

Appendix 7: Health Centre Assessment Questionnaire

District: _____ Date: _____

Dispensary/Health centre Name: _____

Facility ID NO: _____

GPS Coordinates:

Observations

No	Question	Responses
1	What is the distance (in kilometres) from the "district hospital" to this health facility?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kilometres
2	Type of road reaching the health facility	<input type="checkbox"/> Dirty small road <input type="checkbox"/> Improved large road (paved)
3	Is there cell phone coverage at the health facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Visible Hand washing facility at the health facility	<input type="checkbox"/> None <input type="checkbox"/> Yes with Soap and water <input type="checkbox"/> Yes with no soap
5	Temperature Check	<input type="checkbox"/> Yes present and working <input type="checkbox"/> Thermometer present but not working <input type="checkbox"/> Thermomter present but not used <input type="checkbox"/> Not present
6	Type of masks HCW wearing	<input type="checkbox"/> Surgical Masks <input type="checkbox"/> N95 <input type="checkbox"/> Home made
7	Do they have COVID -19 leaflets (any other sensitisation messages) available	Yes/No
8	How are gloves, masks waste being disposed	BIN PIT Open Space

9	Observe if there are adhering to physical distance between a. Patient to patient b. Patient to attendant/health care worker c. Health care worker to health care worker	Yes/No
10	Staff wearing face masks /face shield	Nurses Yes /NO or some ----- Medical assistants Yes/No or some ----- HSAs Yes/No or some----- Cleners Yes /No or some----- Pharmamcy Yes /NO or some ----- Security Patients assistants Ground labourers
11	Water source at the health facility	
12	Hand washing points	
13	Latrines att the facility	
14	Isolation space	

Collect monthly Total Number of Patients attended at the facility;

No	2019	Number of patients	2020	Number of patients
1	January		January	
2	February		February	
3	March		March	
4	April		April	
5	May		May	
6	June		June	
7	July		July	
8	August		August	
9	September		September	

10	October		October	
11	November		November	
12	December		December	

SECTION A: Human Resource

Ask for Number of total health workers at the health facility according to cadre		Total Number	Number present today
1.	Clinical Officers		
2.	Nurses/midwives		
3.	Patients Attendants/		
4.	Health surveillance assistants		
5	Hospital Attendant/Maid/Cleaners		
6	Security officers		
7	Medical Assistants		
8	Data clerk		
9	Pharmacy Assistant		
10	Ground Labourers		
11	Counsellors		

Training

Number of total health workers at the health facility who were trained in COVID-19

Cadre	Number Trained	When were they trained	Who trained them	What areas were they trained
Clinical Officers			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)

Nurses/midwives			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management
Patients Attendants/			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)
Health surveillance assistants			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)
Hospital Attendant/maid/Cleaners			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)
Security officers			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)
Medical Assistants			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)
Data clerk			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)
Pharmacy Assistant			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)

Ground Labourers			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)
Counsellors			Government NGO Other (<i>Specify</i>)	Case Identification & Tracing Case Management Other (<i>Specify</i>)

Does the facility has a working shift schedule for diffèrent cadres

Cadre	Yes/No	How many per shift
Clinical Officers		
Nurses/midwives		
Patients Attendants/		
Health surveillance assistants		
maid/Cleaners		
Security officers		
Medical Assistants		
Data clerk		
Pharmacy Assistant		
Counsellors		
Ground Labourers		

SECTION B : Disease Control

Question	Options	How many (Qty) This should refer to in-Stock?

<p>Do you have the following Supplies;</p> <p>Soap Hand sanitizer Buckets Masks. 1. N95 2. Surgical Masks</p> <p>Maternity Aprons Plastic Aprons Face Shields Gloves Gumboots</p>	<p>Is it available (Yes/No)</p>	<p>_____</p>
<p>Do you do health talks about COVID-19</p>		<p>_____</p>
<p>If yes how frequent</p>	<p>Daily Once a Week More than once a week Other (Specify)</p>	<p>_____</p>
<p>If yes how is the health talk delivered</p>	<p>During morning sessions During consultation As we are waiting Using Mass Media (e.g. TV)</p>	<p>_____</p>
<p>How do you do contact tracing</p>		<p>_____</p>
<p>In the last month did you have patients you could not treat because your health facility run out of supplies</p>		<p>_____</p>

<p>If yes, which supplies were out of stock</p> <p>Soap</p> <p>Sanitizer</p> <p>Washing facilities</p> <p>Masks.</p> <ol style="list-style-type: none"> 1. N95 2. Surgical Masks <p>Maternity Aprons</p> <p>Plastic Aprons</p> <p>Face Shields</p> <p>Gloves</p> <p>Gumboots</p>		_____
<p>When you run out of stock of supplies, how long does it take for stock to be re-supplied.</p>		_____
<p>When are you expecting the other supplies?</p>		_____
<p>What further questions do you ask a suspected case</p>	_____	
<p>Then what do you do when you find a suspect</p>	<p>Give a mask</p> <p>Isolation</p> <p>Call the COVID-19 team at DHO</p> <p>Call HOTLINE Number</p> <p>Other (Specify)</p>	
<p>What is the hotline number for COVID 19</p>		
<p>Do you have a contact person for COVID19 at facility level? If yes, what is their name and phone number?</p>	<p>Name:</p> <p>Number :</p>	

Which services do you provide as a facility;	<ul style="list-style-type: none"> - OPD (include malaria etc) - General Counseling - Family Planning - Sti Services - Ante-Natal, Delivery And Post-Natal Care Services - Prevention Of Mother To Child Transmission Of Hiv (Pmtct) - Treatment Of Sexual Abuse (Including Pep) - Post Abortion Care (Pac) - ART Services - HTC - Cancer Screening Other: _____ 	
In the last three months, which services were you not able to provide	<ul style="list-style-type: none"> - OPD (include malaria etc) - General Counseling - Family Planning - Sti Services - Ante-Natal, Delivery And Post-Natal Care Services - Prevention Of Mother To Child Transmission Of Hiv (Pmtct) - Treatment Of Sexual Abuse (Including Pep) - Post Abortion Care (Pac) - ART Services - HTC - Cancer Screening Other: _____ 	

Which service are you currently providing	<ul style="list-style-type: none"> - Opd - General Counseling - Family Planning - Sti Services - Ante-Natal, Delivery And Post-Natal Care Services - Prevention Of Mother To Child Transmission Of Hiv (Pmtct) - Treatment Of Sexual Abuse (Including Pep) - Post Abortion Care (Pac) - Art Services - Htc - Cancer Screening Other: _____ 	
What are the usual source of electricity at this health facility.	<input type="checkbox"/> ESCOM <input type="checkbox"/> Functioning generator <input type="checkbox"/> Solar <input type="checkbox"/> Other (please specify) <input type="checkbox"/> No reliable source of electricity	
When the usual source of electricity is not available what supplemental source do you have? Please select only one answer	<input type="checkbox"/> Generator <input type="checkbox"/> IPS (rechargeable battery) <input type="checkbox"/> Solar <input type="checkbox"/> No supplemental source <input type="checkbox"/> Other (specify)	
What are the main sources of water at the health facility	<input type="checkbox"/> Tap <input type="checkbox"/> Borehole <input type="checkbox"/> Well must be fetched from elsewhere	
Do you have latrines at the facility? If Yes, How are they distributed?	<input type="checkbox"/> At least 2 latrines (at least one each for men and women) <input type="checkbox"/> 1 latrine <input type="checkbox"/> No latrines	