

**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 TO BE INTERVIEWED

02→ FILL QN **006**, THANK THE RESPONDENT AND END THE INTERVIEW

\_\_\_\_\_  
RESPONDENT'S SIGNATURE

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

**006** RESULT CODES:  
1 = COMPLETED '2 = RESPONDENT NOT AVAILABLE  
3 =PARTIALLY COMPLETED '4 = REFUSED  
5= OTHER \_\_\_\_\_

**007** INTERVIEWER CODE \_\_\_\_\_

**008** EDITED BY TL(CODE): \_\_\_\_\_

DATE \_\_\_\_\_

TL SIGNATURE: \_\_\_\_\_

**009 A** To which staff cadre do you belong?

(CIRCLE ONLY ONE)

IF SPECIALIST, GO TO QN. 009B, ELSE SKIP TO 010

MEDICAL SPECIALIST .....	01	} <b>GO TO 009B</b>
SPECIALISED CLINICAL OFFICER .....	02	
MEDICAL OFFICER .....	03	} <b>GO TO 010</b>
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	

**009 B** What is your area of specialisation?

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

<b>010</b> What is your position in this facility? FACILITY IN-CHARGE 01 DEPARTMENT/UNIT IN-CHARGE 02 OTHER STAFF MEMBER 03 _____ (specify)											
<b>SECTION 2. STAFF TRAINING AND GUIDELINES</b>											
<b>201</b>	When was the last time you had training in any service guidelines? (DD/MM/YYYY) (Service guidelines include IMCI, EMOC, FANC, infection control etc...)	<b>D D M M Y Y Y Y</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>									
<b>202</b>	Was the training pre-service or in-service?	Pre-service .....1 In-service.....2									
<b>203</b>	Have you been trained in any of the following service guidelines below? FOR EACH GUIDELINES IN WHICH YOU HAVE BEEN TRAINED, PLEASE ANSWER QUESTIONS <b>204</b> AND <b>205</b> AS WELL			<b>204</b> If YES, when did the training take place? (MM/YY)				<b>205 : Do you use</b> (NAME OF GUIDELINES in this health facility?)			
		YES	NO					YES	NO		
<b>01</b>	Integrated management of childhood illness (IMCI)? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>02</b>	Adolescent sexual and reproductive health (ASRH)? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>03</b>	Delivery care ('safe motherhood'/life saving skills)? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>04</b>	Integrated management of adult illness (IMAI)? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>05</b>	Family planning? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>06</b>	Diagnosis and treatment (management) of STIs? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>07</b>	Diagnosis and treatment (management) of malaria? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>08</b>	Diagnosis and treatment (management) of tuberculosis? ..	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>09</b>	Management of MDR-TB? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>10</b>	HIV/AIDS opportunistic infection treatment and care? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>11</b>	HIV/AIDS counselling and testing? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>12</b>	HIV/AIDS counselling? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>13</b>	HIV testing including HIV rapid testing? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>14</b>	Prevention of mother to child transmission (PMTCT)?	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>15</b>	Infection control/standard precautions for handling blood and other bodily fluid .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>16</b>	Management of TB/HIV co-infection? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>17</b>	Drug and supplies management? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>18</b>	Health management information system (HMIS) training? ..	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>19</b>	Post-Exposure Prophylaxis (PEP)? .....	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
<b>20</b>	Any other guidelines? (Specify) _____	1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		
		1	2	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>				1	2		

206	<b>IF YOU HAVE ANSWERED "NO" TO ANY OF QUESTIONS 205 - 1 to 19, PLEASE ANSWER THE FOLLOWING QN 206</b> <b>IF ALL YOUR ANSWERS TO QN 205 1-19 ARE YES, SKIP TO QN 207</b>																																																																																																													
	What are the <u>main</u> reason why you do <u>not</u> use guidelines in which you were trained?  <b>CIRCLE ALL THAT APPLY</b> <div style="display: flex; justify-content: space-between;"> <div>           No facilities (space/equipment/drugs) to practice guidelines .....            No support from health facility managers .....            I forgot what I was taught .....            No supportive supervision from trainers .....            Patient workload too heavy to practice guidelines .....            Other (specify) .....         </div> <div style="text-align: right;">           A B C D E F         </div> </div>																																																																																																													
207	Would you like to attend training for any of the following ? <b>FW: ASK FOR ONLY THOSE GUIDELINES FOR WHICH THE RESPONDENT HAS NEVER HAD TRAINING</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">ALREADY TRAINED</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Integrated management of childhood illness (IMCI)? ..... IMCI</td> <td></td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>02</td> <td>Adolescent sexual and reproductive health (ASRH)? ..... ASRH</td> <td></td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>03</td> <td>Delivery care ('safe motherhood'/life saving skills)? ..... 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	<b>Integration of services:</b> Now I would like to ask you about the way services are delivered in this facility																																																																																																													
208	Have you ever had any training in integration of services e.g. Integrating FP in HIV Testing and so on...? YES ..... 1 NO ..... 2 → <b>210</b> <b>IF NO, SKIP TO QN. 210, IF YES PROCEED TO QUESTION 209 BELOW</b>																																																																																																													

<b>209</b>	Which training in service integration have you received? <b>IF YOU HAVE <u>NOT</u> ATTENDED ANY TRAINING, CIRCLE "N"</b>	<b>CIRCLE ALL THE TRAININGS YOU HAVE ATTENDED</b> 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
<b>210</b>	Which integrated services are offered in this health facility? <b>IF NO INTEGRATED SERVICES ARE OFFERED CIRCLE "N"</b>	<b>CIRCLE ALL THE INTEGRATED SERVICES OFFERED</b> 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
<b>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</b>		
<b>211</b>	What are the <u>main</u> reasons why integrated services are <u>not</u> offered in this health facility?  <b>CIRCLE ALL THAT APPLY</b>	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
<b>212</b>	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
<b>213</b>	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
<b>214</b>	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
<b>215</b>	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

216	Please state whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statements:	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
01	Government (including City Council) should have a say in how <u>private</u> health facilities are run	01	02	03	04	05
02	Government should have a say in the kind of services private facilities offer	01	02	03	04	05
03	Government should ensure that private facilities are using current service guidelines	01	02	03	04	05
04	Government should provide training to health workers in private facilities	01	02	03	04	05
05	Government should support private health facilities by seconding staff to work there	01	02	03	04	05
06	Government should support private health facilities to offer services by providing drugs and medical supplies such as vaccines, equipment etc.....	01	02	03	04	05
07	Government should support private health facilities to offer services by allocating them funds from the health budget	01	02	03	04	05
08	Private health facilities should have a say in how health services are run in their district	01	02	03	04	05
09	Private health facilities should be involved in making district health plans	01	02	03	04	05
10	Private health facilities should submit their records e.g. monthly returns to government without preconditions	01	02	03	04	05
11	Private health facilities should submit their records e.g. monthly returns to government only if government offers support	01	02	03	04	05
12	Private and public health facilities should work together to achieve the same goals in population health	01	02	03	04	05
13	Private facilities should be made to comply with Ministry of Health standards	01	02	03	04	05
14	You would be willing to comply with Ministry of Health standards if there was some benefit for you	01	02	03	04	05
15	You would be willing to be supervised by government	01	02	03	04	05
16	You would be willing to be supervised by government <u>through a third party</u> such as another NGO like JHPIEGO, AMREF or Population Council	01	02	03	04	05
217	What is your opinion about Public-Private partnerships where government works with private service providers and vice versa?					

	<b>SECTION 3 - ENDINGS AND INTERVIEWER'S OBSERVATIONS</b>	
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:	

<b>FRICAN POPULATION AND HEALTH RESEARCH CENTRE - PARTNERSHIP FOR A HEALTHY NAIROBI</b>																											
<b>SERVICE PROVISION ASSESSMENT STUDY - HEALTH FACILITY CHECKLIST</b>																											
001	NAME OF HEALTH FACILITY _____																										
002	CODE OF FACILITY (CODE SHEET 1)	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>																									
003	LOCATION OF FACILITY (VILLAGE) _____																										
004	DISTRICT _____																										
005	<b>TYPE OF FACILITY</b> 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		<b>006 MANAGING AUTHORITY</b> GOVERNMENT FACILITY-PUBLIC 01 NGO (FAITH-BASED) 02 NGO (OTHER) 03 COMMUNITY 04 PRIVATE (FOR PROFIT) 05 PARASTATAL 06 OTHER 07																								
005b	<b>RE-CODE HEALTH FACILITY LEVEL BASED ON TYPE OF FACILITY IN 005 ABOVE</b> HEALTH POST..... 2 <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div> CLINIC..... 2 DISPENSARY..... 2 HEALTH CENTER..... 3 MATERNITY HOME..... 3 NURSING HOME..... 3 SUB-DISTRICT HOSPITAL..... 4 HOSPITAL (OTHER)..... 4 DISTRICT HOSPITAL..... 4 OTHER (specify) ..... 9																										
<b>101</b>	<b>Amenities:</b> 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																										
<b>102</b>	<b>Space:</b> 01 Total number of rooms in facility <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>02 Consultation room</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>03 Pharmacy</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>04 Injection room</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>05 Examination room</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>06 Counselling room</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>07 Store</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>08 Delivery room</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>				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
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02 Counselling is done in Private	1	2																									





			<b>105 If Yes, record type/brand</b>		
<b>104</b>	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	_____ / _____	
<b>106</b>	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
<b>107</b>	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
		Other (Specify) _____			06
		Don't know			09
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	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	
<b>END</b>					
Add code					

<b>AFRICAN POPULATION AND HEALTH RESEARCH CENTRE - PARTNERSHIP FOR A HEALTHY NAIROBI</b> <b>SERVICE PROVISION ASSESSMENT STUDY - HEALTH FACILITY ASSESSMENT TOOL</b>			
<b>001</b>	NAME OF HEALTH FACILITY _____		
<b>002</b>	CODE OF FACILITY (CODE SHEET 1)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>003</b>	LOCATION OF FACILITY (VILLAGE) _____		
<b>004</b>	DISTRICT _____		
<b>005</b>	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		<b>006A MANAGING AUTHORITY</b> GOVERNMENT FACILITY-PUBLIC 01 NGO (FAITH-BASED) 02 NGO (OTHER) 03 COMMUNITY 04 PRIVATE (FOR PROFIT) 05 PARASTATAL 06 OTHER _____ 07 (SPECIFY) _____
<b>005b</b>	<b>RE-CODE HEALTH FACILITY LEVEL BASED ON TYPE OF FACILITY IN 005 ABOVE</b> HEALTH POST ..... 2 CLINIC ..... 2 DISPENSARY ..... 2 HEALTH CENTRI ..... 3 MATERNITY HOME ..... 3 NURSING HOME ..... 3 SUB-DISTRICT HOSPITAL ..... 4 HOSPITAL (OTHER) ..... 4 DISTRICT HOSPITAL ..... 5 OTHER ..... 9		<b>006B</b> What is your position in this facility?  FACILITY IN-CHARGE 01 DEPARTMENT/UNIT IN-CHARGE 02 OTHER STAFF MEMBER 03  <b>006C</b> To which staff cadre do you belong? _____ _____
<b>007</b>	DATE (DD/MM/YY)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<b>008 INTERVIEWER CODE</b> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<p><b>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE FACILITY WHO IS PRESENT TODAY AND READ THE FOLLOWING GREETING:</b></p> <p>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?</p> <p>Do I have your agreement to proceed?</p>			
<b>009</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           RESPONDENT AGREES TO BE INTERVIEWED 01            _____            RESPONDENT'S SIGNATURE         </div> <div style="width: 45%;">           RESPONDENT DOES NOT AGREE 02 → FILL QN 011, THANK THE RESPONDENT AND END THE INTERVIEW            TO BE INTERVIEWED         </div> </div>		
<b>010</b>	RESPONDENT SIGNS ..... 01 RESPONDENT REFUSES TO SIGN ..... 02		
<b>011</b>	<b>RESULT CODES:</b> 1 = COMPLETED                      2 = NO RESPONDENT AVAILABLE 3 = PARTIALLY COMPLETED      4 = REFUSED 5 = OTHER		
<b>012</b>	EDITED BY TL (CODE)	DATE	TL SIGNATURE:
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____

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? <b>IF YES, ASK: Is that phone or shortwave radio available at all times services are offered?</b>	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? <b>IF YES, ASK: Is the computer functioning today?</b>	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? <b>IF YES, ASK: Is there fuel today?</b>	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 <b>most commonly used</b> source of water for hand washing for the facility <b>at this time</b> ?	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? <b>IF YES, ASK:</b> What is the <b>final method</b> most commonly used for sterilizing syringes prior to reuse?  <b>CIRCLE ALL THAT APPLY.</b> <b>IF NO, CIRCLE 'Y' FOR "NEVER REUSE SYRINGES/NEEDLES"</b>	AUTOClave (NON-ELECTRIC) ..... A DRY HEAT STERILIZER (ELECTRIC) ..... B BOILING POT: ELECTRIC BOILER OR STEAMER (NO PRESSURE) ..... C BOILING POT: NON-ELECTRIC POT WITH COVER (FOR BOILING OR STEAMING) ..... D CHEMICAL METHOD ..... E OTHER ..... X (SPECIFY) NEVER REUSE SYRINGES/NEEDLES ..... Y	

115	<p><b>What is the final method</b> 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</p> <p>AUTOCLAVE (NON-ELECTRIC) B</p> <p>DRY HEAT STERILIZER (ELECTRIC) C</p> <p>BOILING POT: ELECTRIC BOILER OR STEAMER (NO PRESSURE) D</p> <p>BOILING POT: NON-ELECTRIC POT WITH COVER (FOR BOILING OR STEAMING) E</p> <p>CHEMICAL METHOD F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>PROCESS OUTSIDE FACILITY Y</p> <p>NO EQUIPMENT PROCESSED Z</p>
116	<p>Is there an automatic timer in this facility for sterilization purposes?</p> <p><b>IF YES, ASK: It is functional?</b></p>	<p>AVAILABLE, FUNCTIONAL ..... 1</p> <p>AVAILABLE, NOT FUNCTIONAL ..... 2</p> <p>NOT AVAILABLE ..... 3</p>
117	<p>How does this facility <b>finally</b> dispose of sharp items such as needles and filled sharps boxes?</p>	<p><b>BURN IN INCINERATOR:</b></p> <p>2-CHAMBER INDUSTRIAL (800-10) ..... 01</p> <p>1-CHAMBER DRUM/BRICK ..... 02</p> <p><b>OPEN BURNING</b></p> <p>FLAT GROUND-NO PROTECTI ..... 03</p> <p>PIT OR PROTECTED GROUND ..... 04</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>FLAT GROUND-NO PROTECTI ..... 05</p> <p>COVERED PIT OR PIT LATRINI ..... 06</p> <p>OPEN PIT-NO PROTECTION ..... 07</p> <p>PROTECTED GROUND OR PIT ..... 08</p> <p><b>REMOVE OFFSITE</b></p> <p>STORED IN COVERED CONTAINERS ..... 09</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT ..... 10</p> <p>STORED UNPROTECTED ..... 11</p> <p><b>OTHER</b> ..... 96</p> <p>(SPECIFY)</p> <p>NEVER HAVE SHARPS WASTE ..... 95</p>
118	<p>How does this facility <b>finally</b> dispose of infectious wastes such as bandages?</p>	<p><b>BURN IN INCINERATOR:</b></p> <p>2-CHAMBER INDUSTRIAL (800-1000+) ..... 01</p> <p>1-CHAMBER DRUM/BRICK ..... 02</p> <p><b>OPEN BURNING</b></p> <p>FLAT GROUND-NO PROTECTI ..... 03</p> <p>PIT OR PROTECTED GROUND ..... 04</p> <p><b>DUMP WITHOUT BURNING</b></p> <p>FLAT GROUND-NO PROTECTI ..... 05</p> <p>COVERED PIT OR PIT LATRINI ..... 06</p> <p>OPEN PIT-NO PROTECTION ..... 07</p> <p>PROTECTED GROUND OR PIT ..... 08</p> <p><b>REMOVE OFFSITE</b></p> <p>STORED IN COVERED CONTAINERS ..... 09</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT ..... 10</p> <p>STORED UNPROTECTED ..... 11</p> <p><b>OTHER</b> ..... 96</p> <p>(SPECIFY)</p> <p>NEVER HAVE INFECTIOUS WASTE ..... 95</p>
119	<p>Is an environmental disinfectant (i.e., bleach, Lysol) available in this facility? ' '</p>	<p>YES, AVAILABLE TODAY, BUT NOT ALWAYS 1</p> <p>YES, ALWAYS AVAILABLE 2</p> <p>NO ..... 3</p>
120	<p>Is hand-washing soap or cleansing solution available in this facility?</p> <p><b>IF YES, ASK: Is it always available?</b></p>	<p>YES, AVAILABLE TODAY, BUT NOT ALWAYS 1</p> <p>YES, ALWAYS AVAILABLE 2</p> <p>NO ..... 3</p>
<p><b>SECTION 1.C - SOURCE OF DRUGS AND SUPPLIES</b></p>		
121	<p>Does this facility get <u>drug</u> supplies from the Ministry of Health (including Nairobi City Council)?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 124</p>
122	<p>Every how often does this facility get drug supplies from the Ministry of Health?</p>	<p>NUMBER OF WEEKS ..... <input type="text"/> <input type="text"/></p> <p>BY REQUEST ..... 9</p>

123	What kind of drug supplies does this facility get from the Ministry of health (including City Council of Nairobi)?  <b>CIRCLE ALL THAT APPLY</b>	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																																																																															
<b>SECTION 1.D - HEALTH INFORMATION SYSTEMS</b>																																																																																	
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	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>128 Is the register based on the Ministry of Health HMIS?</th> <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>A OUTPATIENT REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>B INPATIENT REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>C ANC REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>D IMMUNISATION REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>E FAMILY PLANNING REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>F LABORATORY REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>G CASH REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>H PHARMACY REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>I MEDICAL STORES INVENTORY</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>J PERSONNEL REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>K MATERNITY REGISTER</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>L OTHER REGISTER (SPECIFY) .....</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES	NO	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	A OUTPATIENT REGISTER	1	2	1	2	3	B INPATIENT REGISTER	1	2	1	2	3	C ANC REGISTER	1	2	1	2	3	D IMMUNISATION REGISTER	1	2	1	2	3	E FAMILY PLANNING REGISTER	1	2	1	2	3	F LABORATORY REGISTER	1	2	1	2	3	G CASH REGISTER	1	2	1	2	3	H PHARMACY REGISTER	1	2	1	2	3	I MEDICAL STORES INVENTORY	1	2	1	2	3	J PERSONNEL REGISTER	1	2	1	2	3	K MATERNITY REGISTER	1	2	1	2	3	L OTHER REGISTER (SPECIFY) .....	1	2	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	<b>User-Fees:</b> 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 <b>only</b> 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	

<b>211</b>	Does this facility offer:	<b>YES NO</b>		
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	
<b>212</b>	Which of the following services for children under five does the facility provide here OR on an outreach basis:	<b>YES NO</b>		
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	
<b>213</b>	Which of the following services for older children (5-12 years) does the facility provide here OR on an outreach basis:	<b>YES NO</b>		
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	
<b>214</b>	Which of the following services for adolescents does the facility provide here OR on an outreach basis:	<b>YES NO</b>		
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	
<b>215</b>	Which of the following services for adults does the facility provide here OR on an outreach basis:	<b>YES NO</b>		
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	

<b>216</b>	Does this facility offer any of the following services here OR on an outreach basis?		<b>YES</b>	<b>NO</b>	
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	
<b>217</b>	Does this facility offer any of the following services here OR on an outreach basis?		<b>YES</b>	<b>NO</b>	
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	
<b>218</b>	<b>Integration of services:</b> 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?				
	<b>FW:DO NOT READ OUT THE OPTIONS</b>	FP and HIV counselling .....	A		
	<b>CIRCLE ALL MENTIONED; IF NONE CIRCLE "N"</b>	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?				
	<b>FW:DO NOT READ OUT THE OPTIONS</b>	FP and HIV counselling .....	A		
	<b>CIRCLE ALL MENTIONED; IF NONE CIRCLE "N"</b>	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		
	<b>SKIP TO 219 IF ALL INTEGRATED SERVICES ARE OFFERED</b>	Other (specify) .....	J		
		Other (specify) .....	K		
		Other (specify) .....	M		
		NONE .....	N		
04	<b>FW: CHECK IF THERE ARE ANY INTEGRATED SERVICES NOT OFFERED IN THE FACILITY AND ASK QN. 218 (04) ELSE SKIP TO</b>				
	What are the <u>main</u> reasons why integrated services are not offered in this health facility?	No staff have been trained in integration .....	A		
	<b>CIRCLE ALL THAT APPLY</b>	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 <b>available in this facility and functional now, not available today, or never available.</b>	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	<p>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.</p> <p>For each type of staff, we want to know how many work regularly full time at this facility <b>CODES:</b> <b>NONE=00, DNK=98</b></p> <p>and how many are present today at this facility.</p> <p>For medical doctors/physicians, we want to know how many work part time at this facility.</p>				
	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

<b>221</b>	In this section we would like to know if the following drugs are available <b>today</b> in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). <b>IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 222, LAST COLUMN)</b>	<b>222</b> Was this drug available in the last 3 months?				
	<b>DOSAGE</b>	<b>AVAILABLE TODAY</b>	<b>AVAILABLE BUT EXPIRED</b>	<b>NOT AVAILABLE</b>	<b>YES</b>	<b>NO</b>
<b>01</b>	Ciprofloxacin capsules or tabs for infectious disease 250/500 mg	1	2	3 →	1	2
<b>02</b>	Co-trimoxazole suspension for pediatric infectious disease 8+40 mg/ml	1	2	3 →	1	2
<b>03</b>	Co-trimoxazole tables for adult infectious diseases 80/400 mg	1	2	3 →	1	2
<b>04 A</b>	Amoxicillin capsules or tabs for infectious disease 250/500 mg	1	2	3 →	1	2
<b>B</b>	Amoxicillin suspension/syrup 125mg/5ml	1	2	3 →	1	2
<b>05</b>	Fluconazole capsules or tabs for infectious disease 150 mg	1	2	3 →	1	2
<b>06</b>	Diclofenac or Ibuprofen capsules or tabs for pain relief	1	2	3 →	1	2
<b>07</b>	Paracetamol suspension for paediatric pain relief 125mg/ml	1	2	3 →	1	2
<b>08</b>	Albendazole chewable tablets for the treatment of parasitic infestations 400mg	1	2	3 →	1	2
<b>09</b>	Mebendazole tablets for the treatment of parasitic infestations 100 mg	1	2	3 →	1	2
<b>10</b>	Metrodinazole 200 mg	1	2	3 →	1	2
<b>11</b>	Vitamin A capsules	1	2	3 →	1	2
<b>12</b>	Oral rehydration salts (ORS) sachets	1	2	3 →	1	2
<b>13</b>	Combined oral contraceptive pills	1	2	3 →	1	2
<b>14</b>	Injectable contraceptives 1g/vial	1	2	3 →	1	2
<b>15</b>	Male condoms	1	2	3 →	1	2

### MALARIA MEDICINES

<b>223</b>	In this section we would like to know if the following drugs for the treatment of <b>malaria</b> are available <b>today</b> in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). <b>IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 224, LAST COLUMN)</b>	<b>224</b> Was this drug available in the last 3 months?				
	<b>DOSAGE</b>	<b>AVAILABLE TODAY</b>	<b>AVAILABLE BUT EXPIRED</b>	<b>NOT AVAILABLE</b>	<b>YES</b>	<b>NO</b>
<b>01</b>	Coartem, an artemisinin combination therapy (ACT) (Artemether + Lumefantrine)	1	2	3 →	1	2
<b>02</b>	Artemisinin (oral) - not as combination therapy	1	2	3 →	1	2
<b>03</b>	Fansidar (SP, sulfadoxine + Pyrimethamine) 500mg+25mg	1	2	3 →	1	2
<b>04</b>	Quinine (oral or injectable)	1	2	3 →	1	2
<b>05</b>	Other antimalarial drugs (oral or injectable) (SPECIFY) _____	1	2	3 →	1	2

### TUBERCULOSIS MEDICINES

<b>225</b>	<b>A FW: CHECK QN 216: Does this facility offer TB treatment or follow up of TB Patients?</b>	Yes ..... 1 No ..... 2	→ <b>227</b>
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<b>225</b>	<b>B</b> In this section we would like to know if the following drugs for the treatment of <b>tuberculosis</b> are available today in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). <b>IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 226, LAST COLUMN)</b>					<b>226</b> Was this drug available in the last 3 months?	
		<b>DOSAGE</b>	<b>AVAILABLE TODAY</b>	<b>AVAILABLE BUT EXPIRED</b>	<b>NOT AVAILABLE</b>	<b>YES</b>	<b>NO</b>
<b>01</b>	<b>A</b>	Ethambutol oral 100mg	1	2	3 →	1	2
	<b>B</b>	Ethambutol oral 400mg	1	2	3 →	1	2
<b>02</b>	<b>A</b>	Isoniazid oral 100mg	1	2	3 →	1	2
	<b>B</b>	Isoniazid oral 300mg	1	2	3 →	1	2
<b>03</b>		Pyrazinamide oral 400mg	1	2	3 →	1	2
<b>04</b>	<b>A</b>	Rifampicin oral 150mg	1	2	3 →	1	2
	<b>B</b>	Rifampicin oral 300mg	1	2	3 →	1	2
<b>05</b>		Streptomycin injectable 1g	1	2	3 →	1	2
<b>06</b>	<b>A</b>	Isoniazid + Rifampicin (Rifina oral) 75 mg+150mg	1	2	3 →	1	2
	<b>B</b>	Isoniazid + Rifampicin (Rifina oral) 150mg+300mg	1	2	3 →	1	2
	<b>C</b>	Isoniazid + Rifampicin (Rifina oral) 30mg+60mg	1	2	3 →	1	2
<b>07</b>		Isoniazid + Ethambutol (EH) 150mg+400mg	1	2	3 →	1	2
<b>08</b>	<b>A</b>	Isoniazid + Rifampicin + Pyrazinamide 75mg+150mg+400mg (RHZ, Rifater)	1	2	3 →	1	2
	<b>B</b>	Isoniazid + Rifampicin + Pyrazinamide 30mg+60+150mg (RHZ, Rifater)	1	2	3 →	1	2
<b>09</b>		Isoniazid + Rifampicin + Pyrazinamid + Ethambutol 75mg+150mg+400mg+275mg	1	2	3 →	1	2
<b>10</b>		Any other tuberculosis medicines (SPECIFY) _____	1	2	3 →	1	2
<b>ARV MEDICINES</b>							
<b>227</b>	<b>FW: CHECK QUESTION 216 A:</b> Does this facility provide ARV treatment? Yes ..... No ..... → <b>230</b>						
<b>228</b>	In this section we would like to know if the following drugs for <b>ARV</b> treatment are available <b>today</b> in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). <b>IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 229, LAST COLUMN)</b>					<b>229</b> Was this drug available in the last 3 months?	
			<b>AVAILABLE TODAY</b>	<b>AVAILABLE BUT EXPIRED</b>	<b>NOT AVAILABLE</b>	<b>YES</b>	<b>NO</b>
<b>01</b>		Zidovudine (AZT, ZDV)	1	2	3 →	1	2
<b>02</b>		Abacavir (ABC)	1	2	3 →	1	2
<b>03</b>	<b>A</b>	Efavirenz (EFZ) 200	1	2	3 →	1	2
	<b>B</b>	Efavirenz (EFZ) 600	1	2	3 →	1	2
<b>04</b>		Lamivudine 3TC	1	2	3 →	1	2
<b>05</b>		Nevirapine (NVP)	1	2	3 →	1	2
<b>06</b>		Stavudine 40 (d4T)	1	2	3 →	1	2
<b>07</b>		Stavudine 30 (d4T)	1	2	3 →	1	2
<b>08</b>		Staduvine 30 + Lamivudine (d4T + 3TC)	1	2	3 →	1	2
<b>09</b>		Staduvine 30 + Lamivudine + Nevirapine (d4T30 + 3TC + NVP)	1	2	3 →	1	2
<b>10</b>		Zidovudine + Lamivudine (AZT+3TC)	1	2	3 →	1	2
<b>11</b>		Zidovudine+Lamivudine+Abacavir (AZT+3TC+ABC)	1	2	3 →	1	2
<b>12</b>		Zidovudine+Lamivudine+Nevirapine (AZT+3TC+NVP)	1	2	3 →	1	2

228 contd....		AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	229 contd..... Available in last 3 months? 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  <b>IF THE EQUIPMENT IS AVAILABLE, ASK IF IT IS IN WORKING ORDER (QUESTION 231, LAST COLUMN)</b>					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, PARACHEK)?	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 <b>during the last two (2) years</b> for (NAME OF INTERVENTION): <b>CODES: 00 = NONE; 98 = DNK</b>			233 Are guidelines available for (NAME OF INTERVENTION)? <b>IF AVAILABLE, ASK:</b> Can I see them?	
	<b>ASK QN. 233 IF ANY STAFF HAVE BEEN TRAINED IN SPECIFIC GUIDELINES</b>		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="text"/>	1			
05	Family planning? .....	<input type="text"/>	1			
06	Diagnosis and treatment (management) of STIs? .....	<input type="text"/>	1			
07	Diagnosis and treatment (management) of malaria? .....	<input type="text"/>	1			
08	Diagnosis and treatment (management) of tuberculosis? .....	<input type="text"/>	1			
09	HIV/AIDS opportunistic infection treatment and care? .....	<input type="text"/>	1			
10	HIV/AIDS counselling <b>and</b> testing? .....	<input type="text"/>	1			
11	HIV/AIDS counselling <b>only</b> ? .....	<input type="text"/>	1			
12	HIV testing including HIV rapid testing? .....	<input type="text"/>	1			
13	Prevention of mother to child transmission (PMTCT) of HIV ....	<input type="text"/>	1			
14	Infection control/standard precautions for handling blood and other bodily fluids? .....	<input type="text"/>	1			
15	Management of TB/HIV co-infection? .....	<input type="text"/>	1			
16	Post-Exposure Prophylaxis (PEP)? .....	<input type="text"/>	1			
234	Are staff currently implementing guidelines after training in (NAME OF INTERVENTION)?  <b>FW: FOR EACH GUIDELINE, ASK QN 235 ONLY IF ANY NUMBER OF STAFF HAVE BEEN TRAINED</b>		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 <b>and</b> testing? .....					9
11	HIV/AIDS counselling <b>only</b> ? .....					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			
236	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	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

<b>240</b>	Which of the following TB services does this facility offer?					
	<b>ASK FOR EACH SERVICE. CIRCLE 1 IF SERVICE IS PROVIDED. THEN FOR EACH SERVICE WITH CODE 1 CIRCLED IN 241, ASK 242.</b>		<b>241</b> 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			
<b>242</b>	Which of the following HIV/AIDS services does this facility offer?				<b>243</b> Does the facility charge a fee for this service?	
	<b>ASK FOR EACH SERVICE. CIRCLE 1 IF SERVICE IS PROVIDED. THEN FOR EACH SERVICE WITH CODE 1 CIRCLED IN 243, ASK 244.</b>					
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			
<b>SECTION 2.B.B - GENERAL PURPOSE EQUIPMENT</b>						
<b>244</b>	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 <b>available in this facility and functional now, not available today, or never available.</b>	<b>AVAILABLE AND FUNCTIONAL NOW</b>	<b>AVAILABLE NOT FUNCTIONAL NOW</b>	<b>NOT AVAILABLE TODAY</b>	<b>NEVER AVAILABLE</b>	
01	X-ray machine?	1	2	3	4	
02	Micronebulizer?	1	2	3	4	
03	Opthalmoscope?	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 Pharmacists? .....	<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 Psychiatry .....	<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)					247Is 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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