:	2 3 [] [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a	Please indicate if this is based of How many of those were hip fractive Please indicate if this is based of How many fractures did you treated	n records or e ctures? n records or e	stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat the Please indicate if this is based of Please indicate indicate if this is based of Please indicate indicate if this is based of Please indicate in	n records or e ctures? n records or e at in the last ye n records or e	stimates: ear stimates:	2 3 [] [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat the Please indicate if this is based of How many were hip fractures?	n records or e ctures? n records or e at in the last ye n records or e	stimates: ear stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] []
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat the Please indicate if this is based of How many were hip fractures?	n records or e ctures? n records or e it in the last ye n records or e	stimates: stimates: stimates:	2 3 [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat Please indicate if this is based of How many were hip fractures? Please indicate if this is based of How many of these hip fractures	n records or e ctures? n records or e it in the last ye n records or e in records or e were confirm	stimates: ear stimates: stimates: ed (to your knowledge) by Xray	2 3 [] [] [] 1 Recorded 2 Estimated [] [] []
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26c 3.26d	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat Please indicate if this is based of How many were hip fractures? Please indicate if this is based of Please indicate indicate if this is based of Please indicate indicate if this is based of Please indicate indicate indicate indicate indicate indicate indicate indicate indicate ind	n records or e ctures? n records or e it in the last ye n records or e in records or e were confirm	stimates: ear stimates: stimates: ed (to your knowledge) by Xray	2 3 [] [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b	Please indicate if this is based of How many of those were hip fractions. Please indicate if this is based of How many fractures did you treat the Please indicate if this is based of How many were hip fractures? Please indicate if this is based of How many of these hip fractures. Please indicate if this is based of the Please indicate if the Please i	n records or e ctures? n records or e it in the last ye n records or e in records or e were confirm	stimates: ear stimates: stimates: ed (to your knowledge) by Xray	2 3 [] [] [] 1 Recorded 2 Estimated [] [] []
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Fract	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat Please indicate if this is based of How many were hip fractures? Please indicate if this is based of How many of these hip fractures Please indicate if this is based of the How many of these hip fractures.	n records or e ctures? n records or e it in the last ye n records or e n records or e were confirm	stimates: ear stimates: stimates: ed (to your knowledge) by Xray stimates	2 3 [] [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat Please indicate if this is based of How many were hip fractures? Please indicate if this is based of How many of these hip fractures Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures please indicate if this is based of the many of these hip fractures. Before arrival with you,	n records or e ctures? n records or e it in the last ye n records or e n records or e were confirm	A weeks stimates: stimates: stimates: ear stimates: ed (to your knowledge) by Xray stimates Family/friends/neighbours	2 3 [] [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Frace	Please indicate if this is based of How many of those were hip fractional Please indicate if this is based of How many fractures did you treat Please indicate if this is based of How many were hip fractures? Please indicate if this is based of How many of these hip fractures Please indicate if this is based of the How many of these hip fractures.	n records or e ctures? n records or e it in the last ye n records or e n records or e were confirm	stimates: ear stimates: stimates: ed (to your knowledge) by Xray stimates	2 3 [] [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Fract	Please indicate if this is based of the How many of those were hip fractions. Please indicate if this is based of the How many fractures did you treat the Please indicate if this is based of the How many were hip fractures? Please indicate if this is based of the How many of these hip fractures the Please indicate if this is based of the Before arrival with you, whom would a patient most commonly contact for help if they injure	n records or e ctures? n records or e it in the last ye n records or e n records or e were confirm	stimates: stimates: stimates: stimates: stimates: stimates: family/friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse	2 3 [] [] [] [] 1 Recorded 2 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Fract	Please indicate if this is based of the How many of those were hip fractional Please indicate if this is based of the How many fractures did you treat the Please indicate if this is based of the How many were hip fractures? Please indicate if this is based of the How many of these hip fractures the Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of the	n records or e ctures? n records or e it in the last ye n records or e were confirm n records or e	stimates: stimates: stimates: stimates: stimates: stimates: stimates: Family/friends/neighbours	2 3 [] [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 3 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Fract	Please indicate if this is based of those were hip fractions. Please indicate if this is based of those many fractures did you treat the please indicate if this is based of the many were hip fractures? Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of the	n records or e ctures? n records or e it in the last ye n records or e were confirm n records or e	stimates: ear stimates: ed (to your knowledge) by Xray stimates Family/friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary ed organisation (CBO) or non-governmental	2 3 [] [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 3 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Fract	Please indicate if this is based of the How many of those were hip fractional Please indicate if this is based of the How many fractures did you treat the Please indicate if this is based of the How many were hip fractures? Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures are indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of the How many of the How many of these hip fractures are indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of t	n records or e ctures? n records or e it in the last ye n records or e were confirm n records or e	stimates: stimates: stimates: stimates: stimates: stimates: red (to your knowledge) by Xray stimates Family/friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary ed organisation (CBO) or non-governmental organisation (NGO)	2 3 [] [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 3 Estimated
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Fract	Please indicate if this is based of those were hip fractions. Please indicate if this is based of those many fractures did you treat the please indicate if this is based of the many were hip fractures? Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures arrival with you, whom would a patient most commonly contact for help if they injure their hip and cannot bear weight? Conformer of the please of the pleas	n records or e ctures? n records or e it in the last ye n records or e were confirm n records or e	stimates: stimates:	2 3 [] [] [] [] 1 Recorded 2 Estimated 1 2 3 4 5 6 7
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Fract	Please indicate if this is based of the How many of those were hip fractional Please indicate if this is based of the How many fractures did you treat the Please indicate if this is based of the How many were hip fractures? Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures are indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of the How many of the How many of these hip fractures are indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of these hip fractures. Please indicate if this is based of the How many of t	n records or e ctures? n records or e it in the last ye n records or e were confirm n records or e	stimates: stimates: stimates: stimates: stimates: stimates: red (to your knowledge) by Xray stimates Family/friends/neighbours Hospital Health Centre/Clinic Community Health worker/nurse Pharmacy/chemist/Dispensary ed organisation (CBO) or non-governmental organisation (NGO)	2 3 [] [] [] [] 1 Recorded 2 Estimated 1 2 3 4 5
3.25b 3.25c 3.25d 3.26a 3.26b 3.26c 3.26d 3.27a 3.27b Hip Frace	Please indicate if this is based of those were hip fractions. Please indicate if this is based of those many fractures did you treat the please indicate if this is based of the many were hip fractures? Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures. Please indicate if this is based of the many of these hip fractures arrival with you, whom would a patient most commonly contact for help if they injure their hip and cannot bear weight? Conformer of the please of the pleas	n records or e ctures? n records or e it in the last ye n records or e were confirm n records or e	stimates: stimates:	2 3 [] [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 2 Estimated [] [] [] 1 Recorded 3 Estimated

Supplementary Information S3 TBS questionnaire
Do not know 11

3.231b		Do not know 11			
3.32a	How long does it usually take for a nationt wi	Other specify cake for a patient with a suspected hip fracture to reach you [][]days			
J.J_U	How long does it usually take for a patient with a suspected hip fracture to reach you after the injury has occurred? (in Days) If they usually present on the same day of injury,				
	then please enter zero.				
	INDAYS How long does it usually take for a patient with	h a suspected hip fra	cture to reach you	[_][_]hours
3.32b	How long does it usually take for a patient with a suspected hip fracture to reach you after the injury has occurred? (in HOURS)				
J.325	In HOURS				
3.33a	How do you manage a hip fracture? (Several m	nay apply)			
	If Other, please Other Specify must not be blad	nk	C 1:	_	
			Splinting	า ว	
	Manipulation Traction				
	Herbal and/or traditional medicines				
	Hospital referral				
	Other Not at all				
3.33b			Other specify	7	
xx_warning3	WARNING: please check responses. If 'none of those availabl	le' is ticked alongside any of	the other options then please	Show	the field ONLY if:
	amend.				:03_v01_33a_mhf(7)] =
				'1' ANI ([f04_	D s03_v01_33a_mhf(2)] =
				'1' OR [f04_s	.03_v01_33a_mhf(2)] =
				'1' OR	
				[f04_s03_v01_33a_mhf(3)] = '1' OR	
				'1' OR	:03_v01_33a_mhf(4)] =
				[f04_s '1' OR	:03_v01_33a_mhf(5)] =
				[f04_s '1')	03_v01_33a_mhf(6)] =
3.34	What percentage of hip fractures do you refer	to a hospital or clinic	for an X-ray? <i>0 - 100%</i>	[_][_	_][_]%
3.35	What percentage of hip fractures do you refer	to a hospital or clinic	for fracture	[_][_][_]%
_	management? 0 - 100%				
Fracture	equipment	A 11.1			
	Is any of the following equipment available	Available observed	Available reported only		Not available
3.36	for the treatment of patients with fractures: Splints	1	2		3
3.37	Slings	1	2		3
3.38	Plaster of Paris	1	2		3
3.39 3.40	Traction	1	2		3
3.41	Walking sticks	1	2		3
3.42	Crutches	1	2		3
CECTION	Wheelchair	1	2		3
Power su	l 4: Infrastructure				
4.01	Does your workplace have electricity from any sour	rce (e.g. electricity grid.	generator, solar, or	Yes	1
	other)?	ree (e.g. electricity grid,	generator, solar, or	No	0
If No skip 3	uestions (to Q.4.05)				
4.02a	What is your workplace's main source of elec	tricity?			
	If Other, please Other Specify must not be bla			4	
	Central supply of	, , ,	ional or community grid) d battery storage system		
		Generator/Charget	Solar system		
			Other		
			Other (specify)		
4.02b					
4.03a	Other than the main source, does your workp electricity?	nace have a seconda	ry or backup source of	1 Ye	
	If yes please do not skip next question			UINC	,
	If YES: What is the secondary source of electr				
	If Other, please Other Specify must not be blank				
		• • • • •	No secondary source	1	
	Central supply of electricity (e.g. national or community grid) Generator/charged battery storage system			_	
	Generator/charged battery storage system Solar system			3 4	
4.03b			Other	5	
			Other (specify)		
4.04	During the past 7 days, were there any interru	ptions to the main el			
	workplace?	Al.,	loveithout into	4	
	Often available	•	le without interruptions than two hours per day)	1 2	
	Sometimes available (frequent or prolong	·			
	Times aranaged (in equation protons	J. 2	day)		
	There was no electricity			4	

Supplementary Information S3 TBS questionnaire
Available and functional 1 []

4.05	Do you have a light source available and	Available and functional	1 []
	functioning today ? (torch acceptable)	Available and non-functional	2 []
		Available but functionality unknown	3 []
Commun	nications	Not available	4 [_]
4.06	nications Doos your workplace have a functioning land	ing talanhang that is available to make	
4.00	Does your workplace have a functioning land calls outside the facility at all times that pat	•	
	, and a second and a second a	Yes	1
		No	0
4.07	Do you have a functioning mobile phone which	•	
		Yes No	0
4.08	If Yes;	140	
	Do you have credit on your mobile phone tod	ay?	
		Yes	1
4.00	If Voc	No	0
4.09	If Yes Do you use WhatsApp on your mobile phone	to communicate about work?	
	(indicate all that apply)	to communicate about work.	
		Yes with patients	1
		Yes with families of patients	
		Yes with my colleagues	
		Yes with other traditional bone setters Yes with hospitals and/or clinics	
		No	6
4.10	Do you have a functioning computer (include:		
		Yes	1
4.44	N/I (1) (1) (1)	No	0
4.11	When was it last possible for you to have account work computer (or electronic tablet)?	ess to email or internet from your phone or	
	work computer (or electronic tablet):	Never	1
		Today	2
		Less than 1 month ago	3
		At least 1 month ago	
Transpo	 hrt	Do not know	9
4.12a	What transport do you use for visiting patient	s? (indicate all that apply)	
	If Other, please Other Specify must not be bla	• • • • • • • • • • • • • • • • • • • •	
		Motorbike	1
		Private car	2
		Private 4WD Taxi car	3 4
		Public bus	5
		Bicycle	6
		Ox cart	
		Donkey cart	
4.12b		Other I don't visit patients	10
		Other (specify)	
4.13a	What transport do you have access to, in order	· · · · · · · · · · · · · · · · · · ·	
	(indicate all that apply)		
	If Other, please Other Specify must not be bla	<i>ank</i> Ambulance	1
		Motorbike	2
		Private car	3
		Private 4WD	4
		Taxi car	5
		Public bus	6 7
		Bicycle Ox cart	
		Donkey cart	
		Other	
4 425		None	11
4.13b Water		Other (specify)	
4.14a	What is the most commonly used source of	Piped into/onto facility	1
	water at your workplace?	Public tap/standpipe	
	If Other, please Other Specify must not be	Tubewell/borehole	3
	blank	Dug well	
		Spring Rainwater collection	
		Bottled water	
		Delivered by cart/truck	
		Surface water	

Supplementary Information S3 TBS questionnaire
River 10

				Other	11
				Other (specify)	
4.14b				Carer (apcony)	
Dania ali					
4.15	ent amenities How many hours each day is this	workplace	nusually open so	[][]	
4.13	that patients can present?	workplace	e usually open so	[_][_]	
4.16	Do you have a place that is private where	e you can	Can't be	heard, but can be seen	1
	see patients, that can't be seen or over-h	neard?		e seen, but can be heard	2
				Can't be seen or heard	3
				No privacy	4
4.17a	Is there a functioning toilet on the premi	ses that		Yes	1
	is accessible for patient use?			No	0
	IF YES: What type of toilet?			Flush toilet	1
4.17b			Ventilated in	mproved pit latrine (VIP)	2
				Pit latrine with slab	3
	the containing the illustration of the control of t		Pit latrin	ne without slab/ open pit	4
	If multiple toilets are available, consider the most mod	ern type		Composting toilet	5
			Hangir	Bucket ng toilet/hanging latrine	6 7
			_	on premises/bush/field	8
Healthc	are waste management		110 Tuenticles	on premises/ busin/ neta	
	_ 	lace finall	y dispose of medical	l waste (e.g. bandages)?	
	,	·	•	lat ground, no protection	1
4.18a	Open burning, Pit or protected ground				2
		-		d, open pit-no protection	3
	Dump without bu	irning, Gro	•	ection (includes burying) ored in covered container	4 5
				er protected environment	6
				Stored unprotected Other	
4.18b				Other (specify)	
	Probe to arrive at correct response, seve	eral options	may apply.		
Processi	ing of equipment for reuse				
	Please tell me if the following items	for proces	ssing reusable equip	oment are available and fu	ınctional TODAY
4.19	Non-electric pot with cover for			Available	1 []
7.17	boiling/steam			Not available	<u></u>
4.20	Heat source for cleaning non-electr	ic		Available and functional	LJ
	equipment			ilable and non-functional	L3
			Available I	but functionality unknown	
				Not available	4 [_]
	Please tell me if the following				
	resources/supplies used for infection	on			
	control are available in this facility 1		Observed	Reported only	Not available
	Ask to see the items				
4.21	Clean running water (piped, bucket	with	1	2	3
	tap, or pour pitcher)				
4.22	Handwashing soap, liquid soap		1	2	3
4.23 4.24	Alcohol-based hand rub		1	2 2	3
4.24	Disposable latex gloves Waste receptacle (pedal bin) with li	d and	1 1	2	3
7.23	plastic bin liners	u anu			٥
4.26	Sharps container ("safety box")		1	2	3
4.27	Environmental disinfectant (e.g. chl	orine,	1	2	3
	alcohol)	ŕ			
	5: Interviewer's observations				
5.01	Interview end time (use the 24			[_][_]:[_]	
E 02 -	hour-clock) Use the 24 hour-clock			C 1 (1	1 4
5.02a	Interview completion codes (only if 1.03a=1 or 1.03a=2)			Completed Respondent unavailable	
	If Other, please Other Specify			Refused	
	must not be blank			Partially completed	
				Other	
5.02b				Other (specify)	
5.03	Comments about respondent:				
5.04	Any respondent's comments				
	1				

		Supplementary Information S3 TBS question
5.05	Researcher's observations	
5.06	Date: [_][_]/[_][_] (day/month/year)	
5.07a	Name of researcher Please select from the list above	Show the field ONLY if: [f04_s01_v03a_methoddc] = '1' or [f04_s01_v03a_methoddc] = '2'
Form Stat	tus	
Complete?		0 Incomplete
		1 Unverified
		2 Complete