

Ghana Round 6 Primary Health Care Questionnaire

<p>PRIMARY HEALTH CARE MODULE</p> <p><i>NOTE: If you are at a hospital, the respondent for this section should be the Medical Director of the facility. If he/she is not available, you may also speak to the Superintendent or the Deputy Director of Nursing/Matron. If none of these 3 individuals are present, you will need to reschedule a time to return to the facility to complete this section.</i></p> <p><i>If you are in a Health Center, the respondent should be the Nurse in-charge, Midwife in-charge, or Physician in-charge.</i></p> <p><i>At a CHPS facility, the respondent should be the midwife or Community Health Nurse.</i></p> <p><i>At any private facility, you should first speak to the owner to confirm that they are the correct respondent or if someone else is.</i></p>					
<p>001. Your name: \${your_name} Is this your name?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>				
<p>001. Enter your name below. <i>Please record your name</i></p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">002a. Current date and time.</td> <td style="padding: 5px; text-align: right;">Day: Month: Year:</td> </tr> <tr> <td style="padding: 5px;">Is this date and time correct?</td> <td style="padding: 5px;"> <input type="radio"/> Yes <input type="radio"/> No </td> </tr> </table>	002a. Current date and time.	Day: Month: Year:	Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No	
002a. Current date and time.	Day: Month: Year:				
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No				
<p>002b. Record the correct date and time.</p>	<p>Day: Month: Year:</p>				
<p>003a. Region <i>Please select the name of the region where the facility is located.</i></p>	<p> <input type="radio"/> Ashanti <input type="radio"/> Brong Ahafo <input type="radio"/> Central <input type="radio"/> Eastern <input type="radio"/> Greater Accra <input type="radio"/> Northern <input type="radio"/> Upper East <input type="radio"/> Upper West <input type="radio"/> Volta <input type="radio"/> Western </p>				
<p>003b. Locality <i>Please select the name of the locality where the facility is located.</i></p>	<p> <input type="radio"/> ABEDWEM <input type="radio"/> ABEKA <input type="radio"/> ABOABO </p>				

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- ABUATIA - KLOE
 - ABURI
 - ADABOI
 - ADENTA EAST
 - ADOBEWORA
 - AGONA SWEDRU
 - AHINSAN
 - AKIM BATABI
 - AKIM ODA
 - AKWADUM
 - ALAJO
 - AMADUKROM (GESEWOBRE)
 - AMANFROM
 - ANHWIAFUTU
 - ANNTO
 - ANYAKO
 - ASH TOWN (KROBO)
 - ASIEDU
 - ASITEY - MANNWAM
 - ASSAKAI
 - ASUANSI
 - ASUOFUA
 - ASYLUM DOWN
 - ATEBUBU
 - ATIA
 - ATIEMO NKWANTA
 - AVUDZEGA
 - BAATSONAA
 - BANSI NATINGA
 - BANTAMA
 - BARIKUMA (AMAKYI BARI)
 - BIADAN
 - BOLE
 - BOLGA-SOE
 - BONDAI
 - BORAE AHENFIE
 - BOSOMKYEKYE
 - BUDUBURAM
 - BUNKPURUGU
 - BUNSU
 - DAGUNGA
 - DAMBAI
 - DAWADAWA NO. 2
 - DORMAA AHENKRO
 - DZOGADZE
 - EFFIDUASE
 - ELMINA

-
- FANTI NEWTOWN
 - FIAPRE
 - GBAWE
 - GBEGBEYISIE
 - GENGENKPE
 - GUMBIHINI
 - HO - (BANKOE)
 - JUMAPO
 - KALPOHINI
 - KAMBAGU TAMALE
 - KIKAM
 - KONKROMASE
 - KPANDAI
 - KPONE
 - KREDJESUM
 - KUDZRA
 - KUMBELINGU NAYIRE
 - KUNKA, OBUASI
 - KWAME - ANIKROM
 - LASHIBI
 - MANKESSIM
 - MPRUMEM
 - NAKPANZUO
 - NATOR
 - NCHIRAA
 - NEW TAFO
 - NIMA
 - NKAWKAW
 - NORTH ODORKOR
 -
 - BEREKUM_GLORIOUS_BIBLE_CHURCH_MISSION
 - NWINSO
 - OFORIKROM/MOSEASO
 - OKLUKOPE
 - OKWAMPA NO.1
 - OLD DEBISO
 - OLD TAFO
 - PENNYKROM
 - PENYI
 - POKUASE
 - SANKRO
 - SANTASI
 - SEKONDI
 - SUKURA
 - TARKWA
 - TUTINGLI
 - WA: KABANYE

	<input type="radio"/> WENCHI <input type="radio"/> WEST ABOSSEY OKAI <input type="radio"/> WOARAKOSE <input type="radio"/> YENDI
<p>004. Enumeration Area</p>	<input type="radio"/> 2ND CHIEF HOUSE TORGBUI EKLE <input type="radio"/> ABEDWEM (ABEDJUM) <input type="radio"/> ABEKA CHUBI'S WORLD <input type="radio"/> ADABOI <input type="radio"/> ADONIS CINEMA HALL <input type="radio"/> AFRICAN DEV. ORG. FOR MIGRATION <input type="radio"/> AGONAMAN CLINIC <input type="radio"/> AKIM-BATABI PRESBY PRIM. SCHOOL <input type="radio"/> AKIM-ODA CHRIST RESURRECTION CHURCH <input type="radio"/> AKWADUM CHRIST APOSTOLICE CHURCH <input type="radio"/> ALFRED ONYINA MENSAH'S HOUSE <input type="radio"/> AMADUKROM (GESEWOBRE) <input type="radio"/> AMSTERDAM CLUB <input type="radio"/> ANHWIAFUTU <input type="radio"/> ANNTO STAR HALL <input type="radio"/> ASH-TOWN NEW SPRING PHARMACY <input type="radio"/> ASIEDU <input type="radio"/> ASITEY-MANNWAM PRESBY CHURCH <input type="radio"/> ASSEMBLIES OF GOD CHURCH <input type="radio"/> ASUANSI PRIMARY AND J.H.S <input type="radio"/> ASYLUM_DOWN CHRISTIAN METH-SHS <input type="radio"/> ATIA <input type="radio"/> ATIEMO NKWANTA <input type="radio"/> AVE MARIA DAY CARE <input type="radio"/> AVUDZEGA <input type="radio"/> BANSI NATINGA <input type="radio"/> BIADAN METHODIST PRIMARY/JHS <input type="radio"/> BLUE BAR (G476) <input type="radio"/> BORAE CHURCH OF PENTECOST <input type="radio"/> BUNKPURUGU <input type="radio"/> BUNSU <input type="radio"/> CENTREAL MARKET <input type="radio"/> CMB (COCOA SHED) <input type="radio"/> COLD STORE <input type="radio"/> COMMUNITY CENTRE (WOARAKOSE) <input type="radio"/> DAGUNGA CHIEF'S HOUSE <input type="radio"/> DAWADAWA GOIL FILLING STATION <input type="radio"/> DISTRICT ADMINISTRATION <input type="radio"/> DORMAA_AHENKRO CHURCH OF THE LORD <input type="radio"/> BROTHER HOOD <input type="radio"/> E.B. PHILS INTERNATIONAL SCHOOL <input type="radio"/> ECG SUB STATION <input type="radio"/> ECOBANK LIMITED

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- ELMINA ST. JAMES ANGLICAN CHURCH
 - EX. MAJOR SEDIZAFA'S HOUSE
 - FEEL FREE CHOP BAR
 - FERRIES OF LOVE ACADEMY
 - FIAPRE MARKET
 - GBAWE ROYAL PRIESTHOOD SHOPPING CENTRE
 - GENGENKPE CHIEF'S PALACE
 - GRACE AND MERCY SCHOOL
 - HO CHURCH OF THE LORD BROTHERHOOD
 - HOUSE NO. A28
 - JUMAPO MARKET
 - KADMAT INTERNATIONAL SCHOOL
 - KAMBAGU TAMALE
 - KISS APPLE BAR & RESTAURANT
 - KONKROMASE CHURCH OF CHRIST
 - KREDJESUM
 - KUDZRA R/C PRIMARY SCHOOL
 - KUMASI POLYTECHNIC
 - KUMBELINGU NAYIRE
 - KUNKA HEALTH CENTRE
 - KWAME - ANIKROM
 - L/A JHS
 - LASHIBI GOIL FILLING STATION
 - MOSQUE
 - MPRUMEM METHODIST J.H.S
 - MR. AMON QUAYE'S HOUSE
 - NABB'S VIDEO CENTRE
 - NATOR R/C PRIM SCH.
 - NIMA
 -
 - BEREKUM_GLORIOUS_BIBLE_CHURCH_MISSION
 - NWINSO CHIEF PALACE
 - OFORIKROM
 - OFOSU OBLIE WE
 - OKLUKOPE
 - OKWAMPA NO.1
 - OLD_DEBISO CHURCH OF PENTECOST (CENTRAL CHAPEL)
 - OUR LADY FATIMA ROMAN CATHOLIC CHURCH
 - P. T. KOFI'S HOUSE
 - PENNYKROM
 - PLT 8, BLOCK 20 (243)
 - PLT.120, BLK.XVIII
 - POLICE STATION
 - POST OFFICE

	<input type="radio"/> S.D.A SENIOR HIGH SCHOOL <input type="radio"/> SAINT ANNE'S ANGLICAN JHS <input type="radio"/> SANKRO <input type="radio"/> SDA SCHOOL <input type="radio"/> SENIOR HIGH SCHOOL <input type="radio"/> SHELL FILLING STATION <input type="radio"/> SIC ESTATES <input type="radio"/> SSNIT FLATS BLOCK 87 <input type="radio"/> SUKURA NEW ROYAL CLINIC <input type="radio"/> THE NEW MARKET <input type="radio"/> VOLTA LAKE TRANSPORT COMPANY LTD. <input type="radio"/> VRA TRANSFORMER <input type="radio"/> YENDI PRESBY CHURCH (OLD) <input type="radio"/> ZAABU ZONGO MOSQUE <input type="radio"/> ZONGO
<p>005. Facility number</p> <p><i>Please record the number of the facility from the listing form.</i></p>	
<p>006. Type of facility</p> <p><i>Please select the type of facility.</i></p>	<input type="radio"/> Hospital / Polyclinic <input type="radio"/> Health center <input type="radio"/> Health clinic <input type="radio"/> CHPS <input type="radio"/> Pharmacy <input type="radio"/> Chemist shop <input type="radio"/> Retail outlet <input type="radio"/> Other
<p>007. Managing authority</p> <p><i>Please select the managing authority for the facility.</i></p>	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
<p>008. Is a competent respondent present and available to be interviewed today?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>009. Does this facility have an inpatient department?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>009. Does this facility have a separate general outpatient department?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>INFORMED CONSENT</p> <p><i>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the greeting on the next screen:</i></p>	
<p>Hello. My name is _____ . We are</p>	

here on behalf of Kwame Nkrumah University of Science and Technology, and the Ghana Health Service to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. We will also collect information on available drugs, supplies, and equipment as well as information about provider workload, training, decision-making, and performance review. We will not need to look at or record any identifiable patient data. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who 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, we would appreciate your introducing us 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?

009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?

- Yes
 No

<p>009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>	
<p>Checkbox</p>	<input type="checkbox"/>

WARNING: the respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.

You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.

<p>010. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i></p>	<input type="radio"/>
<p>010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>011. Name of the facility</p>	<ul style="list-style-type: none"> <input type="radio"/> St._Anthony_Catholic_Hospital <input type="radio"/> ADUMANU CHPS <input type="radio"/> Agogo Presbyterian Hospital <input type="radio"/> AKOKERRI HEALTH CENTER <input type="radio"/> Kaneshie Polyclinic <input type="radio"/> ANGLICAN HEALTH CLINIC <input type="radio"/> Diaso Health Centre <input type="radio"/> Wa Regional Hospital <input type="radio"/> Wa Urban Health Centre <input type="radio"/> Tamale East Hospital <input type="radio"/> Tamale West Hospital <input type="radio"/> Swedru Government Hospital <input type="radio"/> Oda Hospital <input type="radio"/> HERALD FOUNDATION CHPS <input type="radio"/> Oda Hospital <input type="radio"/> Kibi Government Hospital <input type="radio"/> POTROASE CHPS <input type="radio"/> Asuofua Health Centre <input type="radio"/> NKAWIE GOVERNMENT HOSPITAL <input type="radio"/> Nkawie-Toase Government Hospital <input type="radio"/> NKRANKWANTA POLYCLINIC <input type="radio"/> Ga South Municipal Hospital <input type="radio"/> Kaneshie Polyclinic <input type="radio"/> Juabeso Government Hospital <input type="radio"/> ANNTO CHPS <input type="radio"/> SHAMA HEALTH HOSPITAL <input type="radio"/> VRA Hospital <input type="radio"/> Manhyia Hospital <input type="radio"/> NANKESE HEALTH CENTER <input type="radio"/> OB CHPS <input type="radio"/> Suhum District Hospital <input type="radio"/> ASITEY HEALTH CENTRE <input type="radio"/> Atua Government Hospital <input type="radio"/> BORTIANOR HEALTH CENTRE <input type="radio"/> Ga South Municipal Hospital <input type="radio"/> NGLESHIE AMANFRO HEALTH CENTRE <input type="radio"/> Abura Dunkwa District Hospital <input type="radio"/> Asuansi CHPS <input type="radio"/> OPD RIDGE HOSPITAL(ADABRAKA POLYCLINIC) <input type="radio"/> Ridge Hospital

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- Trust Hospital
 - St. Peters Hospital
 - Atiemo CHPS
 - JUASO GOVERNMENT HOSPITAL
 - OBOGU HEALTH CENTER
 - Kumasi South Hospital
 - GALELIA CHPS
 - Presby Hospital Donkorkrom
 - BANSI-NATINGA CHPS
 - Bawku Presbyterian Hospital
 - Berekum Holy Family Hospital
 - Sene District Hospital
 - Senase_CHPS
 - RCH MMHD HEALTH CENTER
 - BOLGA REGIONAL HOSPITAL
 - Bolgatanga Health Centre
 - Regional Hospital
 - Dambai Health Centre
 - Binde Rural Hospital
 - BUNKPURUGU HEALTH CENTRE
 - Manso Health Centre
 - Tarkwa Municipal Hospital
 - Nyinahin Government Hospital
 - Ellembelle St. Martin de Porres Hospital
 - Kikam CHPS
 - AKOKOFE CHPS ZONE
 - Kuntunase Government Hospital
 - Woarakose CHPS
 - Zebilla Hospital
 - ZONGOIRE HEALTH CENTRE
 - DAWADAWA HEALTH CENTER
 - Kintampo Municipal Hospital
 - Evangelical_church_of_Ghana_hospital_kpandai
 - Kpandai District Hospital
 - KPANDAI POLYCLINIC
 - Oti River Health Centre
 - Dormaa Presbyterian Hospital
 - Assakai CHPS
 - Kwesimintim Hospital
 - AFIDUASE GOVERNMENT HOSPITAL
 - Effiduase Government Hospital
 - LEKMA Hospital
 - Ankaful General/Leprosy Hospital
 - Elmina Health Centre
 - Anyako Health Centre
 - Keta Municipal Hospital
 - Maamobi General Hopsital

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- Ga West Municipal Hospital
 - FIAPRE CHPS COMPOUND
 - Fiapre Health Centre
 - Sunyani Municipal Hospital
 - Ga South Municipal Hospital
 - Gegenkpe Health Centre
 - Nandom Hospital
 - ZAWSE HEALTH CENTER
 - Kaneshie Polyclinic
 - Mamprobi Polyclinic
 - Ho Municipal Hospital
 - Bogoso Health Centre
 - Bondai CHPS
 - PRESTEA HOSPITAL
 - Jumapo Health Centre
 - Koforidua Polyclinic
 - Kumasi South Hospital
 - BUNKPURUGU HEALTH CENTRE
 - Kambagu CHPS
 - Apam St. Luke Catholic Hospital
 - Buduburam Reproductive and Child Health Clinic
 - St. Gregory Catholic Hospital
 - Kumasi South Hospital
 - AMANYA CHPS COMPOUND
 - WORAWORA DISTRICT HOSPITAL
 - KPANDO HEALTH CENTRE
 - KUDZRA HEALTH CENTER
 - Maternal and Child Hospital
 - Bolgatanga Health Centre
 - Regional Hospital
 - SHERIGU CHPS
 - SHERIGU HEALTH CENTER
 - Kunka CHPS
 - Kunka Health Centre
 - Obuasi Government Hospital
 - Wiawso Governemt Hospital
 - Akatsi District Hospital
 - Tema General Hospital
 - TEMA GENERAL HOSPITAL
 - ADWEN HEALTH CENTER
 - Bosomkyekye CHPS
 - Mampong Government Hospital
 - APAM RCH
 - Apam St. Luke Catholic Hospital
 - Mprumem CHPS
 - Dansoman Polyclinic
 - BILPEILA HEALTH CENTRE

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- Tamale East Hospital
 - Tamale West Hospital
 - Nadawli District Hospital
 - NADOWLI HOSPITAL
 - Nator CHPS
 - TAKPO HEALTH CENTRE
 - Maamobi General Hopsital
 - ABIREM GOVERNMENT HOSPITAL
 - New Abirem Hospital
 - NOYEM CHPS
 - Moseaso CHPS
 - Wassa Akropong Government Hospital
 - KPONE HEALTH CENTRE
 - Tema General Hospital
 - Ga South Municipal Hospital
 - Awutu Health Centre
 - OKWAMPA CHPS
 - Essam Government Hospital
 - Wenchi Health Centre
 - Wenchi Methodist Hospital
 - Atebubu District Hospital
 - ABAFOUR HEALTH CENTRE
 - Offinso Health Centre
 - St. Patrick's Hospital Offinso
 - Tafo Government Hospital
 - Manhyia Hospital
 - ABUTIA KLOE HEALTH CENTER
 - Ho Municipal Hospital
 - Tetteh Quarshie Memorial Hospital
 - Takoradi District Hospital
 - Salaga District Hospital
 - Holy Family Hospital Nkawkaw
 - Maternal and Child Hospital
 - Bole District Hospital
 - BOLE HEALTH CENTRE
 - MANKESSIM MARKET CHPS
 - Saltpond District Hospital
 - Tamale East Hospital
 - Tamale West Hospital
 - Adenta-Amanfrom Health Centre
 - Kaneshie Polyclinic
 - SUKURA COMMUNITY HOSPITAL
 - NCHIRAA HEALTH CENTER
 - DAMBAI HEALTH CENTER
 - KALPOHINI HEALTH CENTRE
 - TAMALE CENTRAL HOSPITAL
 - Tamale East Hospital

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- Tamale West Hospital
 - Yendi District Hospital
 - YENDI MUNICIPAL HOSPITAL
 - NEW TAFO GOVERNMENT HOSPITAL
 - Afrancho Health Centre
 - BARIKUMA CHPS
 - NKAWIE GOVERNMENT HOSPITAL
 - ST. HELENA MATERNITY CLINIC
 - ANWIAM CLINIC
 - DEGGIES MATERNITY HOME
 - PRESBY HOSPITAL DONKORKROM
 - EVANGELICAN PRESBY CHURCH HEALTH CENTER
 - AGYAKWA HOSPITAL
 - DAPONG CLINIC
 - ASUNGTABA HEALTH CENTRE
 - ASANKUNDE MEMORIAL CLINIC
 - ANNA'S MATERNITY HOME AND CLINIC
 - SARFO ADU HOSPITAL
 - ST ANTHONY CATHOLIC HOSPITAL
 - Other (text entry)
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<p>011. Name of the facility <i>Please record the name of the facility.</i></p>	
<p>012. What is your position in this facility? <i>Select the highest managerial qualification of the respondent.</i></p>	<input type="radio"/> Owner (private facility only) <input type="radio"/> Managing partner (private facility only) <input type="radio"/> Administrator <input type="radio"/> Medical Director <input type="radio"/> Medical Superintendent <input type="radio"/> Deputy Director of Nursing/Matron <input type="radio"/> Nurse/Midwife In-Charge <input type="radio"/> Physician Assistant In-Charge <input type="radio"/> Community Health Nurse <input type="radio"/> No response
<p>013. We conducted a similar survey in your facility in 2016. Were you the respondent who completed that survey?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>Section 1: Information about services <i>Now I would like to ask about the services provided at this facility.</i></p>	

<p>101. When did this facility first begin offering health services / products? <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i></p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know </p>
<p>Year:</p>	<p>Year:</p>

Date cannot be in the future.
 You entered: \${year_open_lab} Today: \${today}

102. How many days each week is the facility routinely open?
Enter a number between 0 and 7. Enter 0 for less than 1 day per week. Enter -88 for do not know, -99 for no response.

103. Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?

Yes, 24-hr staff
 No, no 24-hr staff
 No response

104. Now I have some questions about staffing for this facility.
 For the following questions, please tell me how many staff with this qualification are currently CONTRACTED by this facility.
 Finally, tell me the total number present at any time today.
 We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.

	<p>104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.</p>
Total number of doctors	
Number of doctors present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of nurses / midwives	
Number of nurses / midwives present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of medical assistants	
Number of medical assistants present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of ambulance staff	
Number of ambulance staff present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of pharmacists	
Number of pharmacists present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of medical counter assistants / dispensary technician	
Number of medical counter assistants / dispensary technicians present today.	

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of other medical staff	
Number of other medical staff present today.	

104b. Now I have some questions about staffing for this facility.

For the following questions, please tell me how many CASUAL staff with this qualification are currently employed at this facility.

Finally, tell me the total number present at any time today.

We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies.

	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of doctors (casual)	
Number of doctors present today (casual)	
	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of nurses / midwives (casual)	
Number of nurses / midwives present today (casual)	
	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of medical assistants (casual)	
Number of medical assistants present today (casual)	
	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of ambulance staff (casual)	
Number of ambulance staff present today (casual)	
	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of pharmacists (casual)	
Number of pharmacists present today (casual)	
	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of medical counter assistants / dispensary technician (casual)	

Number of medical counter assistants / dispensary technicians present today (casual)	
	104. Enter -77 for not applicable, -88 for do not know,-99 for no response. 0 is a possible answer.
Total number of other medical staff (casual)	
Number of other medical staff present today (casual)	

<p>PHC408. How many clinical staff have left (quit, retired, moved, transferred, etc.) within the last 6 months?</p> <p><i>If the respondent is unsure of the exact number, you should ask them to make their best estimate.</i></p> <p><i>Enter -88 for Do not know Enter -99 for No response</i></p>	
<p>105a. Do you have an estimate of the size of the current catchment population that this facility serves, that is, the target or total population living in the area served by this facility?</p>	<input type="radio"/> No catchment area <input type="radio"/> Yes, knows size of catchment area <input type="radio"/> Doesn't know size of catchment area <input type="radio"/> No response
<p>105b. What is the size of the catchment population?</p> <p><i>Record the number of people living in the area served by this facility.</i></p>	
<p>106. How many beds does the facility have?</p> <p><i>0 is a possible answer. Enter -88 for do not know, -99 for no response.</i></p>	
<p>107. When was the last time an owner / supervisor from outside this facility came here to visit?</p>	<input type="radio"/> Never external supervision <input type="radio"/> Within the past 6 months <input type="radio"/> More than 6 months ago <input type="radio"/> Don't know <input type="radio"/> No response
<p>108a. Does this facility have electricity at this time?</p> <p><i>Select for running electricity only.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>108b. At any point today, has the electricity been out for two or more hours?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>109a. Does this facility have running water at this time?</p> <p><i>Select for running water only.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>109b. At any point today, has running water been unavailable for two or more hours?</p>	

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
110. How many hand washing facilities are available on site for staff to use? <i>Enter -88 for do not know, -99 for no response.</i>	
111. May I see a nearby handwashing facility that is used by staff? <i>Handwashing facility must be accessible to most health workers in the facility.</i> <i>At the handwashing facility, OBSERVE:</i> <i>(select all that apply)</i>	<input type="checkbox"/> Soap is present <input type="checkbox"/> Stored water is present <input type="checkbox"/> Running water is present <input type="checkbox"/> Handwashing area is near a sanitation facility <input type="checkbox"/> None of the above <input type="checkbox"/> Did not see the facility.

Section 1: Population Health Management

NOTE: If you are at a hospital, the appropriate respondent is the Medical Director/Medical Superintendent of the facility. If he/she is not available, you may also speak to the Director of Nursing/Matron. If both individuals are not present, you will need to reschedule a time to return to the facility to complete this section. This person may refer you to other individuals to answer specific questions, which is acceptable.

If you are in a Health Center, the respondent should be the Nurse in-charge, Midwife in-charge, or Physician in-charge.

At a CHPS facility, the respondent should be the Community Health Nurse or the midwife, if available.

At any private facility, acceptable respondents include the owner or managing partner and/or the highest-ranking doctor in the facility.

PHC101a. Is your facility accountable for the health outcomes of a defined group of people, even if they never attend services at your health facility? <i>IF NEEDED: By health outcome, we mean things like maternal mortality, vaccination coverage, or hypertension control.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
PHC101b. How many people? <i>Record numeric value</i>	
PHC102. How do you know who this population is? <i>Do not read the answer choices to the respondent, but mark all choices that the respondent mentions.</i> <i>Examples: Geographic enrollment: assigned by the MOH, example CHPS zone.</i> <i>Voluntary enrollment: patients sign up to receive care from this facility or simply choose to seek care at the facility.</i>	<input type="checkbox"/> Based on geographic assignment <input type="checkbox"/> By voluntary enrollment <input type="checkbox"/> Other <input type="checkbox"/> Do not know
PHC103. Are you required to measure coverage of key population indicators, such as immunization coverage?	<input type="radio"/> Yes <input type="radio"/> No

<p><i>IF NEEDED: other examples of population indicators include maternal mortality, ANC coverage, and hypertension control.</i></p>	<p><input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC104. Does this facility regularly receive reports tracking the most common health conditions and outcomes in the community? <i>PROBE if needed: "Is there a system in place to receive reports on health indicators at regular intervals (weekly, monthly, etc.) regardless of any extreme event, like a new disease outbreak?"</i> <i>Reports may come from the district, regional, national levels or from the community and/or lower-level health facilities.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC105. Do you have a mechanism to collect and report new disease outbreaks? <i>PROBE, if needed: "For example, is there a mechanism in this facility to track new incidence of diseases such as cholera, yellow fever, or meningitis?"</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC106. What methods are used to gather information on health outcomes and new disease outbreaks tracked by the facility? <i>Do not read options out loud. Mark all that apply.</i></p>	<p><input type="checkbox"/> Community health volunteers routinely capture and report information on priority areas <input type="checkbox"/> Disease-based registries at the facility <input type="checkbox"/> Staff Review of active patients with priority conditions who visit the facility <input type="checkbox"/> Government surveys of the community <input type="checkbox"/> Routine DHIMS <input type="checkbox"/> Other surveys of the community <input type="checkbox"/> Other <input type="checkbox"/> No response</p>
<p>PHC107. Are the results of the health conditions and outcomes shared with facility staff through any means? <i>Do not read options out loud. Mark all that apply.</i></p>	<p><input type="checkbox"/> Displayed in the facility (chalkboard, poster, noticeboard) <input type="checkbox"/> Staff meetings <input type="checkbox"/> On individual basis as requested <input type="checkbox"/> Other <input type="checkbox"/> Not collected/shared <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>PHC108. Does this facility provide supervision, support, or supplies to community health volunteers?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>PHC109. How many community health volunteers are supported by this facility to provide any health services? <i>Enter -88 for do not know Enter -99 for no response</i></p>	
<p>PHC110. Which of the following types of community health outreach activities do the community health volunteers that are supported by this facility conduct? <i>Read all options out loud. Select all that apply.</i></p>	<p><input type="checkbox"/> ANC counseling <input type="checkbox"/> Provide immunizations/vaccinations (oral or injectable) <input type="checkbox"/> Family planning counseling</p>

	<input type="checkbox"/> Family planning provision (ex: condoms) <input type="checkbox"/> Postnatal care <input type="checkbox"/> Water, Sanitation, and Hygiene counseling (WASH) <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Non-communicable disease treatment <input type="checkbox"/> Disease surveillance <input type="checkbox"/> Active case finding <input type="checkbox"/> Directly Observed Therapy (DOT) for TB <input type="checkbox"/> C-IMCI/iCCM (Community Integrated Management of Childhood Illness/Integrated Community Case Management) <input type="checkbox"/> Health education <input type="checkbox"/> Community mobilization <input type="checkbox"/> Enrollment in the facility <input type="checkbox"/> Outreach for loss to follow-up <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>PHC111. Who is in charge of supervising CHV activities? <i>Do not read options out loud. Mark all that apply.</i></p>	<input type="radio"/> Community Health Officer / Nurse <input type="radio"/> Public Health Nurse <input type="radio"/> Midwife <input type="radio"/> Health Assistant (community) <input type="radio"/> Physician Assistant / Medical Assistant <input type="radio"/> No response
<p>PHC112. How frequently do CHVs receive supervision? <i>Do not read options out loud. Record the response in the unit the respondent provides.</i></p>	<input type="radio"/> Once per X days <input type="radio"/> Once per X weeks <input type="radio"/> Once per X months <input type="radio"/> Once per X years <input type="radio"/> Has never received supervision <input type="radio"/> No response
<p>PHC112. Enter \${chw_freq_label}:</p>	

Section 2: Monitoring and quality improvement

NOTE: If you are at a hospital, the appropriate respondent is the Medical Director/Medical Superintendent of the facility. If he/she is not available, you may also speak to the Director of Nursing/Matron. If both individuals are not present, you will need to reschedule a time to return to the facility to complete this section. This person may refer you to other individuals to answer specific questions, which is acceptable.

If you are in a Health Center, the respondent should be the Nurse in-charge, Midwife in-charge, or Physician in-charge.

At a CHPS facility, the respondent should be the Community Health Nurse.

At any private facility, acceptable respondents include the owner or managing partner and/or the highest-ranking doctor in the facility.	
<p>PHC201a. Has your facility formally established goals and priorities for service delivery? <i>Examples of goals include:</i> <i>Improve patient satisfaction with services by the end of the year.</i> <i>Increase safety procedures related to needles and sharps disposal.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>PHC201b. Who determined what these goals are? <i>Do not read the options out loud. Mark all that apply.</i></p>	<p><input type="checkbox"/> Higher level authority <input type="checkbox"/> Facility leadership <input type="checkbox"/> Facility staff collectively <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>Specify "Other" <i>PHC201b. Who determined what these goals are?</i></p>	
<p>PHC201c. Can I see documentation of these goals?</p>	<p><input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response</p>
<p>PHC202a. Has your facility formally established improvement targets to achieve these goals? <i>Examples of targets include:</i> <i>Reduce safety incidences to no more than 1 per month by December.</i> <i>Provide BCG vaccination to at least 50 children per month.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>PHC202b. Can I see documentation of these targets?</p>	<p><input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response</p>
<p>PHC203a. Are these targets shared with staff?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC203b. How are these targets shared with staff? <i>Do not read the options out loud. Mark all that apply.</i></p>	<p><input type="checkbox"/> Displayed in the facility (chalkboard, poster, noticeboard) <input type="checkbox"/> Staff meetings <input type="checkbox"/> On individual basis as requested <input type="checkbox"/> Other <input type="checkbox"/> Not collected/shared <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>

<p>PHC203c. How much do you agree with this statement: The burden of achieving facility targets is evenly distributed across individuals in this facility.</p>	<p> <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> No response </p>
<p>PHC204. Does this facility conduct any quality improvement activities? <i>"Quality improvement activities" means any sort of activity in which performance is analyzed, causes of poor performance are assessed, plans are made to address these causes, and progress is monitored over time.</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>PHC205. Who is responsible for conducting quality improvement activities in this facility? <i>Read the answer options out loud and ask the respondent to pick the most appropriate response.</i></p>	<p> <input type="radio"/> No specific group <input type="radio"/> Facility leader <input type="radio"/> A specific group of staff (can include the facility leader or not) <input type="radio"/> Responsibility shared across all staff and made explicit through dedicated meeting time <input type="radio"/> External staff (from NGO, government, etc.) <input type="radio"/> Other <input type="radio"/> No response </p>
<p>PHC206. In the past 12 months, have there been any meetings where routinely collected service statistics or clinical audit data were discussed with staff?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>PHC207. How much do you agree or disagree with the following statement: The use of data to monitor and improve service delivery is highly valued in this facility. <i>Read the answer options out loud and ask the respondent to pick the most appropriate response.</i></p>	<p> <input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> No response </p>
<p>PHC208. How frequently is data used for decision-making at the facility level?</p>	<p> <input type="radio"/> Never <input type="radio"/> Less frequently than quarterly <input type="radio"/> At least quarterly <input type="radio"/> At least monthly <input type="radio"/> At least weekly <input type="radio"/> No response </p>
<p>PHC209a. Does this facility participate in any accreditation or certification program? By this I mean a periodic external assessment of conditions in the facility against standards, where certification or accreditation status is given if the facility passes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>PHC209b. When was the most recent accreditation or certification process completed?</p>	

	<input type="radio"/> X months ago <input type="radio"/> X years ago <input type="radio"/> Do not know <input type="radio"/> No response
PHC209b. Enter a value for "\${accreditation_lab}". <i>PHC209b. When was the most recent accreditation or certification process completed?</i>	
PHC210a. Does this facility routinely carry out formal case reviews, that is, where individual patient management is reviewed for quality and potential for improved case management?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
PHC210b. How frequently are formal case reviews carried out?	<input type="radio"/> At least weekly <input type="radio"/> At least monthly <input type="radio"/> At least quarterly <input type="radio"/> Less frequently than quarterly <input type="radio"/> No specified timing <input type="radio"/> Do not know <input type="radio"/> No response
PHC211a. Is there a formal mechanism for the facility to collect patient opinions and feedback?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
PHC211b. What mechanisms are in place? <i>Read options out loud and select all that apply.</i>	<input type="checkbox"/> Regular or periodic client surveys <input type="checkbox"/> Complaints department <input type="checkbox"/> Complaints/suggestion box <input type="checkbox"/> Other <input type="checkbox"/> No response
PHC211c. Is there a formal mechanism to inform staff about patients' opinions and feedback?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
PHC212. How much do you think that patients' opinions about their experience at your facility drives change or improvement efforts?	<input type="radio"/> Nearly always <input type="radio"/> Very often <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> No response

Section 4: Supervision and professional development

NOTE: If you are at a hospital, the appropriate respondent is the Medical Director/Medical Superintendent of the facility. If he/she is not available, you may also speak to the Director of Nursing/Matron. If both individuals are not present, you will need to reschedule a time to return to

the facility to complete this section. This person may refer you to other individuals to answer specific questions, which is acceptable.

If you are in a Health Center, the respondent should be the Nurse in-charge, Midwife in-charge, or Physician in-charge.

At a CHPS facility, the respondent should be the Community Health Nurse or the midwife, if available.

At any private facility, acceptable respondents include the owner or managing partner and/or the highest-ranking doctor in the facility.

PHC401. In the past 12 months, have supervisors at your facility held individual meetings with staff to review their performance?

- Yes
- No
- Do not know
- No response

PHC402. For each cadre of staff, please tell me whether this cadre is present at the facility and receives performance reviews; is present at the facility but does not receive a performance review; or is not present at the facility.	
a. Nurses	<input type="radio"/> Does not exist at the facility <input type="radio"/> Exists at the facility and does not receive review <input type="radio"/> Exists at the facility and receives review <input type="radio"/> No response
b. Doctors	<input type="radio"/> Does not exist at the facility <input type="radio"/> Exists at the facility and does not receive review <input type="radio"/> Exists at the facility and receives review <input type="radio"/> No response
d. Disease control officers	<input type="radio"/> Does not exist at the facility <input type="radio"/> Exists at the facility and does not receive review <input type="radio"/> Exists at the facility and receives review <input type="radio"/> No response
e. Health education officers	<input type="radio"/> Does not exist at the facility <input type="radio"/> Exists at the facility and does not receive review <input type="radio"/> Exists at the facility and receives review <input type="radio"/> No response
f. Nutrition officers	<input type="radio"/> Does not exist at the facility <input type="radio"/> Exists at the facility and does not receive review <input type="radio"/> Exists at the facility and receives

	<p>review</p> <p><input type="radio"/> No response</p>
g. Laboratory staff	<p><input type="radio"/> Does not exist at the facility</p> <p><input type="radio"/> Exists at the facility and does not receive review</p> <p><input type="radio"/> Exists at the facility and receives review</p> <p><input type="radio"/> No response</p>
h. Pharmaceutical staff	<p><input type="radio"/> Does not exist at the facility</p> <p><input type="radio"/> Exists at the facility and does not receive review</p> <p><input type="radio"/> Exists at the facility and receives review</p> <p><input type="radio"/> No response</p>
i. Administrative staff	<p><input type="radio"/> Does not exist at the facility</p> <p><input type="radio"/> Exists at the facility and does not receive review</p> <p><input type="radio"/> Exists at the facility and receives review</p> <p><input type="radio"/> No response</p>
j. Cleaning staff	<p><input type="radio"/> Does not exist at the facility</p> <p><input type="radio"/> Exists at the facility and does not receive review</p> <p><input type="radio"/> Exists at the facility and receives review</p> <p><input type="radio"/> No response</p>
k. Managers	<p><input type="radio"/> Does not exist at the facility</p> <p><input type="radio"/> Exists at the facility and does not receive review</p> <p><input type="radio"/> Exists at the facility and receives review</p> <p><input type="radio"/> No response</p>
l. Community health volunteers affiliated with the facility	<p><input type="radio"/> Does not exist at the facility</p> <p><input type="radio"/> Exists at the facility and does not receive review</p> <p><input type="radio"/> Exists at the facility and receives review</p> <p><input type="radio"/> No response</p>
m. Midwives	<p><input type="radio"/> Does not exist at the facility</p> <p><input type="radio"/> Exists at the facility and does not receive review</p> <p><input type="radio"/> Exists at the facility and receives review</p> <p><input type="radio"/> No response</p>

n. Community Mental Health Officers	<input type="radio"/> Does not exist at the facility <input type="radio"/> Exists at the facility and does not receive review <input type="radio"/> Exists at the facility and receives review <input type="radio"/> No response
o. Other	<input type="radio"/> Does not exist at the facility <input type="radio"/> Exists at the facility and does not receive review <input type="radio"/> Exists at the facility and receives review <input type="radio"/> No response

PHC403. Do you have a set of established criteria your facility uses to evaluate staff performance?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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PHC404. Which of the following criteria are used? <i>Read options aloud. Select all that apply.</i>	<input type="checkbox"/> Direct staff supervision while looking after a patient <input type="checkbox"/> Health worker absenteeism record <input type="checkbox"/> Timeliness <input type="checkbox"/> Health worker average caseload <input type="checkbox"/> Patient satisfaction <input type="checkbox"/> Patient outcomes <input type="checkbox"/> Knowledge assessment <input type="checkbox"/> Staff attitude <input type="checkbox"/> Staff commitment to the facility <input type="checkbox"/> Proper adherence to protocols <input type="checkbox"/> Other <input type="checkbox"/> No response
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PHC405. What is the main method of supervision in place in your facility? <i>Do not read options out loud. Select the one option that best matches the response.</i>	<input type="radio"/> None, no method of supervision <input type="radio"/> Supervision is only available if requested by staff <input type="radio"/> Supervision consists of negative feedback when performance is poor <input type="radio"/> Formal supervision process with regular pre-arranged supervision meetings <input type="radio"/> Supervision is supportive and continuous <input type="radio"/> Other <input type="radio"/> No response
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PHC406. Are staff in the facility offered trainings to improve their skills?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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PHC407. Which of the following methods does your facility use to decide who should have access to in-service training?	<input type="checkbox"/> Opportunity to go for in-service training is decided by supervisor/manager <input type="checkbox"/> Training opportunities are offered based on a formal review of training needs of each employee
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<p><i>Read each option out loud and ask the respondent to tell you whether this method is used in the facility or not. Tick all that apply.</i></p>	<input type="checkbox"/> Training opportunities are offered based on job performance review (focusing on skills required for the job) <input type="checkbox"/> Other <input type="checkbox"/> No specific process <input type="checkbox"/> No response
<p>PHC409. How much do you agree with this statement: Staff in this facility have the ability to determine how to carry out the assignments of their daily work.</p> <p><i>Read the answer choices out loud and ask the respondent to select the option that best matches their opinion.</i></p>	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> No response
<p>PHC410. How much do you agree with this statement: Staff are encouraged to bring forward new ideas.</p> <p><i>Read the answer choices out loud and ask the respondent to select the option that best matches their opinion.</i></p>	<input type="radio"/> Strongly Agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/> No response

Section 5: Facility Management

NOTE: If you are at a hospital, the appropriate respondent is the Medical Director/Medical Superintendent of the facility. If he/she is not available, you may also speak to the Director of Nursing/Matron. If both individuals are not present, you will need to reschedule a time to return to the facility to complete this section. This person may refer you to other individuals to answer specific questions, which is acceptable.

If you are in a Health Center, the respondent should be the Nurse in-charge, Midwife in-charge, or Physician in-charge.

At a CHPS facility, the respondent should be the Community Health Nurse or the midwife, if available.

At any private facility, acceptable respondents include the owner or managing partner and/or the highest-ranking doctor in the facility.

<p>PHC501. Have you ever received any formal training in the management of a health facility?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>PHC502. What type of formal training in management have you received?</p> <p>Prompt: "Are there any other types of health facility management training you have attended or obtained?"</p> <p><i>Do not read out loud. Select all that apply.</i></p>	<input type="checkbox"/> A short course (less than a week) <input type="checkbox"/> A short course (between a week and a month) <input type="checkbox"/> A short course (between a month and a six months) <input type="checkbox"/> One or more courses as part of my medical degree <input type="checkbox"/> One or more courses as a part of my undergraduate/diploma training <input type="checkbox"/> Technical degree in management <input type="checkbox"/> Graduate degree in management <input type="checkbox"/> Post graduate degree in management

	<input type="checkbox"/> Other <input type="checkbox"/> No response
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PHC503a. How many hours did you work [yesterday] at this facility?
*Clarify that we want the total number of hours the respondent worked the last day that they worked at this facility. Let the respondent know that an estimate is ok if they are not sure. Record in hours (whole number with optional .5).
 Enter -88 for Do not know Enter -99 for No response*

PHC503b. How much time did you devote to each of these activities [yesterday]? <i>Record in hours (whole number with optional .5). Enter -88 for Do not know Enter -99 for No response</i>	
a. Overseeing patient flow (e.g., patient admissions, triage, transfers, and discharges)	
b. Supervising medical staff (e.g., meeting with staff, providing feedback, checking absenteeism.)	
c. Managing operational budgets (e.g., tracking revenue, submitting claims, paying bills)	
d. Verifying/Ensuring availability of drugs and equipment (e.g., taking inventory, placing orders, etc.)	
e. Treating patients yourself (e.g., providing consultations)	
f. Managing relationships with staff, community, facility committee, donors, and government	
g. Other	
Select the option below to advance	<input type="radio"/>

In this part of the questionnaire, I would like to know what you would do if a certain hypothetical situation were to arise at this facility. I will read you a series of scenarios. For each scenario, I will read 4 possible responses that you might have. Please let me know the response that most closely matches what you would do in this specific situation, even if it is not exactly what you would want to do. You can only select one response for each scenario. There are no correct or incorrect answers—we just want to know how you would approach each situation.

PHC504. Scenario 1: A health worker often does not come to work on Mondays because he/she travels to another village during the weekend. Which of the following actions would you take?
Read the following response choices and ask the respondent to select the one that MOST matches what they would do in this hypothetical scenario. Remind them there is no correct answer, and that we

- You approve his/her absence and get a replacement for those days
- You tell him/her that this is not acceptable and if this behavior persists you will request his/her transfer (internal or external)
- You attempt to facilitate transportation and reduce the time that he/she is absent from the facility

<p><i>are simply interested in learning how they would approach the situation.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> You approve his/her absence and ask him/her to work extra hours to compensate. <input type="radio"/> Other <input type="radio"/> No response
<p>PHC505. Scenario 2: A recent assessment of the facility found that a health worker does not follow the adequate clinical guidelines for patient treatment. Which of the following actions would you take?</p> <p><i>Read the following response choices and ask the respondent to select the one that MOST matches what they would do in this hypothetical scenario. Remind them there is no correct answer, and that we are simply interested in learning how they would approach the situation.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> You request to transfer him/her (internal or external) <input type="radio"/> You demand him/her to improve his performance. If it does not improve, you request a transfer (internal or external) <input type="radio"/> You allow him/her freedom to set his own goals for improvement and do not push him <input type="radio"/> You send him/her to get additional training or arrange more supervision and then monitor his/her progress <input type="radio"/> Other <input type="radio"/> No response
<p>PHC506. Scenario 3: You notice that in the last few months the facility has frequently run out of antibiotics for children. Which of the following actions would you take?</p> <p><i>Read the following response choices and ask the respondent to select the one that MOST matches what they would do in this hypothetical scenario. Remind them there is no correct answer, and that we are simply interested in learning how they would approach the situation.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> You purchase the medicines in town with internally generated funds or your own money then have them available for purchase by the patients who need them. <input type="radio"/> You instruct clinicians in your staff to ask patients to buy the medicines themselves in a pharmacy in town. <input type="radio"/> $\{\text{scenario_3_opt_3}\}$ <input type="radio"/> $\{\text{scenario_3_opt_4}\}$ <input type="radio"/> Other <input type="radio"/> No response
<p>Now I would like to ask you questions about who has the most authority to make specific decisions for this facility. The options for each question are Ghana Health Services, the Director of the facility/In-Charge, a Health facility/Management Committee, Doctors or staff of the facility, the community, or other. For each decision, please tell me who has the most say. There are no correct or incorrect answers to these questions—we only want to understand your experiences.</p>	
<p>PHC507. According to you, which of these groups has the most say in deciding when to order more drugs in the facility?</p> <p><i>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee <input type="radio"/> Doctors/facility staff <input type="radio"/> Community <input type="radio"/> Other <input type="radio"/> No response
<p>PHC508. According to you, which of these groups has the most say in deciding on recruitment of health workers for the facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee

<p>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</p>	<ul style="list-style-type: none"> <input type="radio"/> Doctors/facility staff <input type="radio"/> Community <input type="radio"/> Other <input type="radio"/> No response
<p>PHC509. According to you, which of these groups has the most say in deciding which health workers get promoted?</p> <p>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee <input type="radio"/> Doctors/facility staff <input type="radio"/> Community <input type="radio"/> Other <input type="radio"/> No response
<p>PHC510. According to you, which of these groups has the most say in taking disciplinary action against health workers?</p> <p>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee <input type="radio"/> Doctors/facility staff <input type="radio"/> Community <input type="radio"/> Other <input type="radio"/> No response
<p>PHC511. According to you, which of these groups has the most say in deciding to paint a wall or fix the refrigerator in the facility?</p> <p>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee <input type="radio"/> Doctors/facility staff <input type="radio"/> Community <input type="radio"/> Other <input type="radio"/> No response
<p>PHC512. According to you, which of these groups has the most say in approving health worker absence?</p> <p>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee <input type="radio"/> Doctors/facility staff <input type="radio"/> Community <input type="radio"/> Other <input type="radio"/> No response
<p>PHC513. According to you, which of these groups has the most say in setting service delivery priorities for the health facility?</p> <p>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee <input type="radio"/> Doctors/facility staff <input type="radio"/> Community <input type="radio"/> Other <input type="radio"/> No response
<p>PHC514. According to you, which of these groups has the most say in how to spend internally generated funds at the facility?</p> <p>Read the answer choices out loud and as the respondent to pick who has the MOST say in this decision.</p>	<ul style="list-style-type: none"> <input type="radio"/> Ghana Health Service <input type="radio"/> Director of the facility/In-charge <input type="radio"/> Health facility/Hospital Management Committee <input type="radio"/> Doctors/facility staff <input type="radio"/> Community

	<input type="radio"/> Other <input type="radio"/> No response
<p>Section 6: Community engagement</p> <p><i>NOTE: If you are at a hospital, the appropriate respondent is the Medical Director/Medical Superintendent of the facility. If he/she is not available, you may also speak to the Director of Nursing/Matron. If both individuals are not present, you will need to reschedule a time to return to the facility to complete this section. This person may refer you to other individuals to answer specific questions, which is acceptable.</i></p> <p><i>If you are in a Health Center, the respondent should be the Nurse in-charge, Midwife in-charge, or Physician in-charge.</i></p> <p><i>At a CHPS facility, the respondent should be the Community Health Nurse or the midwife, if available..</i></p> <p><i>At any private facility, acceptable respondents include the owner or managing partner and/or the highest-ranking doctor in the facility.</i></p>	
<p>PHC601a. Does this facility have a community advisory board or community management committee that meets regularly?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>PHC601b. How frequently do these committees meet</p>	<input type="radio"/> Once per X days <input type="radio"/> Once per X weeks <input type="radio"/> Once per X months <input type="radio"/> Once per X years <input type="radio"/> No response
<p>PHC601b. Enter X for "{\$cab_meet_freq_lab}" <i>PHC601b. How frequently do these committees meet</i></p>	
<p>PHC602. Has the facility taken any follow-up action on the basis of discussions had during the last meeting?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>PHC603. Is there a community member who regularly attends staff meetings?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No staff meetings are held <input type="radio"/> No response
<p>PHC604. In the past 12 months, has this facility shared information on its performance with the community it serves?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>PHC605. How do you share this type of information?</p>	<input type="checkbox"/> Chalk boards/Noticeboards <input type="checkbox"/> Posters <input type="checkbox"/> Newsletters

Read the answer choices out loud and select all that apply

- Community events at the facility/in the community
- Community health volunteers
- Community Advisory Board or Management Committee
- Radio
- Do not know
- Other
- No response

Section 3: Provider workload

NOTE: If you are at a hospital, the appropriate respondent is the Medical Director/Medical Superintendent of the facility. If he/she is not available, you may also speak to the Director of Nursing/Matron. If both individuals are not present, you will need to reschedule a time to return to the facility to complete this section. This person may refer you to other individuals to answer specific questions, which is acceptable.

If you are in a Health Center, the respondent should be the Nurse in-charge, Midwife in-charge, or Physician in-charge.

At a CHPS facility, the respondent should be the Community Health Nurse or the midwife, if available..

At any private facility, acceptable respondents include the owner or managing partner and/or the highest-ranking doctor in the facility.

PHC301. In your opinion, what is the average length of time spent, in minutes, by a provider in a typical consultation with a patient in this $\{\text{phc_type}\}$?

"Provider" means any clinical staff who hold consultations with patients.

Enter your answer in minutes. If the respondent does not know the exact amount of time, ask them to make their best guess.

Enter -88 for Do not know. Enter -99 for No response.

PHC302a. May I see your patient register in order to note down the total number of patients seen in this general $\{\text{phc_type}\}$ yesterday?

- Yes
- No
- No record exists
- No response

PHC302b. Count the number of visits in the register(s) from the day before the interview.

You should record all visits that occurred in the $\{\text{phc_type}\}$ on the LAST DAY BEFORE YOUR INTERVIEW that the $\{\text{phc_type}\}$ was open. If there are multiple registers, you should count all patient visits from all registers and record the total.

Enter -88 for Do not know

PHC302c. What is your best estimate of the number of patients seen in this $\{\text{phc_type}\}$ yesterday?

You should ask the respondent to make their best estimate of how many patients were seen in the

<p><i>}\${phc_type} the LAST DAY BEFORE YOUR VISIT that the \${phc_type} was open. Enter -88 for Do not know Enter -99 for No response</i></p>	
<p>PHC303a. How many staff were scheduled to be at this <i>}\${phc_type}</i> and seeing patients [yesterday]? <i>Enter -88 for Do not know Enter -99 for No response</i></p>	
<p>PHC303b. How many staff were present at the facility and seeing patients in this <i>}\${phc_type}</i> [yesterday]? <i>Enter -88 for Do not know Enter -99 for No response</i></p>	
<p>Section 7: Supplies, equipment, and essential drugs <i>NOTE: If you are at a facility with an outpatient department, you should ask the respondent to refer you to the physician or nurse in-charge of the outpatient department for this section. If the facility does not have a separate outpatient department, you may continue with the current respondent.</i></p>	
<p>PHC701a. Does this facility have access to any of the following functional (working today) vehicles for emergency transportation: taxi service, private cars, ambulances through national ambulatory service?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC701b. Is fuel available today?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Now I would like to ask you about the materials and resources available in this <i>}\${phc_type}</i>. These items will include - An adult weighing scale - A child or infant weighing scale - A sphygmometer (sphyg) - A thermometer - A stethoscope For each of the items, I am interested in knowing if it is available in the <i>}\${phc_type}</i> today and if it is functioning properly. I will ask to see each of the items mentioned.</p>	
<p>PHC702a. Does this <i>}\${phc_type}</i> have an adult weighing scale available today? Probe: If so, can you show it to me?</p>	<p><input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response</p>
<p>PHC702b. Is it functioning properly? <i>Adult weighing scale</i></p>	<p><input type="radio"/> Yes, functioning <input type="radio"/> No, not functioning <input type="radio"/> Appears to be significantly damaged</p>

<p>PHC703a. Does this \${phc_type} have a child or infant weighing scale available today? Probe: If so, can you show it to me?</p>	<p><input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response</p>
<p>PHC703b. If observed or reported, is it functioning properly? <i>Child or infant weighing scale</i></p>	<p><input type="radio"/> Yes, functioning <input type="radio"/> No, not functioning <input type="radio"/> Appears to be significantly damaged</p>
<p>PHC704a. Does this \${phc_type} have a sphyg (sphygmometer, blood pressure cuff) available today? Probe: If so, can you show it to me?</p>	<p><input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response</p>
<p>PHC704b. If observed or reported, is it functioning properly? <i>Sphyg</i></p>	<p><input type="radio"/> Yes, functioning <input type="radio"/> No, not functioning <input type="radio"/> Appears to be significantly damaged</p>
<p>PHC705a. Does this \${phc_type} have a thermometer available today? Probe: If so, can you show it to me?</p>	<p><input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response</p>
<p>PHC705b. If observed or reported, is it functioning properly? <i>Thermometer</i></p>	<p><input type="radio"/> Yes, functioning <input type="radio"/> No, not functioning <input type="radio"/> Appears to be significantly damaged</p>
<p>PHC706a. Does this \${phc_type} have a Stethoscope available today? Probe: If so, can you show it to me?</p>	<p><input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response</p>
<p>PHC706b. If observed or reported, is it functioning properly? <i>Stethoscope</i></p>	<p><input type="radio"/> Yes, functioning <input type="radio"/> No, not functioning <input type="radio"/> Appears to be significantly damaged</p>
<p>PHC707. Does this facility have any of the following sterilization equipment available and functioning? <i>Clarify that this equipment can be located anywhere in the facility. Read options out loud. Check all that apply. You do not need to observe the equipment.</i></p>	<p><input type="checkbox"/> Autoclave <input type="checkbox"/> Electric boiler or steamer <input type="checkbox"/> Electric dry heat sterilizer <input type="checkbox"/> Incinerator <input type="checkbox"/> Any form of non-electric sterilization equipment <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>

<p>PHC708. Are the following non-expired drugs available in this facility today? <i>Ask about each medication separately. You do not need to observe.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Folic acid supplements (cap/tab) <input type="checkbox"/> Iron supplements <input type="checkbox"/> Oxytocin <input type="checkbox"/> Metronidazole (injectable) <input type="checkbox"/> Magnesium sulfate <input type="checkbox"/> Zinc (tablets) <input type="checkbox"/> Vitamin A (capsules) <input type="checkbox"/> Misoprostol (cap/tab) <input type="checkbox"/> Sodium chloride (saline solution)/(injection solution) <input type="checkbox"/> Azithromycin (cap/tab or oral liquid) <input type="checkbox"/> Calcium gluconate (injectable) <input type="checkbox"/> Ampicillin powder (for injection) <input type="checkbox"/> Betamethasone or Dexamethasone (injectable) <input type="checkbox"/> Gentamicin (injectable) <input type="checkbox"/> Nifedipine (cap/tab) <input type="checkbox"/> Amoxicillin (syrup/suspension) <input type="checkbox"/> Oral Rehydration Salts (ORS sachets) <input type="checkbox"/> Ceftriaxone (injectable) <input type="checkbox"/> Artemisinin combination therapy (ACT) <input type="checkbox"/> Artesunate (rectal or injectable) <input type="checkbox"/> Benzylpenicillin (powder for injection) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

Section 8: Information system use

NOTE: If you are at a facility with an outpatient department and have been speaking to the in-charge in this unit, you should now ask to speak to the highest-ranking administrator, Medical Director/Medical Superintendent, or the Director of Nursing/Matron. If these individuals are not present, you will need to reschedule a time to return to the facility to complete this section.

If you are in a facility that does not have an outpatient department, you may continue speaking to the current respondent OR seek out the highest-ranking administrator at the facility.

At any private facility, acceptable respondents include the owner or managing partner, the highest-ranking administrator, and/or the highest-ranking doctor in the facility.

PHC801. Does each patient at your health facility have one single unique and accessible health record that follows her/him over time and departments?

- Yes
- Yes, with one or two exceptions

<p><i>NOTE: Select "Yes with 1 or 2 exceptions" if the facility maintains one individual patient record for all types of services except one or two, such as ANC.</i></p>	<p><input type="radio"/> No <input type="radio"/> No response</p>
<p>PHC802a. May I see an example of one of these health records? PROBE: Are there any other formats used for these health records? May I see them? <i>Do not read out loud. Observe the record(s) and select all formats that apply.</i></p>	<p><input type="checkbox"/> Paper-based record maintained at the facility <input type="checkbox"/> Paper-based record maintained and brought to the facility by the patient <input type="checkbox"/> Electronic record <input type="checkbox"/> Other <input type="checkbox"/> No record available to view <input type="checkbox"/> No response</p>
<p>PHC802b. Can you describe the format of the health record to me? <i>Do not read out loud. Select all that apply.</i></p>	<p><input type="checkbox"/> Paper-based record maintained at the facility <input type="checkbox"/> Paper-based record maintained and brought to the facility by the patient <input type="checkbox"/> Electronic record <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>PHC803. Does this facility have a designated person, such as a data manager or administrator, who is responsible for managing health services data in this facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC804. Does this facility use DHIMS2 to track service delivery data?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC805a. Does this facility have any staff who have been trained in how to use DHIMS2?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC805b. Does this facility have any staff who have been trained in data analysis and/or interpretation?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC806a. Does this facility regularly report performance data and/or service register data to sub-district or district health management team?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>PHC806b. How frequently? <i>Select all responses that are given.</i></p>	<p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually</p>

	<input type="checkbox"/> Annually <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>PHC807a. Does this facility receive regular feedback on its performance from the sub-district or district health management team?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>PHC807b. How frequently? <i>Select all responses that are given.</i></p>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>PHC807c. For daily feedback, what type of feedback is given? <i>Read all options out loud. Select all that apply.</i></p>	<input type="checkbox"/> Summary of facility performance <input type="checkbox"/> Facility performance compared to targets <input type="checkbox"/> Facility performance compared to other facilities <input type="checkbox"/> Assistance in identifying gaps for improvement <input type="checkbox"/> Assistance in developing action plans to enact improvement <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>PHC807c. For weekly feedback, what type of feedback is given? <i>Read all options out loud. Select all that apply.</i></p>	<input type="checkbox"/> Summary of facility performance <input type="checkbox"/> Facility performance compared to targets <input type="checkbox"/> Facility performance compared to other facilities <input type="checkbox"/> Assistance in identifying gaps for improvement <input type="checkbox"/> Assistance in developing action plans to enact improvement <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>PHC807c. For monthly feedback, what type of feedback is given? <i>Read all options out loud. Select all that apply.</i></p>	<input type="checkbox"/> Summary of facility performance <input type="checkbox"/> Facility performance compared to targets <input type="checkbox"/> Facility performance compared to other facilities <input type="checkbox"/> Assistance in identifying gaps for improvement <input type="checkbox"/> Assistance in developing action plans to enact improvement <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>PHC807c. For quarterly feedback, what type of feedback is given? <i>Read all options out loud. Select all that apply.</i></p>	<input type="checkbox"/> Summary of facility performance <input type="checkbox"/> Facility performance compared to targets

	<input type="checkbox"/> Facility performance compared to other facilities <input type="checkbox"/> Assistance in identifying gaps for improvement <input type="checkbox"/> Assistance in developing action plans to enact improvement <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>PHC807c. For semi-annual feedback, what type of feedback is given? <i>Read all options out loud. Select all that apply.</i></p>	<input type="checkbox"/> Summary of facility performance <input type="checkbox"/> Facility performance compared to targets <input type="checkbox"/> Facility performance compared to other facilities <input type="checkbox"/> Assistance in identifying gaps for improvement <input type="checkbox"/> Assistance in developing action plans to enact improvement <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>PHC807c. For annual feedback, what type of feedback is given? <i>Read all options out loud. Select all that apply.</i></p>	<input type="checkbox"/> Summary of facility performance <input type="checkbox"/> Facility performance compared to targets <input type="checkbox"/> Facility performance compared to other facilities <input type="checkbox"/> Assistance in identifying gaps for improvement <input type="checkbox"/> Assistance in developing action plans to enact improvement <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>PHC808. Does this facility receive support from the sub-district, district, or regional health management team to interpret performance data?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

Section 9: Financing

NOTE: You should continue speaking to the highest-ranking administrator at the facility for this question. If you are in a Health Center, the respondent may be the Nurse in-charge, Midwife in-charge, or Physician in-charge. At a CHPS facility, the respondent may be the Community Health Nurse. At any private facility, acceptable respondents include the owner or managing partner and/or the highest-ranking doctor in the facility.

The respondent may refer you to someone in the financing/accounting department for these questions, which is acceptable.

<p>Now I would like to ask you a few questions about the financing, revenue, and expenditures of this facility.</p>	
<p>PHC901. Are any user fees/charges displayed at the facility? Probe: May I see where they are displayed?</p>	<input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> No response

<p>PHC902. In your facility, which of the following groups are exempt from paying user fees out of pocket? <i>Read options out loud and select all that apply.</i></p>	<input type="checkbox"/> Patients with chronic diseases <input type="checkbox"/> Elderly patients <input type="checkbox"/> Very poor people <input type="checkbox"/> Facility staff <input type="checkbox"/> Relatives of staff <input type="checkbox"/> Members of health management board <input type="checkbox"/> Local politicians <input type="checkbox"/> Children under five years <input type="checkbox"/> Women seeking maternal or family planning services <input type="checkbox"/> People covered by NHIS <input type="checkbox"/> Other <input type="checkbox"/> No one <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

<p>PHC903. Does your facility have one comprehensive annual budget for running costs? By running costs, I mean all of the costs of operating this facility, including paying staff, provision of services, purchasing of supplies, equipment, medicines, and utilities.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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<p>PHC904. Does your facility maintain records to track revenue and expenditures? Probe: May I see the records?</p>	<input type="radio"/> Not Available <input type="radio"/> Reported, but unseen <input type="radio"/> Observed <input type="radio"/> Do not know <input type="radio"/> No response
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<p>PHC905. What was the total amount of internally generated funds for the facility in the last fiscal year? <i>By "last fiscal year" we mean the last fiscal year which has been fully completed, not the current fiscal year. If respondent does not know, ask if there is somewhere they can look it up. If not, ask them to make their best estimate.</i> <i>Record in GHC. Enter -88 for Do not know Enter -99 for No response</i></p>	
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<p>PHC906. Were the internally generated funds collected in this facility used to pay for any of the following? <i>Ask about each type of expenditure separately and select for "yes" or not for "no."</i></p>	<input type="checkbox"/> Medicines <input type="checkbox"/> Medical Supplies (syringes, gauze, gloves, etc.) <input type="checkbox"/> Medical equipment (thermometer, stethoscope, sphygmomanometer, etc.) <input type="checkbox"/> Cleaning supplies (detergents, mops, etc)
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	<input type="checkbox"/> Salaries of health workers <input type="checkbox"/> Salaries of support staff (cleaning, gardener, guard, etc.) <input type="checkbox"/> Allowances <input type="checkbox"/> Utilities (electricity, water, gas, telephone) <input type="checkbox"/> Building construction/ maintenance <input type="checkbox"/> Vehicles <input type="checkbox"/> Other <input type="checkbox"/> No internally generated funds used <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

PHC907. In the last 12 months, has there been an external financial audit of your facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
PHC908. Is this facility NHIS approved? <i>If needed: NHIS approved means that the facility is eligible to receive payments from the NHIS for services it provides.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
PHC909. How much time does it typically take for this facility to receive reimbursements for NHIS claims? <i>Enter using the units given by the respondent.</i>	<input type="radio"/> X days <input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Have never received NHIS reimbursement <input type="radio"/> No response
PHC909. Enter \${reimburse_label}:	
PHC910. How frequently are staff salaries paid late once they are established in the payroll?	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/> Do not know <input type="radio"/> No response
094. Ask permission to take a photo to the entrance of the facility. Did you get consent to take the photo?	<input type="radio"/> Yes <input type="radio"/> No
Thank the respondent for his / her time.	

<p><i>The respondent is finished, but there are still more questions for you to complete outside the facility.</i></p>	
<p>095. Ensure that no people are in the photo.</p>	
<p>096. Location Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m.</p>	
<p>097. How many times have you visited this service delivery point for this interview?</p>	<p> <input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time </p>
<p>098. In what language was this interview conducted?</p>	<p> <input type="radio"/> English <input type="radio"/> Akan <input type="radio"/> Ga <input type="radio"/> Ewe <input type="radio"/> Nzema <input type="radio"/> Dagbani <input type="radio"/> Other </p>
<p>099. Record the result of the service delivery point survey</p>	<p> <input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other </p>