



Health Results Based Financing Impact Evaluation
Lesotho
2015
Health Facility Questionnaire
F4 - Exit Interview Child under age 5

IDENTIFIER			
HC CODE		PATIENT NUMBER	

DISTRICT NAME	DISTRICT CODE

GPS COORDINATES OF HEALTH FACILITY			
LATITUDE (NORTH)	.		
LONGITUDE (EAST)	.		

NAME OF HEALTH CENTER	LOCATION OF HEALTH CENTER

RESULT OF THE INTERVIEW		
<input style="width: 30px; height: 20px;" type="checkbox"/>	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	PERSON IN CHARGE REFUSED INTERVIEW	03
	PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
	FACILITY IS EMPTY (NO STAFF MEMBERS)	05
	HEALTH FACILITY NOT FOUND	06
OTHER, SPECIFY:		96

INTERVIEWER	CODE		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>		

VISIT 1	DAY	MONTH	YEAR
	.		

VISIT 2	DAY	MONTH	YEAR
	.		

VISIT 3	DAY	MONTH	YEAR
	.		

LANGUAGE	
SESOTHO	01
ENGLISH	02
OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT
<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>

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CODE		
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DAY	MONTH	YEAR
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CODE		
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DAY	MONTH	YEAR
.		

(1) Identification		RECORD RESPONSE
INTERVIEWER: REPORT THE FOLLOWING ABOUT THE HEALTH WORKER WHO ATTENDED THE PATIENT.		
(1.01)	ENTER HEALTH WORKER ID CODE FROM THE FACILITY STAFF ROSTER	FROM THE STAFF ROSTER IN FORM F1
(1.02)	GENDER OF THE HEALTH WORKER	MALE 01
		FEMALE 02
(1.03)	POSITION AT THIS HEALTH CENTER	DOCTOR OR MEDICAL OFFICER 01
		HEALTH CENTER ADMINISTRATOR / EXECUTIVE DIRECTOR 02
		NURSE CLINICIAN 03
		NURSE MIDWIFE 04
		GENERAL NURSE 05
		NURSE ASSISTANT 06
		HEALTH ASSISTANT 07
		SOCIAL WELFARE ASSISTANT 08
		PHARMACY ASSISTANT 09
		OTHER, SPECIFY: 96
INTERVIEWER: ASK THE FOLLOWING QUESTIONS TO THE CAREGIVER OF THE PATIENT.		
(1.04)	Is it the first time the child is brought to this health center for this disease or this purpose of the visit?	YES 1
		NO 2
(1.05)	What is the child's gender?	MALE 01
		FEMALE 02
(1.06)	What is the age of the child? INTERVIEWER: ENTER COMPLETED YEARS AND MONTHS. IF THE CHILD'S AGE IS MORE THAN 4 YEARS AND 11 MONTHS, STOP THE OBSERVATION AND MOVE TO THE NEXT SAMPLED CHILD.	a. YEARS (COMPLETED. RANGE IS 0 TO 4)
		b. MONTHS (COMPLETED. RANGE IS 0 TO 11)
(1.07)	How are you related to the child?	Mother 01
		Father 02
		Female caregiver (including other family member) 03
		Male caregiver (including other family member) 04
		Other, specify: 96
(1.08)	Can you read and write?	Yes 1
		No 2

(1.09)	What is the highest level of education that you completed, and how many years (or grades) of school have you completed <u>within</u> that level?	No school	00	
		Preschool	01	
		Primary School (STD 1-7)	02	
		Secondary School (FORM A-C)	03	
		High School (FORM D-E)	04	
		Teacher Training/Education in Technical Subjects (YEAR 1-3)	05	
		University Education	06	
		Other, specify:	96	
		GRADE / NUMBER OF YEARS WITHIN THAT LEVEL		
(1.10)	What is your marital status?	Single	01 ▶	(2.01)
		Married/Living together	02	
		Widowed	03 ▶	(2.01)
		Divorced/separated	04 ▶	(2.01)
(1.11)	What is the highest level of education that your spouse / partner completed, and how many years (or grades) of school has your spouse / partner completed <u>within</u> that level?	No school	00	
		Preschool	01	
		Primary School (STD 1-7)	02	
		Secondary School (FORM A-C)	03	
		High School (FORM D-E)	04	
		Teacher Training/Education in Technical Subjects (YEAR 1-3)	05	
		University Education	06	
		Other, specify:	96	
		GRADE (NUMBER OF YEARS) COMPLETED WITHIN THAT LEVEL		

(2) Treatment and counseling		RECORD RESPONSE		
INTERVIEWER: INTRODUCE THIS SECTION WITH "Now I would like to ask you some questions about this visit to the health center."				
(2.01)	What is the purpose of the child's visit to the health center today? INTERVIEWER: READ ALL CATEGORIES AND RECORD "1" IF PURPOSE APPLIES AND "2" OTHERWISE.	a	Vaccination/Immunization	
		b	Child growth monitoring	
		c	Well baby check-up	
		d	Child illness or injury	
		IF NO ► (2.04)		
(2.02)	How long ago in days did this illness start?	NUMBER OF DAYS		
(2.03)	What was the reason for bringing the child to the health center today? INTERVIEWER: DO NOT READ OPTIONS ALOUD; FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED. MENTIONED.....1 NOT MENTIONED.....2	a	DIARRHEA	
		b	FEVER	
		c	COUGH/DIFFICULTY BREATHING	
		d	SKIN INFECTION/ PUS WOUND	
		e	TONSILLITIS/ SORE THROAT	
		f	OTITIS MEDIA/ PAIN IN EAR	
		g	INJURY	
		h	OTHER, SPECIFY:	
(2.04)	Did you come to this health center on your own, or based on a referral from another facility, or based on a referral from a village health worker?	Came directly on own	01	
		Referred by health worker in another facility	02	
		Referred by a village health worker	03	
(2.05)	Did someone in the health center ask the age of the child?	YES	1	
		NO	2	
(2.06)	Did someone in the health center weigh the child?	YES	1	
		NO	2	
(2.07)	Did someone in the health center measure the height of the child?	YES	1	
		NO	2	
(2.08)	Did someone in the health center plot weight or height against a growth chart?	YES	1	
		NO	2	
(2.09)	Did the health worker physically examine the child?	YES	1	
		NO	2	
(2.10)	At this visit, did the health worker also tell you that there was something wrong with the child?	YES	1	
		NO	2 ► (2.24)	
(2.11)	What did the health worker say was wrong with the child? INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED. MENTIONED.....1 NOT MENTIONED.....2	a	FEVER	
		b	MEASLES	
		c	DEHYDRATION	
		d	VIRAL INFECTION/FLU	
		e	DIARRHEA	
		f	DYSENTERY/ BLOODY DIARRHEA	
		g	COLD/ UPPER RESPIRATORY INFECTION	
		h	PNEUMONIA	
		i	MALNUTRITION	
		j	PARASITIC INFECTIONS	
		k	OTHER, SPECIFY:	

(2.12)	Did the health worker tell you things to do at home to help treat the child's illness?	YES	1	
		NO	2 ► (2.14)	
(2.13)	<p>What did the health worker tell you to do?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED.</p> <p>MENTIONED.....1 NOT MENTIONED.....2</p>	a	GIVE MORE FLUIDS	
		b	CONTINUE OR INCREASE FEEDINGS AND/OR BREASTFEEDING	
		c	TEPID BATHS FOR FEVER	
		d	KEEP THE CHILD WARM	
		e	AVOID GIVING MEDICATIONS OTHER THAN THOSE PRESCRIBED TODAY	
		f	OTHER, SPECIFY:	
(2.14)	Did the health worker tell you to bring the child back if the child's condition becomes worse?	YES	1	
		NO	2 ► (2.16)	
(2.15)	<p>From the advice given to you by the health worker, how will you know if the child's condition becomes worse and should be brought back?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED OR "2" IF NOT MENTIONED.</p> <p>MENTIONED.....1 NOT MENTIONED.....2</p>	a	FEVER DOES NOT GO AWAY AFTER CERTAIN TIME	
		b	FEVER DEVELOPS	
		c	CHILD IS UNABLE TO DRINK OR IS DRINKING POORLY	
		d	CHANGE IN CONSCIOUSNESS	
		e	DIARRHEA PERSISTS	
		f	BLOOD APPEARS IN THE STOOL	
		g	CHILD DEVELOPS RAPID OR DIFFICULT BREATHING	
		h	CHILD BECOMES SICKER FOR ANY REASON	
		i	NEW SYMPTOMS DEVELOP	
		j	OTHER, SPECIFY:	
(2.16)	Did the child receive any medicine or prescriptions today from the health center?	Received medicine at health center	01	
		Received prescription to fill outside the health center	02	
		Received neither medicine nor prescription at the health center	03 ► (2.23)	
(2.17)	In total, how many medications were given or prescribed to the child?			

	INTERVIEWER: CHECK ANSWER FROM (2.16). IF ANSWER=01 ► (2.18). IF ANSWER=02 ► (2.19).			
(2.18)	What medicines were given at the health center? INTERVIEWER: CHECK ON THE MEDICINES GIVEN FOR CONFIRMATION AND WRITE DOWN THE MEDICINES. ► (2.21)	1.		
		2.		
		3.		
		4.		
		5.		
(2.19)	What medicines were prescribed? INTERVIEWER: CHECK ON THE MEDICINES ON THE PRESCRIPTION FOR CONFIRMATION AND WRITE DOWN THE MEDICINES.	1.		
		2.		
		3.		
		4.		
		5.		
(2.20)	How long does it take you to travel from this health center to the location (pharmacy) where you get the prescribed medicine using your usual mode of transportation? (One way)	MINUTES		
(2.21)	Did the health worker(s) thoroughly explain how to take the medicines?	YES	1	
		NO	2	
(2.22)	Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine might have?	YES	1	
		NO	2	
(2.23)	Did the health worker give you a specific date to bring the child back to the health center for a follow-up visit?	YES	1	
		NO	2	
(2.24)	Did your child receive a bukana today?	YES	1	► (2.26)
		NO	2	
(2.25)	Does the child have a bukana?	YES, SEEN	1	
		YES, NOT SEEN	2	► (2.28)
		NO	3	► (2.28)
(2.26)	INTERVIEWER: CHECK CHILD'S IMMUNIZATION STATUS.			
	RECORD "01" FOR RECEIVED AND "02" FOR NOT RECEIVED.	RECEIVED	NOT RECEIVED	RECORD RESPONSE
A	BCG	01	02	
B	Pentavalent1	01	02	
C	Pentavalent2	01	02	
D	Pentavalent3	01	02	
E	OPV0	01	02	
F	OPV1	01	02	
G	OPV2	01	02	
H	Vitamin A	01	02	
I	Measles	01	02	
J	DT booster	01	02	
K	Deworming	01	02	

(2.27)	INTERVIEWER: DOES THE CHILD NEED TO RECEIVE MORE IMMUNIZATIONS (REFER TO BUKANA)?	YES	1	
		NO	2	
(2.28)	Did the health worker ask you to bring back the child to receive immunization another day?	YES	1	
		NO	2	▶ (3.01)
(2.29)	When did the health worker ask you to bring the child back?	a.	MONTH (MM)	
		b.	YEAR (YYYY)	

(3)	Patient travel and expenditure	RECORD RESPONSE																								
(3.01)	How long did it take you to reach this health center from home today, <u>one way</u> in minutes?	MINUTES																								
(3.02)	What was your primary mode of transportation today? (<u>One way</u>)	<table border="1"> <tr> <td>By foot</td> <td>01</td> <td>▶ (3.04)</td> </tr> <tr> <td>Bicycle</td> <td>02</td> <td></td> </tr> <tr> <td>Animal</td> <td>03</td> <td></td> </tr> <tr> <td>Private car</td> <td>04</td> <td></td> </tr> <tr> <td>Public car/bus</td> <td>05</td> <td></td> </tr> <tr> <td>Private motorcycle</td> <td>06</td> <td></td> </tr> <tr> <td>Taximoto</td> <td>07</td> <td></td> </tr> <tr> <td>Other, Specify:</td> <td>96</td> <td></td> </tr> </table>	By foot	01	▶ (3.04)	Bicycle	02		Animal	03		Private car	04		Public car/bus	05		Private motorcycle	06		Taximoto	07		Other, Specify:	96	
By foot	01	▶ (3.04)																								
Bicycle	02																									
Animal	03																									
Private car	04																									
Public car/bus	05																									
Private motorcycle	06																									
Taximoto	07																									
Other, Specify:	96																									
(3.03)	How much did it cost in Maloti for you to travel to the health center today, one way?	MALOTI																								
(3.04)	How long did you wait in the health center before being seen in consultation by the health worker?	MINUTES																								
(3.05)	Do you think the time you spent waiting was too long?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2																				
YES	1																									
NO	2																									
(3.06)	How long did you spend with the health provider during the consultation?	MINUTES																								
(3.07)	Are you currently covered under a health insurance scheme?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> <td>▶ (4.01)</td> </tr> </table>	YES	1	NO	2	▶ (4.01)																			
YES	1																									
NO	2	▶ (4.01)																								
(3.08)	What type of health insurance is this? Is it Public, Private or both?	<table border="1"> <tr> <td>Public</td> <td>01</td> </tr> <tr> <td>Private</td> <td>02</td> </tr> <tr> <td>Both</td> <td>03</td> </tr> </table>	Public	01	Private	02	Both	03																		
Public	01																									
Private	02																									
Both	03																									
(3.09)	In the last 12 months, how many months have you been enrolled in the insurance scheme that covers you now?	MONTHS. MAXIMUM 12.																								

(4)	Patient satisfaction	RECORD RESPONSE
(4.01) What was the two most important reason you chose this health center today instead of a different source of care? INTERVIEWER: DO NOT READ OPTIONS ALOUD. ONLY TWO ANSWERS ARE ALLOWED.	LOCATION CLOSE TO HOME	01
	LOW COST	02
	TRUST IN PROVIDERS / HIGH QUALITY CARE	03
	AVAILABILITY OF DRUGS	04
	AVAILABILITY OF FEMALE PROVIDER	05
	RECOMMENDATION OR REFERRAL	06
	OTHER, SPECIFY:	96

I'm going to read you a series of statements regarding this health center. Please tell me if you agree, neither agree nor disagree or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply

INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND CIRCLE THE RESPONSE CODE FOR EACH

		Agree	Neither agree nor disagree	Disagree	Not applicable
(4.02)	It is convenient to travel from your house to the health center.	1	2	3	4
(4.03)	The health center is clean.	1	2	3	4
(4.04)	The health staff are courteous and respectful.	1	2	3	4
(4.05)	The health workers did a good job of explaining your condition.	1	2	3	4
(4.06)	It is easy to get medicine that health workers prescribe.	1	2	3	4
(4.07)	The transport fees for this visit to the health center were reasonable.	1	2	3	4
(4.08)	The amount of time you spent waiting to be seen by a health worker was reasonable.	1	2	3	4
(4.09)	You had enough privacy during your visit.	1	2	3	4
(4.10)	The health worker spent a sufficient amount of time with you.	1	2	3	4
(4.11)	The hours the health center is open are adequate to meet your needs.	1	2	3	4
(4.12)	The overall quality of services provided was satisfactory.	1	2	3	4

(5) Security and Trust						
I'm going to read you a series of statements regarding security and trust in this health center. Please respond to the statements as you did above by confirming if you agree, neither agree nor disagree, or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you.						
INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.						
		Agree	Neither agree nor disagree	Disagree	Not applicable	RECORD RESPONSE
(5.01)	The level of security in the health center area makes it difficult for people in the community to use available health services.	1	2	3	4	
(5.02)	The health workers in this facility are extremely thorough and careful.	1	2	3	4	
(5.03)	You trust in the skills and abilities of the health workers of this health center.	1	2	3	4	
(5.04)	You completely trust the health worker's decisions about medical treatments in this health center.	1	2	3	4	
(5.05)	The health workers in this health center are very friendly and approachable.	1	2	3	4	
(5.06)	The health workers in this health center are easy to make contact with.	1	2	3	4	
(5.07)	The health workers in this health center care about your health just as much or more than you do.	1	2	3	4	
(5.08)	The health workers in this health center act differently toward rich people than toward poor people.	1	2	3	4	
(5.09)	All in all, you trust the health workers completely in this health center.	1	2	3	4	

(6)	Questions about the household	RECORD RESPONSE	
(6.01)	Does your household own any land, including land where you have a house?	YES 1	
		NO 2	
(6.02)	For your home, what is the main material used for the following: Wall, Rooftop and Floor? INTERVIEWER: DO NOT READ CHOICES ALOUD. RECORD THE RESPONSE FOR EACH SEPARATELY	BRICKS OR BLOCKS 01 ASBESTOS 02 CORRUGATED IRON / METAL 03 PLASTIC 04 POLES / REED 05 TILES / SLATES 06 THATCH / GRASS 07 WOOD / BAMBOO 08 EARTH / MUD 09 CONCRETE (CEMENT) 10 COVERED CONCRETE 11 CARDBOARD 12 OTHER, SPECIFY: 96	a. Wall <input type="checkbox"/> <input type="checkbox"/> b. Rooftop <input type="checkbox"/> <input type="checkbox"/> c. Floor <input type="checkbox"/> <input type="checkbox"/>
(6.03)	How many rooms does your household have, including rooms outside the main dwelling, not counting the kitchen and bathrooms? INTERVIEWER: DO NOT COUNT KITCHEN AND BATHROOM.	NUMBER OF ROOMS	
(6.04)	How many people live in your household? INTERVIEWER: WRITE THE TOTAL NUMBER IN EACH CATEGORY.	a. Men 18 years and older	
		b. Women 18 years and older	
		c. Children & adolescents between 6 & 17 years	
		d. Children 5 years and below	
		e. Total	

(6) Questions about the household (continued)		
(6.05)	How many [ASSET]s does your household own? ONLY INCLUDE <u>FUNCTIONING</u> ASSETS.	RECORD RESPONSE
a	Radio/CD/cassette player?	
b	Television?	
c	Clothes iron?	
d	Electric stove?	
e	Gas stove?	
f	Paraffin lamp?	
g	Bed?	
h	Mattress?	
i	Cameras?	
j	Refrigerator / freezer?	
k	Dishwashers?	
l	Fans?	
m	Sewing machine?	
n	Table? (for dining?)	
o	Sofa?	
p	Land line telephone?	
q	Mobile / Telephone?	
r	Motorcycle?	
s	Bicycle?	
t	Truck or car?	
u	Wheelbarrow?	
v	Plough?	
x	Hoes / harrows / axes ?	
(6.06)	How many [ANIMAL]s does your household own? IF ZERO, RECORD ZERO AND GO TO NEXT ANIMAL.	RECORD RESPONSE
a	Cattle?	
b	Goat?	
c	Sheep?	
d	Pig?	
e	Poultry (chicken, ducks, turkeys, etc.) ?	
f	Game?	
g	Donkey?	
h	Horse?	
i	Oxen?	
j	Other, specify?	

(7) Village Health Worker				RECORD RESPONSE	
(7.01)	Do you know of any village health workers (VHW) in your community?	YES	1		
		NO	2 ► END		
(7.02)	Do you have both male and female Village Health Worker in your community?	Male VHW only	01		
		Female VHW only	02		
		Both Male and Female	03		
(7.03)	In the last month, has any village health worker provided services to you while you were at the health post?	YES	1		
		NO	2		
(7.04)	In the last month, has any village health worker provided services to you while you were in your own home?	YES	1		
		NO	2		
(7.05)	In the last month, has any village health worker provided services to you while you were elsewhere in your community?	YES	1		
		NO	2		
(7.06)	INTERVIEWER: CHECK THE PREVIOUS 3 QUESTIONS TO SEE WHETHER RESPONDENT HAS USED SERVICES IN THE LAST MONTH	YES	1		
		NO	2 ► (7.08)		
(7.07)	What services did the VHW provide you? INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED.	a. PROVIDE IRON / FOLIC ACID TABLETS			
		b. PROVIDE TETANUS TOXOID IMMUNIZATION			
		c. INFORMATION ON DANGER SIGNS DURING PREGNANCY			
		d. ADVICE ON EXCLUSIVE BREASTFEEDING			
		e. HEALTH EDUCATION OR PROMOTION			
		f. REFERRAL TO HEALTH CENTER			
		g. OTHER, SPECIFY:			
I'm going to read you two statements in relation to work done by the Village Health workers. Please indicate if you agree, neither agree nor disagree, or disagree with each statement.					
		Agree	Neither agree nor disagree	Disagree	RECORD RESPONSE
(7.08)	Village Health Worker(s) provide a valuable service in my community.	1	2	3	
(7.09)	Village Health Worker(s) provide good quality service in my community	1	2	3	

THANK YOU FOR YOUR TIME