

Form ID	Province ID		District ID		Commune ID	

FORM 1: BACKGROUND INFORMATION ON THE PHYSICAL FACILITIES AND EQUIPMENT OF THE COMMUNE HEALTH CENTER IN 2014

BACKGROUND	
Province	.....
District	.....
Commune health center (CHC)	.....
Reported by:	.....
Tel	.....
Email	.....
GPS position (<i>to be filled in by the study team</i>)	.....
Data provided on	Date Month Year

A. PHYSICAL FACILITIES		
1.	Distance from the CHC to a district hospital	..... km
2.	Time travelling by car from the CHC to a district hospital	..... minutes
3.	Time travelling by car from the CHC to a province hospital	..... minutes
4.	Time travelling by car from the CHC to the provincial Health Department	..... minutes
5.	Current area of land used by the CHC	..... m ²
6.	Built-up area of the CHC	..... m ²
7.	Total number of functions	..... divisions
8.	Inpatient beds available at the CHC	.....
9.	Regular power supply for the CHC (<i>select ONE option only</i>)	1. Grid power 2. Generator 3. Others (specify):
10.	Backup power available (<i>MULTIPLE choices are allowed</i>)	1. Other local generators 2. CHC's generator 3. Wind power, solar power 4. Others (specify): 5. None

11.	In the last three months, did the CHC ever lose access to electricity power for two consecutive hours or longer?	1. Yes 2. No ➔ Move to question 13
12.	If yes, in the last three months, how many cumulative days was the CHC in that situation?	..... days
13.	What is the CHC's main water supply? (select ONE option only)	1. Piped water available at the CHC 2. Public piped water 3. Drilled wells 4. Protected dug wells 5. Unprotected dug wells 6. Protected gravity-driven water 7. Unprotected gravity-driven water 8. Purchased water (in bottles/vases/tanks/small tank trucks) 9. Rain water 10. Others (specify):
14.	In the last three months, was the CHC ever lacking/cut off from water supply?	1. Yes 2. No ➔ Move to question 16
15.	If yes, in the last three months, how many cumulative days was the CHC in that situation?	..... days
16.	Does the CHC have a reserve water tank?	1. Yes 2. No
17.	What kind of toilets does the CHC have? (MULTIPLE choices are allowed)	1. Composting toilets 2. Semi-composting toilets 3. Others (specify): 4. No toilets
18.	How does the CHC manage wastewater? (MULTIPLE choices are allowed)	1. With a concentrated sewage treatment system 2. Absorption field 3. Direct disposal to public sewage systems 4. Others (specify):
19.	How does the CHC manage solid medical wastes? (MULTIPLE choices are allowed)	1. With specialized incinerators 2. Open-pit incineration (within the CHC compound) 3. Open-pit incineration (outside the CHC compound) 4. Landfill (within the CHC compound) 5. Landfill (outside the CHC compound) 6. Contracting a sanitation company/hospital for disposal

		7. Others (specify):
20.	Has the CHC received advice on medical waste management?	1. Yes 2. No
21.	Does the CHC have a computer for use in information management and reporting? (select ONE option only)	1. Yes, with Internet connection 2. Yes, without Internet connection 3. No
22.	Does the CHC have a functional land line telephone?	1. Yes 2. No
23.	Is there a functional cellular phone for use at the CHC? (select ONE option only)	1. Yes, a CHC cell phone 2. Yes, employees' cell phones 3. No
24.	Are there functional short-frequency communication equipment or walkie-talkies in use at the CHC?	1. Yes 2. No
25.	How does the CHC transport patients in case of emergency care? (MULTIPLE choices are allowed)	1. District hospital ambulance/Call 115 2. CHC's motorcycles 3. The patients use their own transportation 4. Others (specify):

B. MEDICAL EQUIPMENT

No.	Name of equipment	Yes/No (If No, move to the next equipment item)	Functional equipment	Non-functional/ broken equipment
1.	Adult scale	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
2.	Child scale (250g gauge)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
3.	Infant scale (100g gauge)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
4.	Thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
5.	Stethoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
6.	Pinard horn	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
7.	Sphygmomanometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
8.	Oxygen canister	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
9.	Ambu bag	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
10.	Stomach cleansing toolkit	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
11.	Delivery/natal care table	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
12.	Oral fluid ventouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
13.	Antiseptic autoclave/oven	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....

14.	Refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
15.	Ice box	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....
16.	Microscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	.....

Thank you!