CASH PLUS

HEALTH FACILITY QUESTIONNAIRE

Round 2 (February 2018)

*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) | | | | | | | |

*Read: I or one of my colleagues visited this health facility on DATE. The respondent(s) at that time was(were): NAME(S).*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HealthRespondentID | **resp\_name** | **resp\_stillhere** | **resp\_available** | **resp\_role** | **resp\_phone** |
|  | Name | Does NAME still work here? | Is name available for this interview? | Role in the facility | *Phone Number* |
|  |  | 1 = yes  2 = no (next line) | 1 = yes  2 = no (next line) | (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\_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……..1 Borehole……………………………………2 Protected Well………………………….3 Unprotected well……………………….4 Public tap…………………………………..5 Private tap………………………………….6  Purchased from vendor………………7  Other………………………………………-96 | |\_\_| |
| a\_opteater | 6. Is there any operating theatre at this facility? | Yes………1 No……….2 | |\_\_| |
| a\_circumcision | 7. Can circumcisions be performed in this facility? | Yes………1 No……….2 >> 8 |  |
| a\_circumcision\_fee | 7b.How much is the surgical fee? | (TSH) | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
| a\_csestion  Enable if: a\_optheater = 1 | 8. Can caesarean sections be performed at this facility? | Yes………1 No……….2 >> 9 |  |
| a\_csestion\_fee | 8b. How much is the surgical fee? | (TSH) | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
| **a\_lab** | 9. Is there a laboratory to do tests? | Yes……..1 No……..2 | |\_\_| |
| **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\_waitingroom** | 14. Does this facility have a separate waiting room for patients? | Yes…….1; No……..2>>Next section | |\_\_| |
| **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.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| HealthServiceID | b\_serviceyn | **b\_serviceadoyn** | **b\_servicehrs** |
|  | *Do you offer this service (directly or through referrals)?*  *[no>> skip to next service)* | Do you offer this service to adolescents *(directly or through referrals)?*?  *[no>> skip to next service*  *Referral only>> skip to next service)* | (If yes) How many hours per week is this service available to adolescents? |
|  | *1=yes 2=no 3=offered through referral linkages* | *1=yes 2=no 3=offered through referral linkages* | Enter number of hours |
| 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 |  |  |  |
| 11. Gender Based Violence (GBV) services |  |  |  |
| 12. Outreach |  |  |  |

|  |  |  |
| --- | --- | --- |
| 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 | |\_\_| | |\_\_| |
| 18. STI drugs | |\_\_| | |\_\_| |

PART C: PERSONNEL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| HealthPersonnelID | c\_personnelyn  Go 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 / clinical officers |  |  |  | |  |  | |
| 5. Enrolled nurses/enrolled nurse midwives |  |  |  | |  |  | |
| 6. Registered nurses/registered nurse midwives, |  |  |  | |  |  | |
| 7. Pharmacists/ Pharmaceutical assistants |  |  |  | |  |  | |
| 10. Laboratory technologist |  |  |  | |  |  | |
| 11. Medical attendant/Nurse Assistant |  |  |  | |  |  | |
| 12. Social worker |  |  |  | |  |  | |

PART D: ADOLESCENT-FRIENDLY TRAINING/ACCOMODATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| d\_hivtrain | 1a Since the last time we visited (DATE), have any staff who are still working at this facility received any training on providing adolescent-friendly HIV services? | | No | Yes |
| d\_famplantrain | 2a. Since the last time we visited (DATE), have any staff who are still working at this facility received any training on providing adolescent-friendly family planning services? | | 1 | 2 |
| d\_gbvtrain | 3a. Since the last time we visited (DATE), have any staff who are still working at this facility received any training on providing GBV services? | | 1 | 2 |
| d\_accesschange | 4a. Since the last time we visited (DATE), has this facility made any changes to make services more accessible to adolescents? (e.g., separate waiting area, expanded hours, attitudes training for health care workers with respect to adolescent access to SRH/HIV services, access to guidelines on YFS?) | | 1 | 2>>7 |
| d\_waitroom | 5. Did these changes include changes to or addition of a adolescent-specific waiting room/waiting area? | | 1 | 2 |
| d\_openinghrs | 6. Did these changes include adolescent-specific hours/days or extension of opening hours to make them more adolescent-friendly? | | 1 | 2 |
| d\_docs | 7. Does the health facility have documents available with policies, guidelines and management procedures with regard to adolescents? | | 1 | 2 |
| d\_supportmat | 8. Do you have support materials to communicate with parents, guardians, and other community members and organizations about the value of providing health services to adolescents? | | 1 | 2 |
| d\_meetparents | 9. Since the last time we visited, have you or other staff participated in school meetings to inform parents/guardians and teachers about the health services available for adolescents and why it is important that they use the services? | | 1 | 2 |
| d\_meetcomm | 10. Since the last time we visited, have you or other staff participated in community meetings with youth and other community organizations to inform them about the health services available for adolescents and why it is important that they use the services? | | 1 | 2 |
| d\_refersystem | 11. Is there a system in place for referral and follow up of adolescent clients? | | 1 | 2 |
| d\_supvisit | 12. Does this facility receive supportive supervision visits related to adolescent friendly services from Ministry of Health or other similar trainers? | | 1 | 2 |
| d\_suggbox | 13. Is there a suggestion box for adolescents? | | 1 | 2 |
| d\_abtopay | 14. Do you take into account ability to pay when treating adolescents? | | 1 | 2 |
| d\_contrall | 15. Do you offer contraceptive counselling and services to all adolescents, married adolescents or neither? | All | Married | Neither |
| d\_hivall | 16. Do you offer HIV testing and treatment to all adolescents, married adolescents, or neither? | All | Married | Neither |

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 | |\_\_||\_\_| | |\_\_||\_\_| |
| 12. HIV testing | |\_\_||\_\_| | |\_\_||\_\_| |
| 13. STI testing | |\_\_||\_\_| | |\_\_||\_\_| |
| 4. HIV treatment | |\_\_||\_\_| | |\_\_||\_\_| |
| 5. STI treatment | |\_\_||\_\_| | |\_\_||\_\_| |
| 7. Prenatal care | |\_\_||\_\_| | |\_\_||\_\_| |
| 8. Postnatal care | |\_\_||\_\_| | |\_\_||\_\_| |
| 9. Circumcision | |\_\_||\_\_| | |\_\_||\_\_| |
| 10. Anemia | |\_\_||\_\_| | |\_\_||\_\_| |
| 11. Condoms | |\_\_||\_\_| | |\_\_||\_\_| |
| 14. Voluntary medical male circumcision (VMMC) | |\_\_||\_\_| | |\_\_||\_\_| |
| 15. GBV services | |\_\_||\_\_| | |\_\_||\_\_| |
| 16. General illness/information | |\_\_||\_\_| | |\_\_||\_\_| |

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 |  |  |