Supplement Table 3a Summary of results for responses with frequency counts. [Other results presented in text, and Tables 3b&c below]

		n	% (n/27)
1	Consent		
	Yes	27	100%
	No	0	
2	Prescribed antibiotic past 3 months		
	Yes	27	100%
	No	0	
3	Patients, daily load		
	<25	21	78%
	25-50	4	15%
	50-100	1	4%
	>100	1	4%
4	Clientele under 12		
	<10%	3	11%
	10-<25%		
	25-50%	6	22%
	>50%	18	67%
5	Antibiotic prescriptions last 7 days		
	<50	23	85%
	50-99	4	15%
	100-149		
	>150		
6	Antimicrobial Resistance (AMR) a problem in Nigeria		
	Yes	27	100%
	No		
7	AMR a problem at your facility		
	Yes	16	59%
	No	2	7%
	Unsure	9	33%
8	Tackling AMR in society		
	Increased testing	26	96%
	Increase patient awareness	26	96%
	Enforce prescription laws	26	96%
	Improved training for doctors and pharmacists	25	93%
9	WHO's five moments of hand hygiene		
	Yes	20	74%
	No	1	4%
	Unsure	6	22%
10	Hand hygiene after using gloves		

	Yes	27	100%
	No		
	Unsure		
11	Use of Standard Treatment Guidelines (STG) at facility		
	Yes	15	56%
	No	10	37%
	Unsure	2	7%
12	Drug and Therapeutic Committee (DTC) at facility		
	Yes	20	74%
	No	6	22%
13	a. Hospital Formulary or Essential Medicines List (EML)		
	Yes	24	89%
	No	3	11%
	b. If Yes, which		
	Formulary	9	33%
	EML	8	30%
	Both	5	19%
14	a. Possible to perform Antibiotic Susceptibility Testing (AST) onsite/offsite		
	Yes	18	67%
	No	2	7%
	Not applicable	7	26%
	b. If yes, is it on-site or off-site		
	On-site	16	59%
	Off-site	2	7%
15	Patients, monthly load		
	0-99	19	70%
	100-199	5	19%
	200-299	2	7%
	>300	1	4%
16	Treatment failure within a month		
	<10%	14	52%
	11-25%	9	33%
	26-50%	3	11%
	>50%	1	4%
17	a. AST before antibiotic selection		
	Yes	3	11%
	No	24	89%
	b. If not, why?		
	Availability	12	44%
	Time pressure	19	70%
	Other		
	Finance	2	7%
	Very ill patient	4	15%
	c. If yes, how often are AST performed		

	Always		
	Frequently	2	7%
	Infrequently	6	22%
	d. If yes, cases when AST are used		
	UTI in pregnancy, wound sepsis, puerperal sepsis, post-abortion sepsis, persistent fever unresponsive to treatment, bronchopneumonia, meningitis, otitis media		
18	Top three antibiotics prescribed		
	Amoxicillin (including amoxicillin-clavulanate)		
	First choice	11	41%
	Second choice	8	30%
	Third choice	3	11%
	Azithromycin		
	First choice	1	4%
	Second choice	6	22%
	Third choice	9	33%
	Cefuroxime		
	First choice	11	41%
	Second choice	5	19%
	Third choice	8	30%
	Ciprofloxacin		
	First choice	1	4%
	Second choice	6	22%
	Third choice	4	15%
	Cotrimoxazole		
	First choice		0%
	Second choice		0%
	Third choice		0%
	Metronidazole		0%
	First choice		0%
	Second choice		0%
	Third choice		0%
19	Main consideration for prescribing antibiotics		
	Antibiotic susceptibility testing information	16	59%
	Symptoms of patient	22	81%
	Clinical severity of case	22	81%
	Other		
	Assumed prior antibiotic use before referral	2	7%
20	Top three considerations for antibiotic choice		
	Availability of antibiotic at facility		
	First choice	4	
	Second choice	1	
	Third choice	7	
	Antibiotic susceptibility testing information		

	First choice	6	
	Second choice	2	
	Third choice	1	
	Broad-spectrum nature of antibiotic		
	First choice	1	
	Second choice	11	
	Third choice	8	
	Symptoms of patient		
	First choice	13	
	Second choice	4	
	Third choice	3	
	Standard Treatment Guidelines/Formulary/EML		
	First choice	3	
	Second choice	7	
	Third choice	1	
	Others - Not listed; or not already captured		
	Safety range	1	
	Cost/affordability	3	
21	No of antibiotics usually prescribed		
	One		
	Two-three	10	37%
	More than 3		
22	Pressure to prescribe antibiotics		
	Yes	15	56%
	No	12	44%
23	a. Prescribing		
	Brand	8	30%
	Generic	19	70%
	b. Reasons for brand prescribing (select all that apply)		
	Clinical efficacy (high bacterial resistance to generics)	5	19%
	Better quality	9	33%
	Others [severity of the symptoms]		
24	a. Heard about WHO AWARE categories		
	Yes	4	15%
	No	23	85%
	b. If yes, do they affect your prescribing behavior		
	Yes	2	7%
	No	25	93%
25	Years of practice experience		
	1-5 years	4	15%
	6-10 years	10	37%
	11-15 years	7	26%
	>15 years	6	22%

Table 3b Antibiotic classes prescribed by survey participants (n=27) for specific disease groups

	Penicillins	Cephalo-sporins	Fluoro-quinolones	Macrolides	Sulfonamide/ Trimethoprim
Respiratory Tract Infections	81%	33%	7%	78%	56%
Urinary Tract Infections	30%	33%	63%	11%	4%
Gastro-intestinal Diseases		22%	67%	30%	4%
Dental Infections	37%	11%		4%	
Skin & Soft Tissue infections	44%	56%		4%	4%

Table 3c Reasons for pressure among participants (n=15) who felt pressure to prescribe antibiotics

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	"Agree"
Patient demand	3	4	2	2	4	40%
Condition of patient				10	5	100%
Fear of complications		1		8	6	93%
Need to provide rapid relief		3	3	5	3	53%