

STRICTLY CONFIDENTIAL



**SIERRA LEONE SERVICE DELIVERY INDICATORS (SDI) SURVEY
Health Questionnaires
2018**



INTRODUCTION

My name is....., and my colleague's name is We are from Statistics Sierra Leone (SSL). Statistics Sierra Leone is working with The Ministry of Health and Sanitation and The World Bank to collect information and statistics about service delivery, and is part of the government's on-going efforts to improve utilization of resources and quality of services. Your health facility was randomly selected to be part of this study.

Permission for this survey has been obtained from the Ministry of Health and Sanitation (*show letter*). All information provided will be confidential. No information will be attributed to you personally or to your facility

We will spend the day at your facility in order to complete the four modules of the questionnaire. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities. Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with. Although we will ask for the names of participants, we want to assure you that adequate steps to ensure that each individual's identity is protected have been put in place. No information will be traced to you in any way because data will be kept and processed anonymously.

Do you have any questions?

Permission			
Q1.	Do you agree to be interviewed?	Yes = 1 No = 2 <i>If Yes (1) → Module 1, Section A</i>	
Q2.	If refused, what is the reason for refusal?	<div></div> <div></div> <div></div> <div></div>	
Interviewer signature and date		Signature	Date
Observations			

I WOULD LIKE TO START BY ASKING YOU A FEW QUESTIONS ABOUT THE FACILITY'S CHARACTERISTICS.

DURING THIS TIME, IF YOU DON'T MIND, MY COLLEAGUE WILL COLLECT GENERAL HEALTH WORKER INFORMATION AND SELECT UP TO 10 TO BE INTERVIEWED.

Module 1: Facility Questionnaire

Section A: Basic Information

Facility Information (Fill in before arriving to the Health Facility)

Q3.	Region	East = 1 ; North = 2 ; South = 3 ; West = 4		
Q4.	District	Number (see code)		
Q4a.	Ward/Section/Chiefdom	Name		_____
Q4b.	Village/street	Name		_____
Q5.	Health Facility Name	Name		_____
Q5a.	Health Facility Registration Number			
Q6.	Health Facility Survey Code	Number (see code)		
Q7.	Is the facility rural or urban?	Rural = 1 Urban = 2		
Q8.	GPS Position	S ° . "		E ° . "

Enumerator Information

First announced visit






Q10.	Date of 1st visit	Day/Month/Year ()		/ /
Q11.	Enumerator completing module	Name	_____	Code
Q12.	Survey start time for 1st visit	Time in 24hr. format (e.g. 07:30)		:

Q13.	Survey end time for 1st visit	Time in 24hr. format (e.g. 07:30)		_ _ : _ _	
Second announced visit					
Q14.	Date of 2 nd announced visit	Day/Month/Year (e.g. 28 / 04 / 2018)		_ _ / _ _ / 2 0 1 8	
Q15.	Enumerators doing 2 nd announced visit	Name/Code	_ _ _ / _ _ _	Name/Code	_ _ _ / _ _ _
Q16.	Survey start time for 2 nd announced visit	Time in 24hr. format (e.g. 09:00)		_ _ : _ _	
Q17.	Departure time for 2 nd announced visit	Time in 24hr. format (e.g. 09:45)		_ _ : _ _	
TO BE COMPLETED BY SUPERVISOR					
		Survey Result		Result	Date
Q18.	Verification by supervisor	Questionnaire completed = 1 Incomplete questionnaire = 2		Facility closed = 3 Refused = 4	Name_____ Code _ _
Q18 a.	Data entered	Yes = 1 No = 2		_	Name_____ Code _ _

<p align="center">Module 1: Questionnaire</p> <p align="center">Section B: General Information</p> <p>Enumerator: Search for the most senior member of staff at the facility i.e. the director or “in-charge”</p>
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General Information			
Q1.	Please tell me your name?	Name	
Q2.	Please, can we have your cell phone number? Yes = 1, No = 2	<div style="text-align: center;"> _ </div> <div style="text-align: center;">If 1, write the number</div>	<div style="text-align: center;"> <div style="display: inline-block; width: 100px; height: 10px; border: 1px solid black; position: relative;"> → </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 10%;"> _ </div> <div style="width: 10%;"> _ </div> <div style="width: 10%;"> _ </div> <div style="width: 10%;"> _ </div> <div style="width: 10%;"> _ </div> <div style="width: 10%;"> _ </div> <div style="width: 10%;"> _ </div> <div style="width: 10%;"> _ </div> </div> </div>
Q3.	What is your position in this facility?	Responsible for the facility = 1 Jointly responsible for the facility=2 Head of department = 3	Supervisor = 4 Medical /health personnel = 5 Administrative personnel = 6 Other (specify) = 9 <div style="text-align: center;"> _ </div>
Q3a	What is your cadre in this hospital?	Physician/Medical Doctor (Specialist) = 1 Medical Officer = 2 House Officer= 3 Community Health Officer= 4 Community Health Assistant =5 Nurse/Nurse Midwife =6 Pharmacist = 7 Pharmacist Technician = 8 Laboratory scientist = 9 Laboratory Technician=10 Maternal and Child Health (MCH) Aide = 11	Nursing Aide= 12 SRN = 13 SECHN = 14 SECHN – midwife = 15 Nursing officer = 16 Nutritionist = 17 HIV Counsellors = 18 Anesthetist = 19 Physiotherapist = 20 Radiologist = 21 CHW = 22 Other (specify) = 99 <div style="text-align: center;"> _ </div>
Q4.	Who owns this facility?	Government (Public) = 1 NGO non profit =2	Faith based non profit = 3 Community = 4 Private for profit = 5 <div style="text-align: center;"> _ </div>
Q5.	Who <u>mainly</u> pays the salaries of staff at this facility? (in terms of numbers of people paid)	State budget = 1 Local budget = 2 Own income = 3	Non profit/NGO =4 Non profit/Faith based = 5 Other (specify) = 9 <div style="text-align: center;"> _ </div>
Q6.	Who <u>mainly</u> pays for medical supplies for this facility?	State budget = 1 Local budget = 2 Own income = 3	Non profit/NGO =4 Non profit/Faith based = 5 Other (specify) = 9 <div style="text-align: center;"> _ </div>
Q7.	Who <u>mainly</u> pays for running costs for this facility?	State budget = 1 Local budget = 2 Own income = 3	Non profit/NGO =4 Non profit/Faith based = 5 Other (specify) = 9 <div style="text-align: center;"> _ </div>

Q8.	What is the type of health facility?	Dispensary = 1 Health Centre = 2 District Hospital = 3 Other (specify) = 9		<input type="text"/>
Q9.	How do you usually get to the DHMT?	Car = 1 Moto (both Kekeh and Okada) = 2 Bicycle = 3 By foot = 4 Resides at the headquarters = 5 Boat = 6		<input type="text"/>
Q10.	Using this method of transport, what is the approximate traveling time from this facility to the DHMT?	Hours/Minutes (e.g. 01h16) NB: 00h00 if Q9=5		<input type="text"/> h <input type="text"/>
Service Delivery				
Q11.	How many days per week is this facility open? Number (1-7)	<input type="text"/>	Q12.	How many hours per day (on average) does this facility offer outpatient consultation?
Q13.	How many outpatient visits have you had at this facility in the past 3 months? (Jan/Feb/Mar) (Ask to See record) Number ENUMERATOR: EXCLUDE OUTREACH CASES	<input type="text"/>	Q14.	Does this facility hospitalize patients? Yes = 1 ; No = 2
Q15.	How many inpatients have you had at this facility in the past three months? (Jan/Feb/Mar) (Ask to see record) Number	<input type="text"/>	Q16.	How many in-patient bed-days have you had during the past 3 months? (Jan/Feb/Mar) (Ask to See record) Number
Q17.	How many beds are available for hospitalization? (Number)	<input type="text"/>	Q18.	How many beds in TOTAL are available for patients at your facility? (Number) Note: Q17.=Q18.+Q19.+Q20.
Q19.	Of these beds, how many are for maternity? (Number)	<input type="text"/>	Q20.	Of these beds, how many are for observation? (Number)
Maternity				
Q21.	Do women give birth at this facility? Yes = 1; No = 2 → Q36.	<input type="text"/>		
Q22.	Does this facility have a maternity waiting room (first stage room) where women can stay prior to giving birth? Yes = 1; No = 2 Observe	<input type="text"/>	Q23.	Does this facility have a maternity delivery room (second stage room)? Yes = 1; No = 2 Observe

Obstetric and Neonatal care					
Yes = 1; No = 2					
Q24.	Does this facility offer administration of parenteral antibiotics?	_	Q25.	Does this facility offer administration of parenteral oxytocics?	_
Q26.	Does this facility offer administration of parenteral anticonvulsants?	_	Q27.	Does this facility offer manual extraction of placenta?	_
Q28.	Does this facility offer manual extraction of products of conception?	_	Q29.	Does this facility offer instrumental delivery (ventouse, forceps)?	_
Q30.	Does this facility offer neonatal resuscitation with a bag and mask?	_	Q31.	Does this facility offer blood transfusion?	_
Q32.	Does this facility offer Caesarean section? If No (2) → Q34	_			
Q33.	How many Caesareans were performed in the past 3 months? (Jan/Feb/Mar) (Ask to see record)  Number	_ _ _	Q34.	How many deliveries took place at this facility in the past 3 months? (Jan/Feb/Mar) (Ask to see record)  Number	_ _ _
Q35.	How many mothers died during delivery in the past 3 months? (Jan/Feb/Mar) (Ask to see record)  Number	_ _ _	Q35a	How many newborn babies died during delivery in the past 3 months? (Jan/Feb/Mar) (Ask to see record)  Number	_ _ _
Q36.	How many deliveries were referred to another facility in the past 3 months? (Jan/Feb/Mar) (Ask to see record)  Number	_ _ _	Q36a	Does this facility ever transfer pregnant women for obstetric complications? Yes = 1, No = 2	_
Q37.	Does this facility ever transfer mothers for EMERGENCY Caesarean section? Yes = 1, No = 2 → Section C	_	Q38.	If yes, consider the last time a woman was transferred from this facility to another facility for emergency Caesarean section. From the moment the decision was made to transfer her, how long was it until the patient arrived at the other facility?	_ _ h _ _

Module 1: Section C: Infrastructure

Enumerator: Search for the most senior staff member at the health facility, i.e. the “in-charge”



I have a few questions on the infrastructure available at the facility.

Electricity and Power








Q1.	What is the main source of electricity for the facility?	No power supply = 1 EDSA/Mains (National grid) = 2 Generator = 3	Batteries (car) = 4 Solar panel = 5 Other (specify) = 9	<div style="text-align: center;"> _ </div> <hr/>
Q2.	Over the last 3 months, have you experienced any power interruptions of this source of more than two hours?	Yes=1 No=2 If no (2) →Q5.		<div style="text-align: center;"> _ </div>
Q3.	How long was the longest interruption?	In hours and minutes Note : 3 and a half hours = 03h30		<div style="text-align: center;"> _ _ h _ _ </div>
Q4.	Over the past 2 weeks, how many days was electricity from this source interrupted for more than 2 hours at a time?			<div style="text-align: center;"> _ _ </div>
Q5.	Does this facility have a second source of electricity? <i>Mark all options mentioned</i>	Mains = 1 Generator = 2 Batteries =3	Solar panel =4 None = 5 Other (specify) = 9	<div style="text-align: center;"> _ </div> <hr/>

Water and Sanitation



Q6.	What is the main source of water for this facility?	No source of water =01 Running water=02 Public tap/standpipe =03 Borehole well = 04 Protected dug well = 05 Non-protected dug well =06 Protected source = 07 Non protected source = 08 Rain water = 09	Bottled water = 10 Carts topped with a small tank/drum= 11 Tanker = 12 Surface water = 13 Other (specify) = 14	<div style="text-align: center;"> _ _ </div> <hr/>
Q7.	Over the last 3 months, have you experienced water supply interruptions of this source of more than two hours?	Yes = 1 No = 2 → Q10		<div style="text-align: center;"> _ </div>


Q8.	How long was the longest interruption?		MONTHS _ _ DAYS _ _ HOURS _ _ MINNUTES _ _
Q9.	Over the past 2 weeks, how many days was water from this source interrupted for more than 2 hours at a time?		_ _
Q10.	On average, how much time does it take to go by foot to and from the main source of water? (including waiting time)	Note: return trip, including waiting time at the water source. Hours/Minutes (e.g. 01h30)	_ h _ _
Q11.	What type of toilet (latrine) is available for use by outpatients?	No toilet/ bush = 01 Non-functioning toilet = 02 Uncovered pit latrine without slab = 03 Uncovered pit latrine with slab = 04 Covered pit latrine without slab = 05 Covered pit latrine with slab = 06 VIP latrine = 07 Composting toilet = 08 Flush toilet (but no water) = 09 Flush toilet (with water)=10 Other =99 (specify)	_ _
		If No functioning toilet/bush (1) or Non-functioning toilet (2) →Q14.	_____
Q12.	How many of the mentioned (outpatient) toilets (latrines) are there? (Observe) 	Number	_ _ _
Q13.	How many of the mentioned (outpatient) toilets (latrines) are <u>currently functioning</u> ? (Observe) 	Number	_ _ _
Q13a	What is the overall hygiene condition of outpatient toilets? (Observe)	Extremely clean and well maintained = 01 Reasonably Clean and Maintained = 02 Not Very Clean or Maintained = 03	_ _
Q13b	Are there separate toilets for male and female outpatients? (observe)	Yes =01 No = 02	

Complete Q14. to Q16. if the facility hospitalizes patients (Module 1, Section B, **Error! Reference source not found.** =Yes) or if the facility has beds for patients who are hospitalized, in maternity or under observation. If not, pass to Q16c



Q14.	<p>What type of toilets (latrines) are available for patients who are inpatients (hospitalized, in maternity or under observation)? (Observe)  <i>[Enumerator: Record those only exclusively meant for inpatient use]</i></p>	<p>No toilet/bush = 1→Q16c Non-functioning toilet = 2→Q16c Uncovered pit latrine without slab = 3 Uncovered pit latrine with slab = 4 Covered pit latrine without slab = 5 Covered pit latrine with slab = 6 VIP latrine = 7 Composting toilet = 8 Flush toilet (but no water) = 9 Flush toilet (with water)=10 Other =99 (specify)</p>	<p>_____ _ _ </p>
Q15.	<p>How many of the mentioned toilets (latrines) that are only for inpatients are there? (Observe) </p>	<p>Number</p>	<p> _ _ _ </p>
Q16.	<p>How many of the mentioned toilets that are only for inpatients are currently functioning? (Observe) </p>	<p>Number</p>	<p> _ _ _ </p>
Q16a.	<p>What is the overall hygiene condition of inpatient toilets? (Observe) </p>	<p>Extremely clean and well maintained = 1 Reasonably Clean and Maintained = 2 Not Very Clean or Maintained = 3</p>	<p> _ </p>
Q16b.	<p>Are there separate toilets for male and female inpatients? (Observe) </p>	<p>Yes =1 No = 2</p>	<p> _ </p>
Q16c.	<p>Is there at least one toilet (latrine) catering for people with disabilities? (Observe) </p>	<p>Yes =1 No = 2</p>	<p> _ </p>
Q16d.	<p>Are there functional (soap and water) hand washing facilities for patients near or in the toilets (latrines)? (Observe) </p>	<p>Yes =1 No = 2</p>	<p> _ </p>


Waste Management																																																															
	Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades. PROBE TO ARRIVE AT CORRECT RESPONSE.																																																														
Q17.	What method does this facility use in the final disposal of Sharps “STATE ALL THAT APPLY” Yes = 1 No = 2	<table border="1"> <thead> <tr> <th colspan="4">Open Burning (within the facility ground)</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>Flat ground - no protection</td> <td> __ </td> <td>b</td> <td>Pit or protected ground</td> <td> __ </td> </tr> <tr> <th colspan="4">Dump without burning (within the facility ground)</th> </tr> <tr> <td>c</td> <td>Flat ground - no protection</td> <td> __ </td> <td>d</td> <td>Covered pit or pit latrine</td> <td> __ </td> </tr> <tr> <td>e</td> <td>Open-pit - no protection</td> <td> __ </td> <td>f</td> <td>Protected ground or pit</td> <td> __ </td> </tr> <tr> <th colspan="4">Remove off-site</th> </tr> <tr> <td>g</td> <td>Stored in covered container</td> <td></td> <td>h</td> <td>Stored in other protected environment</td> <td> __ </td> </tr> <tr> <td>i</td> <td>Stored unprotected</td> <td> __ </td> <td>j</td> <td>Other (specify)</td> <td> __ </td> </tr> <tr> <td>k</td> <td>Facility never has sharp waste</td> <td> __ </td> <td>l</td> <td>Burn incinerator</td> <td> __ </td> </tr> <tr> <th colspan="4">Burn Incinerator (within the facility ground)</th> </tr> <tr> <td>m</td> <td>2-chamber industrial (800-1000+° C)</td> <td> __ </td> <td>n</td> <td>1-chamber drum/brick</td> <td> __ </td> </tr> </tbody> </table>				Open Burning (within the facility ground)				a	Flat ground - no protection	__	b	Pit or protected ground	__	Dump without burning (within the facility ground)				c	Flat ground - no protection	__	d	Covered pit or pit latrine	__	e	Open-pit - no protection	__	f	Protected ground or pit	__	Remove off-site				g	Stored in covered container		h	Stored in other protected environment	__	i	Stored unprotected	__	j	Other (specify)	__	k	Facility never has sharp waste	__	l	Burn incinerator	__	Burn Incinerator (within the facility ground)				m	2-chamber industrial (800-1000+° C)	__	n	1-chamber drum/brick	__
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Q18.	Ask to see the place used by the facility for disposal of sharps waste and indicate the condition observed. If sharps waste is disposed offsite, observed where waste is stored prior to collection for offsite disposal.																																																														
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	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages. PROBE TO ARRIVE AT CORRECT RESPONSE.																																																														
Q20.	How does this facility finally dispose of <u>medical waste</u> other than sharps boxes? “STATE ALL THAT APPLY” Yes = 1 No = 2	<table border="1"> <thead> <tr> <th colspan="4">Open Burning (within the facility ground)</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>Flat ground - no protection</td> <td> __ </td> <td>b</td> <td>Pit or protected ground</td> <td> __ </td> </tr> <tr> <th colspan="4">Dump without burning (within the facility ground)</th> </tr> <tr> <td>c</td> <td>Flat ground - no protection</td> <td></td> <td>d</td> <td>Covered pit or pit latrine</td> <td> __ </td> </tr> <tr> <td>e</td> <td>Open-pit - no protection</td> <td> __ </td> <td>f</td> <td>Protected ground or pit</td> <td> __ </td> </tr> <tr> <th colspan="4">Remove off-site</th> </tr> <tr> <td>g</td> <td>Stored in covered container</td> <td></td> <td>h</td> <td>Stored in other protected environment</td> <td> __ </td> </tr> <tr> <td>i</td> <td>Stored unprotected</td> <td> __ </td> <td>j</td> <td>Other (specify)</td> <td> __ </td> </tr> <tr> <td>k</td> <td>Facility never has medical waste</td> <td> __ </td> <td>l</td> <td>Burn incinerator</td> <td> __ </td> </tr> </tbody> </table>				Open Burning (within the facility ground)				a	Flat ground - no protection	__	b	Pit or protected ground	__	Dump without burning (within the facility ground)				c	Flat ground - no protection		d	Covered pit or pit latrine	__	e	Open-pit - no protection	__	f	Protected ground or pit	__	Remove off-site				g	Stored in covered container		h	Stored in other protected environment	__	i	Stored unprotected	__	j	Other (specify)	__	k	Facility never has medical waste	__	l	Burn incinerator	__										
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		Burn Incinerator (within the facility ground)					
		m	2-chamber industrial (800-1000+° C)	__	n	1-chamber drum/brick	__
If ALL of 17.m, 17.n, 20.m, 20.n = 2 → Q23							
Q21	Is the incinerator functional today? 			Yes = 1, No = 2		__	
Q21a	What is the source of power for the incinerator?			Electricity=1, Fire=2, Others=9		__	
Q22	Is the power/fuel source for the incinerator available today?			Yes = 1, No = 2		__	
Q23.	Ask to see the place used by the facility for disposal of medical waste and indicate the condition observed. If medical waste is disposed offsite, observe where waste is stored prior to collection for offsite disposal.			NO WASTE VISIBLE = 1 WASTE VISIBLE BUT PROTECTED AREA = 2 WASTE VISIBLE, NOT PROTECTED = 3 WASTE SITE NOT INSPECTED = 4		__	
Q24.	Does this facility have any guidelines on health care waste management? IF YES, ASK TO SEE THE GUIDELINES.			Yes - guideline observed = 1  Yes – guideline not observed=2 No =3		__	
Q25.	Have you or any provider(s) received training in health care waste management practices in the past two years?			Yes = 1, No =2		__	

Communication (OBSERVE FUNCTIONING) 				
At this facility are the following available?			Available Yes (observed) = 1 Yes (not observed) = 2 No = 3	Functioning Yes (observed) = 1 Yes (not observed) = 2 No = 3
Q26.	Fixed telephone line		_	_
Q27.	Mobile telephone belonging to the facility		_	_
Q28.	Mobile telephone belonging to an individual but calls paid for by the facility		_	_
Q29.	Mobile telephone belonging to an individual and paid for by the individual but used by the facility		_	_
Q29a	Do you have mobile network coverage at this facility?		_	_
Q29b	Which mobile phone service provider is at this facility? "STATE ALL THAT APPLY" Yes = 1, No = 2	a	Africell	_
		b	Orange	_
		c	Sierratel	_
		d	Any other (Specify)	_
			Available Yes (observed) = 1 Yes (not observed) = 2 No = 3	Functioning Yes (observed) = 1 Yes (not observed) = 2 No = 3
Q30.	Computer belonging to the facility		_	_
Q31.	Computer belonging to an individual		_	_
Q32.	Short wave radio		_	_
Q33.	Internet access		_	_
Emergency Transportation and Ambulance Services				
Q34.	Does the facility have the following arrangement for emergency transport? [READ OUT] Yes = 1, No = 2	a	Ambulance owned by the facility	_
		b	Ambulance available on call	_
		c	Official vehicle (not an ambulance) owned by facility	_
		d	Official vehicle (not an ambulance) available on call	_
		e	Private vehicle (not ambulance) available on call	_
		f	Self-arranged by patient	_

		g	Any other (Specify)	___
IF THERE IS NO AMBULANCE OR OFFICIAL VEHICLE i.e. if answered 'No' to A-D above, →Section D; if answered 'Yes' to B, D, E, →Section D;				
Q35.	Is fuel for the ambulance or other vehicle available today?	Yes = 1 No = 2		___
Q36.	What was the purpose of the last trip that the vehicle or ambulance made?	To transport a patient = 1 To pick up medicines and supplies = 2 To transport a health worker to another post = 3 Other (specify) = 9 Don't know = -8		___ _____ _____

Module 1: Section D: Equipment, Materials and Supplies							
Could you please tell me more about the materials and resources available in this facility? I am interested in knowing if the following basic equipment and supplies used in the provision of client services are available in the general outpatient area of this facility. Please tell me if the following is available today and is functioning. [ASK TO SEE THE ITEMS] 							
Basic Equipment							
Which of the following items are used? [If available, ask to verify functioning]							
If A = 3 → next item 		(A) Available Yes (observed) = 1 Yes (not observed) = 2 No = 3	(B) Functioning Yes (observed) = 1 Yes (not observed) = 2 No = 3		(A) Available Yes (observed) = 1 Yes (not observed) = 2 No = 3	(B) Functioning Yes (observed) = 1 Yes (not observed) = 2 No = 3	
Q 1.	Adult weighing scale	___	___	Q 2.	Thermometer	___	___
Q 3.	Child weighing scale (250g gradation)	___	___	Q 4.	Stethoscope	___	___
Q 5.	Infant weighing scale (100g gradation)	___	___	Q 6.	Sphygmomanometer	___	___
Q 7.	Bag and mask for neonatal resuscitation	___	___	Q 8.	Instrument to clear upper	___	___

					airways of neonate (penguin)		
Q8a	Resuscitation corner	<input type="text"/>	<input type="text"/>				
Sterilization equipment							
Which of the following items are available? [If available, ask to verify functioning]							
If A = 3 → next item		(A) Available	(B) Functioning		(A) Available	(B) Functioning	
		Yes (observed) =1 Yes (not observed) =2 No = 3	Yes (observed) =1 Yes (not observed) =2 No = 3		Yes (observed) =1 Yes (not observed) =2 No = 3	Yes (observed) =1 Yes (not observed) =2 No = 3	
Q9.	Autoclave (pressure and wet heat)	<input type="text"/>	<input type="text"/>	Q10.	Electric boiler or steamer (no pressure)	<input type="text"/>	<input type="text"/>
Q11.	Electric dry heat sterilizer	<input type="text"/>	<input type="text"/>	Q12.	Non-electric pot for boiling/steam or Heat source from non-electric equipment (stove or cooker)	<input type="text"/>	<input type="text"/>

Module 1:

Section E: Drugs and Consumables

Ask to be shown the main location in the facility where medicines and other supplies are stored. Find the person most knowledgeable about storage and management of medicines and supplies in the facility (usually the pharmacist/pharmacy technician). INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. The existence of the stock of drugs and vaccines has to be verified through direct observation.





Observe

Enumerator read to the Pharmacist/Pharmacy Technician: I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.




At least one observed (and non-expired) = 1 At least one observed (BUT ALL expired) = 2 Available but not observed (non-expired) = 3		Not available today = 4 → next item Never available = 5 → next item Not recommended at this level = 6 → next item		PROBE FURTHER IF RESPONSE IS "NOT AVAILABLE TODAY"			
Core medications		Available (see code above)	Form Stated=1 Other = 2			Available (see code above)	Form Stated=1 Other = 2
Q1.	Amoxicillin (tablets/capsules)	__	__	Q2.	Ceftriaxone (powder for iv injection)	__	__
Q3.	Ciprofloxacin (tablets/capsules)	__	__	Q4.	Diclofenac (tablets/capsules)	__	__
Q5.	Atenolol (tablets/capsules)	__	__	Q6.	Captopril (tablets/capsules)	__	__
Q7.	Simvastatin (tablets/capsules)	__	__	Q8.	Glibenclamide (tablets/capsules)	__	__
Q9.	Oral hypoglycaemic (Diabetes) (SEE LIST BELOW)	__	__	Q10.	Insulin for subcutaneous injection	__	__
Q11.	Salbutamol (aerosol)	__	__	Q12.	Omeprazole (tablets/capsules)	__	__
Q13.	Diazepam (tablets/capsules)	__	__	Q14.	Amitriptyline (tablets/capsules)	__	__
Q15.	Rifampicin (alone or part of combination pill)	__	__	Q16.	Isoniazid (alone or part of combination pill)	__	__
Q17.	Pyrazinamide (alone or part of combination pill)	__	__	Q18.	Ethambutol (alone or part of combination pill)	__	__
Essential Medications for mothers							
Q19.	Oxytocin (Syntocinon) (injectable)	__	__	Q20.	Calcium Gluconate (injectable)	__	__
Q21.	Magnesium sulphate (injectable)	__	__	Q22.	Sodium Chloride (Saline Solution/NaCl) (injectable solution 0.9%)	__	__
Q23.	Misoprostol (Mifepristone) (tablets/capsules)	__	__	Q24.	Ampicillin (powder for injection)	__	__
Q25.	Gentamicin (injectable)	__	__	Q26.	Metronidazole (injectable)	__	__
Q27.	Azithromycin (tablets/capsules OR oral liquid)	__	__	Q28.	Cefixime (tablets/capsules)	__	__
Q29.	Benzathine benzyl penicillin (powder for injection)	__		Q30.	Betamethasone	__	

			<input type="checkbox"/>		or Dexamethasone (Injectable)		<input type="checkbox"/>
Q31.	Nifedipine (tablets/capsules)		<input type="checkbox"/>				
Q31a	Methyldopa		<input type="checkbox"/>		Q31b	Hydralazine	<input type="checkbox"/>
Q32.	Oral contraceptive pill (OCP)		<input type="checkbox"/>		Q33.	Medroxyprogesterone acetate (Depo-Provera) (injectable)	<input type="checkbox"/>
Q33a	Implant		<input type="checkbox"/>		Q33b	Emergency contraceptive	<input type="checkbox"/>
Q34.	Ferrous salt (oral liquid OR tablet)		<input type="checkbox"/>		Q35.	Ferrous salt and folic acid (tablets/capsules)	<input type="checkbox"/>
Q36.	Folic Acid (tablets/capsules)		<input type="checkbox"/>		Q37.	Sulfadoxine/pyrimethamine (Fansidar) (tablets/capsules)	<input type="checkbox"/>
Essential medications for children							
Q38.	Paracetamol (oral liquid)		<input type="checkbox"/>		Q39.	Morphine (Granules OR injection)	<input type="checkbox"/>
Q40.	Amoxicillin (oral liquid/tablet)		<input type="checkbox"/>		Q41.	Trimethoprim + Sulfamethoxazole (=Cotrimoxazole) (oral liquid)	<input type="checkbox"/>
Q42.	Benzylpenicillin (powder for injection)		<input type="checkbox"/>		Q43.	Oral Rehydration Solution (ORS) Packet	<input type="checkbox"/>
Q44.	Vitamin A (tablets/capsules)		<input type="checkbox"/>		Q45.	Zinc (tablets/capsules)	<input type="checkbox"/>
Q46.	Artemisinin Combination Therapy (ACT) = ALU Arthemether + luméfantrine tablets/capsules OR Artesunate + amodiaquine tablets/capsules OR Artesunate + mefloquine tablets/capsules		<input type="checkbox"/>		Q47.	Artesunate (for injection)	<input type="checkbox"/>
Q48.	Albendazole (tablets/capsules)		<input type="checkbox"/>		Q49.	Mebendazole (tablets/capsules)	<input type="checkbox"/>
Q49a	Artesunate Suppository		<input type="checkbox"/>		Q49b	Chlorhexidine	<input type="checkbox"/>
Q49c	Tetracycline eye ointment for new born		<input type="checkbox"/>				
Q49a.	Do you have MoHS Standard Treatment Guidelines available?				Yes (at facility) = 1 Yes (at home) = 2 → Q50		<input type="checkbox"/>

			No = 3 → Q50		
Q49b	Please show me these Standard Treatment Guidelines 		Observed = 1 Not observed = 2		<input type="checkbox"/>
i.	Malaria treatment		vi.	Infection prevention and control	
ii.	EPI		vii.	IMNCI	
iii.	Nutrition		viii.	TB treatment	
iv.	Family planning		ix.	Obstetrics emergencies	
v.	Syndromic management of STI		x.	National Standard Treatment Guidelines	
Consumables and other products  Observe Yes = 1, No = 2					
Q50.	Disposable gloves	<input type="checkbox"/>	Q51.	Condoms (male)	<input type="checkbox"/>
Q51a	Condoms (female)	<input type="checkbox"/>	Q52.	Malaria rapid diagnostic test	<input type="checkbox"/>
Q52a	HIV test kit	<input type="checkbox"/>	Q52b	Glucometer	<input type="checkbox"/>
Q52c	Tuberculosis Test Kit (ZN stain, Tubercullin Test)	<input type="checkbox"/>	Q53	Impregnated bed net (LLIN)	<input type="checkbox"/>
Q53a	Tape measure	<input type="checkbox"/>	Q53b	Length board	<input type="checkbox"/>
Q53c	MUAC tape	<input type="checkbox"/>	Q53d	Urine dipsticks	<input type="checkbox"/>
Q53e	Apron	<input type="checkbox"/>	Q53f	Face mask	<input type="checkbox"/>
Q53g	Blood bag	<input type="checkbox"/>	Q53h	IV cannula	<input type="checkbox"/>
Q53i	Glucometer strips	<input type="checkbox"/>	Q53j	Surgical sutures	<input type="checkbox"/>
Q53k	Ready to use therapeutic food (RUTF)	<input type="checkbox"/>	Q53l	F100	<input type="checkbox"/>
Q53m	F75	<input type="checkbox"/>	Q53n	IV fluid - normal saline (NS)	<input type="checkbox"/>
Q53o	IV fluid - dextrose normal saline (DNS)	<input type="checkbox"/>	Q53p	IV fluid - Ringer's Lactate (RL)	<input type="checkbox"/>
Q53q	IV fluid - D50	<input type="checkbox"/>	Q53r	IV fluid - Haemaccel	<input type="checkbox"/>
Q53s	IV fluid - Mannitol	<input type="checkbox"/>	Q53t	Protective rubber boots	<input type="checkbox"/>

Oral hypoglycaemics. Accept any of the following:

First¹ or second² generation Sulphonureas, Biguanides,³ Alpha-glucose inhibitors⁴ or Thiazolidinediones⁵.

Vaccines and related supplies for Children			
Ask to be shown the location in the facility where child immunization services are provided. Find the person most knowledgeable about child immunization services in the facility. Introduce yourself, explain the purpose of the survey, and ask the following questions.			
Q54.	Does this facility provide immunization services or vaccinations?	Yes = 1 No = 2 → Module 2A	
Q55.	Are vaccines stored at this facility?	Yes = 1 → Q57 (below) No = 2 → Q74	
Q57.	Does the facility have a working refrigerator? Observe functioning  Fuctioning = 2-8 degrees Centigrade.	Yes and observed = 1 Yes but not observed = 2 Not functionioing = 3 Non available = 4 If not fuctioning (3) → Q61. If not available (4) → Q61.	
Q58.	Write the temperature of the refrigerator (Use thermometer)	Temperature in degrees Celsius	
Q59.	Is there evidence of regular temperature monitoring? Observe  Look for a check sheet with at least daily annotation of observed temperature with at least one entry for today or yesterday	Yes and observed = 1 Yes but not observed = 2 No = 3	
Q60.	What is the power source for the refrigerator?	EDSA, Mains = 1 Generator = 2 Batteries (car)=3 Gas =4 Solar panel = 5 Other (specify) = 9	
Are the following vaccines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) 			


¹Chlorpropamide (125-500mg PO OD max. 500mg/day should be started if response to dietary modification is inadequate), Tolbutamide (500-3,000mg/day in 2-3divided doses), Tolazamide (100-1,000mg/day in 1-2 divided doses).

²Glibenclamide, Glipizide (5-40mg/day in 1-2 divided doses), Glimepiride (1-8mg/day in one dose).

³Metformin (500-2,550mg/day in 2-3 divided doses), Glyburide (1-8mg/day in one dose).

⁴Acarbose (75-300mg/day in 3 divided doses), Miglito (75-300mg/day in 3 divided doses).


⁵Pioglitazone (15-45mg/day in 1 dose), Rosiglitazone (4-8mg/day in 1-2 does).

At least one observed (and non-expired) =1 At least one observed (BUT ALL expired) =2		Available BUT NOT observed (non-expired) =3 Not available today =4		Never available =5	
Q61.	Measles vaccine and diluent	<input type="text"/>	Q62.	Polio vaccine (OPV) (live attenuated)	<input type="text"/>
		<input type="text"/>	Q64.	DTP-Hib+HepB (pentavalent)	<input type="text"/>
Q65.	Pneumococcal (PCV 10) vaccine	<input type="text"/>	Q66.	BCG vaccine and diluent	<input type="text"/>
Q67.	Hepatitis B	<input type="text"/>	Q68.	Anti-tetanus/Tetanus toxoid	<input type="text"/>
Q68a	Anti-rabies immunoglobulin/vaccine	<input type="text"/>	Q68b	Anti-snake venom	<input type="text"/>
Q68c	Rotavirus vaccine	<input type="text"/>	Q68d	Vitamin K injection	<input type="text"/>
<i>I would like to know if the following items for immunization are available in this service area today. For each item, please tell me if it is available today. ASK TO SEE THE ITEMS. .</i>					
Yes and observed = 1		Yes but not observed = 2		No = 3	
Q69.	Disposable syringes with disposable needles	<input type="text"/>	Q70.	Vaccine carrier(s)	<input type="text"/>
Q71.	Auto-disable syringes	<input type="text"/>	Q72.	Set of ice packs for vaccine carriers (<u>Note</u> : 4-5 ice packs make one set)	<input type="text"/>
Q73.	Sharps container (Safety Boxes)	<input type="text"/>			
Q74.	If there is no storage at the facility, are this facility's vaccines stored at another facility (and picked up when vaccine services are being provided)?			Yes = 1 No = 2	<input type="text"/>

Module 2 : Staff Roster

Section A : Announced visit


Q1.	Health Facility Name	Name _____		
Q2.	Health Facility Registration Number			_ _ _ _ _ _ _ _ _
Q3.	Health Facility Survey Code	Number (see code)		_ _ _ _
Q4.	Date	Day/Month/Year (/ /)		_ _ _ / _ _ _ / 2 0 1 8
Q5.	Enumerator completing this module	Name		Code
Q6.	Module 2A start time	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _
Q7.	Module 2A end time	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _
TO BE COMPLETED BY SUPERVISOR				
		Survey Result	Result	Date
Q8.	Verification by supervisor	Questionnaire completed = 1 Incomplete questionnaire = 2 Facility closed = 3 Refused = 4		
			_ _	_ _ _ / _ _ _ / _ _ _
Q9.	Data entered	Yes = 1 No = 2		
			_ _	_Code _ _ _

Enumerator: *Identify the most senior staff in charge present at the time of the survey. Ask to see staff/personnel records if available.* 

Please allow me to ask you a few questions about the employees in this facility.

General

Q1.	What is the total number of personnel working in this facility?	_ _ _
Q2.	How many are health workers (medical staff)?	_ _ _
Q3.	How many are non-medical staff? Note Q2 + Q3 should = Q1	_ _ _
Q3a	How many are on government salary?	_ _ _
Q3b	How many are on non-government salary?	_ _ _
Q3c	How many are volunteers? Note Q3a + Q3b + Q3c should = Q1	_ _ _

Post	Function	Reason for absence  (Enumerator: CHECK STAFF MOVEMENT REGISTER)	Current activity
Medical Superintendent=1 Medical Officer =2 Matron=3 Sister-in-charge/Ward master=4 Pharmacist=5 Lab. superintendant=6 PHU-in-charge=7 Midwife-in-charge=8 Pharmacist-in-charge=9 Nurse=10 CHW = 11 Other=99	Physician/Medical Doctor (Specialist) = 1 Medical Officer = 2 House Officer= 3 Community Health Officer= 4 Community Health Assistant =5 Nurse/Nurse Midwife =6 Pharmacist = 7 Pharmacist Technician = 8 Laboratory scientist = 9 Laboratory Technician=10 Maternal and Child Health (MCH) Aide = 11 Nursing Aide= 12 SRN = 13 SECHN = 14 SECHN – midwife = 15 Nursing officer = 16 Nutritionist = 17 HIV Counsellors = 18 Anesthetist = 19 Physiotherapist = 20 Radiologist = 21 CHW = 22 Other (specify) _____=99	Sickness = 1 Training/seminar/meeting = 2 Official mission (supervision/Field visit) = 3 Authorised absence (permission/leave/study leave) = 4 On call (pre on call, post on call) = 5 Internship = 6 Non-authorised absence = 7 Collecting salary = 8 On strike = 9 Outreach = 10 Maternity = 11 Off day = 12 Other (specify) _____ = 99	Consultation/visiting patient =1 Discussion with colleagues/staff meeting =2 Paperwork/reports =3 Laboratory/investigations/X-ray =4 Looking for information/teaching =5 Medicines supply chain management = 6 Other =9

Highest level of education	Highest level of medical training
----------------------------	-----------------------------------

Primary school = 1 Secondary school (O level) = 2 Secondary school (A level) = 3 College (certificate, diploma or advanced diploma) = 4 Degree = 5 Masters = 6 Doctorate = 7 Secondary School (BECE) = 8 Secondary School (WASSCE) = 9 Other = 99	No medical training (on the job training) = 1 Certificate = 2 Diploma = 3 Advanced Diploma = 4 Degree = 5 Masters = 6 Doctorate = 7 Other = 9
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Organizing case simulations

Sequence of selection	Family Name(s) and Given Name(s)		Line number in Module 2A	Availability (circle those possible)	Order of visit
1				Morning Lunch Afternoon All day	
2				Morning Lunch Afternoon All day	
3				Morning Lunch Afternoon All day	
4				Morning Lunch Afternoon All day	
5				Morning Lunch Afternoon All day	
6				Morning Lunch Afternoon All day	
7				Morning Lunch Afternoon All day	
8				Morning Lunch Afternoon All day	
9				Morning Lunch Afternoon All day	
10				Morning Lunch Afternoon All day	
11				Morning Lunch Afternoon All day	
12				Morning Lunch Afternoon All day	
13				Morning Lunch Afternoon All day	

OBSERVATIONS:

INSERT RANDOM SELECTION SHEET FOR MODULE 2B
 INSERT RANDOM SELECTION SHEET FOR MODULE 3

Module 2 : Staff Roster
Section B : Surprise (Unannounced) visit

Q1.	Health Facility Name	Name _____	
Q2.	Health Facility Registration Number	_____	
Q3.	Health Facility Survey Code	Number (see code) _____	
Q4.	Date of Surprise visit	Day/Month/Year (/ /) _____	
Q5.	Enumerators doing Surprise visit	Name/Code of enumerator completing this Module _____/_____-	Name/Code of other enumerator _____/_____-
Q6.	Survey start time for Surprise visit	Time in 24hr. format (e.g. 07:30)	_____:____
Q7.	Survey end time for Surprise visit	Time in 24hr. format (e.g. 07:30)	_____:____

TO BE COMPLETED BY SUPERVISOR

	Survey Result	Result	Date	Supervisor
Q8.	Verification by supervisor Questionnaire completed = 1 Facility closed = 3 Incomplete questionnaire = 2 Refused = 4	____	____/____/____	Name _____ _____ _Code ____
Q9.	Data entered Yes = 1 No = 2	____		Name _____ _____ _Code ____

Enumerator: Record the 10 randomly selected health workers in the table below, along with each of their details. Ask a staff member in the facility to help you identify each health worker on the list and record their presence or absence in the facility. Make sure to observe each staff in the facility yourself.



All

Q 1.	Q2.		Q3.	Q4.	Q5.	Q6.	Q7.	Q8.	Q9.	Q10.	Q10a	Q11.	Q12.	Q13.	Q14.
	Family Name(s) and Given Name(s)		Serial No. in Roster 2A	Post	Function	Highest Level of education	Highest Level of medical training	Year started working as a health worker	Sex	Age	Type of appointment	Is () currently in the facility?	Reason for absence	Current activity	Did you experience a delay in receiving your last salary?
	Family Name	Given Name		See code	See code	See code	See code	YYYY	M=1 F=2		Govt. payroll = 1 Volunteer = 2 Non-Govt. = 3	Yes = 1 No = 2	See code	See code	Yes = 1 No = 2
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Module 3: Case Simulations

Section A: Introduction

Q1	Name of Health Facility		
Q2	Health Facility Registration number	_ _ _	
Q3	Health Facility Code (Refer to Module 1A)	_ _ _	
Q4	Name of Clinician		Q5 Clinician Identifier (Module 2A) _
Q6	Clinician originally selected ?	1 = Yes, originally randomly selected 2 = No (i.e. replacement) _	
Q7	Enumerator playing Observer (Name,code)	_ _ _	Enumerator playing Patient (Name, code) _ _ _
Q8	Data entered	Yes = 1, No = 2 _	
<p>OBSERVER reads the following to the clinician :</p> <p>We have come here today as part of our research on health service delivery in Sierra Leone. The research is conducted by Statistics Sierra Leone in collaboration with The World Bank, The Ministry of Health and is part of the government's on-going efforts to improve utilization of resources and quality of services.</p> <p>One of the aims of our research is to identify the possible challenges of health service delivery in Sierra Leone. We therefore want to kindly ask you to spend some time assisting us in learning more about the daily work that clinicians do. To understand the realities of your work, we will be present during some of the daily activities in your facility. In addition it is important to understand how the work could be conducted, this time without the constraints of having patients present during our survey. To achieve this, my colleague will pretend to be a patient, and would then ask you to do a consultation on him/her. What I ask from you is simply to pretend that my colleague is one of your normal patients and to treat him/her just like normal.</p> <p>Permission for the survey has been obtained from the Ministry of Health [<i>show letter</i>].</p> <p>All information and responses that you provide will be confidential and no information will be attributed to you personally.</p> <p>The questionnaire will take approximately 40 minutes to complete. Do you have any questions?</p>			
Q8	Do you agree to participate?	Yes = 1 No = 2 _	
Q9	If no (to Q8), give the reason for refusal		
For each of the following questions, ASK the clinician (DO NOT copy from Module 2A)			
Q10	Post (code)	_ _	Q11 Highest level of education (code) _ _

Q12	Function (code)		Q13	Highest level of medical training (code)	
Q15	Do you regularly consult patients? (At least once per week)		Yes = 1 No = 2 <i>If No (2), STOP Clinician is not eligible for Case Simulations</i>		
Comments					

Module 3 : Case Simulations Case Simulation Demonstration	
<p>OBSERVER reads to clinician: My colleague will now pretend to be different patients – one at a time. Some of the patients will be children, others adults, some are women and some are men.</p> <p>Please manage the patients like you would your usual patients, i.e. ask history questions, tell us what systems you would examine, what tests you would request, make a preliminary diagnosis, prescribe treatment and provide the patient any health information as necessary. To begin with, you should not ask for any test that you cannot do or prescribe any medicines that you do not think the patient can get <u>locally</u>. If there is anything that you would do differently if you had more resources, you will have an opportunity to make this clear at the end of each case. To begin with, everything should be just as you would attend to your usual patient during a regular consultation. You should assume that the patient will follow your instructions.</p> <p>We will begin by showing you an example. I will pretend to be the clinician and my colleague will pretend to be the patient.</p> <p>OBSERVER (looks at the PATIENT, pretends to be the clinician): Now you can start.</p> <p>Patient: Good morning doctor. I have brought my son. His name is Emmanuel. He is nearly 3 years old. He has pain in his ear.</p> <p>Observer: How long has he had pain in his ear?</p> <p>Patient: 1 day.</p>	

Observer: Has there been any discharge from the ear?

Patient: Yes. Some yellow discharge.

Observer: Does he have any other symptoms?

Patient: What kind of symptoms?

Observer: Does he have a fever?

Patient: No.

Observer: Is he feeding/eating well?

Patient: Yes.

Observer: Has he been vomiting?

Patient: No.

Observer: Has he been very sleepy, lost consciousness or been shaking vigorously?

Patient: No, nothing like that.

Observer: Did your son have all his immunizations?

Patient: Yes.

Observer: In the past, have you ever brought your son to a health post/health center for any other reason?

Patient: No.

Observer (turns to the clinician and says): At this point I would like to examine the patient. I will just tell the patient what I want to examine, and the patient will tell me what I would find.

Observer: I will look at his general condition.

Patient: The child looks well. He is alert.

Observer: I will check his temperature.

Patient: 37.4 degrees Celsius.

Observer: Next I will examine his ears.

Patient: What specifically will you look for?

Observer: I will look for discharge from the ear.

Patient: You see pus draining from the right ear. The discharge makes it difficult to examine the inside of the ear.

Observer: I would press behind the ear to see if there is swelling or tenderness.

Patient: There is no swelling or tenderness behind the ear.

Observer (addressing clinician): When you do the consultations you should feel free to mention any laboratory investigations that you would normally do, provided that they are available to you at this facility. The results of those investigations will be provided to you.
For example: I will order a full blood count.

Patient: The full blood count is normal.

Observer (addressing clinician): Now I will decide how to manage this case.

If I am unable to manage this case, I would refer the child to another clinician or another facility.

I will tell the patient three things – the diagnosis, the treatment and any health education

Observer (addressing patient): The diagnosis is ear infection (acute otitis media).

The treatment is this medicine - amoxicillin syrup 125mg/5ml.

Give him 15ml in the morning and 15ml at night for the next 5 days.

For the pain, you can give him this syrup containing paracetamol (120mg/5ml).

You can give 5ml every 6 hours until the pain is gone.

There are other things that you should remember to do.

- Three times a day you should dry the ear with a clean cloth or tissue paper.
- You should feed your child as normal and give him plenty to drink.
- I would like you to bring him back here in 5 days.
- If he gets worse or if you notice any danger signs - poor feeding, vomiting, sleepiness or vigorous shaking - it is very important to bring him back immediately.

Do you have any questions?

Patient: No. Thank you.

Is there anything that you would do differently if you had other resources – for example other equipment, investigations or medication?

Observer: Yes. If I had an otoscope, and if it were possible, I would have examined the inside of both ears.

OBSERVER asks clinician: Do you understand what to do?

Confirm that the clinician understands

OBSERVER asks clinician: Do you have any questions?

Reply to questions

Once all questions are answered, pass to the first case.

Write the start time of the first case simulation before starting the case.

Module 3: Case Simulations

Section B⁶: Patient 1

PATIENT reads :

Good morning (afternoon) doctor. I am the mother of a 13 month old boy. His name is Abdul. My son has diarrhoea.

[All other information is provided only if the clinician asks!]

	Question asked	Enumerator response	Yes=1 No=2 After=3	Notes/other questions
Duration of simulation				
Q1.	Start time of case simulation		_ _ h _ _	
History				
Q2.	Other symptoms/problems?	What kind of symptoms?		
Q3.	Duration of diarrhea	2 days	_	
Q4.	Blood in stool	No	_	
Q5.	Consistency of stool	It is like water and mucoid	_	
Q6.	Frequency of diarrhoea	He has diarrhea soon after every feed	_	
Q7.	Vomiting	Yes, he vomits at any feed. So, more than 3 times a day	_	
Q8.	Fever	No	_	
Q9.	Convulsions	No	_	
Q10.	Breastfeeding	Yes	_	
Q11.	Feeding well ?	Not very well	_	
Q12.	Cough	No	_	
Q13.	Measles now or in past 3 months?	No	_	
Q14.	Tears	There are no tears when he cries	_	
Q15.	Other family members/neighbours have diarrhoea?	No	_	
Q16.	Do you feed him anything other than breast milk?	Yes	_	
Q17.	If yes, how often	Sometimes	_	
Q18.	What else do you feed him?	Boiled food, artificial milk, family meal	_	

⁶ Acute diarrhea with severe dehydration

Q19.	How is the food given?	The food is given by spoon, cup and sometimes by bottle or hand	<input type="checkbox"/>	
Q20.	Who prepares the food?	Me	<input type="checkbox"/>	
Q21.	Handwashing practice ?	Sometimes I wash my hands, sometimes not	<input type="checkbox"/>	
Q22.	Vaccination status	Normal	<input type="checkbox"/>	
Q23.	Medication/treatment	No	<input type="checkbox"/>	
Q24.	Last deworming	Less than 3 months ago	<input type="checkbox"/>	
Observations				
Q25.	Temperture	37.0 degrees Celsius	<input type="checkbox"/>	
Q26.	Pulse/Heart rate	Normal	<input type="checkbox"/>	
Q27.	Blood pressure	Normal	<input type="checkbox"/>	
Q28.	Respiratory rate	Normal	<input type="checkbox"/>	
Q29.	Weight	9 kg	<input type="checkbox"/>	
Q30.	Height/Length	Normal	<input type="checkbox"/>	
Physical examination				
Q31.	General condition (awake/lethargic/tired)	Awake but lethargic	<input type="checkbox"/>	
Q32.	Agitated / Irritable ?	No	<input type="checkbox"/>	
Q33.	Sunken eyes	Yes	<input type="checkbox"/>	
Q34.	Offer child drink	The child is thirsty	<input type="checkbox"/>	
Q35.	Mucous membrane (mouth)	Dry to very dry	<input type="checkbox"/>	
Q36.	Skin pinch. Does the skin go back slowly?	The skin goes back very slowly, more than 2 seconds	<input type="checkbox"/>	
Q37.	Pallor of palms or conjunctiva	No sign of anemia	<input type="checkbox"/>	
Q38.	Neck stiffness	Normal, no stiffness	<input type="checkbox"/>	
Q39.	Ears/throat	Normal	<input type="checkbox"/>	
Q40.	Signs of severe malnutrition	None	<input type="checkbox"/>	
Q41.	Weight (check against growth chart)	No sign of malnutrition	<input type="checkbox"/>	
Q41a	Mid-Upper Arm Circumference (MUAC) measurement	136mm (green)	<input type="checkbox"/>	
Q42.	Oedema/swelling of feet	No		
Laboratory examinations				
Q43.	Glucose/ Random blood sugar	Normal.	<input type="checkbox"/>	
Q44.	Stool – rota or adenovirus (culture)	No virus	<input type="checkbox"/>	

Q45.	Stool - ova and cysts (microscopy) KOP	None detected	<input type="checkbox"/>	
Diagnosis : Mark ALL diagnoses that the clinician mentions. If the clinician does not give a diagnosis, prompt him/her to give you a diagnosis.				
Q46.	Gastroenteritis		<input type="checkbox"/>	
Q47.	Diarrhea		<input type="checkbox"/>	
Q48.	<u>Acute</u> diarrhea		<input type="checkbox"/>	
Q49.	Dehydration		<input type="checkbox"/>	
Q50.	<u>Severe</u> dehydration		<input type="checkbox"/>	
Q51.	Other diagnosis (specify in notes column)		<input type="checkbox"/>	
Q52.	No diagnosis given even AFTER prompting clinician to do so		<input type="checkbox"/>	
Treatment				
Q53.	Rehydration using Oral Rehydration Salts (ORS)		<input type="checkbox"/>	
Q54.	Rehydration using Nasogastric tube (NGT)		<input type="checkbox"/>	
Q55.	Intravenous (iv) infusion of Ringers Lactate or Hartmans		<input type="checkbox"/>	
Q56.	Antibiotics		<input type="checkbox"/>	
Q57.	Vitamin A capsules		<input type="checkbox"/>	
Q58.	Zinc tablets		<input type="checkbox"/>	
Q59.	Keep for observation		<input type="checkbox"/>	
Referral				
Q60.	Refer to <u>another</u> facility for treatment		<input type="checkbox"/>	
Q61.	Refer to another clinician within <u>this</u> facility		<input type="checkbox"/>	
Q62.	Beyond competence of clinician		<input type="checkbox"/>	
Health education				
Q63.	Education on using ORS		<input type="checkbox"/>	
Q64.	Education on handwashing		<input type="checkbox"/>	
Q65.	Information on feeding child		<input type="checkbox"/>	

Q66.	Emphasis on not withholding feeding especially breast feeding		_	
Q67.	Give plenty of oral fluids		_	
Q68.	Information on giving Zinc		_	
Q69.	Information on next appointment		_	
Duration of simulation				
Q70.	End time of case simulation		_ _ h _ _	

If the clinician has not yet given a diagnosis, you must prompt him/her to do so before asking the questions below.

Observer says to clinician: If you were in a different situation, would you request other equipment, tests or medication. In other words, what would you do differently if you had the opportunity?

Mark with a "3" where the clinician mentions a new action or treatment."

At this stage do NOT give investigation results.

Observer says to clinician: Thank you. We will now continue to the next patient.

(Encourage the clinician to relax. Repeat the fact that the clinician should treat the cases just as he/she would normally).

MARK THE END TIME OF THE SIMULATION

WRITE THE START TIME OF THE NEXT SIMULATION ON THE NEXT PAGE.

Module 3: Case Simulations

Section C7: Patient 2

PATIENT reads :

Good morning (afternoon) doctor. I am the mother of this 5 year old girl. Her name is Susan. She has a cough.

[All other information is provided only if the clinician asks!]

	Question asked	Enumerator response	Yes=1 No=2 After=3	Notes/other questions
Duration of simulation				
Q1.	Start time of case simulation		_ _ h _ _	
History				
Q2.	Other symptoms ?	What kind of symptoms ?	_	
Q3.	Able to drink ?	Yes	_	
Q4.	Duration of cough	5 days	_	
Q5.	Sputum production or dry cough?	Productive cough	_	
Q6.	Blood in sputum ?	No	_	
Q7.	Color of sputum ?	Yellow	_	
Q8.	Fever	Yes	_	
Q9.	Chest pain	Yes	_	
Q10.	Difficulty in breathing	Yes	_	
Q11.	Appetite	Normal	_	
Q12.	Vomiting	No	_	
Q13.	Convulsions	No	_	
Q14.	General condition (awake/tired/lethargic)	Awake. Not tired.	_	
Q15.	Difficulty swallowing ?	No	_	
Q16.	Runny nose ?	No	_	
Q17.	Medication/treatment ?	No	_	
Q18.	Recent history of measles ?	No	_	
Q19.	Family history of asthma ?	No	_	

⁷ Pneumonia

Q20.	Red eyes ?	No	<input type="checkbox"/>	
Q21.	Diarrhea ?	No	<input type="checkbox"/>	
Q22.	Ear discharge ?	No	<input type="checkbox"/>	
Observations				
Q23.	Temperature	38.5 degrees Celsius	<input type="checkbox"/>	
Q24.	Pulse/ Heart rate	Normal	<input type="checkbox"/>	
Q25.	Blood pressure	Normal	<input type="checkbox"/>	
Q26.	Respiratory rate	42 per minute	<input type="checkbox"/>	
Q27.	Weight	18 kg	<input type="checkbox"/>	
Q28.	Height	Normal	<input type="checkbox"/>	
Physical examination				
Q29.	Lower chest wall in-drawing/ subcostal recession	No	<input type="checkbox"/>	
Q30.	Nasal flaring	No	<input type="checkbox"/>	
Q31.	Stridor	No	<input type="checkbox"/>	
Q32.	Wheezing	No	<input type="checkbox"/>	
Q33.	Auscultate (listen with stethoscope) to the chest/lungs/back	There are crepitations	<input type="checkbox"/>	
Q34.	Throat	No redness. Normal	<input type="checkbox"/>	
Q35.	Ears	No redness. Normal	<input type="checkbox"/>	
Q36.	Lymph nodes	Not palpable	<input type="checkbox"/>	
Q36a	Oedema/swelling of feet	No	<input type="checkbox"/>	
Q36b	Weight (check against growth chart)	Normal	<input type="checkbox"/>	
Q36c	Mid-Upper Arm Circumference (MUAC) measurement	124mm (red – three colour tape; orange – four colour tape)	<input type="checkbox"/>	
Q36d	Appetite/feeding assessment using RUTF	Normal	<input type="checkbox"/>	
Q37.	Chest X-ray	Bilateral patchy opacities and consolidations	<input type="checkbox"/>	
Q38.	Full blood count	Hemoglobin level normal High leucocyte count	<input type="checkbox"/>	
Q39.	Blood slide for malaria parasite	Negative	<input type="checkbox"/>	
Q40.	Malaria rapid diagnostic test	Negative	<input type="checkbox"/>	
Diagnosis				
If the clinician does not give a diagnosis, prompt him/her to give you a diagnosis.				
Q41.	Pneumonia		<input type="checkbox"/>	

Q41a	Acute Respiratory Infection		_	
Q41b	URTI		_	
Q41c	Bronchitis		_	
Q41d	Asthma		_	
Q41e	Moderate Acute Malnutrition		_	
Q42.	Other diagnosis (specify in notes column)		_	
Q43.	No diagnosis given even AFTER prompting clinician to do so		_	
Treatment				
Q44.	Ambulatory treatment		_	
Q45.	Amoxicillin		_	
Q46.	Amoxicillin 100mg/kg/day (2 tablets, 3 times/day for 5 days).		_	
Q47.	Other antibiotic (not amoxicillin)		_	
Q48.	Antipyretics		_	
Q49.	Paracetamol			
Q50.	Paracetamol 15 mg/Kg x 4 days.		_	
Q51.	Ask the parent to bring the child every day for procain penicillin injection		_	
Referral				
Q52.	Refer to <u>another</u> facility for treatment		_	
Q53.	Refer to another clinician within <u>this</u> facility		_	
Q54.	Beyond competence of clinician		_	
Health education				
Q55.	Explain how to administer the antibiotics for 5 days		_	
Q56.	Guidance on how to feed		_	
Q57.	Increase fluid intake		_	
Q58.	Tell parent to bring child if the condition of the child worsens		_	
Q59.	Tell the parent to bring the child if there are any danger signs (persistent fever, difficulty			

	breathing, lac of appetite, convulsions, new symptoms)			
Q60.	Bring the child again in 2 days		_	
Q60a	Follow up appointment to assess nutritional status in 30 days		_	
Duration of simulation				
Q61.	End time of simulation		_ _ h _ _	

If the clinician has not yet given a diagnosis, you must prompt him/her to do so before asking the questions below.

Observer says to clinician: If you were in a different situation, would you request other equipment, tests or medication. In other words, what would you do differently if you had the opportunity?

*Mark with a “3” where the clinician mentions a new action or treatment.”
At this stage do NOT give investigation results.*

Observer says to clinician: Thank you. We will now continue to the next patient.

(Encourage the clinician to relax. Repeat the fact that the clinician should treat the cases just as he/she would normally).

MARK THE END TIME OF THE SIMULATION

WRITE THE START TIME OF THE NEXT SIMULATION ON THE NEXT PAGE.

Module 3: Case Simulations

Section D⁸: Patient 3

PATIENT reads:

Good morning (afternoon) doctor. My name is Musa. I am worried that something is wrong with me. I feel weak and without energy even though I feel hungry often and eat frequently. I am 48yrs old and work as a clerk.

[All other information is provided only if the clinician asks!]

	Question asked	Enumerator response	Yes=1 No=2 After=3	Notes/other questions
Duration of simulation				
Q1.	Start time of case simulation		_ _ h _ _	
History				
Q2.	Other symptoms?	What kind of symptoms ?	_	
Q3.	Duration of symptoms	One month	_	
Q4.	Fever	No	_	
Q5.	Headache	No	_	
Q6.	Convulsions	No	_	
Q7.	Appetite	I eat irregularly, but recently I have started eating more	_	
Q8.	Did you eat this morning?	Yes	_	
Q9.	Thirst	I have become increasingly thirsty over the past months	_	
Q10.	Diarrhea	No	_	
Q11.	Vomiting	No	_	
Q12.	Cough/sputum	No	_	

⁸ Type 2 Diabetes

Q13.	Difficulty in breathing	No difficulty in breathing except when I walk up stairs	<input type="checkbox"/>	
Q14.	Medication/treatment	No	<input type="checkbox"/>	
Q15.	Urinary output	I feel I have to urinate often	<input type="checkbox"/>	
Q16.	Lower limb numbness/excessively cold or hot feeling in the feet	No	<input type="checkbox"/>	
Q17.	Smoker	I don't smoke	<input type="checkbox"/>	
Q18.	Exercise	I don't have time for that	<input type="checkbox"/>	
Q19.	Previous health checks	Yes – 3 months ago on a routine HIV check at the workplace. I was HIV negative. I was also told that my blood sugar was somewhat high, but I did not need further treatment or follow up.	<input type="checkbox"/>	
Q20.	Tuberculosis / HIV in the family	None	<input type="checkbox"/>	
Q21.	Diabetes in the family	My wife and children have never been checked, and my parents were farmers in the village – also never checked	<input type="checkbox"/>	
Q22.	Hypertension/High blood pressure	Not that I know of	<input type="checkbox"/>	
Q23.	Dizziness or fainting	Yes sometimes I feel very dizzy	<input type="checkbox"/>	
Q24.	Backache or joint pains	No	<input type="checkbox"/>	
Observations				
Q25.	Temperature	37.0 degrees Celsius	<input type="checkbox"/>	
Q26.	Pulse/ Heart rate	70/minute	<input type="checkbox"/>	
Q27.	Blood pressure	120/80 OR 12/8	<input type="checkbox"/>	
Q28.	Respiratory rate	16/minute	<input type="checkbox"/>	
Q29.	Weight	Normal	<input type="checkbox"/>	
Q30.	Height	Normal	<input type="checkbox"/>	
Physical examination				
Q31.	Abdomen/Liver	Normal	<input type="checkbox"/>	
Q32.	Auscultate (listen with stethoscope) to the chest/lungs/back	Normal	<input type="checkbox"/>	

Q33.	Mouth	Normal	<input type="checkbox"/>	
Q34.	Neurological examination upper extremities	Normal	<input type="checkbox"/>	
Q35.	Neurological examination lower extremities	Normal	<input type="checkbox"/>	
Q36.	Fundoscopy	No retinal changes	<input type="checkbox"/>	
Laboratory examinations				
Q37.	Random blood glucose/ capillary blood glucose	3g/l (300mg/dl) 17 mmol/L	<input type="checkbox"/>	
Q38.	Fasting blood glucose	2.3g/l (230mg/dl) 13 mmol/L	<input type="checkbox"/>	
Q39.	HBA1C	9	<input type="checkbox"/>	
Q40.	Urinalysis	Glucose ++, Ketones +	<input type="checkbox"/>	
Q41.	Blood slide for malarial parasites	No malarial parasites	<input type="checkbox"/>	
Diagnosis : Mark ALL diagnoses that the clinician mentions. If the clinician does not give a diagnosis, prompt him/her to give you a diagnosis.				
Q42.	Diabetes	Can you be more specific?	<input type="checkbox"/>	
Q43.	Diabetes Type II		<input type="checkbox"/>	
Q44.	Other diagnosis (specify in notes column)		<input type="checkbox"/>	
Q45.	No diagnosis given even AFTER prompting clinician to do so		<input type="checkbox"/>	
Treatment				
Q46.	Oral hypoglycemics (first ⁹ or second ¹⁰ generation Sulphonureas, Biguanides, ¹¹ Alpha-		<input type="checkbox"/>	

⁹Chlorpropamide (125-500mg PO OD max. 500mg/day should be started if response to dietary modification is inadequate), Tolbutamide (500-3,000mg/day in 2-3 divided doses), Tolazamide (100-1,000mg/day in 1-2 divided doses).

¹⁰Glibenclamide, Glipizide (5-40mg/day in 1-2 divided doses), Glimepiride (1-8mg/day in one dose).

¹¹Metformin (500-2,550mg/day in 2-3 divided doses), Glyburide (1-8mg/day in one dose).

	glucose inhibitors ¹² or Thiazolidinediones ¹³)			
Q47.	Insulin <u>only</u> when: oral hypoglycemics are not effective (e.g. persistent polyuria and hyperglycemia), ketonuria, other complications (renal failure etc.)		_	
Referral				
Q48.	Follow up at specialist diabetic outpatient clinic or a higher level center		_	
Q49.	Refer to another clinician within <u>this</u> facility		_	
Q50.	Beyond competence of clinician		_	
Health education				
Q51.	Dietary modification, caloric restriction among obese patients		_	
Q52.	Exercise		_	
Q53.	Don't smoke/avoid tobacco		_	
Q54.	Measure blood sugar regularly		_	
Q55.	Observe medication regime		_	
Q56.	Regular follow up appointments		_	
Q57.	Explain that diabetes is a chronic illness		_	
Duration of simulation				
Q58.	End time of simulation		_ _ h _ _	

If the clinician has not yet given a diagnosis, you must prompt him/her to do so before asking the questions below.

¹²Acarbose (75-300mg/day in 3 divided doses), Miglito (75-300mg/day in 3 divided doses).

¹³Pioglitazone (15-45mg/day in 1 dose), Rosiglitazone (4-8mg/day in 1-2 does).

Observer says to clinician: If you were in a different situation, would you request other equipment, tests or medication. In other words, what would you do differently if you had the opportunity?

*Mark with a "3" where the clinician mentions a new action or treatment."
At this stage do NOT give investigation results.*

Observer says to clinician: Thank you. We will now continue to the next patient.

(Encourage the clinician to relax. Repeat the fact that the clinician should treat the cases just as he/she would normally).

MARK THE END TIME OF THE SIMULATION

WRITE THE START TIME OF THE NEXT SIMULATION ON THE NEXT PAGE.

Module 3: Case Simulations

Section E¹⁴: Patient 4

PATIENT reads:

Good morning (afternoon) doctor. My name is Bakarr. I am 40 years old and I have been suffering from a fever and cough for some time.

[All other information is provided only if the clinician asks!]

	Question asked	Enumerator response	Yes=1 No=2 After=3	Notes/other questions
Duration of simulation				
Q1.	Start time of simulation	_ _ h _ _		
History				
Q2.	Other symptoms ?	What kind of symptoms ?	_	
Q3.	Duration of cough	About one month	_	
Q4.	Productive cough?	Yes	_	
Q5.	Blood in sputum	Yes	_	
Q6.	Difficulty in breathing	No	_	
Q7.	Chest pain	No		
Q8.	Fever	Yes	_	
Q8a	Duration of fever	About one month		
Q9.	Pattern of fever	Low grade fever, higher at night		
Q10.	(Night) sweats	Yes	_	
Q11.	Weight loss	Yes	_	
Q12.	Appetite	Lower than before	_	
Q13.	General health condition (tiredness/fatigue)	I am a bit tired	_	
Q14.	Tuberculosis in the household	Not that I know of	_	
Q15.	History of contact with an adult with a prolonged cough in the household	Yes	_	
Q16.	Has this type of cough happened to others in your family or dwelling?	Yes, to my father	_	
Q17.	Has this happened before?	Only for this last month	_	

¹⁴ Tuberculosis

Q18.	Have you been given Medication/Treatment for this cough/fever?	No	<input type="checkbox"/>	
Q19.	Alcohol	I used to, but not for the last two years	<input type="checkbox"/>	
Q20.	Smoking	Yes, one packet of cigarettes per day	<input type="checkbox"/>	
Q21.	Do you have a normal diet/Do you feed well?	Normal diet for country	<input type="checkbox"/>	
Q22.	Profession	Manual labourer	<input type="checkbox"/>	
Q23.	Have you taken any high-risk sexual behaviour?	No. I do not visit prostitutes.	<input type="checkbox"/>	
Observations				
Q24.	Temperature	38 degrees Celsius	<input type="checkbox"/>	
Q25.	Pulse/ Heart rate	90/minute	<input type="checkbox"/>	
Q26.	Blood pressure	120/80 OR 12/8	<input type="checkbox"/>	
Q27.	Respiratory rate	20/minute	<input type="checkbox"/>	
Q28.	Weight	62 kg	<input type="checkbox"/>	
Q29.	Height	160 cm	<input type="checkbox"/>	
Physical examination				
Q30.	Auscultate (listen with stethoscope) to the chest/lungs/back	Normal	<input type="checkbox"/>	
Q31.	Retraction or decreased movement	No	<input type="checkbox"/>	
Laboratory examinations				
Q32.	3 Sputum examinations	Positive	<input type="checkbox"/>	
Q33.	Chest X-ray	<ul style="list-style-type: none"> • Hilar lymphadenopathy • Consolidations • Pulmonary nodules • Cavities • Fibrotic scars • Pleural effusion 	<input type="checkbox"/>	
Q34.	Intradermal reaction to tuberculin	Positive	<input type="checkbox"/>	
Q35.	ESR (erythrocyte sedimentation rate) or CRP (C-reactive protein)	Raised	<input type="checkbox"/>	
Q36.	Full blood count/hemoglobin	Hemoglobin 9g/dL	<input type="checkbox"/>	
Q37.	Test for sickle cell anemia (HbS)	Negative	<input type="checkbox"/>	
Q38.	HIV	Negative	<input type="checkbox"/>	

Q39.	Glucose (random or fasting)	Normal	_	
Diagnosis : Mark ALL diagnoses that the clinician mentions. If the clinician does not give a diagnosis, prompt him/her to give you a diagnosis.				
Q40.	Tuberculosis		_	
Q41.	Pneumonia		_	
Q42.	Bronchitis		_	
Q43.	Other diagnosis (specify in notes column)		_	
Q44.	No diagnosis given even AFTER prompting the clinician to do so		_	
Treatment				
Q45.	Combination therapy		_	
Q46.	Treatment for 6 months			
Q47.	4 drugs for 2 months, then 2 drugs for 4 months			
Q48.	Names of drugs : Rifampicin, Isoniazid, Pyrazinamide, Ethambutol		_	
Q49.	Macrolide (Erythromycin)		_	
Q50.	Amoxicillin		_	
Q51.	Follow up in TB clinic		_	
Referral				
Q52.	Refer to <u>another</u> facility for treatment		_	
Q53.	Refer to another clinician within <u>this</u> facility		_	
Q54.	Beyond competence of clinician		_	
Health education				
Q55.	Importance of adherence to medication regime		_	
Q56.	Contact tracing		_	
Duration of simulation				
Q57.	End time of simulation	_ _ h _ _		

If the clinician has not yet given a diagnosis, you must prompt him/her to do so before asking the questions below.

Observer says to clinician: If you were in a different situation, would you request other equipment, tests or medication. In other words, what would you do differently if you had the opportunity?

*Mark with a "3" where the clinician mentions a new action or treatment."
At this stage do NOT give investigation results.*

Observer says to clinician: Thank you. We will now continue to the next patient.

(Encourage the clinician to relax. Repeat the fact that the clinician should treat the cases just as he/she would normally).

MARK THE END TIME OF THE SIMULATION

WRITE THE START TIME OF THE NEXT SIMULATION ON THE NEXT PAGE.

Module 3: Case Simulations

Section F¹⁵: Patient 5

PATIENT reads:

Good morning (afternoon) doctor. I am the mother of this 4-year-old boy. His name is John. He has had a fever now for some time. Now he is worse, so I have come to you for help.

[All other information is provided only if the clinician asks!]

	Question asked	Enumerator response	Yes=1 No=2 After=3	Notes/other questions
Duration of simulation				
Q1.	Start time of simulation		_ _ h _ _	
History				
Q2.	Other symptoms ?	What kind of symptoms ?	_	
Q3.	Duration of fever	One week	_	
Q4.	Pattern/history of fever	Some days he is fine, some days he is very sick	_	
Q5.	Shivering	Yes	_	
Q6.	Sweating	Yes		
Q7.	Vomiting	Yes, sometimes	_	
Q8.	Convulsions	No	_	
Q9.	Lethargic or unconscious	No	_	
Q10.	Headache	No	_	
Q11.	Appetite	He eats, but not as much as usual, and sometimes he will vomit	_	
Q12.	Diarrhea	No	_	
Q13.	Cough	Yes, a little	_	
Q14.	Severity of cough	Not severe	_	
Q15.	Difficulty in breathing	No	_	
Q16.	Type of cough (productive or dry)	The cough is dry, non-productive	_	

¹⁵ Malaria with anaemia

Q17.	Urination	Normal	<input type="checkbox"/>	
Q18.	Medication/treatment	I started to give him Paracetamol	<input type="checkbox"/>	
Q19.	Quantity of paracetamol given	One dose two days ago, one yesterday and one this morning	<input type="checkbox"/>	
Q20.	Vaccinations	He has had all his vaccinations	<input type="checkbox"/>	
Q21.	Does the child sleep under an impregnated bed net (LLIN)?	Not always	<input type="checkbox"/>	
Q22.	Measles now or in past 3 months?	No	<input type="checkbox"/>	
Observations				
Q23.	Temperature	38 degrees Celsius	<input type="checkbox"/>	
Q24.	Pulse/ Heart rate	95/minute	<input type="checkbox"/>	
Q25.	Blood pressure	Normal	<input type="checkbox"/>	
Q26.	Respiratory rate	Normal	<input type="checkbox"/>	
Q27.	Weight	16 kg	<input type="checkbox"/>	
Q28.	Height	Normal	<input type="checkbox"/>	
Physical examination				
Q29.	General condition (awake/lethargic/tired)	Awake, alert	<input type="checkbox"/>	
Q30.	Hands (palmar pallor)	Palms of hands are pale	<input type="checkbox"/>	
Q31.	Nail beds	Pale	<input type="checkbox"/>	
Q32.	Conjunctiva	Pale	<input type="checkbox"/>	
Q33.	Sunken eyes ?	No	<input type="checkbox"/>	
Q34.	Koplik sign	Negative	<input type="checkbox"/>	
Q35.	Skin rash	No	<input type="checkbox"/>	
Q36.	Runny nose	No	<input type="checkbox"/>	
Q37.	Red eyes	No	<input type="checkbox"/>	
Q38.	Yellow eyes/jaundice	No	<input type="checkbox"/>	
Q39.	Skin	Normal	<input type="checkbox"/>	
Q40.	Neck stiffness	Neck is not stiff	<input type="checkbox"/>	
Q41.	Swollen face	No	<input type="checkbox"/>	
Q42.	Swollen feet/odema	No	<input type="checkbox"/>	
Q43.	Abdomen/liver	Normal, not tender	<input type="checkbox"/>	
Q44.	Color of urine	Normal	<input type="checkbox"/>	

Q45a	Weight (check against growth chart)	Normal, no sign of malnutrition	<input type="checkbox"/>	
Q46b	Mid-Upper Arm Circumference (MUAC) measurement	136mm (green)	<input type="checkbox"/>	
Laboratory examinations				
Q47.	Blood slide for malaria parasites	Positive	<input type="checkbox"/>	
Q48.	Hyperparasitemia/ How many parasites?	Parasitemia but NOT hyperparasitemia	<input type="checkbox"/>	
Q49.	Malaria Rapid Diagnosit Test (RDT)	Positive	<input type="checkbox"/>	
Q50.	Hepatitis B	Negative	<input type="checkbox"/>	
Q51.	Full blood count	Hb 9.8 g/dl PCV 28 MCH 20 pg	<input type="checkbox"/>	
Q52.	Test for sickle cell anemia (HbS)	Negative	<input type="checkbox"/>	
Q53.	Glucose	Normal	<input type="checkbox"/>	
Q54.	pH / acidosis	Normal, no acidosis	<input type="checkbox"/>	
Diagnosis : Mark ALL diagnoses that the clinician mentions. If the clinician does not give a diagnosis, prompt him/her to give you a diagnosis.				
Q55.	Malaria		<input type="checkbox"/>	
Q56.	Simple malaria/Uncomplicated malaria		<input type="checkbox"/>	
Q57.	Severe/complicated malaria		<input type="checkbox"/>	
Q58.	Anemia		<input type="checkbox"/>	
Q59.	Other diagnosis (specify in notes column)		<input type="checkbox"/>	
Q60.	No diagnosis given even AFTER prompting the clinician to do so		<input type="checkbox"/>	
Treatment				
Q61.	Coartem/ artemether lumefantrine		<input type="checkbox"/>	
Q62.	6 doses, 2 tablets per dose			
Q63.	Anti malarial (monotherapy) tablets			
Q64.	Artesunate injectable		<input type="checkbox"/>	
Q65.	Quinine (iv infusion)		<input type="checkbox"/>	
Q66.	Quinine (intramuscular injection)		<input type="checkbox"/>	
Q67.	Paracetamol		<input type="checkbox"/>	

Q68.	Adequate fluids and nutrition		_	
Q69.	Iron		_	
Q70.	Iron + folic acid		_	
Q71.	Blood transfusion		_	
Q72.	Mebendazole/Albendazole (if not had in past 3 months)		_	
Referral				
Q73.	Refer to <u>another</u> facility for treatment		_	
Q74.	Refer to another clinician within <u>this</u> facility		_	
Q75.	Beyond competence of clinician		_	
Health education				
Q76.	Follow antimalarial treatment		_	
Q77.	Return in 3 days			
Q78.	Follow anemia treatment		_	
Q79.	Return in 14 days			
Q80.	Return immediately if symptoms get worse		_	
Q81.	The child must sleep under a bed net every night		_	
Duration of simulation				
Q82.	End time of simulation		_ _ h _ _	

If the clinician has not yet given a diagnosis, you must prompt him/her to do so before asking the questions below.

Observer says to clinician: If you were in a different situation, would you request other equipment, tests or medication. In other words, what would you do differently if you had the opportunity?

Mark with a "3" where the clinician mentions a new action or treatment."

At this stage do NOT give investigation results.

Observer says to clinician: Thank you. We will now continue to the next patient.

(Encourage the clinician to relax. Repeat the fact that the clinician should treat the cases just as he/she would normally).

MARK THE END TIME OF THE SIMULATION				
WRITE THE START TIME OF THE NEXT SIMULATION ON THE NEXT PAGE.				
PATIENT reads :				
Good morning (afternoon) doctor. My name is Fatima. I am 26 years old and I have vaginal bleeding 20 hours after delivery in a health facility				
[All other information is provided only if the clinician asks!]				
	Question asked	Enumerator response	Yes=1 No=2 After=3	Notes/other questions
Duration of simulation				
Q1.	Start time of simulation		h	
History				
Q2.	Other symptoms?	What kind of symptoms?		
Q3.	Type of delivery	Normal vaginal delivery		
Q4.	Color of blood	Bright red		
Q5.	Quantity	Profuse bleeding		
Q6.	Number of pads	6 pads		
Q7.	Total number of deliveries (Parity)	3		
Q8.	Total number of pregnancies (Gestity)	3		
Q9.	Length of labor	22 hours		
Q10.	Placenta delivery	Complete		
Q11.	Did you receive medication to speed up labor?	No		
Q12.	Antenatal Consultations (ANC)	Yes, no abnormality detected		

¹⁶ Post partum hemorrhage

Q13.	Care immediately prior to delivery	Nothing abnormal	<input type="text"/>	
Q14.	In your past pregnancies did you have excessive bleeding after delivery (History of PPH)	No	<input type="text"/>	
Q15.	History of fibroids/ prolonged or heavy periods	No	<input type="text"/>	
Q16.	Excessive (amniotic) fluid during pregnancy (polyhydramnios)	No	<input type="text"/>	
Q17.	Was this a multiple pregnancy (twins, triplets etc.)	No	<input type="text"/>	
Q18.	Placenta praevia/ Low lying placenta	No	<input type="text"/>	
Q19.	Placental Abruption	No	<input type="text"/>	
Q20.	Hypertension/ high blood pressure	No	<input type="text"/>	
Observations				
Q21.	Temperature	37.2 degrees Celsius	<input type="text"/>	
Q22.	Pulse/ Heart rate	95/minute	<input type="text"/>	
Q23.	Blood pressure	100/60 OR 10/6	<input type="text"/>	
Q24.	Respiratory rate	Normal	<input type="text"/>	
Q25.	Weight	70 Kg	<input type="text"/>	
Q26.	Height	1m65	<input type="text"/>	
Physical examination				
Q27.	Retained placenta	No	<input type="text"/>	
Q28.	Ruptured uterus	No	<input type="text"/>	
Q29.	Laceration / tears of genital tract (cervical / vaginal / vulvoperineal tears)	No	<input type="text"/>	
Q30.	Palpation of uterus/ bimanual examination	Palpable but bulky	<input type="text"/>	
Q31.	Examination of external genitalia	Blood visible	<input type="text"/>	
Q32.	Cervix	Moderately closed	<input type="text"/>	
Q33.	Conjunctiva	Slightly pale	<input type="text"/>	
Laboratory examinations				
Q34.	Blood for grouping and cross matching	No incompatibilities	<input type="text"/>	

Q35.	Hemoglobin	10 g/dl	<input type="checkbox"/>	
Q36.	Bleeding time	Normal	<input type="checkbox"/>	
Q37.	Coagulation time	Normal	<input type="checkbox"/>	
Q38.	Coagulation factors	Normal	<input type="checkbox"/>	
Diagnosis : Mark ALL diagnoses that the clinician mentions. If the clinician does not give a diagnosis, prompt him/her to give you a diagnosis.				
Q39.	Post partum hemorrhage		<input type="checkbox"/>	
Q40.	Other diagnosis (specify in notes column)		<input type="checkbox"/>	
Q41.	No diagnosis given even AFTER prompting the clinician to do so		<input type="checkbox"/>	
Treatment				
Q42.	Determine the cause		<input type="checkbox"/>	
Q43.	Bimanual massage of uterus		<input type="checkbox"/>	
Q44.	IV line		<input type="checkbox"/>	
Q45.	Oxytocin infusion		<input type="checkbox"/>	
Q46.	Oxytocin dose 20 units in 500ml dextrose or saline		<input type="checkbox"/>	
Q47.	Oxytocin delivery rate 20 drops per minute for 2 hours		<input type="checkbox"/>	
Q48.	IV infusion of plasmion (macromolecules)		<input type="checkbox"/>	
Q49.	Blood transfusion		<input type="checkbox"/>	
Q50.	Prostaglandins		<input type="checkbox"/>	
Q51.	Misoprostol		<input type="checkbox"/>	
Q52.	Uterine revision		<input type="checkbox"/>	
Q53.	Surgery : If other measures fail to stop bleeding, subtotal or total hysterectomy		<input type="checkbox"/>	
Q54.	Foley catheter		<input type="checkbox"/>	
Referral				
Q55.	Refer to <u>another</u> facility for treatment		<input type="checkbox"/>	

Q56.	Refer to another clinician within <u>this</u> facility		_	
Q57.	Beyond competence of clinician		_	
Duration of simulation				
Q58.	End time of simulation		_ _ h _ _	

If the clinician has not yet given a diagnosis, you must prompt him/her to do so before asking the questions below.

Observer says to clinician: If you were in a different situation, would you request other equipment, tests or medication. In other words, what would you do differently if you had the opportunity?

*Mark with a "3" where the clinician mentions a new action or treatment."
At this stage do NOT give investigation results.*

Observer says to clinician: Thank you. We will now continue to the next patient.

(Encourage the clinician to relax. Repeat the fact that the clinician should treat the cases just as he/she would normally).

MARK THE END TIME OF THE SIMULATION

WRITE THE START TIME OF THE NEXT SIMULATION ON THE NEXT PAGE.

Module 3: Case Simulations

Section H¹⁷: Patient 7

OBSERVER reads:

This case is different. It is a newborn baby. We will use this doll.

If you want, you can use this equipment (**show the equipment but do not mention the name of the pieces of equipment**).

Please show me what you would do. While doing so please explain to me what you are doing.

A mother has **JUST** given birth. The baby does not cry. He is not breathing. He is blue/pale. What do you do?

[All other information is provided only if the clinician asks!]

	Question asked	Enumerator response	Yes=1 No=2 After=3	Notes/other questions
Duration of simulation				
Q1.	Start time of simulation		_ _ h _ _	
Physical examination				
Q2.	Pulse/heart rate	Below 100/minute	_	
Q3.	Breathing/respiration	None	_	
Q4.	Muscle tone	Slightly flexed arms and legs	_	
Q5.	Reactivity to stimulation (irritability reflex)	No response	_	
Q6.	Color	Blue/pale	_	
Q7.	I would use the APGAR score	What would you do to calculate the score?	_	
Management				
Q8.	Action: Dry the baby		_	
Q9.	Action: Keep the baby warm		_	
Q10.	Action: Clear the airway		_	

¹⁷ Neonatal asphyxia

Q11.	Action: Clear the airway using aspirator/sucker/penguin		<div><div></div><div></div></div>	
Q12.	Action : place baby in neutral position (nose pointing to ceiling)		<div><div></div><div></div></div>	
Q13.	Action: Start ventilation		<div><div></div><div></div></div>	
Q14.	Action: Start ventilation using bag and mask		<div><div></div><div></div></div>	
Q15.	Action: Use adapted mask and give 5 good inflation breaths		<div><div></div><div></div></div>	
Q16.	Action: Check the heart rate (femoral pulse or cord or auscultate heart).		<div><div></div><div></div></div>	
Q17.	Action: Check if the child is breathing		<div><div></div><div></div></div>	
Q18.	Action: Continue at 30 ventilations per minute		<div><div></div><div></div></div>	
Q19.	Action: During ventilations, check that the chest is rising		<div><div></div><div></div></div>	
Q20.	Action: Every 1-2 minutes, stop and check if the hearth rate or breathing has improved		<div><div></div><div></div></div>	
Q21.	Action. Stop ventilating when the heart rate is over 100 or the respiratory rate is over 30		<div><div></div><div></div></div>	
Q22.	Action. Chest compressions		<div><div></div><div></div></div>	
Q23.	Action. Provide oxygen		<div><div></div><div></div></div>	
Q24.	Action: Call for help		<div><div></div><div></div></div>	
Q25.	Is there improvement in the state of the child?	Not yet	<div><div></div><div></div></div>	

After 3 minutes pass to the questions below.

OBSERVER (ask these questions to the clinician):

When can you stop the resuscitation?

Q26.	Heart rate/pulse > 100/minute		_	
Q27.	Respiratory rate > 30/minute		_	

Can you give a diganosis?

Q28.	Respiratory distress syndrome		_	
Q29.	Neonatal asphyxia		_	

Q30.	Other diagnosis (specify in notes column)		_	
Q31.	No diagnosis given even AFTER prompting the clinician to do so		_	

End time of simulation

Q32.	End time of the simulation	_ _ h _ _
-------------	----------------------------	-----------

If the clinician has not yet given a diagnosis, you must prompt him/her to do so before asking the questions below.

Observer says to clinician: If you were in a different situation, would you request other equipment, tests or medication. In other words, what would you do differently if you had the opportunity?

Mark with a "3" where the clinician mentions a new action or treatment."

At this stage do NOT give investigation results.

Observer says to clinician: Thank you for doing these case simulations with us.

MARK THE END TIME OF THE SIMULATION

Module 3: Case Simulations		
Section I : Frequency of different types of consultations		
Over the last 12 months, how often have you done the following types of consultations? (Give response options 1-6 before asking ALL of the questions below)	Frequency	
	Daily or more often=1 Weekly=2 Monthly=3	Every 4 months=4 Annually=5 Don't do/Never=6
Q1. Pediatrics		<u> </u> <u> </u>
Q2. Adults		<u> </u> <u> </u>
Q3. Obstetrics and Gynaecology		<u> </u> <u> </u>
Q4. Family planning or Antenatal (ANC)		<u> </u> <u> </u>
Q5. For how many years have you worked in the medical profession (Number)		<u> </u> <u> </u> <u> </u>



SIERRA LEONE SERVICE DELIVERY INDICATOR (SLSDI)

HEALTH QUESTIONNAIRE

Module H4 – Public Expenditure Tracking



Module 4: Facility Questionnaire

General Information

Note: Please write all response clearly using CAPITAL LETTERS ONLY!

Facility Information

Q4.	District	Number (see code)	_ _ _
Q5.	Chiefdom/Ward /Section		_ _ _
Q6.	Village/Road/Street	Number (see code)	_ _
Q7.	Health facility name	Name	_____
Q8.	Health facility code	Number (see code)	_ _ _ _
Q9.	Is the facility rural, urban	Rural = 1 Urban = 2	_
Q10.	GPS Position	Circle one: N/ S _ _ ° _ _ ' _ _ . _ _ "	E _ _ ° _ _ ' _ _ . _ _ "

Enumerator Information

First Visit

Q11.	Date of 1 st visit	Day/Month/Year (e.g. 15 /04/2018)	_ _ / _ _ / 2 0 1 8
Q12.	Enumerators doing 1 st visit	Name/Code	_____/ _ _ _ _
Q13.	Arrival time for 1 st visit	Time in 24 hr. format (e.g. 07:30)	_ _ : _ _
Q 14.	Departure time for 1 st visit	Time in 24 hr. format (e.g. 13:30)	_ _ : _ _

<u>Second Visit</u>					
Q15.	Date of 2nd visit	Day/Month/Year (e.g. 15 /04/2018)		_ _ _ / _ _ _ / 2 0 1 8	
Q16.	Enumerators doing 2nd visit	Name/Code	_ _ _ _ / _ _ _ _ _ _ _	Name/Code	_ _ _ _ / _ _ _ _ _ _ _
Supervision Information					
Q17.	Verification by supervisor	Survey Result		Result	Date
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_ _	_ _ _ _ / _ _ _ _ / 2 0 1 8

Module 5: Public Expenditure Tracking Survey

Section F: General

Revenue Sources

Please indicate the sources and amount of revenue for your facility during the fiscal year 2017. Record 0 if no revenue received in that quarter. Please let us first start with financial (cash) resources.

[illegible]

Module 6: Public Expenditure Tracking Survey										
Section G: General										
Revenue Sources										
	PLEASE LET US NOW PROCEED WITH NON-FINANCIAL OR IN-KIND RESOURCES THE FACILITY RECEIVED IN 2017.									
Q10.	In the financial year 2017 was the facility provided with non-financial or in-kind resources by any entity government or non-government?						Yes = 1 No = 2 → Q17		__	
	PLEASE CITE FOR GOVERNMENT AND NON-GOVERNMENT SOURCES THE 3 MOST IMPORTANT IN-KIND RESOURCES THE FACILITY RECEIVED									
		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total
	Value of In-Kind/Non-Cash Receipts from [__] Source	Code	Estimated Value [Le]	Code	Estimated Value [Le]	Code	Estimated Value [Le]	Code	Estimated Value [Le]	Total Estimated Value [Le]
		a.	b.	c.	d.	e.	f.	g.	h.	i.
Q11.	Government Source # 1	__		__		__		__		
Q12.	Government Source #2	__		__		__		__		
Q13.	Government Source # 3	__		__		__		__		
Q14.	Non-Government Source #1	__		__		__		__		
Q15.	Non-Government Source #2	__		__		__		__		
Q16.	Non-Government Sources # 3	__		__		__		__		
	Codes for In-Kind Donation									
	No In-Kind/ Non-Cash receipts = 1					Vehicles and furniture and non-medical equipment = 2				
	Medical equipment e.g. apparatus that is used for medical procedures, e.g. autoclaves, sterilizers, delivery beds, BP machines, weighing scales) = 3.									

	Medical and General furniture (e.g. furnishings used in the health unit like screens, desks, beds, medicine cupboards, etc.) = 4
	Medicines and supplies = 5 Others = 6

Module 7: Public Expenditure Tracking Survey

Section H: General

Expenditure Categories

I would like now to ask you about your total expenditure for each quarter of the financial year 2017.

How much did the facility spend on [_____] during Quarter [__]

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total FY 2017
		a.	b.	c.	d.	e.
Q17.	Employment Costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Q18.	Administration costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Q19.	Property Costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Q20.	Supplies and services	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Q21.	Medical costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Q22.	Transport Costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Q25.	All Other Expenditure	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
Q26.	Total Expenditure	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _

I WOULD LIKE NOW TO ASK SOME QUESTIONS ABOUT YOUR ANNUAL WORK/ACTION PLANNING PROCESS			
	Question	Unit	Response
Q27.	Do you have activity/work plans for the fiscal year 2017? [ask to see the document]	Yes = 1 No = 2 → Q 29	_
Q28.	Was the Health Facility management committee (FMC) involved in developing the work plan?	Yes = 1 No = 2	_
Q29.	Do you have an Annual Work Plan (AWP)? [ask to see the document]	Yes = 1 No = 2 → Q 36	_
Q30.	Did you submit AWP for approval?	Yes DHMT = 1 Yes, Regional Secretariat = 2 Yes, MoHS=3 Yes, MoFED=4 No=5 → Q 36	_
Q31.	When did the facility submit the AWP for approval?	Date [DD/MM/YY] Write "99" for each segment which is not known	_ _ _ / _ _ _ / _ _ _
Q32.	Did the facility receive written approval from the MoHS/Local council for the AWP?	Yes = 1 No = 2 → Q 36	_
Q33.	When did the facility receive written approval from the MoHS/Local council District Health Management Team for the AWP?	Date [DD/MM/YY] "999" do not know"	_ _ _ / _ _ _ / _ _ _ _ _ _ _ _
Q34.	Was there a delay in receiving AWP approval from the MoHS/Local council?	Yes = 1 No = 2 → Q36	_
Q35.	What was the main cause for this delay?	Delay in submission of AIP by facility = 1 DHO not approving AIP = 2	_

THANK YOU. CAN WE NOW PROCEED WITH SOME QUESTIONS ON FINANCIAL MANAGEMENT				
Q36.	Which financial management tools did you receive from the National/district or other Levels?			
	a.	Receipt books	Yes = 1 No = 2	__
	b.	Payment voucher	Yes = 1 No = 2	__
	d.	Cash Books	Yes = 1 No = 2	__
	e.	Did not receive any tools	Yes = 1 No = 2	__
	f.	Others (specify) _____	Yes = 1 No = 2	__
Q37.	Have you submitted the financial report for the last quarter? [ask to see transmittal evidence]		Yes = 1 → Q 39 No = 2	__
Q38.	What was the reason for not submitting the financial report?		Report not ready = 1 Bank reconciliation not done = 3 Report not approved by the FMC = 2 Other (specify) = 4	__ _____
Q39.	Do you have a staff member responsible for financial accounting?		Yes = 1 No = 2 → Q 41	__
Q40.	Who is responsible for financial accounting?		In charge = 1 District accountant = 4 Treasurer = 2 Facility Accountant = 5 Chairman = 3 Other (specify) = 6 Finance Officer = 7	__ _____
Q41.	How often were you visited by the Ministry of Health/District accountant /other authorities in the last fiscal year (2017)?		Monthly = 1 Bi-quarterly = 3 Quarterly = 2 Half yearly = 4 Yearly = 5 Never = 6	__
Q42.	Do you share your financial information with your community?		Yes = 1 ; No = 2 → Q 44	__
Q43.	Which means do you use to share the information with your community? [ask to see the meeting minutes]	Yes = 1 No = 2	a. Chalk board	__
			b. Meetings	__
			c. Posters	__
			d. Verbal	__
			e. Other (specify)	__ _____

Q44.	Did the facility receive a supervision (administrative) visit from the DHMT/Local councils in the last fiscal year (2017)??	Yes = 1 ; No = 2 → Q 47	__
Q45.	If yes, how often?	Monthly = 1 Every semester = 3 Quarterly = 2 Yearly = 4	__
Q46.	If yes, did they leave a written feedback?	Yes = 1 No = 2	__

	Question	Code	Response
Health Facility Management Committees and Expenditure management			
Q47.	How many Bank accounts do you operate in this facility?	Number	__
Q48.	Does the facility have a Health Facility Management Committee (FMC)?	Yes = 1 No = 2 → Q 55	__
Q49.	If yes, how many members does the committee currently have?	Number	__ __
Q50.	How were the committee representatives chosen?	Appointed by local leadership = 1 Election process = 2 Selected through the Minister's advice = 3 By community members = 4 By Chiefdom stakeholders = 5 By Local council = 6	__
Q51.	What is the Frequency of the FMC meetings?	Monthly = 1 Quarterly = 2 Bi-annual = 3 Annually = 4	__
Q52.	Are the minutes available for all the meetings? [ask to see a copy of the last three meetings]	Yes = 1 No = 2	__
Q52a.	Is any staff of the health facility trained on financial management?	Yes = 1 No = 2	__
Q53.	Are any of the current members of the committee trained/inducted on expenditure management?	Yes = 1 No = 2 → Q 55 "999" do not know" → Q 55	__
Q54.	How many members of the committee were trained?	Number	__ __

Q55.				Exists	Is Operational
-------------	--	--	--	--------	----------------

	Which of these sub-committees are in existence and operational?		Yes = 1 No = 2	1.	2.	
a.		Finance Committee		__	__	
b.		Procurement committee		__	__	
c.		Audit committee		__	__	
d.		Disciplinary Committee		__	__	
e.		Quality Assurance Committee		__	__	
f.		Drug and Therapeutic committee		__	__	
		g.		Waste management committee	__	__
		h.		IPC Committee	__	__
		i.	Other (specify)_____			

Module 5: Public Expenditure Tracking Survey : Section I: User fees

Q56.	Does this facility charge for user fees?	Yes = 1 ; No = 2 → Q 58	_
Q57.	Are user fees/charges displayed ([Ask to see the boards])	Yes Observed = 1 ; Yes not observed = 2; No=3	_

I WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW MUCH (IN LE) THE FACILITY CHARGES FOR DIFFERENT SERVICES. [Ask to see the boards or fee structure]

Q58.	Are user fees charged for the following services?	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	Amount paid (LE)	Are user fees charged for the following services?	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	Amount paid (LE)
		1.	2.		1.	2.
a.	General Consultation	_	_ _ _ _ _	b.	Specialist Consultation	_ _ _ _ _ _
c.	Ultra sound examination	_	_ _ _ _ _	d.	FP - IUDs	_ _ _ _ _ _
e.	FP - Progestogen- Only Pill (POP)	_	_ _ _ _ _	f.	Laboratory: Malaria Test	_ _ _ _ _ _
g.	Laboratory: Random blood sugar	_	_ _ _ _ _	h.	Treatment- Malaria [over five years]	_ _ _ _ _ _
i.	Laboratory: Haemoglobin (Hb)	_	_ _ _ _ _	j.	Malaria treatment- under 5 years	_ _ _ _ _ _
k.	Laboratory: urinalysis	_	_ _ _ _ _	l.	Caesarean section	_ _ _ _ _ _
m.	Laboratory: Other (Specify)	_	_ _ _ _ _	n.	HIV/AIDS test	_ _ _ _ _ _
o.	Drugs: Amoxicillin Syrup	_	_ _ _ _ _	p.	TB test	_ _ _ _ _ _
q.	ANC Visit	_	_ _ _ _ _	r.	FP – DEPO	_ _ _ _ _ _
s.	Other (Specify)					

Q59.	In your facility, is the following group [_] exempt from paying user fees?				Yes = 1 ; No = 2		
	a.	Patients with chronic diseases	_	f.	Civil servants	_	
	b.	Elderly patients	_	g.	Members of health management board	_	
	c.	Very poor people	_	h.	Local politician	_	
	d.	Facility staff	_	i.	Child under five years	_	

	e.	Relatives of staff	_	j.	Pregnant women	_ _ _
	k.	Lactating mothers		l.	Ebola survivors	
	m.	People with disability		n.	Sexual and Gender based violence (SGBV) clients	
	o.	Other (specify)				
Q60.	What was the approximate value for Waivers/Exemptions during the 2017 financial year				Amount in LE	_ _ _ _ _ _ _

Module 5: Public Expenditure Tracking Survey: Section J: Medical Supplies Distribution

	Question		Unit	Response
Essential Medical Supplies (EMS)				
Q61.	Is this facility a push or a pull facility?		Push = 1→Q67; Pull = 2 ; Both = 3	__
Q62a.	Do you have any means of knowing the list of drugs available at Central/District Medical Stores (CMS/DMS)?		Yes =1; No = 2	__
Q62b.	Does the facility have the latest National Standard Treatment Guidelines?		Yes, Observed = 1; Yes, Not Observed = 2; No = 3	__
Q63.	What was the date for the last delivery of essential health and medical supplies (EHMS)? [Ask to see records]		Date [DD/MM/YY]	_ _ _ / _ _ _ / _ _ _
Q64.	What was the date on which the order that corresponded to the last delivery was placed? [Ask to see records]		Date [DD/MM/YY]	_ _ _ / _ _ _ / _ _ _
Q65.	Were the drugs delivered on time?		Yes = 1 ; No = 2	__
Q66.	Were the drugs supplied according to your order?		Yes exactly =1; Yes under supplied =2 Yes over supplied = 3 ; No. was not supplied=4	__
Q67.	Was the last delivery of EHMS verified and signed off by FMC?		Yes = 1, No = 2	__
Q68.	Was the community informed of the last EHMS delivery?		Yes = 1, No = 2 → Q 69	__
Q68a.	a.	Was the community informed via Chalk board?	Yes = 1, No = 2	__
	b.	Was the community informed during Meetings?	Yes = 1, No = 2	__
	c.	Was the community informed via Posters?	Yes = 1, No = 2	__
	d.	Was the community informed via Letters?	Yes = 1, No = 2	__
	e.	Was the community informed Verbally?	Yes = 1, No = 2	__

	f.	Other means of dissemination (specify)	Yes = 1, No = 2	__ _____
Q69.	Did the facility procure any out of stock items in the last quarter?		Yes = 1; No = 2	__
Q70.	In the last quarter, did the facility purchase any EHMS locally?		Yes = 1 ; No = 2	__
Q71.	Did any Essential Medicines in the facility expire during the last quarter?		Yes = 1 ; No = 2	__
Q72.	Are stock control cards present and updated for the latest delivery? [Ask to see the cards]		Yes fully =1 ; Yes partially= 2 No = 3	__
Q73.	How many staff in your health facility are involved in EHMS management?		Number	__ __
Q74.	How many of the staff members involved in EHMS management have received training on quantification and ordering of EHMS products in the last twelve months?		Number	__ __
Q75.	In the last fiscal year (2017) did you receive any supervision on EHMS?		Bi-quarterly = 3 Monthly = 1 Quarterly = 4 2 Yearly = 5 Never=6	__

ENUMERATOR PLEASE READ TO RESPONDENT. THIS SECTION IS NOW FINISHED. THANK YOU FOR YOUR TIME