

1. District Code

2. Staff OPD Code

3. Name of surveyor 1

4. Affiliation of facility

5. Health Facility

6. Date and time

Date / Time

MM/DD/YYYY	hh	mm	-
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7. Respondent is

- ☐ A nurse clinician
- ☐ A nurse assistant
- ☐ A registered nurse (nursing sister)
- ☐ Doctor
- ☐ Non-medical professional
- ☐ Other (please specify)

8. The respondent is

- ☐ Manager/in charge of the health facility
- ☐ The newest nursing staff member present
- ☐ Other (please specify)

9. (If newest nursing staff) Indicate number of years

10. The respondent is

- ☐ Male
- ☐ Female

11. What is your age?

12. How many years or months have you been working since your initial training for your current qualification?

13. Since when are you working in this facility, in whatever function or capacity?

14. Are you entitled to any incentive or allowance on top of your salary?

- ☐ Yes
- ☐ No

15. How satisfied are you with

	Dissatisfied	Less than satisfied	Neutral	Somewhat satisfied	Very satisfied	No opinion or not applicable
You financial incentives and other allowances (HR017)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your job in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your salary (HR016)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your housing arrangements and living conditions (HR015)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainings(s) you have received (not in- service trainings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your prospects of work in the coming years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The health facility as your work place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your career path (HR018)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotion opportunities (HR018)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

for the last 2 questions, can you say more?

16. How satisfied are you with the following working conditions in the health facility?

	Dissatisfied	Less than satisfied	Neutral	Somewhat satisfied	Very satisfied	No opinion or not applicable
In general (HR013)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of the construction of the health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The size of the rooms, waiting spaces and other spces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The heating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cleanliness in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The toilets inside the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The toilets outside the OPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The energy supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The location of the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet connectivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. To what extent, if any, did the housing arrangements influence your decision to work here?

- ☐ It was an important reason to want to work here
- ☐ I did not like the housing arrangements but came here nevertheless, for other reasons
- ☐ It did not matter

18. Did the renovations of the OPD improve your ability to provide care?

- ☐ Certainly
- ☐ Somewhat or not really
- ☐ Absolutely not
- ☐ Not applicable

19. Can you explain?

20. What, if anything, could be improved in terms of working and living conditions? Give a maximum of three.

Idea 1

Idea 2

Idea 3

21. Are you considering whether to leave for a new job or a new location in the coming years?

- ☐ Yes, I would like to move to another location, at some (undefined) point in future
- ☐ Yes, I would like to move to another location, as soon as I can
- ☐ No, no intention to move
- ☐ No answer

22. Did you receive any in-service over the past 12 months?

- ☐ Yes
- ☐ No
- ☐ Dont remember

23. Who provided the in-service trainings over the past months? HR010

- ☐ MoH
- ☐ ICAP
- ☐ Clinton Foundation
- ☐ EGPAF
- ☐ Baylor
- ☐ PiH
- ☐ Don't remember
- ☐ Other (please specify)

24. Are you generally satisfied with the quality of the in-service training over the past 12 months? HR019

- ☐ Dissatisfied
- ☐ Somewhat satisfied
- ☐ Less than satisfied
- ☐ Very satisfied
- ☐ Neutral
- ☐ Didn't receive any such training or no idea at all

25. Would you like to have additional training for your work?

- ☐ Yes, I would like to get some training
- ☐ No, not necessary or interested

26. What trainings would you be interested in taking? Name a maximum of three

Training 1

Training 2

Training 3

27. Do you have relevant and up-to-date information from MoH regarding available training opportunities?

☐

No

☐

Yes

☐

please explain

28. Where would you lay your request when you try to go for training? HR012

29. Do you have a copy of the document 'continuing education plan' of the MoH that is currently used?
HR011

☐

Yes

☐

No

☐

Don't know

30. Do you think that persons with HIV or suspected to have HIV may feel embarrassed or ashamed (called stigma)?

☐

No

☐

Don't know

☐

Yes, in what way?

31. Has there been any action to reduce stigma? (more options are possible)

- ☐ Health education talks for patients in the waiting room or at other moments
- ☐ We correct visitors of the facility when they display discriminatory behavior
- ☐ Posters and other education material in the health facility that destigmatize HIV/AIDS
- ☐ Other (please specify)

32. Has there been any action in the community to reduce or avoid social stigma HIV (suspected) persons?

- ☐ No
- ☐ Don't know
- ☐ if Yes, what actions?

33. Do you think social stigma for HIV in the community, is on th increase or decrease?

- ☐ Increase
- ☐ Decrease
- ☐ Doesn't change
- ☐ Don't know

34. Do you use the monthly statistics to analyze performance of your OPD?

- ☐ Regularly
- ☐ Rarely
- ☐ No
- ☐ Sometimes
- ☐ Don't know what it is

35. Is the document 'Infant and Young Child feeding policy' available at the facility? SP003

- ☐ Yes
- ☐ No
- ☐ Don't know

36. Is the document 'Integrated Management of Childhood Illnesses' available at the facility? SP002

- ☐ Yes
- ☐ No
- ☐ Don't know

37. Are clinical guidelines for STI diagnosis and treatment available at the facility? SP005

- ☐ Yes
- ☐ No
- ☐ Don't know

38. Is the document 'Primary Health Care Guidelines for Children (first draft)' available at the facility?

- ☐ Yes
- ☐ No
- ☐ Don't know

39. Is the document 'Health Systems Strengthening Technical Assistance; Management of Hypertension & Diabetes guidelines in Primary Health Care settings in Lesotho 15/10/10 ' available at the health facility

- ☐ Yes
- ☐ No
- ☐ Don't know

40. What are the normal opening hours?

Start of the services

End of the services

41. What are the normal opening days of the facility?

- ☐ Monday - Friday
- ☐ Monday - Saturday
- ☐ Monday - Sunday , 7 days a week
- ☐ Other (please specify)

42. Do you open your OPD for emergency cases?P009

- ☐ Yes
- ☐ No
- ☐ Don't know

43. Is the OPD open during nights?

- ☐ Never
- ☐ Routinely
- ☐ Only for emergencies

44. Is the OPD open during weekends?

- ☐ Never
- ☐ Routinely
- ☐ Only for emergencies

45. End of the Interview

Date / Time

hh	mm	-
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46. temporary contract with EGPAF or GF?

- ☐ Yes
- ☐ No