



Health Results Based Financing Nigeria 2014



Health Facility Questionnaire HF1 - Health Facility Assessment Questionnaire

STATE	
LGA	
WARD	
FACILITY NAME	
FACILITY TYPE	1= Primary, 2= Secondary
OWNERSHIP	1= Public

Code		
Code		
Code		
Facility No.		
Type Code		
Ownership	1	

Decimal degrees= degrees + minutes/60 + seconds/3600

GPS COORDINATES OF HEALTH FACILITY											
LATITUDE (NORTH)											
LONGITUDE (EAST)											

Translator Used?

MOBILE PHONE SIGNAL AVAILABLE AT FACILITY?		LANGUAGE		INTERVIEW		Translator Used?	
Yes	1	ENGLISH	1	IGBO	4	NEVER	1
No	2	HAUSA	2	OTHER, SPECIFY:	8	SOMETIMES	2
		YORUBA	3			ALWAYS	3
HEALTH FACILITY TYPE CODE		Code	RESULT OF THE INTERVIEW		INTERVIEW DONE		
					1		
Health Facility Type (enter code)					PARTIALLY COMPLETED		
11: Basic Primary Health Center		21: Cottage Hospital			2		
12: Model Primary Health Center		22: Other secondary			PERSON IN CHARGE REFUSED INTERVIEW		
13: Comprehensive Primary Health Center		31: General Hospital			3		
14: Health Post		32: Other tertiary			PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)		
19: Other Primary Health Center					4		
					FACILITY IS EMPTY (NO STAFF MEMBERS)		
					5		
					HEALTH FACILITY NOT FOUND		
					6		
					OTHER, SPECIFY:		
					8		

INTERVIEWER	CODE

VISIT 1		DAY	MONTH	YEAR	
START TIME			END TIME		

SUPERVISOR	CODE

VISIT 2		DAY	MONTH	YEAR	
START TIME			END TIME		

DAY	MONTH	YEAR	

DATA ENTRY OPERATOR	CODE

DAY	MONTH	YEAR	

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**Federal Ministry of Health
Abuja, Nigeria**

**RESEARCH SUBJECT INFORMATION AND CONSENT FORM
Health Facility Assessment**

Title of the research: Impact Evaluation of Results-Based Financing Interventions for Maternal and Child Health Indicators and Quality of Services Provided in Primary Health Facilities in Nigeria

Study Investigators: This study is being conducted by the Federal Ministry of Health in cooperation with the National Bureau of Statistics (NBS) and the World Bank

Sponsor of research: This study is sponsored by the World Bank, Washington DC, USA

Purpose of research: The purpose of the study is to better understand the working conditions of this health facility in order to improve available health programs and the health of individuals in the surrounding communities. You are being asked to participate in this study because this health facility has been selected for the present study.

Procedure of the research: The study staff will come to the facility to talk to you and other staff of the facility. You will give answers to a confidential questionnaire. The questionnaire is designed to collect information on administration, availability of staff, drugs and equipment, service provision and utilization, adherence to national protocols at the facility, and related topics.

Expected duration of research and of participant(s)' involvement: The questionnaire will take approximately 2 to 3 hours of your time to complete. About one and a half year from now, someone will visit your facility again to ask questions. This will take about 2 to 3 hours.

Risks/discomforts: There is no risks associated with participating in the survey.

Costs to the participants, if any, of joining the research: Your participation in this research will not cost you anything other than the time you spend in responding to the questions.

Benefit(s): We hope to have a better understanding about current government services designed to improve community and household wellbeing through your participation in the study. However, there may be no other direct personal benefits for you from this research. You or other staff of your facility will not receive any payment for participating in the survey.

Confidentiality: There is no direct or immediate benefit to you for participating in the survey as a respondent. Any information that is obtained in connection with this study and that can be identified with you will remain strictly confidential. Your responses can be linked to your personal information only through a numeric code that will be kept secure and encrypted by the survey administrator. The study will focus on summary or de-identified information on the health facilities in the survey. The honesty of your answers is very important.

Voluntariness: Your participation in this study as a respondent is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent for any of the following reasons: (a) if it is in your best interest or in the interest of users of the facility, (b) for any other reason affecting welfare of others

Questions: If you have any questions, please feel free to ask the interviewer at any time during the interview. OR contact:

[Project Director, NBS, Email: mosalami_nbs@yahoo.com; Phone: 08072377722](mailto:mosalami_nbs@yahoo.com)

[Desk Officer for NHREC, Email: deskofficer@nhrec.net ; Phone: 08065479926](mailto:deskofficer@nhrec.net)

Do not agree to be in this research unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: _____ SIGNATURE: _____

NAME: _____

Statement of person giving consent:

I have read the description of the research or have had it translated into and/or read to me in a language I understand. I understand that my or my staff's participation as respondents is voluntary. I know enough about the purpose, methods, risks and benefits of the research study and decided to participate. I understand that I may freely stop being part of this study at any time.

DATE: _____ SIGNATURE: _____

NAME: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

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5 / 47

FORM HF1: HEALTH FACILITY		Health Facility number									
(1.12)	Does the facility have separate hours for adolescents?	Yes	1								
		No	2								
(1.13)	Is there a minimum age requirement for the adolescent to receive sexual and reproductive health services (SRH) from the facility?	Yes, no one under 15 offered SRH services	1								
		Yes, no one under 10 offered SRH services	2								
		No, there is no age requirement to get SRH	3								
(1.14)	Is parental or spousal consent required to provide SRH services to an adolescent client?	YES	1								
		NO	2								
(1.15)	What is the distance of nearest facility-types from this health facility <u>one way</u> in kilometers for each of the types listed? IF THE DISTANCE IS NOT KNOWN RECORD "98", IF THE RESPONDENT DOES NOT KNOW PRESENCE OF A FACILITY TYPE, RECORD "99". IF THE DISTANCE IS 97 KILOMETERS OR HIGHER, RECORD "97". IF THE DISTANCE IS LESS THAN A KILOMETER RECORD "01". ROUND-OFF DISTANCE (IF 1.5 KM, RECORD "02", IF 1.25 KM RECORD "01", ETC.)	a. General or cottage hospital									
		b. Comprehensive primary health center									
		c. Model primary health center									
		d. Basic primary health center									
		e. Health post									
		f. Private clinic									
		g. Private hospital									
(1.16)	What is the approximate travel time by car or motorcycle from the facility to LGA headquarters (secretariat)	ENTER AS ____h ____ (EXAMPLE 01h30)									
(1.17)	What is the primary source of electric power?	Electrical mains/PHCN/NEPA	1 ► (1.18)								
		Generator	2 ► (1.23)								
		Solar	3 ► (1.18)								
		Inverter/battery	4 ► (1.23)								
		No source of electricity	5 ► (1.23)								
		Other, specify: _____)	8 ► (1.18)								
(1.18)	Were there any electric power outages in the last 7 days?	YES	1								
		NO	2 ► (1.23)								
(1.19)	How many hours was electric power missing in the last 7 days?	MAXIMUM 168 HOURS		Hours							
(1.20)	Is the electricity available now? INTERVIEWER: SWITCH ON TO SEE WHETHER ELECTRICITY IS AVAILABLE AT THE TIME OF THE INTERVIEW	YES	1								
		NO	2								
(1.21)	Does the facility have functional backup generator?	YES	1								
		NO	2 ► (1.23)								
(1.22)	How many hours was the generator running in the last 7 days?			Hours							
(1.23)	What is the primary source of water?	Piped into Facility	01	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>							
		Piped into Yard/Plot	02								
		Public tap/Standpipe	03								
		Protected well	04								
		Unprotected well	05								
		Protected spring	06								
		Unprotected spring	07								
		Rainwater	08								
		Tanker Truck/Vendor	09								
		Surface water (lake, river or stream)	10 ► (1.27)								
		Bottled water	11 ► (1.25)								
		Bore Hole	51								
		No source of water	53 ► (1.28)								
		Other, specify: _____	96								
		(1.24)	Is this primary source of water used only by the facility, or is it shared with other users?								
SHARED	2										
(1.25)	In the last 7 days, was there any time when there was no water available in the facility?	YES	1								
		NO	2 ► (1.27)								
(1.26)	In the last 7 days, for how many hours was there no water available at the facility?	MAXIMUM 168 HOURS		Hours							
(1.27)	How long does it take to fetch water from the primary source for the health facility, <u>one way on foot</u> in minutes?	MINUTES (IF WATER IN FACILITY, RECORD "0".)		Minutes							
(1.28)	Does the facility have a functioning two-way radio?	YES	1								
		NO	2								

Health Facility number

7 / 47

FORM HF1: HEALTH FACILITY		Health Facility number									
(1.45)	Does the facility have a functioning computer?	YES	1								
		NO	2 ► (1.48)								
(1.46)	Does the facility have internet connectivity?	Yes	1								
		No	2								
(1.47)	In the last 7 days, was the computer used on a regular basis?	YES	1								
		NO	2								
(B) Universal Precautions				RECORD RESPONSE							
RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF THE HEAD IS ABSENT OR UNAVAILABLE.											
(1.48)	Does the facility have a general outpatient consultation room? ASK TO SEE IT	YES, SEEN	1								
		YES, NOT SEEN	2								
		NO	3 ► (1.52)								
(1.49)	Is this room equipped with a safety box or closed container for disposal of used sharps? ASK TO SEE IT	YES, SEEN	1								
		YES, NOT SEEN	2								
		NO	3								
(1.50)	Does the room have posted a decontamination procedure steps? ASK TO SEE IT	YES	1								
		YES, NOT SEEN	2								
		NO	3								
(1.51)	Does the room have a basin with a water source and soap? ASK TO SEE IT	YES	1								
		YES, NOT SEEN	2								
		NO	3								
(1.52)	What disinfectant(s) are being used in the facility? (IF MENTIONED, RECORD 1, NOT MENTIONED=2)	a. CHLORHEXIDINE (GLUCONATE/SAVLON)									
		b. DETTOL/IZAL									
		c. SODIUM HYPOCHLORIDE/JIK									
		d. METHYLATED SPIRIT									
		e. OTHER, SPECIFY									
(1.53)	In the last 30 days, was there any time when there was a stock-out of disinfectant(s) in the facility?	YES	1								
		NO	2 ► (1.55)								
(1.54)	In the last 30 days, for how many days was there a stock-out of disinfectant(s) in the facility?	DAYS (MAXIMUM 30 DAYS)									
(1.55)	Is there a functional incinerator for disposal of medical waste?	YES, SEEN	1								
		NO	2								
		DON'T KNOW	9								
(1.56)	What procedure is used most often 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	1								
		BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT	2								
		BRUSH SCRUBBED WITH SOAP AND WATER	3								
		SOAKED IN DISINFECTANT SOLUTION ONLY	4								
		CLEANED WITH SOAP & WATER	5								
		EQUIPMENT NEVER DECONTAMINATED	6								
		EQUIPMENT NEVER REUSED	7 ► (1.59)								
		OTHER, SPECIFY:	8								
(1.57)	What procedure is used most often 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	1								
		AUTOCCLAVING	2								
		BOILING	3								
		STEAM STERILIZATION	4								
		CHEMICAL METHOD	5								
		PROCESSED OUTSIDE FACILITY	6								
		NONE	7								
		OTHER, SPECIFY:	8								
(1.58)	Is the protocol for sterilizing equipment displayed? ASK TO SEE IT	DISPLAYED	1								
		NOT DISPLAYED	2								
(1.59)	Are the national protocols for waste management including segregating and disposing medical waste into red, yellow, black bins followed? ASK TO SEE BINS	YES, SEEN	1								
		YES, NOT SEEN	2								
		NO	3 ► (2.01)								
(1.60)	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	1								
		BURNED	2								
		BURNED AND BURIED	3								
		THROWN OUTSIDE	4								
		OUTSOURCED	5								
		OTHER, SPECIFY:	8								

9 / 47

(2.11)	Has a facility budget been developed for the current financial year? ASK TO SEE THE BUDGET.	YES, SEEN	1	
		YES, NOT SEEN	2	
		NO	3	
(2.12)	Does the facility have business plan or activity plan developed for the current year? ASK TO SEE THE BUSINESS OR ACTIVITY PLAN.	YES, SEEN	1	
		YES, NOT SEEN	2	
		NO	3 ► (2.19)	
(2.13)	Who was involved in setting this business and/or activity plan? READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	a. Health facility director		
		b. Health facility staff		
		c. State Ministry of Health/LGA PHC Department		
		d. Hospital/Health center committee/members		
		e. Hospital management board		
		f. WARD Development Committee		
		g. Private health facilities and/or health care providers		
		h. Other, specify:		
		(2.14)	Does the business plan include a strategy for achieving better geographic coverage for health care services? READ THE OPTIONS AND RECORD "1" IF YES, "2" IF NO	a. Yes, outlined outreach/mobile strategy to reach hard-to-reach
b. Yes, collaborate with others including private providers				
c. No, no specific strategy for improving geographic coverage				
(2.15)	Does the business plan present any discussion and analysis of the following? READ THE OPTIONS AND RECORD "1" IF YES, "2" IF NO	a. Presence of trained private providers in the area		
		b. Presence of informal practitioners in the area		
		c. Comments and suggestions on what to do with these providers		
(2.16)	Does the plan include Hygiene and waste management strategy?	YES	01	
		NO	02	
(2.17)	Does the plan contain strategy to achieve Family Planning targets?	YES	01	
		NO	02	
(2.18)	Does the plan show mechanism for identification of indigents, assessment of eligibility?	YES	01	
		NO	02	
(2.19)	Are priority health-related activities identified for the current year?	YES	1	
		NO	2 ► (2.21)	
(2.20)	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 year. READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES/priority, "2" IF NO/NOT A PRIORITY.	a. Antenatal care		
		b. Institutional delivery		
		c. Postnatal care		
		d. Immunization		
		e. Curative consultations		
		f. Family planning/Reproductive health		
		g. Nutrition		
		h. Integrated management of childhood illness		
		i. Malaria		
		j. Tuberculosis		
		k. HIV/AIDS		
		l. Health promotion and monitoring		
		m. Other, specify:		
		(2.21)	How many health facility staff meetings were held <u>in the last 3 months</u> ?	
(2.22)	Do all facility staff have written job descriptions?	All have work descriptions	1	
		Some have work descriptions	2	
		None have work descriptions	3	
(2.23)	<u>In the last 3 months</u> , how many visits were made by the LGA PHC Department for supervision or technical support? IF ZERO, RECORD "0". RECORD "9" IF NOT KNOWN			

(2.24)	In the last 3 months, how many visits were made by a donor for supervision or technical support? IF ZERO, RECORD "0". RECORD "9" IF NOT KNOWN		
NOTE, RECALL PERIOD IS NOW 12 MONTHS FOR THE FOLLOWING			
(2.25)	In the last 12 months, how many times was the performance of staff assessed internally, that is, by persons within the facility?	IF ZERO ► (2.27)	
(2.26)	Is the result of this internal staff performance assessment linked to staff salary or incentive payment?	YES 1 NO 2	
(2.27)	In the last 12 months, how many times was performance of staff assessed externally, that is, by persons from outside the facility, e.g. the LGA PHC Department?	IF ZERO ► (2.29)	
(2.28)	Is the result of the staff performance assessment linked to staff salary or incentive payment?	YES 1 NO 2	
(2.29)	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?	IF ZERO ► (2.31)	
(2.30)	Is the result of the external performance assessment of the facility linked to facility financing?	YES 1 NO 2	
(2.31)	Does the facility obtain information on patient opinion through client surveys, complaint/suggestion box or other method?	YES 1 NO 2 ► (2.34)	
(2.32)	Is there a formal mechanism to inform the staff about patient opinion?	YES 1 NO 2	
(2.33)	In the last 12 months, have any changes occurred as a result of patient opinion?	YES 1 NO 2	
(2.34)	I shall read a number of sources of money for the health facility. Let me know if the facility gets/brings in any money from the source mentioned. INTERVIEWER: FOR EACH OF THE SOURCES OF FUNDING RECORD "1" IF IT IS A SOURCE OF REVENUE/MONEY AND RECORD "2" IF IT IS NOT A SOURCE OF MONEY. NO CELL SHOULD BE LEFT BLANK. RECORD "9" IF DON'T KNOW.	a. STATE MINISTRY OF HEALTH b. USER FEES c. DRUG SALES d. FAITH BASED ORGANIZATIONS e. PRIVATE COMPANY f. DONORS g. INSURANCE PAYMENTS/NHIS h. PBF SUBSIDIES i. LOCAL GOVERNMENT j. STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY k. OTHER	
(2.35)	Can you please tell me the amount received from each of the sources in [LAST CALENDAR YEAR] in Naira? INTERVIEWER: FOR EACH SOURCE, RECORD AMOUNT RECEIVED IN NAIRA. IF ZERO, RECORD "0000000" IN THE BOXES	a. State Ministry of Health b. User Fees c. Drug Sales d. Faith Based Organizations e. Private Company f. Donors g. Insurance Payments/NHIS h. PBF Subsidies i. Local Government j. State Primary Health Care Development Agency k. others, specify	
(2.36)	TOTAL AMOUNT RECEIVED IN NAIRA (INTERVIEWER: CONFIRM)		

12 / 47

13 / 47

Health Facility Assessment

Health Facility number

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(3.25)	In the <u>last 6 months</u> , on how many days did the facility staff do outreach in the community for antenatal care?		
(3.26)	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.	Yes, prescribed to all	1
		Yes, to most pregnant women	2
		Yes, only to at-risk pregnancy	3
		No	4
		Don't know	9
(3.27)	In the <u>last 6 months</u> , were Mebendazole routinely prescribed? INTERVIEWER: CHECK RECORDS. IF NO RECORDS, ASK IN-CHARGE. RECORD ANSWER BASED ON WHETHER RECORDS WERE SEEN OR NOT.	Yes, all the time	1
		Yes, most of the time	2
		Yes, only for few cases	3
		No	4
		Don't know	9
(3.28)	Do women who come to the facility for antenatal care get an antenatal or maternal health card?	YES	1
		NO	2 ► (3.33)
(3.29)	Where are the maternal health cards kept once issued to a mother?	Given to mother to bring for next visit	1 ► (3.33)
		Kept at facility	2
		Given to mother and one in facility	3
		Other, specify:	8 ► (3.33)
(3.30)	Could you show me some cards that belong to specific patients? INTERVIEWER VERIFY AT LEAST FIVE CARDS TO SEE IF ANC IS CONDUCTED BY QUALIFIED PERSONNEL (NURSE, MIDWIFE, CHO, CHEW) ON ANC CARDS. RESPOND YES=1 OR NO=2	a. SEEN FIVE CARDS	
		b. QUALIFIED PERSONNEL PROVIDED CARE	
		c. NON-QUALIFIED PERSON PROVIDED CARE	
		d. NO CARDS SEEN	
(3.31)	Is there a functional Weighing scale present, and calibrated to zero?	YES SEEN	1
		YES NOT SEEN	2
		NO	3
(3.32)	ANC form for HF available and well filled. (INTERVIEWER: AT LEAST FIVE FORMS SHOULD BE VERIFIED FOR THE FOLLOWING). FOR EACH RECORD RESPONSE AS YES=1 AND NO=2	a. Examinations done: weight - BP, Size, Parity, Date of last menstruation	
		b. Laboratory tests: albuminuria, glucose	
		c. All: Obstetrical examination done: Fetal heart rate, Uterine height, presentation, Fetal movement recorded	
(C)	Delivery and Postpartum Services	RESPONSE	
(3.33)	Are delivery services offered by the facility, either in the facility or in the community?	YES	1
		NO	2 ► (3.49)
(3.34)	Do facility staff assist with deliveries only in the facility, only in the community, or in both the facility and the community?	Only in facility	1
		Only in community	2
		Both in facility and community	3
(3.35)	Is the facility able to provide delivery services to adolescent pregnant women?	YES	1
		NO	2
(3.36)	Are there at least 10 blank (not used) partogram forms available in the facility for use in the future?	YES	1
		NO	2
(3.37)	CHECK FIVE PARTOGRAM FORMS USED IN THE PAST. ARE THESE COMPLETED?	YES	1
		NO	2
(3.38)	Who conducts the delivery in the facility? INTERVIEWER: ASK THE RESPONDENT THE TYPE OF HEALTH CARE PROVIDER CONDUCTING MOST OF THE DELIVERIES IN THE FACILITY. MENTION TWO MOST IMPORTANT PROVIDERS.	OB/GYN physician	1
		General physician	2
		CHO	3
		Nurse midwife	4
		Nurse	5
		Other, specify:	8
(3.39)	Is there at least one health care provider in the facility who was trained in the use of vacuum extractor?	YES	1
		NO	2
		Don't know	3
(3.40)	Does the facility have capability for administration of antibiotics, oxytocin, and anticonvulsants for obstetric care?	Yes=1 No=2 Don't know=9	
(3.41)	Does the facility have capability for removal of retained products following miscarriage or abortion?	Yes=1 No=2 Don't know=9	
(3.42)	Does the facility able to do manual removal of retained placenta?	Yes=1 No=2 Don't know=9	
(3.43)	How many pairs of sterile gloves available in the facility now? INTERVIEWER: REQUEST THE RESPONDENT TO VERIFY		

[illegible]

(E)	Malaria Services			RECORD RESPONSE				
(3.63)	In the <u>last one month</u> , how many <u>presumptive</u> cases of suspected malaria were seen in the facility?	INTERVIEWER: CHECK RECORDS. DON'T KNOW="99"						
(3.64)	In the <u>last one month</u> , how many laboratory confirmed cases of Malaria were seen in the facility?	INTERVIEWER: CHECK RECORDS. DON'T KNOW = "99"						
(3.65)	Does the facility provide treatment according to the National Malaria Treatment guidelines? INTERVIEWER: IF YES, ASK TO SEE GUIDELINES.	YES, SEEN	1					
		YES, NOT SEEN	2					
		NO	3					
(F)	Family Planning Services				RECORD RESPONSE			
(3.66)	Is there at least one qualified staff trained in Family Planning?	YES	1					
		NO	2					
(3.67)	Does the facility provide family planning services to adolescent?	YES	1					
		NO	2					
(3.68)	Does the facility provide family planning services to unmarried adolescents?	YES	1					
		NO	2					
(3.69)	Is there a penis model available on the desk in FP unit?	YES	1					
		NO	2					
(3.70)	Is there a condom box containing at least 50 condoms in FP unit? ASK TO SEE IT	YES	1					
		NO	2					
(3.71)	What is the current stock of oral and injectable contraceptives available in the health center?	Number of Oral contraceptives						
		Number of Injectable						
(3.72)	How many IUDs are available in the health center today?	Number of IUDs available						
(3.73)	How many implants are available in the health center today?	Number of implants						
(3.74)	Does the health facility have FP individual cards that are filled according to the format ASK TO SEE IT	YES	1					
		NO	2					
(G)	HIV Services				RECORD RESPONSE			
(3.75)	Does the facility have at least one qualified staff trained as a counsellor for HIV services?	YES	1					
		NO	2					
(3.76)	In the facility, do you conduct all counselling by a trained counsellor?	YES	1					
		NO	2					
(3.77)	Is there a private HIV counseling room in the health facility?	YES	1					
		NO	2					
(H)	Inpatient services				RESPONSE			
(3.78)	Does this facility offer inpatient care or are patients ever observed overnight in the facility?	Yes	1					
		No	2					
(3.79)	Number of officially sanctioned inpatient beds for the facility							
(3.80)	Actual number of patient beds in the facility now (including beds on floor and corridor)							
(3.81)	Is there a guard duty roster for inpatient wards?	Yes	1					
		No	2					
(3.82)	Does each bed in the wards have covered mattress, clean bed sheet and mosquito net?	Yes	1					
		No	2					
(3.83)	For each bed in wards, is there a night stand for the use of patients?	Yes	1					
		No	2					
(3.84)	INDICATE CONDITION OF FURNITURE	Good=1, Fair=2, Poor=3						
(3.85)	Is the space between beds in wards at least one meter?	Yes	1					
		No	2					
(3.86)	Does each ward have access to drinking water in the ward?	Yes	1					
		No	2					
(3.87)	Is the floor of ward clean (NO DEBRIS OR WATER ON FLOOR)?	Yes	1					
		No	2					
(3.88)	Are there functional lights in each ward?	Yes	1					
		No	2					

Health Facility Assessment


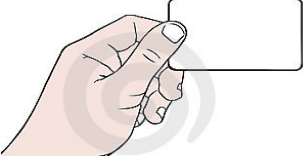
Health Facility number

(3.89)	Are there waste baskets/bins in each ward?	YES 1 NO 2				
(3.90)	For the use of clients in inpatient department, how many sanitary toilets are there?	Number of toilets				
(3.91)	How many of these toilets are functional?	Number of toilets				
(3.92)	How many inpatients are there today?					
(3.93)	How many beds are vacant today?					
(3.94)	How many wards are there in the facility for inpatients?					
(3.95)	Number of beds in men's wards					
(3.96)	Number of beds in women's wards					
(3.97)	Does the facility have separate pediatric ward(s)?	YES 1 NO 2 ► (3.99)				
(3.98)	How many beds are there in the pediatric wards?					
(3.99)	How many private or semiprivate rooms are there in the facility?					
(4.00)	Number of beds in all the private/semiprivate rooms taken together					
(4.01)	How many beds are vacant in private/semiprivate rooms today?					
(4.02)	Do you have separate surgical wards?	YES 1 NO 2 ► (4.04)				
(4.03)	How many beds are there in the surgical wards?					
(4.04)	Does the operation theater have theater lights?	YES 1 NO 2				
(4.05)	Does the operation theater have functional theater table?	YES 1 NO 2				
(I)	Other Services		RESPONSE			
(4.06)	Is there a blood bank in the facility?	YES 1 NO 2 ► (4.09)				
(4.07)	Is there minimum of two units of O-negative fresh blood in stock?	YES 1 NO 2				
(4.08)	Is the blood stored according to norm (2 to 4 ⁰ C)?	YES 1 NO 2				
(4.09)	Can the facility perform blood transfusion?	YES 1 NO 2				
(4.10)	Are reagents for grouping and cross-matching available?	YES 1 NO 2				
(4.11)	Does the facility provide counselling, Information, Education, Behavior Change Communications (BCC) to all women including adolescents?	YES 1 NO 2				
(4.12)	Does the facility use the national protocol for treating diarrhoea at the health facility?	YES 1 NO 2				
(4.13)	Does the facility use Acute Respiratory Infection (ARI) protocol for treating children with pneumonia?	YES 1 NO 2				
(4.14)	Does the facility use Integrated Management of Childhood Illnesses strategy for children?	YES 1 NO 2				
(4.15)	Does the facility provide nutritional assessment services for children and mothers?	YES 1 NO 2				
(4.16)	Are nutritional status of all children under 5 who come for consultation determined?	YES 1 NO 2				

(4) User Fees		RECORD RESPONSE			
RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER. ASK THE QUESTIONS FOR MCH AND OTHER SERVICES SEPARATELY		MCH services	Other services		
(4.50)	Do patients pay consultation or doctor's fees?	YES 1			
		NO 2			
(4.51)	Do patients pay for laboratory tests (e.g. blood test, urine test)?	YES 1			
		NO 2			
(4.52)	Do patients pay for x-rays?	YES 1			
		NO 2			
(4.53)	Do patients pay for the supplies (e.g. saline, syringes, etc.)?	YES 1			
		NO 2			
(4.54)	Do patients pay for the medicines they get?	YES 1			
		NO 2 ► (4.57)			
(4.55)	Does the facility sell most of the drugs at cost or below cost of above cost?	Does not sell drugs 1 ► (4.57)			
		Sell at cost or below cost 2			
		Sell at a price higher than cost 3			
		Don't know or not sure 4 ► (4.57)			
(4.56)	On average, drug revenue is what percentage of total drug cost for the facility? RECORD PERCENTAGE WITHOUT "%" SIGN. E.G. IF DRUG REVENUE IS 120% OF COST IN A MONTH, RECORD 120. IF REVENUE IS 80% OF COST, RECORD 80. DON'T KNOW= 999.				
(4.57)	INTERVIEWER: CHECK WHETHER THE FACILITY CHARGES ANY FEES FROM (4.5), (4.51), (4.52), (4.53) and (4.54).	HAS FEES 1			
		NO FEES AT ALL 2 ► (4.63)			
(4.58)	Who was involved in setting the fees? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	a. Health facility manager/ in charge b. Health facility staff c. Federal Ministry of Health d. WARD Development Committee e. Health Committee f. State Ministry of Health g. LGA PHC Department h. Other, specify:			
(4.59)	In the last 3 months, how did the facility use the revenue it earned 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 LGA PHC Department			
		g. Staff salaries			
		h. Staff performance bonuses			
		i. Sent back to federal government			
		j. Sent back to state government			
		k. Other, specify:			
		(4.60)	Are any of the following individuals exempted from paying fees? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. DON'T KNOW=9	a. Widows b. Children under 5 c. Elderly (above 65 years) d. Orphans e. Tuberculosis patients f. HIV/AIDS patients g. Extreme poor h. Physically disabled persons i. Military personnel j. Pregnant women k. Refugees l. Other, specify:	

(4) User Fees		RECORD RESPONSE	
RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER. ASK THE QUESTIONS FOR MCH AND OTHER SERVICES SEPARATELY		MCH services	Other services
(4.61)	Who decides which patients are exempted from paying fees? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. DON'T KNOW=9	a. Health facility manager/ in charge	
		b. Health facility staff	
		d. Federal Ministry of Health	
		g. WARD Development Committee	
		h. Health Committee	
		i. State Ministry of Health	
		j. LGA PHC Department	
		k. Other, specify:	
(4.62)	Do exempted patients receive a special exemption card that allows them to receive services for free?	YES 1	
		NO 2	
(4.63)	Does this facility participate in a health insurance scheme?	YES 1	
		NO 2 ► (5.01)	
(4.64)	What type of health insurance it participates in?	Public 1	
		Private 2	
		Both 3	
(4.65)	What services are covered under the health insurance scheme? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. DON'T KNOW=9	a. Routine well baby visits (Including vaccination)	
		b. Sick child care (< 5 years)	
		c. Adult outpatient care	
		d. Antenatal care for pregnant women	
		e. Delivery care for pregnant women	
		f. Post partum care for women and newborns	
		g. Hospital admission and inpatient care	
		h. Other, specify:	
		i. Sick child care (> 5 years)	
(4.66)	Normally, how does the facility use the money collected through the insurance scheme? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. DON'T KNOW=9	a. Facility infrastructure	
		b. Facility equipment and supplies	
		c. Drugs	
		d. Facility programs	
		e. Use in community	
		f. Sent back to LGA PHC Department	
		g. Staff salaries	
		h. Staff performance bonuses	
		i. Sent back to central government	
		j. Sent back to state government	
		k. Other, specify:	

(5) Leadership						
RESPONDENT: HEALTH FACILITY MANAGER/LEADER ONLY						
S/N OF THE RESPONDENT FROM THE STAFF ROSTER					<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
<p>In this part of the questionnaire, I would like to know what you would do in certain situations regarding the facility. I will read you a series of scenarios. For each scenario, I will read 4 possible responses that you might have. Please select the response that most closely matches what you would do in this specific situation. You can only select one response for each scenario. There are no correct or incorrect answers - we just want to know how you would approach each situation.</p>						
INTERVIEWER: EACH RESPONSE IS CODED BETWEEN 1 AND 4. RECORD APPROPRIATE CODE ACCORDING TO RESPONDENT'S RESPONSE.						
	SCENARIOS	1	2	3	4	RECORD RESPONSE (RANGE 1-4)
(5.01)	Scenario 1: The performance of your staff is improving.	You stress their responsibilities and standards.	You take no particular additional action.	You give positive feedback and make staff feel involved in the achievements.	You emphasize the importance of deadlines and tasks.	
(5.02)	Scenario 2: Members of your staff have been unable to solve a problem over the past month, though they have been trying to address it.	You call a meeting and together try to solve the problem.	You let your staff address this problem on their own.	You give them direction and instructions on how to solve the problem.	You encourage the group to solve the problem on their own, and you are available when needed to discuss.	
(5.03)	Scenario 3: You are considering a major change in how things are done in the facility.	You collaborate with your staff to develop the needed changes.	You announce your vision for the changes and implement a clear plan.	You ask your staff to develop and implement their own plan for change.	You consult with your staff, but direct the changes yourself.	
(5.04)	Scenario 4: The performance of your staff has been falling in recent months.	You ask your staff to rethink their direction and goals and come up with a plan together.	You ask for suggestions from your staff on what to do, and you formulate a specific plan to meet objectives.	You redefine goals clearly and supervise whether these are being met closely.	You allow your staff freedom to set their own goals and do not push them.	
(5.05)	Scenario 5: Your staff are no longer working together as an effective team.	You discuss ideas as a group and identify how to work better together.	You let your staff work out their issues on their own.	You act quickly and decisively to get the team back on track.	You make yourself available to discuss any issues and support your team to work out their own problems.	

(6)	Autonomy		
RESPONDENT: HEALTH FACILITY MANAGER/LEADER ONLY			
S/N OF THE RESPONDENT FROM THE STAFF ROSTER			<div style="border: 1px solid black; width: 80px; height: 20px;"></div>
In this part of the questionnaire I would like to ask you some questions regarding how work is organized and decisions are made in this facility. All answers are confidential.			
I am now going to read you a series of statements about decision-making and authority in this facility. Please tell me whether you feel these are true most of the time, more than half of the time, less than half of the time, rarely or never.			
			
PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS			
		<u>RESPONSE CODE</u> MOST OF THE TIME 1 MORE THAN HALF OF THE TIME 2 LESS THAN HALF OF THE TIME 3 ONLY RARELY 4 NEVER 5	RECORD RESPONSE CODE
(6.01)	I am able to allocate my facility budget according to how it is needed. There is enough flexibility in my budget.		
(6.02)	I am able to assign tasks and activities to staff as needed to achieve the outcomes I want in the facility. There is enough flexibility to use staff to address needs.		
(6.03)	The LGA PHC Department Team supports my decisions and actions for doing a better job in my facility.		
(6.04)	I have choice over who I assign for what tasks.		
(6.05)	I have choice over what services are provided in the facility.		
(6.06)	I have enough authority to obtain the resources I need (drugs, supplies, funding) to meet the needs of my facility.		
(6.07)	The policies and procedures for doing things are clear to me.		
(6.08)	The policies and procedures for doing things are useful tools for the challenges I face in providing services and reporting on activities.		
(6.09)	The LGA PHC Department Team provides adequate feedback to me about my job and the performance of my facility.		

THANK YOU FOR YOUR TIME

PART B: FACILITY ASSESSMENT QUESTIONNAIRE
Health Results Based Financing
Nigeria
2014
Health Facility Questionnaire
HF1 - Health Facility Assessment Questionnaire

STATE	
LGA	
WARD	
FACILITY NAME	
FACILITY LEVEL	1= Primary, 2= Secondary
OWNERSHIP	1= Public

Code		
Code		
Code		
Facility No.		
Level Code		
Ownership	1	

(8) Human Resources		RESPONDENT: HEAD OF HUMAN RESOURCES, HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER		
(A)	Human Resources Management	RECORD RESPONSE FOR STAFF AT GRADE 7 OR ABOVE (Y=1, N=2)	RECORD RESPONSE FOR STAFF BELOW GRADE 7 (Y=1, N=2)	
(8.01)	Who has the authority to hire new staff? (PLEASE RECORD FOR GRADE LEVELS 7 OR ABOVE AND BELOW GRADE 7 SEPARATELY IN TWO COLUMNS) 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. State Ministry of Health/Hospital Management Board		
		d. State Government /LGA Service Commission		
		e. Local government		
		h. WARD Development Committee		
		i. Health Committee		
		j. Other, specify:		
(8.02)	Who has the authority to dismiss staff? (PLEASE RECORD FOR GRADE LEVELS 7 OR ABOVE AND BELOW GRADE 7 SEPARATELY IN TWO COLUMNS) 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. State Ministry of Health/Hospital Management Board		
		d. State Government /LGA Service Commission		
		e. Local government		
		h. WARD Development Committee		
		i. Health Committee		
		j. Other, specify:		
(8.03)	Who has the authority to determine staff compensation? (PLEASE RECORD FOR GRADE LEVELS 7 OR ABOVE AND BELOW GRADE 7 SEPARATELY IN TWO COLUMNS) 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. State Ministry of Health/Hospital Management Board		
		d. State Government /LGA Service Commission		
		e. Local government		
		f. WARD Development Committee		
		g. Health Committee		
		h. Other, specify:		

FOR EACH TYPE OF POSITION LISTED BELOW, ASK QUESTIONS (8.04) TO (8.07). IF ZERO, RECORD 0.

POSITION TYPE		(8.04)	(8.05)	(8.06)	(8.07)
		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?	How many [POSITION TYPE] work regularly in this facility as NYSC or without being in authorized position?
Doctor or medical officer	01				
Hospital Secretary	02				
Nurse midwife	03				
Nurse	04				
Midwife	05				
Pharmacist	06				
Environmental health officer	07				
Pharmacy assistant/Dispenser	09				
Lab technologist/scientist	10				
Lab technician	11				
Other, specify:	12				
Community Health Officer (CHO)	13				
Community Health Extension Worker (CHEW)	14				
Junior Community Health Extension Worker (JCHEW)	15				
Medical Records Officer	16				
Auxiliary Nurse/Midwife	17				
Other helpers for patient-related activities	18				
Cleaners	19				
Drivers	20				
Gardeners	21				
Security guards	22				

Presence of Trained Personnel	RECORD RESPONSE
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Presence of Trained Personnel	RECORD RESPONSE
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(8.08)	Number of nursing/technical staff in the facility trained in anesthesia (ketamine or spinal)	NONE="00", NOT KNOWN="99"		
(8.09)	Number of nursing staff in the facility trained in theatre procedures	NONE="00", NOT KNOWN="99"		
(8.10)	Number of qualified Medical Doctor with experience doing CS presently on duty	NONE="00", NOT KNOWN="99"		
(8.11)	Number of trained lab technicians in the facility	NONE="00", NOT KNOWN="99"		
(8.12)	Number of blood transfusion certified staff in the facility	NONE="00", NOT KNOWN="99"		
(8.13)	Number of staff who have training in the provision of consultation services	NONE="00", NOT KNOWN="99"		
(8.14)	Number of staff who have training in health care waste management practices?	NONE="00", NOT KNOWN="99"		
(8.15)	Is there anyone in the facility providing consultations today who is not skilled or trained to conduct consulting? INTERVIEWER: ASK THIS QUESTION TO FACILITY RESPONDENT.	YES 1		
		NO 2		
(8.16)	ARE ALL THE CONSULTING STAFF YOU HAVE SEEN DURING THE SURVEY TODAY ARE WELL-DRESSED IN CLEAN SHIRT AND BLOUSE WITH IDENTIFICATION TAG AND SHOES (NO SLIPPERS)?	YES 1		
		NO 2		

SUBJECT: ALL STAFF MEMBERS, WHETHER TEMPORARY OR PERMANENT, CLINICAL OR NON-CLINICAL, STARTING WITH THE HEAD OF THE FACILITY
RESPONDENT: **HEAD OF FACILITY OR BEST INFORMED STAFF MEMBER**

[illegible]

SUBJECT: ALL STAFF MEMBERS, WHETHER TEMPORARY OR PERMANENT, CLINICAL OR NON-CLINICAL, STARTING WITH THE HEAD OF THE FACILITY
RESPONDENT: **HEAD OF FACILITY OR BEST INFORMED STAFF MEMBER**

[illegible]

ACADEMIC QUALIFICATIONS	Position in the facility	Reasons for not here/absence	Service Provided today
0= No schooling, 1= Primary School Certificate	01= doctor or medical officer, 02= Hospital secretary, 03=Nurse midwife	1=officially off duty, 2= on sick leave	1=Antenatal care, 2= Child Preventive services (incl immunizations)
2= Secondary School Certificate, 3=Bachelor degree	04=Nurse, 05= Midwife, 06= Pharmacist, 07= Environmental health officer	3=On training, 4= On maternity leave	3= Child curative care, 4=Adult curative care, 5=Delivery and post-natal care
4=Master degree or higher, 5=Certificate	09= Pharmacy assistant/Dispenser, 10= Lab technologist/scientist	5= Other authorized absence,	6=inpatient care including surgeries, 7= lab and diagnostic services
6=Diploma, 7=Higher national diploma	11=Lab technician/assistant, 13= Other clinical, 51= Community Health Officer (CHO)	6= Later, 9= Don't know	8=Pharmacy related, 9=Non clinical (admin, registration, etc.)
8=MBBS, 9= Don't know	52= Community Health Extension Worker (CHEW)		0= None or not present
	53=Junior Community Health Extension Worker (JCHEW), 54=Medical Records Officer		
	55=Auxiliary nurse/midwife, 14= Health assistants >1 year, 15= Health assistants < 1 yr		
	16=Administrative staff, 17= Other non clinical		

(10) Laboratory			
RESPONDENT: LAB TECHNICIAN OR BEST INFORMED STAFF MEMBER			
RECORD THE ID CODE OF THE RESPONDENT FROM THE STAFF ROSTER			
(10.01)	Does this facility have a laboratory and/or able to provide laboratory services?	YES	1
		NO	2 ► (11.01)
(10.02)	Is the laboratory open every day of the week?	YES	1
		NO	2
(10.03)	Is a Laboratory technician or technologist available during open hours?	YES	1
		NO	2
(10.04)	Is there a list of laboratory examinations with fees posted in an easily visible area? INTERVIEWER: VERIFY POSTING OF THE LIST IN SERVICE AREA	YES	1
		NO	2
(10.05)	Are at least 20 non-expired Malaria rapid tests available in the laboratory?	YES	1
		NO	2
(10.06)	INTERVIEWER OBSERVE IF ORGANIC WASTES ARE PLACED CORRECTLY IN A BIN WITH LID	YES	1
		NO	2
(10.07)	Is a safety box for sharp objects available? ASK TO SEE IT	YES	1
		NO	2
(A) Lab Tests			
		(10.08) 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). INTERVIEWER: RECORD ONE RESPONSE FOR EACH TEST. Able to do this test today 1 Able to do in past 3 months but not today 2 Cannot do this test, today or in past 3 months 3	(10.09) How many of the [...] tests were conducted in the last 3 months? INTERVIEWER: IF NONE, RECORD "0". RECORD ONE RESPONSE FOR EACH TEST.
			(10.10) INTERVIEWER: RECORD SOURCE OF THE INFORMATION. RECORD ONE RESPONSE FOR EACH TEST. RECORDS 1 NO RECORDS AVAILABLE, ORAL REPORT 2
a.	White cell and red cell counts		
b.	Hemoglobin estimation		
c.	Blood type and cross match		
d.	Malaria smears (thick and thin)/ Rapid diagnostic test		
e.	Tuberculosis smears		
f.	Gram stains		
g.	HIV testing		
h.	HIV Viral Load testing		
i.	CD4+ T-cells count		
j.	Hepatitis B testing		
k.	Hepatitis C testing		
l.	Syphilis testing (RPR Test)		
m.	Urine dipstick tests		
n.	Pregnancy testing		
o.	Blood sugar		
p.	Stool tests for parasites		
q.	Stool tests for occult blood		
r.	Liver function testing		

(B) Lab Equipment		RECORD RESPONSE		
(10.11)	Where is the lab equipment located?	Separate laboratory	1	
		Room that is also used for other activities	2	
		Other, specify:	8	
(10.12)	How many of the each of the equipment listed are functional? INTERVIEWER: RECORD ONE RESPONSE FOR EACH EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE.	a. Microscope	Number functional	
		b. Centrifuge	Number functional	
		c. Hemoglobinometer	Number functional	
		d. Shaking machine	Number functional	
		e. Water bath with thermostat	Number functional	
		f. Calorimeter	Number functional	
		g. Incubator	Number functional	
		h. Bunsen burner/ spirit lamp	Number functional	
		i. Test tubes	Number functional	
		j. Pipettes	Number functional	
		k. Flasks	Number functional	
		l. Specimen containers	Number functional	
		m. Microscope slides and covers	Number functional	
		n. Refrigerator for storing reagents	Number functional	
		o. X-ray	Number functional	
		p. Ultrasonogram	Number functional	
		q. ECG	Number functional	
		r. Other, Specify	Number functional	
(10.13)	Is there a Tuberculosis Laboratory Register? INTERVIEWER: IF YES, ASK TO SEE IT.	YES, SEEN	1	
		YES, NOT SEEN	2	
		NO	3	

31 / 47

Health Facility Assessment

Health Facility number

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(11.18)	Are the prescriptions stored and accessible?	YES,	1	
		NO	2	
(11.19)	Are the drugs and medical consumables prescribed in generic form? INTERVIEWER VERIFY 5 STORED PRESCRIPTIONS AND ASK PHYSICIAN TO VERIFY IF PRESCRIPTIONS ARE IN GENERIC FORM	YES,	1	
		NO	2	

FOR EACH DRUG, ASK QUESTIONS (11.20) THROUGH (11.24)

	(11.20)	(11.21)	(11.22)	(11.23)	(11.24)
	What is the strength of [DRUGS] that is stocked?	How much do you charge to patients for one dose of [DRUGS] in Naira?	What quantity of [DRUGS] are available at this time?	In the past 30 days, has the item been out of stock at any time?	In the past 30 days, how many days has the item been out of stock?
			IF NONE, RECORD 00 and ► (11.24)	YES 1 NO 2 ► NEXT DRUG	

General Drugs

a.	Tetracycline ophthalmic ointment												
b.	Paracetamol (Panadol) tabs	_____ mg											
c.	Amoxicillin (tabs or capsule)	_____ mg											
d.	Amoxicillin (syrup)												
e.	chlorpheniramine or other antihistamine												
f.	Salbutamol (for Asthma treatment) in haler	0.1 mg/dose											
g.	Glibenclamide (for Diabetes treatment) cap or tab	5 mg											
h.	Amitriptyline (for depression) cap or tab	25 mg											
i.	Oral Rehydration Solution (ORS) packets	1 packet											
j.	Iron tabs (with or without folic acid)	1 tab											
k.	Folic acid tabs	1 tab											
l.	Cotrimoxazole tab	_____ mg											
m.	Cotrimoxazole suspension	_____ mg											
n.	Vitamin A	1 capsule											
o.	erythromycin tab												
p.	Doxycycline cap												
q.	Ciprofloxacin cap or tab	500 mg											
r.	Metronidazole tab												
s.	gentamicin IV												
t.	Ampicillin IV												
u.	Penicillin V tab												
v.	Omeprazole cap or tab (ulcer treatment)	20 mg											
w.	Medendazole tab	_____mg											
x.	Promethazine tab	_____mg											
y.	Promethazine IV	_____ vial											
z.	Dextrose												
aa.	Promethazine tab	_____mg											
ab.	Ibuprofen capsule	_____mg											
ac.	Acetylsalicylic Acid tab	_____mg											

Family Planning Supplies

ad.	Condoms (male or female)	1 unit											
ae.	Oral contraceptive tablets	28 day supply											
af.	Depot Medroxyprogesterone Acetate (DMPA)	1 unit											
ag.	Implant	1 unit											
ah.	Intrauterine Device (IUD)	1 unit											

		(11.20)	(11.21)	(11.22)	(11.23)	(11.24)
		What is the strength of [DRUGS] that is stocked?	How much do you charge to patients for one dose of [DRUGS] in Naira?	What quantity of [DRUGS] are available at this time?	In the past 30 days, has the item been out of stock at any time?	In the past 30 days, how many days has the item been out of stock?
				IF NONE, RECORD 00 and ► (11.24)	YES 1 NO 2 ► NEXT DRUG	
Malaria Drugs						
ai.	Chloroquine	1 tab				
aj.	Quinine (IM)	_____ Vials				
ak.	Quinine	1 tab				
al.	Fansidar / Sulphadoxine-Pyrimethamine (SP)	1 tab				
am.	Coartemether	1 tab				
Cardiovascular						
an.	Nifedipine cap					
ao.	Captopril cap or tab	25 mg				
ap.	Simvastatin cap or tab	20 mg				
aq.	Propanolol or Atenolol capsule or tab					
Tuberculosis						
ar.	Rifampin	_____ mg				
as.	Streptomycin	_____ mg				
at.	Isoniazid (INH)	_____ mg				
au.	Pyrazinamide	_____ mg				
av.	Ethambutal	_____ mg				
aw.	Combitabs (Multidrug tabs)	1 tab				
ax.	Diagnostic kits	1 kit				
Emergency Obstetric Care						
ay.	Magnesium Sulfate					
az.	Diazepam Injection					
ba.	Diazepam cap or tab	5 mg				
bb.	Misoprostol					
bc.	Oxytocin					
bd.	Methergine					
Vaccines						
be.	Bacille Calmette-Guérin (BCG)	1 dose				
bf.	Oral Polio Vaccine (OPV)	1 dose				
bg.	Tetanus Toxoid (TT)	1 dose				
bh.	Diphtheria Pertussis Tetanus (DPT)	1 dose				
bi.	Hepatitis B Vaccine (HBV) Tetravalent	1 dose				
bj.	Measles vaccine	1 dose				
bk.	HiB vaccine	1 dose				
bl.	Pentavalent (DPT, Hepatitis B, Hemophilus influenzae B)	1 dose				
bm.	Yellow Fever	1 dose				
Diagnostic kits						
bn.	Malaria rapid diagnostic kits	1 unit				
bo.	HIV test kit	1 unit				
bp.	Pregnancy testing kit	1 unit				
bq.	Rapid plasma reagin (RPR) test for syphilis	1 unit				
br.	Urine testing kit	1 unit				
(11.25)	What do you do when this facility runs out of key drugs like Coartem, Amoxicillin etc.?	a.	INFORM FACILITY INCHARGE			
		b.	CALL THE DISTRICT DRUG STORE/PHARMACY			
		c.	CALL LGA PHC DEPARTMENT			
		d.	BUY MEDICINES LOCALLY IN THE PRIVATE MARKET			
		e.	SEND PATIENTS TO BUY THE MEDICINE IN THE PRIVATE MARKET			
		f.	GO TO THE CAPITAL CITY TO BUY MEDICINES			
		g.	OTHER, SPECIFY:			
		INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.				

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PART C: FACILITY ASSESSMENT QUESTIONNAIRE
Health Results Based Financing
Nigeria
2014
Health Facility Questionnaire
HF1 - Health Facility Assessment Questionnaire

STATE	
LGA	
WARD	
FACILITY NAME	
FACILITY LEVEL	1= Primary, 2= Secondary
OWNERSHIP	1= Public

Code		
Code		
Code		
Facility No.		
Level Code		
Ownership	1	

(12)	General Health Management Information Systems (HMIS)		RECORD RESPONSE							
RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER										
(12.01)	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?	YES 1 NO 2 ► (12.03)								
(12.02)	How many [POPULATION CATEGORY] live in the catchment area?	a. Total population								
		b. Total male population								
		c. Total female population								
	INTERVIEWER: IF SOME CATEGORIES UNKNOWN, RECORD 9999999	d. Total female of age 15-49 years, i.e. women of childbearing age								
		e. Total <5 years population								
		f. Total <1 year population								
Now I would like to see the register that shows the total number of outpatients and inpatients attended in this facility in the last completed calendar month. INTERVIEWER: COLLECT DATA FROM REGISTER IF AVAILABLE OR GET ESTIMATES FROM FACILITY MANAGER			RECORD RESPONSE							
(12.03)	Outpatient register available and information more or less complete	Yes 1 No 2								
(12.04)	Number of TOTAL outpatients (LAST COMPLETED MONTH)	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.05)	Number of TOTAL male outpatients	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.06)	Number of TOTAL female outpatients	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.07)	Number of TOTAL pregnant women seen as outpatient	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.08)	Number of TOTAL under 5 seen as outpatient	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.09)	Number of TOTAL male under 5 seen as outpatient	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.10)	Number of TOTAL female under 5 seen as outpatient	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.11)	Number of TOTAL under 1 seen as outpatient	Number of outpatients, IF NOT KNOWN= "9999999"								
(12.12)	Inpatient register available and information more or less complete	Yes 1 No 2								
(12.13)	Number of TOTAL patients admitted in LAST COMPLETED MONTH	Number of inpatients, IF NOT KNOWN= "9999999"								
(12.14)	Days of inpatient stay in LAST COMPLETED MONTH	Total days of hospital stay, IF NOT KNOWN= "9999999"								
(12.15)	Number of TOTAL male inpatients in LAST COMPLETED MONTH	Number of inpatients, IF NOT KNOWN= "9999999"								
(12.16)	Number TOTAL female inpatients in LAST COMPLETED MONTH	Number of inpatients, IF NOT KNOWN= "9999999"								
(12.17)	Number of TOTAL under-5 inpatients in LAST COMPLETED MONTH	Number of inpatients, IF NOT KNOWN= "9999999"								
(12.18)	Number of TOTAL inpatients in LAST <u>ONE YEAR</u>	Number of inpatients, IF NOT KNOWN= "9999999"								
(12.19)	Number of days of stay in LAST <u>ONE YEAR</u>	Days of stay last year, IF NOT KNOWN= "9999999"								
(12.20)	Number of inpatient deaths in LAST <u>ONE YEAR</u>	Hospital deaths in last year, IF NOT KNOWN= "9999999"								

(12.21)	Monthly Routine HMIS Report sent to LGA PHC Department	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
(12.22)	Notifiable Disease Report	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
(12.23)	Vaccination/immunization Coverage Report	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.24)	Family Planning Register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.25)	Antenatal Care Register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.26)	Delivery Register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.27)	Performance Based Financing Register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.28)	HIV/AIDS related services register: Voluntary Counselling and Testing (VCT)/ Prevention of Mother to Child Transmission (PMTCT) counselling register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.29)	HIV treatment and referral register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.30)	Operation Theater register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.31)	Blood bank register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.32)	Laboratory register	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	
(12.33)	Hospital or inpatient activity report (a report that summarizes hospital activities over the past week, month, quarter or year)	SEEN, FULLY COMPLETED	1	
		SEEN, NOT COMPLETE	2	
		NOT SEEN	3	
		NOT APPLICABLE	4	

(13) 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 (13.01) TO (13.04) FOR EACH SERVICE BEFORE MOVING TO NEXT SERVICE.		(13.01)		(13.02)	(13.03)		(13.04)					
		Does this facility provide [SERVICE] within the facility and/or as outreach? INTERVIEWER: RECORD FOR BOTH FACILITY AND OUTREACH.		How many days per month is this service offered in the facility? IF BY APPOINTMENT ONLY, RECORD 88; IF NOT APPLICABLE, RECORD 97	What is the total price in Naira charged for this type of service? INTERVIEWER: IF NO CHARGE, RECORD "0". IF NOT AVAILABLE RECORD "99999"		INTERVIEWER: FOR EACH SERVICE, RECORD THE MONTHLY TOTAL NUMBER OF INPATIENTS (INPATIENT) AND OUTPATIENTS (OUTPATIENT) LISTED IN THE REGISTER, REGARDING THE LAST THREE MONTHS PRIOR TO THE MONTH OF THE SURVEY (E.G. IF TODAY IS SEPTEMBER 13, RECORD PATIENTS FOR THE PERIOD OF JUNE, 1 TO AUGUST, 31 IN ORDER TO HAVE 3 FULL MONTHS) .					
		YES 1 NO 2					MONTH 1		MONTH 2		MONTH 3	
SERVICES		In-facility	Outreach	DAYS/MONTH	NAIRA	UNIT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT
Family planning/clinical												
1	Contraceptive pill					per visit						
2	Injection					per visit						
3	Implant insertion					per insertion						
4	Male condoms					per visit						
5	Intrauterine Device (IUD) insertion					per insertion						
6	Female sterilization					per procedure						
7	Male sterilization					per procedure						
8	Antenatal care					per visit						
Facility based delivery												
9	Spontaneous Vaginal Delivery					per delivery						
10	Cesarean section					per delivery						
11	Assisted (forceps, vacuum)					per delivery						
12	Home delivery with skilled staff					per delivery						
13	Postnatal care					per visit						
14	Low birth delivery (<2.5kg)											
Immunizations												
15	Bacille Calmette Guerin (BCG)					per dose						
16	Pentavalent Dose 1 (DPT, Hep B, Hib). IF PENTAVELENT IS USED SKIP 19 TO 24.					per dose						
17	Pentavalent Dose 2 (DPT, Hep B, Hib)					per dose						
18	Pentavalent Dose 3 (DPT, Hep B, Hib)					per dose						
19	DTP dose 1					per dose						
20	DTP dose 2					per dose						
21	DTP dose 3					per dose						
22	Hep B dose 1					per dose						
23	Hep B dose 2					per dose						
24	Hep B dose 3					per dose						

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

(13.01)
Does this facility provide [SERVICE] within the facility and/or as outreach?
INTERVIEWER:
RECORD FOR BOTH FACILITY AND OUTREACH.

YES
NO

(13.02)	How many days per month is this service offered in the facility?
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IF BY
APPOINTMENT
ONLY, RECORD
88; IF NOT
APPLICABLE,
RECORD 97

(13.03)	What is the total price in Naira charged for this type of service? INTERVIEWER: IF NO CHARGE, RECORD "0". IF NOT AVAILABLE RECORD "99999"
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(13.04)

INTERVIEWER: FOR EACH SERVICE, RECORD THE MONTHLY TOTAL NUMBER OF INPATIENTS (INPATIENT) AND OUTPATIENTS (OUTPATIENT) LISTED IN THE REGISTER, REGARDING THE LAST THREE MONTHS PRIOR TO THE MONTH OF THE SURVEY (E.G. IF TODAY IS SEPTEMBER 13, RECORD PATIENTS FOR THE PERIOD OF JUNE, 1 TO AUGUST, 31 IN ORDER TO HAVE 3 FULL MONTHS) .

MONTH 1

MONTH 2

MONTH 3

SERVICES

In-facility

Outreach

DAYS/MONTH

NAIRA

UNIT

	INPATIENT
--	-----------

OUTPATIENT

	INPATIENT
--	-----------

OUTPATIENT

INPATIENT

OUTPATIENT

25	Polio Dose 1								
26	Polio Dose 2								
27	Polio Dose 3								
28	Measles Dose 1 (<1 year)								
29	Yellow Fever								
30	Tetanus Toxoid to pregnant women								

Curative and preventive care

31	Curative care for children <5 years									
32	Curative care for children >5 years and adults									
33	Child growth monitoring and nutritional									
34	Diagnosis for falciparum malaria									
35	Diagnosis for non-falciparum malaria									
36	Malaria treatment with Artemisinin-based Combination Therapy (ACT)									
37	Tuberculosis diagnosis									
38	Tuberculosis treatment									
39	Inpatient care									

Sexually Transmitted Infections services

40	Diagnosis, treatment, testing, and counseling for syphilis								
41	Diagnosis, treatment, testing and counseling for gonorrhea								
42	Diagnosis, treatment, testing and counseling for chlamydia								
43	Diagnosis, treatment, testing and counseling for other STDs								

HIV/AIDS services

44	Voluntary Counseling and Testing (VCT)								
45	Prevention of Mother-To-Child Transmission								
46	Antiretroviral Treatment (ART)								

(14) Direct Observation			
INTERVIEWER: FOR THIS PART OF THE QUESTIONNAIRE, THERE IS NO SPECIFIC RESPONDENT. YOU MAY ASK THE QUESTIONS TO FACILITY PERSONNEL BUT THE INFORMATION SHOULD BE NOTED AFTER DIRECT OBSERVATIONS. YOU WILL HAVE TO WALK AROUND THE FACILITY WITH A FACILITY PERSONNEL AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION.			
(A)	General		RECORD RESPONSE
(14.01)	Is there a reception/registration room in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.02)	Is the registration process private so that others cannot overhear the conversation between the patient and the registration desk person?	YES 1	
		NO 2	
(14.03)	Is there a waiting card system with numbers? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.04)	Is there a waiting room or area in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2 ► (14.09)	
(14.05)	Is there a separate waiting room or area for women in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.06)	Are there fans/air conditioners in patient waiting areas in this facility? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.07)	Is the patient waiting area covered from sun/rain in this facility? CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.08)	What is the number of seatings available in patient waiting area of this facility? COUNT HOW MANY CAN SEAT IN THE WAITING AREA. (Number)		
(14.09)	Is there a toilet for the use of outpatient clients of the facility?	YES 1	
		NO 2	
(14.10)	Is there a list of telephone numbers of nearby health facilities and hospitals available?	YES, SEEN 1	
		YES NOT SEEN 2	
		NO 3	
(14.11)	Is there a map available on wall or in the notice board showing wards and settlements, roads and natural barriers, etc.?	YES, SEEN 1	
		NO 2	
(14.12)	Is there an ambulance and/or other vehicle owned by facility available and functional?	YES, SEEN 1	
		YES, NOT SEEN 2	
		NO 3 ► (14.15)	
(14.13)	Is the vehicle log book available and maintained/filled?	YES, SEEN 1	
		YES, NOT SEEN 2	
		NO 3	
(14.14)	Is the vehicle maintenance register available and filled?	YES, SEEN 1	
		YES NOT SEEN 2	
		NO 3	
Ask a facility personnel and then observe consultation areas for the following			YES=1, No=2
(14.15)	Are the walls made of durable materials, well painted, floor paved with cement without fissures, undamaged ceiling?		
(14.16)	Are the consultancy room and waiting space separated assuring confidentiality?		
(14.17)	Are there observation beds (not-torn with plastic cover mattress)?		
(14.18)	Do the windows have curtains or non-transparent glass?		
(14.19)	Does the consultation room have functional door with lock?		
(14.20)	Is there an emergency service consultancy room with electric light or functioning kerosene lamp?		
(14.21)	INTERVIEWER: RECORD HOW MANY OBSERVATION BEDS ARE AVAILABLE IN OUTDOORS. IF ZERO, RECORD "00".		

Information on inpatient beds and areas			RESPONSES
(14.22)	Does the facility deliver babies in the facility?	Yes 1	
		No 2 ► (14.31)	
(14.23)	In the delivery room, is there sufficient water with soap?	YES 1	
		NO 2	
(14.24)	Is there a functional light in the delivery room?	YES 1	
		NO 2	
(14.25)	Is the delivery room wall made of durable materials and painted?	YES 1	
		NO 2	
(14.26)	Is there a curtain between delivery bed and the entrance door?	YES 1	
		NO 2	
(14.27)	Is the delivery room floor cement and the ceiling not damaged?	YES 1	
		NO 2	
(14.28)	Are there window curtains in the delivery room and are the curtains on doors and windows functional?	YES 1	
		NO 2	
(14.29)	Is the delivery room clean and/or smell disinfectants?	YES 1	
		NO 2	
(14.30)	Is the delivery table in good condition with functional two leg supports?	YES 1	
		NO 2	
CONDITION OF TOILETS AND SHOWERS IN INPATIENT AREAS			
(14.31)	Are there separate toilet facilities for men and women? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.32)	Is sufficient water available in each of the toilets and showers? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.33)	Are the toilets and showers clean? (floor clean and no fecal matter visible) INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.34)	Can the doors of toilets and showers be locked from inside but not from outside [CONFIRM WITH DIRECT OBSERVATION.]?	YES 1	
		NO 2	
(14.35)	Are wall of toilets and showers made of sturdy, durable materials with roof. [INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION]?	YES 1	
		NO 2	
(14.36)	Do all toilets and showers have functional lighting? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
(14.37)	Are wastes from toilets and showers are evacuated in a sanitary manner (does not flow out in the open, connected to main or tank)? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	
Waste management within the facility			
(14.38)	Does the facility has three colored waste bins available; bins with lid and foot pedal?	Yes 1	
		No 2	
(14.39)	Are the red waste bins used regularly for biological wastes?	Yes 1	
		No 2	
(14.40)	Are the yellow waste bins used regularly for contaminated medical wastes?	YES 1	
		NO 2	
(14.41)	Does the facility have safety box for the disposal of needles and used for that purpose?	YES 1	
		NO 2	
(14.42)	Does the facility have needle cutter and is it being used regularly?	YES 1	
		NO 2	
(14.43)	Does the facility have accommodations for health workers who are on-call during non-routine hours, e.g. night shift? INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.	YES 1	
		NO 2	

Land area around the health facility INTERVIEWER: CONFIRM WITH DIRECT OBSERVATION.			
(14.44)	Does the facility have a boundary wall or fence which can be closed at night (and there is no gaps or holes in the fence)?	YES	1
		NO	2
(14.45)	Is there at least one garbage bin with lid in the courtyard or at entrance for the use of clients?	YES	1
		NO	2
(14.46)	Is the courtyard and the lawn clean (No garbage or medical waste in the courtyard or lawn)?	YES	1
		NO	2
(14.47)	Is the waste disposal pit minimum 2 meters deep, lined with clay, concrete or brick or plastic, fenced with a bright flag?	YES	1
		NO	2
(14.48)	Is the waste pit at least 15 meters from the facility and 100 meters from water source?	YES	1
		NO	2
(14.49)	Are the health care wastes placed inside the pit and not visible from outside?	YES	1
		NO	2
(B)	Posting of User Fees and Personnel list		RECORD
(14.50)	Is there any posting in the facility that shows the user fees for outpatient visits? INTERVIEWER: IF YES, LOOK FOR POSTING IN FACILITY.	YES, publicly posted	1
		Available but not posted	2
		Not available	3
(14.51)	Is there any posting in the facility that shows laboratory fees for outpatients? INTERVIEWER: IF YES, LOOK FOR POSTING IN FACILITY.	YES, publicly posted	1
		Available but not posted	2
		Not available	3
(14.52)	Is there any posting in the facility that shows X-ray fees for outpatients? INTERVIEWER: IF YES, LOOK FOR POSTING IN FACILITY.	YES, publicly posted	1
		Available but not posted	2
		Not available	3
(14.53)	Is there any posting in the facility that shows medication fees [(i) unit price per item or (ii) price of drug for full treatment regime] for outpatients? INTERVIEWER: IF YES, LOOK FOR POSTING IN FACILITY.	YES, publicly posted	1
		Available but not posted	2
		Not available	3
(14.54)	Is there any posting in the facility that shows supplies fees for outpatients? INTERVIEWER: IF YES, LOOK FOR POSTING IN FACILITY.	YES, publicly posted	1
		Available but not posted	2
		Not available	3
(14.55)	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> YES AND SEEN.....1 YES, NOT SEEN.....2 NO.....3	a. Inpatient capacity (Number of beds)	
		b. Service days/hours	
		c. Staff roster	
		d. Management contact (LGA PHC or WDC)	
		e. Complaints and suggestions handling policy	
		f.	
(14.56)	Staff duty roster available and displayed, up-to-date and visible for staff and patients	YES, SEEN	1
		YES NOT SEEN	2
		NO	3
(14.57)	List of phone number of health facility in-charge available and up to date	YES, SEEN	1
		YES NOT SEEN	2
		NO	3
(C)	National Protocols		RESPONSES
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.			
(14.58)	Patient education materials (Information and Education Campaign materials)	SEEN	1
		NOT SEEN	2
(14.59)	Integrated Management of Childhood Illness (IMCI) chart booklet or wall chart	SEEN	1
		NOT SEEN	2
(14.60)	Graphs for growth monitoring	SEEN	1
		NOT SEEN	2

(14.61)	National protocol for tuberculosis diagnosis and treatment	SEEN	1	
		NOT SEEN	2	
(14.62)	Health Management Information System (HMIS) guidelines	SEEN	1	
		NOT SEEN	2	
(14.63)	Health Management Information System (HMIS) Data	SEEN	1	
		NOT SEEN	2	
(14.64)	National Protocol for malaria diagnosis and treatment	SEEN	1	
		NOT SEEN	2	
(14.65)	National protocol for child vaccination	SEEN	1	
		NOT SEEN	2	
(14.66)	National protocol for reproductive health/family planning	SEEN	1	
		NOT SEEN	2	
(14.67)	National guidelines/protocols for providing Sexual and Reproductive Health services to adolescents	SEEN	1	
		NOT SEEN	2	
(14.68)	National protocol for reducing unsafe abortion morbidity/mortality	SEEN	1	
		NOT SEEN	2	
(14.69)	Antenatal Care National Standards	SEEN	1	
		NOT SEEN	2	
(14.70)	Newborn Care National Standards	SEEN	1	
		NOT SEEN	2	
(14.71)	Post-Partum Care National Standards	SEEN	1	
		NOT SEEN	2	
(14.72)	Procedures Manual for Infection Prevention and Control	SEEN	1	
		NOT SEEN	2	
(14.73)	Management of Sexually Transmitted Infections (STI) guidelines	SEEN	1	
		NOT SEEN	2	
(14.74)	National HIV testing and counseling guidelines	SEEN	1	
		NOT SEEN	2	
(14.75)	Prevention of mother to child transmission of HIV (PMTCT) guidelines	SEEN	1	
		NOT SEEN	2	
(14.76)	HIV treatment (Antiretroviral therapy, ART) guidelines	SEEN	1	
		NOT SEEN	2	
(14.77)	HIV treatment (Antiretroviral therapy, ART) for children/infants guidelines	SEEN	1	
		NOT SEEN	2	
(14.78)	National list for essential drugs	SEEN	1	
		NOT SEEN	2	
(14.79)	National protocol for drug procurement	SEEN	1	
		NOT SEEN	2	
(14.80)	Detecting and reporting adverse drug or vaccine reaction	SEEN	1	
		NOT SEEN	2	
(14.81)	National health strategy	SEEN	1	
		NOT SEEN	2	
(14.82)	WHO protocol for diarrhea treatment put on wall and accessible for staff	SEEN	1	
		NOT SEEN	2	
(14.83)	WHO flow diagram for ARI put on wall and accessible for staff	SEEN	1	
		NOT SEEN	2	
(14.84)	National norm for disposal of healthcare waste	SEEN	1	
		NOT SEEN	2	
(14.85)	NAFDAC certified drug list	SEEN	1	
		NOT SEEN	2	
(14.86)	IEC/BCC material related to HIV	SEEN	1	
		NOT SEEN	2	

(15)	Equipment (Direct Observation)			
INTERVIEWER: FOR THIS PART OF THE QUESTIONNAIRE, THERE IS NO SPECIFIC RESPONDENT. YOU CAN ASK A FACILITY PERSONNEL TO REPORT BUT THE INFORMATION SHOULD BE NOTED AFTER DIRECT OBSERVATIONS. YOU SHOULD WALK AROUND THE FACILITY AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION.				
General equipment				RECORD RESPONSE
(15.01)	Where is the outpatient equipment located?	Separate outpatient room	1	
		Room that is also used for other activities	2	
		Other, specify:	8	
(15.02)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE			NUMBER AVAILABLE AND FUNCTIONING
a.	Timer or clock with seconds hand			
b.	Adult weighing scale			
c.	Children's weighing scale (250 gram gradation)			
d.	Infant weighing scale (100 gram gradation)			
e.	Height measure			
f.	Tape measure			
g.	Blood pressure instrument			
h.	Thermometer			
i.	Stethoscope			
j.	Fetoscope			
k.	Otoscope			
l.	Suction/aspirating device			
m.	Vision chart			
n.	Oxygen tank			
o.	Ambubag			
p.	Incubator			
q.	Drip Stand			
r.	Flashlight			
s.	Stretcher			
t.	Wheel chair			
u.	Minor surgical instruments for procedures like incision & drainage and suturing (forceps, scalpel)			
v.	Number of sterilized major surgery set with date of sterilization indicated on the pack			
w.	Ringer Lactate (in Liters)			
x.	Colloids (number of bags)			
y.	Oral Rehydration Therapy (ORT) corner with equipment (1 liter container, cups and spoons and rehydration guidelines)			
Sterilizing Equipment				RECORD RESPONSE
(15.03)	Where is the sterilization equipment located?	Separate sterilization room	1	
		Room that is also used for other activities	2	
		Other, specify:	8	
(15.04)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE (ASK A FACILITY EMPLOYEE ABOUT NUMBER OF ITEMS FUNCTIONAL)			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			

(15) Equipment (Direct Observation)			
INTERVIEWER: FOR THIS PART OF THE QUESTIONNAIRE, THERE IS NO SPECIFIC RESPONDENT. YOU CAN ASK A FACILITY PERSONNEL TO REPORT BUT THE INFORMATION SHOULD BE NOTED AFTER DIRECT OBSERVATIONS. YOU SHOULD WALK AROUND THE FACILITY AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION.			
Vaccination Equipment			RECORD RESPONSE
(15.05)	Where is the vaccination equipment located? (VACCINATION EQUIPMENT: VACCINE FRIDGE PARRAFIN OR ELECTRIC, COLD BOX, VACCINE CARRIERS)	Separate vaccination room	1
		Room that is also used for other activities	2
		Other, specify:	8
(15.06)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE	QUANTITY AVAILABLE AND FUNCTIONING	
a.	Main vaccine thermometer		
b.	Cold box / Vaccine carrier		
c.	Ice packs		
d.	Refrigerator		
Antenatal Care Equipment			RECORD RESPONSE
(15.07)	Where is the antenatal care equipment located? (ANTENATAL CARE EQUIPMENT: FETOSCOPE, BLOOD PRESSURE INSTRUMENT, TAPE MEASURE, ADULT WEIGHING SCALE)	Separate antenatal care room	1
		Room that is also used for other activities	2
		Other, specify:	8
Delivery and Neonatal Equipment			RECORD RESPONSE
(15.08)	Where is the delivery and neonatal equipment located?	Separate delivery/neonatal care room	1
		Room that is also used for other activities	2
		Other, specify:	8
(15.09)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE	QUANTITY AVAILABLE AND FUNCTIONING	
a.	Delivery table/bed		
b.	Partograph		
c.	Delivery light		
d.	Aspirator/suction bulb		
e.	Resuscitation bag, newborn		
f.	Eye drops or ointment for newborn		
g.	16- or 18-gauge needles		
h.	Intravenous tube		
i.	Intravenous fluids, normal saline		
j.	Scissors		
k.	Umbilical cord clamp or sterile tape or sterile tie		
l.	Suturing material		
m.	Clean towels (Number)		
n.	Clean razor blade (unopened packets)		
o.	Examination gloves (unopened packets)		
p.	Sterile cotton or gauze (to clean baby's mouth and nose), unopened packets		
q.	Hand soap or detergent, unopened packets		
r.	Hand scrubbing brush		
s.	Sterile tray		
t.	Plastic container with a plastic liner to dispose the placenta		
u.	Plastic container with a plastic liner for medical waste (gauze, etc.)		
v.	Stethoscope, adult		
w.	Stethoscope, Pinard fetal		
x.	Blood pressure instrument		
y.	Kidney basin		
z.	Steel bowl		
aa.	Protective apron and plastic draw sheet		
ab.	Tourniquet		

(15)	Equipment (Direct Observation)		
INTERVIEWER: FOR THIS PART OF THE QUESTIONNAIRE, THERE IS NO SPECIFIC RESPONDENT. YOU CAN ASK A FACILITY PERSONNEL TO REPORT BUT THE INFORMATION SHOULD BE NOTED AFTER DIRECT OBSERVATIONS. YOU SHOULD WALK AROUND THE FACILITY AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION.			
(15.09)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE	QUANTITY AVAILABLE AND FUNCTIONING	
ac.	Two sterile towels (one to receive the baby, one for active management)		
ae.	Tape to measure height		
af.	Forceps, artery		
ag.	Forceps, dressing		
ah.	Forceps, uterine		
ai.	Needle holder		
aj.	Syringes and disposable needles		
ak.	Speculum, vaginal		
al.	Clamps (hemostats)		
am.	Suction pump, hand or foot operated		
an.	Vacuum extractor		
ao.	Uterine dilator		
ap.	Curette, uterine		
aq.	Vaginal retractor		
ar.	Bag Valve Mask (Ambu bag)		
as.	Guedel airways-neonatal, child, and adult		
Dental Care Instruments			
(15.10)	Does the facility provide dental care services?	YES 01 ► END INTERVIEW NO 02	
(15.11)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE	QUANTITY AVAILABLE AND FUNCTIONING	
a.	Basic tooth extraction instrument set		
b.	Syringe, cartridge dental		
c.	Needle, dental		
d.	Dental treatment unit with chair, compressor, etc.		
e.	Dental X-ray unit		