

HEALTH FACILITY ASSESSMENT QUESTIONNAIRE

Identifiers				
start_date start_time end_date end_time	Date of interview CAPI Programmer: Take time stamp to signal beginning and end of interview	DD / MM / YY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
team_id	Team identifier	<input type="text"/> <input type="text"/>	interviewer_id	Interviewer identifier <input type="text"/> <input type="text"/>
lga_id	LGA	01. AA 02. BB 03. CC 04. DD 05. EE	06. FF 07. GG	<input type="text"/> <input type="text"/>
hf_id	Health facility	01. AA 02. BB 03. CC 04. DD 05. EE	06. FF 07. GG 08. HH 09. II 10. JJ	<input type="text"/> <input type="text"/>

This questionnaire will be administered both to the head of the health facility and to the CMAM focal person in charge. If either of these individuals are not available, please ask your contact person in the facility to refer you to the most proficient person who could answer these questions.

The consent should be administered to the head of the health facility.

Module A: Consent			
Question number	Question and instructions	Answer codes	Answer

READ THE CONSENT STATEMENT OUT TO THE HEAD OF THE HEALTH FACILITY.

INTERVIEWER: Read out survey introduction before proceeding with the questionnaire

Hello, my name is _____. I work for Oxford Policy Management. We are conducting a study on the CMAM programme in Sokoto in which we be tracking the health and nutritional status of children. As part of this study we are carrying on a survey of health facilities to understand the challenges of providing CMAM services at the health facility level. Your facility has been selected because it is one of the facilities in this area providing CMAM services. We will also be carrying out surveys in other health facilities in Sokoto.

We will need about 10 minutes of your time. We will ask you questions about the health facility equipment and infrastructures as well as questions about communities around the health facility.

We have permission to conduct this research from the State Health Research Ethics Committee (SHREC). We are using a tablet for the survey to input data only will not be recording your voice. All of the information collected during the survey will be completely confidential.

HFT1_B01.	Do you agree to participate in this interview?	1= Yes 2= No → End interview	<input type="checkbox"/>
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THE FOLLOWING SECTIONS SHOULD BE ADMINISTERED TO THE MEDICAL OFFICER IN CHARGE OF THE FACILITY

Section H: General infrastructure			
[INTERVIEWER: WHEN POSSIBLE, CHECK THESE BY DIRECT OBSERVATION. YOU MUST WALK AROUND THE FACILITY TO SEE THE DIFFERENT ITEMS YOURSELF.]			
HFT1_H01	Does your facility have electricity from any source including for stand-alone devices such as the EPI cold chain? [INTERVIEWER: Examples of electricity source are: electricity grid, generator, solar.]	1= Yes 2= No → HFT1_H03 98= Don't know	<input type="checkbox"/>
HFT1_H02	During the past 7 days, was electricity available at all times from the main or any backup source when the facility was open for services?	1= Always available 2= Often available (Interruptions of less than 2 hours ON ANY DAY) 3= Sometimes available (Frequent or prolonged interruptions of more than 2 hours ON ANY DAY) 98= Don't know	<input type="checkbox"/>
HFT1_H03	What is the main source of water supply at the facility? [INTERVIEWER: CHECK THE MAIN SOURCE OF WATER SUPPLY BY DIRECT OBSERVATION]	1= No water source → HFT1_H07 2= Piped into facility (skip HTF1_05) 3= Piped onto facility grounds (skip HTF1_05) 4= Public tap/standpipe 5= Tubewell/borehole 6= Protected dug well 7= Unprotected dug well 8= Protected spring 9= Unprotected spring 10= Rainwater collection → HFT1_H05	<input type="checkbox"/>

		11= Bottled water →HFT1_H07 12= Cart or tanker truck →HFT1_H07 13= Surface water → HFT1_H05 97= Other(specify)_____	
HFT1_H04	Is the main source of water supply currently functioning? [INTERVIEWER: CHECK FUNCTIONALITY BY DIRECT OBSERVATION]	1= Yes 2= No	<input type="checkbox"/>
HFT1_H05	Is the main source of water supply within the health facility compound?	1= Yes → HFT1_H07 2= No	
HFT1_H06	What is the travel time by foot to the main water supply (minutes)?	_____ minutes	
HFT1_H07	What type of toilet is available for patient use? [INTERVIEWER: IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE. CHECK AVAILABILITY BY DIRECT OBSERVATION]	00= No facilities/bush/field → HFT1_H10 1= Flush toilet 2= Ventilated improved pit latrine 3= Pit latrine with slab 4= Pit latrine without slab/open pit 5= Composting toilet 6= Bucket 7= Hanging toilet/hanging latrine	<input type="checkbox"/>
HFT1_H08	Are patients able to use this toilet today? [INTERVIEWER: CHECK THIS BY DIRECT OBSERVATION]	1= Yes 2= No	<input type="checkbox"/>
HFT1_H09	Is there water and soap close to the toilets for handwashing? [INTERVIEWER: CHECK THIS BY DIRECT OBSERVATION]	1= Yes 2= No	<input type="checkbox"/>
HFT1_H10	Is there a phone available to make calls? [INTERVIEWER : This can include personal phones]	1= Yes 2= No	<input type="checkbox"/>
HFT1_H11	Is there a vehicle available to transfer referred cases to Stabilisation Care? This should exclude personal vehicles. [INTERVIEWER: CHECK BY DIRECT OBSERVATION]	1= Yes 2= No → HTF1_K01	<input type="checkbox"/>
HFT1_H12	Is this vehicle currently functioning?	1= Yes 2= No	<input type="checkbox"/>

Section K: Shocks in the catchment area of the health facility

I would like to ask you some questions about environmental shock that might have happened in the catchment area of the health facility.

HFT1_K01.	In the last 12 months has this area been <u>seriously</u> affected by drought?	1 = Yes 2 = No	<input type="checkbox"/>
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HFT1_K02.	In the last 12 months has this area been <u>seriously</u> affected by floods?	1 = Yes 2 = N	<input type="checkbox"/>
HFT1_K03.	In the last 12 months has this area been <u>seriously</u> affected by sandstorms?	1 = Yes 2 = No	<input type="checkbox"/>
HFT1_K04.	Has there been any problems of insecurity or safety concerns in this area in the last 12 months?	1 = Yes 2 = No 98 = Don't know	<input type="checkbox"/>

INTERVIEWER: THANK THE HEAD OF THE HEALTH FACILITY FOR THEIR TIME AND ASK TO SPEAK TO THE HEAD OF OTP.

Module AA: Consent			
Question number	Question and instructions	Answer codes	Answer
<p>READ THE CONSENT STATEMENT OUT TO THE HEAD OF OTP.</p> <p><i>INTERVIEWER: Read out survey introduction before proceeding with the questionnaire</i></p> <p>Hello, my name is _____. I work for Oxford Policy Management. We are conducting a study on the CMAM programme in Sokoto in which we be tracking the health and nutritional status of children. As part of this study we are carrying on a survey of health facilities to understand the challenges of providing CMAM services at the health facility level. Your facility has been selected because it is one of the facilities in this area providing CMAM services. We will also be carrying out surveys in other health facilities in Sokoto.</p> <p>We will need about 15 min of your time. We will ask you questions about CMAM programme and process.</p> <p>We have permission to conduct this research from the State Health Research Ethics Committee (SHREC). We are using a tablet for the survey to input data only will not be recording your voice. All of the information collected during the survey will be completely confidential.</p>			
HFT1_AA00	Do you agree to participate in this interview?	1= Yes 2= No → End interview	<input type="checkbox"/>

Section F: CMAM PROGRAMME OPERATIONS			
HFT1_F01	When did CMAM start being implemented in this health facility?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/>	
HFT1_F02	Last week, what is the total number of OTP clients that attended the CMAM day? [INTERVIEWER: This includes both new admissions and follow-ups. Enter '98' for "Don't Know"] [INTERVIEWER: Ask for the OTP weekly summary sheet from last week]		<input type="checkbox"/>
HFT1_F03	At what time do you stop attending to children for the CMAM programme on CMAM days?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours and minutes	
HFT1_F04	Are vaccination services available to CMAM clients today? [INTERVIEWER: The vaccination service is not run by the OTP staff but usually runs in parallel of the CMAM day to ensure that ill children are also vaccinated.]	1= Yes 2= No	<input type="checkbox"/>

Section I: OTP Staffing			
HFT1_I01	How many staff are assigned to this health facility to work on CMAM activities at this OTP facility?		<input type="text"/>
HFT1_I02	How many of the mentioned staff are <u>present today</u> at the OTP facility (including you)?		<input type="text"/>
HFT1_I03	How many of the OTP staff present today are female? Interviewer: This should include the head of OTP if female.		<input type="text"/>
HFT1_I04	[INTERVIEWER: Observe.] What is the sex of the head of OTP?	1=Male 2=Female	<input type="text"/>
HFT1_I05	How many times in the last 12 months has the health facility staff received training on CMAM activities? This does not include the OPM training conducted for this study. [INTERVIEWER: Write 98 for 'I don't know']		<input type="text"/>
HFT1_I06	Are there any staff working at the health facility today on CMAM activities that have NEVER been trained on the CMAM programme before?	1=Yes 2=No 98= Don't know	<input type="text"/>
HFT1_I07	Have you been trained on data management and reporting for the CMAM programme? Interviewer: For example, this can include the training on rapid SMS system.	1=Yes 2=No 98= Don't know	<input type="text"/>

Section GB: CMAM RECORDS			
I would like to ask you about your historical OTP records.			
[INTERVIEWER: ASK TO SEE WHERE THE OTP RECORDS ARE KEPT]			
HFT1_GB01.	Are the OTP cards stored in a protected location? [INTERVIEWER: A location is protected when cards are stored in a cupboard/cabinet or makeshift storage protected from dust, water and other general spoilage.]	1= Yes 2= No	<input type="text"/>
HFT1_GB02.	Are OTP cards from [random month generator] 2017 available at this health facility? [INTERVIEWER: Ask to see the OTP cards from [random month generator] 2017]	1= Yes 2= No	<input type="text"/>

Section J: Community and LGA support			
HFT1_J01	How many community volunteers are attached to this facility? [INTERVIEWER: Write 98 for 'I don't know']		<input type="text"/>
HFT1_J02	How many community volunteers are present at the facility today?		<input type="text"/>

HFT1_J03	[INTERVIEWER: Do not ask but observe.] Are the community workers present at the health facility today helping with CMAM day activities? For example, they could be helping with the health/nutrition education or with handwashing. Write "1" if they are participating to all or some activities. Write "0" if they are not helping with any stage at all.]	1=Yes 2=No	<input type="checkbox"/>
HFT1_J04	Do you ask the community volunteers to follow-up with mothers who have not come for their follow-up visit at the CMAM centre?	1=Yes 2=No	<input type="checkbox"/>
HFT1_J05	When was the last time the CMAM programme received supervision from the LGA nutrition officer?	0= Never received supervision 1=Present today 2=Last week 3=In the last month 4=More than a month ago 98= Don't know	<input type="checkbox"/>
HFT1_J06	Is there a copy of the monitoring checklist from the last monitoring visit? Interviewer: Ask to see the copy.	1=Yes 2=No	<input type="checkbox"/>

Section C: CMAM supplies

I would like to know if the following supplies items are available at this facility today.		a. Available 1= Yes 2= No → Next item
[INTERVIEWER: CHECK THE AVAILABILITY BY DIRECT OBSERVATION. ASK THE RESPONDENT TO SHOW YOU THE DIFFERENT ITEMS. YOU SHOULD SEE THE ITEMS.]		
HFT1_C01	CMAM – OTP - Guidelines	<input type="checkbox"/>
HFT1_C02	BLANK OTP cards	<input type="checkbox"/>
HFT1_C03	BLANK OTP ration cards	<input type="checkbox"/>
HFT1_C04	BLANK OTP → SC Referral slip	<input type="checkbox"/>
HFT1_C05	Clean water for drinking	<input type="checkbox"/>
HFT1_C06	Cups and jugs for drinking	<input type="checkbox"/>
HFT1_C07	Water for hand-washing	<input type="checkbox"/>
HFT1_C08	Soap for hand washing	<input type="checkbox"/>

Section E: CMAM Medicines

I would like to know if the following MEDICINES FOR CMAM are available at this facility TODAY. [INTERVIEWER: ask first if the medicine is available. Go the pharmacy if required. If it is available, check by direct observation whether the date of expiry is still ok.]		a. Available TODAY 1= Yes → b. 2= No	b. INTERVIEWER: OBSERVATION ONLY Is the MEDICINE expired? 1= Yes 2= No 3= Not observed Check all available supplies at the health facility. If at least one of the medicine is not expired, select "No".
HFT1_E01	RUTF sachets for CMAM day	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_E02	Vitamin A capsules	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_E03	Mebendazole/Albendazole capsules/tablets	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_E04	Amoxicillin	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_E05	Measles vaccine	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_E06	Malaria rapid test kit	<input type="checkbox"/>	
HFT1_E07	Anti-malaria tablets	<input type="checkbox"/>	<input type="checkbox"/>
Now I would like to ask you questions about your medicine stocks.			
HFT1_E08	In the last month was there a time when you did not have enough RUTF to provide a required ration to all your CMAM clients on a CMAM day?	1= Yes 2= No → Skip to HFT1_E10	<input type="checkbox"/>
HFT1_E09	How many times did you not have enough RUTF in the last month?	1= 1 time 2= 2 times 3= 3 times 4= 4 times	<input type="checkbox"/>
HFT1_E10	In the last month, was there a time when you did not have enough Vitamin A to cover all children needing Vitamin A on a CMAM day?	1= Yes 2= No → Skip to HFT1_E12	<input type="checkbox"/>
HFT1_E11	How many times did you not have enough Vitamin A in the last month?	1= 1 time 2= 2 times 3= 3 times 4= 4 times	<input type="checkbox"/>
HFT1_E12	In the last month, was there a time when you did not have enough Mebendazole/Albendazole to cover all children needing Mebendazole/Albendazole on a CMAM day?	1= Yes 2= No → Skip to HFT1_E14	<input type="checkbox"/>
HFT1_E13	How many times did you not have enough Mebendazole/Albendazole in the last month?	1= 1 time 2= 2 times 3= 3 times 4= 4 times	<input type="checkbox"/>

HFT1_E14	In the last month, was there a time when you did not have enough amoxicillin capsules/tablets to cover all children needing amoxicillin capsules/tablets on a CMAM day?	1= Yes 2= No → Skip to HFT1_E16	<input type="checkbox"/>
HFT1_E15	How many times did you not have enough amoxicillin tablets in the last month?	1= 1 time 2= 2 times 3= 3 times 4= 4 times	<input type="checkbox"/>
HFT1_E16	In the last month, was there a time when you did not have enough measles vaccines to cover all children needing a measles vaccine on a CMAM day?	1= Yes 2= No → Skip to HFT1_E18	<input type="checkbox"/>
HFT1_E17	How many times did you not have enough measles vaccines in the last month?	1= 1 time 2= 2 times 3= 3 times 4= 4 times	<input type="checkbox"/>
HFT1_E18	In the last month, was there a time when you did not have enough anti-malaria tablets to cover all children needing anti-malaria tablets on a CMAM day?	1= Yes 2= No → Skip to HTF1_B01	<input type="checkbox"/>
HFT1_E19	How many times did you not have enough anti-malaria tablets in the last month?	1= 1 time 2= 2 times 3= 3 times 4= 4 times	<input type="checkbox"/>

Section B: CMAM Equipment

I would like to know if the following EQUIPMENT are available at this facility TODAY. [INTERVIEWER: check the availability and functioning of this equipment by direct observation. Please ask the respondent to show you all the items, if available. You should see these items and assess their functionality.]		a. Available TODAY 1 = Yes 2 = No → Next item	b. INTERVIEWER: Observation only. Is the equipment functional? 1 = Yes 2 = No
HFT1_B01	Infant weighing scales / hanging scales	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_B02	Adult weighing scales	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_B03	Height/length boards	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_B04	MUAC tape	<input type="checkbox"/>	<input type="checkbox"/>
HFT1_B05	Thermometer	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Facility Tour and Silent Observation

We would like to see the CMAM process in your health facility today. Can you please take me on a tour of the process of the CMAM DAY? I would like to see all the different activities that are happening today in relation to the different stages caregivers go through when attending the CMAM DAY.

[INTERVIEWER: Go on a tour of the facility and fill in this section SILENTLY. Do not ask about any of these activities – you should observe them on your tour. Please note down whether you are observing these activities or not.

QUALITY OF DIAGNOSIS PROCESS

Stage 1: Triage of new arrivals			
HFT1_D01.	Is MUAC is measured at triage?	1= Observed 2= Not observed	<input type="checkbox"/>
Stage 2: Waiting of mothers (returning and newly admitted)			
HFT1_D02.	Is there a waiting area for patients including seats, benches and/or mat?	1= Observed 2= Not observed	<input type="checkbox"/>
Step 3: Appetite testing			
HFT1_D03.	Hand washing is being conducted with soap <u>before appetite testing</u> [INTERVIEWER: MAKE SURE YOU OBSERVE THAT SOAP IS BEING USED]	1= Observed 2= Not observed	<input type="checkbox"/>
HFT1_D04.	Is appetite test conducted for all women at once before or after the individual clinical examination?	1= Observed => Skip to HFT1_D05 2= Not observed	<input type="checkbox"/>
HFT1_D04B	Is appetite testing conducted individually during the individual clinical examination?	1= Observed 2= Not observed => Skip to HFT1_D06HFT1_D06	<input type="checkbox"/>
HFT1_D05.	Is appetite test is being conducted with drinking water?	1= Observed 2= Not observed	<input type="checkbox"/>
Step 4: Health and nutrition education			
HFT1_D06.	Is health/nutrition education conducted for all women at once before or after the individual clinical examination?	1= Observed 2= Not observed	<input type="checkbox"/>
HFT1_D07.	Is health/nutrition education conducted individually during the individual clinical examination?	1= Observed 2= Not observed	<input type="checkbox"/>
Stage 5: Child individual medical examination			
HFT1_D08.	Is MUAC being measured at the medical examination?	1= Observed 2= Not observed => Skip to HFT1_D010	<input type="checkbox"/>
HFT1_D09.	Is MUAC measured using the upper arm mid-point method during medical examination?	1=Yes 2=No	<input type="checkbox"/>
HFT1_D010.	Is weight measured during medical examination?	1= Observed 2= Not observed => Skip to HFT1_D013	<input type="checkbox"/>
HFT1_D011.	What type of weighting scale is used to weight the child?	1= Hanging scale 2= Infant scale 3= Adult scales (not digital) 4= Digital scale 5= Other (specify)	<input type="checkbox"/>
HFT1_D012.	Is weight measured without children's clothes?	1=Yes 2=No	<input type="checkbox"/>
HFT1_D013.	Is Height/Length measured during clinical examination?	1= Observed 2= Not observed	<input type="checkbox"/>
HFT1_D014.	Is staff checking for oedema during medical examination?	1= Observed	<input type="checkbox"/>

		2= Not observed	
HFT1_D015.	Temperature is taken <u>with a thermometer during medical examination</u> [INTERVIEWER: MAKE SURE YOU OBSERVE THAT A THERMOMETER IS BEING USED.]	1= Observed 2= Not observed	_
Stage 6: RUTF distribution			
HFT1_D016.	Are RUTF sachets distributed to mothers?	1= Observed 2= Not observed	_
HFT1_D017.	Does health facility staff explain to mother(s) how to use RUTF sachets?	1= Observed 2= Not observed	_

*******Thank respondents for their time*******