

1. District Code

2. Staff H/C Code

3. Name of surveyor 1

4. Affiliation of facility

5. Health facility

6. Start of Interview

Date and time

MM/DD/YYYY	hh	mm	-
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7. The respondent is

☐

a nurse clinician

☐

a nurse assistant

☐

a registered nurse (nursing sister)

☐

non-medical professional

☐

Other (please specify)

8. The respondent is

☐

manager/in charge of the facility

☐

the newest nursing staff member present; indicate number of years working in this facility

☐

Other (please specify)

9. if newest nursing staff member, how many years working in this facility?

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?

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14. Do you currently live in a house of the facility?

☐ yes

☐ no

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

☐ yes

☐ no

16. How satisfied are you with?

	Dissatisfied	Less than satisfied	Neutral	Somewhat satisfied	Very satisfied	No opinion or not applicable
Your 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 training(s) you have received ( <i>not in-service trainings</i> )	<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"/>

Can you explain the last two answers more?

17. 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 spaces	<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 facility	<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"/>

18. Since the renovations, has your satisfaction with your housing arrangements

- ☐ increased
- ☐ decreased
- ☐ remained equal
- ☐ don't know, don't remember

19. To what extent, if any, did the housing arrangement 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

20. Did the renovations of the health facility improve your ability to provide care?

- ☐ certainly
- ☐ somewhat or not really
- ☐ absolutely not
- ☐ not applicable

21. Can you explain?

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

Idea 1

Idea 2

Idea 3

23. 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 the future
- ☐ yes, I would like to move to another location, as soon as I can
- ☐ no, no intention to move
- ☐ no answer

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

- ☐ yes
- ☐ no
- ☐ don't remember

25. Who provided the in-service trainings in the past 12 months? HR010

- |   |   |
|---|---|
| <input type="checkbox"/> MoH                    | <input type="checkbox"/> Baylor         |
| <input type="checkbox"/> ICAP                   | <input type="checkbox"/> PiH            |
| <input type="checkbox"/> Clinton Foundation     | <input type="checkbox"/> Don't remember |
| <input type="checkbox"/> EGPAF                  |   |
| <input type="checkbox"/> Other (please specify) |   |

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

- |   |  |
|---|--|
| <input type="radio"/> dissatisfied        | <input type="radio"/> somewhat satisfied                                 |
| <input type="radio"/> less than satisfied | <input type="radio"/> very satisfied                                     |
| <input type="radio"/> neutral             | <input type="radio"/> didn't receive any such training or no idea at all |

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

- ☐ yes, I would like to get some training
- ☐ no, not necessary or interested

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

Training 1	<input type="text"/>
Training 2	<input type="text"/>
Training 3	<input type="text"/>

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

- ☐ yes ☐ no
- ☐ please explain

30. Where would you lay your request when you try to go for training HR012 add

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

- ☐ yes
- ☐ no
- ☐ don't know

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

- ☐ yes ☐ don't know
- ☐ no
- ☐ if yes, in what way?

33. Has there been any action in the facility to reduce stigma? (more options are possible)

- ☐ health education talks for patients in the waiting room or at other moments ☐ posters and other education material in the health facility that destigmatize HIV/AIDS
- ☐ we correct visitors of the facility when they display discriminatory behavior ☐ none
- ☐ Other

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

- ☐ yes ☐ don't know
- ☐ no
- ☐ If yes, what actions

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

- ☐ increase
- ☐ decrease
- ☐ doesn't change
- ☐ don't know

36. What option is closest to the situation in your health center, during the last 3 months?

- ☐ women can deliver day and night, there is always a nurse-midwife to attend
- ☐ women can deliver only during day time
- ☐ women can deliver day and night, but there is **not** always a nurse-midwife to attend
- ☐ no possibility for delivery at all
- ☐ women can deliver only during hours of regular service
- ☐ Other (please specify)

37. How many times did a doctor visit your health facility during the last 3 months? SP001

38. How many times did a social worker visit your health facility during the last 3 months? SP015

39. Do you use monthly statistics to analyze performance of your health center?

- ☐ regularly
- ☐ rarely
- ☐ no
- ☐ don;t know what it is
- ☐ sometimes

40. Is the document 'Infant and young Child feeding policy' available at the facility? SP003

- ☐ yes
- ☐ no
- ☐ don't know

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

- ☐ yes
- ☐ no
- ☐ don't know



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

- ☐ yes
- ☐ no
- ☐ don't know

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

- ☐ yes
- ☐ no
- ☐ don't know

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

- ☐ yes
- ☐ no
- ☐ don't know

45. What are the normal opening hours?

Start of services

End of services

46. What are the normal openings days of the facility?

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

47. Do you open your facility for emergency cases? SP009

- ☐ yes
- ☐ no
- ☐ don't know

48. Is the facility open during nights?

- ☐ never
- ☐ routinely
- ☐ only for emergencies

49. Is the facility open during the weekends?

- ☐ never ☐ only for emergencies
- ☐ routinely
- ☐ only for (specify)

50. End of interview

Date / Time

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

- ☐ Yes
- ☐ No