

Ghana LEAP 1000 Baseline Survey**HEALTH FACILITY QUESTIONNAIRE**

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

Region	_____	Region code	<input type="text"/>	<input type="text"/>	<input type="text"/>
District	_____	District code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community	_____	Community Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Health Care Facility	_____	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"/>		
GPS coordinates	Latitude	N	__	__	__
	Longitude	E / W	__	__	__
Interviewer	_____	Interviewer Code	<input type="text"/>	<input type="text"/>	
Supervisor	_____	Supervisor Code	<input type="text"/>	<input type="text"/>	
Date of interview (DD/MM/YY)			<input type="text"/>	/	<input type="text"/>
Time started (24 hour clock)			<input type="text"/>	:	<input type="text"/>
Time ended (24 hour clock)			<input type="text"/>	:	<input type="text"/>

PART A: CHARACTERISTICS OF FACILITY

	QUESTION	CATEGORY AND CODE	RESPONSE
1	What year was this facility built?	(YYYY)	_ _ _ _
2	How many days per week is this facility open for outpatient adult and/or child curative services?	(Enter number of days) Don't know.....9	_
3	Is there a trained health provider present at the facility at all times (24 hours/day)	Yes, always present.....1 >>Q5 No.....2	_
4	Is there a trained health provider available on call at all times after hours? IF YES, ASK TO SEE DUTY SCHEDULE	Yes, duty schedule seen1 Yes, duty schedule not seen2 No3	_
5	Do you have an estimated size of the catchment population that this facility serves, that is, the target population or total population living in the area served by this facility?	(Enter estimated catchment population) Don't know.....9999998	_ _ _ _ _ _ _ _ _
6	Does this facility have electricity?	(Yes.....1; No.....2)	_
7	Does this facility have a (back-up) generator?	(Yes.....1; No.....2)	_
8	Does this facility have solar power as back-up?	(Yes.....1; No.....2)	_
9	Does this facility have a functioning landline telephone?	(Yes.....1; No.....2)	_
10	Does this facility have a functioning cellular telephone (either private or supported by the facility)?	(Yes.....1; No.....2)	_
11	What is the main source of water for this facility?	River/Lake/Stream/Rainwater 1 Borehole2 Protected Well.....3 Unprotected well4 Public tap.....5 Private tap6 Purchased from vendor7	_
12	Is housing provided by this facility for its employees?	Yes.....1; No.....2	_

PART B: FACILITY EQUIPMENT

	QUESTION	CATEGORY AND CODE	RESPONSE
1	Is there any operating room/theatre at this facility?	Yes.....1 No.....2 >>Q4	_
2	Can the following operations be performed in this facility?	Yes.....1 No.....2 >> next item	3. How much is the surgical fee? (GH¢)
	A. Circumcision B. Caesarean C. Appendectomy	A. _ B. _ C. _	A. _ _ _ _ _ _ _ _ _ _ _ B. _ _ _ _ _ _ _ _ _ _ _ C. _ _ _ _ _ _ _ _ _ _ _
4	Is there a laboratory to do tests?	Yes.....1 No.....2 >>Q6	_

5	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? E. Pregnancy test? F. Urine test? G. Skin snip test? H. RPR?	__ __ __ __ __ __ __ __
6	Does this facility have a working refrigerator?	Yes.....1; No.....2	__
7	Does his facility have any vehicles?	Yes.....1 No.....2 >>Q9	__
8	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/moped	__
		E. Bicycles	__
		F. Other	__
9	Does this facility have the following instruments and equipment available: (Yes.....1; No.....2)	A. Blood pressure machine	__
		B. Stethoscope(s)	__
		C. Microscope	__
		D. Slides	__
		E. Weighing scale for adults	__
		F. Weighing equipment (i.e. Salter scale or similar hanging scale) for under-five-year-olds	__
		G. Height measurement equipment for under-five-year-olds	__
		H. Clinical thermometer	__
		I. Latex gloves in stock	__
10	What methods are used for disinfecting syringes and needles? (Yes.....1; No.....2)	A. Autoclave	__
		B. Dry heat sterilization	__
		C. Steam sterilization	__
		D. Boiling only	__
		E. Chemical only	__
		F. Boil and chemical	__
		G. Other_____	__
		H. Use disposables only	__
11	What methods are used for disinfecting other medical equipment (e.g. surgical instruments)? (Yes.....1; No.....2)	A. Autoclave	__
		B. Dry heat sterilization	__
		C. Steam sterilization	__
		D. Boiling only	__
		E. Chemical only	__
		F. Boil and chemical	__
		G. Other_____	__
		H. None	__

PART C: SERVICES

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	2. 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.]							3. How many clients were seen in the previous month?
	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)								

	QUESTION	CATEGORY AND CODE	RESPONSE
4	Did the facility participate in a child health day/immunization campaign in the last 6 months?	Yes.....1 No2	_
5	Does your facility participate in or collaborate with Fives Alive?	Yes.....1 No2	_
6	Did any of your health workers participate in training provided by Fives Alive (in the last 12 months?)	No00 Yes, (enter number of staff trained by Fives Alive)	_ _
7	Does your facility participate in or collaborate with SPRING?	Yes.....1 No2	_
8	Did any of your health workers participate in training provided by SPRING (in the last 12 months?)	No00 Yes, (enter number of staff trained by SPRING)	_ _
9	What were the topics of these trainings? (Yes.....1, No.....2)	A. CMAM (Community Management of Acute Malnutrition) B. IYCF (Infant and Young Child Feeding practices) C. Other (Specify)	_ _ _

PART D: DRUGS AND MEDICAL SUPPLIES

1. Does this facility normally carry.....? (Yes.....1, No.....2 >>next item)		2. Is [.....] in stock today? (Yes.....1 >> next item No.....2)	3. How many days has it been out of stock?
A. Condoms	__	__	__ _
B. Spermicides	__	__	__ _
C. Contraceptive Pills	__	__	__ _
D. Intra-uterine device (IUD)	__	__	__ _
E. Injectable contraceptive (Depro-provera, etc.)	__	__	__ _
F. Contraceptive implants (Implanon, nexplanon, etc.)	__	__	__ _
G. Paracetamol/Panadol	__	__	__ _
H. Aspirin	__	__	__ _
I. Oral Rehydration Salt	__	__	__ _
J. Coartem	__	__	__ _
K. Fansidar	__	__	__ _
L. Iron tablets for pregnant women	__	__	__ _
M. Folic Acid tablets	__	__	__ _
N. Penicillin injection/tablets	__	__	__ _
O. Cotrimoxazole	__	__	__ _
P. ARVs for adults	__	__	__ _
Q. BCG injection	__	__	__ _
R. DPT injection	__	__	__ _
S. Tetanus injection	__	__	__ _
T. Measles injection	__	__	__ _
U. Polio injection	__	__	__ _
V. Meningitis injection	__	__	__ _
W. IT mosquito bed nets	__	__	__ _
X. Micronutrient Powder (MNP)	__	__	__ _
Y. Ready-to-use Therapeutic Food (RUTF)	__	__	__ _
Z. Deworming medicines (mebendazole /albendazole)	__	__	__ _
AA. Vitamin A droplets	__	__	__ _

PART E: PERSONNEL

How manywork at this facility currently?	1. Number working part-time	2. Number working full-time	3. Number present today
A. Medical Doctors			
B. Medical Assistants			
C. Public Health Nurses			
D. Professional Midwives			
E. Professional Nurses			
F. Midwives Assistants			
G. Auxiliary Nurses			
H. Physiotherapist			
I. Pharmacists			
J. Pharmaceutical attendants/assistants			
K. Dispensing Technicians			
L. Lab Technicians/technologists			
M. Nutrition Technician Officers			
N. Ward Assistants			
O. Environmental Health Officers			
P. Others: SPECIFY _____			
Q. Classified daily employees (CDE)			