

FACILITY QUESTIONNAIRE (ENDLINE)

PHC NAME: _____ DATE: _____

IDENTIFICATION

Q.#	QUESTIONS	CODES	GO TO Q.
1.	State Name	_____	
2.	Consent given?	Yes1 No2	→ End
3.	Name of respondent	_____	
4.	Job title of respondent	Officer-in-charge (OIC)1 Deputy OIC2 Other (specify):_____3	

SERVICES

FACILITY QUESTIONNAIRE (ENDLINE)

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Q.#	QUESTIONS	CODES	GO TO Q.
1.	Is this PHC open with someone physically present (and available to work) 24 hours a day on Monday to Friday?	Yes1 No2	→ 2
b.	Weekday:	Opening time: _____ Closing time: _____	
2.	Is this PHC open with someone physically present (and available to work) 24 hours a day on Saturday?	Yes1 No2	→ 3
b.	Saturday :	Opening time: _____ Closing time: _____	
3.	Is this PHC open with someone physically present (and available to work) 24 hours a day on Sunday?	Yes1 No2	→ 4
b.	Sunday:	Opening time: _____ Closing time: _____	
4.	Is there a health provider on call after closing hours?	Yes1 No2	→ 10
5.	Is the provider on call usually physically present in the PHC?	Yes1 No2	
6.	How often does the PHC provide services to patients after closing hours?	All the time1 Frequently2 Sometimes3 Seldom4 Never5	
7.	Does this facility provide inpatient admissions?	Yes1 No2	

STAFFING

When we visited the last time, you gave us the names of providers in this facility. I am going to ask you about each of them one after the other.

PLEASE FILL OUT THESE SERIES OF QUESTIONS FOR EACH HEALTH PROVIDER.

Q.#	QUESTIONS	CODES	GO TO Q.
	Old Providers		
1.	Name of Provider	_____	
2.	Is [NAME] still working in this facility?	Yes1 No2	→ 3
3.	When did he/she stop working in this facility?	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Year </div>	→ Next Provider
	Are there any other providers working in this PHC that have not been mentioned?	Yes1 No2	
	New Providers		
1.	Name of Provider	_____	

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2.	Cadre	Doctor1 Nurse2 Midwife3 Nurse/midwife4 CHO5 CHEW6 J-CHEW7 Other (specify):8	
4.	When did he/she start working in this facility?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Year </div>	

PROVIDER ASSESSMENT

Now I am going to ask you some questions about [NAME] who was posted to this PHC as part of this study

Q.#	QUESTIONS	CODES	GO TO Q.
1.	Does he/she live on the PHC premises?	Yes1 No2	→ 5
2.	Where do they live?	In the community where the PHC is located1 In a nearby community2 In the town3 Other4	
3.	How far away do they live from the PHC in kilometers?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin: 0 5px;">km</div> </div>	
4.	How long does it take by car to get to the PHC?	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Minutes Hours </div> Enter 0 if only Minutes or hours	
5.	On weekdays, i.e., Monday-Friday, what time does [NAME] usually resume in the PHC?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin: 0 5px;">am/pm</div> </div>	
6.	What time does [NAME] usually leave the PHC?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin: 0 5px;">am/pm</div> </div>	
7.	Does [NAME] usually come to work on Saturday?	Yes1 No2	→ 10
8.	What time does [NAME] usually resume on Saturday?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin: 0 5px;">am/pm</div> </div>	
9.	What time does [NAME] usually leave on Saturday?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin: 0 5px;">am/pm</div> </div>	
10.	Does [NAME] usually come to work on Sunday?	Yes1 No2	→ 13
11.	What time does [NAME] usually resume on Sunday?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin: 0 5px;">am/pm</div> </div>	
12.	What time does [NAME] usually leave on Sunday?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="margin: 0 5px;">am/pm</div> </div>	
13.	If there is an emergency outside of normal working hours, e.g., at night, how often would	All the time.....1 Most of the time.....2	

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	[NAME] be called to attend to the patient?	Sometimes3 Seldom5 Never6	
14.	If there is a delivery outside of normal working hours, e.g., at night, how often would [NAME] be called to attend to the patient?	All the time.....1 Most of the time.....2 Sometimes3 Seldom5 Never6	
15.	On a scale of 0-10 where 10 is the highest possible score and 0 is the lowest, how would you rate [NAME]'s clinical knowledge (i.e., what they know)?	00 11 22 33 44 55 66 77 88 99 1010	
16.	On a scale of 0-10 where 10 is the highest possible score and 0 is the lowest, how would you rate [NAME]'s clinical skill (i.e., what they can do)	00 11 22 33 44 55 66 77 88 99 1010	
17.	On a scale of 0-10 where 10 is the highest possible score and 0 is the lowest, how would you rate [NAME]'s rapport with patients?	00 11 22 33 44 55 66 77 88 99 1010	
18.	On a scale of 0-10 where 10 is the highest possible score and 0 is the lowest, how would you rate [NAME]'s rapport with other PHC staff?	00 11 22 33 44 55 66 77	

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		88 99 1010	
19.	How likely would a provider in this PHC be to seek advice/help on a case from [NAME]?	Very likely1 Somewhat likely2 Neither likely nor unlikely3 Somewhat unlikely4 Very unlikely5	
20.	On a scale of 0-10 where 10 is the highest possible score and 0 is the lowest, how would you rate [NAME]'s overall performance since they arrived in this PHC?	00 11 22 33 44 55 66 77 88 99 1010	
21.	Overall, what impact would you say [NAME] has had on operations in this PHC?	Strongly positive1 Fairly positive2 Neither positive nor negative3 Fairly negative4 Strongly negative5	
22.	In what way has [NAME] impacted operations in this PHC?	Providers were over-worked, helped to reduce the workload1 Allowed the PHC to extend hours of service2 Allowed the PHC to provide services not previously offered3 Helped other providers to improve their clinical knowledge and skills4 Brought in new ideas/new ways of doing things5 Challenged other providers to be more hardworking6 Positive attitude made work environment more pleasant7 Other (specify): 8	
23.	You say he/she brought new ideas: Can you give me an example?	-----	

RECORDS

THE INFORMATION FROM THIS SECTION SHOULD COME FROM THE RELEVANT CLINIC REGISTER. WE NEED INFORMATION FOR THE LAST THREE COMPLETED CALENDAR MONTHS

ENTER INFORMATION FOR MONTH 1 IF NO RECORDS ARE AVAILABLE ASK		
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PHC NAME: _____ DATE: _____

	RESPONDENT TO ESTIMATE THE NUMBER	_____	
a.	Number of patients seen in the clinic?		
b.	Number of antenatal care visits		
c.	Number of new antenatal clients (first visit)		
d.	Number of deliveries in health facility		
e.	Number of inpatient admissions		
f.	Number of sick under-five children		
	ENTER INFORMATION FOR MONTH 2 IF NO RECORDS ARE AVAILABLE ASK RESPONDENT TO ESTIMATE THE NUMBER	_____	
a.	Number of patients seen in the clinic?		
b.	Number of antenatal care visits		
c.	Number of new antenatal clients (first visit)		
d.	Number of deliveries in health facility		
e.	Number of inpatient admissions		
f.	Number of sick under-five children		
	ENTER INFORMATION FOR MONTH 3 IF NO RECORDS ARE AVAILABLE ASK RESPONDENT TO ESTIMATE THE NUMBER	_____	
a.	Number of patients seen in the clinic?		
b.	Number of antenatal care visits		
c.	Number of new antenatal clients (first visit)		
d.	Number of deliveries in health facility		
e.	Number of inpatient admissions		
f.	Number of sick under-five children		

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OBSERVATION MODULE

Q.#	QUESTIONS	CODES	GO TO Q.
1.	What is the general condition of the clinic building(s)?	Poor (requires major rehabilitation)1 Fair (requires some rehabilitation)2 Good (requires no rehabilitation)3 Excellent (like new or almost new)4	
2.	What is the general condition of the clinic infrastructure (chairs, tables, beds, curtains etc.)?	Poor (requires major rehabilitation)1 Fair (requires some rehabilitation)2 Good (requires no rehabilitation)3 Excellent (like new or almost new)4	
3.	How clean is the inside of the clinic?	Very dirty1 Somewhat dirty 2 Clean3 Very clean4	