

[Country] Global Fund Facility Survey

Interviewer's Manual

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I. Introduction

The Facility Survey instruments have been developed to measure the capacity of health facilities in a country to provide standard quality of the preventive, curative, and other care and support services to the population.

A. Objectives of the Facility Survey

The Facility Survey is designed to provide basic information on the availability and quality of facility infrastructure, resources and management systems, and on the capacity to provide various quality services for clients. An important objective of the survey is to obtain the correct answers to the questions in the questionnaire. As the questions relate to a facility and not to a specific person, the information can be obtained from a variety of persons, as long as they are knowledgeable about the topic. Indeed, during the interview you will probably need to speak with various respondents in order to get the complete and correct information. Please bear that in mind while reading this manual. It often refers to the respondent, as if there is only one, but that is not the case.

B. Survey Sample of Health Facilities

The Facility survey will be carried out as a census of all health facilities, including pharmacies, in selected districts. In addition, all major health facilities that are not in the district but which constitute an important health resource for people in a selected district should be included as well. In terms of pharmacies, only official pharmacies should be included (?)

If a central listing is available of all health facilities, that can be used to organize the fieldwork. Be mindful however of the possibility that a list is out of date. In such a case, it needs to be updated in consultation with local health authorities, as a full census of all health facilities in the district is required.

C. Questionnaire Sections

The questionnaires are designed to obtain information on the capacity and conditions of health facilities to provide care and support services including the availability of basic equipment, supplies, laboratory capacity, and medications as well as on the availability and quality of health service providers and their training.. There are three main sub-sections in the questionnaire. The first section is a general section about the facility, section 2a collects information on the availability of specific services, section 2b on the availability of general purpose equipment, section 3 on the capacity for infection control, sections 4 and 5 about staffing and training, section 6 on the availability of drugs and commodities, and section 7 on the availability of various laboratory tests and equipment Section 8 is designed specifically to collect information from the stand alone pharmacy or a drug store.

D. Interviewer role and training

The interviewer's main responsibility is to use the Facility questionnaires to collect information that is as accurate as possible through asking questions of the appropriate respondents, observing

material items used in service provision, reviewing records and protocols for information, and interviewing providers about their training and experience.

During the survey-training course, you will be instructed in how to identify the appropriate service sites in a facility where data must be collected, and the appropriate respondents to interview at each service site. In addition, you will be instructed on how gather information from service providers working in the Facility and how to complete the questionnaire. Background technical information on national clinic/unit protocols and guidelines, types of laboratory tests and medicines used to provide care and support for people living with various illnesses and diseases in the country will be reviewed in training. You will conduct practice interviews with other trainees, and will be given practical experience in collecting data in a Facility not selected for the survey.

The training manual provides detailed explanations and definitions for each question in each section of the questionnaire to provide a uniform understanding of the meaning of each question and response choices, and to improve the consistency of the data collected by different data collectors in different facilities.

E. Survey Regulations

In order to ensure the success of the Facility survey, the following survey regulations have been established and will be strictly enforced.

- ❑ Every survey staff position is vital to the success of the survey. Therefore, your *presence is required for each day of the training and fieldwork*. Any person who is tardy or absent during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval may be dismissed from the survey.
- ❑ Throughout the survey training and the fieldwork period, you are representing the Implementing Agency (or any other sponsoring organization implementing the survey). Your *conduct must be professional* and your behavior must be congenial when dealing with the public. You must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to others may be dismissed from the survey team.
- ❑ *It is critical that the data gathered during the fieldwork be both consistent and accurate.*
- ❑ *Vehicles and gasoline are provided for the survey for official use only.* Any person using a vehicle for an unauthorized personal reason will be dismissed.
- ❑ *Data are confidential. Under no circumstances should confidential information be passed on to third parties.* Persons breaking these rules, and therefore, the confidence placed in them by respondents, will be dismissed.

II. Interviewer skills

Collecting data that accurately reflects basic and advanced level health services available at a facility, whether it is a small health post or an urban hospital, requires skill and practice. This chapter provides some general instruction on the interviewing skills you will use to gather this information. Remember that the national level survey findings on how well health services meet the needs of clients living in Country are only as good as the data from which they are calculated. The quality of that data depends mostly on you.

The facility questionnaires consist mainly of “inventories” and the people you interview to complete these inventory questionnaires should be those who are the most knowledgeable the facility site where you are gathering the data. Special efforts may be required to locate the best “respondent” to interview for each inventory questionnaire on the day of your visit.

Below are some basic instructions on the practices that should be used when interviewing all respondents and tips for how to handle difficult situations that you might encounter when interviewing. Following this are instructions for observing resources, reviewing client records and clinic/unit protocols.

A. Practices for interviewing all respondents

In order to get accurate information from a health provider at work in a health service setting it is very important that they be involved in the data collection process. There are several basic ways to gain the provider’s cooperation while collecting accurate and specific information from them.

A.1. Show respect for the respondent

A respondent's first impression of you will strongly affect his/her willingness to fully participate in the interview. Therefore, it is very important that you approach each person you will interview and his or her colleagues at work in the clinic/unit setting, in a friendly, respectful and professional manner.

*One basic way to show respect for a health worker at work is to be considerate of what they need to accomplish during their workday **and to let them know that you don’t want to interfere with their client-related tasks.***

Two ways to accomplish this are; 1) If the health worker you need to interview is busy with a client, wait until that visit is completed before approaching him or her; and, 2) Wait until there are no clients around or until there is a qualified person to show you around for completing the inventory and health worker interview questionnaires. You will discover other ways to fit smoothly into the health worker busy schedule as you gain more experience gathering data in a variety of health service settings during the survey.

If it appears that there will never be a convenient time for collecting the data, you must discuss with the health worker or the in charge to determine the best approach so that the data **is** collected, but with the least interference possible.

A.1.1. Listen carefully to the respondent

Listening carefully to what your respondents say is as important as asking the questions on the questionnaire, and demonstrates respect. Some questions in the questionnaire require you to listen to what the respondent says and record it by simply *circling* a printed response category. Sometimes, you must write down exactly the answer given by the respondent if the answer does not fit in any of the listed categories. In either case, listen well. *Do not rush into circling* the code category before you have really listened to your respondent. This may be taken as a sign of disrespect or not paying attention. More importantly, people who rush into coding a response are often in danger of attributing their own biases, preferences and favorite response categories to their respondents.

A.1.2. Get consent from the respondent prior to asking questions

At the beginning of each new section of the questionnaire there is a consent form that should be read to the respondent prior to beginning the interview. Please read the form in its entirety to the respondent and then ask whether you have their consent to begin asking questions. Without their consent you cannot interview the respondent.

A.1.3. Answer the respondent's questions without pressuring them

Some respondents may question you about the purpose of the survey before agreeing to participate. Answer the respondent's questions as directly as possible. If the respondents feel that the information is important and that you are sympathetic to their situation, they will be more straightforward with responses and will be more likely to answer questions to the best of their ability. If they feel pressured to respond, or feel that the interview is a burden, they may not carefully think about responses. The respondents should know that you appreciate their cooperation and the time they are taking to help make the survey successful.

However, *offer no opinions or advice on specific health facility practices or patient care issues.*

If a respondent has specific questions that require your medical opinion or advice, politely respond by saying that you are here to collect information to provide an overview of the services, and that you are interested in the systems and practices at this HSO. Explaining this and then simply stating, "I am not in a position to provide any advice or opinions" may be sufficient. *It is important to remember that your job is not to educate respondents, but only to collect information from them.*

A.2. Read every question exactly as written and in sequence

The wording of each question has been carefully chosen and for that reason it is essential that you read each question to the respondent exactly as it is written. It is very important for this survey that each question is asked to each respondent in exactly the same manner. Each section of the questionnaire also has an introductory paragraph that must be read to the respondent (when applicable) in its entirety.

Speak slowly and clearly so that the people you are interviewing will have no difficulty in hearing or understanding the question. At times, you may need to repeat a question in order to be sure the respondent understands it. *In these cases, do not paraphrase the question but repeat*

it exactly as it is written. If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question. During the practice sessions conducted at a facility not included in the survey sample, if you find that you have to repeat the same question to several respondents, make a note of this and report it to the survey manager so that if necessary, the wording can be changed on the questionnaire before it is used for the real survey.

A. 3. Probing for a response

For the inventory sections of the questionnaire you are attempting to collect accurate information on what resources are available in the facility, and the daily practices and routines of the health providers who work in the facility. For this, more probing and discussion than is generally accepted when conducting interviews with individuals for their experiences, knowledge, and practices may be necessary.

Occasionally, a respondent may answer a question incompletely, or seems to have misunderstood the question. The first thing to do is simply to repeat the question as written a second time. If this does not help, you will have to probe to obtain the response. Probing is a way of asking for further information *without influencing the response*. For example, “Could you explain that a little more?” or “Could you be more specific about that?” You must never interpret a respondent's answer and then ask the respondent if your interpretation is correct.

There is not a uniform understanding, even between health service providers within the same health service outlet, on some of the issues for which we are collecting data or on terms used to describe items or practices. If it appears that the respondent is not understanding what you are asking, or the response does not seem consistent with other information you have collected, you may rephrase, or describe in more detail the item or practice that you are asking about, using examples, to ensure that the respondent completely understands the question to which he or she is responding.

In cases where it may be necessary to provide additional clarification, you should provide only the minimum information required for an appropriate response.

If, however, the respondent appears to understand the question and the response still is not consistent, you must record the response as given by the inventory respondent.

A.4. Remain neutral

Your job as an interviewer is to obtain the facts. An interviewer should be friendly, but firm; neutral, but interested. Your tone of voice, facial expressions and even bodily postures all combine to establish the rapport you create with your respondent. Do not express surprise, pleasure or disapproval at any response or comment made by the respondent.

A.5. Ask all applicable questions

In most cases, you will ask questions in the sequence in which they appear in the questionnaire. However, because the organization of facilities often differ, you may find that to complete one section you have to talk to more than one respondent, or go to different areas of the facility. It is up to you to ensure that when sections of the questionnaire are skipped because the information

must be collected from a different respondent or location, that those sections are completed before you depart from the facility.

A.6. Do not separate questionnaires

Never separate stapled or bound questionnaire forms to speed up the process of data collection. Experience has shown that this strategy may result in lost pages.

A.7. Thank the respondent at the end of the interview: At the end of every interview, thank the respondent for taking time out of his/her busy schedule, telling him/her it was very much appreciated. Ask if he/she can direct you to the next appropriate clinic/unit and/or person.

B. Tips on handling difficult interview situations

B.1 The respondent is reluctant to participate

Occasionally, a potential respondent will refuse to participate in the survey. Do not take the initial unwillingness of a respondent to cooperate to mean a final refusal. *Try to put yourself in their position and think of factors that might have brought about this reaction.* The respondent may not be in the right mood at that particular time or they may have misunderstood the purpose of your visit. *Try to find out why the respondent is unwilling to participate, and respond accordingly.* Some points you can use to persuade a respondent to participate are:

- The information they provide will help the Ministry of Health and Government to better understand the effectiveness of programs and make improvements to the program that will ultimately help the clients.
- If confidentiality is an issue, assure the respondent that all information is confidential and will not be shared with anyone, including his/her supervisors or colleagues. Questionnaires will only be identified by a number. No names will be on the questionnaire. *Everyone working on the survey has pledged to maintain confidentiality.*
- The respondent cannot be replaced by anyone else.

However, in some circumstances a respondent may continue to refuse. In this situation, respect the respondent's right to refuse, and thank the respondent for his/her time. Do not take these refusals personally.

B.2. The respondent seems bored

There may be other situations where the respondent simply says “We don’t know”, gives an irrelevant answer, acts bored or detached, or contradict something they have already said, or refuse to answer the question. This happens most when the respondent is concerned about their other clinic/unit responsibilities and wants to get back to them. In these cases you must try to re-interest them in the conversation. For example, if you sense that they are growing restless, reassure them that there are not many more questions and that the government is very interested in what they say about the services or about their HSO.

B.3. Respondent is very talkative

If an informant is giving irrelevant or elaborate answers (or complaining about something), do not stop him/her abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. You can also write down what they say and tell them that it

is duly noted. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondents see the interviewer as a friendly, sympathetic, and responsive person who cares about them.

The basic practices for interviewing described above apply to questions that are asked of all respondents. Next we turn to the types of observations that you will need to perform to complete the inventory questionnaires.

C. Interviewer responsibilities:

The following is a general list of interviewer responsibilities, which, if adhered to, will help the interviewers to collect accurate data and successfully complete the study. Some of the differences in the practice when collecting data on the health system and resources, and when interviewing health workers for their personal information, knowledge, beliefs and practices, will be explained.

- ❑ To *be prepared*, and have all the necessary supplies: questionnaires, guidelines, a pencil, a blue pen, and the required administrative forms (such as logs of assigned or completed interviews).
- ❑ To read each question aloud *exactly* as it is written in the questionnaire.
- ❑ To listen carefully and *without judgment* to your respondent's answers and comments.
- ❑ To *accurately record* the respondent's answers on the questionnaire according to instructions in this manual.
- ❑ To *probe* for additional information when necessary.
- ❑ To *ask your supervisor for assistance* whenever you have a question, which is not covered in this manual.

III. General Instructions for Filling out and Editing Questionnaire Forms

The interviewer's job is to use the facility questionnaires to collect information that is as accurate as possible through asking questions of the appropriate respondents, observing material items required for service provision, reviewing records and protocols, and correctly recording the information on the questionnaire form. The last chapter provided instruction on practices used in collect information from health care providers. The instructions and examples below explain the questionnaire forms, the various types of questions and instructions found in them and procedures for correctly recording information.

The information that you record on the questionnaire forms in the field will eventually be entered into a data file using computers in the central office in [LOCATION]. At that point, it is very difficult to correct for errors or omissions in the questionnaires. *Consequently, it is very important that you correctly record the answers and follow all special instructions in the questionnaire.*

This questionnaire is typically divided into four columns. The first column contains the question number with each question numbered separately within each section. The second column contains the questions and instructions to the interviewer for posing questions, the third column contains the response categories, and the fourth column contains skip and other instructions, if necessary.

A. Questions and instructions

It is important to ask the questions exactly as they are written in the questionnaire and in the order in which they appear. Questions are often accompanied by a set of instructions for the interviewer. Instructions are usually located in the question column as well but not always. 'Skip' and 'add' instructions for example, are located in the fourth column. Instructions will help you to remember important directions for asking questions, making correct observations, and recording information. These should not be read to respondents. All instructions appear in CAPITAL LETTERS as in the example below.

Example of written instructions

ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR CLIENTS ARE CONDUCTED. FOR THE FOLLOWING ITEMS, CHECK TO SEE IF THE ITEM IS IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN IMMEDIATELY ADJACENT ROOM.

Pay attention to instructions because they will help you complete the questionnaire as accurately and completely as possible. It is important that you follow the instructions in the questionnaires consistently.

A.1. Skip and Add Instructions

The questionnaire is set up to avoid as much duplication as possible and to ask only appropriate questions given a situation. Column four contains the instructions for skipping over questions that might be inappropriate under certain circumstances and adding a set of questions that are appropriate to the clinic/unit/clinic/unit/unit. Skip and add instructions appear as ARROWS followed by question numbers and types of questionnaires, and are used throughout the

questionnaire to give directions about the next question to ask (i.e., ‘to go to’) or which set of questions/QRE section will also need to be fill out for the clinic/unit/clinic/unit/unit site.

Example of Skip and Add instructions

205	Does this facility offer any TB services including counselling and clinical services?	YES	1	
		NO	2	→ 208

In the above sample question, if the answer is “NO”, the providers in the clinic/unit/clinic/unit/unit do *not* have to answer following question about TB counseling and clinical services, the interviewer will skip the following questions (206 and 207) pertaining to TB related services and go to question 208. If the answer is “YES” the interviewer will ask next set of questions.

A.2. Filter instructions

Filters instruct the interviewer to check the response to a previous question to know if the following section or set of questions is applicable. Based on the response, the interviewer either continues on to the next question or skips to the indicated number. The filter instructions are always provided in the “question” column and the filter instructions appear inside a grey colored box.

Example of filter instruction

607	CHECK QUESTION 207 F (FACILITY PROVIDES ARV TREATMENT):			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		→ 611

In this example, the interviewer must look back to question number 207F and check whether ARV treatment is provided in the facility. If clients can obtain ARV treatment in this facility, then the interviewer should proceed to question 608. If no ARV treatment is available then the interviewer should skip to question 611 and proceed with the interview from there.

A. 3. Introducing a set of questions

You will notice sentences throughout the questionnaire that provide information to the respondent about the next set of questions to be asked. These sentences must be read to the respondent, so that they know what to expect from the next set of questions. Respondents who are provided information up front are less likely to be surprised or uncomfortable about certain questions and much more likely to respond sincerely. Below is an example of a set of sentences found throughout the questionnaires that are to be read to the respondent so that they will know what to expect. The following example of such introductory sentences is found preceding question number 402 in section 4 Health Workforce.

401	Now I have some questions about staffing for this facility. The staffing I am referring to includes those who provide outpatient services, and (if applicable) inpatient services.	CODES:
	For each type of staff, we want to know how many work regularly full time at this facility and how many are present today at this facility.	0 0 = NONE
	For medical doctors/physicians, we want to know how many work part time at this facility.	9 5 = 15+
		9 8 = DK

If, during the training or pretest, the interviewer finds that information such as this would be useful prior to a set of questions where it is not, report this to the team leader or field supervisor so that the questionnaire can be modified if necessary.

B. Types of Questions and Recording Responses

In the Facility survey all questionnaires are to be completed using pens with blue ink. Blue ink is used because it can be distinguished from the black ink in which the questionnaires are printed. Never use red or green ink in recording responses since these colors are reserved for survey manager and field supervisor to use in correcting the questionnaires in the office.

The procedures for recording responses will vary according to the type of question; there are some basic types of questions in the questionnaires: pre-coded questions and questions requiring a numeric response. Other questions require observations, and testing equipment or reviewing documents. Samples of these types of questions, and combinations of them, are reviewed below giving examples.

NEVER LEAVE A RESPONSE BLANK! A blank is recorded as “missing information” because it is not known if you asked the question or not. If a response is negative, the negative response must be circled. Likewise, if a response is “don’t know”, the number corresponding to the “don’t know” response must be circled.

B.1. Pre-coded questions

For some questions, we can predict the types of responses a respondent will give. The responses to pre-coded questions are listed in the questionnaire. To record a respondent’s answer, circle the number (code) that corresponds to the reply. When numbers indicate coding categories the interviewer records *only one* response for each question. Make sure that each circle surrounds only a single number.

Example where only one response is correct

215	Can I get a copy of the list of fees charged by the facility, if any?	YES, LIST PROVIDED..... 1 NO, LIST NOT PROVIDED 2
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In some questions, there can be more than one response. In this case, the codes will be letters (e.g. A) rather than numbers. For questions that allow more than one response, written instructions are provided in the question column for the interviewer instructing him/her to **CIRCLE ALL THAT APPLY**. Be sure to circle *all* the appropriate responses for these questions.

Example where more than one response may be correct

303	<p>What is the final method most commonly used for disinfecting or sterilizing medical equipment before it is reused?</p> <p>IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS MINOR SURGICAL EQUIPMENT.</p>	<p>AUTOCLAVE (ELECTRIC) A</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>
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In some cases, a pre-coded question will include an “OTHER” category. The “other” code should be circled when the answer provided is different from any of the pre-coded responses. When you circle the code “other” for a particular question, you must specify what the “other” response was, by writing it. Write the answer in the space provided. If you need more room, use the margins.

B.2. Numeric responses

Several questions in the facility inventory and require a numeric response. These should be recorded in the appropriate available boxes in the right column of the table.

Example of a question requiring a numeric response

612	Every how often does this facility get drug supplies from the Ministry of Health?	<p>NUMBER OF WEEKS <input type="text"/> <input type="text"/></p> <p>BY REQUEST 9 5</p>
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Whenever respondents do not know the answer to a numeric question, the interviewer must circle the “DON’T KNOW” response number. If “DON’T KNOW” is not one of the responses then you must probe to get a numeric response to fill in all of the boxes. All boxes should have a number recorded in them. Anytime a respondent's answer requires fewer digits than provided for in the response column, the interviewer must record zeros (0) in the *left-hand* box and the respondent's answer in the right hand box.

Example of using Zero as a placeholder

706	Does this facility periodically carry out quality assurance testing on the laboratory personnel?	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>IF YES, ASK: How often?</p> <p>NO QUALITY ASSURANCE 9 5</p>
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C. Response grid

Many questions in the inventory questionnaires require that you observe items used in the health facility. Observations appear as instructions, in CAPITAL LETTERS.

Sometimes responses to particular observation questions must be entered in a response grid (table). When recording a response in one of these grids, be sure that you are entering the answer in the proper row and column. *Only one response is allowed per row in grid that asks*

only one question. Sometimes a grid will include a 2-part question, part a, and part b, or two questions. In this type of grid, if the item is observed or reported available, mark 1 or 2 or 3. Then ask the respondent whether the equipment is functioning well and record the correct response in a separate question on the right. If the item is not available or the respondent does not know if the item is available (code 3) then Q.703 will be skipped and the interviewer will go to the next sequential item as indicated.

Example of a 2-question response grid

701	I would like to know if equipment for conducting tests for HIV, malaria, and tuberculosis is available? Equally if all the items that are required for the test are available				702 Is the equipment in working order?
	IF THE EQUIPMENT IS AVAILABLE, ASK IF IT IS IN WORKING ORDER (QUESTION 702, LAST COLUMN)	AVAILABLE OBSERVED	AVAILABLE NOT OBSERVED	NOT AVAILABLE	
HIV TESTS					
01	Rapid test for HIV?	1	2	3 ↩	1 2
02	ELISA reader/scanner with test items?	1	2	3 ↩	1 2
03	Dynabeads with vortex mixer?	1	2	3 ↩	1 2
04	Western blot for HIV?	1	2	3	1 2
05	Cytoflowmeter or CD4 count machine ?	1	2	3	
06	PCR for viral load?	1	2	3 ↩	1 2

D. Ensuring Quality

D. 1. Correcting mistakes

If you make a mistake recording an answer or the respondent changes their reply, put *two diagonal* lines through the incorrect response. *Do not try to erase an answer, use white-out, or write over an answer.* It is particularly hard for data input staff to understand which of two numbers is correct, if you have tried to write over a response.

Remember, if there are two responses for a question that requires only one response, it may be impossible later, when the data are being entered and coded, to determine the correct answer.

D.2. Questionnaire editing

Interviewers are required to edit their questionnaires before considering an interview complete. If questions are omitted or there appear to be errors, you must return to the original respondent(s) if possible. Apologize, explain that you made an error, and ask the question again.

Editing should be done on the spot in order to avoid the need for re-contacting respondents, which is impractical given the time frame for fieldwork completion, as well as inconvenient for both the interview teams and the respondents.

All questionnaires should be reviewed from beginning to end for the following:

- ☐ Verify that an interview result code has been recorded in the interviewer visit box on the cover page of the questionnaire.
- ☐ Verify that the interviewer has *signed the verbal consent*.
- ☐ Verify that all skip and filter instructions have been respected.
- ☐ Verify that the responses are legible.
- ☐ Verify that only one response code is ticked for each question, *unless instructions allow for more than one response*
- ☐ Verify that any corrections made by the interviewer are done legibly according to the instructions above.
- ☐ Check that all questionnaires contain the correct number of pages.
- ☐ No missing responses

IV. Planning the Facility Survey Fieldwork

The following describes in detail the activities that are involved in planning the Facility survey fieldwork. In most cases, the team leader will have the chief responsibility for planning field activities.

A. Planning the Fieldwork Schedule for the Teams

The survey manager will assign each interviewer a list of facilities to be visited for data collection. The list will include the name and location (including street address if available) of the facility as well as the district and province location, facility type, and operating authority required in the facility questionnaires. You will need this information to fill out the first page of each questionnaire form.

If the information is available, the list may include the name of the person in-charge at the facility, telephone numbers or other information on how to contact the facility, and the hours during which the facility is open and/or various services offered. The survey manager also will provide the interviewer with a map showing the location (or approximate location) of all of the facilities on their list.

The team leader will work with you to prepare a schedule for the visits to the facilities assigned to you. The schedule will be designed to minimize ‘doubling back’, thereby increasing the cost-effectiveness of the survey and decreasing the distances the team is required to travel.

In developing the schedule, the team leader must take into account the location of each of the facility as well as the localities where you will likely be staying overnight. You will generally need to arrive at an facility on or before the official opening hour. Therefore the lodgings that you will use each night must be within a reasonable distance of the facility that is to be visited on the next day.

The team leader will finalize the visit schedules in a given district after meeting with the district health authorities. The visit schedule for that district must be provided to the district authority that is specified by the survey manager. This is where field supervisors will find the schedule and how they will know where to locate you on any given day. It is likely that there will be changes in the visit schedule during the course of the fieldwork, and it is the team leader’s responsibility to keep the senior survey staff updated on the team’s schedule.

B. Advance Contact with Authorities/The Facility

Generally, the survey manager or another senior member of the project will have notified appropriate authorities of the nature and purpose of the Facility Survey in advance of the fieldwork. It is best if an official letter from the managing authority for the facility being surveyed be sent to the regional or district offices for that organization. You should also have a copy of the letter to provide the in-charge at each facility. In addition, prior to visiting a facility in a specific region or district, regional or district offices of the operating authorities for those facilities to be visited should be contacted. Such contacts can facilitate cooperation with the

study by the facility staff as well as provide pertinent information such as hours of operation, times when specific services are offered, and so forth, that is helpful when scheduling facility visits. Finally, if possible, you should directly contact (by phone or radio) each facility the day before the actual date of the planned visit. This contact may decrease the probability of essential respondents or services not being available the day of the visit as well as facilitate cooperation from facility staff.

C. Travel Arrangements and supplies for the team

Prior to departure for fieldwork, you must ensure that you have a list of the location of all facilities that you are to visit, all of the questionnaires and other materials (pens, clipboards, briefcases, interviewer guides, and other supplies) necessary to complete its assignment. You also must have introductory letters from the Ministry of Health as well as from other organizations whose facility will be visited during the survey. In particular, you must make sure that the team has a sufficient number of each of the questionnaires at all times.

Throughout the fieldwork, the team leader is responsible for ensuring that you have adequate equipment and supplies and, with the assistance of the driver, for ensuring that the maintenance schedule for any vehicle that you may use is followed and for dealing with unexpected problems with the vehicle.

V. Fieldwork Procedures at the Facility

This chapter provides step-by-step guidance for how to proceed with collecting data at a facility. Typically all of the survey data on one facility should be collected by you in as short a time as possible. Duration of the interview will depend on the size of the facility and the availability of suitable staff to provide the answers to the questions.

A. Locating and verifying survey facility

The field supervisor has provided you with a list of the facilities you are responsible for surveying. All of the facilities listed, whether a hospital, clinic/unit building, or a stand alone VCT center, have been carefully selected. Every attempt should be made to conduct the survey at each facility on your list since they cannot be replaced by another facility in the area.

The team leader is responsible for making sure that you visit all of the facilities that you are assigned during the Facility Survey. If after contacting local authorities, you cannot locate a facility on your list, or are not sure about whether a facility that you have found is actually the one identified on the facility list, contact the field supervisor. If a facility included in the assignment has closed, no interview will be necessary, just note that fact on the cover sheet of the assigned questionnaire..

Finally, no facility not listed should be visited for data collection unless specifically approved by a field supervisor.

B. Geographic Positioning System data collection

The team should arrive at each facility prior to opening time and collect geographic positioning system (GPS) data for the site. Geographic positioning system is a method for locating a geographic location using satellite technology. You will be taught how to use a small device to collect GPS data later in the training.

C. Gaining Permission to survey the HSO

You will be visiting facilities operated by the government and others operated by non-governmental organizations facilities and perhaps other private health facilities. Facilities may be less willing to participate if they fear the survey will result in negative findings or that conducting the survey will interfere with service provision. Prior notification of the survey, either from the main office of the operating authority, or if it is a private facility, from one of the government sponsors of the survey, will help pave the way for agreement to participate. The private facility may be especially concerned about the confidentiality of the survey results. You may provide reassurance that results will only be provided in an aggregate manner (grouping of large numbers of health facilities together) so that no one facility can be identified with any particular findings.

Although officially, the government health facilities may be obligated [VARIED BY COUNTRY] to allow the survey, the results will be much better if the staff at the facility see the benefits of the survey. The initial impression you give to the facility staff will be important to gaining their willing cooperation with the survey. At all times the staff at the facility must be treated with respect and politeness.

The first contact at the site should be made by asking people arriving for work, whether they can see the person in charge. If the official “in-charge” is not present the day of the survey, they must ask to see the person acting “in-charge” for the day. You will introduce yourself and explain the purpose of the visit and the activities that are a part of the survey. At this time, the introductory letters from the relevant organization and the letters explaining the survey and giving the authorization to visit HSO will be given to the person in-charge.

An example of an introduction upon arrival would be:

Hello. My name is _____. I am here on behalf of the Ministry of Health, [OTHER PARTICIPATING ORGANIZATIONS] to assist the government in knowing more about health services.

Now I will read a statement explaining the survey.

Your facility was selected to participate in this study. I will be asking you questions about various health services. The information about your facility may be used by the Ministry of Health and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, I would appreciate your introducing me to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?

Do I have your agreement to proceed?

If you are refused an interview in the facility and nothing you say can make the in-charge reconsider, contact the field supervisor, and provide the name of the facility, its operating authority, and location. The field supervisor will make every attempt to contact appropriate persons who can help to convince the health service outlet staff to allow the interview.

D. Meeting with the in-charge of the facility Explain to him/her that you are going to be gathering detailed information on several sites .

Reassure the in-charge that other than a few of the specific management questions, s/he can delegate others at the facility to help with the facility survey. Often the in-charge feels obligated to try to respond to all questions and to show the survey team around the facility. This is not necessary and may create resentment in the in-charge who has many responsibilities. It also may prevent obtaining the information from the best source. Below are step-by-step tasks that will be accomplished during this meeting.

V: Instructions for completing Health Facility questionnaire

COVER PAGE

001: NAME OF FACILITY: Copy from sample assignment list.

002: LOCATION OF FACILITY: If there is not a specific address, describe the location so that, if necessary, the HSO could be located again.

003: DISTRICT NUMBER: This refers to the administrative districts of the province of the country.

004: PROVINCE NUMBER: This refers to the administrative provinces of the country.

005: Facility Code: The Facility Code will be provided to you by the supervisors and is comprised of the digits referring to province and district numbers.

006: Type of Facility: Verify the facility type that was provided to you on the sample list with the in-charge. Sometimes facility have been upgraded (e.g., from health center to a polyclinic/unit), but the national listing has not yet updated the information. If there is a discrepancy between the facility-type on the list you were given and what you find at the facility, enter the code that you believe is appropriate based on the discussion with the in-charge and note the reasons for making the change in the notes section at the end of the inventory QRE. Report the discrepancy to the field supervisor when you see him/her next.

Third Level Hospital: This is a referral hospital, and the highest-level health facility in the country. They also serve as Teaching hospitals having the highest expertise and offering the most diverse services. Their target population is the entire country.

Second/First Level Hospital: These are referral facilities, and whenever necessary they refer to higher level referral hospitals. They cover regions, and usually have a level of expertise, such as specialists in major clinical disciplines.

Health Center (urban/rural): A health center is a lower-level facility. Though most may have overnight beds, these are for emergencies. The facility does not plan or have staff for routine overnight patients but has staff assigned on a permanent basis and primarily provides outpatient services. It may be the managing facility for health posts and for village level outreach services.

Clinic/Health Post: This is the main referral center at the lower-level. They offer the full range of inpatient and outpatient services (this is the first-line for routine care of overnight patients).

Dispensary: A dispensary, just like a health center, is a peripheral health facility, scattered in the urban and rural areas all over the country. It is smaller than the health center however, and is most likely run by a lower-level cadre than the health center.

Pharmacy (second or first level)/Drug Store: These are stand alone facilities where the main function is to dispense the medicines and fill the prescription.

Other: Any other facility type not captured by the 11 listed on the cover page. Any facility falling under this category must be assigned a facility type before the team leaves the facility, after discussing with appropriate authorities and the survey manager.

Verify the facility type that was provided to you on the sample list with the in-charge. If there is a discrepancy, enter the code that you believe is appropriate based on the discussion with the in-charge and note the reasons for making the change in the Notes section at the end of the Inventory questionnaire.

007: Managing authority: Indicate if the management of the facility is government, NGO, private (meaning not for profit), mission (church, or charity-run), or semiautonomous (jointly-run with government and one or more other managing authorities). If the staff working at a facility are government employees, but they are managed by an NGO, this facility is NGO managed. Managing authority is also country specific and must be adapted accordingly.

008: Date: Record the day first, then month and year, and then fill in the boxes to the right

009: Interviewer name and code: Record the identity number assigned to the interviewer filling the inventory section. As a double check, fill in the interviewers name as well.

010: Interviewer visit: All attempts should be made to complete the entire set of QRE that are eligible or apply to a facility during your initial visit. However, circumstances may require the interview team to return to a facility to complete the form on a second visit. If two visits are necessary, record the date, name of the team leader and the result code provided for each of the two visits. This should be done at the end of each visit. Record the appropriate result code for the day.

011: QRE checked: Either the team leader or supervisor should sign to indicate that all QRE for this facility have been reviewed for completeness, that data has been collected from all eligible service sites, and that the Facility Checklist for QRE correctly indicates each QRE that was completed for the facility.

GPS INFORMATION

GPS Reading and waypoint: Record information as per instructions in the QRE. It is best if this is completed immediately upon arrival at the Facility, prior to beginning work.

Waypoint Name: This will be the 3-digit facility number, as put in the GPS handset.

Altitude, Latutude and Longitude: These are the readings from the GPS handset indicating the exact location of the facility.

SECTION 1: OVERVIEW OF THE FACILITY

100: Informed Consent. The respondent's consent for participation in the survey must be obtained before you can begin interviewing her or him. This is intended to provide the respondent all of the information he/she should have about the purpose of the study and the types of questions he will answer before deciding to participate. Read the informed consent statement exactly as it is written on the QRE form. If the respondent agrees to participate, circle "1", or "YES," and proceed to the next question. If he/she does not agree to participate, circle "2," or "NO. Thank them and end the interview. If the respondent has already answered questions in any of the previous sections, record "YES" and proceed to the next question.

101: Record the time.

102-105: Telephone/2-way radio. A telephone that is inside the facility must be able to call outside the facility to be considered as having a telephone. If the facility has a telephone outside the consultation rooms or outside the facility, there should be an allocated budget for use by the facility staff in order for it to be considered as having a telephone. Ask if the landline telephone or cell phone, or personal cell phone, or 2-way radio is functioning the day of the survey. You may record the verbal answer of the respondent without observing the telephone or 2-way radio yourself.

106: Computer. Clarify if the computer is functioning the day of the survey, or not. You may record the verbal answer of the respondent without observing the computer yourself.

107: Email: Email refers to the ability to receive electronic mail. If the system functions any portion of a day, this is acceptable. You may record the verbal answer of the respondent.

108-109: Electricity grid and electricity from other source: A battery that powers a single light bulb is not considered a source of electricity.

110: Back-up generator: You may accept the verbal answer of the respondent.

111: Electricity availability during working hours:

Ask the respondent if the power is always available (from sources excluding backup generator), or is sometimes interrupted. Sometimes interrupted is defined as if it is ever interrupted for at least 2 hours or more. If a facility provides 24-hour emergency services, the electricity should be available 24 hours.

112: Most commonly used water source for hand washing: This question attempts to clarify the source of water that is used for washing hands and other items fused for direct patient care. If water for hand-washing is obtained from several sources, probe to determine the source from which the facility obtains the majority of its water. If the source varies by season, record the main source used at the time of interview.

Definitions of Water Source Codes for Q. 112

Piped into facility: Pipe connected with in-facility plumbing to one or more taps, e.g. in the kitchen and bathroom.

Piped water to facility grounds: Pipe connected to a tap outside the facility in the yard or plot, sometimes called a yard connection.

Public tap or standpipe: Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.

Tube well or borehole: A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.

Protected dug well: A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.

Unprotected dug well: A dug well which is unprotected from runoff water; 2) unprotected from bird droppings and animals; or (3) both.

Protected spring: A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.

Unprotected spring: A spring that is subject to runoff and/ or bird droppings or animals. Unprotected springs typically do not have a “spring box”.

Rainwater: Rain that is collected or harvested from surfaces by roof or ground catchments and stored in a container, tank or cistern.

Tanker truck: Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water.

Cart with small tank: Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a donkey).

Surface water: Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels

Bottled water: Water that is bottled and sold in bottles.

113: Distance to water

This question is asked if the source of handwashing water is located within 500 meters of the facility. Think of a distance it is to get to the source and get back to the facility.

114: Filter for Pharmacy or Drugstore

At this point, go back to the cover page, question Q.006 to check whether facility surveyed is a pharmacy (codes '09' or '10') or a drugstore (code '11'). If none of the three codes is circled, proceed with the question 115. If the facility is either a drug store or a pharmacy, skip to section 8, Q.801

115. Inpatient Services: This refers to services where patient care is provided on an inpatient basis. Patients are kept for a period of time, for treatment. Note: we are referring to *routinely* providing inpatient care.

116. Beds for Overnight Observation: Often, health centers have several beds where patients can be observed or receive treatment overnight instead of being sent home or referred to another facility. These would frequently be people receiving intravenous fluids for dehydration and weakness, or deliveries. The facility does not *routinely* use these beds and most often patients do not stay more than one day.

117-118. Overnight/Inpatient Beds: This refers to the total number of beds available in the facility, for both inpatient care/services (Q117) and for overnight observation (Q118).

119-121. Presence and Number of Beds to Deliver Babies: We are interested if there are beds and how many in the maternity ward or unit in the facility, as well how many deliveries took place in facility.

122. Waiting area for infectious patients

SECTION 2A. Identifying services by clinic/unit within the Facility:

In questions 201-204 you will be asked particular questions and then presented with a list of the types of clinic/units you may encounter in the facility that provide various services. This list is comprehensive and not all of these clinic/units will be found, even in a large hospital. However, ask the in-charge about each one to determine if it might exist in the facility.

201A-201B. Immunization services: These questions refer to the mode of providing immunization services in the facility and/or outreach, and the target audience for such services.

202-204. Various services: These question list various services that may or may not be offered a health facility to children under 5 and general population. Probe each service and circle '1' if the service is offered in the facility; or circle '2' if the service is not offered.

205-207. TUBERCULOSIS (TB) SERVICES: This set of questions collects data specific to TB services for any outpatient or inpatient clinic/unit where TB clients are diagnosed, treated, or followed-up. After asking about every type of service in 206, if service is provided (code '1' is circled), proceed to Question 207 on this line to ask whether there is a fee for this particular service in this health facility.

Diagnostic methods: Ask for the most common method used by staff at this site to diagnose TB.

Sputum smear is most commonly the test for acid fast bacillus (AFB).

Culture Organisms grown on a medium so that they can be identified. A culture that is positive for *M. tuberculosis* contains tubercle bacilli, whereas a culture that is negative contains no detectable tubercle bacilli.

X-ray only refers to a chest X-ray.

Multidrug-resistant tuberculosis (MDR-TB) Checking for TB that is resistant to isoniazid and rifampin; more difficult to treat than drug-susceptible TB. Diagnostics with either culture or rapid test

TB treatment: General availability of treatment of tuberculosis in this facility. If facility provides only diagnosis for TB and clients are referred elsewhere for follow-up treatment, skip to next line.

Direct Observed Treatment Short course (DOTS) is a strategy where the health worker must observe the client taking their treatment on a daily basis at least for the first two months, and the treatment regime is a short course (most often 6 months). Either the client must come to the HSO, or a health worker must go to the client home to observe the treatment. Programs that provide the first two months of treatment to inpatients and then discharge clients for follow-up as outpatients, and that are short-course treatments, are DOTS.

Directly Observed Therapy (DOT) means that a trained health care worker or other designated individual (excluding a family member) provides the prescribed TB drugs and watches the patient swallow every dose. DOT can take place in the office, clinic, or in the community and can be used alone or with other measures.

System for following up on TB cases: There should be some record of this type of activity, even if TB cases are diagnosed elsewhere. Sometimes follow-up treatment for active TB is provided only after the client goes through an intensive treatment program elsewhere. This is because after two months of consistent TB treatment a person is no longer considered to be as contagious to others. Some service sites may not be equipped either to validate that the client has taken medicine consistently for two months or to ensure that others are not infected during the initial two-month period of treatment.

208-212. HIV/AIDS SERVICES: This set of questions collects data specific to HIV/AIDS services for any outpatient or inpatient clinic/unit where clients can get HIV/AIDS and get diagnosed, and those with HIV/AIDS are treated, or followed-up. As with the TB questions, after asking about every type of service in 209, if service is provided (code '1' is circled), proceed to Question 210 on the same line to ask whether there is a fee for this particular service in this health facility

HIV Counseling and Testing Services: Pre-test counseling should be offered in all Counseling and Testing services, to ensure patients are making informed decisions and understand the risks. Post-test counseling should always be offered to those testing both negative and positive to ensure the patient understands the results of the test, the consequences of the result, and to provide risk-reduction counseling and HIV/AIDS education. VCT is considered the entry point

to prevention, care and support services, thus strong referral mechanisms should be in place for all VCT clients, especially people testing positive, to ensure the continuum of care. VCT services are provided through an outpatient clinic/unit/unit, or in a separate HSO.

Antiretroviral Therapy (ART) for any outpatient or inpatient clinic/unit where ART services are provided. This question excludes the preventive ART for PMTCT services, and post-exposure prophylaxis.

Prevention of Mother to Child Transmission Services (PMTCT) refers to a clinic/unit where the primary service is PMTCT. An ANC clinic/unit that also provides PMTCT is an ANC clinic/unit. PMTCT services may include one or more of these components: (voluntary) counseling and testing, risk-reduction counseling, infant feeding counseling, provision of antiretroviral prophylaxis during pregnancy and/or at the time of delivery for the mother and child, infant feeding counseling and counseling on family planning and/or referral for antiretroviral therapy after delivery. For services that may not be directly provided at the department, such as family planning, and possible other HIV/AIDS-related services, strong referral mechanisms should be in place to ensure the continuum of care. PMTCT services are primarily offered through outpatient clinic/unit.

Post-exposure prophylaxis (PEP) is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, either occupationally (health providers) or through sexual intercourse (rap victim). Within the health sector, PEP should be provided as part of a comprehensive universal precautions package that reduces staff exposure to infectious hazards at work.

Youth friendly services (YFS): Many youth in need of sexual and reproductive health care and obtaining knowledge about HIV/AIDS prevention may either decline or be denied access to health services for a variety of reasons: Providers are often biased and do not feel comfortable serving youth who are sexually active; youth do not feel comfortable accessing existing services because they are not "youth-friendly" and may not meet their needs. Ask whether there is YFS in this clinic/unit. Key elements include: no restrictions on services provided to adolescents, special adolescent needs addressed, gender, guarantee privacy, confidentiality, promote autonomy, free/affordable services.

HIV/AIDS preventive outreach services: Many people with HIV and AIDS or at high risk for HIV infection in do not receive comprehensive medical and psychosocial service due to an array of barriers including lack of knowledge where to go, poverty, and difficulty accessing existing services. The HIV/AIDS preventive outreach services are supposed to provide HIV prevention education and outreach services to for those disadvantaged and in remote areas, and facilitate their entry into the health care system.

211 Blood transfusion: HIV/AIDS epidemic has highlighted the importance of ensuring the safety, as well as the adequacy, of national blood supplies. In many countries, even where blood is available, many recipients remain at risk of transfusion-transmissible infections, including HIV/AIDS, as a result of poor blood donor recruitment and selection practices and the use of untested units of blood.

212 Relationship with NGOs and CBOs for HIV prevention activities: Ask whether there is a formal relationship between health facility and non-governmental organizations (NGOs) and community based organizations (CBOs) for HIV prevention activities in the community, regionally or nationally.

213-214 Surgical services: Inquire about the availability of various types of surgical services, including counseling and clinical services. In 214 make sure to circle either '1' for Yes or '2' for No for each type of surgical services.

215-217 Fees for services: By this question you should already have an idea whether fees are charged for services (see Qs. 207 and 210). Now ask whether the list of fees charged at the facility is available for you to see. Note that depending on the size of facility, in large facilities different units can have their own lists of fees. However, the in-charge has to be aware of whether this type(s) of documents exist. In question 216 and 217 try to find out about the variations in fees, if they exist, and factors behind them. In 217 record factors considered when applying fees as the respondent tells you, do not reword.

SECTION 2B: GENERAL PURPOSE EQUIPMENT

Questions about availability and functioning of material resources in a health service outlet, such as laboratory equipment needed for tests, scales, and various machines can serve are a critical component of overall evaluation of facility's capacity to meet the needs of its clients.

In question 221, please ask about each equipment item one by one, and ask about its availability and whether it is functional now. You have to circle one of the codes 1-4 for each line item.

SECTION 3: INFECTION CONTROL

Medical equipments and surgical instruments are examples of devices that are essential to the care of patients; however, because they typically are designed for reuse, they also can transmit pathogens if any of the steps involved in reprocessing, cleaning, disinfection, or sterilization are inadequate or experience failures. Because the vast majority of pathogens are present in organic matter, e.g. visible soil, the first step in reprocessing, cleaning, is the most important. Any failure to remove soil at this point creates the potential for transmission of infection as the efficacy of subsequent disinfection or sterilization will be compromised. Decontamination is the process by which microorganisms are removed or destroyed in order to render an object safe. It includes: cleaning, disinfection, and sterilization. All hospitals and health care facilities should have a decontamination policy and help staff to decide what decontamination process should be used for which item of equipment.

301: Needles and syringes. Inquire about the type of needles and syringes used in the facility.

302-303 Decontaminating and cleaning equipment before final processing: There are several ways to decontaminate, disinfect and sterilize equipment for either reuse or disposal.

301: Final process for disinfecting syringes and needles: This refers to the final process applied prior to reuse. Indicate the appropriate response. If needles and syringes are never reused, the correct response is "Y".

302: Final process for disinfecting medical equipment: This refers to the final process applied to equipment prior to reuse. Different methods may be used for different types of equipment. Record all methods used. Note the difference between electric and non-electric methods:

(A-B): Autoclave: The autoclave sterilizes by steam and under pressure. Autoclaves may be electric, or may require an external heat source. Ask to make sure the pressure component works. You can take the word of the staff if the item is not being used at the time, although ask to see the item.

(C): Dry heat sterilizer: The dry heat sterilizer is electric.

(D-E): Pot with cover for steam or boiling: The pot, which is used for both systems, must have a lid. A steam sterilization places cleaned item on a rack over boiling water, boiling places them directly in the water. If the method used is steam, check to make sure the steam tray has holes in it.

(F): Chemical method is method uses various chemical solutions to sterilize medical equipment. The followings are chemical solution approved by CDC: (1) Glutaraldehyde (2%) for a minimum of 10 hours; (2) Formaldehyde (8%) solution for a minimum of 18 hours; (3) Stabilized hydrogen peroxide (6%) for a minimum of 6 hours; (4) Chlorine Dioxide for a minimum of 6 hours.

304 Automatic timer: This must be a timer that can be set to indicate when the appropriate amount of time has passed. A watch or clock is not sufficient unless they can be set to indicate (e.g. buzz or ring) when a certain amount of time has passed. Some sterilizers and autoclaves have built-in timers where either a sound is made, or the equipment automatically shuts off when the correct amount of time has passed. These may count as the timer if the equipment with the built in timer is that used for sterilization.

305-306 Final disposal of sharps and other hazardous waste: refer specifically to contaminated or potentially dangerous sharp items that are being disposed of, such as needles. **Where** and **how** are used sharps and filled sharps boxes destroyed? There are 4 broad categories of responses.

- 1) Burn in incinerator: This is an enclosed structure (brick or other) where waste can be burned at a higher temperature than is achieved in a site open to air such as a pit.
- 2) Open Burning: The next most effective means of destroying contaminated waste.
- 3) Dump without burning:
- 4) Remove offsite: There is a place outside the facility where waste is taken for final disposal.

Each of these broad categories has sub-responses and implications. For example, there are 2 main types of incinerators, with varying degrees of effectiveness. OPEN BURNING could be “flat ground” with no protection whatsoever, or this could take place in a “pit” or “protected” ground, with some degree of “security” so that people or animals cannot easily access the site. DUMPING WITHOUT BURNING could take place at a “flat ground” with no protection, or a “covered pit” or “pit latrine”. This could also take place in an “open pit” or “protected ground”. REMOVE OFFSITE means the waste is kept somewhere prior to removal, and this could be “stored in covered container” or “other protected environment”, or yet still, stored unprotected. These are all options that are possible in any given facility and it is the responsibility of the interviewer to clarify with the respondent what goes on in the facility.

Q306 refers to items that are contaminated by blood or bodily fluids (e.g. bandages), intravenous tubing or bottles, etc., but not items that will be reused. If the contaminated hazardous waste is disposed at the same site as sharp waste, the correct answer is (1); if the system is different, then go through the steps described above.

307 Environmental disinfectant Environmental disinfectant (such as bleach, Lysol) would be a ready-to-use, aerosol dispensed, hard surface disinfectant and deodorizer. It could be effective against various bacteria on inanimate environmental surfaces such as toilet seats, telephones, wash basins, metal beds and springs, trash receptacles, carts, exam tables, hampers, lockers, door knobs and tile in households and health facilities

308 Hand washing items: Hand washing items are important for infection and disease control. Health care settings should have such items available in each clinic/unit to avoid further spread and contamination of infectious diseases. If you are told that hand-washing soap or cleansing solution is available, ask if it is always available.

SECTION 4: HEALTH WORK FORCE

Human resources are an essential element of a health system's inputs. Even if medical equipment is available, no services can be performed without trained staff. Section 4 aims to conduct staff inventory and their availability at the facility. This section has to be adapted to a country, depending on local titles and formal names.

In question 401 read the list of type of personnel, and in the right-hand columns record the number of each type of medical staff, by their time commitments and availability at the end of an interview. Please note to use appropriate codes for situations when none of the identified type personnel is present, if there are more than 15 medical staffers in a particular category, or if the person you are interviewing does not know.

SECTION 5: STAFF TRAINING AND GUIDELINES

Presence of staff in the facility does not guarantee their up-to-date training and full compliance to the national and international guidelines and protocols. In section 5 we would like to know

whether staff, discussed in previous section, has received formal training on the delivery of specific interventions and services and whether guidelines for particular interventions are available and can be easily observed at the facility.

In question 501 ask about the number of staff who received pre- or in-service training during the last 2 years in each of the listed, and then for each intervention in 502 circle a code for guidelines' presence and availability.

Each guideline or protocol document must contain “key elements” considered essential for providing the service with basic good quality. The facility survey does not observe whether providers actually use the protocols but rather whether they are available to them in service sites if they choose to do so. Following is a basic description of what is expected in each guideline or protocol. If there is any doubt about whether an observed item includes the protocol or guide you are asking about, briefly look through documents to ensure that a subject is or is not included.

The content of the national guidelines/protocols were reviewed prior to training for a minimum set of key elements considered crucial for providing basic quality services. These national guidelines/protocols and the key elements they should contain will be reviewed with you during training. You will be given a set of title pages to the documents as well. You will also have a copy of a table containing information about the content of national guidelines/protocols linked to the title of the protocols.

The health facility may use guidelines/protocols other than the national guidelines/protocols produced by a Ministry of Health. If you find protocols other than the nationally produced ones, you must skim those protocols to assess whether they contain key elements. If you find that one element is missing from the protocol used in the site, then that protocol does not meet the criteria. We will review the guidelines or protocols and the key elements when we come upon them when reviewing the questionnaires.

Integrated management of childhood illness (IMCI) The generic version of the guidelines concentrates on the outpatient management of the following conditions:

- Acute respiratory infections, including pneumonia;
- Diarrhoeal diseases, including dehydration, bloody and persistent diarrhoea;
- Meningitis and sepsis;
- Malaria;
- Measles
- Ear infection;
- Malnutrition; and
- Anaemia.

The generic guidelines need to be adapted in countries, to take into consideration local epidemiology, existing policies, drug resistance patterns, essential drugs availability, feasibility of implementation through the existing health system, and local terminology used in communities to refer to common illness entities. Recommendations on foods and fluids also need to be adapted.

Adolescent Sexual and Reproductive Health (ASRH) The generic guidelines need to be adapted in countries, to take into consideration local traditions, but the main issues that need to be covered in adolescent sexual and reproductive health care are:

- Sexual development and sexuality (including puberty)
- Sexually transmitted diseases/ HIV/AIDS
- Unwanted and unsafe pregnancies

Delivery care (safe motherhood'/life saving skills): Guidelines to raising the quality of care and support given to mothers during pregnancy, labor and puerperium.

Integrated Management of Adolescent and Adult Illness (IMAI) The guidelines should include information on management of symptoms during acute or chronic illness; education of the patient, family, and community caregiver in providing care at home; and end-of-life care. Palliative care in both children and adults should be covered.

Family Planning The generic version of the guidelines should concentrate on family planning and reproductive health services counseling and provision of family planning methods to clients.

Diagnosis and treatment (management) of malaria: This includes any guidelines/protocol that specifies the drug treatment regime for malaria (medicines and doses) plus therapy for malaria in pregnancy.

Diagnosis and treatment (management) of tuberculosis refers to guidelines specifies the clinical and laboratory method to diagnose tuberculosis and drug treatment regime for tuberculosis (medicines and doses).

Diagnosis and treatment (management) of STI: The guidelines may be in any form so long as they provide a written regime for diagnosis and treatment (medicines and doses) to be used for each of the major STI including chlamydia, gonorrhea trichomoniasis and syphilis.

Management of MDR-TB: MDRTB control framework includes a well-functioning DOTS program, rational case-finding strategies, diagnosis of MDRTB through quality-assured culture and drug susceptibility testing (DST), treatment strategies that use second-line drugs under proper management conditions, uninterrupted supply of quality-assured second-line drugs, and a recording and reporting system designed for MDRTB control programs that enables monitoring and evaluation of program performance and treatment outcome. MDRTB control programs may differ substantially between settings. Some aspects in which MDRTB control programs may vary include whether all TB patients are tested with culture and DST or only patients with an increased risk for MDRTB, use of standardized or individualized second-line treatment regimen, and hospitalization of MDRTB patients or provision of treatment on an ambulatory basis.

HIV testing refers to training on a guideline/protocol about procedures to be followed for HIV testing. Ask about VCT policy to assess whether staff was trained according to guidelines that may exist in some other written form. Ask whether staff was trained in HIV testing or counseling or both, and if the guideline/ protocol is available for either counseling, testing or both.

Prevention of mother to child transmission (PMTCT) of HIV: Training and guidelines should include criteria for initiating ART to be the same as for non-pregnant women, specific recommendations for treatment doses to women and infants at birth.

Infection control/standard precautions for handling blood and other body fluids. ‘Blood safety’ refers to instructions for tests required prior to transfusing blood. Infection prevention guidelines refer to standard measures that all health care workers must use to ensure that contaminated waste and blood are properly disposed of and the workers are protected from inadvertent infection. Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with health care. In addition to hand hygiene, the use of personal protective equipment should be guided by risk assessment and the extent of contact anticipated with blood and body fluids, or pathogens.

HIV/AIDS opportunistic infection treatment and care: This guideline should include the prevention, diagnosis and treatment of HIV/AIDS-related conditions, including common opportunistic infections such as tuberculosis, pneumonias, etc. These guidelines may be in any form so long as they provide a written regime for treatment to be used for specific OI illness.

Management of TB/HIV co-infection: Guidelines should include provision of ART for HIV-infected TB patients.

Drug and Supplies Management: Each health facility staff member should know how to correctly manage the drug supply at the facility by distributing drugs and supplies to lower level clinic facilities and ultimately to consumers, through following a cycle of steps: forecasting needs; the bidding process; ordering; receiving; storing/warehousing; and distribution..

Health management information system (HMIS) training: These refer to instructions on how to complete forms or how to record information.

Post-Exposure Prophylaxis (PEP): refers to instructions on who should receive prophylaxis and how the medication should be provided. Ask whether there is a written guideline/protocol for PEP at the health facility and if so, ask to see it. Review it for the following key elements: testing, treatment regime (medication and dose) and a follow-up test.

503. Current professional qualification: Inquire about the availability of staff responsible for ensuring that health facility personnel has up-to-date training in their areas of expertise.

SECTION 6: DRUGS AND COMMODITIES

601-602 General Medicines: In question 601 ask about the availability of specific drugs listed, note the required dosages, where applicable, and expiration dates for all drugs listed. Drugs need to be observed by you to be sure that all the information about their availability is correct. After one of the codes about availability/ expiration is circled, proceed to Q. 602 to inquire whether drug was available in the facility in the 3 months prior to survey.

603-604 Malaria Medicines: In question 603 ask about the availability of malaria medicines listed, note the required dosage for Fansidar and expiration dates for each. Drugs need to be

observed by you to be sure that all the information about their availability is correct. After one of the codes about availability/ expiration is circled, proceed to Q. 602 to inquire whether drug was available in the facility in the 3 months prior to survey.

605-606 Tuberculosis Medicines: In question 605 ask about the availability of specific drugs listed, note the required dosages and expiration dates for all drugs listed. Drugs need to be observed by you to be sure that all the information about their availability is correct. After one of the codes about availability/ expiration is circled, proceed to Q. 606 to inquire whether drug was available in the facility in the 3 months prior to survey.

607-609 ARV Medicines:

In filter 607, go back to question 207 to check whether facility provides ARV treatment. If not ARV treatment is provided in this health facility, skip to question 611. If ARV treatment is provided at the facility, proceed to ask question 608 about the availability of ART treatment drugs listed, note the expiration dates for all of them. Drugs need to be observed by you to be sure that all the information about their availability is correct. After one of the codes about availability/ expiration is circled, proceed to Q. 609 to inquire whether drug was available in the facility in the 3 months prior to survey.

611-613 Source of Drug Supplies The following questions ask about Ministry's of Health role in providing drug supplies, and alternative source of drug supplies in the case of shortage of drugs at the MOH. We are also interested in frequency of MOH drug supply.

614 Staff in charge of drug supply

SECTION 7: LABORATORY

This section is similar to previous section, but with a focus on availability and functionality of equipment for conducting tests for diagnostic of HIV, Malaria, Tuberculosis and others conditions/illnesses.

The laboratory services may take place in different parts of the health facility, including the immunology clinic/unit and the hematology clinic/unit. For observation of all equipment, tests, and supplies, the interviewer will need to ask the head of the laboratory services to take you to whichever clinic/unit in which these services take place.

Note: If the rapid test is the only test conducted in the service site being assessed, then that site is not considered to have a laboratory. If more than the rapid test is conducted, the laboratory module must be completed for that clinic/unit, even if the health facility does not consider the location to be a laboratory.

Question 701 asks about the availability of all the tests listed and ask to see it. After one of the codes about availability and your observation is circled, if the test is available, proceed to Q. 702 to inquire whether equipment for conducting test is in working order. If no listed test is available in the facility, skip question 702 and go down one line to ask about next test.

Question 703 asks about the availability of various tests listed and asks for a chance to see it. After one of the codes about availability and your observation is circled, if the test is available, where applicable, proceed to Q. 704 to inquire whether equipment for conducting test is in working order. If no listed test is available in the facility skip question 704 and go down one line to ask about next test.

Question 705 focuses on the availability of certain tests in the facility, and timing associated with receiving test results on-site or the necessarily to outsource.

Question 706 asks about the quality assurance program in the laboratory.

707 Skip At the end of this section, skip to the last page of the questionnaire, question 901 to record the time and any observations.

SECTION 8: STAND ALONE PHARMACY/DRUG STORE

You will get to this section from the first section, Filter 114. Note that this section of the questionnaire should only be used at the pharmacy or drug stores which are separate from any health facility, that is stand alone facilities.

All the rules about interviewing apply to this section as well. Introduce yourself and the agency you are representing. Briefly explain the purpose of your visit, and ask the respondent if he/she has time to answer some questions. Try to find the most appropriate respondent: some responses require specific knowledge about the services pharmacy/drug store provides. The in-charge or one inventory respondent may not know the answers to some of these questions. For any question where the response is “DON’T KNOW” you should ask if there is someone else available who might know the response for the information you are seeking, and only accept “DON’T KNOW” if there is no one who works with that specific service who can provide the answer.

In question 801 ask whether the pharmacy or drug store is registered with the national or local authority.

802 Staff This question lists all possible staff that could work at the pharmacy/drug store. Either ‘Yes’ or ‘No’ codes should be circled in the right column for each line.

803-806 In question 803 we inquire about general availability of counseling, testing, and treatment services at this facility. Questions 804-806 ask specifically about types of counseling, testing and treatment options available at this pharmacy/drug store. Note that either ‘Yes’ or ‘No’ codes should be circled in the right column for each line.

Please refer to previous sections for notes of services.

807-808 General Medicines: In question 807 ask about the availability of specific drugs listed, note the required dosages and expiration dates for all drugs listed. Drugs need to be observed by you to be sure that all the information about their availability is correct. After one of the codes

about availability/ expiration is circled, proceed to Q. 808 to inquire whether drug was available in the facility in the 3 months prior to survey.

809-810 Malaria Medicines: In question 809 ask about the availability of malaria medicines listed, note the required dosage for Fansidar and expiration dates for each. Drugs need to be observed by you to be sure that all the information about their availability is correct. After one of the codes about availability/ expiration is circled, proceed to Q. 810 to inquire whether drug was available in the facility in the 3 months prior to survey.

811-812 Tuberculosis Medicines: In question 811 ask about the availability of specific drugs listed, note the required dosages and expiration dates for all drugs listed. Drugs need to be observed by you to be sure that all the information about their availability is correct. After one of the codes about availability/ expiration is circled, proceed to Q. 812 to inquire whether drug was available in the facility in the 3 months prior to survey.

813-814 ARV Medicines: Ask question 813 about the availability of ART treatment drugs listed, note the expiration dates for all of them. Drugs need to be observed by you to be sure that all the information about their availability is correct. After one of the codes about availability/ expiration is circled, proceed to Q. 814 to inquire whether drug was available in the facility in the 3 months prior to survey. Because of the value of the medicines, it is extremely important that they are kept separated from other medicines and locked when not being used.

901. Record the time.