

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE - PARTNERSHIP FOR A HEALTHY NAIROBI
SERVICE PROVISION ASSESSEMENT STUDY - STAFF TRAINING NEEDS ASSESSMENT TOOL**

001 NAME OF HEALTH FACILITY _____

002 CODE OF FACILITY (CODE SHEET 1) □ □ □

003 DATE INTERVIEW COMPLETED (DD/MM/YY) □ □ □ □ □ □

SECTION 1. INTRODUCTION AND CONSENT

Hello. My name is _____. I am here on behalf of the African Population and Health Research Centre, AMREF, Jhpiego, and Population Council to assist the City Council of Nairobi in knowing more about health services that are used by this community. In particular I am interested in knowing whether you have had training in service guidelines and whether you would like to be trained in any Ministry of Health guidelines. The information you give us will be used by APHRC and other organizations supporting health services in your facility, for planning service improvement or for planning for the capacity building needs of health workers. The data collected from you may also be provided to researchers for analyses, however, your name and the name of your facility will not be provided, and any reports that use this data will only present information in aggregate form so that you or your facility cannot be identified. We are asking for your help to ensure that the information we collect is accurate. Please give us your honest opinion. This is not a fact-finding mission but rather an attempt to help us plan for the training needs of health providers in this facility and others. You will answer the questions in private and the interview will take about 30 minutes of your time. Do you have any questions about the survey?

Do I have your agreement to proceed?

004 RESPONDENT AGREES TO BE INTERVIEWED 01 RESPONDENT DOES NOT AGREE 02 → FILL QN **006**, THANK TO BE INTERVIEWED THE RESPONDENT AND END THE INTERVIEW

RESPONDENT'S SIGNATURE

005 RESPONDENT SIGNS..... 01
RESPONDENT REFUSES TO SIGN 02

<p>006 RESULT CODES:</p> <p>1 = COMPLETED '2 = RESPONDENT NOT AVAILABLE <input type="checkbox"/></p> <p>3 =PARTIALLY COMPLETED '4 = REFUSED</p> <p>5= OTHER _____</p>	<p>007 INTERVIEWER CODE <input type="checkbox"/> <input type="checkbox"/></p>
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008 EDITED BY TL(CODE):	<input type="checkbox"/>		DATE	<input type="checkbox"/>	TL SIGNATURE: _____					
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<p>009 A To which staff cadre do you belong? (CIRCLE ONLY ONE)</p> <p align="center">IF SPECIALIST, GO TO QN. 009B, ELSE SKIP TO 010</p> <table border="0" style="width: 100%;"> <tr><td>MEDICAL SPECIALIST</td><td>01</td><td rowspan="25" style="font-size: 3em; vertical-align: middle;">}</td><td rowspan="25" style="vertical-align: middle;">GO TO 009B</td></tr> <tr><td>SPECIALISED CLINICAL OFFICER</td><td>02</td></tr> <tr><td>MEDICAL OFFICER</td><td>03</td></tr> <tr><td>DENTIST</td><td>04</td></tr> <tr><td>CLINICAL OFFICER</td><td>05</td></tr> <tr><td>CERTIFIED/REGISTERED NURSE</td><td>06</td></tr> <tr><td>CERTIFIED/REGISTERED MIDWIFE</td><td>07</td></tr> <tr><td>CERTIFIED/REGISTERED NURSE MIDWIFE</td><td>08</td></tr> <tr><td>ENROLLED NURSE</td><td>09</td></tr> <tr><td>COMMUNITY ORAL HEALTH OFFICER</td><td>10</td></tr> <tr><td>PHARMACIST</td><td>11</td></tr> <tr><td>PHARMACEUTICAL TECHNOLOGIST</td><td>12</td></tr> <tr><td>PHARMACY ASSISTANT</td><td>13</td></tr> <tr><td>DISPENSER/PHARMACY TECHNICIAN</td><td>14</td></tr> <tr><td>LABORATORY TECHNICIAN</td><td>15</td></tr> <tr><td>LABORATORY TECHNOLOGIST</td><td>16</td></tr> <tr><td>LABORATORY ASSISTANT</td><td>17</td></tr> <tr><td>DENTAL TECHNOLOGIST</td><td>18</td></tr> <tr><td>RADIOLOGIST</td><td>19</td></tr> <tr><td>NURSING ASSISTANT</td><td>20</td></tr> <tr><td>COMMUNITY HEALTH EXTENSION WORKER</td><td>21</td></tr> <tr><td>CERTIFIED HIV/AIDS COUNSELLOR</td><td>22</td></tr> <tr><td>SOCIAL WORKER</td><td>23</td></tr> <tr><td>NUTRITIONIST</td><td>24</td></tr> <tr><td>OTHER (SPECIFY) _____</td><td>25</td></tr> </table> <p align="center" style="margin-top: 20px;">GO TO 010</p>	MEDICAL SPECIALIST	01	}	GO TO 009B	SPECIALISED CLINICAL OFFICER	02	MEDICAL OFFICER	03	DENTIST	04	CLINICAL OFFICER	05	CERTIFIED/REGISTERED NURSE	06	CERTIFIED/REGISTERED MIDWIFE	07	CERTIFIED/REGISTERED NURSE MIDWIFE	08	ENROLLED NURSE	09	COMMUNITY ORAL HEALTH OFFICER	10	PHARMACIST	11	PHARMACEUTICAL TECHNOLOGIST	12	PHARMACY ASSISTANT	13	DISPENSER/PHARMACY TECHNICIAN	14	LABORATORY TECHNICIAN	15	LABORATORY TECHNOLOGIST	16	LABORATORY ASSISTANT	17	DENTAL TECHNOLOGIST	18	RADIOLOGIST	19	NURSING ASSISTANT	20	COMMUNITY HEALTH EXTENSION WORKER	21	CERTIFIED HIV/AIDS COUNSELLOR	22	SOCIAL WORKER	23	NUTRITIONIST	24	OTHER (SPECIFY) _____	25	<p>009 B What is your area of specialisation?</p> <table border="0" style="width: 100%;"> <tr><td>OBSTETRICS/GYNAECOLOGY</td><td>1</td></tr> <tr><td>PAEDIATRICS</td><td>2</td></tr> <tr><td>RADIOLOGY</td><td>3</td></tr> <tr><td>SURGERY</td><td>4</td></tr> <tr><td>INTERNAL MEDICINE</td><td>5</td></tr> <tr><td>ANAESTHESIA</td><td>6</td></tr> <tr><td>OPHTHALMOLOGY</td><td>7</td></tr> <tr><td>DERMATOLOGY</td><td>8</td></tr> <tr><td>ENT</td><td>9</td></tr> <tr><td>PSYCHIATRY</td><td>10</td></tr> <tr><td>PHYSIOTHERAPY</td><td>11</td></tr> <tr><td>OTHER (SPECIFY) _____</td><td>12</td></tr> </table>	OBSTETRICS/GYNAECOLOGY	1	PAEDIATRICS	2	RADIOLOGY	3	SURGERY	4	INTERNAL MEDICINE	5	ANAESTHESIA	6	OPHTHALMOLOGY	7	DERMATOLOGY	8	ENT	9	PSYCHIATRY	10	PHYSIOTHERAPY	11	OTHER (SPECIFY) _____	12
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010	What is your position in this facility? FACILITY IN-CHARGE DEPARTMENT/UNIT IN-CHARGE OTHER STAFF MEMBER	01 02 03	_____ (specify)
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SECTION 2. STAFF TRAINING AND GUIDELINES

201	When was the last time you had training in any service guidelines? (DD/MM/YYYY) (Service guidelines include IMCI, EMOC, FANC, infection control etc...)	D	D	M	M	Y	Y	Y	Y
		□	□	□	□	□	□	□	□
202	Was the training pre-service or in-service?	Pre-service .....1 In-service.....2							
203	Have you been trained in any of the following service guidelines below? FOR EACH GUIDELINES IN WHICH YOU HAVE BEEN TRAINED, PLEASE ANSWER QUESTIONS 204 AND 205 AS WELL			204 If YES, when did the training take place? (MM/YY)				205 : Do you use (NAME OF GUIDELINES) in this health facility?	
		YES	NO	YES	NO	YES	NO	YES	NO
01	Integrated management of childhood illness (IMCI)?	1	2 ↓	□	□	□	□	1	2
02	Adolescent sexual and reproductive health (ASRH)?	1	2 ↓	□	□	□	□	1	2
03	Delivery care ('safe motherhood'/life saving skills)?	1	2 ↓	□	□	□	□	1	2
04	Integrated management of adult illness (IMAI)?	1	2 ↓	□	□	□	□	1	2
05	Family planning?	1	2 ↓	□	□	□	□	1	2
06	Diagnosis and treatment (management) of STIs?	1	2 ↓	□	□	□	□	1	2
07	Diagnosis and treatment (management) of malaria?	1	2 ↓	□	□	□	□	1	2
08	Diagnosis and treatment (management) of tuberculosis? ..	1	2 ↓	□	□	□	□	1	2
09	Management of MDR-TB?	1	2 ↓	□	□	□	□	1	2
10	HIV/AIDS opportunistic infection treatment and care?	1	2 ↓	□	□	□	□	1	2
11	HIV/AIDS counselling and testing?	1	2 ↓	□	□	□	□	1	2
12	HIV/AIDS counselling?	1	2 ↓	□	□	□	□	1	2
13	HIV testing including HIV rapid testing?	1	2 ↓	□	□	□	□	1	2
14	Prevention of mother to child transmission (PMTCT)?	1	2 ↓	□	□	□	□	1	2
15	Infection control/standard precautions for handling blood and other bodily fluid	1	2 ↓	□	□	□	□	1	2
16	Management of TB/HIV co-infection?	1	2 ↓	□	□	□	□	1	2
17	Drug and supplies management?	1	2 ↓	□	□	□	□	1	2
18	Health management information system (HMIS) training? ..	1	2 ↓	□	□	□	□	1	2
19	Post-Exposure Prophylaxis (PEP)?	1	2 ↓	□	□	□	□	1	2
20	Any other guidelines? (Specify) _____	1	2 ↓	□	□	□	□	1	2
		1	2 ↓	□	□	□	□	1	2

<p>IF YOU HAVE ANSWERED "NO" TO ANY OF QUESTIONS 205 - 1 to19, PLEASE ANSWER THE FOLLOWING QN 206 IF ALL YOUR ANSWERS TO QN 205 1-19 ARE YES, SKIP TO QN 207</p>																																																																																																																								
206	<p>What are the <u>main</u> reason why you do <u>not</u> use guidelines in which you were trained?</p> <p>CIRCLE ALL THAT APPLY</p> <p>No facilities (space/equipment/drugs) to practice guidelines A No support from health facility managers B I forgot what I was taught C No supportive supervision from trainers D Patient workload too heavy to practice guidelines E Other (specify)_____ F</p>																																																																																																																							
207	<p>Would you like to attend training for any of the following ?</p> <p>FW: ASK FOR ONLY THOSE GUIDELINES FOR WHICH THE RESPONDENT HAS NEVER HAD TRAINING</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> <th>ALREADY TRAINED</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Integrated management of childhood illness (IMCI)?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>02</td> <td>Adolescent sexual and reproductive health (ASRH)?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>03</td> <td>Delivery care ('safe motherhood'/life saving skills)?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>04</td> <td>Integrated management of adult illness (IMAI)?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>05</td> <td>Family planning?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>06</td> <td>Diagnosis and treatment (management) of STIs?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>07</td> <td>Diagnosis and treatment (management) of malaria?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>08</td> <td>Diagnosis and treatment (management) of tuberculosis? ..</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>09</td> <td>Management of MDR-TB?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>10</td> <td>HIV/AIDS opportunistic infection treatment and care?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>11</td> <td>HIV/AIDS counselling and testing?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>12</td> <td>HIV/AIDS counselling only?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>13</td> <td>HIV testing including HIV rapid testing?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>14</td> <td>Prevention of mother to child transmission (PMTCT)?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>15</td> <td>Infection control/standard precautions for handling blood and other bodily fluids?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>16</td> <td>Management of TB/HIV co-infection?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>17</td> <td>Drug and supplies management?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>18</td> <td>Health management information system (HMIS) training? ..</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>19</td> <td>Post-Exposure Profilaxis (PEP)?</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>20</td> <td>Other guidelines you would like training in: SPECIFY 1_____</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>SPECIFY 2_____</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>SPECIFY 3_____</td> <td></td> <td>2</td> <td></td> </tr> </tbody> </table>							YES	NO	ALREADY TRAINED	01	Integrated management of childhood illness (IMCI)?		2		02	Adolescent sexual and reproductive health (ASRH)?		2		03	Delivery care ('safe motherhood'/life saving skills)?		2		04	Integrated management of adult illness (IMAI)?		2		05	Family planning?		2		06	Diagnosis and treatment (management) of STIs?		2		07	Diagnosis and treatment (management) of malaria?		2		08	Diagnosis and treatment (management) of tuberculosis? ..		2		09	Management of MDR-TB?		2		10	HIV/AIDS opportunistic infection treatment and care?		2		11	HIV/AIDS counselling and testing?		2		12	HIV/AIDS counselling only ?		2		13	HIV testing including HIV rapid testing?		2		14	Prevention of mother to child transmission (PMTCT)?		2		15	Infection control/standard precautions for handling blood and other bodily fluids?		2		16	Management of TB/HIV co-infection?		2		17	Drug and supplies management?		2		18	Health management information system (HMIS) training? ..		2		19	Post-Exposure Profilaxis (PEP)?		2		20	Other guidelines you would like training in: SPECIFY 1_____		2			SPECIFY 2_____		2			SPECIFY 3_____		2	
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<p>Integration of services: Now I would like to ask you about the way services are delivered in this facility</p>																																																																																																																								
208	<p>Have you ever had any training in integration of services e.g. Integrating FP in HIV Testing and so on...?</p> <p>YES 1 NO 2 → 210</p> <p>IF NO, SKIP TO QN. 210, IF YES PROCEED TO QUESTION 209 BELOW</p>																																																																																																																							

209	Which training in service integration have you received? IF YOU HAVE <u>NOT</u> ATTENDED ANY TRAINING, CIRCLE "N"	CIRCLE ALL THE TRAININGS YOU HAVE ATTENDED FP and HIV counselling A FP and PMTCT B FP and ANC C Postnatal care and FP D ANC and PMTCT E IMCI and EPI F PNC and IMCI G ANC and TB screening H PMTCT and TB screening I Other (specify) J Other (specify) K Other (specify) L Other (specify) M NONE N
210	Which integrated services are offered in this health facility? IF NO INTEGRATED SERVICES ARE OFFERED CIRCLE "N"	CIRCLE ALL THE INTEGRATED SERVICES OFFERED FP and HIV counselling A FP and PMTCT B FP and ANC C Postnatal care and FP D ANC and PMTCT E IMCI and EPI F PNC and IMCI G ANC and TB screening H PMTCT and TB screening I Other (specify) J Other (specify) K Other (specify) L Other (specify) M NONE N
211	IF THERE ARE SOME INTEGRATED SERVICES <u>NOT</u> OFFERED IN THIS FACILITY, AS YOU HAVE ANSWERED IN 209 ABOVE, ANSWER QUESTION 211 BELOW. IF <u>ALL</u> THE SERVICES LISTED ABOVE ARE OFFERED IN THIS FACILITY, SKIP TO 213 What are the <u>main</u> reasons why integrated services are <u>not</u> offered in this health facility? CIRCLE ALL THAT APPLY	No staff have been trained in integration A No support from health facility managers B Patient workload too heavy to practice integration C No space for implementing integrated services D Not enough staff to handle all the services E Too many guidelines F No equipment/tools to implement guidelines G Other reason (specify) H Other reason (specify) I Other reason (specify) J
212	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
213	What kind of training would you prefer to attend? CHOOSE ONLY ONE	Short course at a training college (part of curriculum) 01 Short course organised by MoH 02 Compact seminar 03 Compact Workshop 04 Online/distance learning course 05 Combined course-workshop/Seminar 06
214	How long should the training be? CHOOSE ONLY ONE	One week at most 01 One to two weeks 02 Three to four weeks 03 At least one month long 04
215	How often would you like to receive training CHOOSE ONLY ONE	At least four times a year 01 2-3 times a year 02 At least once a year 03 At most once a year 04 No training needed 05

SECTION 3 - ENDINGS AND INTERVIEWER'S OBSERVATIONS

301 RECORD THE TIME AT END OF INTERVIEW
(USE THE 24 HOUR-FORMAT)

302 INTERVIEWER'S OBSERVATIONS - TO BE FILLED IN AFTER COMPLETING THE INTERVIEW

303 COMMENTS ON SPECIFIC QUESTIONS:

304 ANY OTHER COMMENTS:

305 SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE:

FRICAN POPULATION AND HEALTH RESEARCH CENTRE - PARTNERSHIP FOR A HEALTHY NAIROBI
SERVICE PROVISION ASSESSMENT STUDY - HEALTH FACILITY CHECKLIST

001 NAME OF HEALTH FACILITY _____

002 CODE OF FACILITY (CODE SHEET 1)

003 LOCATION OF FACILITY (VILLAGE) _____

004 DISTRICT _____

<p>005 TYPE OF FACILITY</p> <p>SUB-DISTRICT HOSPITAL..... 01</p> <p>DISTRICT HOSPITAL..... 02</p> <p>HEALTH CENTER..... 03</p> <p>CLINIC..... 04</p> <p>HEALTH POST..... 05</p> <p>DISPENSARY..... 06</p> <p>MATERNITY HOME..... 07</p> <p>NURSING HOME..... 08</p> <p>HOSPITAL (OTHER)..... 09</p> <p>OTHER (specify) 10</p>	<p>006 MANAGING AUTHORITY</p> <p>GOVERNMENT FACILITY-PUBLIC 01</p> <p>NGO (FAITH-BASED) 02</p> <p>NGO (OTHER) 03</p> <p>COMMUNITY 04</p> <p>PRIVATE (FOR PROFIT) 05</p> <p>PARASTATAL 06</p> <p>OTHER 07</p>
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005b RE-CODE HEALTH FACILITY LEVEL BASED ON TYPE OF FACILITY IN 005 ABOVE

HEALTH POST..... 2	<input type="text"/>
CLINIC..... 2	<input type="text"/>
DISPENSARY..... 2	<input type="text"/>
HEALTH CENTER..... 3	<input type="text"/>
MATERNITY HOME..... 3	<input type="text"/>
NURSING HOME..... 3	<input type="text"/>
SUB-DISTRICT HOSPITAL..... 4	<input type="text"/>
HOSPITAL (OTHER).....	<input type="text"/>
DISTRICT HOSPITAL..... 4	<input type="text"/>
OTHER (specify) 9	<input type="text"/>

101 Amenities:

01 Source of electricity seen _____

02 Water source seen _____

03 Electricity on during visit	Yes .....1	No.....2
04 Water available during visit	Yes .....1	No.....2
05 The facility has a toilet for patients	Yes .....1	No.....2
06 The facility has a separate toilet for staff	Yes .....1	No.....2
07 The facility has waste disposal facilities such as bins	Yes .....1	No.....2
08 The facility has incineration facilities	Yes .....1	No.....2

102 Space:

01 Total number of rooms in facility

Facility has a stand alone:	Yes	No
02 Consultation room	1	2
03 Pharmacy	1	2
04 Injection room	1	2
05 Examination room	1	2
06 Counselling room	1	2
07 Store	1	2
08 Delivery room	1	2

103

	Yes	No
01 Consultations are done in Private	1	2
02 Counselling is done in Private	1	2

		105 If Yes, record type/brand			
104	Functional Equipment?	Yes	No	Type (e.g. manual, digital...)	Brand
01	Thermometer	1	2	_____ / _____	
02	Blood Pressure machine	1	2	_____ / _____	
03	Child weighting equipment	1	2	_____ / _____	
04	Child height equipment	1	2	_____ / _____	
05	Adult weighing equipment	1	2	_____ / _____	
06	Adult height equipment	1	2	_____ / _____	
07	Stethoscope	1	2	_____ / _____	
08	Fetoscope	1	2	_____ / _____	
09	Refrigerator	1	2	_____ / _____	

106	General environment: The facility is:	Very	Fairly	Barely	Not at all
01	Overcrowded	1	2	3	4
02	Clean	1	2	3	4
03	Orderly	1	2	3	4
04	Busy	1	2	3	4

107	Operating times		
01	The facility is open	Everyday of the week throughout the year	01
		Everyday of the week except on public holidays	02
		CIRCLE ONLY ONE	
		Only on all weekdays including public holidays	03
		Only on weekdays except public holidays	04
		Whenever there is a clinician	05
02	The facility is open	From 08.00 to 17.00 without break	01
		From 08.00 to 17.00 but closed during lunch hours	02
		CIRCLE ONLY ONE	
03	FW: RECORD THE DAY OF WEEK AND TIME WHEN YOU FIRST VISITED THE FACILITY	From 08.00 to at least 20.00	03
		24 hours a day	04
		Whenever the i/c comes	05
		From 08.00 but doesn't close as long as there are patients	06
		Other (specify) _____	09

03	FW: RECORD THE DAY OF WEEK AND TIME WHEN YOU FIRST VISITED THE FACILITY	
	Day: _____	
	Time (24 HR FORMAT): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Was the facility open when you arrived at your first visit?	Yes 1 No 2

END	Add code
------------	----------

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE - PARTNERSHIP FOR A HEALTHY NAIROBI
SERVICE PROVISION ASSESSMENT STUDY - HEALTH FACILITY ASSESSMENT TOOL**

001 NAME OF HEALTH FACILITY _____

002 CODE OF FACILITY (CODE SHEET 1) □ □ □

003 LOCATION OF FACILITY (VILLAGE) _____

004 DISTRICT _____

005 TYPE OF FACILITY

SUB-DISTRICT HOSPITAL	.....	01
DISTRICT HOSPITAL	.....	02
HEALTH CENTER	.....	03
CLINIC	.....	04
HEALTH POST	.....	05
DISPENSARY	.....	06
MATERNITY HOME	.....	07
NURSING HOME	.....	08
HOSPITAL (OTHER)	.....	09
OTHER (SPECIFY) _____	.....	10

006A MANAGING AUTHORITY

GOVERNMENT FACILITY-PUBLIC	01
NGO (FAITH-BASED)	02
NGO (OTHER)	03
COMMUNITY	04
PRIVATE (FOR PROFIT)	05
PARASTATAL	06
OTHER _____	07

(SPECIFY)

005b RE-CODE HEALTH FACILITY LEVEL BASED ON TYPE OF FACILITY IN 005 ABOVE

HEALTH POST	.....	2
CLINIC	.....	2
DISPENSARY	.....	2
HEALTH CENTRE	.....	3
MATERNITY HOME	.....	3
NURSING HOME	.....	3
SUB-DISTRICT HOSPITAL	.....	4
HOSPITAL (OTHER)	.....	4
DISTRICT HOSPITAL	.....	5
OTHER	.....	9

006B What is your position in this facility?

FACILITY IN-CHARGE	01
DEPARTMENT/UNIT IN-CHARGE	02
OTHER STAFF MEMBER	03

006C To which staff cadre do you belong?

007 DATE (DD/MM/YY) □ □ □ □ □ □

008 INTERVIEWER CODE □ □

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

Hello. My name is _____. I am here on behalf of the African Pop and Health Research Centre, AMREF, Jhpiego, and Pop Council to assist the City Council of Nairobi in knowing more about health services that are used by this community. I will be asking you questions about various health services. The information about your facility will be used by the APHRC 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 cannot 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?

009 RESPONDENT AGREES TO BE INTERVIEWED 01 RESPONDENT DOES NOT AGREE 02 → FILL QN 011, THANK TO BE INTERVIEWED THE RESPONDENT AND END THE INTERVIEW

RESPONDENT'S SIGNATURE

010 RESPONDENT SIGNS..... 01
RESPONDENT REFUSES TO SIGN 02

011 RESULT CODES:
1 = COMPLETED 2 = NO RESPONDENT AVAILABLE □
3 = PARTIALLY COMPLETED 4 = REFUSED
5 = OTHER

012 EDITED BY TL (CODE) □ □ DATE □ □ □ □ □ □ TL SIGNATURE: _____

MODULE 1. OVERVIEW OF THE FACILITY			
SECTION 1.A - GENERAL INFRASTRUCTURE			SKIP TO
102	Does the facility have functioning telephone system (landline or mobile) including any that is privately owned?	YES, LAND LINE 1 YES, MOBILE PHONE 2 NO TELEPHONE 3	
103	Does the facility have a functioning short-wave radio for radio calls?	YES 1 NO 2	
104	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	
105	Does the facility have a computer? IF YES, ASK: Is the computer functioning today?	YES, FUNCTIONING..... 1 YES, NOT FUNCTIONING..... 2 NO 3	→ 107
106	Is there access to email/internet within the facility?	YES 1 NO 2	
107	Is this facility connected to the central supply (national or local) electricity grid?	YES 1 NO 2	
108	Does the facility have other sources of electricity like generator or solar supply?	GENERATOR 1 SOLAR SUPPLY 2 OTHER SOURCE 6 (SPECIFY)	→ 110 → 110
109	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	
110	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	
111	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 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	→ 113 → 113 → 113 → 113 → 113 → 113
112	Is the water source available within 500 meters of the facility?	YES 1 NO 2	
SECTION 1.B - INFECTION CONTROL			
113	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)	
114	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 (NON-ELECTRIC) A DRY HEAT STERILIZER (ELECTRIC) B BOILING POT: ELECTRIC BOILER OR STEAMER (NO PRESSUF C BOILING POT: NON-ELECTRIC POT WITH COVER (FOR BOILING OR STEAMING D CHEMICAL METHOD E OTHER X (SPECIFY) NEVER REUSE SYRINGES/NEEDLE! Y	

115	<p>What is the final method most commonly used for disinfecting or sterilizing medical equipment before it is reused?</p> <p>IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS MINOR SURGICAL EQUIPMENT.</p>	<p>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</p>
116	<p>Is there an automatic timer in this facility for sterilization purposes?</p> <p>IF YES, ASK: It is functional?</p>	<p>AVAILABLE, FUNCTIONAL 1 AVAILABLE, NOT FUNCTIONAL 2 NOT AVAILABLE 3</p>
117	<p>How does this facility finally dispose of sharp items such as needles and filled sharps boxes?</p>	<p>BURN IN INCINERATOR: 2-CHAMBER INDUSTRIAL (800-10) 01 1-CHAMBER DRUM/BRICK 02 OPEN BURNING FLAT GROUND-NO PROTECTI 03 PIT OR PROTECTED GROUND 04 DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTI 05 COVERED PIT OR PIT LATRINI 06 OPEN PIT-NO PROTECTION 07 PROTECTED GROUND OR PIT 08 REMOVE OFFSITE STORED IN COVERED CONTAINE 09 STORED IN OTHER PROTECTED ENVIRONMENT 10 STORED UNPROTECTED 11 OTHER 96 (SPECIFY) NEVER HAVE SHARPS WASTE 95</p>
118	<p>How does this facility finally dispose of infectious wastes such as bandages?</p>	<p>BURN IN INCINERATOR: 2-CHAMBER INDUSTRIAL (800-1000+°) 01 1-CHAMBER DRUM/BRICK 02 OPEN BURNING FLAT GROUND-NO PROTECTI 03 PIT OR PROTECTED GROUND 04 DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTI 05 COVERED PIT OR PIT LATRINI 06 OPEN PIT-NO PROTECTION 07 PROTECTED GROUND OR PIT 08 REMOVE OFFSITE STORED IN COVERED CONTAINE 09 STORED IN OTHER PROTECTED ENVIRONMENT 10 STORED UNPROTECTED 11 OTHER 96 (SPECIFY) NEVER HAVE INFECTIOUS WAS' 95</p>
119	<p>Is an environmental disinfectant (i.e., bleach, Lysol) available in this facility? ' 1</p>	<p>YES, AVAILABLE TODAY, BUT NOT ALWAYS 1 YES, ALWAYS AVAILABLE 2 NO 3</p>
120	<p>Is hand-washing soap or cleansing solution available in this facility? IF YES, ASK: Is it always available?</p>	<p>YES, AVAILABLE TODAY, BUT NOT ALWAYS 1 YES, ALWAYS AVAILABLE 2 NO 3</p>
SECTION 1.C - SOURCE OF DRUGS AND SUPPLIES		
121	<p>Does this facility get <u>drug</u> supplies from the Ministry of Health (including Nairobi City Council)?</p>	<p>YES 1 NO 2 → 124</p>
122	<p>Every how often does this facility get drug supplies from the Ministry of Health?</p>	<p>NUMBER OF WEEF <input type="text"/> <input type="text"/> BY REQUEST 9</p>

123	What kind of drug supplies does this facility get from the Ministry of health (including City Council of Nairobi)? CIRCLE ALL THAT APPLY	General Drug supplies A ARV B TB drugs C STI drugs D Vaccines E Other (specify) F Other (specify) G																																																																																							
124	Does this facility get other non-drug related supplies from the Ministry of health?	YES 1 NO 2																																																																																							
125	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																																																																																							
SECTION 1.D - HEALTH INFORMATION SYSTEMS																																																																																									
126	Does this facility keep any records?	YES 1 NO 2																																																																																							
127	Does this facility have the following registers? FOR EACH REGISTER THE FACILITY HAS, PLEASE STATE WHETHER IT IS BASED ON THE MIN. OF HEALTH HMIS OR NOT BY ASKING QN. 128	128 Is the register based on the Ministry of Health HMIS? YES, IT IS A MoH HMIS REGISTER IT IS OUR OWN REGISTER BUT BASED ON MoH HMIS IT IS OUR OWN REGISTER BASED ON ANOTHER SYSTEM, NOT HMIS																																																																																							
	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A OUTPATIENT REGISTER</td><td>1</td><td>2</td></tr> <tr><td>B INPATIENT REGISTER</td><td>1</td><td>2</td></tr> <tr><td>C ANC REGISTER</td><td>1</td><td>2</td></tr> <tr><td>D IMMUNISATION REGISTER</td><td>1</td><td>2</td></tr> <tr><td>E FAMILY PLANNING REGISTER</td><td>1</td><td>2</td></tr> <tr><td>F LABORATORY REGISTER</td><td>1</td><td>2</td></tr> <tr><td>G CASH REGISTER</td><td>1</td><td>2</td></tr> <tr><td>H PHARMACY REGISTER</td><td>1</td><td>2</td></tr> <tr><td>I MEDICAL STORES INVENTORY</td><td>1</td><td>2</td></tr> <tr><td>J PERSONNEL REGISTER</td><td>1</td><td>2</td></tr> <tr><td>K MATERNITY REGISTER</td><td>1</td><td>2</td></tr> <tr><td>L OTHER REGISTER (SPECIFY) _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A OUTPATIENT REGISTER	1	2	B INPATIENT REGISTER	1	2	C ANC REGISTER	1	2	D IMMUNISATION REGISTER	1	2	E FAMILY PLANNING REGISTER	1	2	F LABORATORY REGISTER	1	2	G CASH REGISTER	1	2	H PHARMACY REGISTER	1	2	I MEDICAL STORES INVENTORY	1	2	J PERSONNEL REGISTER	1	2	K MATERNITY REGISTER	1	2	L OTHER REGISTER (SPECIFY) _____	1	2	<table border="1"> <thead> <tr> <th>YES, IT IS A MoH HMIS REGISTER</th> <th>IT IS OUR OWN REGISTER BUT BASED ON MoH HMIS</th> <th>IT IS OUR OWN REGISTER BASED ON ANOTHER SYSTEM, NOT HMIS</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	YES, IT IS A MoH HMIS REGISTER	IT IS OUR OWN REGISTER BUT BASED ON MoH HMIS	IT IS OUR OWN REGISTER BASED ON ANOTHER SYSTEM, NOT HMIS	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
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128	Does this facility collect any other data from other sources?	YES 1 NO 2																																																																																							
129	Does this facility compile reports from its registers or any other records/data?	YES 1 NO 2																																																																																							
130	Does this facility submit reports to the Ministry of Health (including City Council of Nairobi) ?	YES 1 NO 2																																																																																							
131	Does this facility submit reports to any other organisation/agency?	YES 1 NO 2																																																																																							
132	How often do you submit reports to the Ministry of Health or City Council of Nairobi? _____(SPECIFY)	MONTHLY 1 BI-MONTHLY 2 QUARTERLY 3 EVERY SIX MONTHS 4 ONCE A YEAR 5 NO REGULAR SCHEDULE 6 OTHER SCHEDULE 7 NEVER																																																																																							
133	Does this facility have capacity to analyze the data it collects from its records	Yes, for basic analyses..... 1 Yes, for basic & complex analyses..... 2 No capacity for analysis..... 3 → 134																																																																																							
134	Does this facility analyze the data it collects from its records or other sources?	YES 1 NO 2																																																																																							
135	How often does this facility use data from its records for planning and budgeting?	Never 1 Rarely 2 Sometimes 3 Often 4 Always 5																																																																																							
137	Does this facility have a computerised database for its records/data?	YES 1 NO 2																																																																																							

MODULE 2. FACILITY ASSESSMENT BY SERVICE DELIVERY LEVEL		
SECTION 2.A - LEVEL 2 AND 3		
201	Does this facility provide any inpatient care?	YES 1 NO 2 → 205
202	A Does this facility have beds for emergency inpatient care? IF YES, ASK: How many beds?	YES 1 NUMBER OF BEDS <input type="text"/> <input type="text"/> ↓ NO 2
202	B Does this facility have beds for non-emergency inpatient care? IF YES, ASK: How many beds?	YES 1 NUMBER OF BEDS <input type="text"/> <input type="text"/> ↓ NO 2 → 205
203	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"/>
204	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
205	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
206	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"/>
207	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
208	User-Fees: Does this facility charge any fees for service?	YES 1 NO 2 → 209
2	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 FACILITY DOES NOT CHARGE FEES 3
3	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 → 209
4	What factors are considered when applying the fees for services?	FACTOR 1 _____ FACTOR 2 _____ FACTOR 3 _____ FACTOR 4 _____ FACTOR 5 _____
SECTION 2.A.A - AVAILABLE SERVICES IN THE FACILITY		
209	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 → 211
210	Do you provide immunizations for children only, for pregnant women only, or for both children and pregnant women?	CHILDREN ONLY 1 PREGNANT WOMEN ON 2 BOTH CHILDREN/PREGNANT WOMEN 3

211	Does this facility offer:		YES	NO	
A	Family planning?	FAMILY PLANNING	1	2	
B	Antenatal services?	ANTENATAL SERVICES	1	2	
C	Focused Antenatal care?	FOCUSED ANC	1	2	
D	Delivery services at the facility?	DELIVERY SERVICES AT THE FACILITY	1	2	
E	Parenteral administration of antibiotics?	ADMINISTRATION OF ANTIBIOTICS	1	2	
F	Delivery services at home?	DELIVERY SERVICES AT HOME	1	2	
G	Postnatal care services?	POSTNATAL CARE SERVICES	1	2	
212	Which of the following services for children under five does the facility provide here OR on an outreach basis:		YES	NO	
A	Essential newborn care?	ESSENTIAL NEWBORN CARE	1	2	
B	Routine Vitamin A supplementation?	ROUTINE VITAMIN A SUPPLEMENT	1	2	
C	Consultation or curative services for sick children?	CONSULTATION/CURATIVE SERVICES	1	2	
D	Integrated management of childhood illness (IMCI)?	IMCI	1	2	
E	Daily Vaccination services	DAILY VACCINATION	1	2	
F	Growth Monitoring?	GROWTH MONITORING	1	2	
G	Nutrition education?	NUTRITION EDUCATION	1	2	
H	Breastfeeding support?	BREASTFEEDING SUPPORT	1	2	
J	Oral Rehydration therapy?	ORT	1	2	
K	Zinc supplementation?	ZINC SUPPLEMENT	1	2	
213	Which of the following services for older children (5-12 years) does the facility provide here OR on an outreach basis:		YES	NO	
A	Consultation or curative services for sick children?	CONSULTATION/CURATIVE SERVICES	1	2	
B	Bi-annual deworming?	DEWORMING	1	2	
C	Essential school Health programs?	SCHOOL HEALTH PROGRAM	1	2	
D	Hygiene education?	HYGIENE EDUCATION	1	2	
214	Which of the following services for adolescents does the facility provide here OR on an outreach basis:		YES	NO	
A	Tetanus Toxoid vaccination?	TETANUS TOXOID	1	2	
B	HIV/AIDS/STI counselling?	HIV/AIDS/STI COUNSELLING	1	2	
C	Diagnosis of Sexually Transmitted Infections (STIs)?	DIAGNOSIS OF STI'S	1	2	
D	Treatment of Sexually Transmitted Infections (STIs)?	TREATMENT OF STI'S	1	2	
E	Alcohol/Substance abuse counselling?	ALCOHOL/SUBSTANCE ABUSE	1	2	
F	Sexual & Reproductive health services?	SRH SERVICES	1	2	
G	Family Planning services?	FP SERVICES	1	2	
H	General consultation or curative services?	CONSULTATION/CURATIVE SERVICES	1	2	
I	Nutrition education?	NUTRITION EDUCATION	1	2	
J	Life skills education?	LIFE SKILLS	1	2	
K	Sex Education?	SEX EDUCATION	1	2	
215	Which of the following services for adults does the facility provide here OR on an outreach basis:		YES	NO	
A	General consultation or curative services?	CONSULTATION/CURATIVE SERVICES	1	2	
B	Tetanus Toxoid vaccination?	TETANUS TOXOID	1	2	
C	HIV/AIDS/STI counselling?	HIV/AIDS/STI COUNSELLING	1	2	
D	Family Planning services?	FP SERVICES	1	2	
E	Alcohol/Substance abuse counselling?	ALCOHOL/SUBSTANCE ABUSE	1	2	
F	Healthy Lifestyles counselling?	LIFESTYLES COUNSELLING	1	2	

216	Does this facility offer any of the following services here OR on an outreach basis?		YES	NO	
A	ART	ART	1	2	
B	HIV Testing	HIV TESTING	1	2	
C	Treatment for AIDS-related opportunistic infections?	TREATMENT OF OPP INFECTIONS	1	2	
D	Diagnosis of TB through sputum smear microscopy?	DIAGNOSIS OF TB	1	2	
E	Directly Observed Treatment, Short-course (DOTS)	TB-DOTS	1	2	
F	Directly Observed Treatment (DOT) outreach services?	TB-DOTS (OUTREACH)	1	2	
G	Follow-up of tuberculosis patients?	FOLLOW UP TB PATIENTS	1	2	
H	Palliative care?	PALLIATIVE CARE	1	2	
217	Does this facility offer any of the following services here OR on an outreach basis?		YES	NO	
A	Home-based care for AIDS patients?	HOME-BASED CARE	1	2	
B	Laboratory diagnosis of malaria?	LAB DIAGNOSIS OF MALARIA	1	2	
C	Treatment of malaria?	TREATMENT OF MALARIA	1	2	
D	Oral health?	ORAL HEALTH	1	2	
E	Minor surgery e.g . Suturing wounds, I&D	MINOR SURGERY	1	2	
F	Dressing of wounds	WOUND DRESSING	1	2	
218	Integration of services: Now I would like to ask you about the way services are delivered in this facility				
01	Are there members of your staff who have been trained in service integration? YES 1 NO 2 → (218)'03				
02	Which training in service integration have your staff member(s) received? FW:DO NOT READ OUT THE OPTIONS CIRCLE ALL MENTIONED; IF NONE CIRCLE "N" FP and HIV counselling A FP and PMTCT B FP and ANC C Postnatal care and FP D ANC and PMTCT E IMCI and EPI F PNC and IMCI G ANC and TB screening H PMTCT and TB screening I Other (specify) J Other (specify) K Other (specify) L Other (specify) M NONE N				
03	Which integrated services are offered in this health facility? FW:DO NOT READ OUT THE OPTIONS CIRCLE ALL MENTIONED; IF NONE CIRCLE "N" SKIP TO 219 IF ALL INTEGRATED SERVICES ARE OFFERED FP and HIV counselling A FP and PMTCT B FP and ANC C Postnatal care and FP D ANC and PMTCT E IMCI and EPI F PNC and IMCI G ANC and TB screening H PMTCT and TB screening I Other (specify) J Other (specify) K Other (specify) M NONE N				
04	FW: CHECK IF THERE ARE ANY INTEGRATED SERVICES NOT OFFERED IN THE FACILITY AND ASK QN. 218 (04) ELSE SKIP TO What are the <u>main</u> reasons why integrated services are not offered in this health facility? CIRCLE ALL THAT APPLY No staff have been trained in integration A No support from health facility managers B Patient workload too heavy to practice integration C No space for implementing integrated services D Not enough staff to handle all the services E Too many guidelines F No equipment/tools to offer integrated services G Other (specify) H Other (specify) I				

SECTION 2.A.B. GENERAL PURPOSE EQUIPMENT					
219	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	Blood pressure machine/cuff?	1	2	3	4
02	Stethoscope(s)?	1	2	3	4
03	Adult weighing scale?	1	2	3	4
04	Weighing equipment for under-five-year-olds?	1	2	3	4
05	Child Height/Length measuring board	1	2	3	4
06	Thermometer for oral or rectal temperature?	1	2	3	4
07	Ambulance or other emergency transportation services?	1	2	3	4
08	Refrigerator?	1	2	3	4
09	Fetoscope	1	2	3	4
10	Adult Height board/stadiometer	1	2	3	4

SECTION 2.A.C - HEALTH WORKFORCE

220 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.
 For each type of staff, we want to know how many work regularly full time at this facility **CODES:**
NONE=00, DNK=98
 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.

	TYPE OF STAFF	NUMBER WORKING FULL TIME	NUMBER PRESENT AT FACILITY TODAY	NUMBER WORKING PART TIME
01	Clinical officers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02	Certified/registered nurses?	<input type="text"/> <input type="text"/>	<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"/>	<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"/>	<input type="text"/> <input type="text"/>
06	Laboratory technicians?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
07	Laboratory assistants?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
08	Pharmaceutical technologists?	<input type="text"/> <input type="text"/>	<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"/>	<input type="text"/> <input type="text"/>
10	Trained dispensers	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11	Community health extension workers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12	Community Oral health officer	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13	Statistical clerks	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
14	General attendant	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

SECTION 2.A.D - DRUGS AND COMMODITIES

GENERAL MEDICINES

221	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 222, LAST COLUMN)				222 Was this drug available in the last 3 months?	
	DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES	NO
01	Ciprofloxacin capsules or tabs for infectious disease 250/500 mg	1	2	3 →	1	2
02	Co-trimoxazole suspension for pediatric infectious disease 8+40 mg/ml	1	2	3 →	1	2
03	Co-trimoxazole tables for adult infectious diseases 80/400 mg	1	2	3 →	1	2
04 A	Amoxicillin capsules or tabs for infectious disease 250/500 mg	1	2	3 →	1	2
B	Amoxicillin suspension/syrup 125mg/5ml	1	2	3 →	1	2
05	Fluconazole capsules or tabs for infectious disease 150 mg	1	2	3 →	1	2
06	Diclofenac or Ibuprofen capsules or tabs for pain relief	1	2	3 →	1	2
07	Paracetamol suspension for paediatric pain relief 125mg/ml	1	2	3 →	1	2
08	Albendazole chewable tablets for the treatment of parasitic infestations 400mg	1	2	3 →	1	2
09	Mebendazole tablets for the treatment of parasitic infestations 100 mg	1	2	3 →	1	2
10	Metrodinazole 200 mg	1	2	3 →	1	2
11	Vitamin A capsules	1	2	3 →	1	2
12	Oral rehydration salts (ORS) sachets	1	2	3 →	1	2
13	Combined oral contraceptive pills	1	2	3 →	1	2
14	Injectable contraceptives 1g/vial	1	2	3 →	1	2
15	Male condoms	1	2	3 →	1	2

MALARIA MEDICINES

223	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 224, LAST COLUMN)				224 Was this drug available in the last 3 months?	
	DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES	NO
01	Coartem, an artemisinin combination therapy (ACT) (Artemether + Lumefantrine)	1	2	3 →	1	2
02	Artemisinin (oral) - not as combination therapy	1	2	3 →	1	2
03	Fansidar (SP, sulfadoxine + Pyrimethamine) 500mg+25mg	1	2	3 →	1	2
04	Quinine (oral or injectable)	1	2	3 →	1	2
05	Other antimalarial drugs (oral or injectable) (SPECIFY) _____	1	2	3 →	1	2

TUBERCULOSIS MEDICINES

225	A FW: CHECK QN 216: Does this facility offer TB treatment or follow up of TB Patients?	Yes	1	No	2	→ 227
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225 B 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 226, LAST COLUMN)						226 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	Rifampicin oral 150mg	1	2	3→	1	2	
B	Rifampicin 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 75mg+150mg+400mg (RHZ, Rifater)	1	2	3→	1	2	
B	Isoniazid + Rifampicin + Pyrazinamide 30mg+60+150mg (RHZ, Rifater)	1	2	3→	1	2	
09	Isoniazid + Rifampicin + Pyrazinamid + Ethambutol 75mg+150mg+400mg+275mg	1	2	3→	1	2	
10	Any other tuberculosis medicines (SPECIFY) _____	1	2	3→	1	2	
ARV MEDICINES							
227	FW: CHECK QUESTION 216 A: Does this facility provide ARV treatment? Yes No → 230						
228 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). IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 229, LAST COLUMN)						229 Was this drug available in the last 3 months?	
		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	Efavirenz (EFZ) 200	1	2	3→	1	2	
B	Efavirenz (EFZ) 600	1	2	3→	1	2	
04	Lamivudine 3TC	1	2	3→	1	2	
05	Nevirapine (NVP)	1	2	3→	1	2	
06	Stavudine 40 (d4T)	1	2	3→	1	2	
07	Stavudine 30 (d4T)	1	2	3→	1	2	
08	Staduvine 30 + Lamivudine (d4T + 3TC)	1	2	3→	1	2	
09	Staduvine 30 + Lamivudine + Nevirapine (d4T30 + 3TC + NVP)	1	2	3→	1	2	
10	Zidovudine + Lamivudine (AZT+3TC)	1	2	3→	1	2	
11	Zidovudine+Lamivudine+Abacavir (AZT+3TC+ABC)	1	2	3→	1	2	
12	Zidovudine+Lamivudine+Nevirapine (AZT+3TC+NVP)	1	2	3→	1	2	

228 contd....		AVAILABLE	AVAILABLE	NOT	229 contd..... Available in last 3 months?	
		TODAY	BUT EXPIRED	AVAILABLE	YES	NO
13	Protease inhibitors	1	2	3 →	1	2
A	Indinavir (IDV)	1	2	3 →	1	2
B	Lopinavir/ritonavir (LPV/RTV)	1	2	3 →	1	2
C	Ritonavir (RTV)	1	2	3 →	1	2
D	Other ARV(specify) _____	1	2	3 →	1	2

SECTION 2.A.E - LABORATORY

230 I would like to know if equipment for conducting laboratory 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 231, LAST COLUMN)					231 Is the equipment in working order? CIRCLE "N/A" IF TEST IS NOT PIECE OF EQUIPMENT		
		AVAILABLE OBSERVED	AVAILABLE NOT OBSERVED	NOT AVAILABLE	YES	NO	N/A
01	Rapid test for HIV?	1	2	3 ↵	1	2	9
02	Microscope?	1	2	3 ↵	1	2	9
03	Slides with covers?	1	2	3 ↵	1	2	9
04	GIEMSA stain?	1	2	3 ↵	1	2	9
05	FIELD stain?	1	2	3	1	2	9
06	Rapid tests for malaria (test strips, ICT, PARACHECK)?	1	2	3 ↵	1	2	9
07	TB sputum test ? (AFB OR ZIEHL NIELSEN TEST WITH STAIN)	1	2	3 ↵	1	2	9
08	Hemoglobinometer / hemocue?	1	2	3 ↵	1	2	9
09	Colorimeter or spectroscope with Drabkin's solution?	1	2	3 ↵	1	2	9
10	Litmus paper for Hb test?	1	2	3 ↵	1	2	9
11	Syphilis: VDRL or RPR test?	1	2	3 ↵	1	2	9
12	Dipstick for urine glucose?	1	2	3 ↵	1	2	9
13	Glucometer for blood glucose	1	2	3 ↵	1	2	9
14	Pregnancy test?	1	2	3 ↵	1	2	9

SECTION 2.A.F - STAFF TRAINING AND GUIDELINES

232 In this section we would like to know how many of your staff have received training on the delivery of specific interventions. 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): CODES: 00 = NONE; 98 = DNK		233 Are guidelines available for (NAME OF INTERVENTION)? IF AVAILABLE, ASK: Can I see them?		
ASK QN. 233 IF ANY STAFF HAVE BEEN TRAINED IN SPECIFIC GUIDELINES		OBSERVED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE
01	Integrated management of childhood illness (IMCI)'	<input type="text"/>	1	
02	Adolescent sexual and reproductive health (ASRH)	<input type="text"/>	1	
03	Delivery care ('safe motherhood'/life saving skills)?	<input type="text"/>	1	

232 contd... How many staff have been trained in the following guidelines?			233 contd... Are the guidelines available?				
			OBSERVED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE		
04	Integrated management of adult illness (IMAI)?	<input type="checkbox"/>	1				
05	Family planning?	<input type="checkbox"/>	1				
06	Diagnosis and treatment (management) of STIs?	<input type="checkbox"/>	1				
07	Diagnosis and treatment (management) of malaria?	<input type="checkbox"/>	1				
08	Diagnosis and treatment (management) of tuberculosis?	<input type="checkbox"/>	1				
09	HIV/AIDS opportunistic infection treatment and care?	<input type="checkbox"/>	1				
10	HIV/AIDS counselling and testing?	<input type="checkbox"/>	1				
11	HIV/AIDS counselling only ?	<input type="checkbox"/>	1				
12	HIV testing including HIV rapid testing?	<input type="checkbox"/>	1				
13	Prevention of mother to child transmission (PMTCT) of HIV	<input type="checkbox"/>	1				
14	Infection control/standard precautions for handling blood and other bodily fluids?	<input type="checkbox"/>	1				
15	Management of TB/HIV co-infection?	<input type="checkbox"/>	1				
16	Post-Exposure Prophylaxis (PEP)?	<input type="checkbox"/>	1				
234	Are staff currently implementing guidelines after training in (NAME OF INTERVENTION)? FW: FOR EACH GUIDELINE, ASK QN 235 ONLY IF ANY NUMBER OF STAFF HAVE BEEN TRAINED		YES, STAFF PRESENT & IMPLEMENTING	YES, STAFF LEFT BUT SOMEONE ELSE IMPLEMENTING	NO, STAFF LEFT, SO NO ONE IMPLEMENTING	NO; STAFF PRESENT BUT NO ONE IS IMPLEMENTING	
01	Integrated management of childhood illness (IMCI)?				9		
02	Adolescent sexual and reproductive health (ASRH)				9		
03	Delivery care ('safe motherhood'/life saving skills)?				9		
04	Integrated management of adult illness (IMAI)?				9		
05	Family planning?				9		
06	Diagnosis and treatment (management) of STIs?				9		
07	Diagnosis and treatment (management) of malaria?				9		
08	Diagnosis and treatment (management) of tuberculosis .				9		
09	HIV/AIDS opportunistic infection treatment and care?				9		
10	HIV/AIDS counselling and testing?				9		
11	HIV/AIDS counselling only ?				9		
12	HIV testing including HIV rapid testing?				9		
13	Prevention of mother to child transmission (PMTCT)?				9		
14	Infection control/standard precautions for handling blood and other bodily fluids?				9		
15	Management of TB/HIV co-infection?				9		
16	Post-Exposure Prophylaxis (PEP)?				9		
235	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

**CHECK QUESTION 005b (RECODE HEALTH FACILITY LEVEL):
IF LEVEL = 2, 3 OR 9 SKIP TO MODULE 3 (ENDINGS), ELSE PROCEED TO SECTION 2.B**

SECTION 2.B - LEVEL 4 AND 5

SECTION 2.B.A - OTHER SERVICES AVAILABLE IN THE FACILITY

		YES	NO
236	Does this facility offer:		
A	Vasectomy?	VASECTOMY 1	2
B	Tubal ligation?	TUBAL LIGATION 1	2
C	Male circumcision?	MALE CIRCUMCISION 1	2
D	Hormonal implant	HORMONAL IMPLANTS 1	2
237	Does this facility offer any of the following services:	YES	NO
A	Parenteral administration of oxytocic drugs?	ADMINISTRATION OF OXYTOXIC DRUGS 1	2
B	Parenteral administration of anti-convulsants to women with (pre)clampsia?	ADMINISTRATION OF ANTI-CONVULSANTS .. 1	2
C	Manual removal of placenta?	MANUAL REMOVAL OF PLACENTA 1	2
D	Removal of retained products after delivery, i.e., manual vacuum aspiration?	REMOVAL OF RETAINED PRODUCTS 1	2
E	Assisted delivery	ASSISTED DELIVERY 1	2
F	Cesarian section	CEASARIAN SECTION 1	2
G	Emergency Laparotomy	LAPARATOMY 1	2
H	Trauma surgery e.g. reduction of fractures	TRAUMA SURGERY 1	2
I	Diagnostic Ultrasound scans	ULTRASOUND 1	2
J	X-Ray services	X-RAY 1	2
K	Blood transfusion	BLOOD TRANSFUSION 1	2
L	Oxygen Application	OXYGEN 1	2
M	General Anaesthesia	GENERAL ANAESTHESIA 1	2
N	Assisted feeding (e.g. by Nasogastric tube, parenteral etc..)	ASSISTED FEEDING 1	2
O	Intensive Care	INTENSIVE CARE 1	2
238	Which of the following services for children under five does the facility provide here OR on an outreach basis:		
A	Care for premature babies	CARE FOR PREMATURES 1	2
B	Other specialised neonatal care	SPECIALISED NEONATAL CARE 1	2
C	Specialised paediatrics	SPECIALISED PAEDIATRICS 1	2
D	Nutritional rehabilitation	NUTRITION REHABILITATION 1	2
E	Corrective surgery	CORRECTIVE SURGERY 1	2
239	Which of the following services for adults does the facility provide here OR on an outreach basis:	YES	NO
A	Diabetes screening?	DIABETES SCREENING 1	2
B	Screening for hypertension and other CVD?	CVD SCREENING 1	2
C	Treatment for degenerative illnesses?	TREAT DEGENERATIVE ILLNESSES 1	2
D	Screening for Cancer of the cervix	CaCx SCREENING 1	2
E	Breast cancer screening	BREAST CANCER SCREENING 1	2

240	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 241, ASK 242.		241 Does the facility charge a fee for this service?			
A	Diagnosis of tuberculosis through culture?	YES 1 NO 2 ↘	YES..... 1 NO 2			
B	Diagnosis of tuberculosis including X-ray?	YES 1 NO 2 ↘	YES..... 1 NO 2			
C	Diagnostic of MDR TB using culture or rapid test?	YES 1 NO 2 ↘	YES..... 1 NO 2			
242	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 243, ASK 244.		243 Does the facility charge a fee for this service?			
A	HIV counselling for pregnant women?	YES 1 NO 2 ↘	YES..... 1 NO 2			
B	HIV testing of pregnant women?	YES 1 NO 2 ↘	YES..... 1 NO 2			
C	Prevention of mother-to-child transmission (PMTCT)?	YES 1 NO 2 ↘	YES..... 1 NO 2			
D	Prevention of mother-to-child transmission (PMTCT) thru ARVs?	YES 1 NO 2 ↘	YES..... 1 NO 2			
E	Post-exposure prophylaxis?	YES 1 NO 2 ↘	YES..... 1 NO 2			
F	Antiretroviral therapy (ART)?	YES 1 NO 2 ↘	YES..... 1 NO 2			
G	Youth friendly services?	YES 1 NO 2 ↘	YES..... 1 NO 2			
SECTION 2.B.B - GENERAL PURPOSE EQUIPMENT						
244	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	Micronebulizer?	1	2	3	4	
03	Ophthalmoscope?	1	2	3	4	
04	Otoscope?	1	2	3	4	
05	CTSCAN OR MRI	1	2	3	4	
06	Operating theatre with basic equipment?	1	2	3	4	
07	Anaesthetic machine?	1	2	3	4	
08	Oxygen system/cylinders?	1	2	3	4	
09	Infusion kits for intravenous solution?	1	2	3	4	

SECTION 2.B.C - HEALTH WORKFORCE

245 Now I have some additional questions about staffing for this facility.
 For each type of staff, we want to know how many work regularly full time at this facility **CODES:**
 and how many are present today at this facility. **NONE=00, DNK=98**
 We also want to know how many work part time at this facility.

	TYPE OF STAFF	NUMBER WORKING FULL TIME	NUMBER PRESENT AT FACILITY TODAY	NUMBER WORKING PART TIME
01	Medical officers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02	Laboratory technologists?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	A Radiologists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	B Radiographers	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	Ultrasound specialists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05	A Pharmacists?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	B Clinical Pharmacist?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06	Social workers?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
07	Nutritionists?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
08	Other counselors?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
09	Health management information system (HMIS) personnel?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10	Post-Exposure Prophylaxis (PEP) trained personnel?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11	Certified/registered HIV counsellors?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12	Trained HIV/AIDS counselor (any topics)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13	A Dentists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	B Dental technologists	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
14	Specialised clinical officers			
	A Anaesthesia	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	B Paediatrics	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	C Pyschiatry	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	D Dermatology	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	E Ophthalmology	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	F ENT	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

245 contd...		FULL TIME	PRESENT TODAY	PART TIME
15	Medical specialists			
A	Physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	Obstetricians/Gynaecologists	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	Surgeons	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	Psychiatrists	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	Paediatricians	<input type="text"/>	<input type="text"/>	<input type="text"/>
F	Ophthalmologists	<input type="text"/>	<input type="text"/>	<input type="text"/>
G	ENT Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	Dermatologist	<input type="text"/>	<input type="text"/>	<input type="text"/>
I	Pathologist	<input type="text"/>	<input type="text"/>	<input type="text"/>
J	Physiotherapist	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2.B.D - LABORATORY

246 I would like to know if additional equipment for conducting 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 248, LAST COLUMN)						247s the equipment in working order?	
		AVAILABLE OBSERVED	AVAILABLE NOT OBSERVED	NOT AVAILABLE	YES	NO	N/A
01	ELISA reader/scanner with test items?	1	2	3 ↓	1	2	9
02	Dynabeads with vortex mixer?	1	2	3 ↓	1	2	9
03	Western blot for HIV?	1	2	3 ↓	1	2	9
04	Cytoflowmeter or CD4 count machine?	1	2	3 ↓	1	2	9
05	PCR for viral load?	1	2	3 ↓	1	2	9
06	Culture test for M. tuberculosis?	1	2	3 ↓	1	2	9
07	Drug susceptibility testing (DST) for M. tuberculosis using culture?	1	2	3 ↓	1	2	9
08	Testing for MDR with molecular test?	1	2	3 ↓	1	2	9
09	Coulter/ haemolytic analyzer? (Total lymphocyte count, full blood count, platelets)	1	2	3 ↓	1	2	9
10	Capillary tubes for hematocrit?	1	2	3 ↓	1	2	9
11	Centrifuge for hematocrit?	1	2	3 ↓	1	2	9
12	Blood chemistry analyzer? (Liver function test, glucose, creatinine)	1	2	3 ↓	1	2	9
13	Serology for Hepatitis B?	1	2	3 ↓	1	2	9
14	Serology for Hepatitis C?	1	2	3 ↓	1	2	9
15	India Ink Test for CNS (Cryptococcosis)?	1	2	3 ↓	1	2	9

MODULE 3 - ENDINGS AND INTERVIEWER'S OBSERVATIONS

301 RECORD THE TIME AT END OF INTERVIEW
(USE THE 24 HOUR-FORMAT)

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302 INTERVIEWER'S OBSERVATIONS - TO BE FILLED IN AFTER COMPLETING THE INTERVIEW

303 COMMENTS ON SPECIFIC QUESTIONS:

304 ANY OTHER COMMENTS:

305 SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR:

DATE:

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