



Health Results Based Financing Impact Evaluation
TAJIKISTAN
2014
Health Facility Questionnaire
F1 - Health Facility Assessment Questionnaire

IDENTIFIER			
HEALTH DISTRICT		HF NUMBER	
	?		facility_name?

PROVINCE NAME	PROVINCE CODE	DISTRICT NAME	DISTRICT CODE
region	region	district	district

LOCALITY NAME	LOCALITY CODE
jamoat	jamoat

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

NAME OF HEALTH FACILITY	LOCATION OF HEALTH FACILITY
facility_name	village

INTERVIEWER	CODE
	inter

VISIT 1	DAY	MONTH	YEAR
			data_time

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 - Tajik	01	TAJIK - Kyrgyz	04
LANGUAGE 2 - Uzbek	02	RUSSIAN - NA	05
LANGUAGE 3 - Russian	03	OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT	Translator Used?		
interview_ ang	respondent_ lang	translator_ used	NEVER	01
			SOMETIMES	02
			ALWAYS	03

SUPERVISOR	CODE
	?

DAY	MONTH	YEAR
	?	

DATA ENTRY OPERATOR	CODE
	?

DAY	MONTH	YEAR
	?	

(1) General Information			
(A) General			RECORD RESPONSE
RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE.			
(1.01)	Are you in charge of this facility today?	YES 1 NO 2	s1q1
(1.02)	Are you authorized to represent this facility?	YES 1 NO 2	s1q2
(1.03)	What is your job title at this facility?	Head of PHC (RHC) 01 1 Family Physician 02 2 Obstetrician/Gynecol 03 3 Clinical intern/junior doctor 04 4 Midwife 05 5 Family Nurse 06 6 Feldsher 07 7 Other, specify: 96	s1q3
(1.04)	Is this facility a district hospital, a health center or a health post?	District hospital 01 1 Health center 02 2 Health post 03 3 Other, specify: 96	s1q4
(1.05)	Who owns this health facility?	Government 01 1 Private for-profit entity 02 2 Non Governmental Organization 03 3 Mission/Faith-based organization 04 4 Military 05 5 Other, specify: 96	s1q5
(1.06)	In what year was the facility commissioned? INTERVIEWER: RECORD YEAR IN YYYY FORMAT (E.G. 1941).	Don't know: 9999	s1q6
(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.	a. MONTH MM b. YEAR YYYY IF INVESTMENT WAS OVER MORE THAN ONE YEAR, ONLY RECORD THE MOST RECENT YEAR OF INVESTMENT Don't know: 9999	s1q7a s1q7b
(1.08)	At what time of the day does outpatient care start? INTERVIEWER: RECORD IN MILITARY TIME THROUGHOUT. E.G. IF IT STARTS AT 7AM, RECORD 0700. IF IT STARTS AT 7PM, RECORD 1900.	a. Weekdays b. Saturday c. Sunday d. Holidays	
(1.09)	At what time does outpatient care end? INTERVIEWER: RECORD IN MILITARY TIME THROUGHOUT. E.G. IF IT ENDS AT 7AM, RECORD 0700. IF IT ENDS AT 7PM, RECORD 1900.	a. Weekdays b. Saturday c. Sunday d. Holidays	
(1.10)	On what days does the facility offer antenatal care clinics, and for how many hours on those days? (School for young Mom) INTERVIEWER: FOR EACH DAY, RECORD THE NUMBER OF HOURS THE SERVICE IS OFFERED. IF SERVICE IS NOT OFFERED THAT DAY, RECORD "00".	a. Monday b. Tuesday c. Wednesday d. Thursday e. Friday f. Saturday g. Sunday	

(1.11)	What is the distance from the health facility to the nearest higher level health facility <u>one way in kilometers</u> ? (Rayon Health Center)	KILOMETERS	
(1.12)	What is the distance from the health facility to the nearest higher level health facility <u>one way in kilometers</u> ? (Central District Hospital)	KILOMETERS	
(1.13)	What are the <u>three</u> main sources of funding or income (in the sense of incoming cash) for this facility? INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OF THE 3 SOURCES OF FUNDING CITED BY THE RESPONDENT (<u>AND 3 ONLY</u>), 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.	a. Local budget (From Rayon) b. Republican Budget MoH c. USER FEES d. PRIVATE COMPANY e. DONOR f. OTHER, SPECIFY:	
(1.14)	Were there any electric power outages in the last 7 days?	YES 1 NO 2 ► (1.16)	
(1.15)	How many hours was electric power missing in the last 7 days?	MAXIMUM 168 HOURS	
(1.16)	What is the primary source of water?	Piped into Facility 01 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 Bottled water 11 ► (1.20) Other, specify: 96	
(1.17)	Is this primary source of water used only by the facility, or is it shared with other users?	ONLY FACILITY 01 SHARED 02	
(1.18)	In the last 7 days, was there any time when there was no water available in the facility?	YES 1 NO 2 ► (1.20)	
(1.19)	In the last 7 days, for how many hours was there no water available at the facility?	MAXIMUM 168 HOURS	
(1.20)	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".	MINUTES	
(1.21)	Does the facility have a functioning two-way radio?	YES 1 NO 2	
(1.22)	Does the health facility have official line, whether a landline or a mobile line?	YES, LANDLINE 01 YES, MOBILE 02 YES, BOTH 03 NO 04 ► (1.25)	
(1.23)	In the last 7 days, was there any time when the facility did not have any telephone service whether landline or mobile?	YES 1 NO 2 ► (1.25)	
(1.24)	How many hours was telephone out in the last 7 days?	MAXIMUM 168 HOURS	
(1.25)	Do any of the health facility staff have a mobile phone line?	YES 1 NO 2	

(1.26)	Does this facility refer patients to other facilities?	YES 1	
		NO 2 ► (1.29)	
(1.27)	Where does the facility refer the following: INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD THE FOLLOWING CODES: Hospital.....1 Central Rayon Hospital PHC..... 2 Rayon health centre? Health house..... 3 Another Health house Private clinic..... 4 Does not refer..5 Other (specify) _____	a. Lab tests (clinically and bacteriology) b. In-patient c. Specialized care d. Surgery e. Care during childbirth f. Uncomplicated delivery g. Complicated delivery h. Neonatology care i. Other, specify:	
(1.28)	How far is the main referral facility from this facility <u>one way</u> in kilometers?	a. Central district hospital b. Rayon health centre c. Other (specify) _____	
(1.29)	Does the facility have access to any kind of transportation (to pick up patients or take them to a referral facility)?	YES 1 NO 2 ► (1.33)	
(1.30)	How many working [VEHICLES] does the facility have access to? INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD NUMBER OF <u>WORKING</u> VEHICLES AVAILABLE. IF ZERO, RECORD 00. OWNED REFERS TO OWNED BY THE FACILITY OR THE INDIVIDUAL. THAT A WORKING VEHICLE MEANS THAT IT SHOULD HAVE FUEL	a. Ambulance owned by facility b. Ambulance owned by District Health Management Authority c. Private vehicle rented full time d. Private vehicle rented part time e. Other vehicle owned by facility f. Private vehicles on call g. Motorbike owned by facility h. Rented motorbike i. Bicycle owned by facility j. Other, specify:	
(1.31)	Is at least one vehicle functional today?	YES 1 ► (1.33) NO 2	
(1.32)	Why not?	a. No fuel b. No driver c. Under repair d. Other, specify: e. Other, specify:	
(1.33)	Does the facility own a functioning computer?	YES 1 NO 2	
(B)	Universal Precautions		RECORD RESPONSE
RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE.			
(1.34)	Does the facility have a general outpatient consultation room?	YES, SEEN 01 YES, NOT SEEN 02 NO 03 ► (1.38)	
(1.35)	Is this room equipped with a safety box or closed container present for disposal of used sharps?	YES, ALL 01 YES, ONE OR MORE 02 NO 03	Some consultation room
(1.36)	Does the room have posted procedures for decontamination procedure steps?	YES, ALL 01 YES, ONE OR MORE 02 NO 03	Some consultation room
(1.37)	Does the room have a basin with a water source and soap?	YES, ALL 01 YES, ONE OR MORE 02 NO 03	Some consultation room

(1.38)	What disinfectant(s) are being used in the facility? INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF THE DISINFECTANT IS BEING USED, "2" IF NOT.	a. Chlorhexidine (gluconate) b. Bleaching powder c. Sodium Hypochlorite/Chlorine solution/JIK solution d. Methylated spirit e. Other, specify:	
(1.39)	In the last 30 days, was there any time when the facility ran out of disinfectant(s)?	YES 1 NO 2 ► (1.41)	
(1.40)	In the last 30 days for how many days was the facility out of disinfectant(s)?	DAYS	
(1.41)	Is there a functional incinerator/ drip for disposing of medical waste?	YES, SEEN 01 YES, NOT SEEN 02 NO 03	
(1.42)	What procedure is used for <u>decontaminating</u> medical equipment after <u>initial</u> use? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL DECONTAMINATION TECHNIQUES, RECORD MOST USED ONE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP+WATER 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY 03 SOAKED IN DISINFECTANT SOLUTION ONLY 04 CLEANED WITH SOAP & WATER 05 EQUIPMENT NEVER DECONTAMINATED 06 EQUIPMENT NEVER REUSED 07 ► (1.44) OTHER, SPECIFY: 96	
(1.43)	What procedure is used for <u>sterilizing</u> medical equipment before reuse? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL STERILIZATION TECHNIQUES, RECORD MOST USED ONE.	DRY-HEAT STERILIZATION 01 AUTOCLAVING 02 BOILING 03 STEAM STERILIZATION 04 CHEMICAL METHOD 05 PROCESSED OUTSIDE FACILITY 06 NONE 07 OTHER, SPECIFY: 96	
(1.44)	Is the protocol for sterilizing equipment displayed?	DISPLAYED 01 NOT DISPLAYED 02	
(1.45)	Is there a provision for the disposal of bio medical waste?	YES 1 NO 2 ► (2.00)	
(1.46)	How is biomedical waste disposed of? INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL WASTE DISPOSAL METHODS, RECORD MOST USED ONE.	BURIED IN PIT 01 BURNED 02 THROWN OUTSIDE 03 OUTSOURCED 04 OTHER, SPECIFY: 05	

(2)	Administration and Management	RECORD RESPONSE																						
RESPONDENT: HEAD OF THE HEALTH FACILITY OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE.																								
(2.01)	Has a facility workplan been developed for the current calendar and/or financial year? INTERVIEWER: ASK TO SEE THE WORKPLAN.	<table border="1"> <tr> <td>YES, SEEN</td> <td>1</td> <td></td> </tr> <tr> <td>YES, NOT SEEN</td> <td>2</td> <td></td> </tr> <tr> <td>NO</td> <td>3 ► (2.04)</td> <td></td> </tr> </table>	YES, SEEN	1		YES, NOT SEEN	2		NO	3 ► (2.04)														
YES, SEEN	1																							
YES, NOT SEEN	2																							
NO	3 ► (2.04)																							
(2.02)	Who was involved in setting this workplan? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	<table border="1"> <tr><td>a. Health facility director</td><td></td></tr> <tr><td>b. Health facility staff</td><td></td></tr> <tr><td>c. Non governmental Organization staff</td><td></td></tr> <tr><td>d. Ministry of Health / District Health Management Team</td><td></td></tr> <tr><td>e. PHC Chief accountant</td><td></td></tr> <tr><td>f. PHC management</td><td></td></tr> <tr><td>g. Hospital management</td><td></td></tr> <tr><td>h. Other, specify: _____</td><td></td></tr> </table>	a. Health facility director		b. Health facility staff		c. Non governmental Organization staff		d. Ministry of Health / District Health Management Team		e. PHC Chief accountant		f. PHC management		g. Hospital management		h. Other, specify: _____							
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h. Other, specify: _____																								
(2.03)	Are priority health-related activities identified in this workplan for the current financial year?	<table border="1"> <tr> <td>YES</td> <td>1</td> <td></td> </tr> <tr> <td>NO</td> <td>2 ► (2.05)</td> <td></td> </tr> </table>	YES	1		NO	2 ► (2.05)																	
YES	1																							
NO	2 ► (2.05)																							
(2.04)	Now I will read you a list of services. For each service, please tell me whether this service is a priority or not a priority for this fiscal year. CHANGE SERVICES into "Areas" INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES/PRIORITY, "2" IF NO/NOT A PRIORITY.	<table border="1"> <tr><td>a. Prenatal care</td><td></td></tr> <tr><td>c. Postnatal care</td><td></td></tr> <tr><td>d. Immunization</td><td></td></tr> <tr><td>e. Curative consultations</td><td></td></tr> <tr><td>f. Family planning/Reproductive health</td><td></td></tr> <tr><td>g. Nutrition</td><td></td></tr> <tr><td>h. Integrated management of childhood illness</td><td></td></tr> <tr><td>i. Hipertension</td><td></td></tr> <tr><td>j. Diabet</td><td></td></tr> <tr><td>k. Obesity</td><td></td></tr> <tr><td>l. Other, specify: _____</td><td></td></tr> </table>	a. Prenatal care		c. Postnatal care		d. Immunization		e. Curative consultations		f. Family planning/Reproductive health		g. Nutrition		h. Integrated management of childhood illness		i. Hipertension		j. Diabet		k. Obesity		l. Other, specify: _____	
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l. Other, specify: _____																								
(2.05)	How many health facility staff meetings were held <u>in the last 3 months</u> ?																							
(2.06)	Do all facility staff have written job descriptions?	<table border="1"> <tr> <td>All have work descriptions</td> <td>01</td> <td></td> </tr> <tr> <td>Some have work descriptions</td> <td>02</td> <td></td> </tr> <tr> <td>None have work descriptions</td> <td>03</td> <td></td> </tr> </table>	All have work descriptions	01		Some have work descriptions	02		None have work descriptions	03														
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Some have work descriptions	02																							
None have work descriptions	03																							
(2.07)	<u>In the last 3 months</u> , how many visits were made to the health facility by the higher level health facility for supervision or technical support? INTERVIEWER: READ OPTIONS ALOUD. RECORD THE NUMBER OF VISITS MADE, RESPECTIVELY. IF NO VISITS, RECORD "0".	<table border="1"> <tr><td>a. Rayon health centre' management</td><td></td></tr> <tr><td>b. Rayon hospital representative</td><td></td></tr> <tr><td>c. Oblast health department \ MoH</td><td></td></tr> <tr><td>d. Other (specify) _____</td><td></td></tr> </table>	a. Rayon health centre' management		b. Rayon hospital representative		c. Oblast health department \ MoH		d. Other (specify) _____															
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c. Oblast health department \ MoH																								
d. Other (specify) _____																								
(2.08)	<u>In the last 3 months</u> , how many visits were made by the local government and a donor for supervision or technical support? INTERVIEWER: READ OPTIONS ALOUD. RECORD THE NUMBER OF VISITS MADE, RESPECTIVELY. IF NO VISITS, RECORD "0".	<table border="1"> <tr><td>a. Local government/or donors</td><td></td></tr> <tr><td>b. donor</td><td></td></tr> </table>	a. Local government/or donors		b. donor																			
a. Local government/or donors																								
b. donor																								

NOTE, RECALL PERIOD IS NOW 12 MONTHS			
(2.09)	In the last 12 months, how many times was the performance of <u>staff</u> assessed <u>internally</u> , that is, by persons within the facility?		
(2.10)	In the last 12 months, how many times was the performance of <u>staff</u> assessed <u>externally</u> , 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 <u>facility</u> 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 RHC hired any staff member in the past 12 months?	YES 1 NO 2	
(3.02)	Who has the authority to hire new staff? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	a. Health facility manager/in charge b. Health facility staff c. Ministry of Health / District Health Management Team e. Local government f. Other, specify:	
(3.03)	Has RHC involved any staff dismissal decisions in the past 12 months?	YES 1 NO 2	
(3.04)	Who has the authority to dismiss staff? INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	a. Health facility manager/in charge b. Health facility staff c. Ministry of Health / District Health Management Team e. Local government i. Health Committee j. Other, specify:	

		(3.05)	(3.06)	(3.07)
		How many authorized positions are there in the facility for [POSITION TYPE]s?	How many authorized positions for [POSITION TYPE] are currently filled?	In the last 12 months, how many [POSITION TYPE] have left the facility permanently?
POSITION TYPE				
Head of PHC (RHC)	a.			
Family Physician	b.			
Obstetrician/Gynecol	c.			
Clinical intern/junior doctor	d.			
Midwife	e.			
Family Nurse	f.			
Feldsher	g.			
Other, specify:	h.			

(4) Staff Roster (According Time Shift)

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

	(4.01)	(4.02)	(4.03)	(4.04)	(4.05)	
I D C O D E	INTERVIEWER: LIST FULL NAMES OF ALL STAFF WORKING IN THE FACILITY. FOR EACH STAFF, ASK ALL THE QUESTIONS OF THIS SECTION, THEN MOVE TO NEXT STAFF. IF THERE ARE MORE THAN 21 STAFF, USE A NEW QUESTIONNAIRE.	IS [NAME] MALE OR FEMALE?	ID CODE OF RESPONDENT	How old is [NAME]?	What is the highest academic qualification that [NAME] obtained?	
					Primary education Certificate	01
					Secondary educ.certificate	02
					College Degree	03
					Masters Degree	04
					Doctoral degree	05
					Post Graduate	06
					Post Doctoral	07
					No education	10
					Other, specify:	96
	MALE 01					
FULL NAME	FEMALE 02		YEARS			
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(4)

HE FACILITY

	(4.06)	(4.07)	(4.08)	(4.09)	(4.10)																																																				
I D C O D E	What is [NAME]'s position in this facility?	What year did [NAME] receive his/her clinical qualification?	What is the year of appointment of [NAME] at this health facility?	What is the salary scale of [NAME] according to the contract or agreement with the employer?	How many days per week does [NAME] usually work at this health facility?																																																				
	<table border="0"> <tr> <td>Clinical</td> <td></td> <td>Non Clinical</td> <td></td> </tr> <tr> <td>Doctor or medical officer</td> <td>01</td> <td>Auxiliary staff >1 year</td> <td>14 ► (4.08)</td> </tr> <tr> <td>Clinical officer</td> <td>02</td> <td>Auxiliary staff <1 year</td> <td>15 ► (4.08)</td> </tr> <tr> <td>Hospital administrator/ Executive director</td> <td>03</td> <td>Social support</td> <td>16 ► (4.08)</td> </tr> <tr> <td>Nurse (REN/ZEN)</td> <td>04</td> <td>Counselor</td> <td>17 ► (4.08)</td> </tr> <tr> <td>Midwife (REM/ZEM)</td> <td>05</td> <td>Administrative staff</td> <td>18 ► (4.08)</td> </tr> <tr> <td>Pharmacist</td> <td>06</td> <td>Other non-clinical</td> <td>19 ► (4.08)</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td>Nursing assistant</td> <td>08</td> <td colspan="2"></td> </tr> <tr> <td>Pharmacy technician/Dispenser</td> <td>09</td> <td colspan="2"></td> </tr> <tr> <td>Lab technologist</td> <td>10</td> <td colspan="2"></td> </tr> <tr> <td>Lab technician</td> <td>11</td> <td colspan="2"></td> </tr> <tr> <td>Other clinical</td> <td>13</td> <td colspan="2"></td> </tr> </table>					Clinical		Non Clinical		Doctor or medical officer	01	Auxiliary staff >1 year	14 ► (4.08)	Clinical officer	02	Auxiliary staff <1 year	15 ► (4.08)	Hospital administrator/ Executive director	03	Social support	16 ► (4.08)	Nurse (REN/ZEN)	04	Counselor	17 ► (4.08)	Midwife (REM/ZEM)	05	Administrative staff	18 ► (4.08)	Pharmacist	06	Other non-clinical	19 ► (4.08)					Nursing assistant	08			Pharmacy technician/Dispenser	09			Lab technologist	10			Lab technician	11			Other clinical	13		
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(4)

	(4.11)	(4.12)	(4.14)	(4.15)	(4.16)				
I D C O D E	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 spend providing medical care directly to patients?	Is [NAME] here today? (Including home visits)	Can you please tell me why [NAME] is not here today?	What services is [NAME] providing today?				
				► NEXT PROVIDER	INTERVIEWER: RECORD UP TO 5 SERVICES. IF CHILD POSTNATAL CARE COMBINED WITH CHILD PREVENTIVE CARE (E.G. VACCINATIONS), RECORD "03" FOR POSTNATAL CARE TO CHILD.				
				OFFICIALLY OFF DUTY 01	PRENATAL CARE 01				
				ON SICK LEAVE 02	DELIVERIES 02				
				ON TRAINING 03	CHILD POSTNATAL CARE 03				
				ON MATERNITY LEAVE 04	MOTHER POSTNATAL CARE 04				
				OTHER AUTHORIZED ABSENCE 05	CHILD PREVENTIVE CARE 05				
				LATE 06	CHILD CURATIVE CARE 06				
				UNAUTHORIZED ABSENCE 07	ADULT CURATIVE CARE 07				
				OTHER (SPECIFY) 96	VOLUNTARY COUNSELING AND TESTING 08				
Part time/ flexible working hours	NON-CLINICAL (ADMIN, RECEPTION, ETC) 09								
			YES 1 ► (4.16)						
	MAX 168	MAX 168	NO 2		A.	B.	C.	D.	E.
01									
02									
03									
04									
05									
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21									

(5) Laboratory				
RESPONDENT: LAB TECHNICIAN OR BEST INFORMED STAFF MEMBER				
ID CODE OF THE RESPONDENT FROM THE STAFF ROSTER				
(5.01)	Does the facility provide laboratory services?	YES	1	
		NO	2 ▶ (6.01)	
(A) Lab Tests				
		(5.02) 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 01 Able to do in past 3 months but not today 02 Cannot do this test, today or in past 3 months 03	(5.03) How many of the [...] tests were conducted in the <u>last 3 months</u> ? INTERVIEWER: IF NONE, RECORD "0". RECORD ONE RESPONSE FOR EACH TEST.	(5.04) INTERVIEWER: RECORD SOURCE OF THE INFORMATION. RECORD ONE RESPONSE FOR EACH TEST. RECORDS 01 NO RECORDS AVAILABLE, ORAL REPORT 02
(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, "0" IF NOT.	a. Ice Lined Refrigerator (ILR) b. Cold Box c. Refrigerator d. Vaccine Carriers	
(6.07)	Is a temperature log kept? INTERVIEWER: IF YES, ASK TO SEE IT. (registration form/book for recording temperatures)	YES, SEEN 1 YES, NOT SEEN 2 NO 3	
(B)	Antenatal Care Services		RECORD RESPONSE
(6.08)	Are antenatal services provided at this facility?	YES 1 NO 2 ► (6.14)	
(6.09)	In the last 6 months, on how many days did the facility staff do outreach in the community for antenatal care? (home visits)		
(6.10)	In the last 6 months, were iron and folate routinely prescribed? INTERVIEWER: CHECK RECORDS. IF NO RECORDS, ASK IN-CHARGE. RECORD ANSWER BASED ON WHETHER RECORDS WERE SEEN OR NOT.	RECORDS SEEN: All the time 01 RECORDS SEEN: Sometimes 02 RECORDS SEEN: Seldom or never 03 RECORDS NOT SEEN, ORAL REPORT: All the time 04 RECORDS NOT SEEN, ORAL REPORT: Sometimes 05 RECORDS NOT SEEN, ORAL REPORT: Seldom or never 06	
(6.11)	Do women who come to the facility for antenatal care get an antenatal or maternal health card?	YES 1 NO 2 ► (6.14)	
(6.12)	Where are the maternal health cards kept once issued to a mother?	Given to mother to bring for next visit 01 ► (6.14) Kept at facility 02 One copy given to mother and one kept at facility 03 Other, specify: 96 ► (6.14)	
(6.13)	Could you show me some cards that belong to specific patients?	SEEN 1 NOT SEEN 2	

(C) Postnatal Care Services		RECORD RESPONSE
(6.14)	Are postnatal services provided at this facility?	YES 1 NO 2 ► (6.16)
(6.15)	In the <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>

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

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

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

(9) User Fees		RECORD RESPONSE
RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER.		
(9.01)	Does your facility provide services free of charge for patients	<div>YES 1</div> <div>NO 2 ► (9.03)</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>
(9.03)	Do patients pay laboratory fees for tests?	<div>YES 1</div> <div>NO 2</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 exemptions(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. Military personnel</div> <div>i. Pregnant women</div> <div>k. Refugees</div> <div>j. Children under 1</div> <div>k. Veterans of WW2</div> <div>l. Other, specify:</div>

(11) Autonomy

RESPONDENT: HEAD OF THE HEALTH FACILITY ONLY

ID CODE OF THE RESPONDENT FROM THE STAFF ROSTER

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

		RESPONSE CODE	RECORD RESPONSE
		MOST OF THE TIME 1	
		MORE THAN HALF OF THE TIME 2	
		LESS THAN HALF OF THE TIME 3	
		ONLY RARELY 4	
		NEVER 5	
(11.02)	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.		
(11.03)	The Rayon Health Management Team supports my decisions and actions for doing a better job in my facility.		
(11.04)	I have choice over who I allocate for what tasks.		
(11.06)	I have enough authority to obtain the resources I need (drugs, supplies, funding) to meet the needs of my facility.		
(11.07)	The policies and procedures for doing things are clear to me.		
(11.08)	The policies and procedures for doing things are useful tools for the challenges I face in providing services and reporting on activities.		
(11.09)	The District Health Management Team provides adequate feedback to me about my job and the performance of my facility.		

(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	

(14) Drug and Vaccine Storage and Availability																					
RESPONDENT: PHARMACIST, HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER.																					
Now I would like to ask you some questions about drug storage and availability in this facility.																					
(14.01)	<p>Do the following entities have the authority to procure drugs and equipment for this facility,?</p> <p>INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.</p> <table border="1"> <tr><td>a. Health facility manager/ in charge</td><td></td></tr> <tr><td>b. Health facility staff</td><td></td></tr> <tr><td>c. Non Governmental Organization staff</td><td></td></tr> <tr><td>d. Local government</td><td></td></tr> <tr><td>e. National government</td><td></td></tr> <tr><td>f. Community Health Worker Cooperative president / leader</td><td></td></tr> <tr><td>g. Community Health Workers</td><td></td></tr> <tr><td>h. Community members</td><td></td></tr> <tr><td>i. Health Committee</td><td></td></tr> <tr><td>j. Other, specify:</td><td></td></tr> </table>	a. Health facility manager/ in charge		b. Health facility staff		c. Non Governmental Organization staff		d. Local government		e. National government		f. Community Health Worker Cooperative president / leader		g. Community Health Workers		h. Community members		i. Health Committee		j. Other, specify:	
a. Health facility manager/ in charge																					
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j. Other, specify:																					
(14.02)	<p>Could you bring me to the place in this facility that is used to store drugs?</p> <table border="1"> <tr><td>YES, SEEN</td><td>1</td></tr> <tr><td>YES, NOT SEEN</td><td>2</td></tr> <tr><td>NO, THERE IS NO SUCH PLACE</td><td>3 ▶ (15.01)</td></tr> </table>	YES, SEEN	1	YES, NOT SEEN	2	NO, THERE IS NO SUCH PLACE	3 ▶ (15.01)														
YES, SEEN	1																				
YES, NOT SEEN	2																				
NO, THERE IS NO SUCH PLACE	3 ▶ (15.01)																				
(14.03)	<p>INTERVIEWER: IS THIS A SEPARATE ROOM FROM THE REST OF THE FACILITY?</p> <table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																
YES	1																				
NO	2																				
(14.04)	<p>Does this pharmacy serve only to store and dispense drugs, or does it also serve for other purposes?</p> <table border="1"> <tr><td>Only to store and dispense drugs</td><td>01</td></tr> <tr><td>Also serves for other purposes</td><td>02</td></tr> </table>	Only to store and dispense drugs	01	Also serves for other purposes	02																
Only to store and dispense drugs	01																				
Also serves for other purposes	02																				
(14.05)	<p>Can the doors and windows be locked to keep the pharmacy secured?</p> <table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																
YES	1																				
NO	2																				
(14.06)	<p>INTERVIEWER: DOES THE DRUG AREA LOOK CLEAN, PARTIALLY DIRTY, OR DIRTY?</p> <table border="1"> <tr><td>CLEAN</td><td>01</td></tr> <tr><td>PARTIALLY DIRTY</td><td>02</td></tr> <tr><td>DIRTY</td><td>03</td></tr> </table>	CLEAN	01	PARTIALLY DIRTY	02	DIRTY	03														
CLEAN	01																				
PARTIALLY DIRTY	02																				
DIRTY	03																				
(14.07)	<p>INTERVIEWER: DO THE CEILING, WALLS, FLOORS AND WINDOWS LOOK DRY AND FREE FROM TRACES OF WATER INFILTRATION?</p> <table border="1"> <tr><td>DRY, NO TRACES OF WATER INFILTRATION</td><td>01</td></tr> <tr><td>DRY BUT THERE ARE TRACES OF WATER INFILTRATION</td><td>02</td></tr> <tr><td>THERE IS WETNESS / WATER</td><td>03</td></tr> </table>	DRY, NO TRACES OF WATER INFILTRATION	01	DRY BUT THERE ARE TRACES OF WATER INFILTRATION	02	THERE IS WETNESS / WATER	03														
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(14.08)	<p>INTERVIEWER: ARE THE WINDOWS COVERED TO KEEP THE SUNLIGHT OUT?</p> <table border="1"> <tr><td>WINDOWS COVERED</td><td>01</td></tr> <tr><td>WINDOWS NOT COVERED</td><td>02</td></tr> <tr><td>NO WINDOWS</td><td>03</td></tr> </table>	WINDOWS COVERED	01	WINDOWS NOT COVERED	02	NO WINDOWS	03														
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(14.09)	<p>INTERVIEWER: ARE THE DRUGS KEPT ON AN ELEVATED PLATFORM?</p> <table border="1"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																
YES	1																				
NO	2																				
(14.10)	<p>Does the pharmacy maintain stock cards or stock register?</p> <p>INTERVIEWER: IF YES, ASK TO SEE CARDS/REGISTER.</p> <table border="1"> <tr><td>YES, SEEN</td><td>1</td></tr> <tr><td>YES, NOT SEEN</td><td>2</td></tr> <tr><td>NO</td><td>3</td></tr> </table>	YES, SEEN	1	YES, NOT SEEN	2	NO	3														
YES, SEEN	1																				
YES, NOT SEEN	2																				
NO	3																				

FOR EACH DRUG, ASK QUESTIONS (14.11) THROUGH (14.15)						
	(14.11)	(14.12)	(14.13)	(14.14)	(14.15)	
	What is the strength of [DRUGS] that is stocked?		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 ► (14.15)	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.	Oral Rehydration Solution (ORS) packets	1 packet				
f.	Iron tabs (with or without folic acid)	1 tab				
g.	Folic acid tabs	1 tab				
h.	Other antibiotics besides Amoxicillin	_____ mg				
i.	Vitamin A	1 capsule				
j.	Mebendazole	_____ mg				
Family Planning						
k.	Condoms (male or female)	1 unit				
l.	Oral contraceptive tablets	28 day supply				
m.	Depot Medroxyprogesterone Acetate (DMPA)	1 unit				
n.	Implant jadelle	1 unit				
o.	Intrauterine Device (IUD)	1 unit				
Vaccines						
ak.	Bacille Calmette-Guérin (BCG)	1 dose				
al.	Oral Polio Vaccine (OPV)	1 dose				
am.	Tetanus Toxoid (TT)	1 dose				
an.	Diphtheria Tetanus Pertussis (DTP)	1 dose				
ao.	Hepatitis B Vaccine (HBV) Tetravalent	1 dose				
ap.	Measles vaccine	1 dose				
aq.	HiB vaccine	1 dose				
ar.	Pentavalent (DPT, Hepatitis B, Hemophilus influenzae B)	1 dose				
Diagnostic kits						
at.	HIV test kit	1 unit				
au.	Pregnancy testing kit	1 unit				
av.	Rapid plasma reagin (RPR) test for syphilis	1 unit				
aw.	Urine protein & glucose testing kit (dipstick test)	1 unit				
(14.16)	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 DHMT d. BUY MEDICINES LOCALLY IN THE PRIVATE MARKET e. SEND PATIENTS TO BUY THE MEDICINE IN THE PRIVATE MARKET f. GO TO THE CAPITAL TO BUY MEDICINES g. OTHER, SPECIFY:				INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.

(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
		Distance in KMs		
		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