

**Zambia Social Protection Scheme
Child Grant Baseline Survey 2010
Kalabo, Kaputa and Shang'ombo Districts**

HEALTH FACILITY QUESTIONNAIRE

To be completed for all primary health care facilities in CWAC. Do not complete for tertiary care facilities such as local, district or regional hospital.

| | | | |
|------------------------------|--|---------------------|--|
| District | Name _____ | District code | <input type="text"/> <input type="text"/> <input type="text"/> |
| CWAC | Name _____ | CWAC Code | <input type="text"/> <input type="text"/> <input type="text"/> |
| Primary Health Care Facility | Name _____ | MoH Code | <input type="text"/> <input type="text"/> <input type="text"/> |
| Facility type | <i>Village health post = 1; Dispensary = 2; Health Center = 3; Other (specify)</i> | | <input type="text"/> |
| Interviewer | _____ | Interviewer Code | <input type="text"/> <input type="text"/> |
| Master Trainer | _____ | Master Trainer Code | <input type="text"/> <input type="text"/> |
| Date of interview (DD/MM/YY) | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Time started (24 hour clock) | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | | |
| Time ended (24 hour clock) | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | | |

PART A: CHARACTERISTICS AND EQUIPMENT OF FACILITY

| QUESTION | CATEGORY AND CODE | RESPONSE |
|---|---|---|
| 1. What year was this facility built? | (YYYY) | _ _ |
| 2. Does this facility have electricity? | (Yes.....1; No.....2) | _ |
| 3. Does this facility have a generator? | (Yes.....1; No.....2) | _ |
| 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 | _ |
| 5. Is housing provided by this facility for its employees? | Yes.....1; No.....2 | _ |
| 6. Is there any operating room at this facility? | Yes.....1 No.....2 >>Q8 | _ |
| 6. Can the following operations be performed in this facility? | A. Circumcision Yes....1 No....2 B. Caesarean Yes....1 No....2 C. Appendectomy Yes....1 No....2 | _ |
| 7. How much is the surgical fee? | (ZMK) | _ _ _ _ _ _ _ _ _ |
| 8. Is there a laboratory to do tests? | Yes.....1 No.....2 >>Q10 | _ |
| 9. Do you perform the following tests? (Yes.....1; No.....2) | A. Stools? B. Blood test for malaria - RDT C. blood test for malaria - MPS D. HIV test? D. Pregnancy test? E. Urine test? F. Skin snip test? G. RPR? | _ _ _ _ _ _ _ |
| 10. Does this facility have a working refrigerator? | Yes.....1; No.....2 | _ |
| 11. Does his facility have any vehicles? | Yes.....1 No.....2>>Next Section | _ |
| 12 How many of each vehicle do you have in working condition? Write 0 if none in working condition. | A. Car/jeep/4WD | _ _ |
| | B. Buses | _ _ |
| | C. Ambulances | _ _ |
| | D. Motorcycles/mopeds | _ _ |
| | E. Bicycles | _ _ |
| | F. Other | _ _ |

Part B: SERVICES AND DRUGS

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

| 1. Do you offer.....? Yes.....1 No.....2 >>next service | 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.] | | | | | | | |
|---|--|-----|-----|-----|-----|-----|-----|--|
| | SUN | MON | TUE | WED | THU | FRI | SAT | |
| A. Outpatient consultations | | | | | | | | |
| B. Deliveries | | | | | | | | |
| C. Well baby clinics | | | | | | | | |
| D. Ante-natal clinics | | | | | | | | |
| E. Family Planning | | | | | | | | |
| F. Mobile clinics | | | | | | | | |
| G. Treatment for acute malnutrition for children | | | | | | | | |
| H. OTHER??? | | | | | | | | |

2. Did the facility participate in a child health day/immunization campaign in the last 6 months? |__|
(Yes.....1; No.....2)

| 3. Does this facility normally carry.....? (YES.....1, No.....2 >>next item) | 4. Is [...] in stock today? (Yes.....1, No.....2) |
|--|---|
| A. Condoms | __ |
| B. Spermicides | __ |
| C. Contraceptive Pills | __ |
| D. IUD | __ |
| E. Paracetamol/Panadol | __ |
| F. Aspirin | __ |
| G. Oral Rehydration Salt | __ |
| H. Coartem | __ |
| I. Fansidar | |
| J. Folic Acid tablets | __ |
| K. Penicillin injection/tablets | __ |
| L. Cotrimoxazole | __ |
| M. ARVs for adults | __ |
| N. BCG injection | __ |
| O. DPT injection | __ |
| P. Tetanus injection | __ |
| Q. Measles injection | __ |
| R. Polio injection | __ |
| S. Meningitis injection | __ |
| T. IT mosquito bed nets | __ |

PART C: PERSONNEL

| How manywork at this facility currently? | 1. Number working part-time | 2. Number working full-time |
|--|-----------------------------|-----------------------------|
| A. Medical Doctors | | |
| B. Assistant medical doctors | | |
| C. Medical assistants | | |
| D. Medical Aides | | |
| E. Registered nurses | | |
| F. Enrolled nurses | | |
| G. Midwives or nurse midwives | | |
| H. Pharmacists | | |
| I. Physiotherapist | | |
| J. Pharmaceutical attendants/assistants | | |
| K. Laboratory technologist | | |
| L. Laboratory Scientist | | |
| M. Classified daily employees (CDE) | | |