



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

INTERVIEWER	CODE

VISIT 1	DAY	MONTH	YEAR

VISIT 2	DAY	MONTH	YEAR

VISIT 3	DAY	MONTH	YEAR

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

LANGUAGE			
LANGUAGE 1	01	TAJIK	04
LANGUAGE 2	02	RUSSIAN	05
LANGUAGE 3	03	OTHER, SPECIFY:	96
INTERVIEW	RESPONDENT	Translator Used?	NEVER
			SOMETIMES
			ALWAYS

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?	<div>YES 1</div> <div>NO 2</div>
(1.02)	Are you authorized to represent this facility?	<div>YES 1</div> <div>NO 2</div>
(1.03)	What is your job title at this facility?	<div>Midwife 05</div> <div>Family Nurse 06</div> <div>Feldsher 07</div> <div>Other, specify: 96</div>
(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 <u>AND</u> YEAR. INCLUDE MAJOR PAINTING, PLUMBING, EXTENSIONS TO THE BUILDING, ETC.	<div>a. MONTH MM</div> <div>b. YEAR YYYY</div> <div>IF INVESTMENT WAS OVER MORE THAN ONE YEAR, ONLY RECORD THE MOST RECENT YEAR OF INVESTMENT</div>
(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.	<div>a. Weekdays</div> <div>b. Saturday</div> <div>c. Sunday</div> <div>d. Holidays</div>
(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.	<div>a. Weekdays</div> <div>b. Saturday</div> <div>c. Sunday</div> <div>d. Holidays</div>

(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 IF 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>	KILOMETERS	
(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>	MAXIMUM 168 HOURS	
(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>	MAXIMUM 168 HOURS	
(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>	MINUTES	
(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>	MAXIMUM 168 HOURS	
(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?	<table border="1"> <tr><td>YES, SEEN</td><td>01</td></tr> <tr><td>YES, NOT SEEN</td><td>02</td></tr> <tr><td>NO</td><td>03 ► (1.38)</td></tr> </table>	YES, SEEN	01	YES, NOT SEEN	02	NO	03 ► (1.38)										
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?	<table border="1"> <tr><td>YES, ALL</td><td>01</td></tr> <tr><td>YES, ONE OR MORE</td><td>02</td></tr> <tr><td>NO</td><td>03</td></tr> </table> Some consultation rooms as a category	YES, ALL	01	YES, ONE OR MORE	02	NO	03										
YES, ALL	01																	
YES, ONE OR MORE	02																	
NO	03																	
(1.36)	Does the room have posted procedures for decontamination procedure steps?	<table border="1"> <tr><td>YES, ALL</td><td>01</td></tr> <tr><td>YES, ONE OR MORE</td><td>02</td></tr> <tr><td>NO</td><td>03</td></tr> </table> Some consultation rooms	YES, ALL	01	YES, ONE OR MORE	02	NO	03										
YES, ALL	01																	
YES, ONE OR MORE	02																	
NO	03																	
(1.37)	Does the room have a basin with a water source and soap?	<table border="1"> <tr><td>YES, ALL</td><td>01</td></tr> <tr><td>YES, ONE OR MORE</td><td>02</td></tr> <tr><td>NO</td><td>03</td></tr> </table> Some consultation rooms	YES, ALL	01	YES, ONE OR MORE	02	NO	03										
YES, ALL	01																	
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NO	03																	
(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.	<table border="1"> <tr><td>a. Chlorhexidine (gluconate)</td><td></td></tr> <tr><td>b. Bleaching powder</td><td></td></tr> <tr><td>c. Sodium Hypochlorite/Chlorine solution/JIK solution</td><td></td></tr> <tr><td>d. Methylated spirit</td><td></td></tr> <tr><td>e. Other, specify:</td><td></td></tr> </table>	a. Chlorhexidine (gluconate)		b. Bleaching powder		c. Sodium Hypochlorite/Chlorine solution/JIK solution		d. Methylated spirit		e. Other, specify:							
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e. Other, specify:																		
(1.39)	In the last 30 days, was there any time when the facility ran out of disinfectant(s)?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (1.41)</td></tr> </table>	YES	1	NO	2 ► (1.41)												
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?	<table border="1"> <tr><td>YES, SEEN</td><td>01</td></tr> <tr><td>YES, NOT SEEN</td><td>02</td></tr> <tr><td>NO</td><td>03</td></tr> </table>	YES, SEEN	01	YES, NOT SEEN	02	NO	03										
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YES, NOT SEEN	02																	
NO	03																	
(1.42)	What procedure is used for <u>decontaminating</u> medical equipment after initial use? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL DECONTAMINATION TECHNIQUES, RECORD MOST USED ONE.	<table border="1"> <tr><td>SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP+WATER</td><td>01</td></tr> <tr><td>BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION</td><td>02</td></tr> <tr><td>BRUSH SCRUBBED WITH SOAP AND WATER ONLY</td><td>03</td></tr> <tr><td>SOAKED IN DISINFECTANT SOLUTION ONLY</td><td>04</td></tr> <tr><td>CLEANED WITH SOAP & WATER</td><td>05</td></tr> <tr><td>EQUIPMENT NEVER DECONTAMINATED</td><td>06</td></tr> <tr><td>EQUIPMENT NEVER REUSED</td><td>07 ► (1.44)</td></tr> <tr><td>OTHER, SPECIFY:</td><td>96</td></tr> </table>	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
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(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.	<table border="1"> <tr><td>DRY-HEAT STERILIZATION</td><td>01</td></tr> <tr><td>AUTOCCLAVING</td><td>02</td></tr> <tr><td>BOILING</td><td>03</td></tr> <tr><td>STEAM STERILIZATION</td><td>04</td></tr> <tr><td>CHEMICAL METHOD</td><td>05</td></tr> <tr><td>PROCESSED OUTSIDE FACILITY</td><td>06</td></tr> <tr><td>NONE</td><td>07</td></tr> <tr><td>OTHER, SPECIFY:</td><td>96</td></tr> </table>	DRY-HEAT STERILIZATION	01	AUTOCCLAVING	02	BOILING	03	STEAM STERILIZATION	04	CHEMICAL METHOD	05	PROCESSED OUTSIDE FACILITY	06	NONE	07	OTHER, SPECIFY:	96
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(1.44)	Is the protocol for sterilizing equipment displayed?	<table border="1"> <tr><td>DISPLAYED</td><td>01</td></tr> <tr><td>NOT DISPLAYED</td><td>02</td></tr> </table>	DISPLAYED	01	NOT DISPLAYED	02												
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(1.45)	Is there a provision for the disposal of bio medical waste?	<table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2 ► (2.00)</td></tr> </table>	YES	1	NO	2 ► (2.00)												
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.	<table border="1"> <tr><td>BURIED IN PIT</td><td>01</td></tr> <tr><td>BURNED</td><td>02</td></tr> <tr><td>THROWN OUTSIDE</td><td>03</td></tr> <tr><td>OUTSOURCED</td><td>04</td></tr> <tr><td>OTHER, SPECIFY:</td><td>05</td></tr> </table>	BURIED IN PIT	01	BURNED	02	THROWN OUTSIDE	03	OUTSOURCED	04	OTHER, SPECIFY:	05						
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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.	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.	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 h. Other, specify:
(2.03)	Are priority health-related activities identified in this workplan for the current financial year?	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.	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?	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".	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".	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 Cervix for Medical Activities)	
(2.12)	Does the facility obtain information on patient opinion through client surveys, a complaint/suggestion box or another method?	YES 1 NO 2 ► (2.17)
(2.13)	Is there a formal mechanism to inform the staff about patient opinion ?	YES 1 NO 2
(2.14)	How is patient feedback obtained? please specify	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?	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 NO	1 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. b. c. e. f.	Health facility manager/in charge Health facility staff Ministry of Health / District Health Management Team Local government Other, specify:			
(3.03)	Has HH involved any staff dismissal decisions in the past 12 months?	YES NO	1 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. b. c. e. i. j.	Health facility manager/in charge Health facility staff Ministry of Health / District Health Management Team Local government Health Committee 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:	h.					

	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																																																																																				
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6		(4.07)	(4.08)	(4.09)	(4.10)	(4.11)	(4.12)	(4.13)	(4.14)	(4.15)	(4.16)									
7	I D C O D E	What year did [NAME] receive his/her clinical qualification?	What is the year of appointment of [NAME] at this health facility? INTERVIEWER: RECORD YEAR IN YYYY FORMAT, E.G. 1985	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? ► NEXT PROVIDER OFFICIALLY OFF DUTY 01 ON SICK LEAVE 02 ON TRAINING 03 ON MATERNITY LEAVE 04 OTHER AUTHORIZED ABSENCE 05 LATE 06 UNAUTHORIZED ABSENCE 07 OTHER (SPECIFY) 96 Part time/ flexible working hours	What services is [NAME] providing today? 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. PRENATAL CARE 01 DELIVERIES 02 CHILD POSTNATAL CARE 03 MOTHER POSTNATAL CARE 04 CHILD PREVENTIVE CARE 05 CHILD CURATIVE CARE 06 ADULT CURATIVE CARE 07 VOLUNTARY COUNSELING AND TESTING 08 NON-CLINICAL (ADMIN, RECEPTION, ETC) 09									
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26	01		YEAR	SALARY SCALE	MAX 7	MAX 168	MAX 168	MAX 168			A.	B.	C.	D.	E.					
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(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	(6.01)
		NO	2 ▶	

(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 <u>last 6 months</u> , on how many days did the facility staff do outreach in the community for antenatal care? (home visits)		
(6.10)	In the <u>last 6 months</u> , 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 <u>last 6 months</u> , 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?	<div>YES 1</div> <div>NO 2 ► (7.03)</div>
(7.02)	How many people is the catchment [POPULATION CATEGORY]?	<div>a. Total population</div> <div>b. Total male population</div> <div>c. Total female population</div> <div>d. Total female 15-49 years population, i.e. women of childbearing age</div> <div>e. Total patients over 60 years</div> <div>f. Total <5 years population</div> <div>g. Total <1 year population</div>
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	<div>SEEN 1</div> <div>NOT SEEN 2</div>
(7.15)	Monthly Aggregated Activity Reports	<div>SEEN 1</div> <div>NOT SEEN 2</div>
(7.16)	Notifiable Disease Report	<div>SEEN 1</div> <div>NOT SEEN 2</div>
(7.17)	Vaccination/immunization Coverage Report	<div>SEEN 1</div> <div>NOT SEEN 2</div>
(7.18)	Family Planning Register	<div>SEEN 1</div> <div>NOT SEEN 2</div>

(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										
		YES				1	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) .									
		NO				2										
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											

15 / 21

(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	<div>YES 1</div> <div>NO 2 ► (9.04)</div>
(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.	<div>a. Pregnant</div> <div>b. Children under 5</div> <div>c. Elderly</div> <div>d. Disable people</div> <div>e. War veterans</div> <div>f. Without caretakers\Poor</div>
(9.04)	Do patients pay fees for supplies (e.g. compresses, syringes, etc.)?	<div>YES 1</div> <div>NO 2</div>
(9.05)	Do patients pay fees for medicines?	<div>YES 1</div> <div>NO 2 ► (9.07)</div>
(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).	<div>HAS FEES 01</div> <div>NO FEES AT ALL 02 ► (9.09)</div>
(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.	<div>a. Facility infrastructure</div> <div>b. Facility equipment and supplies</div> <div>c. Drugs</div> <div>d. Facility programs</div> <div>e. Use in community</div> <div>f. Sent back to managing agency</div> <div>g. Staff salaries</div> <div>h. Staff performance bonuses</div> <div>i. Sent back to local government</div> <div>j. Sent back to central government</div> <div>k. Sent back to decentralized government</div> <div>k. Other, specify:</div>
(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.	<div>a. Widows</div> <div>b. Children under 5</div> <div>c. Elderly (above 80 years)</div> <div>d. Orphans</div> <div>e. Tuberculosis patients</div> <div>f. HIV/AIDS patients</div> <div>g. Extreme poor</div> <div>h. Physically disabled persons</div> <div>i. Pregnant women</div> <div>j. Children under 1</div> <div>k. Veterans of WW2</div> <div>l. Other, specify:</div>

(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?	a. Service days/hours
	INTERVIEWER: FOR EACH DOCUMENT, ASK TO SEE THE DOCUMENTS POSTED AND <u>RECORD ACCORDING TO THE FOLLOWING CODES:</u>	b. Staff rotation
	YES AND SEEN.....1	c. Management contact
	YES, NOT SEEN.....2	d. Complaints and suggestions handling policy
	NO.....3	e. Other, specify:
		f.

(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)	
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.		
	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		
		6		
		7		
		8		
		9		
		10		
		11		
		12		
		13		
		14		
		15		
		16		
		17		
		18		
		19		
		20		

THANK YOU FOR YOUR TIME
