



**Health Results Based Financing Impact Evaluation
TAJIKISTAN
2014**

**Health Facility Questionnaire
F1 - Health Facility Assessment Questionnaire**

| IDENTIFIER | | | |
|-----------------|--|-----------|--|
| HEALTH DISTRICT | | HF NUMBER | |
| | | | |

| | | | |
|---------------|---------------|---------------|---------------|
| PROVINCE NAME | PROVINCE CODE | DISTRICT NAME | DISTRICT CODE |
| | | | |

| | |
|---------------|---------------|
| LOCALITY NAME | LOCALITY CODE |
| | |

| GPS COORDINATES OF HEALTH FACILITY | | | | | | | | | | | |
|------------------------------------|--|--|--|---|--|--|--|--|--|--|--|
| LATITUDE (NORTH) | | | | . | | | | | | | |
| LONGITUDE (EAST) | | | | . | | | | | | | |

| | |
|-------------------------|-----------------------------|
| NAME OF HEALTH FACILITY | LOCATION OF HEALTH FACILITY |
| | |
| | |

| | | |
|-------------------------|---|----|
| RESULT OF THE INTERVIEW | INTERVIEW DONE | 01 |
| | PARTIALLY COMPLETED | 02 |
| | PERSON IN CHARGE REFUSED INTERVIEW | 03 |
| | PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED) | 04 |
| | FACILITY IS EMPTY (NO STAFF MEMBERS) | 05 |
| | HEALTH FACILITY NOT FOUND | 06 |
| OTHER, SPECIFY: | | 96 |

| | |
|-------------|------|
| INTERVIEWER | CODE |
| | |

| | | | |
|---------|-----|-------|------|
| VISIT 1 | DAY | MONTH | YEAR |
| | | | |

| | | | |
|---------|-----|-------|------|
| VISIT 2 | DAY | MONTH | YEAR |
| | | | |

| | | | |
|---------|-----|-------|------|
| VISIT 3 | DAY | MONTH | YEAR |
| | | | |

| LANGUAGE | | | |
|------------|----|-----------------|----|
| LANGUAGE 1 | 01 | TAJIK | 04 |
| LANGUAGE 2 | 02 | RUSSIAN | 05 |
| LANGUAGE 3 | 03 | OTHER, SPECIFY: | 96 |

| | | | | |
|-----------|------------|------------------|-----------|----|
| INTERVIEW | RESPONDENT | Translator Used? | NEVER | 01 |
| | | | SOMETIMES | 02 |
| | | | ALWAYS | 03 |

| | |
|------------|------|
| SUPERVISOR | CODE |
| | |

| | | |
|-----|-------|------|
| DAY | MONTH | YEAR |
| | | |

| | |
|---------------------|------|
| DATA ENTRY OPERATOR | CODE |
| | |

| | | |
|-----|-------|------|
| DAY | MONTH | YEAR |
| | | |

| (1) General Information | | |
|---|---|---|
| (A) General | RECORD RESPONSE | |
| RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE. | | |
| (1.01) | Are you in charge of this facility today? | YES 1 |
| | | NO 2 |
| (1.02) | Are you authorized to represent this facility? | YES 1 |
| | | NO 2 |
| (1.03) | What is your job title at this facility? | Midwife 05 |
| | | Family Nurse 06 |
| | | Feldsher 07 |
| | | Other, specify: 96 |
| (1.06) | In what year was the facility commissioned? INTERVIEWER: RECORD YEAR IN YYYY FORMAT (E.G. 1941). | |
| (1.07) | When was the last major investment in the infrastructure? INTERVIEWER: RECORD MONTH AND YEAR. INCLUDE MAJOR PAINTING, PLUMBING, EXTENSIONS TO THE BUILDING, ETC. | a. MONTH MM |
| | | b. YEAR YYYY IF INVESTMENT WAS OVER MORE THAN ONE YEAR, ONLY RECORD THE MOST RECENT YEAR OF INVESTMENT |
| (1.08) | At what time of the day does outpatient care start? INTERVIEWER: RECORD IN MILITARY TIME THROUGHOUT. E.G. IF IT STARTS AT 7AM, RECORD 0700. IF IT STARTS AT 7PM, RECORD 1900. | a. Weekdays |
| | | b. Saturday |
| | | c. Sunday |
| | | d. Holidays |
| (1.09) | At what time does outpatient care end? INTERVIEWER: RECORD IN MILITARY TIME THROUGHOUT. E.G. IF IT ENDS AT 7AM, RECORD 0700. IF IT ENDS AT 7PM, RECORD 1900. | a. Weekdays |
| | | b. Saturday |
| | | c. Sunday |
| | | d. Holidays |

| | | | |
|--------|--|--|--|
| (1.10) | <p>On what days does the facility offer antenatal care clinics, and for how many hours on those days? (School for young Mom)</p> <p>INTERVIEWER: FOR EACH DAY, RECORD THE NUMBER OF HOURS THE SERVICE IS OFFERED. IF SERVICE IS NOT OFFERED THAT DAY, RECORD "00".</p> | <p>a. Monday</p> <p>b. Tuesday</p> <p>c. Wednesday</p> <p>d. Thursday</p> <p>e. Friday</p> <p>f. Saturday</p> <p>g. Sunday</p> | |
| (1.11) | <p>What is the distance from the health facility to the nearest higher level health facility <u>one way in kilometers</u>? (Rural Health Center)</p> | <p>KILOMETERS</p> | |
| (1.13) | <p>What are the <u>three</u> main sources of funding or income (in the sense of incoming cash) for this facility?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OF THE 3 SOURCES OF FUNDING CITED BY THE RESPONDENT (AND 3 ONLY), RECORD "1" IN THE CORRESPONDING LINE. FOR ALL SOURCES OF FUNDING NOT CITED BY THE RESPONDENT AS PART OF THE 3 MAIN SOURCES OF FUNDING, RECORD "2". NO CELL SHOULD BE LEFT BLANK.</p> | <p>a. Local budget (From Rayon)</p> <p>b. Republican Budget MoH</p> <p>c. USER FEES</p> <p>d. PRIVATE COMPANY</p> <p>e. DONOR</p> <p>f. OTHER, SPECIFY:</p> | |
| (1.14) | <p>Were there any electric power outages in the last 7 days?</p> | <p>YES 1</p> <p>NO 2 ► (1.16)</p> | |
| (1.15) | <p>How many hours was electric power missing in the last 7 days?</p> | <p>MAXIMUM 168 HOURS</p> | |
| (1.16) | <p>What is the primary source of water?</p> | <p>Piped into Facility 01</p> <p>Piped into Yard/Plot 02</p> <p>Public tap/Standpipe 03</p> <p>Protected well 04</p> <p>Unprotected well 05</p> <p>Protected spring 06</p> <p>Unprotected spring 07</p> <p>Rainwater 08</p> <p>Tanker Truck/Vendor 09</p> <p>Surface water (lake, river or stream) 10</p> <p>Bottled water 11 ► (1.20)</p> <p>Other, specify: 96</p> | |
| (1.17) | <p>Is this primary source of water used only by the facility, or is it shared with other users?</p> | <p>ONLY FACILITY 01</p> <p>SHARED 02</p> | |
| (1.18) | <p>In the last 7 days, was there any time when there was no water available in the facility?</p> | <p>YES 1</p> <p>NO 2 ► (1.20)</p> | |
| (1.19) | <p>In the last 7 days, for how many hours was there no water available at the facility?</p> | <p>MAXIMUM 168 HOURS</p> | |
| (1.20) | <p>How long does it take to fetch water from the primary source for the health facility, <u>one way on foot in minutes</u>? IF WATER IN FACILITY, RECORD "0".</p> | <p>MINUTES</p> | |
| (1.21) | <p>Does the facility have a functioning two-way radio?</p> | <p>YES 1</p> <p>NO 2</p> | |
| (1.22) | <p>Does the health facility have official line, whether a landline or a mobile line?</p> | <p>YES, LANDLINE 01</p> <p>YES, MOBILE 02</p> <p>YES, BOTH 03</p> <p>NO 04 ► (1.25)</p> | |
| (1.23) | <p>In the last 7 days, was there any time when the facility did not have any telephone service whether landline or mobile?</p> | <p>YES 1</p> <p>NO 2 ► (1.25)</p> | |
| (1.24) | <p>How many hours was telephone out in the last 7 days?</p> | <p>MAXIMUM 168 HOURS</p> | |
| (1.25) | <p>Do any of the health facility staff have a mobile phone line?</p> | <p>YES 1</p> <p>NO 2</p> | |
| (1.28) | <p>How far is the main referral facility from this facility <u>one way in kilometers</u>?</p> | <p>a. Central district hospital</p> <p>b. Rayon health centre</p> <p>c. Other (specify) _____</p> | |

| (B) Universal Precautions | | RECORD RESPONSE | |
|---|---|--|---------------------------------------|
| RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE. | | | |
| (1.34) | Does the facility have a general outpatient consultation room? | YES, SEEN 01 YES, NOT SEEN 02 NO 03 ► (1.38) | |
| (1.35) | Is this room equipped with a safety box or closed container present for disposal of used sharps? | YES, ALL 01 YES, ONE OR MORE 02 NO 03 | Some consultation rooms as a category |
| (1.36) | Does the room have posted procedures for decontamination procedure steps? | YES, ALL 01 YES, ONE OR MORE 02 NO 03 | Some consultation rooms |
| (1.37) | Does the room have a basin with a water source and soap? | YES, ALL 01 YES, ONE OR MORE 02 NO 03 | Some consultation rooms |
| (1.38) | What disinfectant(s) are being used in the facility? INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF THE DISINFECTANT IS BEING USED, "2" IF NOT. | a. Chlorhexidine (gluconate) b. Bleaching powder c. Sodium Hypochlorite/Chlorine solution/JIK solution d. Methylated spirit e. Other, specify: | |
| (1.39) | In the last 30 days, was there any time when the facility ran out of disinfectant(s)? | YES 1 NO 2 ► (1.41) | |
| (1.40) | In the last 30 days for how many days was the facility out of disinfectant(s)? | DAYS | |
| (1.41) | Is there a functional incinerator/ drip for disposing of medical waste? | YES, SEEN 01 YES, NOT SEEN 02 NO 03 | |
| (1.42) | What procedure is used for <u>decontaminating</u> medical equipment after <u>initial</u> use? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL DECONTAMINATION TECHNIQUES, RECORD MOST USED ONE. | SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP+WATER 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY 03 SOAKED IN DISINFECTANT SOLUTION ONLY 04 CLEANED WITH SOAP & WATER 05 EQUIPMENT NEVER DECONTAMINATED 06 EQUIPMENT NEVER REUSED 07 ► (1.44) OTHER, SPECIFY: 96 | |
| (1.43) | What procedure is used for <u>sterilizing</u> medical equipment before reuse? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL STERILIZATION TECHNIQUES, RECORD MOST USED ONE. | DRY-HEAT STERILIZATION 01 AUTOCLAVING 02 BOILING 03 STEAM STERILIZATION 04 CHEMICAL METHOD 05 PROCESSED OUTSIDE FACILITY 06 NONE 07 OTHER, SPECIFY: 96 | |
| (1.44) | Is the protocol for sterilizing equipment displayed? | DISPLAYED 01 NOT DISPLAYED 02 | |
| (1.45) | Is there a provision for the disposal of bio medical waste? | YES 1 NO 2 ► (2.00) | |
| (1.46) | How is biomedical waste disposed of? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL WASTE DISPOSAL METHODS, RECORD MOST USED ONE. | BURIED IN PIT 01 BURNED 02 THROWN OUTSIDE 03 OUTSOURCED 04 OTHER, SPECIFY: 05 | |

| (2) Administration and Management | | RECORD RESPONSE | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|----|--|------------|--|------------|---|---|---|--|-----------------------------------|--|---|--|--------------------|--|-----------|--|------------|--|--------------------|--|
| RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE. | | | | | | | | | | | | | | | | | | | | | | | | |
| (2.01) | Has a facility workplan been developed for the current calendar and/or financial year? INTERVIEWER: ASK TO SEE THE WORKPLAN. | <table border="1"> <tr> <td>YES, SEEN</td> <td>1</td> </tr> <tr> <td>YES, NOT SEEN</td> <td>2</td> </tr> <tr> <td>NO</td> <td>3 ► (2.04)</td> </tr> </table> | YES, SEEN | 1 | YES, NOT SEEN | 2 | NO | 3 ► (2.04) | | | | | | | | | | | | | | | | |
| YES, SEEN | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| YES, NOT SEEN | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 3 ► (2.04) | | | | | | | | | | | | | | | | | | | | | | | |
| (2.02) | Who was involved in setting this workplan? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO. | <table border="1"> <tr> <td>a. Health facility director</td> <td></td> </tr> <tr> <td>b. Health facility staff</td> <td></td> </tr> <tr> <td>c. Non governmental Organization staff</td> <td></td> </tr> <tr> <td>d. Ministry of Health / District Health Management Team</td> <td></td> </tr> <tr> <td>e. PHC Chief accountant</td> <td></td> </tr> <tr> <td>f. PHC management</td> <td></td> </tr> <tr> <td>g. Hospital management</td> <td></td> </tr> <tr> <td>l. Other, specify:</td> <td></td> </tr> </table> | a. Health facility director | | b. Health facility staff | | c. Non governmental Organization staff | | d. Ministry of Health / District Health Management Team | | e. PHC Chief accountant | | f. PHC management | | g. Hospital management | | l. Other, specify: | | | | | | | |
| a. Health facility director | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Health facility staff | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Non governmental Organization staff | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Ministry of Health / District Health Management Team | | | | | | | | | | | | | | | | | | | | | | | | |
| e. PHC Chief accountant | | | | | | | | | | | | | | | | | | | | | | | | |
| f. PHC management | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Hospital management | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | |
| (2.03) | Are priority health-related activities identified in this workplan for the current financial year? | <table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 ► (2.05)</td> </tr> </table> | YES | 1 | NO | 2 ► (2.05) | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 ► (2.05) | | | | | | | | | | | | | | | | | | | | | | | |
| (2.04) | Now I will read you a list of services. For each service, please tell me whether this service is a priority or not a priority for this fiscal year. CHANGE SERVICES into "Areas" INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES/PRIORITY, "2" IF NO/NOT A PRIORITY. | <table border="1"> <tr> <td>a. Prenatal care</td> <td></td> </tr> <tr> <td>c. Postnatal care</td> <td></td> </tr> <tr> <td>d. Immunization</td> <td></td> </tr> <tr> <td>e. Curative consultations</td> <td></td> </tr> <tr> <td>f. Family planning/Reproductive health</td> <td></td> </tr> <tr> <td>g. Nutrition only counseling</td> <td></td> </tr> <tr> <td>h. Integrated management of childhood illness</td> <td></td> </tr> <tr> <td>i. Hipertension</td> <td></td> </tr> <tr> <td>j. Diabet</td> <td></td> </tr> <tr> <td>k. Obesity</td> <td></td> </tr> <tr> <td>l. Other, specify:</td> <td></td> </tr> </table> | a. Prenatal care | | c. Postnatal care | | d. Immunization | | e. Curative consultations | | f. Family planning/Reproductive health | | g. Nutrition only counseling | | h. Integrated management of childhood illness | | i. Hipertension | | j. Diabet | | k. Obesity | | l. Other, specify: | |
| a. Prenatal care | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Postnatal care | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Immunization | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Curative consultations | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Family planning/Reproductive health | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Nutrition only counseling | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Integrated management of childhood illness | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Hipertension | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Diabet | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Obesity | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | |
| (2.05) | How many health facility staff meetings were held in the last 3 months? | | | | | | | | | | | | | | | | | | | | | | | |
| (2.06) | Do all facility staff have written job descriptions? | <table border="1"> <tr> <td>All have work descriptions</td> <td>01</td> </tr> <tr> <td>Some have work descriptions</td> <td>02</td> </tr> <tr> <td>None have work descriptions</td> <td>03</td> </tr> </table> | All have work descriptions | 01 | Some have work descriptions | 02 | None have work descriptions | 03 | | | | | | | | | | | | | | | | |
| All have work descriptions | 01 | | | | | | | | | | | | | | | | | | | | | | | |
| Some have work descriptions | 02 | | | | | | | | | | | | | | | | | | | | | | | |
| None have work descriptions | 03 | | | | | | | | | | | | | | | | | | | | | | | |
| (2.07) | In the last 3 months, how many visits were made to the health facility by the higher level health facility for supervision or technical support? INTERVIEWER: READ OPTIONS ALOUD. RECORD THE NUMBER OF VISITS MADE, RESPECTIVELY. IF NO VISITS, RECORD "0". | <table border="1"> <tr> <td>a. Rural health centre' management</td> <td></td> </tr> <tr> <td>b. Rayon health centre' management</td> <td></td> </tr> <tr> <td>c. Rayon hospital representative</td> <td></td> </tr> <tr> <td>d. Other (specify) _____</td> <td></td> </tr> </table> | a. Rural health centre' management | | b. Rayon health centre' management | | c. Rayon hospital representative | | d. Other (specify) _____ | | | | | | | | | | | | | | | |
| a. Rural health centre' management | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Rayon health centre' management | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Rayon hospital representative | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| (2.08) | In the last 3 months, how many visits were made by the local government and a donor for supervision or technical support? INTERVIEWER: READ OPTIONS ALOUD. RECORD THE NUMBER OF VISITS MADE, RESPECTIVELY. IF NO VISITS, RECORD "0". | <table border="1"> <tr> <td>a. Local government/or donors</td> <td></td> </tr> <tr> <td>b. donor</td> <td></td> </tr> </table> | a. Local government/or donors | | b. donor | | | | | | | | | | | | | | | | | | | |
| a. Local government/or donors | | | | | | | | | | | | | | | | | | | | | | | | |
| b. donor | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE, RECALL PERIOD IS NOW 12 MONTHS | | | | | | | | | | | | | | | | | | | | | | | | |
| (2.09) | In the last 12 months, how many times was the performance of staff assessed internally, that is, by persons within the facility? | | | | | | | | | | | | | | | | | | | | | | | |
| (2.10) | In the last 12 months, how many times was the performance of staff assessed externally, that is, by persons from outside the facility, e.g. the Rahoy health centre, Rayon hospital representative, Oblast health department,? | | | | | | | | | | | | | | | | | | | | | | | |
| (2.11) | In the last 12 months, how many times was the performance of the facility as a whole assessed externally, that is, by persons from outside the facility? (State Sanitary Inspection , Supervision Cervis for Medical Activities) | | | | | | | | | | | | | | | | | | | | | | | |
| (2.12) | Does the facility obtain information on patient opinion through client surveys, a complaint/suggestion box or another method? | <table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 ► (2.17)</td> </tr> </table> | YES | 1 | NO | 2 ► (2.17) | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 ► (2.17) | | | | | | | | | | | | | | | | | | | | | | | |
| (2.13) | Is there a formal mechanism to inform the staff about patient opinion ? | <table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table> | YES | 1 | NO | 2 | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| (2.14) | How is patient feedback obtained? please specify | <table border="1"> <tr> <td>Comments Book</td> <td>1</td> </tr> <tr> <td>Helpline</td> <td>2</td> </tr> <tr> <td>Survey (face to face interview)</td> <td>3</td> </tr> <tr> <td>other (specify) _____</td> <td>4</td> </tr> </table> | Comments Book | 1 | Helpline | 2 | Survey (face to face interview) | 3 | other (specify) _____ | 4 | | | | | | | | | | | | | | |
| Comments Book | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| Helpline | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Survey (face to face interview) | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| other (specify) _____ | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| (2.15) | In the last 12 months, have any changes occurred as a result of patient opinion? | <table border="1"> <tr> <td>No, no feedback received</td> <td>1</td> </tr> <tr> <td>No, no changes made but feedback was received</td> <td>2</td> </tr> </table> | No, no feedback received | 1 | No, no changes made but feedback was received | 2 | | | | | | | | | | | | | | | | | | |
| No, no feedback received | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| No, no changes made but feedback was received | 2 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|------------|------------------------|
| (3) | Human Resources |
|------------|------------------------|

RESPONDENT: HEAD OF HUMAN RESOURCES, HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER

| (A) | Human Resources Management | RECORD RESPONSE |
|--------|---|---|
| (3.01) | Has the HH hired any staff member in the past 12 months? YES 1 NO 2 | |
| (3.02) | Who has the authority to hire new staff? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO. | a. Health facility manager/in charge b. Health facility staff c. Ministry of Health / District Health Management Team e. Local government f. Other, specify: |
| (3.03) | Has HH involved any staff dismissal decisions in the past 12 months? YES 1 NO 2 | |
| (3.04) | Who has the authority to dismiss staff? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO. | a. Health facility manager/in charge b. Health facility staff c. Ministry of Health / District Health Management Team e. Local government i. Health Committee j. Other, specify: |

| | | (3.05) | (3.06) | (3.07) |
|----------------------|----|---|---|---|
| | | How many authorized positions are there in the facility for [POSITION TYPE]s? | How many authorized positions for [POSITION TYPE] are currently filled? | In the last 12 months, how many [POSITION TYPE] have left the facility permanently? |
| POSITION TYPE | | | | |
| Head of Health House | a. | | | |
| Midwife | e. | | | |
| Family Nurse | f. | | | |
| Feldsher | g. | | | |
| Other, specify: | i. | | | |

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | | | | | |
|----|--|---------------------------|-----------------------|--------------------|--|---|---|---------|---|-------|---|---|---|---|---|-------------------------------------|--|--|--|--|
| 1 | (4) Staff Roster (According Time Sheet) | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | |
| 3 | SUBJECT: ALL STAFF MEMBERS, WHETHER TEMPORARY OR PERMANENT, CLINICAL OR NON-CLINICAL, STARTING WITH THE HEAD OF THE FACILITY | | | | | | | | | | | | | | | | | | | |
| 4 | RESPONDENT: HEAD OF FACILITY OR BEST INFORMED STAFF MEMBER | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | |
| 6 | (4.01) | (4.02) | (4.03) | (4.04) | (4.05) | (4.06) | | | | | | | | | | | | | | |
| 7 | INTERVIEWER: LIST FULL NAMES OF ALL STAFF WORKING IN THE FACILITY. FOR EACH STAFF, ASK ALL THE QUESTIONS OF THIS SECTION, THEN MOVE TO NEXT STAFF. IF THERE ARE MORE THAN 21 STAFF, USE A NEW QUESTIONNAIRE. | IS [NAME] MALE OR FEMALE? | ID CODE OF RESPONDENT | How old is [NAME]? | What is the highest academic qualification that [NAME] obtained? | What is [NAME]'s position in this facility? | | | | | | | | | | | | | | |
| 8 | | | | | | Clinical | | | | | Non Clinical | | | | | | | | | |
| 9 | | | | | | Doctor or medical officer 01 | | | | | Auxiliary staff >1 year 14 ► (4.08) | | | | | | | | | |
| 10 | | | | | | Primary education Certificate 01 | | | | | Clinical officer 02 | | | | | Auxiliary staff <1 year 15 ► (4.08) | | | | |
| 11 | | | | | | Secondary educ.certificate 02 | | | | | Hospital administrator/ Executive director 03 | | | | | Social support 16 ► (4.08) | | | | |
| 12 | | | | | | College Degree 03 | | | | | Nurse (REN/ZEN) 04 | | | | | Counselor 17 ► (4.08) | | | | |
| 13 | | | | | | Masters Degree 04 | | | | | Midwife (REM/ZEM) 05 | | | | | Administrative staff 18 ► (4.08) | | | | |
| 14 | | | | | | Doctoral degree 05 | | | | | Feldsher 06 | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | Post Graduate 06 | | | | | Nursing assistant 08 | | | | | | | | | |
| 17 | | | | | | Post Doctoral 07 | | | | | Pharmacy technician/Dispenser 09 | | | | | | | | | |
| 18 | | | | | | No education 10 | | | | | Lab technologist 10 | | | | | | | | | |
| 19 | | | | | | Other, specify: 96 | | | | | Lab technician 11 | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | FULL NAME | | MALE 01 | | YEARS | Other clinical 13 | | | | | | | | | |
| 26 | | | | | | 01 | | | | | | | | | | | | | | |
| 27 | | | | | | 02 | | | | | | | | | | | | | | |
| 28 | | | | | | 03 | | | | | | | | | | | | | | |
| 29 | | | | | | 04 | | | | | | | | | | | | | | |
| 30 | | | | | | 05 | | | | | | | | | | | | | | |
| 31 | | | | | | 06 | | | | | | | | | | | | | | |
| 32 | 07 | | | | | | | | | | | | | | | | | | | |
| 33 | 08 | | | | | | | | | | | | | | | | | | | |
| 34 | 09 | | | | | | | | | | | | | | | | | | | |
| 35 | 10 | | | | | | | | | | | | | | | | | | | |
| 36 | 11 | | | | | | | | | | | | | | | | | | | |
| 37 | 12 | | | | | | | | | | | | | | | | | | | |
| 38 | 13 | | | | | | | | | | | | | | | | | | | |
| 39 | 14 | | | | | | | | | | | | | | | | | | | |
| 40 | 15 | | | | | | | | | | | | | | | | | | | |
| 41 | 16 | | | | | | | | | | | | | | | | | | | |
| 42 | 17 | | | | | | | | | | | | | | | | | | | |
| 43 | 18 | | | | | | | | | | | | | | | | | | | |
| 44 | 19 | | | | | | | | | | | | | | | | | | | |
| 45 | 20 | | | | | | | | | | | | | | | | | | | |
| 46 | 21 | | | | | | | | | | | | | | | | | | | |

| | A | P | Q | R | S | T | U | V | W | Z | AA | AB | AC | AD | AE | AF | AG | AH | AI | AJ | |
|----|-----|--|--|--|--|---|---|--|---|--|---|-----------------------|----|----|----|----|----|----|----|----|--|
| 1 | (4) | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | |
| 6 | | (4.07) | (4.08) | (4.09) | (4.10) | (4.11) | (4.12) | (4.13) | (4.14) | (4.15) | (4.16) | | | | | | | | | | |
| 7 | | What year did [NAME] receive his/her clinical qualification? | What is the year of appointment of [NAME] at this health facility? | What is the salary scale of [NAME] according to the contract or agreement with the employer? | How many days per week does [NAME] usually work at this health facility? | How many hours per week does [NAME] usually work at this health facility? (Include work in the community on outreach / home visits) | How many hours per week does [NAME] usually work in the community on outreach or home visits? | How many hours per week does [NAME] usually spend providing medical care directly to patients? | Is [NAME] here today? (Including home visits) | Can you please tell me why [NAME] is not here today? | What services is [NAME] providing today? | | | | | | | | | | |
| 8 | | I D C O D E | INTERVIEWER: RECORD YEAR IN YYYY FORMAT, E.G. 1985 | | | | | INTERVIEWE R: IF NON- CLINICAL STAFF: RECORD 00 | | ▶ NEXT PROVIDER | INTERVIEWER: RECORD UP TO 5 SERVICES. IF CHILD POSTNATAL CARE COMBINED WITH CHILD PREVENTIVE CARE (E.G. VACCINATIONS), RECORD "03" FOR POSTNATAL CARE TO CHILD. | | | | | | | | | | |
| 9 | | | | | | | | | | OFFICIALLY OFF DUTY | 01 | | | | | | | | | | |
| 10 | | | | | | | | | | ON SICK LEAVE | 02 | | | | | | | | | | |
| 11 | | | | | | | | | | ON TRAINING | 03 | PRENATAL CARE | | | | | | | | | |
| 12 | | | | | | | | | | ON MATERNITY LEAVE | 04 | DELIVERIES | | | | | | | | | |
| 13 | | | | | | | | | | OTHER AUTHORIZED ABSENCE | 05 | CHILD POSTNATAL CARE | | | | | | | | | |
| 14 | | | | | | | | | | LATE | 06 | MOTHER POSTNATAL CARE | | | | | | | | | |
| 15 | | | | | | | | | | UNAUTHORIZED ABSENCE | 07 | CHILD PREVENTIVE CARE | | | | | | | | | |
| 16 | | | | | | | | | | OTHER (SPECIFY) | 96 | CHILD CURATIVE CARE | | | | | | | | | |
| 17 | | | | | | | | | | Part time/ flexible working hours | | ADULT CURATIVE CARE | | | | | | | | | |
| 18 | | | | VOLUNTARY COUNSELING AND TESTING | | | | | | | | | | | | | | | | | |
| 19 | | | | NON-CLINICAL (ADMIN, RECEPTION, ETC) | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | YEAR | SALARY SCALE | MAX 7 | MAX 168 | MAX 168 | MAX 168 | NO 2 | YES 1 ▶ (4.16) | | | | | | A. | B. | C. | D. | E. | |
| 26 | 01 | | | | | | | | | | | | | | | | | | | | |
| 27 | 02 | | | | | | | | | | | | | | | | | | | | |
| 28 | 03 | | | | | | | | | | | | | | | | | | | | |
| 29 | 04 | | | | | | | | | | | | | | | | | | | | |
| 30 | 05 | | | | | | | | | | | | | | | | | | | | |
| 31 | 06 | | | | | | | | | | | | | | | | | | | | |
| 32 | 07 | | | | | | | | | | | | | | | | | | | | |
| 33 | 08 | | | | | | | | | | | | | | | | | | | | |
| 34 | 09 | | | | | | | | | | | | | | | | | | | | |
| 35 | 10 | | | | | | | | | | | | | | | | | | | | |
| 36 | 11 | | | | | | | | | | | | | | | | | | | | |
| 37 | 12 | | | | | | | | | | | | | | | | | | | | |
| 38 | 13 | | | | | | | | | | | | | | | | | | | | |
| 39 | 14 | | | | | | | | | | | | | | | | | | | | |
| 40 | 15 | | | | | | | | | | | | | | | | | | | | |
| 41 | 16 | | | | | | | | | | | | | | | | | | | | |
| 42 | 17 | | | | | | | | | | | | | | | | | | | | |
| 43 | 18 | | | | | | | | | | | | | | | | | | | | |
| 44 | 19 | | | | | | | | | | | | | | | | | | | | |
| 45 | 20 | | | | | | | | | | | | | | | | | | | | |
| 46 | 21 | | | | | | | | | | | | | | | | | | | | |

| (5) Laboratory | | | |
|--|---|--|--|
| RESPONDENT: LAB TECHNICIAN OR BEST INFORMED STAFF MEMBER | | | |
| ID CODE OF THE RESPONDENT FROM THE STAFF ROSTER | | | |
| (5.01) | Does the facility provide laboratory services? | YES 1 | |
| | | NO 2 ▶ (6.01) | |
| (A) Lab Tests | | | |
| | (5.02) | (5.03) | (5.04) |
| | <p>For the following tests, please tell me if you are able to perform them today, if you were able to perform them 3 months ago but not today, or if you simply cannot do this test (today or 3 months ago).</p> <p>INTERVIEWER: RECORD ONE RESPONSE FOR EACH TEST.</p> | <p>How many of the [...] tests were conducted in the <u>last 3 months</u>?</p> <p>INTERVIEWER: IF NONE, RECORD "0". RECORD ONE RESPONSE FOR EACH TEST.</p> | <p>INTERVIEWER: RECORD SOURCE OF THE INFORMATION. RECORD ONE RESPONSE FOR EACH TEST.</p> |
| | Able to do this test today 01 | | RECORDS 01 |
| | Able to do in past 3 months but not today 02 | | NO RECORDS AVAILABLE, ORAL REPORT 02 |
| | Cannot do this test, today or in past 3 months 03 | | |

| (B) Lab Equipment | | RECORD RESPONSE |
|-------------------|--|--|
| (5.05) | Where is the lab equipment located? | Separate laboratory 01 |
| | | Room that is also used for other activities 02 |
| | | Other, specify: 96 |
| (5.06) | INTERVIEWER: RECORD QUANTITY OF EACH EQUIPMENT FUNCTIONING. RECORD ONE RESPONSE FOR EACH EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE. | a. Microscope |
| | | b. Centrifuge |
| | | c. Hemoglobinometer |
| | | d. Refrigerator for storing reagents |
| | | e. Glucometers |
| (5.07) | Is there a Tuberculosis Laboratory Register? INTERVIEWER: IF YES, ASK TO SEE IT. | YES, SEEN 1 |
| | | YES, NOT SEEN 2 |
| | | NO 3 |
| (5.08) | How many laboratory technicians are trained in Acid-Fast Bacilli (AFB) microscopy? INTERVIEWER: CHECK THE NUMBER DOES NOT EXCEED THE TOTAL NUMBER OF LABORATORY TECHNICIANS | |

| (6) Services | | |
|---|---|-------------|
| RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER | | |
| (A) Vaccination Services | RECORD RESPONSE | |
| (6.01) Does this facility provide immunization services? | YES | 1 |
| | NO | 2 ► (6.08) |
| (6.02) Is there a separate room or area for immunizations? | YES | 1 |
| | NO | 2 |
| (6.03) Are immunizations regularly given to children at the facility, or in outreach activities including during home visits? | Facility only | 01 |
| | Outreach only | 02 |
| | Facility and outreach | 03 |
| | Includes home visits | 04 |
| (6.04) Is there a vaccination outreach work plan for the current year? | YES | 1 |
| | NO | 2 |
| (6.05) In the last 30 days, on how many days did the facility staff do vaccination outreach in the community? | | |
| (6.06) Does this facility have a [STORAGE METHOD] for storing vaccines? INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE FACILITY HAS THE CITED STORAGE METHOD, "2" IF NOT. | a. Ice Lined Refrigerator (ILR) | |
| | b. Cold Box | |
| | c. Refrigerator | |
| | d. Vaccine Carriers | |
| (6.07) Is a temperature log kept? INTERVIEWER: IF YES, ASK TO SEE IT. (registration form/book for recording temperatures) | YES, SEEN | 1 |
| | YES, NOT SEEN | 2 |
| | NO | 3 |
| (B) Antenatal Care Services | RECORD RESPONSE | |
| (6.08) Are antenatal services provided at this facility? | YES | 1 |
| | NO | 2 ► (6.14) |
| (6.09) In the last 6 months, on how many days did the facility staff do outreach in the community for antenatal care? (home visits) | | |
| (6.10) In the last 6 months, were iron and folate routinely prescribed? INTERVIEWER: CHECK RECORDS. IF NO RECORDS, ASK IN-CHARGE. RECORD ANSWER BASED ON WHETHER RECORDS WERE SEEN OR NOT. | RECORDS SEEN: All the time | 01 |
| | RECORDS SEEN: Sometimes | 02 |
| | RECORDS SEEN: Seldom or never | 03 |
| | RECORDS NOT SEEN, ORAL REPORT: All the time | 04 |
| | RECORDS NOT SEEN, ORAL REPORT: Sometimes | 05 |
| | RECORDS NOT SEEN, ORAL REPORT: Seldom or never | 06 |
| (6.11) Do women who come to the facility for antenatal care get an antenatal or maternal health card? | YES | 1 |
| | NO | 2 ► (6.14) |
| (6.12) Where are the maternal health cards kept once issued to a mother? | Given to mother to bring for next visit | 01 ► (6.14) |
| | Kept at facility | 02 |
| | One copy given to mother and one kept at facility | 03 |
| | Other, specify: | 96 ► (6.14) |
| (6.13) Could you show me some cards that belong to specific patients? | SEEN | 1 |
| | NOT SEEN | 2 |

| (C) Postnatal Care Services | | RECORD RESPONSE |
|---|--|--|
| (6.14) | Are postnatal services provided at this facility? | YES 1 |
| | | NO 2 ▶ (6.16) |
| (6.15) | In the last 6 months, on how many days did the facility staff do outreach in the community for postnatal care? (home visits) | |
| (6.16) | Does this facility provide service of rules breastfeeding mothers postpartum? | YES 1 |
| | | NO 2 ▶ (6.18) |
| (6.17) | What services are breastfeeding does in this facility? INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE FACILITY HAS THE CITED STORAGE METHOD, "2" IF NOT. | a. Inform pregnant women about the benefits of breastfeeding |
| | | b. Help to mothers initiate breastfeeding |
| | | c. Show to mothers how to breastfeed and how to maintain lactation, even if they should be placed separately from children |
| | | d. Give newborn infants no food or drink other than breast milk, if there is no medically indicated |
| | | e. Don't give teats and soothers for infants during breastfeeding |
| (6.18) | Does this facility provide service examination of the child for the presence of clinical signs of cachexia and child pellagra | YES 1 |
| | | NO 2 |
| (6.19) | What services examination of the child for the presence of clinical signs of cachexia does in this facility? INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE FACILITY HAS THE CITED STORAGE METHOD, "2" IF NOT. | a. Weigh the child using electronic weights |
| | | b. Measuring the length or height |
| | | c. Definition BMI (body mass index) |
| | | d. Consultation of the child hypertrophy |
| | | e. Consultation of the child hypotrophy |
| (D) Nutrition services for child under 5 | | RECORD RESPONSE |
| (6.20) | Are provided at this facility nutrition services for child under 5? | YES 1 |
| | | NO 2 ▶ (6.23) |
| (6.21) | In the last 6 months, on how many days did the facility staff do outreach in the community for nutrition services for child under 5? | |
| (6.22) | What services are nutrition for child under 5 does in this facility? INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE FACILITY HAS THE CITED STORAGE METHOD, "2" IF NOT. | a. Recommendations on feeding the baby up to 6 months |
| | | b. Recommendations on infant feeding in age from 6 months to 1 year |
| | | c. Recommendations for feeding a child aged 1 to 2 years |
| | | d. Recommendations for feeding a child from 2 to 5 years |
| | | e. Recommendations for the safe food preparation and hygiene |
| (E) Hypertension Services | | RECORD RESPONSE |
| (6.23) | Are provided at this facility hypertension services ? | YES 1 |
| | | NO 2 |
| (6.24) | In the last 6 months, on how many days did the facility staff do outreach in the community for hypertension services? | |
| (6.25) | What services are hypertension in this facility? INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE FACILITY HAS THE CITED STORAGE METHOD, "2" IF NOT. | a. Screening |
| | | b. Revealing patients with hypertension |
| | | c. BP measurement 3 times within 2 months |
| | | d. Dispensary observation |
| | | e. Introduction the control charts |
| | | f. Non-pharmacological treatment of hypertension |
| | | g. Health nutrition |
| (6.26) | What services are diabet in this facility? INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE FACILITY HAS THE CITED STORAGE METHOD, "2" IF NOT. | a. Obesity prevention |
| | | b. Health nutrition |
| | | c. Dispensary observation |
| | | d. Free distribution of diabetic drugs(Umulyn, Glibenklamid) |
| | | e. Establishment patient card |
| | | f. Glucometry |
| | g. Other | |

| (7) General Health Management Information Systems (HMIS) | | RECORD RESPONSE | | | | | | | | | | | | | | |
|--|---|---|---------------------|---|--------------------------|------------|----------------------------|--|--|--|---------------------------------|--|------------------------------|--|-----------------------------|--|
| RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER | | | | | | | | | | | | | | | | |
| (7.01) | Do you have an estimate of the size of the catchment population that this facility serves, that is, the target, or total population living in the area served by this facility? | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">YES</td> <td style="width: 40%; text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2 ► (7.03)</td> </tr> </table> | YES | 1 | NO | 2 ► (7.03) | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | |
| NO | 2 ► (7.03) | | | | | | | | | | | | | | | |
| (7.02) | How many people is the catchment [POPULATION CATEGORY]? | <table border="1" style="width: 100%;"> <tr><td>a. Total population</td><td></td></tr> <tr><td>b. Total male population</td><td></td></tr> <tr><td>c. Total female population</td><td></td></tr> <tr><td>d. Total female 15-49 years population, i.e. women of childbearing age</td><td></td></tr> <tr><td>e. Total patients over 60 years</td><td></td></tr> <tr><td>f. Total <5 years population</td><td></td></tr> <tr><td>g. Total <1 year population</td><td></td></tr> </table> | a. Total population | | b. Total male population | | c. Total female population | | d. Total female 15-49 years population, i.e. women of childbearing age | | e. Total patients over 60 years | | f. Total <5 years population | | g. Total <1 year population | |
| a. Total population | | | | | | | | | | | | | | | | |
| b. Total male population | | | | | | | | | | | | | | | | |
| c. Total female population | | | | | | | | | | | | | | | | |
| d. Total female 15-49 years population, i.e. women of childbearing age | | | | | | | | | | | | | | | | |
| e. Total patients over 60 years | | | | | | | | | | | | | | | | |
| f. Total <5 years population | | | | | | | | | | | | | | | | |
| g. Total <1 year population | | | | | | | | | | | | | | | | |
| Now I would like to see the register that shows the total number of patients attended in this facility in the last completed calendar month. | | | | | | | | | | | | | | | | |
| INTERVIEWER: FOR QUESTIONS (7.03) TO (7.18), RECORD FOR THE LAST COMPLETED CALENDAR MONTH. FOR QUESTIONS (7.04) TO (7.12), IF SOME CATEGORIES CAN'T BE IDENTIFIED FROM REGISTER, RECORD 'DON'T KNOW' FOR THESE CATEGORIES. | | RECORD RESPONSE | | | | | | | | | | | | | | |
| (7.03) | Number of TOTAL patients | | | | | | | | | | | | | | | |
| (7.04) | Number of TOTAL male patients | | | | | | | | | | | | | | | |
| (7.05) | Number of TOTAL female patients | | | | | | | | | | | | | | | |
| (7.06) | Number of TOTAL pregnant women | | | | | | | | | | | | | | | |
| (7.07) | Number of TOTAL under 5 patients | | | | | | | | | | | | | | | |
| (7.08) | Number of TOTAL male under 5 patients | | | | | | | | | | | | | | | |
| (7.09) | Number of TOTAL female under 5 patients | | | | | | | | | | | | | | | |
| (7.10) | Number of TOTAL under 1 patients | | | | | | | | | | | | | | | |
| (7.11) | Number of TOTAL male under 1 patients | | | | | | | | | | | | | | | |
| (7.12) | Number of TOTAL female under 1 patients | | | | | | | | | | | | | | | |
| (7.13) | Number of TOTAL over 60 | | | | | | | | | | | | | | | |
| (7.14) | Monthly Integrated Activity Reports | SEEN 1 | | | | | | | | | | | | | | |
| | | NOT SEEN 2 | | | | | | | | | | | | | | |
| (7.15) | Monthly Aggregated Activity Reports | SEEN 1 | | | | | | | | | | | | | | |
| | | NOT SEEN 2 | | | | | | | | | | | | | | |
| (7.16) | Notifiable Disease Report | SEEN 1 | | | | | | | | | | | | | | |
| | | NOT SEEN 2 | | | | | | | | | | | | | | |
| (7.17) | Vaccination/immunization Coverage Report | SEEN 1 | | | | | | | | | | | | | | |
| | | NOT SEEN 2 | | | | | | | | | | | | | | |
| (7.18) | Family Planning Register | SEEN 1 | | | | | | | | | | | | | | |
| | | NOT SEEN 2 | | | | | | | | | | | | | | |

(8) Health services utilization based on Health Management Information Systems (HMIS)

RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER.

I would like to ask you some questions about the health services available.

| | | | | | | | | | | | | |
|--|---|---|---------------|--|---|--|--|---|---------|---------|---------|--|
| ASK QUESTIONS (8,01) TO (8,04) FOR EACH SERVICE BEFORE MOVING TO NEXT SERVICE. | (8.01) | | (8.02) | | (8.03) | | (8.04) | | | | | |
| | Does this facility provide [SERVICE] within the facility and/or as outreach? INTERVIEWER: RECORD FOR BOTH FACILITY AND OUTREACH. | | | | What is the total price in TJ Somoni charged for this type of service? INTERVIEWER: IF NO CHARGE, RECORD "0". | | 2. Please record the total number of patients INTERVIEWER: FOR EACH SERVICE, RECORD THE MONTHLY TOTAL NUMBER OF OUTPATIENTS (OUT) LISTED IN THE REGISTER, REGARDING THE LAST 6 MONTHS PRIOR TO THE MONTH OF THE SURVEY. (E.G. IF TODAY IS SEPTEMBER 13, RECORD PATIENTS FOR THE PERIOD OF MARCH, 1 TO AUGUST, 31 IN ORDER TO HAVE 6 FULL MONTHS) . | | | | | |
| | YES | 1 | | | | | NO | 2 | MONTH 1 | MONTH 2 | MONTH 3 | |

| | | | | | | | | | | | | | | |
|----------|-------------|----------|-----------|-----------|------|----------------|----------------|----------------|--|--|--|--|--|--|
| SERVICES | In-facility | Outreach | DAYS/WEEK | TJ Somoni | UNIT | MONTH 1 OUT | MONTH 2 OUT | MONTH 3 OUT | | | | | | |
|----------|-------------|----------|-----------|-----------|------|----------------|----------------|----------------|--|--|--|--|--|--|

Family planning/clinical

| | | | | | | | | | | | | | | |
|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|
| a. Contraceptive pill | | | | | per initial visit | | | | | | | | | |
| b. Injection | | | | | per visit | | | | | | | | | |
| c. Implant insertion | | | | | per insertion | | | | | | | | | |
| d. Male condoms | | | | | per visit | | | | | | | | | |
| e. Intrauterine Device (IUD) insertion | | | | | per insertion | | | | | | | | | |
| f. Female sterilization | | | | | per procedure | | | | | | | | | |
| g. Male sterilization | | | | | per procedure | | | | | | | | | |
| h. Prenatal care | | | | | per visit | | | | | | | | | |

Immunizations

| | | | | | | | | | | | | | | |
|---|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| n. Bacille Calmette Guerin (BCG) | | | | | per dose | | | | | | | | | |
| o. Pentavalent Dose 1 (DPT, Hepatitis B, Hemophilus influenzae B) | | | | | per dose | | | | | | | | | |
| p. Pentavalent Dose 2 (DPT, Hepatitis B, Hemophilus influenzae B) | | | | | per dose | | | | | | | | | |
| q. Pentavalent Dose 3 (DPT, Hepatitis B, Hemophilus influenzae B) | | | | | per dose | | | | | | | | | |
| r. Polio Dose 1 | | | | | per dose | | | | | | | | | |
| s. Polio Dose 2 | | | | | per dose | | | | | | | | | |
| t. Polio Dose 3 | | | | | per dose | | | | | | | | | |
| u. Measles Dose 1 (<1 year) | | | | | per dose | | | | | | | | | |
| v. Tetanus Toxoid to pregnant women | | | | | per dose | | | | | | | | | |

| ASK QUESTIONS (8,01) TO (8,04) FOR EACH SERVICE BEFORE MOVING TO NEXT SERVICE. | (8.01) | | (8.02) | (8.03) | | (8.04) | | | 2. Please record the total number of patients | | | | | | | |
|--|---|----------|--|---|---|--------|-----|---------|---|---------|--|--|--|--|--|--|
| | Does this facility provide [SERVICE] within the facility and/or as outreach? INTERVIEWER: RECORD FOR BOTH FACILITY AND OUTREACH. | | How many days per week is this service offered? INTERVIEWER: IF BY APPOINTMENT ONLY, RECORD 8; IF NOT APPLICABLE, RECORD 97 | What is the total price in TJ Somoni charged for this type of service? INTERVIEWER: IF NO CHARGE, RECORD "0". | INTERVIEWER: FOR EACH SERVICE, RECORD THE MONTHLY TOTAL NUMBER OF OUTPATIENTS (OUT) LISTED IN THE REGISTER, REGARDING THE LAST 6 MONTHS PRIOR TO THE MONTH OF THE SURVEY (E.G. IF TODAY IS SEPTEMBER 13, RECORD PATIENTS FOR THE PERIOD OF MARCH, 1 TO AUGUST, 31 IN ORDER TO HAVE 6 FULL MONTHS) . | | | MONTH 1 | MONTH 2 | MONTH 3 | | | | | | |
| | YES | 1 | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | |
| SERVICES | In-facility | Outreach | DAYS/WEEK | TJ Somoni | UNIT | OUT | OUT | OUT | | | | | | | | |
| Curative and preventive care | | | | | | | | | | | | | | | | |
| w. Curative care for children <5 years | | | | | per visit | | | | | | | | | | | |
| x. Curative care for children >5 years and adults | | | | | per visit | | | | | | | | | | | |
| y. Child growth monitoring and nutritional advice | | | | | per visit | | | | | | | | | | | |
| z. Tuberculosis diagnosis | | | | | per new case | | | | | | | | | | | |
| aa. Tuberculosis treatment | | | | | per Directly Observed Therapy | | | | | | | | | | | |
| ab. Sexually Transmitted Infections services, including | | | | | | | | | | | | | | | | |
| ac. Diagnosis, treatment, testing, and counseling | | | | | per visit | | | | | | | | | | | |
| ad. HIV/AIDS services | | | | | | | | | | | | | | | | |
| ae. Ambulance ride to another facility for referral | | | | | per transport | | | | | | | | | | | |
| af. Hypertension and other NCD services | | | | | | | | | | | | | | | | |
| ag. Home visit | | | | | per visit | | | | | | | | | | | |
| ah. Screening\XR | | | | | per visit | | | | | | | | | | | |
| ai. BP measurement 3 times within 2 months | | | | | per visit | | | | | | | | | | | |
| aj. Dispensary observation | | | | | per visit | | | | | | | | | | | |
| ak. Diagnosis of diseases of the digestive system | | | | | per visit | | | | | | | | | | | |
| al. Treatment of diseases of the digestive system | | | | | per visit | | | | | | | | | | | |
| am. Diagnosis of endemic goiter | | | | | per visit | | | | | | | | | | | |
| an. Treatment of endemic goiter | | | | | per visit | | | | | | | | | | | |
| ao. Diagnosis of diabetes | | | | | per visit | | | | | | | | | | | |
| a3. Treatment of diabetes | | | | | per visit | | | | | | | | | | | |

| (9) User Fees | | RECORD RESPONSE |
|---|--|---|
| RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER. | | |
| (9.01) | Does your facility provide services free of charge for patients | YES 1 |
| | | NO 2 ▶ (9.04) |
| (9.02) | Which patients your health facility provides health care service free of charge? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. | a. Pregnant |
| | | b. Children under 5 |
| | | c. Elderly |
| | | d. Disable people |
| | | e. War veterans |
| | | f. Without caretakers\Poor |
| | | |
| (9.04) | Do patients pay fees for supplies (e.g. compresses, syringes, etc.)? | YES 1 |
| | | NO 2 |
| (9.05) | Do patients pay fees for medicines? | YES 1 |
| | | NO 2 ▶ (9.07) |
| (9.06) | What percentage of the drug cost is charged to patients? INTERVIEWER: RECORD PERCENTAGE WITHOUT "%" SIGN, AS A NUMBER. E.G. IF 5% IS CHARGED, RECORD 05. IF 80% IS CHARGED, RECORD 80. | MAXIMUM 100 |
| (9.07) | INTERVIEWER: CHECK WHETHER THE FACILITY CHARGES ANY FEES FROM (9,01), (9,04) and (9,05). | HAS FEES 01 |
| | | NO FEES AT ALL 02 ▶ (9.09) |
| (9.08) | In the <u>last 3 months</u> , how did the facility spend the direct revenue from user fees? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. | a. Facility infrastructure |
| | | b. Facility equipment and supplies |
| | | c. Drugs |
| | | d. Facility programs |
| | | e. Use in community |
| | | f. Sent back to managing agency |
| | | g. Staff salaries |
| | | h. Staff performance bonuses |
| | | i. Sent back to local government |
| | | j. Sent back to central government |
| | | k. Sent back to decentralized government |
| | k. Other, specify: | |
| (9.09) | Are any of the following individuals exempt from paying fees? (Veterans of WW2, social exempts(children under 1, people above 80, disabled...)) INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. | a. Widows |
| | | b. Children under 5 |
| | | c. Elderly (above 80 years) |
| | | d. Orphans |
| | | e. Tuberculosis patients |
| | | f. HIV/AIDS patients |
| | | g. Extreme poor |
| | | h. Physically disabled persons |
| | | i. Pregnant women |
| | | j. Children under 1 |
| | | k. Veterans of WW2 |
| | | l. Other, specify: |

| (12) Direct Observation | | | | |
|---|--|-----|---|------------------------|
| INTERVIEWER: THERE IS NO RESPONDENT FOR THIS SECTION OF THE QUESTIONNAIRE. AFTER SEEKING PERMISSION, YOU SHOULD WALK AROUND THE FACILITY AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION. | | | | |
| (A) | General | | | RECORD RESPONSE |
| (12.01) | Is there a reception/registration room in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION. | YES | 1 | |
| | | NO | 2 | |
| (12.02) | Is there a waiting room in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION. | YES | 1 | |
| | | NO | 2 | |
| (12.03) | Is there a separate waiting room for women in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION. | YES | 1 | |
| | | NO | 2 | |
| (12.04) | Is there a room with auditory and visual privacy for patient consultations in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION. | YES | 1 | |
| | | NO | 2 | |
| (12.06) | Is there heating in patient areas during winter in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION. | YES | 1 | |
| | | NO | 2 | |
| (12.12) | Is a functional toilet facility available for patients? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION. | YES | 1 | |
| | | NO | 2 | |
| (12.13) | Are there separate toilet facilities for male and female patients? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION. | YES | 1 | |
| | | NO | 2 | |

| (B) | Posting of User Fees | | RECORD RESPONSE |
|---------------------|---|---|-----------------|
| (12.15) | Is there any posting in the facility that shows the user fees for consultation? INTERVIEWER: IF YES, LOOK FOR POSTING IN FACILITY. | YES, SEEN 1 | |
| | | YES, NOT SEEN 2 | |
| | | NO 3 | |
| (12.16) | Is there any posting in the facility that shows laboratory fees for outpatients? INTERVIEWER: IF YES, LOOK FOR POSTING IN FACILITY. | YES, PUBLICLY POSTED 01 | |
| | | YES, NOT POSTED 02 | |
| | | NO, NOT POSTED 03 | |
| (12.19) | Is any of the following posted publicly for patients to see? INTERVIEWER: FOR EACH DOCUMENT, ASK TO SEE THE DOCUMENTS POSTED AND <u>RECORD ACCORDING TO THE FOLLOWING CODES:</u> | a. Service days/hours | |
| | | b. Staff rotation | |
| | | c. Management contact | |
| | | d. Complaints and suggestions handling policy | |
| | | e. Other, specify: | |
| | | f. | |
| YES AND SEEN.....1 | | | |
| YES, NOT SEEN.....2 | | | |
| NO.....3 | | | |

| (C) | National Protocols | | | RECORD RESPONSE |
|--|---|----------|---|--------------------|
| INTERVIEWER: ASK THE FACILITY HEAD OR BEST INFORMED STAFF MEMBER TO SEE THE CLINICAL CARE PROTOCOLS. FOR EACH OF THE FOLLOWING, RECORD IF YOU HAVE SEEN OR NOT SEEN THE PROTOCOL / GUIDELINES / MATERIALS. | | | | |
| (12.20) | Patient education materials (Information and Education Campaign materials) | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.21) | Integrated Management of Childhood Illness (IMCI) chart booklet or wall chart | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.22) | Graphs for growth monitoring | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.23) | National protocol for tuberculosis diagnosis and treatment | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.24) | Health Management Information System (HMIS) guidelines | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.25) | Health Management Information System (HMIS) Data | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.26) | National Protocol for malaria diagnosis and treatment (not part of IMCI) | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.27) | National Protocol for diarrhea diagnosis and treatment (not part of IMCI) | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.28) | National protocol for child vaccination | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.29) | National protocol for reproductive health/family planning | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.30) | National protocol for reducing unsafe abortion morbidity/mortality | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.31) | Antenatal Care National Standards | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.32) | Labor and Delivery Care | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.33) | Newborn Care National Standards | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.34) | Post-Partum Care National Standards | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.35) | Procedures Manual for Infection Prevention and Control | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.36) | Management of Sexually Transmitted Infections (STI) guidelines | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.37) | National HIV testing and counseling guidelines | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.38) | Prevention of mother to child transmission of HIV (PMTCT) guidelines | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.39) | HIV treatment (Antiretroviral therapy, ART) guidelines | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.40) | HIV treatment (Antiretroviral therapy, ART) for children/infants guidelines | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.41) | National list for essential drugs | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.42) | National protocol for drug procurement | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.43) | Detecting and reporting adverse drug or vaccine reaction | SEEN | 1 | |
| | | NOT SEEN | 2 | |
| (12.44) | National health strategy | SEEN | 1 | |
| | | NOT SEEN | 2 | |

| | | |
|--|---|------------------------------------|
| (13) | Equipment (Direct Observation) | |
| <p>INTERVIEWER: THERE IS NO RESPONDENT FOR THIS SECTION OF THE QUESTIONNAIRE. AFTER SEEKING PERMISSION, YOU SHOULD WALK AROUND THE FACILITY AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION.</p> | | |
| General equipment | | RECORD RESPONSE |
| (13.02) | PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE | QUANTITY AVAILABLE AND FUNCTIONING |
| a. | Timer or clock with seconds hand | |
| b. | Children's weighing scale | |
| c. | Height measure | |
| d. | Tape measure | |
| e. | Adult weighing scale | |
| f. | Blood pressure instrument | |
| g. | Thermometer | |
| h. | Stethoscope | |
| i. | Fetoscope | |
| j. | Otoscope | |
| k. | Suction/aspirating device | |
| l. | Vision chart | |
| m. | Oxygen tank | |
| n. | Bag Valve Mask (Ambu bag) | |
| o. | Incubator | |
| p. | Drip Stand | |
| q. | Flashlight | |
| r. | Stretcher | |
| s. | Wheel chair | |
| t. | Minor surgical instruments for procedures like incision & drainage and suturing (forceps, scalpel) | |
| u. | Oral Rehydration Therapy (ORT) corner with equipment (<i>1 liter container, cups and spoons and rehydration guidelines</i>) | |
| v. | Urinary Catheter | |
| w. | Examination table/bed | |
| x. | Antiseptic liquid | |
| Sterilizing Equipment | | RECORD RESPONSE |
| (13.04) | PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE. | QUANTITY AVAILABLE AND FUNCTIONING |
| a. | Electric autoclave (pressure and wet heat) | |
| b. | Non-electric autoclave (pressure and wet heat) | |
| c. | Electric dry heat sterilizer | |
| d. | Electric boiler or steamer (no pressure) | |
| e. | Non-electric pot with cover (steam boil) | |
| f. | Heat source for non-electric equipment | |
| g. | Automatic timer (MAY BE ON EQUIPMENT) | |
| h. | Time, Steam and Temperature (TST) Indicator strips or other sterilization indicators | |
| Vaccination Equipment | | RECORD RESPONSE |
| (13.06) | PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE | QUANTITY AVAILABLE AND FUNCTIONING |
| a. | Vaccine thermometer | |
| b. | Cold box / Vaccine carrier | |
| c. | Ice packs | |
| d. | Refrigerator | |
| Antenatal Care Equipment | | RECORD RESPONSE |
| (13.08) | PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE | QUANTITY AVAILABLE AND FUNCTIONING |
| a. | Examination table/bed | |
| b. | Fetoscope | |
| c. | Blood pressure instrument | |
| d. | Tape measure | |
| e. | Adult weighing scale | |

| | | | | |
|---|---|----------------------------------|------|------------|
| (15) | Catchment area | RECORD RESPONSE | | |
| RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE. | | | | |
| INTERVIEWER: CHECK THE REGISTER FROM THE FACILITY. | | | | |
| (15.01) | What is the catchment population of this facility? | Central Statistical Office (CSO) | | |
| | | Facility headcount | | |
| (15.02) | Please provide a list of the villages that fall in the catchment area of this facility. | | Name | Population |
| | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | | 5 | | |
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THANK YOU FOR YOUR TIME