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Health Facility Assessment Tool

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Health Facility Assessment Tool

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INTRODUCTION

This facility assessment is aimed at measuring the following qualities of a health facility:

1. Staff capacity
2. Infrastructure capacity
3. Equipment capacity

The results from this assessment will inform the type and level of support JSI provides to target health facilities. The aim of all support provided is to improve provision of medical care to Ebola survivors, and as such, priority will be placed on improving areas most pertinent to survivor needs.

Proposed Methodology

The tool should be implemented using a three-stage process.

Stage 1 is an interview with the head of the health facility or a senior health facility staff member. This interview will be comprised of Parts A-C of the tool.

Stage 2 is a physical assessment of the health facility and the equipment available. This will comprise Parts D-E of the tool. This should be done jointly by two individuals accompanied by a senior facility staff member.

Stage 3 is individual interviews with relevant facility staff members. This will comprise of Part F for the tool. Part F should be completed with each relevant staff member. Relevant staff are to be identified during Part C of the assessment.

Tool Contents

The assessment is broken down into the following sections:

- **Part A: General Information**
  - Facility basic information
  - Opening hours
  - Referral capacity
  - Utilization rates
  - Interviewer details
- **Part B: Service Availability**
  - Types of services offered
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- **Part C: Staffing**

- General staff numbers
- Specialist staff numbers

- **Part D: Infrastructure**
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  - Water
  - Fencing
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  - Imaging equipment
  - Medical storage

- **Part F: Pharmaceutical Supplies**

- **Part G: Training Needs**

Name of interviewee _____

Name of health facility _____

JSI HEALTH FACILITY ASSESSMENT: October 2016

PART A: GENERAL INFORMATION

NO.	QUESTION	RESPONSE	SKIP
A1	Date	_____	
A2	Name of interview respondent	_____ _____	
A3	Is the person being interviewed in charge of the facility? *(ie. If it is a Hospital should be a Medical Director, if it is a Health Centre should be an OIC/Nursing Director)*	☐ Yes.....1 ☐ No.....2	
A4	Position title of interview respondent	_____ _____	
A5	Team Number	☐ Team 1 ……..……...1 ☐ Team 2 .....……..……...2	
A6	MOHS ID Number	_____	
A7	Facility Name	☐ Redemption Hospital…….…….....…...1 ☐ Duport Road Health Center…….....2 ☐ C.H. Rennie Hospital…….…….....3 ☐ Tellewoyan Hospital …….…….....4 ☐ Kolahun Hospital…….....5 ☐ Phebe Hospital…….....6 ☐ Boma Hospital.....7 ☐ Dolo Town Health Center.....8	

Name of interviewee _____

Name of health facility _____

A8	Facility Type	☐ National Referral Hospital……..…..…1 ☐ County Hospital…….....…..……2 ☐ Health Center…….…..…..….3	
A9	County	☐ Montserrado……..…….....….1 ☐ Lofa…….....…….2 ☐ Bong…….....……..……..…...3 ☐ Margibi…….....……..……..…...4	
A10	Health District	_____	
A11	Year of facility construction	_____ year facility was constructed	
A13	Number of buildings at health facility	_____ number of buildings	
A14	Does the facility take inpatients? **Inpatients: 24 hours or more* **Short stay: Less then 24 hrs*	☐ Outpatients only.....0 ☐ Inpatients and Outpatients.....1 ☐ Short stay and Outpatients.....2	
A15	Operating days for the facility Notes about days of service	☐ Every day .....1 ☐ Week days only (Monday – Friday) .....2 ☐ Six days/week (Monday – Saturday) .....3 ☐ Other _____ _____ .....99 _____ _____ _____ _____	

Name of interviewee _____

Name of health facility _____

A16	Operating hours for the facility *(Probe further to ensure it represents pratical opening hours for patient care)*	☐ Four hours or less / day .....1 ☐ 5 to 8 hours / day .....2 ☐ 9 to 16 hours / day .....3 ☐ 17 to 23 hours / day .....4 ☐ 24 hours 5	
A17	Size of the catchment population *(Write down range if exact number not available)*	_____	
A18	*Facility utilization rate* How many individual outpatients did the hospital see in: How many inpatient admissions did the hospital have in:	*Outpatients:* _____ past week _____ past month *Inpatients:* _____ past week _____ past month	
A19	Name of referral facility for emergency care	_____ _____	
A20	Is transport normally provided when referrals are made?	☐ Yes.....1 ☐ No.....2	If 2 selected, skip to A23
A21	Standard form of transport used by health facility for referral	☐ Motorbike.....1 ☐ Ambulance.....2 ☐ Commercial vehicle.....3 ☐ Other _____ _____ 4	
A22	Average wait time for transport *Note: If more than one form of transport used please note times for all forms of transport*	_____ minutes spend waiting for transport	
A23	Average travel time from this health facility to referral facility for patients being referred using transport listed above. (Does not include wait time). *Note: If more than one form of transport used please note times for all forms of transport*	_____ mins in good conditions (dry season) _____ mins in bad conditions (rainy season)	

Name of interviewee _____

Name of health facility _____

A24	Are there referral forms or a referral register that documents these referrals and are they actively used? *Referral forms/register refers to referral documents kept at the health facility.* *(This should be observed)*	☐ Yes, referral forms/register is available and filled in..... 1 ☐ Yes, referral forms/register available but not used .....2 ☐ No.....3	
A25	Please describe what you see as the priority health services for the hospital to develop and improve on during the next 5 years. *Probe: What speciality services do you hope to further develop?*	_____ _____ _____	

Name of interviewee _____

Name of health facility _____

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PART B: SERVICE AVAILABILITY (NOTE: BASED OFF MOH ESSENTIAL PACKAGE OF HEALTH SERVICES)

NO.	QUESTION	RESPONSE	SKIP
	I am now going to ask you some questions about the services offered at this facility. Please indicate which of these services are offered at this health facility		
B1	Screening for non-communicable diseases including diabetes, cancer, hypertension and chronic respiratory disease	☐ Yes, full services.....1 ☐ Yes, partial services .....2☐ No.....3	
B2	Antenatal and newborn care (MNCH)	☐ Yes.....1 ☐ No.....2	
B3	Labor and delivery care	☐ Yes, during day and night .....1 ☐ Yes, during day only .....2 ☐ No.....3	
B4	Postpartum care	☐ Yes.....1 ☐ No.....2	
B5	Expanded Program on Immunization (EPI)	☐ Yes.....1 ☐ No.....2	
B6	Integrated Management of Childhood Illnesses (IMCI)	☐ Yes.....1 ☐ No.....2	
B7	Infant and Young Child Nutrition	☐ Yes.....1 ☐ No.....2	
B8	STI prevention, testing, and/or counselling and treatment	☐ Yes.....1 ☐ No.....2	
B9	HIV/AIDS testing, and counselling and treatment	☐ Yes.....1 ☐ No.....2	
B10	Tuberculousis testing and treatment	☐ Yes.....1	

Name of interviewee _____

Name of health facility _____

		☐ No.....2	
B11	Malaria testing and treatment	☐ Yes.....1 ☐ No.....2	
B12	Infectious/contagious diseases identification and treatment (eg. Viral Hemorrhagic Fever, yellow fever)	☐ Yes.....1 ☐ No.....2	
B13	Mental health screening and support	☐ Yes.....1 ☐ No.....2	
B14	Basic eye screening and referral	☐ Yes.....1 ☐ No.....2	
B15	Family planning counselling and promotion	☐ Yes.....1 ☐ No.....2	
B16	Gender based violence support and counselling	☐ Yes.....1 ☐ No.....2	
B17	Provision of family planning commodities	☐ Yes.....1 ☐ No.....2	
B18	Which of these diagnostic services are offered? *(Select all that apply)*	☐ Haematology .....1 ☐ Microscopy.....2 ☐ Clinical Chemistry.....3 ☐ Ultrasound .....4 ☐ X-Ray.....5 ☐ Other _____ _____ _____.....99	
B19	Does this facility offer health education materials or pamphlets that patients can take home?	☐ Yes.....1 ☐ No.....2 If yes, please list what topics are covered in the educational pamphlets: _____ _____ _____	
B20	How many beds does this facility have?	_____ overnight /	

Name of interviewee _____

Name of health facility _____

		inpatient beds	
B21	How many of these are dedicated maternity or delivery beds?	_____ delivery beds _____ postpartum beds	
B22	How many of these beds are dedicated emergency beds	_____ emergency beds	
B23	Does this facility provide counselling on sexual health to EVD survivors? *Probe: Focus on risk transmission*	☐ Yes.....1 ☐ No.....2	
B24	Is PREVAIL / Men's health present at this facility?	☐ Yes.....1 ☐ No.....2 If yes, please ask the questions below at the PREVAIL / Men's health centre.	
B25	Please note down any additional comments about services offered at this facility that you would like to make.	_____ _____ _____ _____ _____	
	PREVAIL / Men's health questions		
B26	Does this organization conduct semen testing for EVD survivors?	☐ Yes.....1 ☐ No.....2	
B27	Does this organization conduct breast milk testing for EVD survivors?	☐ Yes.....1 ☐ No.....2	
B28	Please write down any additional comments about PREVAIL / Men's health activities	_____ _____ _____ _____ _____	

Name of interviewee _____

Name of health facility _____

PART C: STAFFING

NO.	QUESTION	RESPONSE	SKIP
	I am now going to ask some questions about the health personnel at this facility.		
C1	*General medical doctors/Physicians* - How many general medical doctors/physicians:	_____ *(men)* work at this facility _____ *(women)* work at this facility _____ present at the facility today	
C2	*Specialist clinicians* – What types of specialist clinicians work at this facility? ☐ Surgery .....1 ☐ ENT (Otorhinolaryngology) .....2 ☐ Gastroenterology.....3 ☐ Gynaecology.....4 ☐ Neurology.....5 ☐ Ophthalmology.....6 ☐ Psychiatry/Psychology .....7 ☐ Rheumatology .....8 ☐ Sexual health.....9 ☐ Nephrology 10	_____ work at this facility _____ present at the facility today Write details on speciality and qualifications: _____ _____ _____ _____ **Note: Identify these individuals for interviews in Part G*	
C3	*Mental health professionals* - How many mental health clinicians: **Note: Should have receieved MH Clinician training by Carter Centre*	_____ *(men)* work at this facility _____ *(women)* work at this facility _____ present at the facility today **Note: Identify these individuals for interviews in Part G*	
C4	*Mental health* – How many clinicians have received additional training in mental health	_____ nurses trained in mental health _____ physician assistants trained in mental	

	Note: not including mental health clinicians trained by Carter Centre Name of training attended/ Provider of training	health _____ medical doctors trained in mental health _____ _____ / _____ _____ **Note: Identify these individuals for interviews in Part G*	
C5	*Eye care* – How many staff members have been trained in identifying/responding to eye health issues *Note: not including opthamologists* Name of training attended/ Provider of training	_____ nurses trained in eye care _____ physician assistants trained in eye care _____ medical doctors trained in eye care _____ _____ / _____ _____ **Note: Identify these individuals for interviews in Part G*	
C6	*Physician assistants* - How many physician assistants:	_____ work at this facility _____ present at the facility today	
C7	*Midwifery professionals* - How many midwifery professionals	_____ work at this facility _____ present at the facility today	
C8	*Nursing professionals* - How many nursing professionals	_____ work at this facility _____ present at the facility today	
C9	*Laboratory technicians/technologists* - How		

	many laboratory technicians/technologists:	_____ technicians work at this facility _____ lab assistants work at this facility _____ present at the facility today	
C10	*Pharmacists and dispensers* - How many pharmacists or dispensers:	_____ pharmacists work at this facility _____ dispensers work at this facility _____ present at the facility today	
C11	*Social workers* - How many social workers:	_____ work at this facility _____ present at the facility today	
C13	Please note down any additional comments you would like to make. *(Eg. Are staffing levels adequate, further staffing needs, particular staffing gaps).*	_____ _____ _____ _____ _____	

Name of interviewee _____

Name of health facility _____

PART D: INFRASTRUCTURE

NO.	QUESTION	RESPONSE	SKIP
D1	How many individual buildings are there within this health facility?	_____ number of buildings	
D2	When were the last renovations of this building completed? Provide detail including years and locations	_____ _____ _____ _____ _____ _____	
	Communications		
D3	Is there a functioning mobile or landline phone at the facility today owned by facility (not staff member)? *(Functioning=phone signal and battery charged)*	☐ Yes.....1 ☐ No.....2	If 1, go to D4
D4	Is there a functioning mobile or landline phone at the facility today owned by a staff member? *(Functioning=phone signal and battery charged)*	☐ Yes.....1 ☐ No.....2	
D5	Is there a functioning computer at the facility?	☐ Yes.....1 ☐ No.....2	
D6	Is there access to email/internet within the facility today?	☐ Yes.....1 ☐ No.....2	
	Power Supply		
D7	Is there a power supply at this health facility?	☐ Yes.....1 ☐ No.....2	If 2 selected, skip to D17.
D8	What is the facility's main source of electricity?	☐ LEC.....1 ☐ Generator (fuel or gasoline) .....2 ☐ Solar system.....3 ☐ Other _____ _____ 99	If 1 or 3 selected, skip D10-13. If 1 or 2 selected , skip D14.

Name of interviewee _____

Name of health facility _____

		(Observe and if 2 or 3 selected, take photograph)	
D9	Other than the main source, does the facility have a secondary or backup source of electricity? If so, what is the secondary source of electricity?	☐ No secondary source .....1 ☐ LEC.....2 ☐ Generator (fuel or gasoline) .....3 ☐ Solar system.....4 ☐ Other _____ _____ 99	
D10	During the past 7 days, how often has the facility had functioning electricity?	☐ At all times .....1 ☐ Regularly, but a few interruptions (2 hours or less) .....2 ☐ Semi-regularly, many interruptions (2 hours or more) 3	
D11	Are there any hours in the day/night that you don't run electricity?	_____ _____ _____ _____ _____	
D12	Is the generator functional?	☐ Yes.....1 ☐ No.....2☐ Don't know.....98	Asked in response to D7, D8.
D13	Is there fuel/gasoline available for the generator today?	☐ Yes.....1 ☐ No.....2 ☐ Don't know.....98	Asked in response to D7, D8.
D14	Is the generator in a separate building/covering?	☐ Yes.....1 ☐ No.....2	Asked in response to D7, D8.
D15	What is the size, manufacturing year and model of the generator?	*Generator 1* _____ KVA _____ Year manufactured _____ Manufacturer/ Model	Asked in response to D7, D8.

Name of interviewee _____

Name of health facility _____

		Generator 2 (if applicable) _____ KVA _____ Year manufactured _____ Manufacturer/ Model	
D16	Is the solar system functional?	☐ Yes, functioning .....1 ☐ Partially functioning (needs servicing) .....2 ☐ No, not functional .....3 ☐ Don't know.....98	Asked in response to D7, D8.
D17	When you are using your main power source do you have to limit use of any of items? If so, which ones?	_____ _____ _____ _____ _____	
D18	Do all parts of the facilities have access to electricity?	☐ Yes.....1 ☐ No.....2 ☐ Don't know.....98	
D19	What areas do not have access to electricity?	_____ _____ _____ _____ _____	
	Water		
D20	What water sources are available at the facility? *Select all that apply*	☐ Piped into facility.....1 ☐ Piped onto facility grounds.....2 ☐ Public tap/ Standpipe .....3 ☐ Tubewell / Borehole .....4 ☐ Protected dug well .....5 ☐ Unprotected dug well 6	If 0 selected, skip to D21

		☐ Protected spring .....7 ☐ Unprotected spring .....8 ☐ Rainwater collection .....9 ☐ Tanker truck .....10 ☐ Surface water .....11 ☐ Don't know.....98 ☐ Other _____ _____ .....99 ☐ No water source 0	
D21	Of those selected above, what is the primary source of water?	☐ Piped into facility.....1 ☐ Piped onto facility grounds.....2 ☐ Public tap/ Standpipe .....3 ☐ Tubewell / Borehole .....4 ☐ Protected dug well .....5 ☐ Unprotected dug well .....6 ☐ Protected spring .....7 ☐ Unprotected spring .....8 ☐ Rainwater collection .....9 ☐ Tanker truck .....10 ☐ Surface water .....11 ☐ Don't know.....98 ☐ Other _____ _____ 99	If 1 or 10 selected, skip to D20
D22	Is water available from this primary source on faciity premises?	☐ Yes, inside the facility .....1 ☐ Yes, within the ground of the facility .....2 ☐ No, outside the facility grounds.....3	
D23	Do you have water storage facilities? (ie. Water tank) What is the storage capacity?	☐ Yes.....1 ☐ No.....2 _____ capacity	
D24	What months of the year do you not have access to water?	_____ _____	
	Fencing		
D25	Does the facility have a gated perimeter	☐ Yes, complete 1	If 2

	fence?	☐ Yes, but incomplete .....2 ☐ No.....3	selected, skip to D23
D26	Rate the condition of the fencing and gates *(Consult evaluation guide)* *Provide additional comments on sketch notes (eg. visible deterioration, materials)*	☐ Good.....1 ☐ Average.....2 ☐ Poor 3	
D27	If there a fence around the waste disposal section?	☐ Yes.....1 ☐ No.....2	If 2 selected, skip to D25
D28	Rate the condition of the fence *(Consult evaluation guide to complete)* *Provide additional comments on sketch notes (eg. visible deterioration, materials)*	☐ Good.....1 ☐ Average.....2 ☐ Poor 3	
	Waste Disposal		
D29	How does this facility finally dispose of sharps waste (eg. needles and blades)?	☐ Burn incinerator .....1 ☐ Open burning .....2 ☐ Dump without burning .....3 ☐ Remove off site .....4 ☐ Sharps pit .....5 ☐ Other _____ _____ 99	If anything except 1 selected, skip D27
D30	How does this facility finally dispose of medical waste other than sharps, such as bandages?	☐ Same as for sharps above.....0 ☐ Burn incinerator .....1 ☐ Open burning in pit .....2 ☐ Dump without burning in pit .....3 ☐ Remove off site .....4 ☐ Waste pit .....5 ☐ Other _____ _____ 99	If anything except 1 selected, skip D27
D31	Is the incinerator functional today?	☐ Yes.....1 ☐ No.....2	
	Excreta Disposal		

Name of interviewee _____

Name of health facility _____

D32	What types of toilets are available to patients at this health facility?	☐ Flush toilet.....1 ☐ Ventilated improved pit latrine .....2 ☐ Pit latrine .....3 ☐ Composting toilet .....4 ☐ Bucket toilet 5	
D33	What it the total number of toilets available to patients at this health facility?	Number of patient use toilets: _____ Male toilets _____ Female toilets _____ Unisex toilets	
D34	Is there a direct water supply to the main sets of toilets in the facility?	☐ Yes.....1 ☐ No.....2 If not, please explain in more detail: _____ _____ _____	
	Roof Struture (Primary Building)		
D35	Type of roof structure	☐ Wood.....1 ☐ Steel.....2 ☐ Bush sticks .....3 ☐ Other _____ _____ 99	
D36	Condition of roof structure? *(Consult evaluation guide)*	☐ Good.....1 ☐ Average.....2 ☐ Poor 3	
D37	Condition of roof sheeting? *(Consult evaluation guide)*	☐ Good.....1 ☐ Average.....2 ☐ Poor 3	
D38	Is there termite damage on roofing?	☐ Yes.....1 ☐ No.....2	

D39	Has the wood been treated against termites?	☐ Yes.....1 ☐ No.....2 If yes, what year _____	

Individual Area Assessment - For each building complete the following set of questions.			
	In the next section we are going to assess the quality of the infrastructure in each individual building of the health facility.		
DI1	Name of the building and list main functions	_____ _____ _____ _____ (eg. Waiting area, maternity ward, pathology)	
DI2	Number of rooms in the building	_____	
DI3	Is there a private consultation area where sound does not travel?	☐ Yes.....1 ☐ No.....2	
DI4	*Ceilings*	A. Ceiling material type: ☐ Wood.....1 ☐ Concrete.....2 ☐ Metal.....3 ☐ Plastic tiles.....4 ☐ Hardboard.....5 ☐ Other _____ _____ .....99 B. Quality and condition of ceiling work: *(Consult evaluation guide)* ☐ Good.....1 ☐ Average.....2 ☐ Poor 3	

		C. Holes, stains, paint peelings, dirty: ☐ Yes.....1 ☐ No.....2	
DI5	*Walls*	A. Wall material type: ☐ Masonry Block.....1 ☐ Concrete.....2 ☐ Soil block.....3 ☐ Plastic sheets.....4 ☐ Other _____ _____ .....99 B. Wall finish type: ☐ Bare (no paint) .....1 ☐ Painted.....2 ☐ Tiled .....3 C. Quality of finish and condition: *(Consult evaluation guide)* ☐ Good.....1 ☐ Average.....2 ☐ Poor 3	
DI6	*Floors*	A. Floor type: ☐ Concrete .....1 ☐ Screed (eg. Cement) .....2 ☐ Dirt .....3 ☐ Other _____ _____ .....99 B. Floor finish type: ☐ Painted .....1 ☐ Vinyl tiles .....2 ☐ Sheet vinyl .....3 ☐ Ceramic tiles 4	

		☐ Screed (eg. Cement) .....5 C. Quality of work (level, holes, stained): *(Consult evaluation guide)* ☐ Good.....1 ☐ Average.....2 ☐ Poor 3	
DI7	*Windows*	A. Number of windows: _____ B. Window type: ☐ Wood shutters.....1 ☐ Aluminium sliding.....2 ☐ PVC.....3 ☐ Casement.....4 ☐ Louvered window (window with slats) .....5 ☐ Other _____ _____ .....99 C. If wooden window, are there any signs of termite damage? ☐ Yes.....1 ☐ No.....2 D. Conditions of windows and screens: *(Consult evaluation guide)* ☐ Good.....1 ☐ Average.....2 ☐ Poor .....3 E. Are there security bars? ☐ Yes.....1 ☐ No.....2	
DI8	*Doors*	A. Are there doors in all necessary areas? ☐ Yes.....1 ☐ No.....2 B. Quality of doors: *(Consult evaluation guide)* ☐ Good.....1 ☐ Average.....2 ☐ Poor 3	
DI9	*WASH facilities*	A. Is there a functioning toilet available to patients in this area? ☐ Yes.....1 ☐ No.....2 *If no, go straight to E. If yes, skip QE.*	

		B. Type of toilet available: ☐ Flush toilet.....1 ☐ Ventilated improved pit latrine .....2 ☐ Pit latrine .....3 ☐ Composting toilet .....4 ☐ Bucket toilet .....5 C. Number of toilets for patient use: _____ Male toilets _____ Female toilets _____ Unisex toilets D. Is there a sink next to the toilets with water available? ☐ Yes.....1 ☐ No.....2 E. If no toilet, is there one available nearby? ☐ Yes.....1 ☐ No.....2 F. Is there piped water available in this area of the health facility? ☐ Yes.....1 ☐ No.....2	
D110	*Electrical system*	A. Is there power available in this area of the facility? ☐ Yes.....1 ☐ No.....2 B. Number of lights in building: _____ lights C. Number of functioning lights in the building today: _____ lights D. Number of electrical outlets in the building:	

		_____ outlets E. Number of functioning electrical outlets in the building today: _____ outlets F. Is there surface mounted wiring? ☐ Yes.....1 ☐ No.....2 G. Is there concealed wiring? ☐ Yes.....1 ☐ No.....2	
D111	*Fire Extinguisher*	A. Is there a fire extinguisher located in this building of the facility? ☐ Yes.....1 ☐ No.....2	

Name of interviewee _____

Name of health facility _____

PART E: LABORATORY, SERVICES AND DIAGNOSTIC EQUIPMENT

NO.	QUESTION	RESPONSE			SKIP
In this section you will ask to see the equipment available at this facility. You will need to walk around the facility to ensure you observe these equipment pieces.					
E1	*Delivery room* These questions are about the equipment available in the delivery area of the health facility.		**No. available?**	**No. functioning?**	
		Delivery bed and linen	_____ observed	_____ functioning	
		Blood pressure machine	_____ observed	_____ functioning	
		Clinical thermometer	_____ observed	_____ functioning	
		Infant weighting scale	_____ observed	_____ functioning	
		Tissue forceps	_____ observed	_____ functioning	
		Artery forceps/ Hemostats	_____ observed	_____ functioning	
		Cord clamp	_____ observed	_____ functioning	
		Stethoscope	_____ observed	_____ functioning	
		Foethoscope	_____ observed	_____ functioning	
		Timer	_____ observed	_____ functioning	
		Lamp	_____ observed	_____ functioning	
		IV Set & tourniquet	_____ observed	_____ functioning	
		Speculums	_____ observed	_____ functioning	
		Suturing set	_____ observed	_____ functioning	
		Resuscitator with mask (infant)	_____ observed	_____ functioning	
		Incubator	_____ observed	_____ functioning	
		Sets of gloves	_____ observed	_____ functioning	
		Soap	_____ observed	_____ functioning	
		Hand washing station	_____ observed	_____ functioning	

Name of interviewee _____

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		Complete PPE set – Risk appropriate PPE (Includes: Apron, Suit, Mask, Rain gear)	_____ observed	_____ functioning
E2	*Sterilization equipment* These questions are about the sterilization equipment available at the health facility. Please report if it is available and if it is used regularly. *Add in types:* - Autoclave - Pots -	A. Is there sterilization equipment available in this health facility? ☐ Yes.....1 ☐ No.....2 *If 2, go straight to C.* B. List the types of equipment available and the frequency of use: **Type** (List voltage if applicable and known) / **Frequency of use** _____ _____ / ☐ Used in past week.....1 ☐ Used in past month ....2 ☐ Not used .....3 _____ _____ / ☐ Used in past week.....1 ☐ Used in past month ....2 ☐ Not used .....3 _____ _____ / ☐ Used in past week.....1 ☐ Used in past month ....2 ☐ Not used .....3 _____ _____ / ☐ Used in past week.....1 ☐ Used in past month ....2 ☐ Not used .....3 _____ _____ / ☐ Used in past week.....1 ☐ Used in past month ....2 ☐ Not used .....3 *Now go straight to eye health equipment.* If any are not used, please explain why _____ _____ C. If there are no sterilization equipment available, how is equipment cleaned before use on another patient? _____ _____ _____		

Name of interviewee _____

Name of health facility _____

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E3 *Eye health equipment*

These questions are about the eye health equipment available at the health facility.

	No. available?	No. functioning?	Used within past month?
Slit lamp	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Ophthalmo-scope	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Retinoscope	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Jackson Cross-Cylinder	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Keratometer / Opthalmo-meter	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Tonometer	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Visual acuity charts	___ observed	___ functioning	☐ Yes.....1 ☐ No 2

E4 *Laboratory equipment*

These questions are about the labatory equipment available at the health facility.

Please report number available and if they are used regularly.

	No. available?	No. functioning?	Used within past month?
Microscopes	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Hand Centrifuge	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Electric Centrifuge	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Timer	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Laboratory scales and weights	___ observed	___ functioning	☐ Yes.....1 ☐ No 2
Microscope slides and cover slips	___ observed	___ functioning	☐ Yes.....1 ☐ No 2

If any are not used, please explain why

_____

_____

<table>
<tr>
<td>E5</td>
<td><u>Imaging equipment</u>

These questions are about the imaging equipment available at the health facility.

Please report number available and if they are used regularly.</td>
<td>
<table>
<tr><th></th><th>No. available?</th><th>No. functioning?</th><th>Used within past month?</th></tr>
<tr><td>X-Ray machine</td><td>___ observed</td><td>___ functioning</td><td>☐ Yes.....1
☐ No .....2</td></tr>
<tr><td>X-Ray developing machine</td><td>___ observed</td><td>___ functioning</td><td>☐ Yes.....1
☐ No .....2</td></tr>
<tr><td>Ultrasound machine</td><td>___ observed</td><td>___ functioning</td><td>☐ Yes.....1
☐ No .....2</td></tr>
<tr><td>EKG machine</td><td>___ observed</td><td>___ functioning</td><td>☐ Yes.....1
☐ No .....2</td></tr>
</table>
If any are not used, please explain why
_____
_____
</td>
<td></td>
</tr>
<tr>
<td></td>
<td><u>Medical storage</u></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E6</td>
<td>Cold chain</td>
<td>Refrigerators
A. How many refrigerators are there? _____
B. How many refrigerators have working thermostats? _____

C. How many refrigerators are functioning? _____

D. If any are not functioning, please explain why
_____
_____

E. Are the refrigeration needs of this facility met?
☐ Yes.....1
☐ No 2

F. If not met, please explain why
_____
_____</td>
<td></td>
</tr>
<tr>
<td>E7</td>
<td></td>
<td>Freezers
G. How many freezers are there? _____
H. How many freezers have working thermostats? _____
I. How many freezers are functioning? _____
J. If any are not functioning, please explain why
_____
_____

K. Are the freezing needs of this facility met?
☐ Yes.....1
☐ No .....2</td>
<td></td>
</tr>
</table>

		L. If not met, please explain why _____ _____	
E8	*Lockable storage* *(Lab and Dispensary)*	A. Number of lockable cupboards for storage _____ B. Is the space/number of lockable cupboards sufficient for the facility? ☐ Sufficient space.....1 ☐ Insufficient space.....2 C. Do the doors to the lab and dispensary have functioning locks? ☐ Yes.....1 ☐ No .....2 D. If insufficient, please explain what items do not currently fit in lockable storage _____ _____ _____	

Name of interviewee _____

Name of health facility _____

PART F: PHARMACEUTICAL SUPPLIES

NO.	QUESTION / RESPONSE

In this section you will ask to see the pharmaceutical items available in this facility. If the item is observed, please make sure you check the expiry date on the item. Check the relevant box for each item.

F1 TB Pharmaceuticals

		OBSERVED			NOT OBSERVED	
		Available - Not expired [1]	Available - expired [2]	Reported available but not seen [3]	Not available today [4]	Never available [5]
1	Rifampicin, isoniazid, pyrazinamide, ethambutol (RHZE) (4FDC)					
2	Rifampicin, isoniazid (RH) (2FDC)					
3	Rifampicin, isoniazid, pyrazinamide (RHZ) (3FDC)					
4	Rifampicin, isoniazid, ethambutol (RHE) (3FDC)					
5	Rifampicin					
6	Streptomycin					
7	Ethambutol					
8	Isoniazid					
9	Pyrazinamide					

Name of interviewee _____

Name of health facility _____

F2

EVD Sequelae Pharmaceuticals

*Where more than one item is listed, please circle which item is observed.		OBSERVED			NOT OBSERVED	
		Available - Not expired [1]	Available - expired [2]	Reported available but not seen [3]	Not available today [4]	Never available [5]
1	Albendazole 400mg					
2	Aluminium Hydroxide + magnesium trisilicate tabs					
3	Amitriptyline 25mg tabs					
4	Amoxicillin 125mg/5ml 100 ml suspension					
5	Amoxicillin 250mg/ 500mg					
6	Atenolol 50mg / Lisinopril 5mg / Captopril 25mg					
7	Benzathine Penicillin 2.4 MU vial					
8	Calcium Lactate 300mg tablets / prenatal vitamin					

		OBSERVED			NOT OBSERVED	
		Available - Not expired [1]	Available - expired [2]	Reported available but not seen [3]	Not available today [4]	Never available [5]
9	Carbamazepine 200mg					
10	Chloramphenicol ear drops					
11	Chloramphenicol 250mg tabs					
12	Ciprofloxacin 500mg tab					

13	Diclofenac 50mg tablets					
14	Erythromycin 250mg tabs					
15	Ferrous Sulph. 200mg + Folic Acid 0.4mg coated tablets / prenatal vitamin					
16	Furosemide 40mg tabs / Spironolactone 50mg tab					
17	Hydrocortisone 100mg vial					
18	Ibuprofen 100mg / 5ml oral suspension 100ml (paediatric formulation)					
19	Ibuprofen 200mg / 400mg					
20	Insulin (cold chain)					
21	Mebendazole 500mg tabs					
22	Methyldopa 250mg					
23	Metronidazole 250 or 500mg tabs					
24	Misoprostol 200mg tabs					
25	Nifedepine 20mg tab					

		OBSERVED			NOT OBSERVED	
		Available - Not expired [1]	**Available - expired [2]**	**Reported available but not seen [3]**	**Not available today [4]**	**Never available [5]**
26	Nystatin 100.000IU					

	vaginal tabs + applicator					
27	Omeprazole 20 or 40mg tab / Ranitidine 150mg tab					
28	Oxytocin 10IU/1ml injection					
29	Paracetamol 100mg tablets					
30	Paracetamol 120mg/5ml, oral suspension, bottle 100 ml (peds formulation)					
31	Phenytoin sodium 100mg tabs					
32	Prednisolone 1% eyedrop 5ml					
33	Prednisolone 5mg, tablets					
34	Salbutamol 0.1MG/dose, 200 doses inhaler					
35	Sodium chloride 0.9% infusion 500 or 1000 ml, Lactated Ringer's					
38	Tetracycline HCl 1% eye ointment 5g tubes					
39	Tramadol 100mg caps					
40	Multi Vitamin					

Name of interviewee _____

Name of health facility _____

ADVANCING PARTNERS & COMMUNITIES

PART G: TRAINING NEEDS *(INTERVIEW STYLE)*

NO.	QUESTION	RESPONSE	SKIP
G1	Full name of health practitioner	_____ _____	
G2	Job title of health practitioner	_____ _____	
G3	Please select the academic qualifications you have obtained? *(Select all qualifications that apply)*	☐ Diploma in Nursing .....1 ☐ Diploma in Midwifery .....2 ☐ Diploma in Physician Assistant .....3 ☐ Diploma in Social Work .....4 ☐ Bachelor of Science in Midwifery .....5 ☐ Bachelor of Science in Nursing .....6 ☐ Bachelor of Science in Physician Assistants ...7 ☐ Bachelor in Social Work .....8 ☐ Master of Science in Midwifery .....9 ☐ Master of Science in Nursing .....10 ☐ Master of Public Health .....11 ☐ Doctor of Medicine .....12 ☐ Other _____ _____ 99	
G4	Do you have a current licence in this your area of practice? *Probe: Is the licence up to date?*	☐ Yes.....1 ☐ No.....2	
G5	Please explain the type of training (formal or informal) that you had in one of the subspeciality clinical areas (include when it was, what subspecialty area it covered, level of knowledge)	_____ _____ _____ _____	

		_____	
G6	Please describe the three most common procedures you perform in your daily work in your area of specality. *(Note: Probe to ensure it refers to sub-specialty topic)*	_____ _____ _____ _____ _____	
G7	Please describe the most complex/ most advanced procedures you have performed in your area of specalty in the course of your work in the past 6 months *(Note: Probe to ensure it refers to sub- specialty topic)*	_____ _____ _____ _____ _____	
G8	Please describe the biggest challenges you face in completing your work effectively *(Note: Probe to ensure it refers to sub-specialty topic. Might refer to capacity of health facility, equipment available, support stuff trained)*	_____ _____ _____ _____ _____	
G9	Please describe what technical support you or the facility needs (if any) in order to be more effective in your work. *(Note: Probe to ensure it refers to sub-specialty topic.)*	_____ _____ _____ _____ _____	
G10	Have you been trained in standard MoH IPC procedures? *Note: Current standard training package is SQS and older version is KS10.*	☐ Yes.....1 ☐ No.....2 Please list the names of the training packages you have been trained on: _____ _____	

		_____ _____ _____	
G11	Are the IPC job aids visible and accessible in your facility?	☐ Yes.....1 ☐ No.....2	
G12	Have you been trained or exposed to the clinical guidelines for Ebola survivors?	☐ Yes.....1 ☐ No.....2	
G13	Are the Ebola Survivor clinical guidelines available and accessible in your facility?	☐ Yes.....1 ☐ No.....2	

EVALUATION GUIDE FOR INFRASTRUCTURE COMPONENTS

	GOOD	AVERAGE	POOR
Perimeter fence and gates	Straight structure, adequately held in ground, all palings attached, gate adequately functioning.	Mild sloping, few missing palings, gate seized or loose.	Large sloping on structure, parts/ palings fallen down/in disrepair, evidence of termite infestation, gate non-functioning.
Waste disposal fence	Straight structure, adequately held in ground, all palings attached, gate adequately functioning.	Mild sloping, few missing palings, gate seized or loose.	Large sloping on structure, parts/ palings fallen down/in disrepair, evidence of termite infestation, gate non-functioning.
Roof structure	Roof frame is intact, no damaged portions.	Roof frame not fully intact, some members damaged but intact.	Roof frame broken down, many members damaged and falling apart.
Roof sheeting	Tight, working gutters, clean (no leaves etc.), no water traces within building.	Debris on roof, some sheets not securely attached, small rusting on sheets, some water traces within building.	Obvious leaks, sheeting is rusty, large portion of sheeting not securely attached, sheets missing, water damage.
Ceiling work	Tight, even, no discolorations (lizard droppings etc.), sturdy (eg. hardboard).	Some holes, dents, discolorations, loose sheets, not sturdy.	Missing sheets, no ceiling at all.
Wall condition / finish	Even, smooth surface, no discoloration, easy to clean (eg. Plater with intact paint coat).	Rough surface, some dents, minor areas of mold (water leakage), difficult to clean (eg. Loose or missing paint areas or tiles).	Unfinished, uneven surface; large areas of mold (water leakage), adequate cleaning impossible (eg. Stamped earth).
Floor quality	Even, smooth surface, easy to clean.	Rough surface, some dents, difficult to clean (eg. Crude concrete or plans, some loose or missing tiles).	Unfinished, uneven surface; adequate cleaning impossible (eg. Shattered concrete and tiles, stamped earth).
Windows/ Screens	Tight fit, panes intact, fittings operating, smooth and & finished surface of frame.	Loose fit, some panes broken or missing, some fittings seized or loose, surface of frame rough.	Warped frames, most panes broken, missing windows, most fittings unusable, surface unfinished.
Doors	Tight fit, fittings/lock operating, smooth & finished surface.	Loose fit, some fittings/locks seized or loose, surface rough.	Warped, missing doors, most fittings/locks unusable, surface unfinished.

ADVANCING PARTNERS & COMMUNITIES
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