CASH PLUS BASELINE

HEALTH FACILITY QUESTIONNAIRE

*To be completed for all primary health care facilities within each community. Do not complete for tertiary care facilities such as regional hospital.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DistrictID | District  | Name |  |  |  |
|  |  |  |  |  |  |  |  |
| HFID | Health Care Facility | Name |  |  |  |  |  |
|  |  |  |  |
| start\_factype | Facility type | *Village health post = 1; Dispensary = 2;*  |  |
|  |  | *Health Center = 3; Other (specify)* |  |  |  |  |
| Start\_int | Interviewer | Name | Interviewer Code |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| start\_timev1 | Start time visit 1(TIMESTAMP) |  |  | / |  |  | / |  |  |
| start\_timev2 | Start time visit 1(TIMESTAMP) |  |  | / |  |  | / |  |  |
| start\_consent | *Does the facility management consent to the interview?* | (Yes…….1; No……..2 🡪 end interview) |
|  |  |  |  |  |  |  |  |  |  |

*Create a line for each respondent to the interview.*

|  |  |  |  |
| --- | --- | --- | --- |
| HealthRespondentID | **resp\_name** | **resp\_role** | **resp\_phone** |
|  | Name | Role in the facility | *Phone Number* |
|  |  | (1)Health Committee Member,(2)Facility Management,(3)(Assistant) Medical Officer,(4)Medical Attendant,(5)Nurse,(-96)Other | *+255 Don't enter leading 0* |
| 1 |  |  |  |

PART A: CHARACTERISTICS AND EQUIPMENT OF FACILITY

|  |  |  |  |
| --- | --- | --- | --- |
|  | QUESTION | CATEGORY AND CODE | RESPONSE |
| **a\_year** | 1. What year was this facility opened?  | (YYYY) | |\_\_|\_\_| |
| a\_elec | 2. Does this facility have electricity? | (Yes…….1; No……..2) | |\_\_| |
| a\_generator | 3. Does this facility have a generator? | (Yes…….1; No……..2) | |\_\_| |
| a\_water | 4. What is the main source of water for this facility?  | River/Lake/Stream/Rainwater……..1Borehole……………………………………2Protected Well………………………….3Unprotected well……………………….4Public tap…………………………………..5Private tap………………………………….6Purchased from vendor………………7Other………………………………………-96 | |\_\_| |
| a\_housing | 5. Is housing provided by this facility for its employees? | Yes…….1; No……..2 | |\_\_| |
| a\_opteater | 6. Is there any operating theatre at this facility? | Yes………1No……….2  | |\_\_| |
| a\_circumcision | 7. Can circumcisions be performed in this facility? | Yes………1No……….2  |  |
| a\_csestionEnable if: a\_optheater = 1 | 8. Can caesarean sections be performed at this facility? | Yes………1No……….2  |  |
|  | 8b. How much is the surgical fee? | (TSH) | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
| **a\_lab** | 9. Is there a laboratory to do tests? | Yes……..1 No……..2 >>Q10 | |\_\_| |
| **a\_labtests**Enable if :current.a\_lab = 1 | 10. Do you perform the following tests?*Read options out loud.* | 2)Blood test for malaria - RDT,(3)Blood test for malaria - MPS,(4)HIV Test,(5)Pregnancy test,(8)STI other than HIV? (Chlamydia, RPR for syphilis, etc.),(9)Pap smear (HPV),(10)Anemia,(-98)None |  |
| **a\_fridge** | 11. Does this facility have a working refrigerator to store biomedical samples and medications? | Yes…….1; No……..2 | |\_\_| |
| **a\_vehiclesyn**[Go To [a\_waitingroom] if:current.a\_vehiclesyn != 1] | 12. Does this facility have any vehicles? | Yes……….1 No……….2>>Q13 | |\_\_| |
| **a\_car** | 13 How many of each vehicle do you have in working condition? Write 0 if none in working condition. | A. Car/jeep/4WDB. BusesC. AmbulancesD. Motorcycles/mopedsE. Bicycles  F. Other | |\_\_|\_\_| |
| **a\_bus** | |\_\_|\_\_| |
| **a\_ambulance** | |\_\_|\_\_| |
| **a\_moto** | |\_\_|\_\_| |
| **a\_bike** | |\_\_|\_\_| |
| **a\_othervehicle** | |\_\_|\_\_| |
| **a\_othervehiclespec** | Specify other |  |  |
| **a\_waitingroom** | 14. Does this facility have a separate waiting room for patients? | Yes…….1; No……..2 | |\_\_| |
| **a\_youthroom** | 15. Does this facility have a separate waiting room/youth friendly space for adolescent patients (separate from adults)? | Yes…….1; No……..2 | |\_\_| |

Part B: SERVICES AND DRUGS

*Now I would like to know about the services and drugs offered at this facility.*

|  |  |
| --- | --- |
|  | How many hours do you offer each service during a regular week?[Indicate number of hours each day. Round to nearest hour. Enter 0 for no service on that day.] |
| HealthServiceID | b\_serviceynGo To [Next Line] if:current.b\_serviceyn != 1 | **b\_servicesun** | **b\_servicemon** | **b\_servicetue** | **b\_servicewed** | **b\_servicethu** | **b\_servicefri** | **b\_servicesat** |
|  | *Do you offer this service?* | SUN | MON | TUE | WED | THU | FRI | SAT |
|  | *1=yes 2=no* |  |  |  |  |  |  |  |
| 1. Outpatient consultations |  |  |  |  |  |  |  |  |
| 2 . Deliveries |  |  |  |  |  |  |  |  |
| 3. Well baby clinics |  |  |  |  |  |  |  |  |
| 4. Ante-natal clinics |  |  |  |  |  |  |  |  |
| 5. Family Planning  |  |  |  |  |  |  |  |  |
| 6. Mobile clinics  |  |  |  |  |  |  |  |  |
| 7. HIV Testing/counseling |  |  |  |  |  |  |  |  |
| 8. Other STI testing/counseling |  |  |  |  |  |  |  |  |
| 9. HIV treatment |  |  |  |  |  |  |  |  |
| 10. Adolescent friendly HIV testing/treatment or family planning services |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| HealthDrugID | b\_itemcarry | b\_iteminstock |
|  | 2. Does this facility normally carry……..? (YES…..1, No……2 >>next item) | 3. Is […..] in stock today? (Yes…..1, No……2) |
| 1. Male Condoms | |\_\_| | |\_\_| |
| 2. Female condoms | |\_\_| | |\_\_| |
| 3. Spermicides | |\_\_| | |\_\_| |
| 7. Emergency contraceptive pills | |\_\_| | |\_\_| |
| 4. Contraceptive pills | |\_\_| | |\_\_| |
| 5. Intrauterine device (IUD) | |\_\_| | |\_\_| |
| 6. Contraceptive injectables | |\_\_| | |\_\_| |
| 8. Contraceptive implants | |\_\_| | |\_\_| |
| 9. Paracetamol/Panadol | |\_\_| | |\_\_| |
| 14. Folic Acid tablets | |\_\_| | |\_\_| |
| 15. Antibiotics injection/tablets  | |\_\_| | |\_\_| |
| 17. ARVs  | |\_\_| | |\_\_| |

PART C: PERSONNEL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HealthPersonnelID | c\_personnelynGo To [NEXT LINE] if:current.c\_personnelyn = 2 | c\_parttimemen | c\_parttimewomen | c\_fulltimemen | c\_fulltimewomen |
| How many …….work at this facility currently? | Does your facility have any PERSONNEL?1=yes 2=no | 1. Number working part-time  | 2. Number working full-time  |
|  |  | Male | Female | Male | Female |
| 1. Medical officer |  |  |  |  |  |
| 2. Assistant medical officers |  |  |  |  |  |
| 3. Medical assistants |  |  |  |  |  |
| 5. Enrolled nurses/enrolled nurse midwives |  |  |  |  |  |
| 6. Registered nurses/registered nurse midwives, |  |  |  |  |  |
| 7. Pharmacists |  |  |  |  |  |
| 8. Physiotherapist |  |  |  |  |  |
| 9. Pharmaceutical assistants |  |  |  |  |  |
| 10. Laboratory technologist  |  |  |  |  |  |
| 11. Medical attendant/Nurse Assistant |  |  |  |  |  |

PART D: ADOLESCENT-FRIENDLY TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| d\_adohivever | 1. Have staff at this facility ever received any training on providing youth-friendly HIV/family planning services? | No | Yes |
| d\_adohivyr | 2. In the past year, have staff at this facility received any training on providing youth-friendly HIV/family planning services? | 1 | 2 |
| d\_adoservever | 3. Has this facility ever made any changes to make services more accessible to youth? (e.g., separate waiting area, expanded hours, attitudes training for health care workers with respect to adolescent access to SRH/HIV services) | 1 | 2>>next section |
| d\_adoservyrEnable if :current.ad\_adoservever = 1 | 4. In the past year, has this facility made any changes to make services more accessible to youth? (e.g., separate waiting area, expanded hours, attitudes training for health care workers with respect to adolescent access to SRH/HIV services) | 1 | 2 |
| d\_adowaitromEnable if :current.ad\_adoservever = 1 | 5. Did these include changes to or addition of a youth-specific waiting room? | 1 | 2 |
| d\_adopopeninghoursEnable if :current.ad\_adoservever = 1 | 6. Did these include youth-specific hours or extension of opening hours to make them more youth-friendly? | 1 | 2 |

PART E: USE OF SERVICES

*For these questions, make sure to use the records available in the facility.*

|  |  |  |
| --- | --- | --- |
|  | **e\_visitmale** | **e\_visitfemale** |
|  | Male | Female |
| 2. Of this total, please list the number of youth whose primary reason for visit was the following (count youth for each service accessed if more than one) |
| 1. Family planning/contraceptives | |\_\_||\_\_| | |\_\_||\_\_| |
| 2. HIV/STI testing | |\_\_||\_\_| | |\_\_||\_\_| |
| 4. HIV treatment | |\_\_||\_\_| | |\_\_||\_\_| |
| 5. STI treatment |  |  |
| 7. Prenatal care | |\_\_||\_\_| | |\_\_||\_\_| |
| 8. Postnatal care | |\_\_||\_\_| | |\_\_||\_\_| |
| 9. Circumcision | |\_\_||\_\_| | |\_\_||\_\_| |
| 10. Anemia | |\_\_||\_\_| | |\_\_||\_\_| |
| 11. Condoms |  |  |

END

|  |  |  |
| --- | --- | --- |
| end\_gps | *GPS Coordinates of health facility* |  |
| end\_timev1 | *Please record the time - 1st visit* |  |
| end\_resultv1 | Interview result | (1)Completed,(2)Partially completed (To be revisted),(3)Partially completed (With comment) |
| end\_timev2 | *Please record the time - 2nd visit* |  |
| end\_resultv2 | *Interview result (second visit* | (1)Completed,(2)Partially completed (To be revisted),(3)Partially completed (With comment) |
| end\_numvis | *Number of visits required to complete the interview* |  |
| end\_intcomments | *Interviewer comments* |  |
| end\_obsyn | *HAS THIS INTERVIEW OR PART OF IT BEEN OBSERVED?(BY A SUPERVISOR, DP, MANAGEMENT OR THE CLIENT)* | 1 yes 2 no |
| end\_intcheckconfirm |  |  |

FOR DATA PROCESSING ONLY

|  |  |  |
| --- | --- | --- |
| end\_dpcheck | *Data processing check* | Staff code |
| end\_dpchecktime | *Data processing check time* |  |
|  |  |  |