

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?	(ZM)	_ _ _ _ _ _ _
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>>Q13	_
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	_ _ _
13. Does this facility have any routine user fees or charges for client services?	(Yes.....1; No.....2)	_
14. How many outpatient client visits were made to this facility in the last 30 days for both adults and children?	# of client visits DK=9999 [Enumerator: Probe to get a response, even if respondent must approximate the number.]	

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	__
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)		

PART D: CHANGES OVER PAST FIVE YEARS

[I would like to know what major changes have occurred in this facility over the past five years]

Question[Ask each question below] Response codes: 1=Gotten worse, 2=About the same, 3=Improved	
1. Have there been a change to the physical infrastructure of the facility (new rooms, roof, walls, toilets, access to water, etc)	
2. Has there been a change in the range of drugs offered by the facility?	
3. Has there been a change in the number of staff, or qualifications of staff or total staff time at the facility?	
4. Has there been a change in the range of services offered by the facility?	
5. Has there been a change in the equipment or vehicles available at this facility?	
6. Has there been a change in the days/hours of operation of the facility?	