1. District code

2. Provider H/C Code

3. Name of surveyor 1

4. Name of surveyor 2

5. Health Facility

6. Date and time

Date / Time

| MM/DD/YYYY | hh | mm | - |

7. Is there a copy available of the 'Standard Operating Procedures for Outpatient flow in OPDs and Health Centres, HS-A-012-09'?

◯ Yes

◯ No

◯ Don't know

8. Is there a copy of the MoH HMIS policy Guideline in the facility? OP001

◯ Yes

◯ No

◯ Don't know

9. Is a MoH delivery register available at the facility? OP005

○ Yes

○ No

○ Don't know

○ Don't know this register

10. Is a MoH out patient monthly summary form available at the facility? OP006

○ Yes

○ No

○ Don't know

○ Don't know this form

11. Are graphed indicators displayed anywhere in the facility? OP008

○ Yes, and updated (last 3 months)

○ Yes, but old (longer than 3 months)

○ No

12. Does the facility have a secure perimeter fence/wall? PH019

○ Yes and the fence can be locked

○ Yes, but the fence/wall cannot be locked or broken

○ No

13. Are ANC activity tally sheets avaiable at the facility? OP004

○ Yes

○ No

○ Don't know

○ Don't know the tally sheet

14. Function of respondent (accompanying during the observations) providing answers

◯ Manager

◯ Senior nurse

◯ Junior nurse

◯ Other (please specify)

[   ]

15. How long has this person been working in the health facility?

[   ]

16. The health facility is owned by? PH002

◯ Ministry of Health

◯ CHAL

◯ Red Cross of Lesotho

◯ Other (please specify)

[   ]

17. The health facility is located in at? PH003

◯ Urban area

◯ Rural area

◯ Peri urban

◯ Undefined, I don't know

18. The health facility is located in? PH004

◯ Lowlands

◯ Foothills

◯ Mountains

◯ Senqu River Valley

19. What is the population (number) in the catchment area of the health facility?

( ) We did not define the catchment area of the health facility

( ) I don't know

( ) Number

[   ]

20. How many full-time nurse clinicians are working at your Health Center? HR002

[   ]

21. How many registered nurses (nursing sisters) are working at your Health Center? HR003

[   ]

22. How many full-time nursing assistants are working at your Health Center? HR004

[   ]

23. How many environmental health assistants are working at your Health Center? HR005

24. How many of the full-time nursing staff (registered nurses and nurse assistants) at the Health Center have received in-service training in the past 12 months? HR008

◯ Don't know

◯ Number

25. Do you offer immunization to children every day that the OPD is open? SP020

◯ Yes

◯ No

◯ Other (please specify)

26. Does the health facility have a reliable potable water supply of at least 18 hours per day for all days of the week? PH031

◯ Yes

◯ No

27. What is the main water source? PH032

◯ Mains/piped (running) water

◯ Rain water tank

◯ Borehole/well with pump and tank

◯ Manually drawn from a pond or well

◯ Other (please specify)

28. What type of power supply does the facility have for lighting? PH036add

	Functioning well/regularly	Functioning with deficiencies	Installed but no functioning	Not installed
Mains/LEC	☐	☐	☐	☐
Solar	☐	☐	☐	☐
Generator only	☐	☐	☐	☐
Combination of mains, solar and/or generator	☐	☐	☐	☐
None	☐	☐	☐	☐

29. How many days during the past month did the health facility have reliable electricity supply? PH036

[   ]

30. In case the health facility has a solar system installed that is not functioning well, can you describe the type of the problem? PH037add

[   ]

31. Does the facility have heating in winter in the waiting areas for patients? PH039

◯ Yes

◯ No

◯ Sometimes

32. Does the facility have the following? PH040-044

	Yes, without interruptions	Yes, with rare interruptions	Yes, with frequent interruptions	No
A fixed phone/landline PH040	◯	◯	◯	◯
Cellular reception PH041	◯	◯	◯	◯
A working two-way radio system PH042	◯	◯	◯	◯
A working computer PH043	◯	◯	◯	◯
Access to internet PH044	◯	◯	◯	◯

33. Is a check of the folowing done as a matter of routine? PH026 and PH026add

	Yes, regular check is done	Irregular check is done	No	Not necessary/Not applicable	
Buildings PH026	◯	◯	◯	◯	◯
Medical equipment PH026add	◯	◯	◯	◯	◯
Electricity supply PH026add	◯	◯	◯	◯	◯
Water supply PH026add	◯	◯	◯	◯	◯

34. Is maintenance of the following done as a matter of routine? PH026 and PH026 add

	Yes, regular maintenance is done	Irregular maintenance is done	No	Not necessary/not applicable	
Buildings PH026	○	○	○	○	○
Medical equipment PH026add	○	○	○	○	○
Electricity supply PH026add	○	○	○	○	○
Water supply PH026add	○	○	○	○	○

35. Who handles repairs in/around the facility? PH add more answers possible

	MoH, CHAL, Red cross	DHMT	Facility staff	Local community	Contracted service provider	Not applicable
Buildings	☐	☐	☐	☐	☐	☐
Medical equipment	☐	☐	☐	☐	☐	☐
Furniture	☐	☐	☐	☐	☐	☐
Solar for lighting	☐	☐	☐	☐	☐	☐
Water supply	☐	☐	☐	☐	☐	☐
Internet	☐	☐	☐	☐	☐	☐
Phone	☐	☐	☐	☐	☐	☐

Other (please specify)

36. Are you satisfied with the support you receive for non-routine maintenance and repairs, when something is broken or not functioning? PH aa

	Dissatisfied	Les than satisfied	Neutral	Somewhat satisfied	Very satisfied	Not applicable
Buildings	○	○	○	○	○	○
Medical equipment ES049	○	○	○	○	○	○
Furniture	○	○	○	○	○	○
Solar for lighting	○	○	○	○	○	○
Water supply	○	○	○	○	○	○
Internet	○	○	○	○	○	○
Phone	○	○	○	○	○	○

37. What is the number of staff houses of this facility? PH018

38. What is the number of these houses built or renovated by the MCA health Project? PH018 add

39. Do staff houses have the following facilities? PH018

	Functioning satisfactorily	Functioning irregularly/with deficiencies	Not installed, not functioning or broken	Some do, some do not have a satisfactory functioning sysrem
Electricity	○	○	○	○
Running water (piped)	○	○	○	○
Flush toilets	○	○	○	○
Internet	○	○	○	○
Reliable phone service	○	○	○	○

40. If something is wrong or broken, what is it?

41. How many days during the past month did the staff houses have reliable electricity supply? PH037

◯ Everyday

◯ Never

◯ Don't know

◯ Not applicable

◯ Number of days

[   ]

42. Is the health facility connected to a working back-up generator? PH 038

☐ Yes

☐ No

☐ Any comment

[   ]

43. How often do you use separate containers to separate the following? OP014-016

	Always	Frequently	Rarely	Never
Sharps OP014	◯	◯	◯	◯
Medical waste OP 015	◯	◯	◯	◯
Non-medical waste OP016	◯	◯	◯	◯

Please comment

[   ]

44. How do you dispose of the following wasteOP017-OP18

	Incinerated on site	Buried on site	Thrown in an open pit	Thrown in an open pit and burned	Collected by specialist company	Collected by non-specialist company	Other
Medical waste OP018	◯	◯	◯	◯	◯	◯	◯
Sharps OP017	◯	◯	◯	◯	◯	◯	◯

Explain if 'other' for one or both

[   ]

45. Does the facility have an incinerator /brick furnace on site? OP021

( ) Yes, it is properly functioning

( ) Yes, but is not properly functioning

( ) No

46. Do you have a Standard Operating Procedure (SOP) for expired medicines management? OP019

( ) Yes

( ) No

( ) Don't know

47. How do you dispose off expired medicines? (more answers possible) OP020

☐ Incinerated on site

☐ Burned and buried on site

☐ Buried on site

☐ Thrown in an open pit

☐ Flush down toilet

☐ collected by specialist company

☐ collected by supplier

☐ Returned to district pharmacy

☐ Collected by non-specialist company

☐ Other (please specify)

[ ]

48. How many of the staff received training in HCWM during the last 3 years? OP22

○ Nobody

○ Don't know, but some did

○ Number

[ ]

49. How many of the staff received training in HCWM during the last 12 months? OPD22 add

○ Nobody

○ Don't know number but some did

○ Don't know at all

○ Number

[ ]

50. Is there a reporting and recording system in place for HCWM that is actively used? OP023

○ Yes

○ Yes, there is a system but not actively used

○ No

○ Don't know

51. Was a fence constructed around an area to contain waste at this facility?

○ Yes, and it is used for waste

○ Yes, but it is not used for waste

○ No

52. Is the fenced waste area kept locked when not used to dispose waste?

○ Yes

○ No

○ Other (please specify)

[ ]

53. Did the health facility receive a supervisory visit for HCWM during the last 6 months?

○ Yes

○ No

○ Don't know

54. Are there any obstacles to following health care waste management procedures?

○ No

○ Yes, specify

[ ]

55. What could be done to improve the HCWM system?

[   ]

56. How many toilets are there in the health facility? PH015-017

For patients PH015 [   ]

For staff PH016 [   ]

For disabled persons PH017 [   ]

57. How many of the toilets are functioning properly PH024-025 and add

For patients PHPH025 [   ]

For Staff PH024 [   ]

For Disabled persons [   ]

58. Is the number of toilets sufficient?

☐ Yes

☐ No

☐ Please explain

[   ]

59. What is the physical condition of the following spaces/rooms? PH021-023

	Good	Needs minor repairs	Need major repair
Consulting rooms PH021	○	○	○
Main waiting room/area PH022	○	○	○
Toilet PH023	○	○	○

60. Does the health center provide the following service? SO051-052,055,058

	Yes, always	Yes, with interruptions or not for all patients who should receive it	No	Don't know
Sputum analysis for TB (ZN) SP052	◯	◯	◯	◯
HIV Rapid test SP054	◯	◯	◯	◯
Pregnancy test SP058	◯	◯	◯	◯
Blood glucose SP061	◯	◯	◯	◯

61. Has there been a stock out of the following tests during the last 3 months? SP add

	Yes, 3 days or more in total	Yes. shorter than 3 days in total	No	Don't know
Sputum analysis for TB (ZN) SP052	◯	◯	◯	◯
HIV rapid test	◯	◯	◯	◯
Pregnancy test	◯	◯	◯	◯
Blood glucose	◯	◯	◯	◯

62. Laboratory: Is test and treat implemented? SP add

☐ Yes, for all patients who should receive it and without problems of capacity (space, tests, supply, staff)

☐ Yes, for all patients who should receive it but with great problems of capacity (space, tests,supply, staff)

☐ No, not yet

☐ Yes, but not for all patients who should receive it because of the following:

[   ]

63. Is there a list of VHWs who are linked to this facility? SP046

◯ Yes

◯ No

◯ Don't know

64. How many meetings were held with VHWs over the last 3 months SP049

[   ]

65. How many VHWs are engaged in your area SP047

◯ Don't know

◯ Give precise or estimate

[   ]

66. How many of the villages in your catchment area are covered by VHWs? SP050

◯ All

◯ Most

◯ Some

◯ None

◯ Don't know

◯ Other (please specify)

[   ]

67. Do VHWs perform duties at the facility? SP048

○ Yes, regularly

○ Occasionally

○ Never

○ Other (please specify)

[   ]

68. Is there a facility vehicle available to transport patients from the community to the HF? QC001

○ Yes, the facility has one

○ No

○ We use vehicles from the community or communal services, easily available

○ We use vehicles from the community or communal services, not always available

○ Other (please specify)

[   ]

69. Is there a vehicle available to transport patients to a hospital? QC002

◯ Yes, the facility has one

◯ No

◯ We use vehicles from community or communal, easily available

◯ We use vehicles from community or communal, not always available

◯ Other (please specify)

[   ]

70. How many delivery beds does the facility have? PH009

[   ]

71. How many functioning delivery beds does the health facility have? PH010

[   ]

72. Is the document 'National Reproductive Health Policy,2009' available at the facility? SP101

◯ Yes

◯ No

◯ Don't know

73. Is there a fee for maternal services? SP104

◯ No

◯ In some cases

◯ Don't know

◯ Yes

◯ If yes, how much?

[   ]

74. Number in catchment area who delivered at home in last month? SP107

◯ Don't know

◯ Number

75. Do you offer counseling services on family planning? SP113 mod

◯ Yes

◯ No

◯ In some cases

◯ If 'in some cases' please specify

76. Do you offer family planning services? SP113 mod

◯ Yes

◯ No (End of interview)

77. Do you provide contraceptive pills? SP114

◯ Yes

◯ No

◯ In principle yes, but major stock outs

◯ Don't know

78. Do you provide depo-provera? SP115

◯ Yes

◯ No

◯ In principle yes, but major stock outs

◯ Don't know

79. Do you provide 'IUDs'? SP116

◯ Yes

◯ No

◯ In principle yes, but major obstacles like stock outs and limited staff skills

◯ Dont know

80. Does this facility have outreach services to bring services closer to the community?

◯ Yes

◯ No

81. What is the total number of outreach sites does the facility have?

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[                    ]
```

82. How many of these outreach sites were visited regularly (at least 5 times) in the past six months?

```
[                    ]
```

83. How many of these sites have their own buildings and how many use community buildings?

Own buildings

```
[                    ]
```

Chiefs/community place

```
[                    ]
```

84. In your opinion how useful are the outreach services?

```
[                    ]
```

85. In your opinion what are the barriers to provision of outreach services in this facility?

86. End of interview

Date / Time

| hh | mm | - |