Cluster id |___|___|___|

Zambia Social Protection Scheme
Social Cash Transfer Baseline Survey 2011
Luwingu and Serenje 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		
CWAC	Name _____	CWAC Code		
Primary Health Care Facility	Name _____	MoH Code		
Facility type	*Village health post = 1; Dispensary = 2; Health Center = 3; Other (specify)= 4*			
Supervisor's name	_____	Supervisor Code		
Master Trainer's name	_____	Master Trainer Code		
Date of interview (DD/MM/YY)			/ /	
Time started (24 hour clock)			:	
Time ended (24 hour clock)			:	

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	|__|
7. 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	|__| |__| |__|
8. How much is the surgical fee?	(ZMK)	|__|__|__|__|__|__|
9. Is there a laboratory to do tests?	Yes……..1 No……..2	|__|
10. 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?	|__| |__| |__| |__| |__| |__| |__| |__|
11. Does this facility have a working refrigerator?	Yes…….1; No……..2	|__|
12. Does his facility have any vehicles?	Yes……….1 No……….2>>Next Section	|__|
13. 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, specify_____	|__|__| |__|__| |__|__| |__|__| |__|__| |__|__|

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, specify…………..								

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 have……..? (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 (Septrin)	|__|	|__|
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 many …….work at this facility currently?	1. Number working part-time	2. Number working full-time
A. Medical Doctors		
B. Assistant medical doctors/Clinical Officers		
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)		
N. Traditional Birth Attendants		