

JAMAICAN SURVEY OF LIVING CONDITIONS
HEALTH FACILITIES SURVEY

QUESTIONNAIRE FOR

PUBLIC PRIMARY HEALTH SERVICES

IMPORTANT: SECTIONS A AND B MUST BE COMPLETED AT STATIN
BEFORE THE QUESTIONNAIRE IS SENT OUT TO THE
INTERVIEWER.

A. FACILITY IDENTIFICATION

1. NAME OF FACILITY: _____ FACILITY NO: _____

2. LOCATION:

Parish: _____ CODE _____
Constituency: _____ CODE _____
Enumeration District: _____ CODE _____

3. TYPE OF FACILITY:

Type I Health Centre...1
Type II Health Centre...2
Type III Health Centre...3
Type IV Health Centre...4
Type V Health Centre...5
Maternity Centre.....6
Poly Health Centre.....7
Other.....9

CODE _____

B. FACILITY CATCHMENT AREA

INSTRUCTIONS: THERE IS SPACE TO RECORD UP TO 3 PARISHES AND
CONSTITUENCIES. FOR EACH PARISH, WRITE IN NAME AND CODE
OF PARISH AND CONSTITUENCY, AND CODE ENUMERATION DISTRICT(S).
IF ONLY 1 CONSTITUENCY: WRITE IN INFORMATION IN ITEM 4 AND 4A;
CODE ITEMS 5 AND 6 (PARISH) 999. IF ONLY 2 CONSITIUENCIES:
WRITE IN INFORMATION IN ITEMS 4-5A, CODE ITEM 6 (PARISH) 999.

4. PARISH NAME: _____

CODE _____

4A. FIRST CONSTITUENCY NAME: _____

(If entire parish, leave constituency name blank
and code constituency as 999)

CODE _____

4B. ENUMERATION DISTRICTS CODES:

- Please fill in **all** of the codes that apply.
- Complete one row **across** before starting another.
- If entire constituency, code 999 in **first** box.

| | | | | | |
|---|--|--|--|--|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

5. PARISH NAME: _____

CODE _____

5A. SECOND CONSTITUENCY NAME: _____

(If entire parish, leave constituency name blank
and code constituency as 999)

CODE _____

5B. ENUMERATION DISTRICTS CODES:

- Please fill in **all** of the codes that apply.
- Complete one row **across** before starting another.
- If entire constituency, code 999 in **first** box.

| | | | | | |
|---|--|--|--|--|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

6. PARISH NAME: _____

CODE _____

6A. THIRD CONSTITUENCY NAME: _____

(If entire parish, leave constituency name blank and code constituency as 999)

CODE _____

6B. ENUMERATION DISTRICTS CODES:

- Please fill in **all** of the codes that apply.
- Complete one row **across** before starting another.
- If entire constituency, code 999 in **first** box.

| | | | | | |
|---|--|--|--|--|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

INTERVIEWER NAME: _____ INTERVIEWER ID#: _____

TODAY'S DATE? | | | TIME? | | |

 | DAY | MONTH | YEAR | | HOUR | MIN | AM/PM

SECTION I: FACILITY CHARACTERISTICS

1. Are the buildings owned, rented, or donated? By whom?

OWNED BY GOVERNMENT.....1 DONATED.....3

RENTED FROM PRIVATE PARTY...2 OTHER.....9

2. How long has this health centre been offering services?

LESS THAN 1 YEAR.....1 20 OR MORE YEARS.....6

1 YEAR TO LESS THAN 2 YEARS.....2 DON'T KNOW.....9

2 YEARS TO LESS THAN 5 YEARS.....3

5 YEARS TO LESS THAN 10 YEARS....4

10 YEARS TO LESS THAN 20 YEARS...5

3. How long ago were the last major repairs or renovations for this health centre completed?

ONE YEAR OR LESS.....1 TEN TO NINETEEN YEARS....4

TWO TO FIVE YEARS.....2 TWENTY YEARS OR MORE....5

FIVE TO NINE YEARS.....3 DON'T KNOW.....9

4. Does this building have electricity?

YES.....1 (Continue with 4A)

NO.....2 (Go To Q.5)

4A. Do you have a standby power supply such as a generator?

YES.....1 (Continue with 4B)

NO.....2 (Go To Q.5)

4B. Does the generator work when needed?

ALWAYS.....1 NEVER.....4

USUALLY.....2 DON'T KNOW.....9

SOMETIMES.....3

5. Does this health centre have a refrigerator?

YES.....1 (Continue with 5A)

NO.....2 (Go To Q.6)

5A. What is the **main** source of **power** for this refrigerator?

- ELECTRICITY.....1 SOLAR POWER.....3
- GAS, DIESEL, OR KEROSENE...2 NOT APPLICABLE.....9

5B. Is the refrigerator working today?

- YES.....1
- NO.....2

6. What is the **main** source of **water** for this health centre?

- PUBLIC WATER SUPPLY....1
- TANK.....2
- OTHER.....9

7. What material is the health centre mainly constructed of?

- WOOD FRAME.....1 PREFABRICATED.....3
- CEMENT OR CONCRETE BLOCK...2 OTHER MATERIAL.....9

8. How many **separate** buildings are there altogether in this health centre?

(Include storage sheds, pharmacy, labs, etc.)

NUMBER

 | IF **ONE** BUILDING, CONTINUE WITH Q.8A. |
 | IF **TWO OR MORE** BUILDINGS, GO TO Q.9. |

IF ONE BUILDING, ASK:

8A. How many **rooms** do you have in this facility?

(Include all rooms, examination, treatment, waiting, storage, records, kitchens, etc.)

NUMBER

9. Are there any rooms, in this (and any other) health centre building that are currently not in use?

- YES.....1 (Continue with Q.9A)
- NO.....2 (Go to Q.10)

9A. Why aren't those rooms being used?

- CURRENTLY BEING REPAIRED OR RENOVATED.....1
- IN NEED OF REPAIRS AND UNUSABLE.....2
- NO EQUIPMENT TO FURBISH ROOM.....3
- NO PERSONNEL TO STAFF THEM.....4
- USED TO STORE CONDEMNED EQUIPMENT/SUPPLIES...5
- OTHER REASON.....9

10. What material is the floor surface mainly made of in this health centre?

- WOOD.....1
- CONCRETE OR TILE...2
- OTHER MATERIALS....9

11. What cleaning agent do you use most often to clean and disinfect floors?

- | | |
|--------------------------|-------------------------|
| CHLORINE BLEACH.....1 | OTHER DISINFECTANT....3 |
| DETERGENT OR SOAP | WATER ALONE.....4 |
| (like Pine Action).....2 | OTHER.....9 |

12. What cleaning agent do you use most often to clean and disinfect tables and counters?

- | | |
|--------------------------|-------------------------|
| CHLORINE BLEACH.....1 | OTHER DISINFECTANT....3 |
| DETERGENT OR SOAP | WATER ALONE.....4 |
| (like Pine Action).....2 | OTHER.....9 |

13. How do you sterilize reusable equipment?

- | | |
|----------------------------|------------------|
| CHLORINE BLEACH.....1 | BOIL.....4 |
| OTHER DISINFECTANT.....2 | BAKE.....5 |
| AUTOClave OR OTHER | WATER ONLY.....7 |
| MECHANICAL STERILIZER....3 | OTHER.....9 |

14. Where are your sinks for handwashing located? In some examination or treatment rooms, in a central indoor location, outside the health centre, or elsewhere?

- IN EACH EXAMINATION OR TREATMENT ROOM.....1
- IN SOME EXAM OR TREATMENT ROOMS ONLY.....2
- IN A CENTRAL LOCATION INDOORS.....3
- OUTSIDE THE FACILITY.....4
- ELSEWHERE.....9

15. About how many sinks have soap available today?

- | | |
|------------|------------------|
| ALL.....1 | NONE4 |
| MOST.....2 | DON'T KNOW.....5 |
| SOME.....3 | |

16. Do you have any equipment or supplies that are obsolete, damaged beyond use or otherwise unusable?

- YES.....1 (Continue with Q.16A)
- NO.....2 (Go To Q.17)

16A. What has been done to obsolete equipment or supplies?

- REFERRED TO MAINTENANCE UNIT.....1
- REFERRED TO BOARD OF SURVEY.....2
- OTHER.....9

 16B. Are any of the following equipment or supplies damaged or obsolete?
 ASK Q.16B FOR EACH ITEM

| | ----- YES...1 NO....2 ----- | ----- YES...1 NO....2 ----- |
|--|--------------------------------------|--------------------------------------|
| a. Beds, dental chairs, or other furniture? | | d. Sterilizers? |
| b. Laboratory equipment? | | e. Drugs or other supplies? |
| c. Diagnostic equipment? | | f. Other? |

 17. Are you currently experiencing any of
 the following problems?

IF YES TO ANY ITEM (a-g), ASK Q.18 ACROSS

| | ----- YES..1 NO...2 ----- |
|--|------------------------------------|
| a. A Leaking Roof? | |
| b. A Hole in the Floor? | |
| c. Electric Problems Inside the Building? | |
| d. Plumbing Problems Inside the Building? | |
| e. Plumbing Problems Outside the Building? | |
| f. Maintenance of Yard? | |
| g. Security Problems? | |

 18. How long ago did this
 problem first occur?

- DAYS.....1
- WEEKS.....2
- MONTHS.....3
- ONE YEAR OR MORE...4

19. Is there a laboratory in the health centre?

- YES.....1
- NO.....2

20. When tests are needed, do you collect samples or specimens here?

- YES.....1 (Continue with Q.21)
- NO.....2 (Go to Q.23)

21. Do you analyze some, all, or none of the samples or specimens here?

- ALL TESTS.....1 (Continue with Q.21A)
- SOME TESTS.....2 (Continue with Q.21A)
- NONE.....3 (Go to Q.22)

ASK RESPONDENT TO VERIFY ANSWER TO Q.21A WITH LABORATORY PERSONNEL, IF POSSIBLE

21A. Do you ever receive samples or specimens that are of such poor quality that you can't process them for analysis?

- OFTEN.....1 NEVER.....4
- SOMETIMES.....2 NO LAB PERSONNEL....9
- RARELY.....3

22. How often do patients give donations when you perform lab tests?

- NEVER.....1 (Go to Q.23)
- LESS THAN HALF THE TIME..2 (Continue with Q.22A)
- HALF THE TIME.....3 (Continue with Q.22A)
- MORE THAN HALF THE TIME..4 (Continue with Q.22A)
- ALL OF THE TIME.....5 (Continue with Q.22A)

22A. What amount do patients usually give?

AMOUNT

23. How long do you usually wait for laboratory test results?

- HOURS.....1 MONTHS.....4
- DAYS.....2 DON'T KNOW.....9
- WEEKS.....3

24. Is there an active community Health Committee or community group working with this health centre?

- YES.....1
- NO.....2

25. Is housing provided by this health centre for its staff?

- YES.....1 (Continue with Q.25A)
- NO.....2 (Go To Section II: PATIENT SERVICES)

25A. How many employees have housing provided by this health centre?

NUMBER

SECTION II: PATIENT SERVICES

1. How often is this health centre open for patient services?

- LESS THAN ONCE A WEEK..1 3 DAYS PER WEEK.....4
- 1 DAY PER WEEK.....2 4 DAYS PER WEEK.....5
- 2 DAYS PER WEEK.....3 5 OR MORE DAYS PER WEEK..6

2. In the past month, on how many days were patients registered who could not be seen by medical personnel?

- NONE.....1 2 TO 5 DAYS.....3
- 1 DAY.....2 6 OR MORE DAYS.....4

3. How often are the following services offered at this facility?
(ASK ITEMS a-n)

- LESS THAN ONCE A WEEK.....1 3 DAYS PER WEEK.....4
- 1 DAY PER WEEK.....2 4 DAYS PER WEEK.....5
- 2 DAYS PER WEEK.....3 5 OR MORE DAYS PER WEEK.....6
- NOT OFFERED.....9

| | | | |
|------------------------|--|-------------------------|--|
| a. Curative care? | | h. Minor surgery? | |
| b. Delivery of babies? | | i. Major surgery? | |
| c. Prenatal care? | | j. Blood transfusion? | |
| d. Postnatal care? | | k. Local anaesthesia? | |
| e. Family planning? | | l. General anaesthesia? | |
| f. Nutrition clinic? | | m. Dental services? | |
| g. Skin clinic? | | n. STD clinic? | |

SECTION III: IMMUNIZATIONS

1. Do you offer immunization services at this health centre?

YES.....1 (Continue with Q.2)
NO.....2 (Go To Section IV: Personnel)

| ASK Q.2 & 3 FOR EACH VACCINE. | 2. Do you usually offer _____ here? | 3. Do you have _____ in stock today? |
|-------------------------------|-------------------------------------|--------------------------------------|
| | YES.....1 NO.....2 | YES.....1 NO.....2 |
| a. BCG | | |
| b. DPT/DT | | |
| c. Polio | | |
| d. Measles | | |
| e. Rubella | | |
| f. Tetanus Toxioid | | |

4. How often do patients make donations for immunization?

NEVER.....1 (Go to Section V: Personnel)
LESS THAN HALF THE TIME..2 (Continue with Q.4A)
HALF THE TIME.....3 (Continue with Q.4A)
MORE THAN HALF THE TIME..4 (Continue with Q.4A)
ALL OF THE TIME.....5 (Continue with Q.4A)

4A. What amount do patients usually give?

AMOUNT

SECTION IV: PERSONNEL

CHART 1

| ASK Q.1-6 ACROSS. | 1. How many ___ are on the Estab- lishment/ Cadre? | 2. How many ___ are at post? | 3. How many ___ are working today? | 4. How many ___ are working part-time or on a sessional basis? | 5. How many part-time or sess- ional ___ are working today? | 6. How many ___ are on study or vacation leave? |
|---|--|---------------------------------------|--|---|--|--|
| IF THE ANSWER IS ZERO, WRITE '0'. | NUMBER | NUMBER | NUMBER | NUMBER | NUMBER | NUMBER |
| a. Physicians or Medical Officers | | | | | | |
| b. Specialist Surgeons | | | | | | |
| c. Anaesthetists and Nurse Anaesthetists | | | | | | |
| d. Nurse Practitioners | | | | | | |
| e. Midwives | | | | | | |
| f. Staff Nurses | | | | | | |
| g. Assistant Nurses | | | | | | |
| h. Radiographers or Radiology Technicians | | | | | | |
| i. Nutrition Staff | | | | | | |
| j. Orderlies | | | | | | |
| k. Medical Records Staff | | | | | | |

CHART 1 (CONTINUED)

| ASK Q.1-6 ACROSS. | 1. How many ___ are on the Estab- lishment/ Cadre? | 2. How many ___ are at post? | 3. How many ___ are working today? | 4. How many ___ are working part-time or on a sessional basis? | 5. How many part-time or sess- ional ___ are working today? | 6. How many ___ are on study or vacation leave? |
|---|--|---------------------------------------|--|---|--|--|
| IF THE ANSWER IS ZERO, WRITE '0'. | NUMBER | NUMBER | NUMBER | NUMBER | NUMBER | NUMBER |
| l. Administrators | | | | | | |
| m. Clerical Staff | | | | | | |
| n. Drivers | | | | | | |
| o. Security/ Watchmen | | | | | | |
| p. Lab and Med Technicians | ASK R. TO VERIFY ANSWER WITH LAB PERSONNEL IF POSSIBLE | | | | | |
| q. Dentists | ASK R. TO VERIFY ANSWER WITH DENTAL PERSONNEL IF POSSIBLE | | | | | |
| r. Dental Nurse or Assistant | | | | | | |
| s. Pharmacists | ASK R. TO VERIFY ANSWER WITH PHARMACY PERSONNEL IF POSSIBLE | | | | | |
| t. Pharmacy Tech | | | | | | |
| u. Public Health Inspector | ASK R. TO VERIFY WITH PUBLIC HEALTH NURSE IF POSSIBLE | | | | | |
| v. Public Health Nurse | | | | | | |
| w. Contact Investigator | | | | | | |
| x. Community Health Aide | | | | | | |

SECTION VI: TRANSPORTATION

1. Does this facility have any vehicles?

YES.....1 (Continue with Q.2)

NO.....2 (Go To Section VII: DRUG SUPPLY AND EQUIPMENT)

Empty rectangular box for marking the answer.

| FOR EACH VEHICLE TYPE, ASK Q.2-5 ACROSS. IF NONE FOR ANY ITEM, WRITE '0' IN Q.2 AND LEAVE Q.3-5 BLANK. | 2. How many ___ do you have? | 3. How many ___ are working today? | 4. How many ___ are in need of major repair? | 5. How many ___ cannot be repaired or are obsolete? |
|--|------------------------------|------------------------------------|--|---|
| | NUMBER | NUMBER | NUMBER | NUMBER |
| a. Cars and Jeeps | | | | |
| b. Utility Vans and Trucks | | | | |
| c. Buses | | | | |
| d. Ambulances | | | | |
| e. Motorcycles and Mopeds | | | | |
| f. Bicycles | | | | |

SECTION VII: DRUG SUPPLY & EQUIPMENT

CHART 1: DRUG SUPPLIES

 | ASK R. TO VERIFY THE ANSWERS WITH PHARMACY PERSONNEL IF POSSIBLE
 | ASK ONE ITEM ACROSS, BEFORE ASKING ABOUT NEXT ITEM
 |-----

| ASK Q.1-4 ACROSS. | | ASK Q.3-4 IF YES TO Q.2 | |
|---|---|--|---|
| 1. | 2. | 3. | 4. |
| Are the following drugs in stock today? | Do you normally keep ___ in stock? | In the last 6 mos, have you received a shipment of ___ that was expired when it arrived? | In the last 6 mos, has there been a week or more when you had no supply of ___? |
| YES.....1 NO.....2 | YES..1 (Q.3) NO...2 (IF NO, ASK ABOUT THE NEXT ITEM) | YES.....1 NO.....2 | YES.....1 NO.....2 |
| a. Oral Rehydration Salts | | | |
| b. Hydrochlorothiazide | | | |
| c. Phenobarbitone | | | |
| d. Chlorpropamide | | | |
| e. Ergometrine Maleate | | | |
| f. Sulhamethoxazole + Trimethoprim (Co-trimoxazole) | | | |
| g. Benzylbenzoate or Gamma-benzene Hexachloride | | | |

CHART 1: DRUG SUPPLIES (CONTINUED)

| ASK Q.1-4 ACROSS. | | ASK Q.3-4 IF YES TO Q.2 | | | |
|-------------------|--|---|---|---|--|
| | 1. | 2. | 3. | 4. | |
| | Are the following drugs in stock today? | Do you normally keep ___ in stock? | In the last 6 mos, have you received a shipment of ___ that was expired when it arrived? | In the last 6 mos, has there been a week or more when you had no supply of ___? | |
| | YES.....1 NO.....2 | YES..1 (Q.3) NO...2 (IF NO, ASK ABOUT THE NEXT ITEM) | YES.....1 NO.....2 | YES.....1 NO.....2 | |
| h. | Sodium Lactate Compound (Hartman's Solution) | | | | |
| i. | Ferrous Sulphate (or other iron supplement) | | | | |
| j. | Uristix Strips | | | | |

5. How often do patients give you donations for drugs?

- LESS THAN HALF THE TIME..1 (Continue with Q.5A)
- HALF THE TIME.....2 (Continue with Q.5A)
- MORE THAN HALF THE TIME..3 (Continue with Q.5A)
- ALL OF THE TIME.....4 (Continue with Q.5A)
- NEVER.....5 (Go to Q.6)
- ALL PATIENTS ARE SENT TO A PRIVATE PHARMACY..6 (Go to Q.6)

5A. How much do they usually give?

AMOUNT

CHART 2: EQUIPMENT

| ASK Q.6-10 ACROSS ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6 | 6. Does this health centre have any of the following equipment now? | 7. How many do you have? | 8. How many work today? | 9. Do you have in stock now? | 10. In the last 6 mos, has there been a week or more when you had no supply of _____? |
|---|--|--------------------------------|-------------------------------|--|---|
| | YES...1 (Q.7) NO....2 (NEXT ITEM) | NUMBER | NUMBER | YES...1 NO....2 | YES...1 NO....2 |
| a. Adult Scales | | | | ////////// | ////////// |
| b. Baby Scales | | | | ////////// | ////////// |
| c. Metallic Tape Measures | | | | ////////// ////////// | ////////// ////////// |
| d. Sphygmotono- meters (Blood Pressure Cuffs) | | | | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// |
| e. Stethoscopes | | | | ////////// | ////////// |
| f. Thermometers | | | | ////////// | ////////// |
| g. Glucometers | | | | ////////// | ////////// |
| h. Microscopes | | | | ////////// | ////////// |
| i. Centrifuges | | | | ////////// | ////////// |
| j. Autoclaves And/Or Sterilizers | | | | ////////// ////////// ////////// | ////////// ////////// ////////// |
| k. Telephones | | | | ////////// | ////////// |
| l. Communication Radios | | | | ////////// ////////// | ////////// ////////// |
| m. Syringes | | ////////// | ////////// | | |

CHART 2: EQUIPMENT (CONTINUED)

| ASK Q.6-10 ACROSS ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6 | 6. Does this health centre have any of the following equipment now? | 7. How many do you have? | 8. How many work today? | 9. Do you have in stock now? | 10. In the last 5 mos, has there been a week or more when you had no supply of ___? YES...1 NO....2 YES...1 NO....2 |
|---|--|-----------------------------------|----------------------------------|--|---|
| | YES...1 (Q.7) NO....2 (NEXT ITEM) | NUMBER | NUMBER | | |
| n. Needles for syringes | | ////////// | ////////// | | |
| o. Blood sample tubes | | ////////// | ////////// | | |
| p. Containers for Urine | | ////////// | ////////// | | |
| q. Containers for Stool Samples | | ////////// | ////////// | | |
| r. Uristix | | ////////// | ////////// | | |
| s. Supplies to bandage wounds | | ////////// | ////////// | | |
| t. Sterile Scissors | | ////////// | ////////// | | |

CHART 2: EQUIPMENT (CONTINUED)

ASK u-z ONLY IF HEALTH CENTRE ROUTINELY DELIVERS BABIES

| ASK Q.6-10 ACROSS | 6. Does this health centre have any of the following equipment now? | 7. How many ____ do you have? | 8. How many ____ work today? | 9. Do you have ____ in stock now? | 10. In the last 6 mos, has there been a week or more when you had no supply of ____? |
|------------------------------------|--|----------------------------------|---------------------------------|--------------------------------------|---|
| | YES...1 (Q.7) NO....2 (NEXT ITEM) | NUMBER | NUMBER | YES...1 NO....2 | YES...1 NO....2 |
| u. Clean Dry Linens to Wrap Babies | | ////////// | ////////// | | |
| v. Mucous Extractors for Newborns | | ////////// | ////////// | | |
| w. Vitamin K | | ////////// | ////////// | | |
| x. Silver Nitrate | | ////////// | ////////// | | |
| y. Diagnostic Sets | | ////////// | ////////// | | |
| z. Foetal Stethoscopes | | | | ////////// | ////////// |

SECTION VIII: FAMILY PLANNING

1. Does this facility offer family planning services?

Yes....1 (Continue with Q.2)

No.....2 (Go to Section IX: MATERNAL HEALTH SERVICES)

2. How often do patients give a donation for Family Planning visits, excluding donations or contraceptives?

NEVER.....1 (Go to Q.3)

LESS THAN HALF THE TIME..2 (Continue with Q.2A)

HALF THE TIME.....3 (Continue with Q.2A)

MORE THAN HALF THE TIME..4 (Continue with Q.2A)

ALL OF THE TIME.....5 (Continue with Q.2A)

2A. When patients do give a donation, how much do they usually give?

AMOUNT

3. How often do patients usually give a donation for contraceptives, excluding the cost of the visit?

NEVER.....1 (Go to Q.4)

LESS THAN HALF THE TIME..2 (Continue with Q.3A)

HALF THE TIME.....3 (Continue with Q.3A)

MORE THAN HALF THE TIME..4 (Continue with Q.3A)

ALL OF THE TIME.....5 (Continue with Q.3A)

3A. When patients do give a donation, how much do they usually give?

AMOUNT

| ASK Q.4-6 ACROSS | 4. Does this facility offer ___? | 5. Is ___ in stock today? | 6. In the last 6 mos, has there been a week or more when you had no supply of: ___? |
|--|--|---------------------------|---|
| ASK Q.5-6 IF ANSWER TO Q.4 IS YES | YES....1 (Q.5-6) NO.....2 (NEXT ITEM) | YES.....1 NO.....2 | YES.....1 NO.....2 |
| a. Condoms | | | |
| b. Spermicide | | | |
| c. Contraceptive Pills | | | |
| d. IUD | | | |
| e. Diaphragm | | | |
| f. Contraceptive Injection | | | |
| g. Tubal Ligation | | //////////////////// | //////////////////// |
| h. Vasectomy | | //////////////////// | //////////////////// |
| i. Termination of pregnancy for specific medical indications | | //////////////////// | //////////////////// |

SECTION IX: MATERNAL HEALTH SERVICES

1. Are maternal health services offered at this facility?

Yes.....1 (Continue with Q.2)

No.....2 (Go to Q.6 in Chart 3)

Empty rectangular box for recording the answer to question 1.

ASK R. TO VERIFY ANSWERS WITH MCH, PUBLIC HEALTH, OR PREVENTIVE CARE PERSONNEL, IF POSSIBLE

CHART 1

| FOR EACH SERVICE LISTED, ASK Q.2. | 2. For pregnant women seen here, when is _____ included in a standard prenatal visit? |
|---------------------------------------|---|
| | (READ CATEGORIES) |
| | WOMEN AT RISK ONLY.....1 |
| | FIRST VISIT ONLY.....2 |
| | SOME VISITS.....3 |
| | EVERY VISIT.....4 |
| | NEVER.....5 |
| a. Check for Weight Gain | |
| b. Check Blood Pressure | |
| c. Check for Oedema (Water Retention) | |
| d. Check for Abnormal Food Cravings | |
| e. Measure Height | |
| f. Immunize | |
| g. Discuss Diet or Nutrition | |
| h. Discuss Smoking, Alcohol, Drugs | |
| i. Discuss High Blood Pressure | |

CHART 1 (CONTINUED)

| | |
|---|--|
| <p>FOR EACH SERVICE LISTED, ASK Q.2.</p> | <p>2. For pregnant women seen here, when is _____ included in a standard prenatal visit?</p> <p>(READ CATEGORIES)</p> <p>WOMEN AT RISK ONLY.....1 FIRST VISIT ONLY.....2 SOME VISITS.....3 EVERY VISIT.....4 NEVER.....5</p> |
| j. Discuss Individual's Particular Risk Factors | |
| k. Review Warning Signs | |
| l. Discuss Plans for Emergencies | |
| m. Advise Patient to Deliver in Hospital | |
| n. Encourage Breastfeeding | |
| o. Discuss Ideal Schedule for Prenatal Care | |
| p. Discuss Family Planning | |

CHART 2

| FOR EACH SERVICE LISTED, ASK Q.3-5 ACROSS | 3. For pregnant women seen here, when is _____ included in a standard prenatal visit? (READ CATEGORIES) | 4A. Where is _____ collected? 4B. Where is laboratory analysis completed for _____ ? | 5. For _____ what is the usual waiting period for results? |
|---|--|---|--|
| | WOMEN AT RISK ONLY.1 FIRST VISIT ONLY...2 SOME VISITS.....3 EVERY VISIT.....4 NEVER.....5 | ASK FOR 4A AND 4B BEFORE ASKING Q.5. ONSITE.....1 AT REFERRAL SITE.2 | HOURS....1 DAYS....2 WEEKS....3 MONTHS...4 |
| | | 4A 4B ----- SAMPLE OR LABORATORY SPECIMEN ANALYSIS COLLECTED COMPLETED | |
| a. Haemoglobin Test | | | |
| b. Bloodgroup Test/RH Factor | | | |
| c. VDRL/STD Test | | | |
| d. Sickle Cell Test | | | |
| e. Urine Protein Test | | | |
| f. Urine Glucose Test | | | |
| g. Test for Parasites | | | |

CHART 3

| FOR EACH SERVICE, ASK Q.6 | 6. Where is ___ available? ONSITE.....1 AT REFERRAL SITE..2 |
|---|---|
| a. Caesarean Sections | |
| b. Repair Vaginal or Cervical Tears | |
| c. Remove Ectopic Pregnancy | |
| d. Empty Uterus Following Incomplete Spontaneous Abortion | |
| e. Treat Eclamptic Fits | |
| f. Treat Puerperal Sepsis | |
| g. Induce Labor | |
| h. Intravenous Fluid or Medication | |
| i. Delivery by Vacuum Extraction or Forceps | |
| j. Fetal Monitoring | |
| k. Supply Oxygen to Mother | |
| l. Supply Oxygen to Infant | |
| m. Suction Machine for Infant | |
| n. Incubators for Neonates | |

CHART 4

| FOR EACH COMPLICATION, ASK Q. 7-9 ACROSS, BEFORE ASKING ABOUT NEXT COMPLICATION. | 7. Do you refer _____ complications to another provider, health centre, or hospital? | 8. Where do you usually refer _____ complications? | 9. Is there another health centre that is closer? |
|--|--|---|--|
| | YES, TO A PRIVATE PROVIDER.....1 (Q.8) | | |
| | YES, TO A PRIVATE HOSPITAL.....2 (Q.8) | | |
| | YES, TO A PUBLIC HEALTH CENTRE.....3 (Q.8) | | |
| | YES, TO A PUBLIC HOSPITAL.....4 (Q.8) | NAME | CODE |
| | NO.....5 (NEXT) | YES...1 | NO....2 |
| a. pregnancy | | | |
| b. delivery | | | |
| c. postpartum | | | |

10. In the last 6 months, when you referred patients to other providers, health centres, or hospitals, have any ever refused to see the patient?

YES.....1
NO.....2

11. In the last 6 months, when you have referred patients to other providers, health centres, or hospitals, does the patient return to you with a record of what was done at the referral site?

YES, ALWAYS.....1
YES, SOMETIMES.....2
NO, NEVER.....3

12. What type of facilities refer maternal health cases to you?

- TYPE I HEALTH CENTRES.....1
- TYPE II HEALTH CENTRES.....2
- TYPE III HEALTH CENTRES.....3
- TYPE IV HEALTH CENTRES.....4
- TYPE V HEALTH CENTRES.....5
- MATERNITY CENTRES.....6
- POLY HEALTH CENTRES.....7
- PRIVATE HEALTH CENTRES.....8
- NONE.....9

CODE ALL THAT APPLY

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

 | END INTERVIEW |

 | TIME INTERVIEW ENDED? | | | |
 | | HOUR | MIN | AM/PM |
