

# **MCC LESOTHO COMPACT 2008-2013**

## **MCA HEALTH PROJECT LESOTHO**

**95332418P0026**

**(MCC-15-PO-0074)**

### **FINAL EVALUATION REPORT**

#### **ANNEXES**

**November 29, 2018**

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## Annex 1      Theory of Change of the Health Project

The Theory of Change (ToC) of the Health Project has been developed during the implementation of the Project and thereby went through several adaptations.

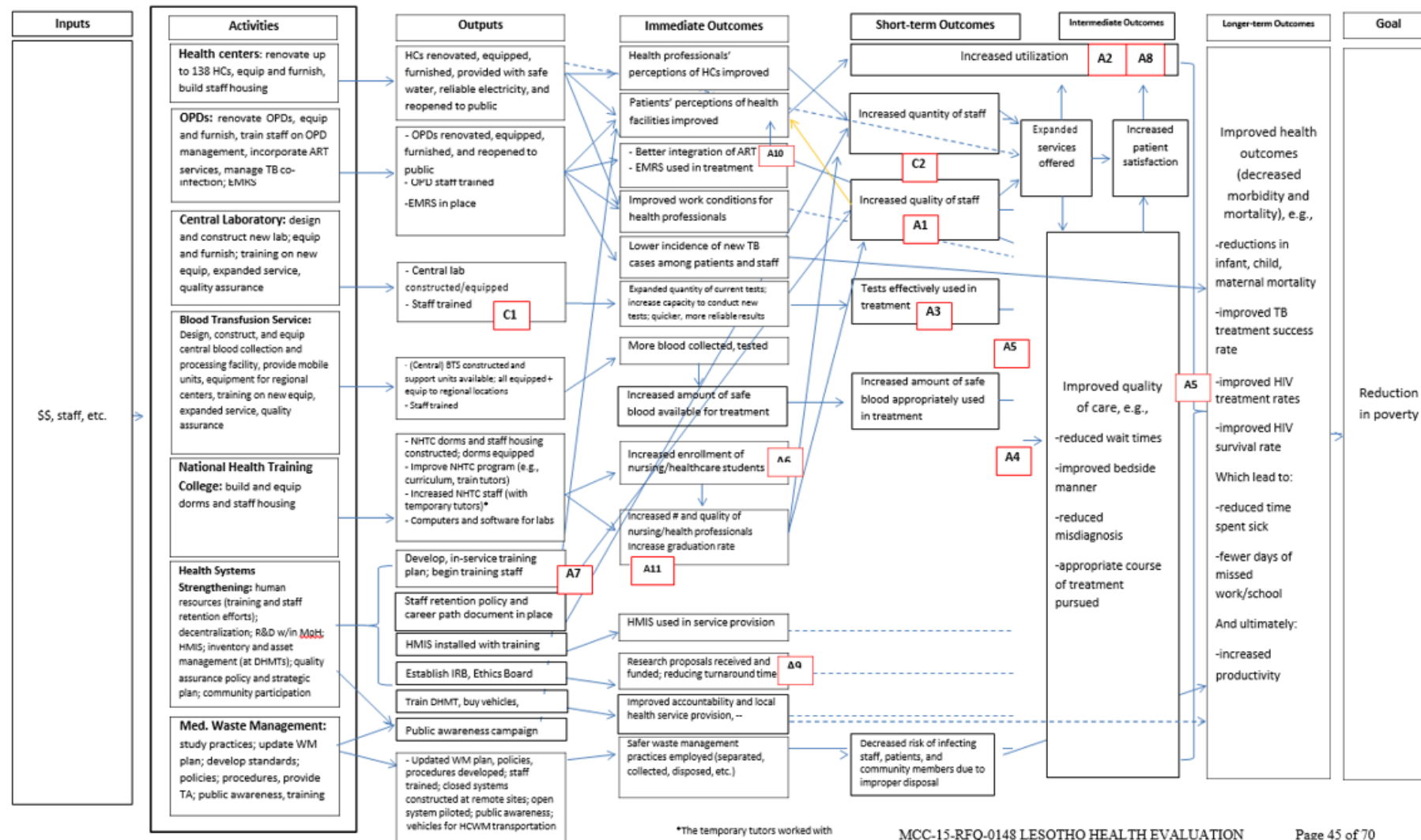
The graphic model as shown on the next page, has been made after the Health Project by MCC's M&E department. It is not possible to make this graphic model compliant with section 508. In the pages following the model, the ToC is deconstructed and individual inputs and Activities are described. The letters in the model refer to assumptions and are explained in the following pages.

For comments on the use of the ToC, please see the Evaluation Report.

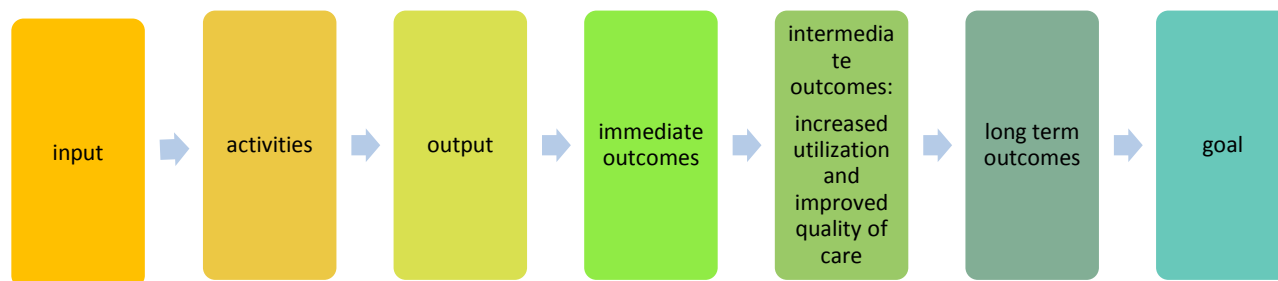
This annex uses the term 'killing assumption'. This is meant to indicate that there is a major risk to that component of the Health Project, when the assumption does not materialize.

# Post compact M&E Plan : MCC Approval: May 23, 2014; Modification Date: February 20, 2015

ATTACHMENT J.1. - ANNEX 1: Lesotho Health Program Logic



## Framework for the chain of cause - effects



A large number of inputs and Activities of the Health Project converges to a few long-term health outcomes and one single goal: reduction in poverty.

For the intermediate outcomes, ‘increased utilization and improved quality of care’ two assumptions have been formulated:

A2: Awareness of improved infrastructure, integrated OPD services and quality of staff will attract more people to seek health care, including services associated with high levels of social stigma.

Related risks: Barriers to seeking care (e.g., costs (though basic health care package is free), stigma of HIV/AIDS) exist and are not necessarily being addressed in the Compact.

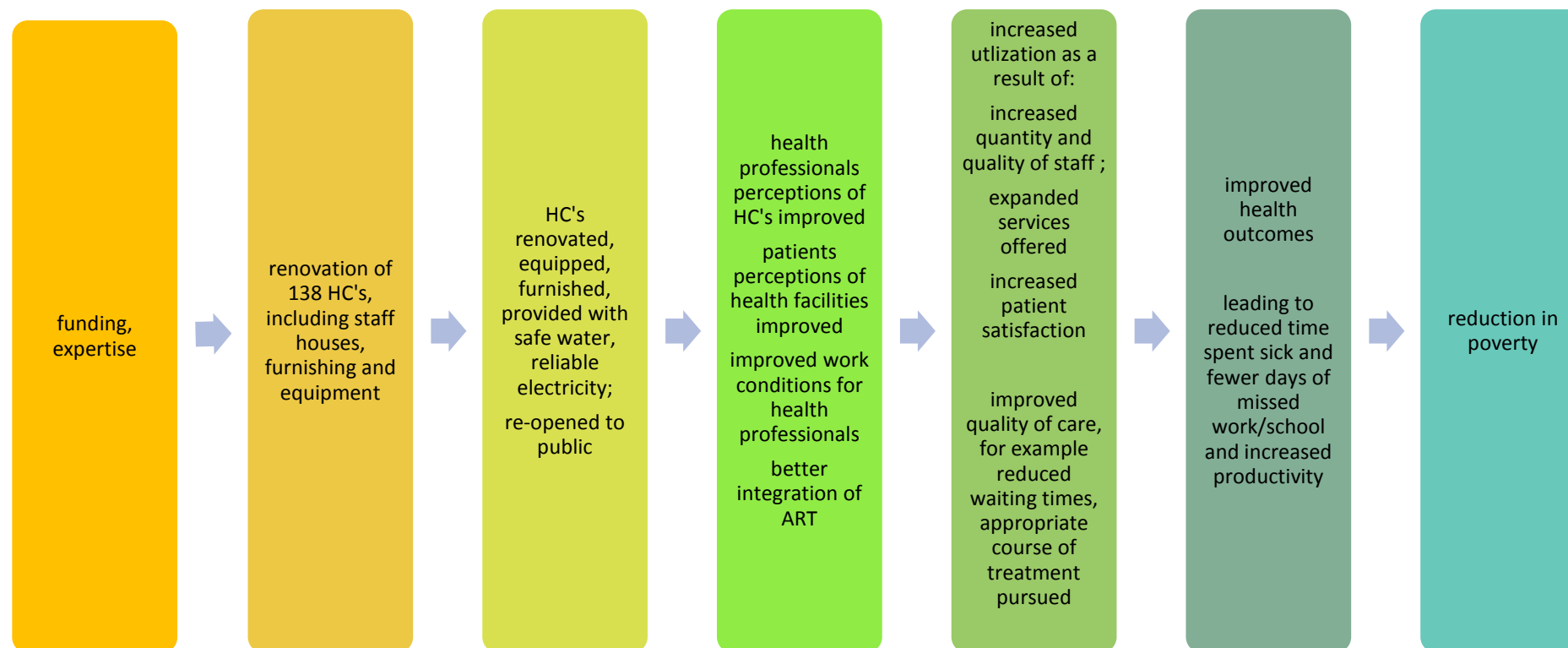
A8: Increased utilization does not result in lower quality of care, i.e., nurses will not have to care for more patients than they can handle.

Between intermediate and long-term outcomes, two other assumptions are:

A4: “We have done what we set out to do”: The combination of Compact activities will result in higher quality care; doctors and patients are better able to communicate; staff allocate sufficient time to and have the knowledge and ability to provide quality care; staff use new equipment, information systems, and expanded diagnosis and treatment services (blood transfusion services, central lab), as appropriate; electricity and internet are available for services that require them (off-grid facilities have solar power); policymakers use information systems to improve high-level service provision

A5: “Everything else is working as expected”: Complementary inputs are available and effective (e.g., medicines, staff retention efforts, PPPs); proper O&M is conducted; patients adhere to treatment

### ToC: Health centers renovation



Assumption A1: a key constraint facing improved quality of care (including provider behavior) is the clinical environment; an improved environment is seen as important for recruitment and retention, along with boosting morale which are all important for improving provider behavior/provision of care.

#### Related risks:

It is acknowledged that the environment alone will not improve provider behavior and quality of care; an effective recruitment and retention plan are extremely important factors for improving provider morale, behavior, and ultimately, quality of care; they are not addressed through the Compact but are currently receiving attention outside of the Compact.

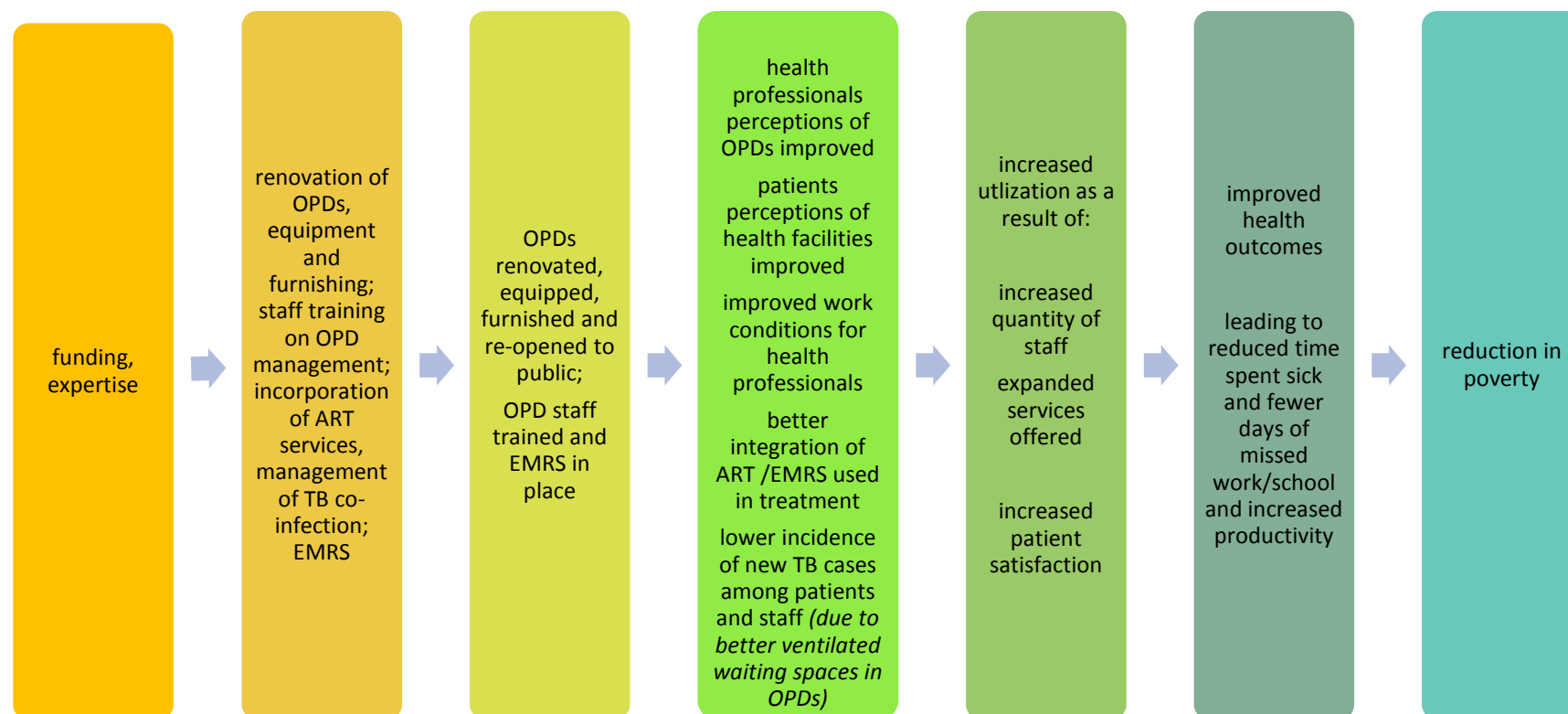
A separate government ministry places health professional in government-run health facilities and this process takes a long time. Recruitment efforts will likely be affected by this. The Compact is not addressing this constraint.

Assumption A10: Better integration of ART effectively reduces stigma (and does not lead to worse perceptions); an example of an unsuccessful integration effort was the use of red folders to integrate HIV-positive patients amongst other patients while also providing information to healthcare professionals, but once others learned the purpose of the red folders they became stigmatizing rather than integrative.

Comments evaluator:

- The chain of cause – effect is well captured, but contingent upon a number of further assumptions, such as: MoH has sufficient budget to employ more staff in health centers and to ensure adequate supply of medicines.
- Assumption 1 is not an assumption but a known constraint, one can either choose to ignore because it is not feasible to address in the context of the Compact or to address.
- The immediate outcomes have been realized to quite some extent: health professionals' and patients' perceptions of HC's are improved and health professionals are more satisfied with working conditions than before the Compact. Better integration of ART has been partially achieved. Integration of ART delivery in the delivery of other services is perceived by some patients as counter-productive and by others it is seen as an improvement.
- Increased utilization as a result of increased quantity and quality of staff, expanded services offered and increased patient satisfaction has been achieved, since staffing levels have been increased, ART and other services have been increased and patients are more satisfied. Waiting times have been reduced but there is no evidence for 'appropriate course of treatment pursued'.

### ToC: OPDs renovation

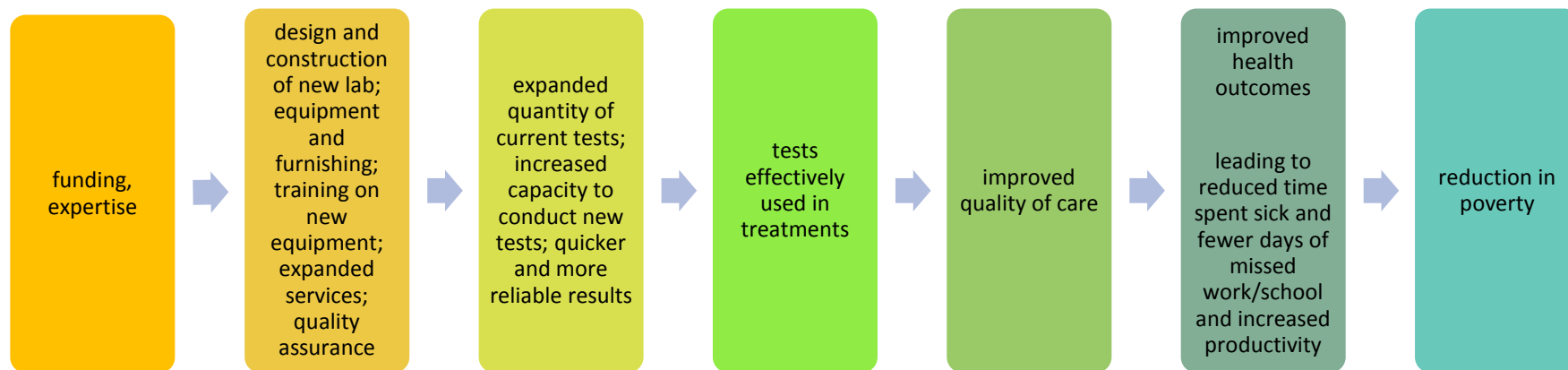


### Comments evaluator:

- Activities: incorporation of ART services and management of TB co-infection are not activities of the Health Project but rather an outcome: working processes improved.
- Otherwise, the chain of cause – effect is well captured, but contingent upon a number of further assumptions, such as: MoH has sufficient budget to employ more staff in OPDs and to ensure adequate supply of medicines.

### ToC: construction of National Reference Laboratory



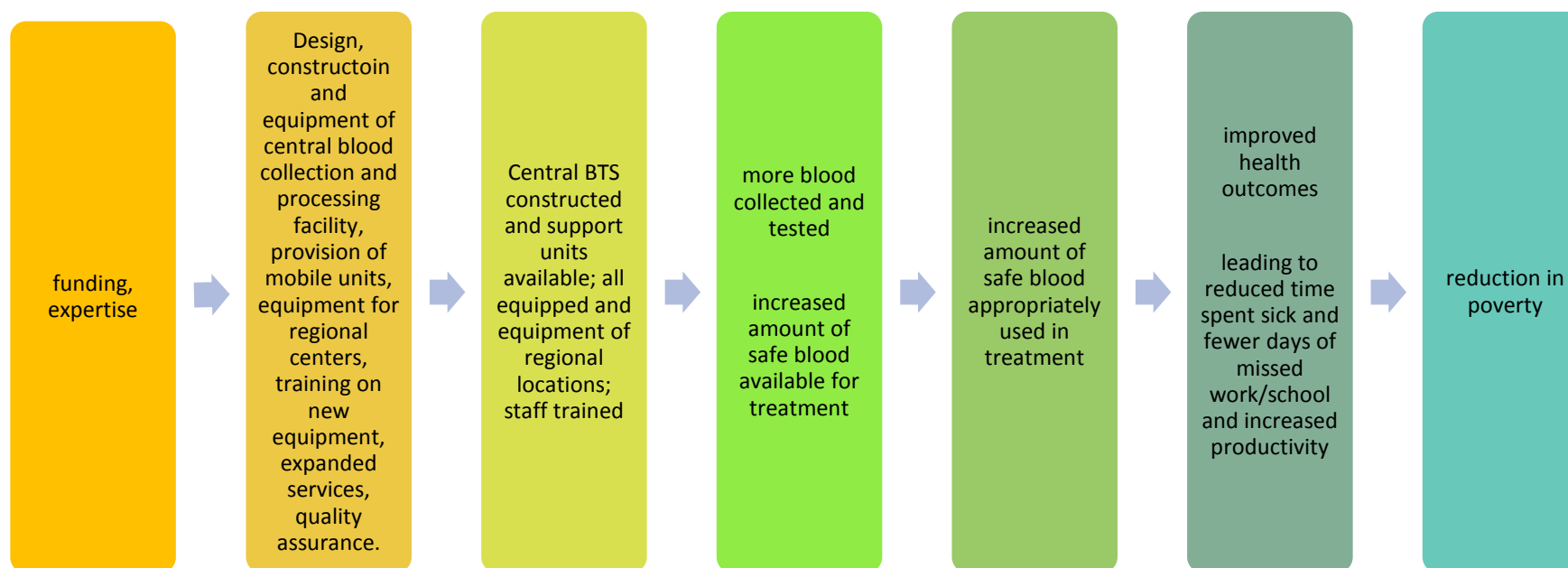


Assumption A3: Test results arrive in time to be useful; patients follow up with doctors to get test results, results influence treatment.

Comments evaluator:

- Activities: ‘expanded services’ rather is an outcome than an Activity.
- Otherwise the chain of cause – effect is well captured, but contingent upon a number of further assumptions, such as: supply of consumables in the laboratory is adequate; maintenance of equipment is adequate; sufficient staff is available; transport of samples to laboratory is fast and regular;

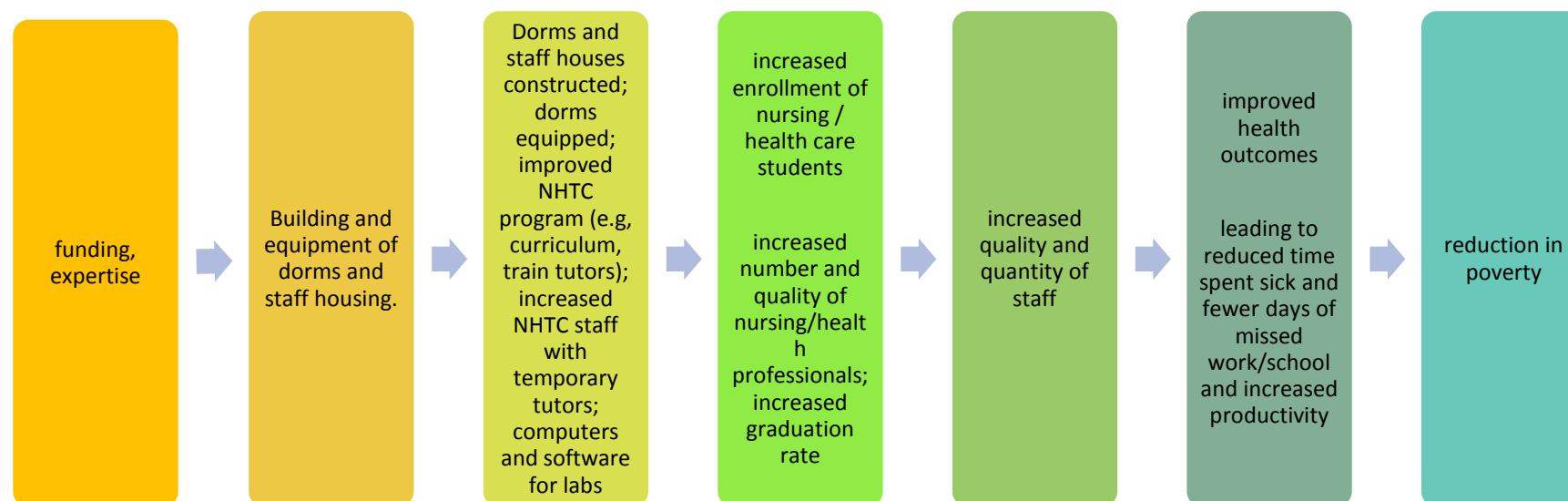
### ToC: construction of premises for Blood Transfusion Services



Comments evaluator:

- Activities: 'expanded services' rather is an outcome than an Activity.
- The Activity has no influence on the appropriateness of the use of blood in treatments
- Otherwise the chain of cause – effect is well captured, but contingent upon a number of further assumptions, such as: supply of consumables for the BTS is adequate; staffing of the BTS is adequate; number of blood donors increases with increased need.

### ToC: construction of premises for National Health Training College



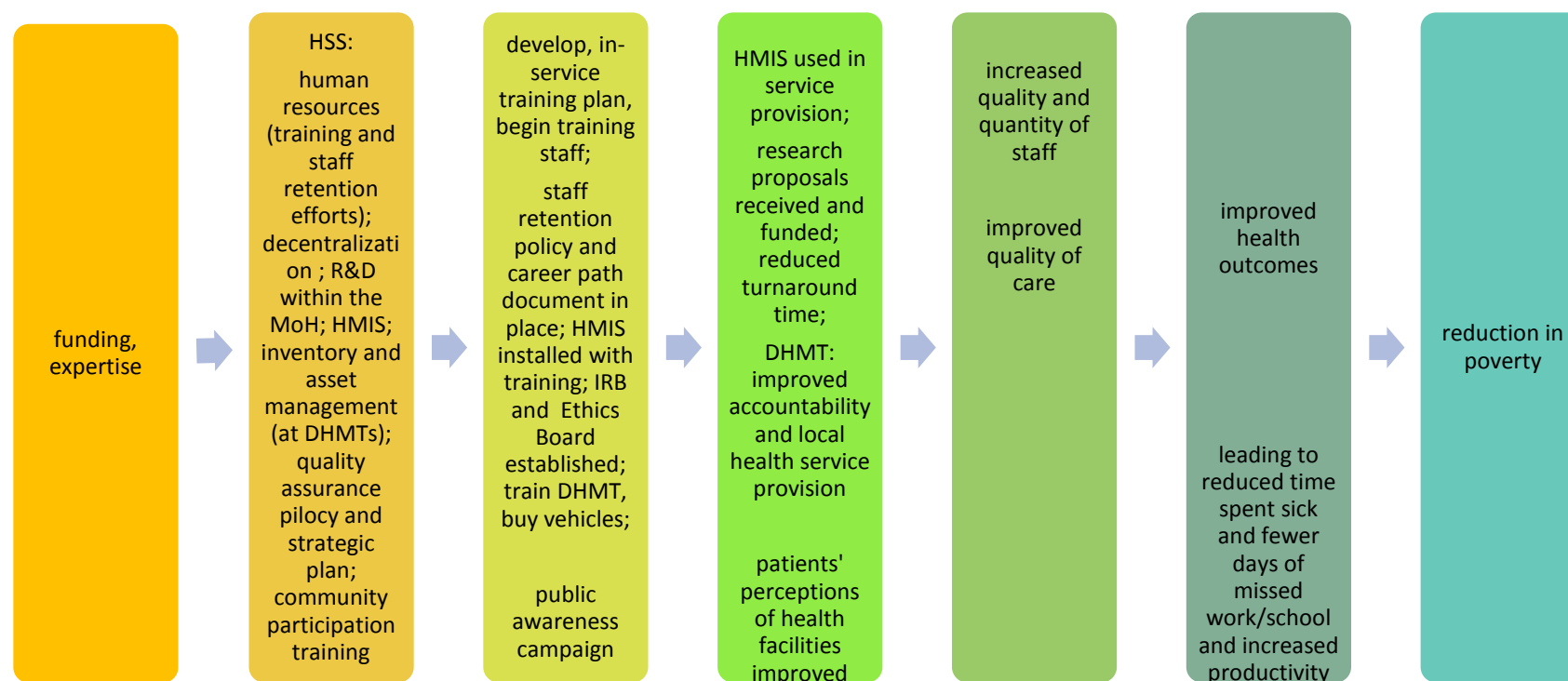
Assumption A6: Expanded and improved dorms and housing are sufficient to attract and retain students and staff to NHTC

Assumption A11: New NHTC classrooms, equipment and curriculum changes result in higher quality graduates

Comments evaluator:

- The chain of cause – effect is logic but contingent upon the **killing assumption** that the shortage of nursing staff in the health facilities is a result of a shortage in the country. In reality, the contrary is true: for many years a large number of nursing staff in the country is unemployed, because the MoH has no budget for their salaries. Increase of the number of graduates rather leads to increased unemployment than to an increase in staff employed. Other assumptions are the availability of sufficient and well qualified teaching staff in the NHTC (which depends on budget of the NHTC, amongst others) and the overall attractiveness for students of the NHTC as training institution, next to the other five training facilities in the country.

## ToC: Health System Strengthening (HSS)



Assumption A7: Staff are willing and able to attend training; if training is required, appropriate enforcement mechanisms exist; training is relevant and sufficient to improve practices (i.e., service delivery)

Assumption A9: Breakthroughs are identified; appropriate infrastructure exists to apply research findings

Assumption A2: Awareness of improved infrastructure, integrated OPD services and quality of staff will attract more people to seek health care, including services associated with high levels of social stigma.

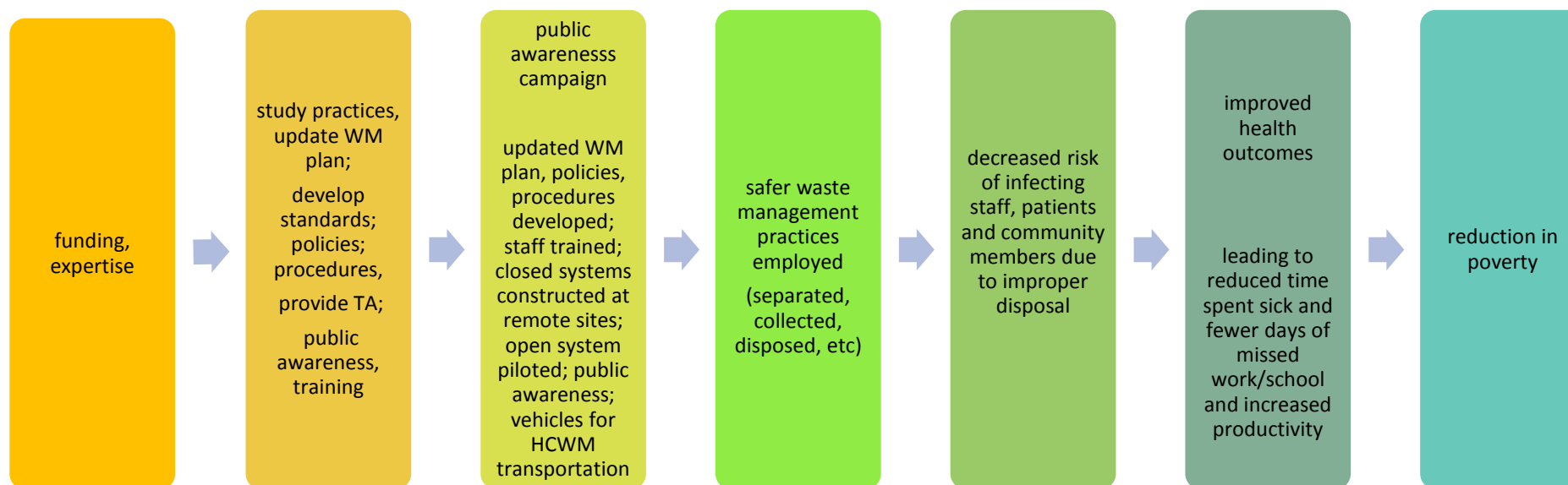
Related risks:

Barriers to seeking care (e.g., costs (though basic health care package is free), stigma of HIV/AIDS) exist and are not necessarily being addressed in the Compact.

Comments evaluator:

- 'Health Systems Strengthening' tries to develop many (sub)Activities that are loosely related to each other in their day-to-day effects, but all together should lead to a strengthened system. This means that there is little internal cohesion or correlation between these activities.
- There are no quantitative targets and no indicators for these (sub)Activities.

## ToC: Health Waste Management



Comments evaluator:

- The chain of cause-effect is logic, with only the Activity for the output ‘vehicles for HCWM transportation’ lacking.

## Annex 2 Evaluation questions from the ToR.

The numbering has been added by the evaluator. Most questions are related to the Health Program as such or to specific sub-Activities. Several questions inquire about the current status of a component of the health system, in reference to the ToC. The questions in color ask for qualitative information, all other questions ask for either quantitative information or a mix of quantitative and qualitative information.

### Evaluation questions from ToR

#### **1 Was the program evaluable?**

**2 Was the program implemented according to plan?** What was the original plan? Did the plan or objectives change over time? How so? What were the implications?

#### **3 Patient outcomes**

- 3.1.1 To what extent have patients' perceptions of HCs and OPDs changed ? Have perceptions changed since the Compact began?
- 3.1.2 Have waiting times been reduced? If so, has EMRS contributed to a reduction in wait times?
- 3.1.3 Do health professionals understand patients' concerns and spend adequate time addressing them?
- 3.2 Has utilization of HCs and OPDs changed?
- 3.2.2 What services are used most. Has utilization changed around HIV/AIDS, TB, and MCH services specifically?
- 3.2.3 Who seeks treatment at HCs and OPDs? Has this changed since the Compact began?
- 3.3 Specific sample of HIV-positive patients:
  - 3.3.1 Have ART integration efforts contributed to a reduction in social stigma around HIV/AIDS treatment?
  - 3.3.2 Are HIV/AIDS-positive patients more likely to seek care now than they were before the Compact began?
  - 3.3.3 Are HIV/AIDS- positive patients more likely to adhere to treatment now than they were before the Compact began?
- 3.4 Have overall health outcomes such as infant, child, and maternal mortality; TB treatment success rates; HIV/AIDS treatment, and survival rates changed since the start of the Compact?

#### **4 Community outcomes**

- 4.1 What proportion of community members use the HCs and OPDs?
- 4.2 Who chooses not to seek treatment at HCs and OPDs? Why (i.e., what are the barriers to seeking health care)?

#### **5 Health Professional Outcomes**

- 5.1 How satisfied are health professionals with their work environment now compared to before the Compact began?
- 5.2 Are HCs (especially more remote HCs) staffed at appropriate levels?
- 5.3 What factors influence staffing levels, motivation, and productivity of health staff?
- 5.4 Are staff likely to remain in the profession or at their current location?
- 5.5 Has staffing, motivation, and productivity changed since the start of the Compact? To what extent are changes related to the Project?
- 5.6 To what extent do these issues still need to be addressed in order to reach and maintain appropriate staffing levels and achieve a high quality healthcare system?
- 5.7 Are health professionals aware of the training opportunities available to them?
- 5.8 Do they participate in the trainings?
- 5.9 How do they perceive the relevance and effectiveness of these trainings?
- 5.10 What is the importance (priority) of available trainings for nurses.

<p>5.11 Has the training calendar been used / is it still in use?</p> <p>5.10 Are there particular trainings that are more important than others? How so?</p> <p><b>6 Student outcomes</b></p> <p>6.1 Did the NHTC investment contribute to increased enrollment and graduation from NHTC?</p> <p><b>7 System outcomes</b></p> <p>7.1 Are essential services offered at all HCs? If not, why not?</p> <p>7.1.1 Are the three guidelines for Primary Care available in the Health Centers?</p> <p>7.2 To what extent have NHTC and other HSS interventions contributed to the quantity and quality of staff at HCs?</p> <p>7.3 To what extent do the BTS and NRL interventions contribute to an improved health care system?</p> <p>7.3.1 Has the availability and use of blood and laboratory services used in the treatment of patients changed since the Compact started?</p> <p>7.3.2. Has the processing time for these services been reduced?</p> <p>7.3.3 Are more tests (or a larger proportion of tests) being processed at the NRL then sent to private laboratories or out of the country for processing?</p> <p>7.3 EMRS</p> <p>7.3.1 Has it been rolled out to all hospitals?</p> <p>7.3.2 Does it work?</p> <p>7.3.3 To what extent is EMRS used in the treatment of patients?</p> <p>7.3.4 Regarding the pharmacy module in particular, does it work and is it used in practice?</p> <p>7.3.5 Does EMRS contribute to an improved health care system generally and integration of HIV/AIDS services specifically? If so, how? If not, why not?</p> <p>7.3.6 Is the IT system being utilized and maintained?</p> <p>7.4 What is the status of the HMIS developed under the Compact? Does it facilitate the provision of data to the MoH?</p> <p>7.4.1 How does the MoH use data collected at various levels of the health care system?</p> <p>7.4.2 Are the data sent to the MOH considered timely and reliable? If not, why not?</p> <p>7.4.3 Do mechanisms exist to identify and resolve potential data quality problems within the system? If not, why not?</p> <p>7.4.4 Are there sufficient personnel located in the districts to use and maintain the HMIS?</p> <p>7.5 Decentralization</p> <p>7.5.1 How did the Compact contribute to the GOL's plans for decentralizing health services and changing the role of the DHMTs?</p> <p>7.5.2 Do these changes contribute to an improved health system? If so, how so? If not, why not?</p> <p>7.5.3 What is the role of the Research Unit at the MoH in contributing to an improved health system? Is it functioning according to plan? Is research generated through this mechanism? Do research findings inform health policy?</p> <p>7.6 Health Care Waste Management outcomes</p> <p>7.6.1 Has the rollout of HCWM been completed?</p> <p>7.6.2 Is the overall system functioning according to plan?</p> <p>7.6.3 Do health facilities have the materials and equipment required for HCWM?</p> <p>7.6.3 To what extent do health professionals use HCWM materials and equipment according to proper procedure?</p>	
<p>7.6.4 Is waste being picked up and transported to facilities with incinerators on a regular basis? What happens when waste is brought to facilities with incinerators? What happens with any waste that is not transferred to other facilities?</p> <p>7.6.5 Are closed systems functioning well?</p> <p>7.6.7 Is maintenance and oversight taking place?</p> <p>8. What lessons can MCC or the Government of Lesotho apply in future programs related to program design, implementation, and sustaining results? What could have been done better? How so?</p>	



### Annex 3 Districts and health facilities selected for the HFS 2018

district	OPDs	OPDs	Health centers	Health centers	Health centers
	Government	CHAL	Government	CHAL	Red Cross
Berea	Berea	Maluti	Sebidia Koali	St Theresa	Kolojane
<u>Butha- Buthe</u>	<u>Paballong</u>	<u>Seboche</u>	<u>Muela</u> <i>Motete</i>	St Paul	
Mafeteng	Mafeteng		Ts'akholo Ribaneng	St Andrew	Kena
Maseru		St Joseph Scott	Likalaneng Paki Matukeng Loretto	St Benedict St Leonard	
Qacha's Nek	Machabeng	Tebellong	Rankakala Mohlapiso <i>Melikane Sehlaba Thebe</i>	Sacred Heart	
Quthing	Quthing		<i>Maqhoko Dilli Dilli</i>	St Matthew St Gabriel	
<b>Total</b>	<b>5</b>	<b>5</b>	<b>16</b>	<b>8</b>	<b>2</b>

NB: Health centers in italics are considered as hard-to-reach

## Annex 4      Informed consent forms

### Consent form KIs at central level

Interlocutors / respondents at central level are informed verbally of the purpose and confidentiality of the conversation.

*My name is NAME, of Healthmatch consultancies. I am evaluating the Health Project of MCA Lesotho, which was implemented from 2008 to 2013. I am here to collect information for that evaluation among a large number of stakeholders in the country. The evaluation is commissioned by the Millennium Challenge Corporation, the American foreign aid agency that funded the project and is done with approval of the Ministry of Health. You are being asked to participate in the study because of your past or current role with regards to the health system in the country.*

*The interview is expected to take X minutes. You should feel free to elaborate, give specific examples, or go back to a question if you feel you want to add more information. Any information you provide will be kept strictly confidential to the extent permitted by law.*

*The information we receive from you will be used for research purposes only. The final study that summarizes this research may contain quotations from the sessions we conduct, but we will make every effort to ensure that no one can be identified using these quotations. In view of your position / function, it might be possible that some information could be traced back to you individually even if we do not disclose your name or function.*

*After the research is completed, MCC and Healthmatch Consultancies will remove any identifying information from the transcripts and notes – such as names, dates, and specific locations – so that these sources may be made available for other researchers to use. Healthmatch Consultancies and MCC will require others who request access to this information to agree to use it for research purposes only and not to share this information with anyone else. In this way, we hope to ensure that others may benefit from the responses you provide, without risking your privacy.*

*Your participation is voluntary, and you may choose not to answer any or all questions for any reason. In other words, you have the alternative to not participate and there will be no consequences for nonparticipation.*

*If you have questions, concerns or complaints about the study or your rights as a participant, please feel free to contact the Ministry of Health, the Research and Development Department.*

*Contact: Mr XXX, tel number*

## Consent form KIs at peripheral level

*My name is [NAME] and I am working with a foreign firm, Healthmatch consultancies. I am gathering information about a project that was carried out in the past to improve the health system: the Health Project of MCA Lesotho, from 2008 to 2013. I have consent from the Ministry of Health to carry out this study (support letter is produced, if requested).*

*Our study is funded by the Millennium Challenge Corporation, the American agency that funded the project. The interview is expected to take X minutes. Any information you provide will be kept strictly confidential by us: what you tell us will not be shared with anybody else and we will not register your name. Your information will be used in combination with information from various other persons or sources, to make a report. In view of your function, it might be possible that some information could be traced back to you individually even if we do not disclose your name or function.*

*The information we receive from you will be used for research purposes only. The final study that summarizes this research may contain quotations from the sessions we conduct, but we will make every effort to ensure that no one can be identified using these quotations.*

*After the research is completed, MCC and Healthmatch Consultancies will remove any identifying information from the transcripts and notes – such as names, dates, and specific locations – so that these sources may be made available for other researchers to use. Healthmatch Consultancies and MCC will require others who request access to this information to agree to use it for research purposes only and not to share this information with anyone else. In this way, we hope to ensure that others may benefit from the responses you provide, without risking your privacy.*

*Therefore, your participation is voluntary, and you may choose not to answer any or all questions for any reason. In other words, you have the alternative to not participate and there will be no consequences for nonparticipation.*

*You may contact the director of Healthmatch consultancies, [NAME], at phone number xxxxxx, if you have questions, concerns or complaints about the study or your rights as a participant. If you have any questions for me, please feel free to ask at any time.*

## Consent form staff-respondents

All respondents are asked to give consent before the surveyor starts to ask the questions of the questionnaire. They are not asked to sign the form.

*My name is [NAME] and I am working with a foreign firm, Healthmatch consultancies. We are gathering information about a project that was carried out in the past to improve the health system: the Health Project of MCA Lesotho, from 2008 to 2013. We have consent from the Ministry of Health to carry out this study (support letter is produced, if requested).*

*Our study is funded by the Millennium Challenge Corporation, the American agency that funded the project. The interview is expected to take X minutes. Any information you provide will be kept strictly confidential by us: what you tell us will not be shared with anybody else and we will not register your name. Your information will be used in combination with information from various other persons or sources, to make a report. In view of your function, it might be possible that some information could be traced back to you individually even if we do not disclose your name or function.*

*The information we receive from you will be used for research purposes only. The final study that summarizes this research may contain quotations from the sessions we conduct, but we will make every effort to ensure that no one can be identified using these quotations.*

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*Therefore, your participation is voluntary, and you may choose not to answer any or all questions for any reason. In other words, you have the alternative to not participate and there will be no consequences for nonparticipation.*

*You may contact the director of Healthmatch consultancies, [NAME], at phone number xxxxxx, if you have questions, concerns or complaints about the study or your rights as a participant. If you have any questions for me, please feel free to ask at any time.*

### Consent form patients

All respondents are asked to give consent before the surveyor starts to ask the questions of the questionnaire. They are not asked to sign the form.

for Sesotho version see below

*Our names are [NAMEs] and we are working with a foreign firm, Healthmatch consultancies. We are gathering information about a project that was carried out in the past to improve the health system. That is why we would want to ask you some questions about your experience with the health services here. We are not asking questions about your own health.*

*Our study is funded by the Millennium Challenge Corporation, an American agency that provides assistance to other countries' development projects. We have consent from the Ministry of Health to carry out this study. The interview is expected to take X minutes. Any information you provide will be kept strictly confidential by the parties conducting this study, including MCC employees, employees of Healthmatch, and licensed researcher, to the maximum extent permitted by the laws of the United States of America and the laws of Lesotho. These users will use data for statistical purposes only. We will not register your name.*

*Your participation is voluntary, and you may choose not to answer any or all questions for any reason. In other words, you have the alternative to not participate and there will be no consequences for nonparticipation.*

*You may contact the director of Healthmatch consultancies, [NAME], at phone number xxxxxx, if you have questions, concerns or complaints about the study or your rights as a participant. If you have any questions for me, please feel free to ask at any time.*

TUMELLO EA BAKULI HO KENYA LETSOHO LIPHUPUTSONG TSA HO HLAHLOBA TŠEBETSO E ENTSOENG KE MCA LESOTHO.

***Bakuli bohle batla koptjoa ho fana ka tumello ho kenya letsoho liphuputsong tsena.***

Mabitso a rona ke (.....), re sebeletsa mokhatlo o tsoang kante ho naha (Healthmatch consultancies), re etsa liphuputso malebana le tšebetso e ileng ea etsoa ke MCA ho ntlafatsa tšebeletso tsa bophelo selemong sa 2008 ho isa 2013. Re lakatsa ho tla fumana maikutlo a hau holima litšebeletso tsa bophelo. Ha re na ho u botsa letho malebana le bokulo ba hau.

Lipatlisiso tsena li tšehelitsoe ke naha ea America ka lenane la MCA. Re fuoe tumello ke Lekala la Bophelo ho etsa liphuputso tsena. Lipuisano tsena li lebeletsoe ho nka metsotso e mashome a mabeli. Likarabo tseo u tla li fana mona li tla bolokoa e le lekunutu ke basebetsi bohle ba mokhatlo ona oa lipatlisiso. Ka tumello ea molao oa Lesotho le oa America se fumanoeng lipatlisisong tsena se tla sebelisoa bakeng sa ho bokella lipalo feela, lebitso la hau le ke ke la hlahisoa.

Ho kenya letsoho lipuisanong tsena ke ka boikhetlo le boithatelo bo botle, u na le boikhetlo ba ho se kenye letsoho.

Ha u na le lipotso tse ling kapa ho se utloisise u ka letsetsa batho ba latelang; ntate XXX nomorong ea xxxxxx kapa XXX nomorong ea xxxxxx. Haeba u na le lipotso hona joale u lokolohile ho mpotsa.

Consent form Village Health Workers  
who are requested to take part in a FGD:

All respondents are asked to give consent before the surveyor starts to ask the questions of the questionnaire. They are not asked to sign the form.

*Our names are [NAMEs] and we are working with a foreign firm, Healthmatch consultancies. We are gathering information about a project that was carried out in the past to improve the health system: the MCA Health Project 2008-2013. We want to ask you to participate in a group discussion with your colleagues, to talk about some of your experiences with the health services and how the population views the health service or certain aspects of diseases. We are not asking questions about your own health.*

*Our study is funded by the Millennium Challenge Corporation, an American agency that provides assistance to other countries' development projects. We have consent from the Ministry of Health to carry out this study. The discussion is expected to take around 2 hours. Anything you say will be kept strictly confidential by us: we will not share with anybody outside the discussion group who said what and we will not register your name. We will use the information only in combination with information from many other sources so that nobody knows who says what.*

*The information we receive from you will be used for research purposes only. The final study that summarizes this research may contain quotations from the sessions we conduct, but we will make every effort to ensure that no one can be identified using these quotations.*

*After the research is completed, MCC and Healthmatch Consultancies will remove any identifying information from the transcripts and notes – such as names, dates, and specific locations – so that these sources may be made available for other researchers to use. Healthmatch Consultancies and MCC will require others who request access to this information to agree to use it for research purposes only and not to share this information with anyone else. In this way, we hope to ensure that others may benefit from the responses you provide, without risking your privacy.*

*To promote confidentiality, we ask that you all agree not to disclose or repeat any of the things that are said by anyone during this session today. However, as we cannot make certain that no one will repeat what you say, you should take care not to say anything that you think could cause you harm if someone were to repeat it outside of this session.*

*Your participation is voluntary, and you may choose not to join any part of the discussion for any reason. In other words, you have the alternative to not participate and there will be no consequences for nonparticipation.*

*You may contact the director of Healthmatch consultancies, [NAME] , at phone number xxxxxx, if you have questions, concerns or complaints about the study or your rights as a participant. If you have any questions for me, please feel free to ask at any time.*

TUMELLO EA BASELEBETSI BA TSA BOPHELO METSENG EA HO KENYA LETSOHO LIPHUPUTSONG TSA HO HLAHLOBA TŠEBETSO E ENTSOENG KE MCA LESOTHO.

*Batho bohle batlang ho nka karolo sehlopheng batla kupuoa ho fana ka tumello pele lipuisano li qala.*

Mabitso a rona ke (.....), re sebeletsa mokhatlo o tsoang kante ho naha (Healthmatch consultancies), re etsa liphuputso malebana le tšebetso e ileng ea etsoa ke MCA ho ntlafatsa tšebeletso tsa bophelo selemong sa 2008 ho isa 2013. Re lakatsa hore u be karolo ea lipuisano tsena tse tlang ho kopaneloa le bo mphato ba hao ho fumana maikutlo a hao ka lits'ebeletso tsa bophelo le litaba tsa mafu. Ha ho letho leo re tla le botsa mabapi le mafu a hau u le motho.

Lipatlisiso tsena li tšehelitsoe ke naha ea America ka lenane la MCA. Re filoe tumello ke Lekala la Bophelo ho etsa liphuputso tsena. Re lekanya hore lipuisano tsa rona li kanna tsa nka hora tse peli. Lintho tseo re tlo bua ka tsona e tla ba lekunutu le fellang lipakeng tsa rona. Litaba tse bokelletsoeng mona li tla sebelisoa bakeng sa lipatlisiso tsena eseng ho hong. Mabitso a lona a ke ke a ngoloa kae kapa kae.

Tlaleho e felletseng ea lipatlisiso tsena e kanna ea qotsa tse ling tsa lipolelo tse entsoeng lipuisanong, empa lipolelo tse joalo li ke ke tsa amahanngoa le mang kapa mang ea nkileng karolo liphuputsong tsena.

Kamor'a hore lipatlisiso li phetheloe, lintho tsohle tse bontšang mabitso a libaka le matsatsi ao lipatlisiso li entsoeng ka oona li tla tlosoa e le hore tse fumanoeng lipatlisisong tsena li tle li sebelisoa ke bafuputsi ba bang.

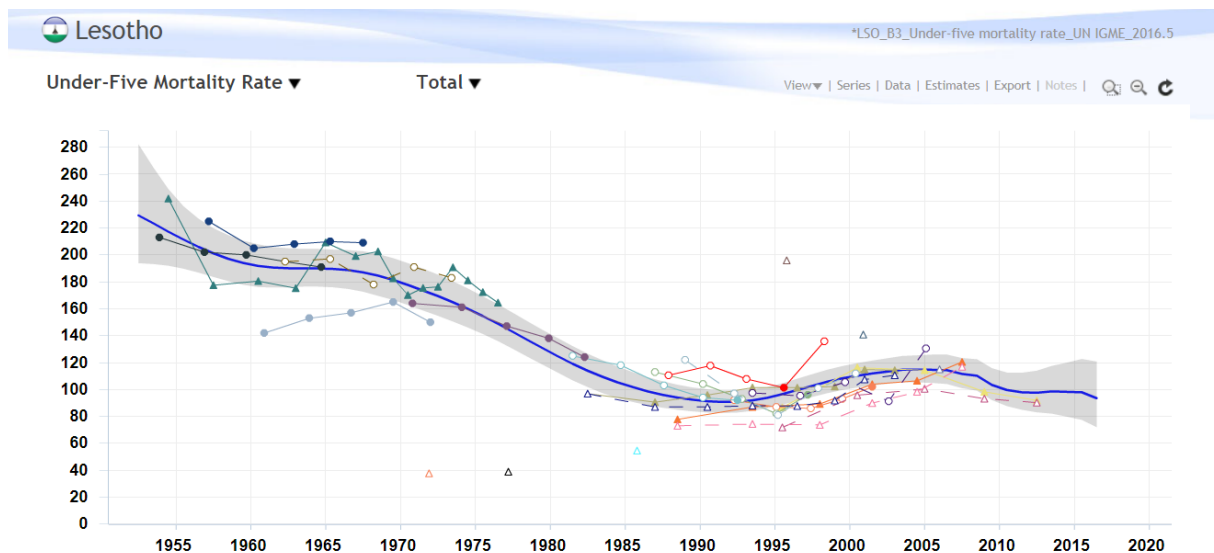
Re kopa tiisetso ea hore ka ho nka karolo ha hau lipatlisisong tsena u tla boloka lekunutu la tsohle tseo ho buisanoeng ka tsona kajeno. Ka ha re ke ke ra tiisa hore batho ba ke ke ba tlohela ho bua ka litaba tsena, re se re kopa hore u seke oa bua litaba tse ka u behang tsietsing ka mona ha li se li ka buuoa kante.

Ho kenya letsoho lipuisanong tsena ke ka boikhethelo le boithatelo bo botle, u na le boikhethelo ba ho se kenye letsoho.

Ha u na le lipotso tse ling kapa ho se utloisise u ka letsetsa batho ba latelang; ntateXXX nomorong ea xxxxxx kapa XXX nomorong ea xxxxxx. Haeba u na le lipotso hona joale u lokolohile ho mpotsa.



<http://www.childmortality.org/index.php?r=site/graph&ID=LSO> Lesotho:



## Annex 5 Health Centers model 1 and 2.

### Infrastructure

#### Health Center type 2, less than 18.000:

1. Less general corridor space (20 m<sup>2</sup>), consultation rooms are slightly smaller (12 m<sup>2</sup>)
2. 2 WC's staff, 2 WC's patients, 1 toilet/shower maternity
3. One rondavel for waiting mothers, one for tb/HIV
4. Antenatal/postnatal 2 beds
5. Delivery Single delivery bed
6. 2 consulting rooms
7. Placenta pit; sharps pit (ground conditions); basic incinerator (MSF type)
8. Staff Housing 2 no. 2 Bedroom House
9. Secure perimeter fence and gate
10. Improved year-round water supply (source protection, quality, storage)
11. Septic tank and soakaway (type to depend on ground conditions)
12. Electricity for lighting HC and staff houses (mains or solar)
13. Fire prevention (hand held appliances, blanket, smoke detectors, etc)
14. Communications (to be agreed – landline, cell, radio or other)
15. 2 no. VIPs (for health education and back-up)

#### Health Center type 1, more than 18.000:

1. More general corridor space (29 m<sup>2</sup>), consultation rooms are slightly larger (15 m<sup>2</sup>)
2. 2 WC's staff, 2 WC's patients, 1 toilet/shower maternity
3. One rondavel for waiting mothers, one for tb/HIV
4. Antenatal/postnatal 4 beds
5. Delivery Single delivery bed
6. 3 consulting rooms
7. Placenta pit; sharps pit (ground conditions); basic incinerator (MSF type)
8. Staff Housing 1 no. 3 Bedroom House
9. Staff Housing 4 no. 2 Bedroom House
10. Secure perimeter fence and gate
11. Improved year-round water supply (source protection, quality, storage)
12. Septic tank and soakaway (type to depend on ground conditions)
13. Electricity for lighting HC and staff houses (mains or solar)
14. Fire prevention (hand held appliances, blanket, smoke detectors, etc)
15. Communications (to be agreed – landline, cell, radio or other)
16. 2 no. VIPs (for health education and back-up)

No	Clinic	Data received	Owner	Loading (Patients pd)	Model
1	Auray	23 Nov	CHAL	20-30	II
2	Bethany	23 Nov	CHAL	70	IJ
3	Boiketsiso	23 Nov	GOL	sa	II
4	Dili-Dlii	23 Nov	CHAL	70	II
5	Emmanuel HC	23 Nov	CHAL	70	II
6	EmmausHC	23 Nov	CHAL	30-40	II
7	Fobane HC	23 Nov	CHAL	60-70	II
8	Good Shepherd	23 Nov	CHAL	150	1
9	Ha Lephol HC	23 Nov	CHAL	60-70	II
10	Ha MakoeHC	23Nov	CHAL	60	II
11	Ha Mokoto	23Nov	GOL	ss	II
12	Ha Palama	23 Nov	GOL	50	II
13	Ha Seetsa	23 Nov	GOL	60	II
14	Ha SengHC	23Nov	GOL	so	II
15	Ha Tlali	23Nov	GOL	50	II
16	Hermitage HC	23 Nov	CHAL	100	1
17	Holy Cross HC	23 Nov	CHAL	100	J
18	Holy Family Maqhaka	23Nov	CHAL	80	1
19	Immaculate conception	23Nov	CHAL	60	II
20	Katse	23 Nov	GOL	6S	II
21	Kena HC	23Nov	RED CROSS	20	II
22	KhaboHC	23Nov	GOL	50	II
23	Khatibe NgoaJane HC	23Nov	GOL	sa	II
24	KhOhlo Ntso	23 Nov	GOL	70	II
25	Khubetsoana	23 Nov	GOL	120	J
26	Koali	23Nov	GOL	80	
27	Kolo	23Nov	CHAL	60	
28	KolojaneHC	23 Nov	GOL	w	
29	LOF/ RLOF	23Nov	GOL	150	
30	Lecop	23Nov	GOL	70-80	
31	Lejone	23Nov	GOL	65	
32.	Libibing	23 Nov	GOL	65	
33	Likalaneng	23 Nov	GOL	40	
34	Linakaneng	23Nov	GOL	60	
35	Linakeng BB HC 16B0?)	23 Nov	GOL	50	1
36	LinakengTT	23 Nov	GOL	50	II
37	Linotsing HC	23 Nov	GOL	60	II
38	Liphiring HC	23Nov	GOL	170	1
39	Lithipeng	23 Nov	GOL	sa	JI
40	LitsoenenR	23Nov	GOL	60	II
41	Little Flower	23 Nov	CHAL	60	II
42	LorettoHC	23Nov	CHAL	120-150	1

43	Mahlatsa	1 Oct	GOL	80+	1
44	Mahobong HC	23Nov	GOL	100	1
45	Mahobong RCC	23 Nov	CHAL	75	II
46	Malealea HC	23Nov	GOL	70	1
47	Malefiloane HC	23 Nov	GOAL	60	
48	Mapheleng	23 Nov	CHAL	30-70	
49	Mapholaneng HC	23 Nov	CHAL	70	
50	Maputsoe FC	23 Nov	GOL	175+	
51	Maputsoe SOA HC	23 Nov	CHAL	200	
52	Maqhokho HC	23Nov	GOL	55	
53	Marakabei HC	23 Nov	CHAL	35-70	
54	Maryland HC	23Nov	CHAL	45	
55	Masemouse	23 Nov	CHAL	90	
56	Maseru SDA HC	23Nov	CHAL	100	
57	Matebeng	23 Nov	GOL	50	
58	Matelle HC	23Nov	CHAL	150	
59	Matrarneng HC	23Nov	GOL	150-200	
60	Matlameng	23Nov	GOL	120	1
61	Matukeng	23 Nov	CHAL	120	1
62	Melikane	1 Oct	GOL	40	II
63	Moeketsane	1 Oct	GOL	75<	II
64	Mofoka	23Nov	CHAL	60	II
65	Mofumahali o Rosari	1 Oct	CHAL	50	II
66	Moilalinyane	1 Oct	GOL	60	II
67	Mohlanapeng	1 Oct	CHAL	75+	1
68	Mohlapiso HC	23Nov	GOL	50	II
69	Molikalika	1 Oct	GOL	60-70	II
70	Mootsinyane	1 Oct	GOL	65	II
71	Morifi	1 Oct	GOL	120	1
72	Motete	1 Oct	GOL	60+	II
73	Motsekua	1 Oct	GOL	85	1
74	Mount Matte	1 Oct	CHAL	70	II
75	Mount Olivet	1 Oct	CHAL	85	1
76	MountTabor	23 Nov	CHAL	80	1
77	Mphaki HC	23Nov	GOL	90	1
78	Mptiarane	23Nov	GOL	70-100	1
79	Muela	23Nov	GOL	80	1
80	Nazareth	23 Nov	CHAL	150	1
81	Our Lady of Lourdes/Mositi	1 Oct	CHAL	80 - 100	1
82	Paki [Mazenodi	23Nov	CHAL	70-80	1
83	Peka (Ha Leburu)	1 Oct	GOL	100+	1
84	Phamong HC	23Nov	GOL	80	1
85	Pliot	23Nov	GOL	60	II
86	Pontmain HC	23 Nov	CHAL	60 -70	II
87	Papa HC	23Nov	CHAL	50	II
88	Qholaqhoe-Makhumoane HC	23Nov	GOL	70	II
89	Ramabanta (Fatima]	23Nov	CHAL	sa	
90	Ramphai	23 Nov	GOL	s	

91	Rankakala HC	23 Nov	GOL	70	
92	Ribaneng	23Nov	CHAL	150	
93	Sacred Heart HC	23Nov	CHAL	200	
94	Samaria HC	23Nov	CHAL	50	
95	Sebedia	23 Nov	CHAL	100	
96	Sehlaba Thebe HC	23 Nov	GOL	90	
97	Sehong Hong HC	23Nov	GOL	110	
98	Sekake HC	23Nov	CHAL	60	/
99	Sekameng HC	23Nov	GOL	35	II
100	Sepinare	23 Nov	GOL	65+	II
101	Seshote	23 Nov	GOL	95	1
102	Sion	1 Oct	CHAL	60+	II
103	St Andrews HC	23Nov	CHAL	50	II
104	St Anne HC	23 Nov	CHAL	40	II
105	St Barnabas HC	23 Nov	CHAL	100	1
106	St Benedict HC	23Nov	CHAL	60-GS	II
107	St Bernard	23Nov	CHAL	50	IJ
108	St David	23 Nov	CHAL	50	II
109	St Denis HC	23 Nov	CHAL	50	II
110	St Francis HC	23 Nov	CHAL	120	1
111	St Gabriel	23Nov	CHAL	40	II
112	St James HC	23 Nov	CHAL	65	II
113	St Leo	23Nov	CHAL	80-100	1
114	St Leonard	23 Nov	CHAL	70-90	1
115	St Magdalene	23 Nov	CHAL	100	1
116	St Margaret HC	23 Nov	CHAL	3S	II
117	St Martin HC	23 Nov	CHAL	50-60	II
118	St Mathews	23 Nov	CHAL	60	II
119	St Monica HC	23 Nov	CHAL	60+	II
120	St Paul	23 Nov	CHAL	70+	II
121	St Peter Clave, HC	23 Nov	CHAL	70	II
122	St Peter Monteng HC	23Nov	CHAL	50??	II
123	St Rodrique	23 Nov	CHAL	40+	II
124	St Rose HC	23 Nov	CHAL	60	II
125	St Theresa Bela-Bela	23 Nov	CHAL	40	II
126	St Theresa Mashai HC	23 Nov	CHAL	65+	
127	Thaba Morena	23 Nov	GOL	50	
128	Thaba Phatsoa HC	23 Nov	GOL	70	
129	Thaba Tseka	23Nov	GOL	100	
130	Thaba Tsoeu	23 Nov	GOL	100	
131	Thaba -Bosiu HC	23 Nov	CHAL	50+	
132	Thamae HC	23Nov	GOL	120	
133	Ts"akholo	23 Nov	GOL	100	
134	Tsatsane	23 Nov	GOL	50	
135	Tsepo	23 Nov	CHAL	134	
136	Tsime HC	23 Nov	GOL	50	
137	Villa Maria	23 Nov	CHAL	80	

**Focus Group Discussion****Questions and topics to address**

Warming up questions		<ol style="list-style-type: none"> <li>1. What are main tasks of the VHWs? / Mesebetsi ea mantlha ea basebeletsi ba metseng ke e feng?</li> <li>2. How does the population view the VHWs?/Sechaba se nahana joang ka basebeletsi ba metseng?</li> <li>3. How do VHWs view the support and guidance you get from the health center? / Basebeletsi ba metseng ba nahana joang ka ts'ebetso le tataiso eo ba e fumanang setsing sa bophelo?</li> <li>4. What needs do the VHWs have, if any, in order to function optimally? / Ke litlhoko li feng tseo baseletsi ba metseng ba nang le tsona, haeba li teng, hore ts'ebetso ea bona ebe sehlohlolong?</li> </ol> <p><b>20 minutes maximum</b></p>
<b>Question from ToR</b>	<b>Indicators to address</b>	<b>How to phrase questions for VHWs / Mokhoa oa ho beha lipotso bakeng sa basebeletsi ba metseng</b>
3.1.1 To what extent have patients' perceptions of Health Centers and OPDs changed? Have perceptions changed since the Compact began?	<p>Average consultation cost at HCs; clients not charged, Nurse attitude Satisfied / Not satisfied Doctor attitude Satisfied / Not satisfied Treatment satisfaction Satisfied / Not satisfied Waiting room area satisfaction Satisfied / Not satisfied Consultation room satisfaction Satisfied / Not satisfied Toilet used Yes / No Toilet Satisfied / Not satisfied Medicine or Prescription given? Medicine; Prescription; Both; Neither</p>	<p>From your perspective, have patients' perceptions about the following issues changed since the health center was renovated? / Ho ea ka maikutlo a hau, na chebo ea bakuli ntlheng tse latelang e fetohile ho tloha setsi se lokisitsoe? If so, has it improved, remained the same, or gotten worse? Haeba ho joalo, na se ntlafetse, se ea tsoana kapa se mpefetse?</p> <ol style="list-style-type: none"> <li>5. Quality and behavior of staff / Boleng le boits'oaro ba basebetsi</li> <li>6. Treatment given / Kalafo e fanoeng</li> <li>7. Availability of medicines / Boteng ba lithlare</li> <li>8. Facilities like waiting room, consultation rooms, toilets / Liphaposi tse kang moo bakuli ba emelang ngaka, phaposi ea kokelo, matloana</li> <li>9. Waiting times / Linako tseo ngaka e li emeloang</li> </ol>

		<p>10. Do patients ever have to pay for services? If so, when or for which services? / Na bakuli ba patalla litse'beletso? Haeba ho joalo, neng le hona lits'ebeletso li feng?</p> <p><b>15 minutes</b></p>
<p>4.1 What proportion of community members use the Health Centers and OPDs?</p> <p>4.2 Who chooses not to seek treatment at Health Centers and OPDs? Why (i.e., what are the barriers to seeking health care)?</p>	<p>% of community members that seek to use healthcare services for TB, STI and deliveries</p> <p>Self-reported barriers that block people from using health care</p> <p>In relation to barriers for seeking care: In/decrease of population acceptance towards services for TB, STI and deliveries as expressed by VHW's;</p>	<p>11. Do people use the health center more or less than before the renovations? / Na batho ba sebelisa setsi sa kokelo ho feta kapa tlase ho feta nako eo litokiso li neng li so etsoe?</p> <p>12. [If people are using it more:] Haeba batho ba se sebelisa ho feta:</p> <p>13. Do people have more need to use health services (more diseases) or do they have a better impression of the services offered? / Na batho bana le tlhoko ea ho sebelisa lits'ebeletso tsa bophelo (mafu ho ata) kapa bana le maikutlo a matle ka lits'ebeletso tse fanoang?</p> <p>14. Roughly, what proportion of your community visits the health clinic? Are there specific reasons why certain people do not use the health services? / Ka khakanyo feela, ke sehlopha se se kae se etelang setsi? Hona le mabaka a hlakileng ao batho ba bang ba sa sebeliseng lits'ebeletso tsa bophelo?</p> <p>15. Specifically: do pregnant women go to the health center for ante-natal consultation and delivery more or less than before? For what reasons do women stay home for deliveries? Is the health center open 24/7 for deliveries? / Ka kotloloho: Na bakhachane ba ea litsing tsa bophelo bakeng sa puisano le ngaka le bopepisi (lits'ebeletso tsa bokhachane) ha nyane kapa ho feta pele? Ke ka lebaka la eng ha bakhachane ba pepela hae? Litsi li butsoe nako eohle (lihora tse mashome a mabeli a metso e mene, matsatsi a supileng)?</p> <p>16. Is the health center open 24/7 for emergencies? / Na litsi li butsoe nako eohle (lihora tse mashome a mabeli a metso e mene, matsatsi a supileng)?</p>

		<p>17. Does the health center have reliable and regular transport for: / Na litsi tsa bophelo li na le lipalangoang tse ts'epahalang, tse lutseng li le teng bakeng sa:</p> <ul style="list-style-type: none"> <li>– Collecting patients from home/Ho lata bakuli malapeng</li> <li>– Transporting patients from the health center to the hospital. / Ho tlosa bakuli litsing ho ba isa lipetlele.</li> </ul> <p>18. Does the health center offer testing for TB and HIV? Interruptions? / Na litsi tsa bophelo li fana ka lihlahlobo tsa TB le HIV? Na ho ee hobe le ho its'unya-ts'unya?</p> <p><b>20 minutes</b></p>
1 Are essential services offered at all Health Centers? If not, why not?	<p>7.1.1 % of Health Centers that offer the following essential services:</p> <ul style="list-style-type: none"> <li>– 24/7 availability of obstetric services and transport for obstetric referral</li> <li>– 24/7 availability to attend urgent cases;</li> <li>– availability of HIV and TB diagnostic and therapeutic services.</li> </ul> <p>-</p>	
3.4 Have overall health outcomes such as infant, child, and maternal mortality; TB treatment success rates; HIV/AIDS treatment, and survival rates changed since the start of the Compact?	<p>% of community members that seek to use healthcare services for TB, STI and deliveries</p> <p>Reported barriers that block people from using health care</p>	
3.3.1 Have ART integration efforts contributed to a reduction in social stigma around	<p>Perceived actions at health facility level to reduce social stigma, Perceptions at the level of DHMT, staff and VHW's</p>	<p>19. What process does the facility follow when someone with HIV comes for services related to HIV? / Ke methati e feng eo setsi se e latelang ha motho ea nang le ts'oaetso ea HIV a ea setsing bakeng sa lits'ebeletso tse amanang?</p>



HIV/AIDS treatment?	Perceived (same as above) and reported change in social stigma	<p>20. Please discuss whether the following conditions differ depending on your HIV status: who in the facility provides service, what days or times you can receive service, what services you can receive, where in the facility you are treated, other? / Ke kopa le seka-seke hore na maemo a latelang a ea fetoha ho latela boemo ba tsoatso ea HIV: Ke mang ea fanang ka lits'ebeletso setsing, ka matsatsi a feng le linako li feng, ke lits'ebeletso li feng tseo le li fumants'oang, ke kae setsing moo le fumanang kalafo, tse ling?</p> <p>21. As far as you know, can others tell whether a patient has HIV/AIDS? If yes, please explain. / Ho latela kamoo u tsebang, na motho a ka hloaea motho ea nang le ts'oaetso ea HIV/AIDS? Haeba ho joalo, hlalosa.</p> <p>22. Would people who may suspect that they have HIV/Aids be reluctant to go to the health center for testing? / Na batho ba belaelang hore bana le tsoaetso ea HIV/AIDS ba kaba le bothata ba ho ea litsing tsa bophelo ho ea hlahloba?</p> <p>23. Do people with TB or AIDS feel ashamed to be known to have this disease? Are they reluctant to visit the health center once they know their status? Has this shame or reluctance changed over time? Has there been any action in the health center to reduce this feeling of shame? / Na batho ba nang le kokoana-hloko ea TB kapa AIDS bana le lihlong tsa ho tsejoa? Ba lesisitheho ho etela litsi tsa bophelo hang ha ba tseba boemo ba bona? Na lesisitheho lee le fetohile boleleleng ba nako? Na ho bile le mehato e nkuaang litsing tsa bophelo ho theola boemo bo?</p> <p>24. To what extent do people with TB or HIV/Aids follow their treatment? Has this improved, remained the same, or gotten worse since a few years ago? Why? / Batho ba nang le ts'oaetso ea TB kapa HIV/AIDS ba latela kalafo ho fihlela boemo bo fe? Na boemo bo bo ntlafetse, bo ntse bo ts'oana, kapa bo</p>
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		<p>mpefetse boleleleng ba lilemo tse 'maloa tse fetileng? Hobaneng?</p> <p>25. Are there any specific barriers for them adhering to treatment (distance, fear, etc.)? Na hona le ts'itiso tse bang teng bakeng sa ho tsepahalla kalafo (bolele ba sebaka, letsoalo, le tse ling)?</p> <p>26. What role do the VHWs play in helping them to adhere to treatment?/Ke karolo e feng eo basebeletsi ba bophelo ba e bapalang ho ba thusa ho ts'epahalla kalafo?</p> <p><b>15 minutes</b></p>
<p>3.3.2 Are HIV/AIDS-positive patients more likely to seek care now than they were before the Compact began?</p> <p>3.3.3 Are HIV/AIDS-positive patients more likely to adhere to treatment now than they were before the Compact began?</p>	<p>Numbers and proportions of HIV positive patients who seek care: incidence and % of adherence</p>	
<p>3.2.2 Who seeks treatment at Health Centers and OPDs? Has this changed since the Compact began?</p>	<p>Level and change in use of health services by specific population groups: rural/urban; education level, Men having Sex with Men (MSM) Sex Workers (SW)</p>	<p>27. Do specific groups use the health services more or less than before or is there no difference? Na lihlots'oana tse itseng li sebelisa lits'ebeletso tsa bophelo haholo kapa ha nyane ho feta pele kapa ha ho phapang?</p> <ul style="list-style-type: none"> <li>– MSM /Banna ba robalang le banna ba bang</li> <li>– SW /Liotsoa</li> <li>– People with disabilities, elderly /Batho ba nang le bokooa, ba tsofetseng</li> <li>– Rural / urban/Ba tsoang maloting kapa ba mabalane</li> <li>– Education level / Boemo ba thuto</li> </ul>

		<b>15 minutes</b>
		What elements of the health facility or staff could be improved in order to treat more people to deliver better care? / Ke likaroloana li feng tsa setsi kapa basebetsi tse ka ntlafatsoang ho alafa batho ba bangata kapa ho fana ka bosebeletsi bo tsoileIng matsoho?

### **Script / protocol for Focus Group Discussions**

Both surveyors have prepared the meeting space, with the help of the health center staff: chairs.

At arrival of the VHWs

Surveyor 1

- Invites VHWs to sit down in a circle
- Puts the recorder on a chair in the middle, allowing for good recording; the recorder is not yet switched on.

Surveyor 1, initiates the meeting, which includes

- Welcomes the VHWs and thanks them for their time
- introduces her/himself and surveyor 1 by name and function
- explains the Health Project and the evaluation;
- explains expected duration of the meeting: between 1 ½ and 2 hours;
- explains plan to record the discussion;
- shows and reads the informed consent document
- answers any questions so far.
- disclaims responsibility for the situation of the health services or health policies and underlines the observer status of the surveyors.

Surveyor 2

- switches on the recorder
- assures all participants that they do have opportunities to talk
- ask the VHWs to respect each other's experience and opinion,
- ask the VHWs not to interrupt
- asks the VHWs to stay until the end.

By way of further introduction, Surveyor 1 asks the VHWs to

- present themselves by name, village or area and how long they have been a VHW

once all the VHWs have responded, Surveyor 1 asks:

- if they have recollections of the Health Project?
- how often (if at all) they are working at the health center?

Surveyor 1 continues:

- What are main tasks of you as VHWs?
- How does the population view you as VHWs?
- How do you view the support and guidance you get from the health center?
- What financial or other compensation do you receive?
- What needs do the VHWs have, if any, in order to function optimally?

See further list of topics

Surveyor 2: when required, explores certain topics with additional questions, in support of surveyor 1.

When the list of questions is finished:

Surveyor 2 thanks the VHWs for their participation

Surveyor 1 thanks the VHWs for their participation, switches of the recorder and hands over the allowance.

Both surveyors help to clean the room and re-arrange chairs etc.

Surveyor 2 stores recorder.

## Annex 7      Survey questionnaires

Questionnaires used during the HFS 2018 for

- Patients
- Providers (managers) in health centers
- Providers (managers) in OPDs
- Staff of health centers
- Staff of OPDs

The codes for some of the questions refer to identical questions asked during the HFS 2011.

1. Survey information

Name surveyor 1

Lebitso la mofuputsi 1

Name surveyor 2

Lebitso la mofuputsi 2

District - Setereke:

Health facility - Setsi sa bophelo:

2. Start of the interview, date and time

Qaleho ea lipotso, letsatsi le nako

MM/DD/YYYY HH : mm AM/PM

3. The respondent is Moarabeli

☐ <20

☐ 31-40

☐ 51-60

☐ 21-30

☐ 41-50

☐ >60

4. The respondent is Moarabeli o

☐ female /mots'ehali

☐ male /motona

5. Are you here for your own care or to accompany a dependent?

U tlile ngakeng kapa u tlisitse motho e mong?

☐ own care / ke tlile ngakeng

☐ dependent / ke tlisitse motho e mong

6. How many times have you visited this health facility during the last 12 months for your own care, not counting this visit? QC016

Ke ka makhetlo a makae u tlileng ngakeng setsing see, bakeng sa lits'ebeletso tsa hao, nakong ea likhoeli tse leshome le metso e 'meli tse fetileng, u sa bale lekhetlo lee?

7. How many times have you visited this health facility during the past 12 months to bring a dependent, not counting this visit? QC017

Ke ka makhetlo a makae u tlisitseng mophelisuo/mokuli setsing see likhoeling tse leshome le metso e 'meli tse fetileng, u sa bale lekhetlo lee?

8. What is the main reason for your visit or your dependent's visit to the health facility? Choose one answer only. Add

Lebaka la hau la mantlha la ho etela setsi kapa la motho eo u mo tlisitseng ke

Le feng? khetha karabo e le 'ngoe ho tsena tse latelang;

☐

general outpatient / bokuli

☐

TB / Lefuba

☐

under 5 clinic / Tleliniki ea bana

☐

ANC 1<sup>st</sup> visit / Tleliniki ea bokhachane lekhetlo la pele

☐

HIV/AIDS / lits'ebeletso tsa HIV

☐

ANC follow up visit / Lits'ebeletso tse latelang tsa bokhachane

☐

Chronic illness / Bokuli ba nako e telele

☐

post-natal Lits'ebeletso kamora pepo

☐

Family Planning / Thero ea malapa

☐

other / tse ling

9. Were you given medicines or a prescription? QC028

Na u fumane litlhare tsohle tseo ngaka a u ngolletseng tsona, kapa tse ling u ile oa tlameha ho li batla nq'e ngoe?

☐

medicine

*go to question 11*

☐

both

*go to question 11*

☐

prescription

*go to question 11*

☐

neither

*go to question 10*

10. Did you think you would have needed medicine or a prescription?

Ho ea ka maikutlo a hau u ne u bona u hloka ho fuoa litlhare?

☐ yes / E

☐ no / Che

☐ don't know / Ha kena leseli

11. Did you have to pay for transport to get to the health facility? Add

Na u ile oa tlameha ho patala sepalangoang ho fihla setsing moo?

☐ no / Che

☐ yes, I had to pay the following amount / E, Ke patetse maloti a \_\_\_\_\_

12. Do you have to pay for transport to go back home? Add

Na u tlameha ho patala sepalangoang ho khutlela hae?

☐ no /Che

☐ don't know yet /Ha ke eso tsebe

☐ yes, I have to pay the following amount /E, ke tlameha ho lefa maloti a \_\_\_\_\_

13. What did today's consultation cost you? QC018

U patetse bokae kajeno bakeng sa litsebeletso tsa bophelo?

☐ nothing / Letho

☐ don't know (yet) / Ha ke eso tsebe (haa joale)

☐ I have to pay the following amount / Ke lokela ho lefa maloti a \_\_\_\_\_



14. Did you have to pay for any other service in the health facility? Add

Na u iphumane o lokela ho lefa ts'ebeletso tse ling setsing moo?

☐ no /Che

☐ don't know (yet) /Ha ke eso tsebe (haa joale)

☐ yes, I had to pay the following amount for the following service

E, Ke patetse M\_\_\_\_\_ bakeng sa ts'ebeletso e latelang

15. Were you satisfied with the way the nurse handled your case? QC021

Na u khotsofetse ke tsela eo mooki a u sebelelitseng ka eona?

Dissatisfied Ha kea khotsofala hohang	Less than satisfied Ke batla ke sa khotsofala	Neutral or no opinion Ha ke na maikutlo	Somewhat satisfied Ke batla ke khotsofetse	Very satisfied Ke khotsofetse haholo	I did not see a nurse today Ha kea bona mooki kajeno
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Only in OPDs, not in health centers: QC022

Were you satisfied with the way the doctor handled your case?

Na u khotsofetse ke tsela eo ngaka e u sebelelitseng ka eona?

Dissatisfied Ha kea khotsofala ho hang	Less than satisfied Ke batla ke sa khotsofala	Neutral or no opinion Ha kena maikutlo	Somewhat satisfied Ke batla ke khotsofetse	Very satisfied Ke khotsofetse haholo	I did not see a doctor today Ha kea bona ngaka kajeno
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Were you satisfied with the treatment or service you got? QC023

Na u khotsofaletse kalafo le lits'ebeletso tseo u li fuoeng?

Dissatisfied Ha kea khotsofala ho hang	Less than satisfied Ke batla ke sa khotsofala	Neutral or no opinion Ha kena maikutlo	Somewhat satisfied	Very satisfied Ke khotsofetse haholo
--	---	--	-----------------------	--

			Ke batla ke khotsofetse	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How long did you have to wait for your consultation today? QC019

U eme nako e kae pele u ka sebeletsoa kajeno?

☐ I did not need consultation today/ ke ne ke sa tlo bona ngaka/mooki kajeno

☐ I waited for .... hours and .... minutes

Ke eme                      lihora                      metsotso

19. How long did you have to wait for the dispensary today? QC020

U eme nako e kae pele u fumana litlhare?

☐ I did not need to go to the dispensary / ke ne ke sa hloke ho ea merianeng kajeno

I waited for .... hours and .... minutes

Ke eme nako e                      lihora le                      metsotso

20. Do you think that health staff paid proper time and attention to your problem?

U nahana hore basebetsi ba bophelo ba u file nako e lekaneng bakeng sa bothata ba hau?

☐ yes, absolutely /E, ka botlalo *go to question 22*

☐ I don't know. I am not sure. No opinion *go to question 22*

Ha ke tsebe. Ha kena bonnete. Ha kena maikutlo

☐ absolutely not / ha ba mpha nako e lekaneng ho hang *continue with question 21*

☐ yes, but could be better/E, empa ba ka ntlafatsa *continue with question 21*

☐ not really / ha ba mpha nako hakaalo *continue with question 21*

21. Can you explain what was the problem with the services?

U ka hlalosa na bothata e bile bofeng ka lits'ebeletso?

--

22. Were you satisfied with the waiting area? QC024

Na u khotsofetse ke boemo ba sebaka seo bakuli ba emelang litšebeletso ho sona?

Dissatisfied Ha kea khotsofala ho hang	Less than satisfied Ke batla ke sa khotsofala	Neutral or no opinion Ha kena maikutlo	Somewhat satisfied Ke batla ke khotsofetse	Very satisfied Ke khotsofetse haholo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If less than satisfied or dissatisfied, any particular reason?

Haeba u batla u sa khotsofala kapa ha u oa khotsofala ho hang, lebaka e ka ba lefe?

23. Were you satisfied with the consultation room? QC025

Na u khotsofetse ke boemo ba sebaka seo bakuli ba hlalobeloang ka ho sona?

Dissatisfied Ha kea khotsofala ho hang	Less than satisfied Ke batla ke sa khotsofala	Neutral or no opinion Ha kena maikutlo	Somewhat satisfied Ke batla ke khotsofetse	Very satisfied Ke khotsofetse haholo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If less than satisfied or dissatisfied, any particular reason?

Haeba u batla u sa khotsofala kapa ha u oa khotsofala ho hang, lebaka e ka ba lefe?

24. Did you make use of the toilet facilities? QC026

Na u ile ua sebelisa ntloana?

☐ yes /E ☐ No /Che

25. Were you satisfied with the toilet facilities? QC027

Na u khotsofetse ke boemo ba ntloana eo?

Dissatisfied Ha kea khotsofala ho hang	Less than satisfied Ke batla ke sa khotsofala	Neutral or no opinion Ha kena maikutlo	Somewhat satisfied Ke batla ke khotsofetse	Very satisfied Ke khotsofetse haholo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Do you think persons with HIV or suspected to have HIV may feel embarrassed or ashamed or treated differently than other persons (called social stigma)? add

U nahana hore batho ba nang le ts'oaetso ea HIV kapa ba belaeloang hoba le ts'oaetso ea HIV ba ka ikutloa ba le lihlong ka boemo ba bona kapa ba ka ts'oaroa ka mokhoa o fapaneng le oa batho ba bang?

- ☐ don't know/ha ke tsebe *go to question 28*
- ☐ Maybe or sometimes /Mohlomong kapa ka nako e nngoe *continue with question 27*
- ☐ not at all /ha ke lumele *go to question 28*
- ☐ surely /ehlile ho joalo *continue with question 27*

27. Has this fear / shame changed over the past years, in general? add

Na boikutlo boo ba ho khetholloa bo fetohile ha bo bapisoa le nako e fetileng,

- ☐ got worse /bo mpefetse ho feta ☐ improved /bo fokotsehile
- ☐ remained the same /bo ea ts'oana ☐ don't know /ha ke tsebe

28. Do you think some patients may feel ashamed to come to the health facility, due to the health problem they have? add

U nahana hore bakuli ba bang ba ka ts'aba hotla setsing ka baka la bokuli boo ba nang le bona?

- ☐ don't know/ha ke tsebe *go to question 30*
- ☐ maybe /mohlomong *continue question 29*
- ☐ not at all /ha ke lumele *go to question 30*
- ☐ surely /ehlile ho joalo *continue question 29*

29. Describe the shame or fear that some patients may feel. add

Hlalosa ts'abo kapa lihlong tseo bakuli ba bang ba ka bang le tsona.

--

30. Are you aware of any actions at the health facility to reduce fear or feelings of shame associated with HIV status and treatment? Add

Na u ka tseba mehato e teng setsing e nkuoang khahlanong le ts'abo kapa lihlong tse amahangoang le ts'oaetso ea HIV le kalafo?

- ☐ no /che *go to question 32*

☐ not sure, maybe /ha kena bonnete, mohlomong *go to question 32*

☐ yes / E *continue question 31*

31. Please describe these actions Ke kopa u hlalose mehatoto ena

32. Has the shame / fear related to HIV/aids and going to the health facility changed over the years?

Na lihlong kapa ts'abo e amahanngoang le ts'oaetso ea HIV/AIDS le ho ea litsing tsa bophelo e fetohile ha e bapisoa le nako e fetileng?

33. Did you ever visit this facility before it was renovated in the period 2010-2013?

Na u kile oa etela setsi see pele se ntlafatsoa lilemong tsa 2010 ho isa 2013?

☐ yes /E

☐ no /Che

☐ don't remember, don't know /Ha ke hopole, ha ke tsebe

34. How would you compare the facility before and after renovations? Add

U ka bapisa joang setsi see pele le kamorao ho litokiso?

☐ it is worse /se mpefetse *continue question 35*

☐ don't see much difference or don't know/ hake bone phapang kapa ha ke tsebe

*go to question 36*

☐ it is improved now/se ntlafetse hona joale *go to question 36*

35. What has become worse than before? Add

Ke eng e mpefetseng ho feta pele?

36. What, if anything, could be (further) improved about the facility? add

Se ka ntlafatsoang ho ea pele ekaba se feng setsing see?

37. End of interview      Qetello ea lipotso

HH : mm AM/PM

Time (hours, minutes)

Nako (lihora, metsotso)

## 1. Survey information

Name surveyor 1:

Name surveyor 2:

District:

Health facility:

## 2. Date of visit

MM/DD/YYYY    HH: mm AM/PM

Date and time

## OBSERVATIONS

3. *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

4. *Is there a copy of the MoH HMIS policy guideline in the facility? OP001*

☐ yes                      ☐ no                      ☐ don't know

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

☐ yes            ☐ no            ☐ don't know            ☐ don't know this register

6. *Is a MoH outpatient monthly summary form available at the facility? OP006*

☐ yes            ☐ no            ☐ don't know            ☐ don't know this form

7. *Are graphed indicators displayed anywhere in the facility? OP008*

☐ yes, and updated (last 3 months)            ☐ yes, but old (longer than 3 months ago)  
☐ no

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

- ☐ yes and the fence can be locked
- ☐ yes, but fence/wall cannot be locked or is broken
- ☐ no

9. Are ANC tally sheets available at the facility? OP004

- ☐ yes      ☐ no      ☐ don't know      ☐ don't know the tally sheet

## QUESTIONS

10. Function of respondent (who may be accompanying during the observations) providing answers

- ☐ manager      ☐ junior nurse
- ☐ senior nurse
- ☐ other (please specify)

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

*(Years or months (if less than 1 year) )*

12. The health facility is owned by: PH002

- ☐ Ministry of Health      ☐ CHAL      ☐ Red Cross of Lesotho
- ☐ Other (please specify)

13. The health facility is located in a PH003

- ☐ urban area      ☐ rural area      ☐ peri-urban      ☐ undefined, I don't know

14. The health facility is located in PH004

- ☐ lowlands      ☐ foothills      ☐ mountains      ☐ Senqu valley



15. 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

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

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

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

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

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

☐ don't know

number:

21. Do you offer immunization to children every day that the facility is open? SP020

☐ yes

☐ no

☐ other (please specify)

22. 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

23. What is the main water source? PH032

☐ mains / piped (running) water ☐ rainwater tank  
☐ borehole / well with pump and tank ☐ manually drawn from a pond or well  
☐ other, explain

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

More than one answer is possible

	Functioning well/regularly	Functioning with deficiencies	Installed but not functioning	Not installed
Mains / LEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination of mains, solar and/or generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

☐ yes ☐ no ☐ sometimes

28. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular reception PH041	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A working two-way radio system PH042	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A working computer PH043	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to internet PH044	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Is a check of the following 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Is maintenance of the following done as a matter of routine? PH026 and PH026add

	Yes, regular maintenance are done	Irregular maintenance are done	No	Not necessary / not applicable
Buildings PH026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar for lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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

	Dissatisfied	Less than satisfied	neutral	Somewhat satisfied	Very satisfied	Not applicable
Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment ES049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar for lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

34. What is the number of these houses built or renovated by the MCA Health Project?

PH018add

35. Do staff houses have the following facilities? PH018add

	Functioning satisfactorily	Functioning irregularly/ with deficiencies	Not installed, not functioning or broken	Some do, some do not have a satisfactory functioning system
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water (piped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flush toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable phone service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36 If something is wrong or broken, what is it?

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

☐ every day                      ☐ never                      ☐ don't know

☐ not applicable                      number of days:

38. Is the health facility connected to a working back-up generator? PH038

☐ yes                      ☐ no                      any comment:

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

	Always	Frequently	Rarely	Never
Sharps OP014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical waste OP015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical waste OP015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment

40. How do you dispose of the following waste OP017-OP018

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps OP017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain if 'other' for one or both

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

- ☐ yes, it is properly functioning
- ☐ yes, but it is not properly functioning
- ☐ no

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

- ☐ yes ☐ no ☐ don't know

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

- ☐ incinerated on site ☐ flushed down toilet
- ☐ burned and buried on site ☐ collected by specialist company
- ☐ buried on site ☐ collected by supplier
- ☐ thrown in an open pit ☐ returned to district pharmacy
- ☐ don't know ☐ collected by non-specialist company
- ☐ other (please specify)

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

- ☐ nobody ☐ don't know, but some did

☐ number:

45. How many of the staff received training in HCWM during the last 12 months?

OP22add

☐ nobody ☐ don't know number, but some did

☐ don't know at all

Number:

46. 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

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

☐ yes, and it is used for waste *continue question 46*

☐ yes, but it is not used for waste *continue question 47*

☐ no *continue question 47*

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

☐ yes ☐ no

☐ other (please specify)

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

☐ yes ☐ no ☐ don't know

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

☐ no ☐ yes; explain:

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

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

for patients PH015 :

for staff PH016 :

for disabled persons PH017:

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

for patients PH025

for staff PH024

for disabled persons

PH026

54 Is the number of toilets sufficient?

☐ yes ☐ no

Please explain

55. What is the physical condition of the following spaces/rooms: PH021-023

	Good	Needs minor repair	Needs major repair
Consultation rooms PH021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main waiting room / area PH022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets PH023	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. 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
HIV rapid test SP054	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy test SP058	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood glucose test SP061	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



57. 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
HIV rapid test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood glucose test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. 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:

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

☐ yes

☐ no

☐ don't know

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

61. How many VHWs are engaged in your area SP047

☐ don't know

☐ give precise or estimate number

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

☐ all

☐ most

☐ some

☐ none

☐ don't know

☐ other (please specify)

63. Do VHWs perform duties at the facility? SP048

☐ yes, regularly

☐ occasionally

☐ never

☐ other (please specify)

64. 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)

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

☐ 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)

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

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

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

☐ yes

☐ no

☐ don't know

69. Is there a fee for maternal services? SP104

☐ yes      ☐ no      ☐ in some cases      ☐ don't know

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

☐ don't know

☐ number:

71. Do you offer counselling services on family planning? SP113mod

☐ yes      ☐ no      ☐ in some cases

if 'in some cases' please specify

72. Do you offer family planning services? SP113mod

☐ yes      ☐ no      ☐ in some cases

if 'in some cases' please specify

73. Do you provide contraceptive pills? SP114

☐ yes      ☐ no      ☐ in principle yes, but major stock outs

☐ don't know

74. Do you provide depoprovera? SP115

☐ yes      ☐ no      ☐ in principle yes, but major stock outs

☐ don't know

75. Do you provide 'IUDs'? SP116

☐ yes      ☐ no      ☐ in principle yes, but major obstacles like stock outs and limited  
☐ don't know      staff skills

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

yes

continue question 67

no

go to end of interview

77. What total number of outreaches sites does the facility have?

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

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

Own buildings

Chiefs/community place

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

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

82. End of interview/ observations

HH : mm AM/PM

Time (hours, minutes)

1. Survey information

Name surveyor 1

Name surveyor 2

District

Health facility

MM/DD/YYYY HH : mm AM/PM

2. Date and time of visit

OBSERVATIONS

3. *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

4. *Is there a copy of the MoH HMIS policy guideline in the facility? OP001*

☐ yes

☐ no

☐ don't know

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

☐ yes

☐ no

☐ don't know

☐ don't know this register

6. *Is a MoH out-patient monthly summary form available at the facility? OP006*

☐ yes

☐ no

☐ don't know

☐ don't know this form

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

- ☐ yes, and updated (last 3 months)      ☐ yes, but old (longer than 3 months ago)  
☐ no

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

- ☐ yes and the fence can be locked  
☐ yes, but fence/wall cannot be locked or is broken  
☐ no

9. Are ANC tally sheets available at the facility? OP004

*If necessary, go to the MCH service*

- ☐ yes      ☐ no      ☐ don't know      ☐ don't know the tally sheet

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

*Check with PH nurse if necessary*

- ☐ yes      ☐ no      ☐ don't know

## QUESTIONS

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

- ☐ manager      ☐ junior nurse      ☐ clerk  
☐ senior nurse      ☐ doctor  
☐ other (please specify)

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

Years (*mention only months if less than 1 year*)

13. The health facility is owned by: PH002

- ☐ Ministry of Health                      ☐ CHAL                      ☐ Red Cross of Lesotho
- ☐ Other (please specify)

14. The health facility is located in a PH003

- ☐ urban area ☐ rural area                      ☐ peri-urban                      ☐ undefined, I don't know

15. The health facility is located in PH004

- ☐ lowlands                      ☐ foothills                      ☐ mountains ☐ Senqu valley

16. 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

17. How many full-time nurse clinicians are working at your OPD? HR002

18. How many registered nurses (nursing sisters) are working at your OPD? HR003

19. How many full-time nursing assistants are working at your OPD? HR004

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

- ☐ don't know

number:

☐

21. Do you offer immunization to children every day that the facility is open? SP020

☐ yes

☐ no

☐ other (please specify)

22. 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

23. What is the main water source? PH032

☐ mains / piped (running) water

☐ rainwater tank

☐ borehole / well with pump and tank

☐ manually drawn from a pond or well

☐ other, explain

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

More than one answer is possible

	Functioning well/regularly	Functioning with deficiencies	Installed but not functioning	Not installed
Mains / LEC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination of mains, and/or solar and/or generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

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

☐ yes ☐ no ☐ sometimes

28. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular reception PH041	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A working two-way radio system PH042	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A working computer PH043	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to internet PH044	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Is a check of the following 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Is maintenance of the following done as a matter of routine? PH026 and PH026add

	Yes, regular maintenance is done	Irregular maintenance is done	No	Not necessary / not applicable
Buildings PH026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply PH026add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar for lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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

	Dissatisfied	Less than satisfied	neutral	Somewhat satisfied	Very satisfied	Not applicable
Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical equipment ES049	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar for lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Is the health facility connected to a working back-up generator? PH038

☐ yes

☐ no

any comment:

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

	Always	Frequently	Rarely	Never
Sharps OP014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical waste OP015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical waste OP015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment

35. How do you dispose of the following waste OP017-OP018

	Incinerated on site	Buried on site	Thrown in an open pit	Thrown in open pit and burned	Collected by specialist company	Collected by non-specialist company	other
Medical waste OP018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps OP017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain if 'other' for one or both

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

☐ yes, it is properly functioning

☐ no

☐ yes, but it is not properly functioning

37. Do you have a Standard Operating Procedure for expired medicines management?

check with pharmacist if necessary

OP019

☐ yes

☐ no

☐ don't know

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

check with pharmacist if necessary

☐ incinerated on site

☐ flushed down toilet

☐ burned and buried on site

☐ collected by specialist company

☐ buried on site

☐ collected by supplier

☐ thrown in an open pit

☐ returned to district pharmacy

☐ don't know

☐ collected by non-specialist company

☐ other (please specify)

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

☐ nobody

☐ don't know, but some did

☐ don't know at all

number

40. How many of the staff received training in HCWM during the last 12 months? OP22add

☐ nobody

☐ don't know, but some did

☐ don't know at al

number:

41. Is there a reporting + 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

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

☐ yes, and it is used for waste *continue question 45*

☐ yes, but it is not used for waste *continue question 46*

☐ no *continue question 46*

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

☐ yes

☐ no

☐ other (please specify)

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

☐ yes

☐ no

☐ don't know

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

☐ no

☐ yes; explain:

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

47. How many toilets are there in the OPD? PH015-017

for patients PH015

for staff PH016

for disabled persons

PH017

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

for patients PH025

for staff PH024

for disabled persons

49. What is the physical condition of the following spaces/rooms: PH021-023

		Good	Needs minor repair	Needs major repair
Consultation rooms	PH021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main waiting room / area	PH022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	PH023	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Does the laboratory provide the following service? SO051-052, 055, 058

*Check with laboratory technician if necessary*

	Yes, always	Yes, with interruptions or not for all patients who should receive it	No	Don't know
Sputum analysis for TB (ZN) SP052	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV rapid test SP054	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy test SP058	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood glucose test SP061	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV rapid test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood glucose test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Laboratory; is test and treat implemented?

☐ yes, for all patients who should receive it and without problems of capacity (space, test 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:

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

54. How many VHWs are engaged in your area SP047

☐ don't know

☐ give precise or estimate number

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

☐ all      ☐ most      ☐ some      ☐ none      ☐ don't know

☐ other (please specify)

56. Do VHWs perform duties at the facility? SP048

☐ yes, regularly

☐ occasionally

☐ never

☐ other (please specify)

57. 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)

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

☐ yes ☐ no ☐ don't know

59. Is there a fee for maternal services? SP104

☐ yes ☐ no ☐ in some cases ☐ don't know

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

( ask MCH service if necessary)

☐ don't know

number:

61. Do you offer counselling services for family planning? SP113mod

☐ yes ☐ no ☐ in some cases

if 'in some cases' please specify

62 Do you offer family planning services? SP113mod

☐ yes ☐ no ☐ in some cases

if 'in some cases' please specify

63. Do you provide contraceptive pills? SP114

☐ yes ☐ no ☐ in principle yes, but major stock outs

☐ don't know

64. Do you provide depoprovera? SP115

☐ yes ☐ no ☐ in principle yes, but major stock outs

☐ don't know

65. Do you provide 'IUDs'? SP116

☐ yes ☐ no ☐ in principle yes, but major obstacles like stock outs and limited

☐ don't know staff skills

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



yes; continue question 67

no; go to end of interview

67. What total number of outreaches sites does the facility have?

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

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

Own buildings, number:

Chiefs/community place, number:

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

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

72. End of interview/ observations

HH : mm AM/PM

Time (hours, minutes)

## STAFF health center

### 1. Survey information

Name surveyor 1

Name surveyor 2

District

Health facility

### 2. Start of the interview

MM/DD/YYYY    HH : mm AM/PM

Date and time

### 3. The respondent is

☐

a nurse clinician

☐

a registered nurse (nursing sister)

☐

a nurse assistant

☐

non-medical professional

☐

other (please specify)

### 4. The respondent is

☐

manager / in charge of the health facility

☐

the newest nursing staff member present; indicate numbers of years

working in this facility

☐

other (please specify)

### 5. The respondent is

☐

male

☐

female

**6. What is your age?**

*(Number of years, not birth date )*

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

*(Number of years, not date of the start)*

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

*(Number of years, not date of the start)*

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

☐

yes

☐

no

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

☐

yes

Dissatisfied	Less than satisfied	Neutral	Somewhat satisfied	Very satisfied	No opinion	Not applicable
<b>Your financial incentives and other allowances?</b> HR017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your job in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your salary HR016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your housing arrangements and living conditions HR015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training(s) you have received ( <i>not in-service trainings</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your prospects of work in the coming years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The health facility as your work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your career path HR018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion opportunities HR018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ no

11. How satisfied are you with *Surveyor*, *introduce this question as follows*:

*I am going to ask you how satisfied you are with a number of things concerning your work. For each of these things, for your answer you choose from five options: dissatisfied, less than satisfied, neutral, somewhat satisfied and very satisfied. You may also say that you have no opinion.*

*I read now these things one by one and for each of them you choose one of the options.*

Can you explain the last two answers more?

<input type="text"/>
----------------------

12. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the construction of the health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The size of the rooms, waiting spaces and other spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cleanliness in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The toilets inside the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The toilets outside the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The energy supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The location of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet connectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. Since the renovations, has your satisfaction with your housing arrangements**

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

**14. 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

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

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

**16. Can you explain?**

**17. What, if anything, could be improved in terms of working and living conditions?**

Give a maximum of three ideas.

--

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

<input type="checkbox"/> yes, I would like to move to another location, at some (undefined) point in the future
<input type="checkbox"/> yes, I would like to move to another location, as soon as I can <input type="checkbox"/> no, no intention to move <input type="checkbox"/> no answer.

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

- ☐ yes                                      continue with question 20
- ☐ no    go to question 22
- ☐ don't remember                      go to question 22

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

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

**21. 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

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

- ☐ yes, I would like to get some training      continue question 23
- ☐ no, not necessary or interested      go to question 26

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

--

**24. Do you have relevant and up-to-date information from the MOH regarding available training opportunities?**

☐ yes

☐ no

please explain

**25. Where would you lay your request when you try to go for training? HR012 add**

*This is to understand if staff knows what to do to get training*

**26. 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

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

☐ yes

☐ no

☐ don’t know

if yes, in what way?

**28. 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

☐ we correct visitors of the facility when they display discriminatory behavior

☐ posters and other education material in the health facility that destigmatize HIV/AIDS

☐ none

other:

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

☐ no

☐ don’t know

☐ yes

If yes, what actions?

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

☐ increase

☐ doesn't change

☐ decrease

☐ don't know

**31. 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 day and night, but there is ***not*** always a nurse-midwife to attend

☐ women can deliver only during hours of regular service.

☐ women can deliver only during day time

☐ no possibility for delivery at all

☐ other (please specify)

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

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

**34. Is any analysis of patient information done in the facility, using the monthly statistics?**

☐ regularly

☐ no

☐ sometimes

☐ rarely

☐ 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)

**2. Do you open your facility for emergency cases? SP009**

☐ yes ☐ no ☐ don't know

**43. Is the facility open during nights?**

☐ never ☐ routinely ☐ only for emergencies

**44. Is the facility open during the weekends?**

☐ never ☐ routinely ☐ only for emergencies

**45. End of the interview**

HH : mm AM/PM

Time:

**1. Survey information**

Name surveyor 1

Name surveyor 2

District

Health facility

**2. Start of the interview**

MM/DD/YYYY    HH : mm AM/PM

Date and time

**3. The respondent is**☐ a nurse clinician                      ☐ a registered nurse (nursing sister)☐ a nurse assistant                      ☐ doctor☐ non-medical professional☐ other (please specify)
**4. The respondent is**☐ manager / in charge of the health facility☐ the newest nursing staff member present; *indicate numbers of years working in this facility*

☐ other (please specify)
**5. The respondent is**☐ male☐ female**6. What is your age?**

(Number of years, not birth date)

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

(Number of years, not date of the start)

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

(Number of years, not date of the start)

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

☐ yes☐ no

**10. How satisfied are you with Surveyor, introduce this question as follows:**

*I am going to ask you how satisfied you are with a number of things concerning your work. For each of these things, for your answer you choose from five options: dissatisfied, less than satisfied, neutral, somewhat satisfied and very satisfied. You may also say that you have no opinion.*

*I read now these things one by one and for each of them you choose one of the options.*

Dissatisfied	Less than satisfied	Neutral	Somewhat satisfied	Very satisfied	No opinion or not applicable
<b>Your financial incentives and other allowances?</b> HR017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your job in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your salary HR016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your housing arrangements and living conditions HR015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The training(s) you have received ( <i>not in-service trainings</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your prospects of work in the coming years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The health facility as your work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your career path HR018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion opportunities HR018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the last 2 questions, can you say more about it?

### 11. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the construction of the health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The size of the rooms, waiting spaces and other spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cleanliness in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The toilets inside the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The toilets outside the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The energy supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The location of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet connectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. 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

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

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

**14. Can you explain?**

**15. What, if anything, could be improved in terms of working and living conditions?**

Give a maximum of three ideas.

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

<input type="checkbox"/> yes, I would like to move to another location, at some (undefined) point in the future
<input type="checkbox"/> yes, I would like to move to another location, as soon as I can
<input type="checkbox"/> no, no intention to move
<input type="checkbox"/> no answer.

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

- ☐ yes continue question 18
- ☐ no go to question 20
- ☐ don't remember go to question 20

**18 Who provided the in-service trainings in the past 12 months? HR010**

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

**19. 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

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

- ☐ yes, I would like to get some training      continue question 21  
☐ no, not necessary or interested      go to question 24

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

**22. Do you have relevant and up-to-date information from the MOH regarding available training opportunities?**

- ☐ yes                      ☐ no

please explain

**23. How would you request training? HR012 add**

*This is to understand if staff knows what to do to get training*

**24. 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

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

- ☐ yes                      ☐ no                      ☐ don't know

if yes, in what way?

**26. 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
- ☐ we correct visitors of the facility when they display discriminatory behavior
- ☐ posters and other education material in the health facility that destigmatize HIV/AIDS
- ☐ none

other:

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

- ☐ no ☐ don't know ☐ yes

If yes, what actions?

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

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

**29. Is any analysis of patient information done in the facility, using the monthly statistics?**

- ☐ regularly ☐ no ☐ sometimes
- ☐ rarely ☐ don't know what it is

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

- ☐ yes ☐ no ☐ don't know

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

- ☐ yes ☐ no ☐ don't know

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

- ☐ yes ☐ no ☐ don't know



**33. Is the document ‘Primary Health Care Guidelines for children (first draft)’ available at the facility?**

☐ yes

☐ no

☐ don't know

**34. Is the document ‘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

**35. What are the normal opening hours?**

Start of the services

End of the services

**36. What are the normal opening days of the facility?**

☐ Monday – Friday

☐ Monday – Saturday

☐ Monday – Sunday, 7 days a week

☐ other (please specify)

**37. Do you open your facility for emergency cases? SP009**

☐ yes

☐ no

☐ don't know

**38. Is the facility open during nights?**

☐ never

☐ routinely

☐ only for emergencies

**39. Is the facility open during the weekends?**

☐ never

☐ routinely

☐ only for emergencies

**40. End of the interview**

HH : mm AM/PM

Time:

## Annex 8      List of 10 key documents for this evaluation

1. Baseline Study for the Maternal and Newborn Health Performance Based Financing Project in Lesotho; January 2017; World Bank Group.
2. LESOTHO POPULATION-BASED HIV IMPACT ASSESSMENT LePHIA 2016–2017; [phia.icap.columbia.edu](http://phia.icap.columbia.edu)
3. 2015 ART COHORT ANALYSIS REPORT; MoH; disease control directorate; 2017
4. REPORT For Decentralization Readiness Assessment, Lesotho; MINISTRY OF HEALTH, LESOTHO; October 2016
5. 2016 POPULATION & HOUSING CENSUS KEY FINDINGS; BOS; Lesotho.
6. Emergency Obstetric and Neonatal Care needs assessment, UNFPA, UNICEF, WHO 2015.
7. Health Systems Reform: A Concept Note for Addressing Health Constraints in Lesotho; LMDA, May 2015
8. Primary Health Care Revitalisation; 2014 Village Health Worker Draft Policy Framework – Towards ONE Village Health Worker Program; MoH Lesotho
9. Assessment of Stigma Index Among People Living with HIV/AIDS in Lesotho; LESOTHO NETWORK OF PEOPLE WORKING WITH HIV; 2014.
10. PIU four annual reports: 2009/10; 2010/11; 2011/12/; 2012/14;