

**FORM 4: Health Facility Audit
FACILITY QUESTIONNAIRE**

COVER SHEET

1. FACILITY IDENTIFICATION

001 NAME OF FACILITY _____ 002 LOCATION OF FACILITY _____ 003 DISTRICT _____ 004 PROVINCE _____ 005 CODE OF FACILITY	DISTRICT NUMBER <input type="text"/> <input type="text"/> PROVINCE NUMBER <input type="text"/> <input type="text"/> CODE OF FACILITY <input type="text"/> <input type="text"/> <input type="text"/>
006 TYPE OF FACILITY (COUNTRY SPECIFIC) THIRD LEVEL (TERTIARY) HOSPI' 01 SECOND LEVEL REFERRAL HOSPI' 02 FIRST LEVEL HOSPITAL 03 URBAN HEALTH CENTE 04 RURAL HEALTH CENTE 05 CLINIC 06 HEALTH POS 07 DISPENSARY 08 SECOND (HIGHER) LEVEL PHARMA' 09 FIRST (LOWER) LEVEL PHARMAC 10 DRUGSTORE 11 OTHER _____ 96 (SPECIFY) _____	FACILITY TYPE <input type="text"/> <input type="text"/>
007 MANAGING AUTHORITY (COUNTRY SPECIFIC) GOVERNMENT FACILITY-PU 01 GOVERNMENT FACILITY-NOT PUBLIC (MILITARY,ETC 02 NGO (FAITH-BASE 03 NGO (OTHER... .. 04 COMMUNIT 05 PRIVATE (FOR PROF 06 PARASTAT 07 OTHER _____ 96 (SPECIFY) _____	MANAGING AUTHORITY <input type="text"/> <input type="text"/>

2. INFORMATION ABOUT THE INTERVIEW

008 DATE _____ 009 NAME OF INTERVIEWER _____	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER CODE <input type="text"/> <input type="text"/>												
010 INTERVIEWER VISITS: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%;">VISIT 1</th> <th style="width:20%;">VISIT 2</th> <th style="width:20%;">VISIT 3</th> </tr> </thead> <tbody> <tr> <td>DATE</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TEAM LEADER</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> RESULT CODES: 1 = COMPLETED 2 = RESPONDENT NOT AVAILABLE 3 = REFUSED 4 = PARTIALLY COMPLETED 6 = OTHER		VISIT 1	VISIT 2	VISIT 3	DATE	_____	_____	_____	TEAM LEADER	_____	_____	_____	RESULT CODE <input type="text"/>
	VISIT 1	VISIT 2	VISIT 3										
DATE	_____	_____	_____										
TEAM LEADER	_____	_____	_____										
011 CHECKED BY MONITOR/SUPERVISOR: SIGNATURE _____ DATE _____	MONITOR/SUPERVISOR .. <input type="text"/> <input type="text"/>												

GPS READING

TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION"

WRITE **ALTITUDE**

PRESS "**MARK**"

HIGHLIGHT "**AVERAGE**" AND PRESS "**ENTER**"

HIGHLIGHT "**WAYPOINT NUMBER**" AND PRESS "**ENTER**"

ENTER FACILITY CODE (SIX DIGITS)

WAIT 5 MINUTES

HIGHLIGHT "**SAVE**" AND PRESS "**ENTER**"

PAGE TO MAIN MENU, HIGHLIGHT "**WAYPOINT LIST**" AND PRESS "**ENTER**"

10. HIGHLIGHT YOUR **WAYPOINT**
11. COPY INFORMATION FROM WAYPOINT LIST PAGE- THIS IS THE AVERAGE OF ALL THE SATELLITE READINGS
12. BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

012 WAYPOINT NAME	NAME <input style="width: 40px; height: 20px;" type="text"/>
013 ALTITUDE	ALTITUDE <input style="width: 100px; height: 20px;" type="text"/>
014 LATITUDE	N/S a <input style="width: 20px; height: 20px;" type="text"/>
	DEGREES/DECIM b <input style="width: 40px; height: 20px;" type="text"/> c <input style="width: 100px; height: 20px;" type="text"/>
015 LONGITUDE	E/W a <input style="width: 20px; height: 20px;" type="text"/>
	DEGREES/DECIM b <input style="width: 40px; height: 20px;" type="text"/> c <input style="width: 100px; height: 20px;" type="text"/>

SECTION 1. OVERVIEW OF THE FACILITY

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE FACILITY WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING

Hello. My name is _____. I am here on behalf of the Ministry of Health, PATH Malaria Control and Evaluation Partnership and WHO to assist the government in knowing more about health services.

Now I will read a statement explaining the survey we are conducting.

Your facility was selected to participate in this study. I will be asking you questions about various health services. The information about your facility may be used by the Ministry of Health and organizations supporting services in your facility, for planning service improvement or further studies of health services.

The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate.

If there are questions for which someone else is the most appropriate person to provide the information, I would appreciate your introducing me to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?

Do I have your agreement to proceed?

INTERVIEWER'S SIGNATURE

DATE

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

RESPONDENT AGREES

RESPONDENT DOES NOT AGREE

TO BE INTERVIEWED 1
↓

TO BE INTERVIEWED 2 → END

NO	QUESTIONS	CODING CATEGORIES	SKIP
101	RECORD THE TIME AT BEGINNING OF INTERVIEW..... USE THE 24 HOUR-CLOCK SYSTEM	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
102	Does the facility have a functioning land line telephone?	YES 1 NO 2	
103	Does the facility have functioning cellular telephones (either private or supported by the facility)?	YES 1 NO 2	
104	Does the facility have a functioning short-wave radio for radio calls?	YES 1 NO 2	
105	Is there a phone or shortwave radio within less than 15 minutes walking distance from the facility that staff can use in an emergency? IF YES, ASK: Is that phone or shortwave radio available at all times services are offered?	YES, AVAILABLE AT ALL TIMES 1 YES, NOT AVAILABLE AT ALL TIMES 2 NO, NONE WITHIN 15 MINUTES 3	
106	Does the facility have a computer? IF YES, ASK: Is the computer functioning today?	YES, FUNCTIONING 1 YES, NOT FUNCTIONING 2 NO 3	→ 108
107	Is there access to email/internet within the facility?	YES 1 NO 2	
108	Is this facility connected to the central supply (national or local) electricity grid?	YES 1 NO 2	
109	Does the facility have other sources of electricity like generator or solar supply?	GENERATOR 1 SOLAR SUPPLY 2 OTHER SOURCE 6 (SPECIFY)	→ 111 → 111
110	Is the generator functional? IF YES, ASK: Is there fuel today?	YES, FUNCTIONAL WITH FUEL 1 YES, FUNCTIONAL, NO FUEL 2 NOT FUNCTIONAL 3 DON'T KNOW 8	

NO	QUESTIONS	CODING CATEGORIES	SKIP
111	During the past week was electric power continuously available in this facility at the times the facility was open for services?	YES 1 NO 2	
112	What is the most commonly used source of water for hand washing for the facility at this time ?	PIPED INTO FACILITY 01 PIPED ONTO FACILITY GROUNDS 02 PUBLIC TAP/STANDPIPE 03 TUBEWELL/BOREHOLE 04 PROTECTED DUG WELL 05 UNPROTECTED DUG WELL 06 PROTECTED SPRING 07 UNPROTECTED SPRING 08 RAINWATER 09 BOTTLED WATER 10 CART W/SMALL TANK/DRUM 11 TANKER TRUCK 12 SURFACE WATER (RIVER/DAM/LAKE/POND) 13 OTHER 96 (SPECIFY) DON'T KNOW 98 NO WATER SOURCE 00	→ 114 → 114 → 114 → 114 → 114 → 114
113	Is a water outlet from this source available within 500 meters of the facility?	YES 1 NO 2	
114	CHECK QUESTION 006: FACILITY IS PHARMACY (CODES 09, 10) OR DRUGSTORE (CODE 11): NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 801
115	Does this facility routinely provide inpatient care?	YES 1 NO 2	→ 118
116	Does this facility have beds for routine care? IF YES, ASK: How many beds?	YES 1 NUMBER OF BEDS <input type="text"/> <input type="text"/> NO 2	→ 118
117	During (THE LAST COMPLETED CALENDAR MONTH) how many in-patients were admitted in this facility?	NUMBER OF IN-PATIENTS <input type="text"/> <input type="text"/> <input type="text"/>	
118	Does this facility have beds for overnight observation? IF YES, ASK: How many beds?	YES 1 NUMBER OF BEDS <input type="text"/> <input type="text"/> <input type="text"/> NO 2	
119	Does this facility have beds just to deliver babies? IF YES, ASK: How many delivery beds?	YES 1 NUMBER OF BEDS <input type="text"/> <input type="text"/> <input type="text"/> NO 2	
120	During (THE LAST COMPLETED CALENDAR MONTH) how many deliveries took place in this facility?	NUMBER OF DELIVERIES <input type="text"/> <input type="text"/> <input type="text"/>	
121	Does this facility have maternity beds, i.e., beds to rest before and after delivery? IF YES, ASK: How many beds?	YES 1 NUMBER OF BEDS <input type="text"/> <input type="text"/> <input type="text"/> NO 2	
122	Does this facility has a separate waiting area for infectious patients?	YES 1 NO 2	

SECTION 2A. AVAILABLE SERVICES IN THE FACILITY

NO.	QUESTIONS	CODING CATEGORIES	SKIP
201A	Are immunization services provided in this facility? IF YES, ASK: In the facility, on an outreach only basis, or both?	YES, IN THE FACILITY 1 YES, OUTREACH ONLY 2 YES, BOTH 3 NO 4	→ 202
201 B	Do you provide immunizations for children only, for pregnant women only, or for both children and pregnant women?	CHILDREN ONLY 1 PREGNANT WOMEN ONLY 2 BOTH CHILDREN/PREGNANT WOMEN 3	
202	Which of the following services for children under five does the facility provide here or on an outreach basis:	YES NO	
A	Routine Vitamin A supplementation?	ROUTINE VITAMIN A SUPPLEMENT 1 2	
B	Consultation or curative services for sick children?	CONSULTATION/CURATIVE SERVICES 1 2	
C	Integrated management of childhood illness (IMCI)?	IMCI 1 2	
D	Growth monitoring	Growth monitoring 1 2	
203	Does this facility offer:	YES NO	
A	Vasectomy?	VASECTOMY 1 2	
B	Tubal ligation?	TUBAL LIGATION 1 2	
C	Male circumcision?	MALE CIRCUMCISION 1 2	
D	Family planning?	FAMILY PLANNING 1 2	
E	CTC prophylaxis?	CTX PROPHYLAXIS 1 2	
204a	Does this facility offer any of the following services:	YES NO	
A	Antenatal services?	ANTENATAL SERVICES 1 2	
B	Delivery services at the facility?	DELIVERY SERVICES AT THE FACILITY 1 2	
C	Parenteral administration of antibiotics?	ADMINISTRATION OF ANTIBIOTICS 1 2	
D	Parenteral administration of oxytocic drugs?	ADMINISTRATION OF OXYTOXIC DRUGS 1 2	
E	Parenteral administration of anti-convulsants to women with (pre)clampsia?	ADMINISTRATION OF ANTI-CONVULSANTS 1 2	
F	Manual removal of placenta?	MANUAL REMOVAL OF PLACENTA 1 2	
G	Removal of retained products after delivery, i.e., manual vacuum aspiration?	REMOVAL OF RETAINED PRODUCTS 1 2	
H	Delivery services at home?	DELIVERY SERVICES AT HOME 1 2	
I	Postpartum services?	POSTPARTUM SERVICES 1 2	
J	Diagnosis of Sexually Transmitted Infections (STIs)?	DIAGNOSIS OF STI'S 1 2	
K	Treatment of Sexually Transmitted Infections (STIs)?	TREATMENT OF STI'S 1 2	
L	Cervical cancer prevention (Papanicolaou test)	PAPANICOLAU TEST 1 2	
M	Home-based care?	HOME-BASED CARE 1 2	
N	Palliative care?	PALLIATIVE CARE 1 2	
O	Diagnosis of malaria?	DIAGNOSIS OF MALARIA 1 2	
P	Treatment of malaria?	TREATMENT OF MALARIA 1 2	
Q	Insecticide treated mosquito nets for sale or donation?	MOSQUITO NET 1 2	
R	Intermittent Preventive Treatment during pregnancy (IPTp) for IPTp 1 2	
204b	Does this facility support home based-management of malaria through a network of community health workers?	YES 1 NO 2	
205	Does this facility offer any TB services including counselling and clinical services?	YES 1 NO 2	→ 208
206	Which of the following TB services does this facility offer? ASK FOR EACH SERVICE. CIRCLE 1 IF SERVICE IS PROVIDED. THEN FOR EACH SERVICE WITH CODE 1 CIRCLED IN 206, ASK 207.		207 Does the facility charge a fee for this service?
A	Diagnosis of tuberculosis through sputum smear microscopy?	YES 1 NO 2	YES 1 NO 2
B	Diagnosis of tuberculosis through culture?	YES 1 NO 2	YES 1 NO 2
C	Diagnosis of tuberculosis including X-ray?	YES 1 NO 2	YES 1 NO 2
D	Diagnostic of MDR TB using culture or rapid test?	YES 1 NO 2	YES 1 NO 2
E	Treatment of tuberculosis?	YES 1 NO 2	YES 1 NO 2
F	Directly Observed Treatment, Short-course (DOTS)	YES 1 NO 2	YES 1 NO 2
G	Directly Observed Treatment (DOT) outreach services?	YES 1 NO 2	YES 1 NO 2

NO.	QUESTIONS	CODING CATEGORIES		SKIP
H	Follow-up of tuberculosis patients?	YES 1 NO 2	YES 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES		SKIP
208	Does this facility offer any HIV/AIDS services including counselling and clinical services?	YES 1 NO 2		→ 211
209	Which of the following HIV/AIDS services does this facility offer? ASK FOR EACH SERVICE. CIRCLE 1 IF SERVICE IS PROVIDED. THEN FOR EACH SERVICE WITH CODE 1 CIRCLED IN 209, ASK 210.		210 Does the facility charge a fee for this service?	
A	HIV counselling?	YES 1 NO 2	YES 1 NO 2	
B	HIV counselling for pregnant women?	YES 1 NO 2	YES 1 NO 2	
C	HIV testing?	YES 1 NO 2	YES 1 NO 2	
D	HIV testing of pregnant women?	YES 1 NO 2	YES 1 NO 2	
E	Antiretroviral therapy (ART)?	YES 1 NO 2	YES 1 NO 2	
F	Prevention of mother-to-child transmission (PMTCT) through ARVs?	YES 1 NO 2	YES 1 NO 2	
G	Post-exposure prophylaxis?	YES 1 NO 2	YES 1 NO 2	
H	Youth friendly services?	YES 1 NO 2	YES 1 NO 2	
I	HIV/AIDS preventive outreach services?	YES 1 NO 2	YES 1 NO 2	
211	Does this facility provide blood transfusion?	YES 1 NO 2		
212	Does this facility have a working relationship with any NGO or CBO for HIV prevention activities?	YES 1 NO 2		
213	Does this facility offer any surgical services including counselling and clinical services?	YES 1 NO 2		→ 215
214	Which of the following surgical services does this facility offer?		YES NO	
A	Caesarian section?	CAESARIAN SECTION 1	2	
B	Intestinal surgery for acute abdomen?	INTESTINAL SURGERY FOR ACUTE ABDOMEN 1	2	
C	Trauma surgery, i.e., for complicated fractures?	TRAUMA SURGERY 1	2	
D	Cardiac surgery?	CARDIAC SURGERY 1	2	
215	Can I get a copy of the list of fees charged by the facility, if any?	YES, LIST PROVIDED 1 NO, LIST NOT PROVIDED 2		
216	Are the fees applied uniformly to all patients or are they applied differentially depending on the type of patient?	FEES APPLIED UNIFORMLY 1 FEES APPLIED DIFFERENTIALLY 2		→ 221
217	What factors are considered when applying the fees for services?	FACTOR 1 _____ FACTOR 2 _____ FACTOR 3 _____ FACTOR 4 _____ OTHER FACTORS _____ _____ _____ _____		

SECTION 2B. GENERAL PURPOSE EQUIPMENT

221	I am interested in knowing if the following resources are available in this facility. For each equipment or item, please tell me if it is available in this facility and functional now, not available today, or never available.	AVAILABLE AND FUNCTIONAL NOW	AVAILABLE NOT FUNCTIONAL NOW	NOT AVAILABLE TODAY	NEVER AVAILABLE
01	X-ray machine?	1	2	3	4
02	Blood pressure machine/cuff?	1	2	3	4
03	Stethoscope(s)?	1	2	3	4
04	Micronebulizer?	1	2	3	4
05	Opthalmoscope?	1	2	3	4
06	Otoscope?	1	2	3	4
07	CTSCAN OR MRI	1	2	3	4
08	Adult weighing scale?	1	2	3	4
09	Weighing equipment for under-five-year-olds?	1	2	3	4
10	Thermometer for oral or rectal temperature?	1	2	3	4
11	Ambulance or other emergency transportation services?	1	2	3	4
12	Operating theatre with basic equipment?	1	2	3	4
13	Anaesthetic machine?	1	2	3	4
14	Oxygen system/cylinders?	1	2	3	4
15	Infusion kits for intravenous solution?	1	2	3	4
16	Refrigerator?	1	2	3	4

SECTION 3. INFECTION CONTROL

NO.	QUESTIONS	CODING CATEGORIES	SKIP
301	What is now the main type of needles and syringes for general health services (apart from immunization) used in this facility: disposable, re-usable, or auto-destruct?	DISPOSABLE 1 RE-USABLE 2 AUTO-DESTRUCT 3 OTHER _____ 6 (SPECIFY)	
302	Are needles and syringes for client injections or for drawing blood ever reused? IF YES, ASK: What is the final method most commonly used for sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY. IF NO, CIRCLE 'Y' FOR "NEVER REUSE SYRINGES/NEEDLES"	AUTOCLAVE (ELECTRIC) A AUTOCLAVE (NON-ELECTRIC) B DRY HEAT STERILIZER (ELECTRIC) C BOILING POT: ELECTRIC BOILER OR STEAMER (NO PRESSURE) D BOILING POT: NON-ELECTRIC POT WITH COVER (FOR BOILING OR STEAMING) E CHEMICAL METHOD F OTHER _____ X (SPECIFY) NEVER REUSE SYRINGES/NEED Y	
303	What is the final method most commonly used for disinfecting or sterilizing medical equipment before it is reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS MINOR SURGICAL EQUIPMENT.	AUTOCLAVE (ELECTRIC) A AUTOCLAVE (NON-ELECTRIC) B DRY HEAT STERILIZER (ELECTRIC) C BOILING POT: ELECTRIC BOILER OR STEAMER (NO PRESSURE) D BOILING POT: NON-ELECTRIC POT WITH COVER (FOR BOILING OR STEAMING) E CHEMICAL METHOD F OTHER _____ X (SPECIFY) PROCESS OUTSIDE FACILITY Y NO EQUIPMENT PROCESSED Z	
304	Is there an automatic timer in this facility for sterilization purposes? IF YES, ASK: It is functional?	AVAILABLE, FUNCTIONAL 1 AVAILABLE, NOT FUNCTIONAL 2 NOT AVAILABLE 3	
305	How does this facility finally dispose of sharp items such as needles and filled sharps boxes?	BURN IN INCINERATOR: 2-CHAMBER INDUSTRIAL (800-1000+° C) 01 1-CHAMBER DRUM/BRICK 02 OPEN BURNING FLAT GROUND-NO PROTECTION 03 PIT OR PROTECTED GROUND 04 DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTION 05 COVERED PIT OR PIT LATRINE 06 OPEN PIT-NO PROTECTION 07 PROTECTED GROUND OR PIT 08 REMOVE OFFSITE STORED IN COVERED CONTAINER 09 STORED IN OTHER PROTECTED ENVIRONMENT 10 STORED UNPROTECTED 11 OTHER _____ 96 (SPECIFY) NEVER HAVE SHARPS WASTE 95	

SECTION 4. HEALTH WORKFORCE¹

401

Now I have some questions about staffing for this facility. The staffing I am referring to includes those who provide outpatient services, and (if applicable) inpatient services.

CODES:

For each type of staff, we want to know how many work regularly full time at this facility and how many are present today at this facility.
For medical doctors/physicians, we want to know how many work part time at this facility.

0 0 = NONE
9 5 = 15+
9 8 = DK

	TYPE OF STAFF ¹	NUMBER WORKING FULL TIME	NUMBER PRESENT AT FACILITY TODAY	NUMBER WORKING PART TIME
01	Medical doctors/physicians?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02	Clinical officers/assistant medical officers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
03	Certified/registered nurses?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
04	Nursing assistants/nursing aides?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
05	Certified/registered midwives including nurse midwives?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
06	Laboratory technicians/technologists?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
07	Lab assistants?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
08	Pharmacists?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
09	Pharmacy assistants?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
10	Community health workers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
11	Social workers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
12	Certified/registered HIV counsellors?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
13	Trained HIV/AIDS counselor (any topics)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
14	Other counselors?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
15	Nutritionists?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
16	Health management information system (HMIS) personnel?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
17	Trained dispensers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
18	Post-Exposure Profilaxis (PEP) trained personnel?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
19	Traditional birth attendants (TBAs)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

¹ Type of staff to be revised according to country

SECTION 5. STAFF TRAINING AND GUIDELINES

501	<p>In this section we would like to know how many of your staff have received training on the delivery of specific interventions.</p> <p>Can you tell me the number of staff who have received pre- or in-service training during the last two (2) years for (NAME OF INTERVENTION):</p> <p align="right">CODES: 0 0 = NONE 9 5 = 15+ 9 8 = DK</p>	<p>502 Are guidelines available for (NAME OF INTERVENTION)?</p> <p>IF AVAILABLE, ASK: Can I see them?</p> <p align="center"> REPORTED NOT AVAILABLE AVAIL- OBSERVED NOT SEEN ABLE </p>			
01	Integrated management of childhood illness (IMCI)	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
02	Adolescent sexual and reproductive health (ASRH)	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
03	Delivery care ('safe motherhood'/life saving skills	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
04	Integrated management of adult illness (IMAI)	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
05	Family planning?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
06	Diagnosis and treatment (management) of ST	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
07	Diagnosis and treatment (management) of malaria'	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
08	Diagnosis and treatment (management) of tuberculos	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
09	Management of MDR-TB?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
10	HIV/AIDS opportunistic infection treatment and care?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
11	HIV/AIDS counselling and testing?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
12	HIV/AIDS counselling only ?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
13	HIV testing including HIV rapid testing?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
14	Prevention of mother to child transmission (PMTCT) of HIV	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
15	Infection control/standard precautions for handling blood and other bodily fluids?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
16	Management of TB/HIV co-infection?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
17	Drug and supplies management?.....	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
18	Health management information system (HMIS) training	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
19	Post-Exposure Profilaxis (PEP)?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
20	Malaria epidemic preparedness ?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
21	Insecticide-treated net (ITNs)?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
22	Indoor residual spraying (IRS)?	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
23	Malaria rapid diagnostic test (e.g. ICT, PARACHECK, BIOLIN	<input type="checkbox"/> <input type="checkbox"/>	1	2	3
24	Intermittent preventive treatment during pregnancy (IPT	<input type="checkbox"/> <input type="checkbox"/>			

			<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
25	Focused antenatal care (FANC) ?		<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
26	Infant and Young Child Feeding Training?		<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
503	Does this facility have staff whose job is to ensure proper in-service training for all the staff in their areas of expertise?		YES		1		
			NO		2		

SECTION 6. DRUGS AND COMMODITIES

GENERAL MEDICINES							
601	In this section we would like to know if the following drugs are available today in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 602, LAST COLUMN)	DOSAGE	AVAILABLE	AVAILABLE	NOT	602	
			TODAY	BUT EXPIRED	AVAILABLE	YES	NO
01	Salbutamol inhaler for asthma	0.1mcg/dose	1	2	3 →	1	2
02	Glibenclamide capsules or tabs for diabetes	5 mg	1	2	3 →	1	2
03	Atenolol capsules or tabs for cardiovascular disease	50 mg	1	2	3 →	1	2
04	Captopril capsules or tabs for cardiovascular disease ¹	25 mg	1	2	3 →	1	2
05	Enalapril for cardiovascular disease ¹	2.5 mg	1	2	3 →	1	2
06	Simvastatin capsules or tabs for cardiovascular disease	20 mg	1	2	3 →	1	2
07	Amitriptyline capsules or tabs for depression	25 mg	1	2	3 →	1	2
08	Ciprofloxacin capsules or tabs for infectious disease	500 mg	1	2	3 →	1	2
09	Co-trimoxazole suspension for pediatric infectious disease	8+40 mg/ml	1	2	3 →	1	2
10	Co-trimoxazole tables for adult infectious diseases	80/400 mg	1	2	3 →	1	2
11	Co-trimoxazole tables for adult infectious diseases	160/800 mg	1	2	3 →	1	2
12	Amoxicillin capsules or tabs for infectious disease	500 mg	1	2	3 →	1	2
13	Ceftriaxone injection for infectious disease	1g/vial	1	2	3 →	1	2
14	Fluconazole capsules or tabs for infectious disease	150 mg	1	2	3 →	1	2
15	Diclofenac or Ibuprofen capsules or tabs for pain relief	150 mg	1	2	3 →	1	2
16	Paracetamol suspension for paediatric pain relief	125mg/ml	1	2	3 →	1	2
17	Omeprazole capsules or tabs for peptic ulcers and reflux	20mg	1	2	3 →	1	2
18	Albendazole chewable tablets for the treatment of parasitic infestations ²	400mg	1	2	3 →	1	2
19	A Mebendazole tablets for the treatment of parasitic infestations ²	100 mg	1	2	3 →	1	2
	B Mebendazole tablets	or 500mg	1	2	3 →	1	2
20	Metrodinazole for the treatment of vaginal infections		1	2	3 →	1	2
21	Ferrous sulfate		1	2	3 →	1	2

¹ Specify either Captopril or Enalapril depending on country standards

² Specify either Albendazole or Mebendazole depending on country standards

	Please remember that for a "YES" reply, drugs must be present in the form and dosage indicated . (and not expired) IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 602, LAST COLUMN)				602 Was this drug available in the last 3 months?	
		DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES
21	Vitamin A capsules 200,000IU	1	2	3 →	1	2
22	Oxytocin injection for use during second and third stage of labor and for treatment of postpartum hemorrhage 10IU in 1 ml ampoule	1	2	3 →	1	2
23	Magnesium sulphate for prevention and treatment of eclampsia-related seizures ¹ 500mg/ml in 2ml ampoule	1	2	3 →	1	2
24	Oral rehydration salts (ORS) sachets ²	1	2	3 →	1	2
25	Combined oral contraceptive pills	1	2	3 →	1	2
26	Injectable contraceptives ³	1	2	3 →	1	2
27	Male condoms	1	2	3 →	1	2
MALARIA MEDICINES AND COMMODITIES						
603	In this section we would like to know if the following drugs for the treatment of malaria are available today in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 604, LAST COLUMN)				604 Was this drug available in the last 3 months?	
		DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES
01a	Coartem/ Artemether-Lumefantrine Blister packs for patients 5-14 kg (6 tablets per course)	1	2	3 →	1	2
01b	Coartem/ Artemether-Lumefantrine Blister packs for patients 15-24 kg (12 tablets per course)	1	2	3 →	1	2
01c	Coartem/ Artemether-Lumefantrine Blister packs for patients 25-34 kg (18 tablets per course)	1	2	3 →	1	2
01d	Coartem/ Artemether-Lumefantrine Blister packs for patients ≥ 35kg (24 tablets per course)	1	2	3 →	1	2
02	Artesunate tablets	1	2	3 →	1	2
03	Artemether (IM injectable)	1	2	3 →	1	2
04	Artesunate (IV injectable)	1	2	3 →	1	2
05	Artemisinin suppositories	1	2	3 →	1	2
06	Artesunate suppositories	1	2	3 →	1	2
07	Fansidar (SP, sulfadoxine + Pyrimethamine) 500mg+25mg	1	2	3 →	1	2
08	Quinine (oral or injectable)	1	2	3 →	1	2
09	Other antimalarial drugs (oral or injectable) ⁵	1	2	3 →	1	2
10	Insecticide-treated mosquito nets (ITNs)	1	2	3 →	1	2

- ¹ Include only if country policies exist outlining the use of Magnesium Sulphate for this purpose
- ² Include only if country policies exist outlining the use of ORS for this purpose at this level of facility
- ³ Use the name of the most common injectable contraceptive available in all health-care facilities
- ⁴ Include dose or formulation according to the specific country malaria treatment policies
- ⁵ Include country-specific drug names

TUBERCULOSIS MEDICINES								
605	In this section we would like to know if the following drugs for the treatment of tuberculosis are available today in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 606, LAST COLUMN)					606 Was this drug available in the last 3 months?		
		DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES	NO	
01	A	Ethambutol oral	100mg	1	2	3 →	1	2
	B	Ethambutol oral	400mg	1	2	3 →	1	2
02	A	Isoniazid oral	100mg	1	2	3 →	1	2
	B	Isoniazid oral	300mg	1	2	3 →	1	2
03		Pyrazinamide oral	400mg	1	2	3 →	1	2
04	A	Rifampin oral	150mg	1	2	3 →	1	2
	B	Rifampin oral	300mg	1	2	3 →	1	2
05		Streptomycin injectable	1g	1	2	3 →	1	2
06	A	Isoniazid + Rifampicin (Rifina oral)	75 mg+150mg	1	2	3 →	1	2
	B	Isoniazid + Rifampicin (Rifina oral)	150mg+300mg	1	2	3 →	1	2
	C	Isoniazid + Rifampicin (Rifina oral)	30mg+60mg	1	2	3 →	1	2
07		Isoniazid + Ethambutol (EH)	150mg+400mg	1	2	3 →	1	2
08	A	Isoniazid + Rifampicin + Pyrazinamide (RHZ, Rifater)	75mg+150mg+400mg	1	2	3 →	1	2
	B	Isoniazid + Rifampicin + Pyrazinamide (RHZ, Rifater)	30mg+60+150mg	1	2	3 →	1	2
09		Isoniazid + Rifampicin + Pyrazinamid + Ethambutol	75mg+150mg+400mg+275mg	1	2	3 →	1	2
10		Other tuberculosis medicines ¹		1	2	3 →	1	2

¹ Include country-specific drug names

ARV MEDICINES							
607	CHECK QUESTION 207 F (FACILITY PROVIDES ARV TREATMENT):						
	YES <input type="checkbox"/>	NO <input type="checkbox"/>				611	
608	<p>In this section we would like to know if the following drugs for ARV treatment are available today in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired).</p> <p>IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 609, LAST COLUMN)</p>					609 Was this drug available in the last 3 months?	
	DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES	NO	
01	Zidovudine (AZT, ZDV)	1	2	3 →	1	2	
02	Abacavir (ABC)	1	2	3 →	1	2	
03	A Didanosine(DDI) buffered formulation	1	2	3 →	1	2	
	B Didanosine(DDI) enteric coated formulation	1	2	3 →	1	2	
04	Efavirenz (EFZ) 200	1	2	3 →	1	2	
05	Efavirenz (EFZ) 600	1	2	3 →	1	2	
06	Lamivudine 3TC	1	2	3 →	1	2	
07	Nevirapine (NVP)	1	2	3 →	1	2	
08	Stavudine 40 (d4T)	1	2	3 →	1	2	
09	Stavudine 30 (d4T)	1	2	3 →	1	2	
10	Staduvine 30 + Lamivudine (d4T + 3TC)	1	2	3 →	1	2	
11	Staduvine 30 + Lamivudine + Nevirapine (d4T30 + 3TC + NVP)	1	2	3 →	1	2	
12	Zidovudine + Lamivudine (AZT+3TC)	1	2	3 →	1	2	
13	Zidovudine+Lamivudine+Abacavir (AZT+3TC+ABC)	1	2	3 →	1	2	
14	Zidovudine+Lamivudine+Nevirapine (AZT+3TC+NVP)	1	2	3 →	1	2	
15	Tenofovir + Disoproxil Fumarate (TDF/Viread)]	1	2	3 →	1	2	
16	Tenofovir + Emtricitabine (TDF/FTC)	1	2	3 →	1	2	
17	Tenofovir + Lamivudine (TDF/3TC)	1	2	3 →	1	2	
18	Tenofovir + Lamivudine+Efavirenz (TDF/3TC/EFV)	1	2	3 →	1	2	
19	Tenofovir + Emtricitabine+Efavirenz (TDF/FTC/EFV)	1	2	3 →	1	2	
20	Protease inhibitors						
	A Atazanavir (ATV)	1	2	3 →	1	2	
	B Indinavir (IDV)	1	2	3 →	1	2	
	C Lopinavir/ritonavir (LPV/RTV)	1	2	3 →	1	2	
	D Nelfinavir (NFV)	1	2	3 →	1	2	
	E Ritonavir (RTV)	1	2	3 →	1	2	
	F Saquinavir (SQV)	1	2	3 →	1	2	
	G Other ARV _____ (SPECIFY)	1	2	3 →	1	2	

NO.	QUESTIONS	CODING CATEGORIES	SKIP
611	Does this facility get drug supplies from the Ministry of Health?	YES 1 NO 2	→ 614
612	Every how often does this facility get drug supplies from the Ministry of Health?	NUMBER OF WEEKS <input type="text"/> <input type="text"/> BY REQUEST 9 5	
613	Does the facility buy drugs in the commercial sector when it runs out or does the institution wait for re-supply from the Ministry of Health?	BUY COMMERCIAL 1 WAIT FOR MOH 2	
614	Does this facility have someone who is in charge of ensuring that all necessary medicines are available and not expired?	YES 1 NO 2	

SECTION 7. LABORATORY

SECTION 7. LABORATORY						
NO	QUESTIONS	CODING CATEGORIES				
701	I would like to know if equipment for conducting tests for HIV, malaria, and tuberculosis is available. Equally if all the items that are required for the test are available. IF THE EQUIPMENT IS AVAILABLE, ASK IF IT IS IN WORKING ORDER (QUESTION 702, LAST COLUMN)				702 Is the equipment in working order?	
		AVAILABLE OBSERVED	AVAILABLE NOT OBSERVED	NOT AVAILABLE	YES	NO
HIV TESTS						
01	Rapid test for HIV?	1	2	3 ↵	1	2
02	ELISA reader/scanner with test items?	1	2	3 ↵	1	2
03	Dynabeads with vortex mixer?	1	2	3 ↵	1	2
04	Western blot for HIV?	1	2	3	1	2
05	Cytoflowmeter or CD4 count machine?	1	2	3		
06	PCR for viral load?	1	2	3 ↵	1	2
MALARIA TESTS						
07a	Microscope?	1	2	3	1	2
08	Microscopy slides?	1	2	3 ↵		
09	GIEMSA stain?	1	2	3		
10	FIELD stain?	1	2	3		
11	Rapid diagnostic tests for malaria (test strips, ICT, PARACHE 1		2	3		
12	Rapid diagnostic test (RDT) Job Aid?	1	2	3		
TUBERCULOSIS TESTS						
12	TB sputum test ? (AFB OR ZIEHL NIELSEN TEST WITH STAIN)	1	2	3		
13	Culture test for M. tuberculosis?	1	2	3		
14	Drug susceptibility testing (DST) for M. tuberculosis using culture?	1	2	3		
15	Testing for MDR with molecular test?	1	2	3		

OTHERS LAB TESTS						
703	I would like to know if equipment for conducting other lab tests is available. Equally if all the items that are required for the test are available. IF THE EQUIPMENT IS AVAILABLE, ASK IF IT IS IN WORKING ORDER (QUESTION 704, LAST COLUMN)				704 Is the equipment in working order?	
		AVAILABLE OBSERVED	AVAILABLE NOT OBSERVED	NOT AVAILABLE	YES	NO
01	Coulter/ haemolytic analyzer? (Total lymphocyte count, full blood count, platelets)	1	2	3 ↵	1	2
02a	Hemoglobinometer / hemocue?	1	2	3 ↵	1	2
02b	Microcuvettes for hemocue?	1	2	3 ↵	1	2
03	Colorimeter or spectroscope with Drabkin's solution?	1	2	3 ↵	1	2
04	Capillary tubes for hematocrit?	1	2	3		
05	Centrifuge for hematocrit?	1	2	3 ↵	1	2
06	Litmus paper for Hb test?	1	2	3		
07	Syphilis: VDRL or RPR test?	1	2	3		
08	Blood chemistry analyzer? (Liver function test, glucose, creatinine)	1	2	3 ↵	1	2
09	Dipstick for urine protein?	1	2	3		
10	Dipstick for urine glucose?	1	2	3		
11	Pregnancy test?	1	2	3		
12	Serology for Hepatitis B?	1	2	3 ↵	1	2
13	Serology for Hepatitis C?	1	2	3 ↵	1	2
14	India Ink Test for CNS (Cryptococcosis)?	1	2	3 ↵ GO TO 705 ←	1	2

705	<p>In this section of the questionnaire, we would like to ask if the following laboratory tests can be carried out in this facility. For each test, please indicate whether or not this test can be done and results received on-site today; if the test can be done off site and results can be received within two days (that is, a sample is sent to a lab for analysis and results are returned to the facility); or if the service is not available (that is, you cannot take a sample, nor refer the patient to another facility).</p>	<table border="1"> <thead> <tr> <th data-bbox="1027 290 1211 440">AVAILABLE ON-SITE, RESULTS TODAY</th> <th data-bbox="1211 290 1375 440">AVAILABLE ON-SITE, RESULTS NOT TODAY</th> <th data-bbox="1375 290 1540 440">AVAILABLE OFF-SITE, RESULTS WITHIN 2 DAYS</th> <th data-bbox="1540 290 1689 440">NOT AVAILABLE</th> </tr> </thead> </table>	AVAILABLE ON-SITE, RESULTS TODAY	AVAILABLE ON-SITE, RESULTS NOT TODAY	AVAILABLE OFF-SITE, RESULTS WITHIN 2 DAYS	NOT AVAILABLE
AVAILABLE ON-SITE, RESULTS TODAY	AVAILABLE ON-SITE, RESULTS NOT TODAY	AVAILABLE OFF-SITE, RESULTS WITHIN 2 DAYS	NOT AVAILABLE			
01	HIV test?	<table border="1"> <tr> <td data-bbox="1027 461 1211 504">1</td> <td data-bbox="1211 461 1375 504">2</td> <td data-bbox="1375 461 1540 504">3</td> <td data-bbox="1540 461 1689 504">4</td> </tr> </table>	1	2	3	4
1	2	3	4			
02	Hemoglobin (Hb) test?	<table border="1"> <tr> <td data-bbox="1027 524 1211 568">1</td> <td data-bbox="1211 524 1375 568">2</td> <td data-bbox="1375 524 1540 568">3</td> <td data-bbox="1540 524 1689 568">4</td> </tr> </table>	1	2	3	4
1	2	3	4			
03	Malaria blood slide?	<table border="1"> <tr> <td data-bbox="1027 588 1211 631">1</td> <td data-bbox="1211 588 1375 631">2</td> <td data-bbox="1375 588 1540 631">3</td> <td data-bbox="1540 588 1689 631">4</td> </tr> </table>	1	2	3	4
1	2	3	4			
04	TB sputum?	<table border="1"> <tr> <td data-bbox="1027 652 1211 695">1</td> <td data-bbox="1211 652 1375 695">2</td> <td data-bbox="1375 652 1540 695">3</td> <td data-bbox="1540 652 1689 695">4</td> </tr> </table>	1	2	3	4
1	2	3	4			
05	Blood glucose?	<table border="1"> <tr> <td data-bbox="1027 715 1211 759">1</td> <td data-bbox="1211 715 1375 759">2</td> <td data-bbox="1375 715 1540 759">3</td> <td data-bbox="1540 715 1689 759">4</td> </tr> </table>	1	2	3	4
1	2	3	4			
06	Syphilis test?	<table border="1"> <tr> <td data-bbox="1027 779 1211 823">1</td> <td data-bbox="1211 779 1375 823">2</td> <td data-bbox="1375 779 1540 823">3</td> <td data-bbox="1540 779 1689 823">4</td> </tr> </table>	1	2	3	4
1	2	3	4			
706	<p>Does this facility periodically carry out quality assurance testing on the laboratory personnel?</p> <p>IF YES, ASK: How often?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>NO QUALITY ASSURANCE 9 5</p>				
707	SKIP TO THE LAST PAGE OF THE QUESTIONNAIRE, QUESTION 901					

901	RECORD THE TIME AT END OF INTERVIEW'..... (USE THE 24 HOUR-CLOCK SYSTEM)	<input type="text"/>	:	<input type="text"/>
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SECTION 9.A INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SECTION 9.B SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____