



**Health Results Based Financing Impact Evaluation**  
**Lesotho**  
**2015**  
**Health Center Questionnaire**  
**F1 - Health Center Assessment Questionnaire**

IDENTIFIER		
HG CODE		

DISTRICT NAME	DISTRICT CODE

GPS COORDINATES OF HEALTH CENTER											
LATITUDE (NORTH)				-							
LONGITUDE (EAST)				-							

NAME OF HEALTH CENTER	LOCATION OF HEALTH CENTER

RESULT OF THE INTERVIEW	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
	FACILITY NOT FOUND	06
OTHER, SPECIFY:		99

INTERVIEWER	CODE

VISIT 1	DAY			MONTH			YEAR				
VISIT 2	DAY			MONTH			YEAR				
VISIT 3	DAY			MONTH			YEAR				

LANGUAGE	
SESOTHO	01
ENGLISH	02
OTHER, SPECIFY:	99
INTERVIEW	RESPONDENT
<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR	CODE

DAY			MONTH			YEAR			
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DATA ENTRY OPERATOR	CODE

DAY			MONTH			YEAR			
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<b>(1) General Information</b>		
<b>(A) General</b>		<b>RECORD RESPONSE</b>
RESPONDENT: HEAD OF THE HEALTH CENTER OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE.		
<b>(1.01)</b>	Are you in charge of this health center today?	YES 1 ► <b>(1.03)</b>
		NO 2
<b>(1.02)</b>	Are you authorized to represent this health center?	YES 1
		NO 2
<b>(1.03)</b>	What is your job title at this health center?	Doctor or medical officer 01
		Hospital 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
<b>(1.04)</b>	Who owns this health center?	MOH 01
		CHAL 02
		Other, specify: 96
<b>(1.05)</b>	In what year was the health center commissioned? INTERVIEWER: RECORD YEAR IN YYYY FORMAT (E.G. 1941).	YEAR YYYY
<b>(1.06)</b>	When was the last major investment in the infrastructure? INTERVIEWER: RECORD MONTH AND YEAR. INCLUDE MAJOR PAINTING, PLUMBING, EXTENSIONS TO THE BUILDING, ETC.	a. MONTH MM
		b. YEAR YYYY IF INVESTMENT WAS OVER MORE THAN ONE YEAR, ONLY RECORD THE MOST RECENT YEAR OF INVESTMENT
<b>(1.07)</b>	Does this health center provide care round-the-clock (i.e. 24 hours)?	YES, FORMALLY/ OFFICIALLY 01 ► <b>(1.10)</b>
		YES, INFORMALLY/ IN PRACTICE 02 ► <b>(1.10)</b>
		NO 03
<b>(1.08)</b>	At what time of the day does outpatient care start?  INTERVIEWER: RECORD IN MILITARY TIME THROUGHOUT. E.G. IF IT STARTS AT 7AM, RECORD 0700. IF IT STARTS AT 7PM, RECORD 1900. RECORD "00" IF NO OUTPATIENT CARE THAT DAY.	a. Weekdays
		b. Saturday
		c. Sunday
		d. Holidays
<b>(1.09)</b>	At what time does outpatient care end?  INTERVIEWER: RECORD IN MILITARY TIME THROUGHOUT. E.G. IF IT ENDS AT 7AM, RECORD 0700. IF IT ENDS AT 7PM, RECORD 1900. RECORD "00" IF NO OUTPATIENT CARE THAT DAY.	a. Weekdays
		b. Saturday
		c. Sunday
		d. Holidays

(1.10)	On what days does the health center offer antenatal care clinics, and for how many hours on those days?  INTERVIEWER: FOR EACH DAY, RECORD THE NUMBER OF HOURS THE SERVICE IF OFFERED. IF SERVICE IS NOT OFFERED THAT DAY, RECORD "00".	a. Monday	
		b. Tuesday	
		c. Wednesday	
		d. Thursday	
		e. Friday	
		f. Saturday	
		g. Sunday	
(1.11)	On what days does the health center offer under 5 clinics, and for how many hours on those days?  INTERVIEWER: FOR EACH DAY, RECORD THE NUMBER OF HOURS THE SERVICE IF OFFERED. IF SERVICE IS NOT OFFERED THAT DAY, RECORD "00".	a. Monday	
		b. Tuesday	
		c. Wednesday	
		d. Thursday	
		e. Friday	
		f. Saturday	
		g. Sunday	
(1.12)	What is the distance from the health center to the nearest hospital one way in kilometers?	KILOMETERS	
(1.13)	What are the <u>three</u> main sources of funding or income (in the sense of incoming cash) for this health center?  INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OF THE 3 SOURCES OF FUNDING CITED BY THE RESPONDENT (AND 3 ONLY), RECORD "1" IN THE CORRESPONDING LINE. FOR ALL SOURCES OF FUNDING NOT CITED BY THE RESPONDENT AS PART OF THE 3 MAIN SOURCES OF FUNDING, RECORD "2". NO CELL SHOULD BE LEFT BLANK.	a. DISTRICT HEALTH MANAGEMENT TEAM	
		b. MOH	
		c. CHAL	
		d. USER FEES	
		e. DRUG SALES	
		f. FAITH BASED ORGANIZATIONS	
		g. PRIVATE COMPANY	
		h. DONOR	
		i. INSURANCE PAYMENTS	
		j. OTHER, SPECIFY:	
(1.14)	Can you please tell me the total amount received in 2014 in MALOTI?	MALOTI	
(1.15)	INTERVIEWER: SOURCE OF INFORMATION CONSULTED TO OBTAIN BUDGET FIGURES	OFFICIAL ACCOUNTS	01
		FACILITY RECORDS	02
		NO SOURCE: ORAL REPORT	03
		OTHER, SPECIFY: □	96
(1.16)	What is the primary source of electricity?	Electrical mains/grid	01
		Generator	02
		Solar	03
		No source of electricity	04
		Other, specify:	96
(1.17)	Were there any electric power outages in the last 7 days?	YES	1
		NO	2 ► (1.19)
(1.18)	How many hours was electric power missing in the last 7 days?	MAXIMUM 168 HOURS	

(1.19)	What is the primary source of water?	Piped into Facility	01	
		Piped into Yard/Plot	02	
		Public tap/Standpipe	03	
		Protected well	04	
		Unprotected well	05	
		Protected spring	06	
		Unprotected spring	07	
		Rainwater	08	
		Tanker Truck/Vendor	09	
		Surface water (lake, river or stream)	10 ► (1.23)	
		Bottled water	11 ► (1.21)	
Other, specify:	96			
(1.20)	Is this primary source of water used only by the health center, or is it shared with other users?	ONLY FACILITY	01	
		SHARED	02	
(1.21)	In the last 7 days, was there any time when there was no water available in the facility?	YES	1	
		NO	2 ► (1.23)	
(1.22)	In the last 7 days, for how many hours was there no water available at the facility?	MAXIMUM 168 HOURS		
(1.23)	How long does it take to fetch water from the primary source for the health center, <u>one way on foot in minutes</u> ? IF WATER IN FACILITY, RECORD "0".	MINUTES		
(1.24)	Does the health center have a functioning two-way radio?	YES	1	
		NO	2	
(1.25)	Does the health center have phone line, whether a landline or a mobile line?	YES, LANDLINE	01 ► (1.28)	
		YES, MOBILE	02 ► (1.28)	
		YES, BOTH	03 ► (1.28)	
		NO	04	
(1.26)	Are there any phone services available in the community apart from the staffs' personal phone that the health center staff can use if needed?"	YES	1	
		NO	2 ► (1.30)	
(1.27)	How long does it take to reach those phone services?	MINUTES		
(1.28)	In the last 7 days, was there any time when the health center did not have any telephone service whether landline or mobile? (INCLUDE REASONS SUCH AS NETWORK PROBLEMS)	YES	1	
		NO	2 ► (1.30)	
(1.29)	How many hours was telephone out in the last 7 days?	MAXIMUM 168 HOURS		
(1.30)	Do any of the health center staff have a mobile phone line?	YES	1	
		NO	2	
(1.31)	Does this health center refer patients to other facilities (e.g. to the District Hospital)?	YES	1	
		NO	2 ► (1.33)	
(1.32)	Does the health center refer the following to other facilities?:  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD YES OR NO  YES.....1 NO.....2	a. Lab tests		
		b. In-patient		
		c. Specialized care		
		d. Delivery		
		e. Family planning consultations		
(1.33)	Does the health center have access to any kind of transportation (to pick up patients or take them to a referral facility)?	YES	1	
		NO	2 ► (1.38)	

(1.34)	How many working [VEHICLES] does the health center have access to?  INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD NUMBER OF <u>WORKING</u> VEHICLES AVAILABLE. IF ZERO, RECORD 00.	a. Ambulance owned by facility	
		b. Ambulance owned by District Health Management Authority	
		c. Private vehicle rented full time	
		d. Private vehicle rented part time	
		e. Other vehicle owned by facility	
		f. Private vehicles on call	
		g. Motorbike owned by facility	
		h. Rented motorbike	
		i. Other, specify:	
(1.35)	Do you ever use horses or donkeys for transportation?	YES	1
		NO	2
(1.36)	In the last 7 days, was there any time when there was no transportation available for patients?	YES	1
		NO	2 ► (1.38)
(1.37)	How many days was transportation unavailable in the last 7 days?	MAXIMUM 7 DAYS	
(1.38)	Does the health center own a functioning computer?	YES	1
		NO	2
<b>(B)</b>	<b>Universal Precautions</b>		RECORD RESPONSE
RESPONDENT: HEAD OF THE HEALTH CENTER OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE.			
(1.39)	Does the health center have a general outpatient consultation room?	YES, SEEN	01
		YES, NOT SEEN	02
		NO	03 ► (1.43)
(1.40)	Is this room equipped with a safety box or closed container present for disposal of used sharps?	YES, SEEN	01
		YES, NOT SEEN	02
		NO	03
(1.41)	Does the room have posted procedures for decontamination procedure steps?	YES, SEEN	01
		YES, NOT SEEN	02
		NO	03
(1.42)	Does the room have a basin with a water source and soap?	YES, SEEN	01
		YES, NOT SEEN	02
		NO	03
(1.43)	What disinfectant(s) are being used in the health center?  INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF THE DISINFECTANT IS BEING USED, "2" IF NOT.	a. Chlorhexidine (gluconate)	
		b. Savion	
		c. Dakin	
		d. Sodium Hypochlorite/Chlorine solution/JIK solution	
		e. Methylated spirit	
		f. Other, specify:	
(1.44)	In the last 30 days, was there any time when the health center ran out of disinfectant(s)?	YES	1
		NO	2 ► (1.46)
(1.45)	In the last 30 days for how many days was the health center out of disinfectant(s)?	DAYS	
(1.46)	Is there a functional incinerator for disposing of medical waste?	YES, SEEN	01
		YES, NOT SEEN	02
		NO	03

(1.47)	What procedure is used for <u>decontaminating</u> medical equipment after <u>initial</u> use?  INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL DECONTAMINATION TECHNIQUES, RECORD MOST USED ONE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP+WATER	01	
		BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION	02	
		BRUSH SCRUBBED WITH SOAP AND WATER ONLY	03	
		SOAKED IN DISINFECTANT SOLUTION ONLY	04	
		CLEANED WITH SOAP & WATER	05	
		EQUIPMENT NEVER DECONTAMINATED	06	
		EQUIPMENT NEVER REUSED	07 ► (1.49)	
OTHER, SPECIFY:	96			
(1.48)	What procedure is used for <u>sterilizing</u> medical equipment before reuse?  INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL STERILIZATION TECHNIQUES, RECORD MOST USED ONE.	DRY-HEAT STERILIZATION	01	
		AUTOCCLAVING	02	
		BOILING	03	
		STEAM STERILIZATION	04	
		CHEMICAL METHOD	05	
		PROCESSED OUTSIDE FACILITY	06	
		NONE	07	
OTHER, SPECIFY:	96			
(1.49)	Is the protocol for sterilizing equipment displayed?	DISPLAYED	01	
		NOT DISPLAYED	02	
(1.50)	Is there a provision for the disposal of bio medical waste?	YES	1	
		NO	2 ► (2.01)	
(1.51)	How is biomedical waste disposed of?  INTERVIEWER: DO NOT READ OPTIONS ALOUD. RECORD SINGLE RESPONSE. IF SEVERAL WASTE DISPOSAL METHODS, RECORD MOST USED ONE.	BURIED IN PIT	01	
		BURNED	02	
		THROWN OUTSIDE	03	
		OUTSOURCED	04	
		OTHER, SPECIFY:	96	

<b>(2) Administration and Management</b>		RECORD RESPONSE
RESPONDENT: HEAD OF THE HEALTH CENTER OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE.		
(2.01)	Is there a Health Center Executive Committee for this health center?	YES 1 NO 2 ► (2.07)
(2.02)	How many members are on this Committee?	
(2.03)	Is there a representation of any of the following on this Committee?  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	a. Health center director/head b. Health center staff c. Neighborhood health committees d. Village Health Workers e. MOH / CHAL /District Health Management Team f. Non Governmental Organization staff g. Community leader h. Church leader i. Head of school j. Other, specify:
(2.04)	In the last 12 months, how many Health Center Executive Committee meetings were held?	
(2.05)	Does the facility have written records of the Health Center Executive Committee meetings (minutes, decisions, etc.)?	YES, SEEN 1 YES, NOT SEEN 2 NO 3
(2.06)	What initiatives were taken by the Health Center Executive Committee and implemented in the last 12 months?  INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED.	a. ADMINISTRATIVE SUPPORT TO FACILITY, E.G. APPROVING PAYMENTS b. PROVIDED NEW SUPPLIES OR EQUIPMENT c. PROVIDED NEW INFRASTRUCTURE d. PROVIDED REPAIRS TO FACILITY e. PROVIDED DRUGS f. SENSITIZATION / MOBILIZED COMMUNITY TO USE THE HEALTH FACILITY g. PROVIDED TRANSPORT TO STAFF FOR HOME VISITS h. GAVE IN-KIND CONTRIBUTIONS i. IMPROVED SECURITY AT THE FACILITY j. IMPROVED WATER QUALITY k. IMPROVED WATER SUPPLY (QUANTITY) l. SUPPORTED TRAINING FOR VILLAGE HEALTH WORKERS m. SUPPORTED OUTREACH TEAMS n. VERIFIED HEALTH FACILITY MATERNAL AND CHILD HEALTH-RELATED RESULTS o. ENVIRONMENTAL SANITATION (E.G. DESTRUCTION OF MOSQUITO BREEDING SITES) p. INDOOR RESIDUAL SPRAY q. REPORTED AND COLLECTED DATA FOR RESULTS-BASED FINANCING ACTIVITIES r. DESIGNED THE RESULTS-BASED FINANCING SCHEME s. OTHER, SPECIFY:

(2.07)	Has a budget been developed for the current financial year?  INTERVIEWER: ASK TO SEE THE BUDGET.	YES, SEEN	1	
		YES, NOT SEEN	2	
		NO	3	
(2.08)	Has a workplan been developed for the current financial year?  INTERVIEWER: ASK TO SEE THE WORKPLAN.	YES, SEEN	1	
		YES, NOT SEEN	2	
		NO	3 ► (2.12)	
(2.09)	Who was involved in setting this workplan?  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	a. Health center director		
		b. Health center staff		
		c. Non governmental Organization staff		
		d. Ministry of Health / CHAL / District Health Management Team		
		e. Neighborhood health committees		
		f. Health center executive committee		
		g. Hospital management		
		h. Village Health Workers		
		i. Community members		
		j. Health Center Committee		
		k. Other, specify:		
(2.10)	Are priority health-related activities identified in this workplan for the current financial year?	YES	1	
		NO	2 ► (2.12)	
(2.11)	Now I will read you a list of services. For each service, please tell me whether this service is a priority or not a priority for this fiscal year.  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES/PRIORITY, "2" IF NO/NOT A PRIORITY.	a. Prenatal care		
		b. Institutional delivery		
		c. Postnatal care		
		d. Immunization		
		e. Curative consultations		
		f. Family planning/Reproductive health		
		g. Nutrition		
		h. Integrated management of childhood illness		
		i. Tuberculosis		
		j. HIV/AIDS		
		k. STI		
		l. Health promotion and monitoring		
		m. Other, specify:		
(2.12)	How many health center staff meetings were held in the last 3 months?			
(2.13)	Do all health center staff have written job descriptions?	All have work descriptions	01	
		Some have work descriptions	02	
		None have work descriptions	03	
(2.14)	In the last 3 months, how many visits were made to the health center by the Regional Hospital for supervision or technical support? INTERVIEWER: IF ZERO, RECORD "0".			

(2.15)	In the last 3 months, how many visits were made by a district hospital representative for supervision or technical assistance? INTERVIEWER: IF ZERO, RECORD "0".		
(2.16)	In the last 3 months, how many visits were made by the District Health Management Team for supervision or technical support? INTERVIEWER: IF ZERO, RECORD "0".		
(2.17)	In the last 3 months, how many visits were made by the local government for supervision or technical support? INTERVIEWER: IF ZERO, RECORD "0".		
(2.18)	In the last 3 months, how many visits were made by a donor/NGO for supervision or technical support? INTERVIEWER: IF ZERO, RECORD "0".		
(2.19)	In the last 3 months, how many visits were made by this health center to Village Health Workers for supervision or technical support? INTERVIEWER: IF ZERO, RECORD "0".		
<b>NOTE, RECALL PERIOD IS NOW 12 MONTHS</b>			
(2.20)	In the last 12 months, how many times was the performance of <u>staff</u> assessed <u>internally</u> , that is, by persons within the health center?	IF ZERO ▶ (2.22)	
(2.21)	Is the result of this internal staff performance assessment linked to staff salary or incentive payment?	YES 1	
		NO 2	
(2.22)	In the last 12 months, how many times was the performance of <u>staff</u> assessed <u>externally</u> , that is, by persons from outside the health center, e.g. the District Health Management Team?	IF ZERO ▶ (2.24)	
(2.23)	Is the result of the staff performance assessment linked to staff salary or incentive payment?	YES 1	
		NO 2	
(2.24)	In the last 12 months, how many times was the performance of the <u>health center</u> as a whole assessed externally, that is, by persons from outside the facility?	IF ZERO ▶ (2.26)	
(2.25)	Is the result of the external performance assessment of the health center linked to facility financing?	YES 1	
		NO 2	
(2.26)	Does the health center obtain information on patient opinion through client surveys, a complaint/suggestion box or another method?	YES 1	
		NO 2 ▶ (3.01)	
(2.27)	Is there a formal mechanism to inform the staff about patient opinion ?	YES 1	
		NO 2	
(2.28)	In the last 12 months, have any changes occurred as a result of patient opinion?	YES 1	
		NO 2	

<b>(3) Human Resources</b>			
RESPONDENT: HEAD OF THE HEALTH CENTER OR BEST INFORMED STAFF MEMBER			
<b>(A)</b>	<b>Human Resources Management</b>	<b>RECORD RESPONSE</b>	
<b>(3.01)</b>	Who has the authority to hire new staff?  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	a. Health center manager/in charge	
		b. Health center staff	
		c. MOH / CHAL / District Health Management Team	
		d. Public Service Management division at cabinet office	
		e. Local government	
		f. Non Governmental Organization	
		g. Village Health Workers	
		h. Community members	
		i. Health Committee	
		j. Other, specify:	
		<b>(3.02)</b>	Who has the authority to dismiss staff?  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.
b. Health center staff			
c. MOH / CHAL / District Health Management Team			
d. Public Service Management division at cabinet office			
e. Local government			
f. Non Governmental Organization			
g. Village Health Workers			
h. Community members			
i. Health Committee			
j. Other, specify:			
<b>(3.03)</b>	Who has the authority to determine staff compensation?  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.		
		b. Health center staff	
		c. MOH / CHAL / District Health Management Team	
		d. Public Service Management division at cabinet office	
		e. Local government	
		f. Non Governmental Organization	
		g. Village Health Workers	
		h. Community members	
		i. Health Committee	
		j. Other, specify:	

FOR EACH TYPE OF POSITION LISTED BELOW, ASK QUESTIONS (3.04) TO (3.07). IF ZERO, RECORD 0.

		(3.04)	(3.05)	(3.06)	(3.07)
POSITION TYPE		How many authorized positions are there in the facility for [POSITION TYPE]s?	How many authorized positions for [POSITION TYPE] are currently filled?	In the last 12 months, how many [POSITION TYPE] have left the facility permanently?	How many [POSITION TYPE] work regularly in this facility without being in authorized position?
Doctor or medical officer	a.				
Hospital administrator/ Executive director	b.				
Nurse clinician	c.				
Nurse midwife	d.				
General nurse	e.				
Nurse assistant	f.				
Health assistant	g.				
Social welfare assistant	h.				
Pharmacy assistant	i.				
Other, specify:	j.				
<b>(B) Village Health Workers</b>					<b>RECORD RESPONSE</b>
(3.08)	How many villages are serviced by this health center?				
(3.09)	How many community health posts are there in the catchment area of this health center?				
(3.10)	Does the health center catchment area have active Village Health Workers (VHWs)?	YES	1	▶ (3.14)	
		NO	2		
(3.11)	How many Village Health Workers are currently active in this catchment area?	a. FEMALE			
		b. MALE			
(3.12)	Is there any Village Health Worker who has stopped working in the <u>last 12 months</u> ?	YES	1	▶ (3.14)	
		NO	2		
(3.13)	How many Village Health Workers have stopped working in the <u>last 12 months</u> ?	a. FEMALE			
		b. MALE			
(3.14)	Does the health center have a specially designated Village Health Supervisor?	YES	1	▶ (4.01)	
		NO	2		
(3.15)	How many Village Health Supervisors work from this health center?				

<b>(3.16)</b>	<p>In the last 3 months, did the Village Health Supervisor(s) do any of the following activities?</p> <p>INTERVIEWER: READ ALL OPTIONS ALOUD.</p>	a. Participate in Village Health Workers meetings	
		b. Supervise Village Health Workers activities (observe consultations, activities)	
		c. Replace Village Health Workers kits	
		d. Provide Village Health Workers training	
	YES 1	e. Support Village Health Workers training	
	NO 2	f. Collect and compile Monthly Activity Reports	
		g. Meet with health posts	
		h. Promote specific health programs	
		i. Organize vaccination campaign(s)	
		j. Other, specify:	

## (4) Staff Roster

SUBJECT: ALL STAFF MEMBERS, WHETHER TEMPORARY OR PERMANENT, CLINICAL OR NON-CLINICAL, STARTING WITH THE HEAD OF THE HEALTH CENTER  
 RESPONDENT: HEAD OF HEALTH CENTER OR BEST INFORMED STAFF MEMBER

	(4.01)	(4.02)	(4.03)	(4.04)	(4.05)															
<b>I D C O D E</b>	INTERVIEWER: LIST FULL NAMES OF ALL STAFF WORKING IN THE FACILITY. FOR EACH STAFF, ASK ALL THE QUESTIONS OF THIS SECTION, THEN MOVE TO NEXT STAFF.	IS [NAME] MALE OR FEMALE?	ID CODE OF RESPONDENT	How old is [NAME]?	What is the highest academic qualification that [NAME] obtained?															
		MALE 01			FEMALE 02	<table style="width: 100%; border-collapse: collapse;"> <tr><td>No school</td><td style="text-align: right;">00</td></tr> <tr><td>Preschool</td><td style="text-align: right;">01</td></tr> <tr><td>Primary School</td><td style="text-align: right;">02</td></tr> <tr><td>Secondary School</td><td style="text-align: right;">03</td></tr> <tr><td>High School</td><td style="text-align: right;">04</td></tr> <tr><td>College (Certificate)</td><td style="text-align: right;">05</td></tr> <tr><td>College (Diploma)</td><td style="text-align: right;">06</td></tr> <tr><td>University Degree</td><td style="text-align: right;">07</td></tr> <tr><td>Other, specify:</td><td style="text-align: right;">96</td></tr> </table>	No school	00	Preschool	01	Primary School	02	Secondary School	03	High School	04	College (Certificate)	05	College (Diploma)	06
No school	00																			
Preschool	01																			
Primary School	02																			
Secondary School	03																			
High School	04																			
College (Certificate)	05																			
College (Diploma)	06																			
University Degree	07																			
Other, specify:	96																			
	FULL NAME			YEARS																
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
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12																				
13																				
14																				
15																				



## (4) Staff Roster

SUBJECT: ALL STAFF MEMBERS, WHETHER TEMPORARY OR PERMANENT, CLINICAL OR NON-CLINICAL, STARTING WITH THE HEAD OF THE HEALTH CENTER  
 RESPONDENT: HEAD OF HEALTH CENTER OR BEST INFORMED STAFF MEMBER

I D C O D E	(4.11)	(4.12)	(4.13)	(4.14)	(4.15)	(4.16)														
	How many hours per week does [NAME] usually work at this health center?	How many hours per week does [NAME] usually spend providing medical care directly to patients?	Does [NAME] also work in a private health practice?	Is [NAME] here today?	Can you please tell me why [NAME] is not here today?  ▶ NEXT PROVIDER	What services is [NAME] providing today?  INTERVIEWER: RECORD UP TO 5 SERVICES. IF CHILD POSTNATAL CARE COMBINED WITH CHILD PREVENTIVE CARE (E.G. VACCINATIONS), RECORD *03* FOR POSTNATAL CARE TO CHILD.														
						OFFICIALLY OFF DUTY 01	ON SICK LEAVE 02	ON TRAINING 03	ON MATERNITY LEAVE 04	OTHER AUTHORIZED ABSENCE 05	LATE 06	UNAUTHORIZED ABSENCE 07	OTHER (SPECIFY) 96	ANTENATAL CARE 01	DELIVERIES 02	CHILD POSTNATAL CARE 03	MOTHER POSTNATAL CARE 04	CHILD PREVENTIVE CARE 05	CHILD CURATIVE CARE 06	ADULT CURATIVE CARE 07
MAX 168	MAX 168	NO 2	YES 1	NO 2	YES 1 ▶ (4.16)	A.	B.	C.	D.	E.										
01																				
02																				
03																				
04																				
05																				
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RESPONDENT: BEST INFORMED STAFF MEMBER

(5.00) ID CODE OF THE RESPONDENT FROM THE STAFF ROSTER			
(5.01)	Does the health center provide laboratory services?	YES	1
		NO	2 ▶ (6.01)
<b>Lab Tests</b>			
		(5.02) For the following tests, please tell me if you are able to perform them today, if you were able to perform them 3 months ago but not today, or if you simply cannot do this test (today or 3 months ago).  INTERVIEWER: RECORD ONE RESPONSE FOR EACH TEST.	(5.03) How many of the [...] tests were conducted in the <u>last month</u> ?  INTERVIEWER: IF NONE, RECORD "0". RECORD ONE RESPONSE FOR EACH TEST.
		Able to do this test today 01	RECORDS 01
		Able to do in past 3 months but not today 02	NO RECORDS AVAILABLE, ORAL REPORT 02
		Cannot do this test, today or in past 3 months 03	
a.	White cell and red cell counts		
b.	Hemoglobin estimation (Hematocrit)		
c.	Blood type and cross match		
d.	Tuberculosis smears		
e.	Gram stains		
f.	HIV testing		
g.	CD4 count		
h.	Hepatitis B testing		
i.	Hepatitis C testing		
j.	Syphilis testing (RPR or VDRL Test)		
k.	Urine protein & glucose test (dipstick tests)		
l.	Pregnancy testing		
m.	Blood sugar		
n.	Stool tests for parasites		
o.	Stool tests for occult blood		
p.	Liver function testing		
(5.05)	Do you have lab equipment located at the health center to analyze the lab tests? INTERVIEWER: IF YES, ASK TO SEE IT.	YES, SEEN	1
		YES, NOT SEEN	2
		NO	3
(5.06)	Is there a Tuberculosis Laboratory Register? INTERVIEWER: IF YES, ASK TO SEE IT.	YES, SEEN	1
		YES, NOT SEEN	2
		NO	3

<b>(6) Services</b>				
RESPONDENT: HEAD OF THE HEALTH CENTER OR BEST INFORMED STAFF MEMBER				
<b>(A)</b>	<b>Vaccination Services</b>			RECORD RESPONSE
<b>(6.01)</b>	Does this health center provide immunization services?	YES	1	
		NO	2 ► <b>(6.13)</b>	
<b>(6.02)</b>	Is there a separate room or area for immunizations?	YES	1	
		NO	2	
<b>(6.03)</b>	Are immunizations regularly given to children at the health center or in outreach activities?	Facility only	01	
		Outreach only	02	
		Facility and outreach	03	
<b>(6.04)</b>	Is there a vaccination outreach work plan for the current year?	YES	1	
		NO	2	
<b>(6.05)</b>	In the last 30 days, on how many days did the health center staff do vaccination outreach in the community?			
<b>(6.06)</b>	Does this health center have a [STORAGE METHOD] for storing vaccines?  INTERVIEWER: READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE HEALTH CENTER HAS THE CITED STORAGE METHOD, "2" IF NOT.	a. Ice Lined Refrigerator (ILR)		
		b. Cold Box		
		c. Refrigerator		
		d. Vaccine Carriers		
<b>(6.07)</b>	Is a temperature log kept? INTERVIEWER: IF YES, ASK TO SEE IT.	YES, SEEN	1	
		YES, NOT SEEN	2	
		NO	3 ► <b>(6.11)</b>	
<b>(6.08)</b>	In the <u>past 7 days</u> , on how many <u>days</u> was the temperature logged?			
<b>(6.09)</b>	In the <u>past 7 days</u> , how many <u>times</u> was the temperature logged in total?			
<b>(6.10)</b>	In the <u>past 7 days</u> , how many <u>days</u> had a measurement of over 8°C or under 2°C?			
<b>(6.11)</b>	Does every child starting his/her immunization schedule have a bukana?	YES	1	
		NO	2 ► <b>(6.13)</b>	
<b>(6.12)</b>	After a child starts its immunization schedule, where are the bukana kept?	Given to caregiver to bring for next visit	01	
		Kept at health center	02	
		One copy given to caregiver and one kept at health center	03	
		Other, specify:	96	
<b>(B)</b>	<b>Antenatal Care Services</b>			RECORD RESPONSE
<b>(6.13)</b>	Are antenatal services provided at this health center?	YES	1	
		NO	2 ► <b>(6.21)</b>	
<b>(6.14)</b>	Are pregnant women seen at specific times that are separate from times allocated to other patients consultations?	YES	1	
		NO	2	
<b>(6.15)</b>	In the <u>last 30 days</u> , how many days has antenatal care been available to women?	MAXIMUM 30 DAYS		
<b>(6.16)</b>	In the <u>last 6 months</u> , how many times did the health center hold meetings with Traditional Birth Assistants?			
<b>(6.17)</b>	In the <u>last 6 months</u> , on how many days did the health center staff do outreach in the community for antenatal care?			

(6.18)	In the last 6 months, were iron and folate routinely prescribed? INTERVIEWER: CHECK RECORDS. IF NO RECORDS, ASK IN-CHARGE. RECORD ANSWER BASED ON WHETHER RECORDS WERE SEEN OR NOT.	RECORDS SEEN: All the time	01	
		RECORDS SEEN: Sometimes	02	
		RECORDS SEEN: Seldom or never	03	
		RECORDS NOT SEEN, ORAL REPORT: All the time	04	
		RECORDS NOT SEEN, ORAL REPORT: Sometimes	05	
		RECORDS NOT SEEN, ORAL REPORT: Seldom or never	06	
(6.19)	Do women who come to the health center for antenatal care get a bukana with a section on pregnancy?	YES	1	
		NO	2 ► (6.21)	
(6.20)	Where are the bukana kept once issued to a mother?	Given to mother to bring for next visit	01	
		Kept at health center	02	
		One copy given to mother and one kept at health center	03	
		Other, specify:	96	
<b>(C) Delivery and Postpartum Services</b>				<b>RECORD RESPONSE</b>
(6.21)	Are delivery services offered by the health center, either in the health center or in the community?	YES	1	
		NO	2 ► (6.24)	
(6.22)	Do health center staff assist with deliveries only in the health center, only in the community, or in both the health center and the community?	Only in health center	01	
		Only in community	02	
		Both in health center and community	03	
(6.23)	Does this health center have the capacity to manage emergency caesarian sections?	Can be managed now	01	
		Usually, but not now	02	
		Must be referred	03	
(6.24)	Are postpartum care services offered at the health center?	YES	1	
		NO	2 ► (6.30)	
(6.25)	Are postpartum services offered at specific hours only, during general outpatient hours, or both at specific hours and during general outpatient hours?	Specific hours only	01	
		Outpatient hours only	02	
		Both specific and outpatient hours	03	
(6.26)	In the last 30 days, on how many days was postpartum care available to women?	MAXIMUM 30 DAYS		
(6.27)	In the last 6 months, how many postpartum outreach clinics were held by this health center?			
(6.28)	In the last 12 months, how many maternal deaths were recorded at the health center? INTERVIEWER: CHECK RECORDS. IF NO RECORDS WRITE "97"			
(6.29)	In the last 12 months, how many maternal deaths were recorded in the community (excluding those at the health center)? INTERVIEWER: CHECK RECORDS. IF NO RECORDS WRITE "97"			

<b>(D) Tuberculosis Services</b>		<b>RECORD RESPONSE</b>	
<b>(6.30)</b>	What tuberculosis services does this health center provide?	Diagnosis services only	01
		Treatment services only	02
		Both diagnosis and treatment services	03
		None	04 ► (7.01)
<b>(6.31)</b>	Is there a Tuberculosis Corner in the health center? INTERVIEWER: TUBERCULOSIS CORNER IS A PLACE IN THE FACILITY WHERE PATIENTS WITH TUBERCULOSIS ARE SEEN AND PROVIDED DRUGS.	YES	1
		NO	2 ► (6.33)
<b>(6.32)</b>	Who manages the Tuberculosis Corner in this health center?	Health Center Staff	01
		Village health worker	02
		Classified daily employee	03
		Other, specify:	96
<b>(6.33)</b>	Is there a Tuberculosis Register? IF YES, ASK TO SEE IT.	YES, SEEN	01
		YES, NOT SEEN	02
		NO	03
<b>(6.34)</b>	Is there a Suspect Tuberculosis Cases Register? IF YES, ASK TO SEE IT.	YES, SEEN	01
		YES, NOT SEEN	02
		NO	03
<b>(6.35)</b>	Do patients who come for tuberculosis treatment get a bukana with a section on the tuberculosis treatment?	YES	1
		NO	2 ► (7.01)
<b>(6.36)</b>	Where are the Bukana treatment cards kept once issued to a patient?	Given to patient to bring for next visit	01
		Kept at health center	02
		One copy given to patient and one kept at center	03
		Other, specify:	96

<b>(7) General Health Management Information Systems (HMIS)</b>		RECORD RESPONSE
RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER		
<b>(7.01)</b>	Do you have an estimate of the size of the catchment population that this facility serves, that is, the target, or total population living in the area served by this facility?	YES 1
		NO 2 ► (7.03)
<b>(7.02)</b>	How many people is the catchment [POPULATION CATEGORY]?	a. Total population
		b. Total male population
		c. Total female population
		d. Total <5 years population
Now I would like to see the register that shows the total number of patients attended in this facility in the last completed calendar month.		
INTERVIEWER: FOR QUESTIONS (7.03) TO (7.15), RECORD FOR THE LAST COMPLETED CALENDAR MONTH. FOR QUESTIONS (7.04) TO (7.09), IF SOME CATEGORIES CAN'T BE IDENTIFIED FROM REGISTER, RECORD 'DON'T KNOW' FOR THESE CATEGORIES.		RECORD RESPONSE
<b>(7.03)</b>	Number of <b>TOTAL</b> patients	
<b>(7.04)</b>	Number of <b>TOTAL</b> male patients	
<b>(7.05)</b>	Number of <b>TOTAL</b> female patients	
<b>(7.06)</b>	Number of <b>TOTAL</b> pregnant women	
<b>(7.07)</b>	Number of <b>TOTAL</b> under 5 patients	
<b>(7.08)</b>	Number of <b>TOTAL</b> male under 5 patients	
<b>(7.09)</b>	Number of <b>TOTAL</b> female under 5 patients	
<b>(7.10)</b>	Monthly Integrated Activity Report	SEEN, FULLY COMPLETED 1
		SEEN, NOT COMPLETE 2
		NOT SEEN 3
<b>(7.11)</b>	Monthly Aggregated Activity Report	SEEN, FULLY COMPLETED 1
		SEEN, NOT COMPLETE 2
		NOT SEEN 3
<b>(7.12)</b>	Facility Status Report	SEEN, FULLY COMPLETED 1
		SEEN, NOT COMPLETE 2
		NOT SEEN 3
<b>(7.13)</b>	Notifiable Disease Report	SEEN, FULLY COMPLETED 1
		SEEN, NOT COMPLETE 2
		NOT SEEN 3
<b>(7.14)</b>	Vaccination/immunization Coverage Report	SEEN, FULLY COMPLETED 1
		SEEN, NOT COMPLETE 2
		NOT SEEN 3
<b>(7.15)</b>	Family Planning Register INTERVIEWER: IF CHAL HEALTH CENTER RECORD "97"	SEEN, FULLY COMPLETED 1
		SEEN, NOT COMPLETE 2
		NOT SEEN 3

## (8) Health services utilization based on Health Management Information Systems (HMIS)

RESPONDENT: HEAD OF THE FACILITY OR BEST INFORMED STAFF MEMBER.

I would like to ask you some questions about the health services available.

ASK QUESTIONS (8.01) TO (8.03) FOR EACH SERVICE BEFORE MOVING TO NEXT SERVICE.

	(8.01)		(8.02)	(8.03)						
	Does this health center provide [SERVICE] within the facility and/or as outreach?		How many days per week is this service offered?	INTERVIEWER: FOR EACH SERVICE, RECORD THE MONTHLY TOTAL NUMBER OF INPATIENTS (IN) AND OUTPATIENTS (OUT) LISTED IN THE REGISTER, REGARDING THE LAST 3 MONTHS PRIOR TO THE MONTH OF THE SURVEY (E.G. IF TODAY IS SEPTEMBER 13, RECORD PATIENTS FOR THE PERIOD OF JUNE, 1 TO AUGUST, 31 IN ORDER TO HAVE 3 FULL MONTHS) .						
	YES	1	INTERVIEWER: IF BY APPOINTMENT ONLY, RECORD 8; IF NOT APPLICABLE, RECORD 97							
NO	2			MONTH 1		MONTH 2		MONTH 3		
SERVICES	In-facility	Outreach	DAYS/WEEK	IN	OUT	IN	OUT	IN	OUT	
Family planning/clinical & ANC										
a. Contraceptive pill										
b. Injection										
c. Implant insertion										
d. Male condoms										
e. Intrauterine Device (IUD) insertion										
f. Female sterilization										
g. Male sterilization										
h. Prenatal care										
Facility based delivery										
i. Spontaneous Vaginal Delivery										
j. Ceasarian section										
k. Assisted (forceps, vacuum)										
l. Home delivery with skilled staff										
m. Postnatal care										
Immunizations										
n. Bacille Calmette Guerin (BCG)										



**(9) Autonomy**

RESPONDENT: HEAD OF THE HEALTH CENTER ONLY

(9.00) ID CODE OF THE HEAD OF THE HEALTH CENTER FROM THE STAFF ROSTER

In this part of the questionnaire I would like to ask you some questions regarding how work is organized and decisions are made in this health center. All answers are confidential.

I am now going to read you a series of statements about decision-making and authority in this health center. Please tell me whether you feel these are true most of the time, more than half of the time, less than half of the time, rarely or never.

		RECORD RESPONSE	
<u>RESPONSE CODE</u>		RECORD RESPONSE	
MOST OF THE TIME			1
MORE THAN HALF OF THE TIME			2
LESS THAN HALF OF THE TIME			3
ONLY RARELY			4
NEVER		5	
(9.01)	I am able to allocate my facility budget according to how it is needed. There is enough flexibility in my budget.		
(9.02)	I am able to assign tasks and activities to staff as needed to achieve the outcomes I want in the health center. There is enough flexibility to use staff to address needs.		
(9.03)	The District Health Management Team supports my decisions and actions for doing a better job in my health center.		
(9.04)	I have choice over who I allocate for what tasks.		
(9.05)	I have choice over what services are provided in the health center.		
(9.06)	I have enough authority to obtain the resources I need (drugs, supplies, funding) to meet the needs of my health center.		
(9.07)	The policies and procedures for doing things are clear to me.		
(9.08)	The policies and procedures for doing things are useful tools for the challenges I face in providing services and reporting on activities.		
(9.09)	The District Health Management Team provides adequate feedback to me about my job and the performance of my health center.		

**(10) Direct Observation**

**INTERVIEWER: THERE IS NO RESPONDENT FOR THIS SECTION OF THE QUESTIONNAIRE. AFTER SEEKING PERMISSION, YOU SHOULD WALK AROUND THE HEALTH CENTER AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION. ONLY RECORD YES IF YOU OBSERVE THE ITEM.**

(A)	General		RECORD RESPONSE	
(10.01)	Is there a reception/registration room in this health center?	YES	1	
		NO	2	
(10.02)	Is there a waiting room in this health center?	YES	1	
		NO	2	
(10.03)	Is there a room with auditory and visual privacy for patient consultations in this health center?	YES	1	
		NO	2	
(10.04)	Is there a minor surgery theater/treatment room in this health center?	YES	1	
		NO	2	
(10.05)	Is there heating in patient areas during winter in this health center?	YES	1	
		NO	2	
(10.06)	Are there observation beds in this health center?	YES	1	
		NO	2 ► (10.08)	
(10.07)	INTERVIEWER: RECORD HOW MANY OBSERVATION BEDS ARE PRESENT.			
(10.08)	Is a functional toilet facility available for patients?	YES	1	
		NO	2	
(10.09)	Are there separate toilet facilities for male and female patients?	YES	1	
		NO	2	
(10.10)	Does the facility have accommodations for health workers who are on-call during non-routine hours, e.g. night shift? INTERVIEWER: IF NOT APPLICABLE RECORD "97"	YES	1	
		NO	2	
(10.11)	Is any of the following posted publicly for patients to see? INTERVIEWER: FOR EACH DOCUMENT, ASK TO SEE THE DOCUMENTS POSTED AND RECORD ACCORDING TO THE FOLLOWING CODES: YES AND SEEN.....1 YES, NOT SEEN.....2 NO.....3	a. Inpatient capacity (Number of beds)		
		b. Service days/hours		
		c. Staff rotation		
		d. Management contact		
		e. Complaints and suggestions handling policy		
		f. Other, specify:		

**(B) National Protocols**

**INTERVIEWER: ASK THE FACILITY HEAD OR BEST INFORMED STAFF MEMBER TO SEE THE CLINICAL CARE PROTOCOLS. FOR EACH OF THE FOLLOWING, RECORD IF YOU HAVE SEEN OR NOT SEEN THE PROTOCOL / GUIDELINES / MATERIALS.**

(10.12)	Patient education materials (Information and Education Campaign materials)	SEEN	1	
		NOT SEEN	2	
(10.13)	Integrated Management of Childhood Illness (IMCI) chart booklet or wall chart	SEEN	1	
		NOT SEEN	2	
(10.14)	Graphs for growth monitoring	SEEN	1	
		NOT SEEN	2	
(10.15)	National protocol for tuberculosis diagnosis and treatment	SEEN	1	
		NOT SEEN	2	

(10.16)	Health Management Information System (HMIS) guidelines	SEEN	1	
		NOT SEEN	2	
(10.17)	Health Management Information System (HMIS) Data	SEEN	1	
		NOT SEEN	2	
(10.18)	National protocol for child vaccination	SEEN	1	
		NOT SEEN	2	
(10.19)	National protocol for reproductive health/family planning	SEEN	1	
		NOT SEEN	2	
(10.20)	National protocol for reducing unsafe abortion morbidity/mortality	SEEN	1	
		NOT SEEN	2	
(10.21)	Antenatal Care National Standards	SEEN	1	
		NOT SEEN	2	
(10.22)	Labor and Delivery Care	SEEN	1	
		NOT SEEN	2	
(10.23)	Newborn Care National Standards	SEEN	1	
		NOT SEEN	2	
(10.24)	Post-Partum Care National Standards	SEEN	1	
		NOT SEEN	2	
(10.25)	Procedures Manual for Infection Prevention and Control	SEEN	1	
		NOT SEEN	2	
(10.26)	Management of Sexually Transmitted Infections (STI) guidelines	SEEN	1	
		NOT SEEN	2	
(10.27)	National HIV testing and counseling guidelines	SEEN	1	
		NOT SEEN	2	
(10.28)	Prevention of mother to child transmission of HIV (PMTCT) guidelines	SEEN	1	
		NOT SEEN	2	
(10.29)	HIV treatment (Antiretroviral therapy, ART) guidelines	SEEN	1	
		NOT SEEN	2	
(10.30)	HIV treatment (Antiretroviral therapy, ART) for children/infants guidelines	SEEN	1	
		NOT SEEN	2	
(10.31)	National list for essential drugs	SEEN	1	
		NOT SEEN	2	
(10.32)	National protocol for drug procurement	SEEN	1	
		NOT SEEN	2	
(10.33)	Detecting and reporting adverse drug or vaccine reaction	SEEN	1	
		NOT SEEN	2	
(10.34)	National health strategy	SEEN	1	
		NOT SEEN	2	

<b>(11) Equipment (Direct Observation)</b>		
<b>INTERVIEWER: THERE IS NO RESPONDENT FOR THIS SECTION OF THE QUESTIONNAIRE. AFTER SEEKING PERMISSION, YOU SHOULD WALK AROUND THE HEALTH CENTER AND OBSERVE THE ITEMS OUTLINED IN THIS SECTION.</b>		
	<b>Outpatient equipment</b>	<b>RECORD RESPONSE</b>
<b>(11.01)</b>	Where is the outpatient equipment located?	Separate outpatient room 01
		Room that is also used for other activities 02
		Other, specify: 96
<b>(11.02)</b>	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE. IF MORE THAN 20 REPORT "20".	QUANTITY AVAILABLE AND FUNCTIONING
a.	Timer or clock with seconds hand	
b.	Children's weighing scale	
c.	Height measure	
d.	Tape measure	
e.	Adult weighing scale	
f.	Blood pressure instrument	
g.	Thermometer	
h.	Stethoscope	
i.	Fetoscope	
j.	Otoscope	
k.	Suction/aspirating device	
l.	Vision chart	
m.	Oxygen tank	
n.	Bag Valve Mask (Ambu bag)	
o.	Incubator	
p.	Drip Stand	
q.	Flashlight	
r.	Stretcher	
s.	Wheel chair	
t.	Minor surgical instruments for procedures like incision & drainage and suturing (forceps, scalpel)	
u.	Oral Rehydration Therapy (ORT) corner with equipment ( <i>1 liter container, cups and spoons and rehydration guidelines</i> )	
v.	Urinary Catheter	
w.	Examination table/bed	
x.	Antiseptic liquid	
	<b>Sterilizing Equipment</b>	<b>RECORD RESPONSE</b>
<b>(11.03)</b>	Where is the sterilization equipment located?	Separate sterilization room 01
		Room that is also used for other activities 02
		Other, specify: 96
<b>(11.04)</b>	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE. IF MORE THAN 20 REPORT "20".	QUANTITY AVAILABLE AND FUNCTIONING
a.	Electric autoclave (pressure and wet heat)	
b.	Non-electric autoclave (pressure and wet heat)	
c.	Electric dry heat sterilizer	
d.	Electric boiler or steamer (no pressure)	
e.	Non-electric pot with cover (steam boil)	
f.	Heat source for non-electric equipment	
g.	Automatic timer (MAY BE ON EQUIPMENT)	
h.	Time, Steam and Temperature (TST) Indicator strips or other sterilization indicators	

Vaccination Equipment			RECORD RESPONSE	
(11.05)	Where is the vaccination equipment located? (VACCINATION EQUIPMENT: VACCINE FRIDGE PARRAFIN OR ELECTRIC, COLD BOX, VACCINE CARRIERS)	Separate vaccination room	01	
		Room that is also used for other activities	02	
		Other, specify:	96	
(11.06)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE. IF MORE THAN 20 REPORT "20".			QUANTITY AVAILABLE AND FUNCTIONING
a.	Vaccine thermometer			
b.	Cold box / Vaccine carrier			
c.	Ice packs			
d.	Refrigerator			
Antenatal Care Equipment			RECORD RESPONSE	
(11.07)	Where is the antenatal care equipment located? (ANTENATAL CARE EQUIPMENT: FETOSCOPE, BLOOD PRESSURE INSTRUMENT, TAPE MEASURE, ADULT WEIGHING SCALE)	Separate antenatal care room	01	
		Room that is also used for other activities	02	
		Other, specify:	96	
(11.08)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 98 IF NOT FUNCTIONING OR NOT AVAILABLE. IF MORE THAN 20 REPORT "20".			QUANTITY AVAILABLE AND FUNCTIONING
a.	Examination table/bed			
b.	Fetoscope			
c.	Blood pressure instrument			
d.	Tape measure			
e.	Adult weighing scale			

Delivery and Neonatal Equipment			RECORD RESPONSE
(11.09)	Where is the delivery and neonatal equipment located?	Separate delivery/neonatal care room	01
		Room that is also used for other activities	02
		Other, specify:	96
(11.10)	PLEASE RECORD THE QUANTITY FOR EACH TYPE OF EQUIPMENT. RECORD 96 IF NOT FUNCTIONING OR NOT AVAILABLE. IF MORE THAN 20 REPORT "20".		QUANTITY AVAILABLE AND FUNCTIONING
a.	Delivery table/bed		
b.	Partograph		
c.	Delivery light		
d.	Aspirator/suction bulb		
e.	Resuscitation bag, newborn		
f.	Eye drops or ointment for newborn		
g.	Needles		
h.	Intravenous tubing/administration sets		
i.	Intravenous solutions, including normal saline and ringer lactate		
j.	Intravenous needles or cannulas		
k.	Scissors		
l.	Umbilical cord clamp or sterile tape or sterile tie		
m.	Suturing material		
n.	Clean towels		
o.	Clean razor blade		
p.	Sterile gloves		
q.	Sterile cotton or gauze (to clean baby's mouth and nose)		
r.	Hand soap or detergent		
s.	Hand scrubbing brush		
t.	Sterile tray		
u.	Plastic container with a plastic liner to dispose the placenta		
v.	Plastic container with a plastic liner for medical waste (gauze, etc.)		
w.	Stethoscope, adult		
x.	Stethoscope, Pinard fetal		
y.	Blood pressure instrument		
z.	Kidney basin		
aa.	Steel bowl		
ab.	Protective apron and plastic draw sheet		
ac.	Tourniquet		
ad.	Two sterile towels (one to receive the baby, one for active management)		
ae.	Baby scale (infant weighing scale)		
af.	Forceps, artery		
ag.	Forceps, dressing		
ah.	Forceps, uterine		
ai.	Needle holder		
aj.	Syringes and disposable needles		
ak.	16- or 18-gauge needles		
al.	Speculum, vaginal		
am.	Clamps (hemostats)		
an.	Suction pump, hand or foot operated		
ao.	Vacuum extractor		
ap.	Uterine dilator		
aq.	Curette, uterine		
ar.	Vaginal retractor		
as.	Bag Valve Mask (Ambu bag), Adult		
at.	Guedel airways-neonatal, child, and adult		
au.	Perineal pads		
av.	Kit for caesarean sections		
aw.	Delivery kit		
ax.	Newborn resuscitation kit		

<b>(12) Drug and Vaccine Storage and Availability</b>			
RESPONDENT: PHARMACIST, HEAD OF THE HEALTH CENTER OR BEST INFORMED STAFF MEMBER.			
Now I would like to ask you some questions about drug storage and availability in this health center.			
<b>(12.01)</b>	Do the following entities have the authority to procure drugs and equipment for this health center, ....?  INTERVIEWER: READ ALL OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.	a. Health center manager/ in charge	
		b. Health center staff	
		c. Non Governmental Organization staff	
		d. DHMT	
		e. MOH / CHAL	
		g. Village Health Workers	
		h. Community members	
		i. Health Committee	
		j. Other, specify:	
		<b>(12.02)</b>	Could you bring me to the place in this health center that is used to store drugs?
YES, NOT SEEN 2			
NO, THERE IS NO SUCH PLACE 3 ▶ (13.01)			
<b>(12.03)</b>	INTERVIEWER: IS THIS A SEPARATE ROOM FROM THE REST OF THE HEALTH CENTER?	YES 1	
		NO 2	
<b>(12.04)</b>	Does this pharmacy serve only to store and dispense drugs, or does it also serve for other purposes?	Only to store and dispense drugs 01	
		Also serves for other purposes 02	
<b>(12.05)</b>	Can the doors and windows be locked to keep the pharmacy secured?	YES 1	
		NO 2	
<b>(12.06)</b>	INTERVIEWER: DOES THE DRUG AREA LOOK CLEAN, PARTIALLY DIRTY, OR DIRTY?	CLEAN 01	
		PARTIALLY DIRTY 02	
		DIRTY 03	
<b>(12.07)</b>	INTERVIEWER: DO THE CEILING, WALLS, FLOORS AND WINDOWS LOOK DRY AND FREE FROM TRACES OF WATER INFILTRATION?	DRY, NO TRACES OF WATER INFILTRATION 01	
		DRY BUT THERE ARE TRACES OF WATER INFILTRATION 02	
		THERE IS WETNESS / WATER 03	
<b>(12.08)</b>	INTERVIEWER: ARE THE WINDOWS COVERED TO KEEP THE SUNLIGHT OUT?	WINDOWS COVERED 01	
		WINDOWS NOT COVERED 02	
		NO WINDOWS 03	
<b>(12.09)</b>	INTERVIEWER: ARE THE DRUGS KEPT ON AN ELEVATED PLATFORM?	YES 1	
		NO 2	
<b>(12.10)</b>	Does the pharmacy maintain stock cards or stock register? INTERVIEWER: IF YES, ASK TO SEE CARDS/REGISTER.	YES, SEEN 1	
		YES, NOT SEEN 2	
		NO 3	

FOR EACH DRUG, ASK QUESTIONS (12.11) THROUGH (12.14)

	(12.11)	(12.12)	(12.13)	(12.14)
	What is the strength of [DRUGS] that is stocked?	What quantity of [DRUGS] are available at this time?	In the past 30 days, has the item been out of stock at any time?	In the past 30 days, how many days has the item been out of stock?
		IF NONE, RECORD 00 and ► (12.14)	YES 1 NO 2	
			► NEXT DRUG	

**General Drugs**

a.	Tetracycline ophthalmic ointment				
b.	Paracetamol (Panadol) tabs	_____ mg			
c.	Amoxicillin (tabs or capsule)	_____ mg			
d.	Amoxicillin (syrup)				
e.	Oral Rehydration Solution (ORS) packets	1 packet			
f.	Iron tabs (with or without folic acid)	1 tab			
g.	Folic acid tabs	1 tab			
h.	Other antibiotics besides Amoxicillin	_____ mg			
i.	Vitamin A	1 capsule			
j.	Mebendazole	_____ mg			

**Family Planning**

k.	Condoms (male or female)	1 unit			
l.	Oral contraceptive tablets	28 day supply			
m.	Depot Medroxyprogesterone Acetate (DMPA)	1 unit			
n.	Implant jadelle	1 unit			
o.	Intrauterine Device (IUD)	1 unit			

**Tuberculosis**

t.	Rifampin	_____ mg			
u.	Streptomycin	_____ mg			
v.	Isoniazid (INH)	_____ mg			
w.	Pyrazinamide	_____ mg			
x.	Ethambutal	_____ mg			
y.	Combitabs (Multidrug tabs)	1 tab			
z.	Diagnostic kits	1 kit			

**HIV/AIDS**

aa.	1st Line Regimens Antiretroviral drugs (1F)	_____ mg			
ab.	1st Line Regimens Antiretroviral drugs (1C)	_____ mg			
ac.	1st Line Regimens Antiretroviral drugs (1D)	_____ mg			
ad.	1st Line Regimens Antiretroviral drugs (1E)	_____ mg			
ae.	2nd Line Regimens Antiretroviral drugs - (TDF 3TC Kaletra)	_____ mg			
af.	2nd Line Regimens Antiretroviral drugs - (ABC 3TC Kaletra)	_____ mg			

Emergency Obstetric Care					
ag.	Magnesium Sulfate				
ah.	Diazepam Injection				
ai.	Oxytocin				
Vaccines					
aj.	Bacille Calmette-Guérin (BCG)		1 dose		
ak.	Oral Polio Vaccine (OPV)		1 dose		
al.	Tetanus Toxoid (TT)		1 dose		
am.	Diphtheria Tetanus Pertussis (DTP)		1 dose		
an.	Hepatitis B Vaccine (HBV) Tetravalent		1 dose		
ao.	Measles vaccine		1 dose		
ap.	HIB vaccine		1 dose		
aq.	Pentavalent (DPT, Hepatitis B, Hemophilus influenzae B)		1 dose		
Diagnostic kits					
ar.	HIV test kit		1 unit		
as.	Pregnancy testing kit		1 unit		
at.	Rapid plasma reagin (RPR) test for syphilis		1 unit		
au.	Urine protein & glucose testing kit (dipstick test)		1 unit		
(12.15)	<p>What do you do when this health center runs out of key drugs like Coartem, Amoxicillin etc.?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" IF YES, "2" IF NO.</p>	a.	INFORM FACILITY INCHARGE		
		b.	CALL THE DISTRICT DRUG STORE/PHARMACY		
		c.	CALL DHMT		
		d.	BUY MEDICINES LOCALLY IN THE PRIVATE MARKET		
		e.	SEND PATIENTS TO BUY THE MEDICINE IN THE PRIVATE MARKET		
		f.	GO TO MASERU TO BUY MEDICINES		
		g.	OTHER, SPECIFY:		

RESPONDENT: HEAD OF THE HEALTH CENTER OR HIS/HER DEPUTY IF ABSENT OR UNAVAILABLE.

INTERVIEWER: CHECK THE REGISTER FROM THE HEALTH CENTER.

(13.01)	What is the catchment population of this health center?	Central Statistical Office (CSO)			
		Facility headcount			
(13.02)	<p>Please provide a list of the villages that fall in the catchment area of this health center.</p> <p>INTERVIEWER: IF MORE THAN 35 VILLAGE PLEASE LIST THE FIRST 35 AND INDICATE THE TOTAL NUMBER OF VILLAGES</p>		Name	Population	Distance in KMs
		1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9			
		10			
		11			
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		28			
		29			
		30			
		31			
		32			
		33			
		34			
		35			
TOTAL					

**THANK YOU FOR YOUR TIME**