

100: Demographic Information

Q. #	Question	Codes	Skip
101	What is the total number of households in the VDC?	Number:..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
102	What is the total population in the catchment area of this health facility?	Number:..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
103	Of the total population in the catchment area of this health facility, how many are Dalits	Number:..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	Of the total population in the catchment area of this health facility, how many are disadvantaged Janajatis?	Number:..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
105	Total number of MWRA in the VDC in FY 2063/64:	Number:..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
106	Total number of under 5 children in the VDC in FY 2063/64:	Number:..... <input type="text"/> <input type="text"/> <input type="text"/>	
107	Total number of under 1 children in the VDC in FY 2063/64:	Number:..... <input type="text"/> <input type="text"/> <input type="text"/>	
108	Total number of expected pregnancies in the VDC in FY 2063/64:	Number:..... <input type="text"/> <input type="text"/> <input type="text"/>	

200: Infrastructure

(INSTRUCTION: This inventory should be completed by observing the facility and through discussion with the Incharge/staff of the health facility).

Q. #	Question	Codes	Skip
201	Is this the health facility's own building or rented in building or someone's building for which rent has not to be paid?	Own 1 Rented-in..... 2 Others but no rent to be paid.....3	
202	Does the facility has compound wall/fencing?	Yes 1 No 2	
203	How many rooms does the facility has?	Number..... <input type="text"/>	
204	Does the facility has a waiting room/area for clients where they are protected from sun and rain?	Yes 1 No 2	
205	Is furnitures available for sitting to the clients in the waiting room/area?	Yes 1 No 2	
206	Does the facility has a separate examination room/area for ANC/delivery?	Yes 1 No 2	
207	Does the facility has a separate store room?	Yes 1 No 2	
208	Is there a table available in the client examination room?	Yes 1 No 2	
209	Does HF has water into its premises?	Yes 1 No 2	→ 211

Q. #	Question	Codes	Skip
210	Does the facility has running water inside the building?	Yes 1 No 2	
211	Does the facility has a toilet in functioning condition that is available for clients to use?	Yes, functioning and clean..... 1 Yes, functioning, not clean..... 2 Yes, not functioning..... 3 No client toilet..... 4	
212	Does the facility has electricity?	Yes 1 No 2	
213	Does the facility or its staff has a telephone?	Yes 1 No 2	→ 215
214	If yes, pls write down the telephone number.	HF _____ Staff _____ <input type="checkbox"/> <input type="checkbox"/>	
215	How many beds are there in the facility? (If none, record "00")	Number:.....	
216	Does the facility has a staff quarter?	Yes 1 No 2	
217	Does a trained health provider live on the facility premises?	Yes 1 No 2	
218	Does the building requires any major repairment?	Yes 1 No 2	→ 221
219	If yes, please specify the type of repairment required.	1. _____ 2. _____ 3. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
220	How much will be the approximate cost for each of the repairment?	1.Rs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Rs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Rs	
221	Is the facility/VDC connected to a motorable road?	Yes 1 No 2	→ 224
222	Is there a public transportation service to the VDC?	Yes 1 No 2	→ 224
223	Is the public transport service seasonal or throughout the year?	Seasonal 1 Throughout the year..... ? <input type="checkbox"/> <input type="checkbox"/>	
224	How many hours does it takes to reach to the district headquarter from the HF? (Record nearest to an hour. If less than an hour, record "00")	Hours:.....	

300: Staffing

What is the staff situation in the health facility?

Type of staff	301	302	303	304			305
	Number sanctioned	Number filled-in	Number away for 1 or more months (e.g. Training, vacation, deputation etc)?	Number currently working			Number present today at the time of visit (RECORD OBSERVATION)
				Govt.	VDC	Other	
Medical doctor							
Staff Nurse							
ANM							
HA/Sr. AHW							
AHW							
VHW							
MCHW							
Lab Assistant							
Adm. Assistant							
Store Keeper							
Peon							

Q. #	Question	Codes	Skip
306	Has this health facility received persons from on-job-training in the last 12 months?	Yes 1 No 2	→ 308
307	How many OJT persons it received during the last 12 months?	Number:..... <input type="text"/>	

308. Please tell me how many staffs of this health facility are trained/oriented to provide the following services?

Q. #	Question		Skip
a.	IMCI?	Number:..... <input type="text"/>	
b.	Diarrhea/Zinc management?	Number:..... <input type="text"/>	
c.	COFP/C?	Number:..... <input type="text"/>	
d.	BEOC/SBA?	Number:..... <input type="text"/>	
e.	BPP?	Number:..... <input type="text"/>	
f.	Logistics?	Number:..... <input type="text"/>	
g.	HMIS?	Number:..... <input type="text"/>	

Q. #	Question		Skip
h.	STI diagnosis and treatment?	Number:..... <input data-bbox="1289 191 1344 235" type="checkbox"/>	
i.	IUCD?	Number:..... <input data-bbox="1289 260 1344 304" type="checkbox"/>	
j.	Implant?	Number:..... <input data-bbox="1289 329 1344 373" type="checkbox"/>	
k.	Male sterilization?	Number:..... <input data-bbox="1289 399 1344 443" type="checkbox"/>	
l.	Female sterilization?	Number:..... <input data-bbox="1289 468 1344 512" type="checkbox"/>	

400: Service Provision and Infection Prevention

Now I would like to talk to you the days of a week some of the services this health facility provides, and the number of clients on each days registered in the Master Register.

(INSTRUCTION: Q 401 a-i should be asked, and 402 record observation. Circle codes that applies. If a service is not provided at all or daily, do not circle any codes i.e leave blank)

	Services	401. On what days of a week(service) is available?						
		Every day	SUN	MON	TUE	WED	THU	FRI
a.	IMCI?	7 (next service)	1	2	3	4	5	6
b.	Antenatal services?	7 (next service)	1	2	3	4	5	6
c.	Delivery services?	7 (next service)	1	2	3	4	5	6
d.	Postnatal Service?	7 (next service)	1	2	3	4	5	6
e.	Depo-Provera?	7 (next service)	1	2	3	4	5	6
f.	IUCD?	7 (next service)	1	2	3	4	5	6
g.	Norplant?	7 (next service)	1	2	3	4	5	6
h.	Male sterilization?	7 (next service)	1	2	3	4	5	6
I.	Female sterilization?	7 (Q 402)	1	2	3	4	5	6
402	Total no. of clients registered last day in Master Register: (Record Observation)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

(INSTRUCTION: Q 403-409 should be recorded through observation)

Q. #	Question	Codes	Skip
403	Assess general cleanliness of the facility (A facility is clean if the floors are swept and counters and tables are wiped and free of obvious dirt or waste. A facility is not clean if obvious dirt or waste or broken objects are on the floors or counters).	Facility Clean..... 1 Facility Not Clean..... 2	
404	Is there a Puncture Proof Container?	Yes 1 No 2	→ 406
405	Is it being used properly?	Yes 1 No 2	
406	Does the facility has a Incinerator?	Yes 1 No 2	
407	How is the waste that is collected and removed offsite disposed?	Incinerated..... 1 Taken to local dump and burned..... 2 Taken to local dump and not burned..... 3 Other6 (Specify)	

Q. #	Question	Codes	Skip
408	Is there a ORT Corner established in the health facility?	Yes 1 No 2	→ 500
409	Is the ORT corner currently functional?	Yes 1 No 2	

500: Equipments/Instruments and Supplies

501. Do you have the following equipments/instruments in **working condition** in the health facility?

(INSTRUCTION: Information contained in this section should be recorded based on the observation).

	Basic equipments	Functional Number
a.	Stethoscope?	Number:..... <input type="checkbox"/>
b.	Thermometer?	Number:..... <input type="checkbox"/>
c.	Blood Pressure apparatus?	Number:..... <input type="checkbox"/>
d.	Cheattle forceps w/jar, stainless steel?	Number:..... <input type="checkbox"/>
e.	Kerosene Stove?	Number:..... <input type="checkbox"/>
f.	Dressing Set?	Number:..... <input type="checkbox"/>
g.	Sature set?	Number:..... <input type="checkbox"/>
h.	Kidney Tray (600 cc)?	Number:..... <input type="checkbox"/>
i.	ARI Timer?	Number:..... <input type="checkbox"/>
j.	Fetescope?	Number:..... <input type="checkbox"/>
k.	EOC kit for home delivery?	Number:..... <input type="checkbox"/>
l.	Weighing scales for adults?	Number:..... <input type="checkbox"/>
m.	Weighing scales for babies?	Number:..... <input type="checkbox"/>
n.	IV set with cannula and fluid?	Number:..... <input type="checkbox"/>
o.	Refrigerator?	Number:..... <input type="checkbox"/>

Now I would like to talk to you for some of the supplies and items that this health facility uses to provide the health services, and the adequacy of each supply for the **next one** month?

	Supplies	502 Is ...(supply) currently available?	503 Is.....(supply) adequate for next ONE month?	Skip
a.	Condom?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
b.	Pills?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
c.	Depo?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
d.	ORS packets?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
e.	Cotrimoxazole-paediatrics?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
f.	Iron folate tablets?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	

	Supplies	502 Is ...(supply) currently available?	503 Is.....(supply) adequate for next ONE month?	Skip
g.	Vitamin A Capsule?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
h.	Albendazole 400 mg ?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
I.	Ciprofloxacin?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
j.	Amoxicillin 250 mg?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
k.	Metronidazole 200 mg?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
l.	Paracetamol 500 mg?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
m.	Gentamycin?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
n.	Zinc?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
o.	Chlorine powder (bleach/ Virex)	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
p.	Oxytocin?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
q.	Chloroquine?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
r.	R. D. Zone?	Yes 1 No(Next supply)..... 2	Yes 1 No 2	
s.	Magnesium sulphate	Yes 1 No(Q 504)..... 2	Yes 1 No 2	
504	Are the drugs managed according to the FEFO system? (check at least 5 items?)	Yes 1 No 2		
505	Has the stock book been updated?	Yes 1 No 2		

506. Do you have the following documents and BCC materials in the health facility?

	Question	Codes	Skip
a.	National Medical Standard Vol. I?	Yes 1 No 2	
b.	FP counseling Flip chart?	Yes 1 No 2	
c.	IMCI Chart Booklet?	Yes 1 No 2	
d.	Cotrim Dose Card?	Yes 1 No 2	
e.	Home Therapy Card for ARI cases?	Yes 1 No 2	

	Question	Codes	Skip
f.	Zinc counseling card?	Yes 1 No 2	
g.	Storage Guideline?	Yes 1 No 2	
h.	HFOMC Guideline?	Yes 1 No 2	
I.	FCHV Fund Guideline?	Yes 1 No 2	
j.	HMIS recording and reporting guideline?	Yes 1 No 2	
RECORD ITEMS k-p “YES” IF THE MATERIALS ARE DISPLAYED IN CLIENTS WAITING ROOM/AREA. OTHERWISE RECORD “NO”			
k.	Family Planning Poster?	Yes 1 No 2	
l.	Informed Choice Poster?	Yes 1 No 2	
m.	ANC/delivery (RH) related poster?	Yes 1 No 2	
n.	Nutrition Poster?	Yes 1 No 2	
o.	Immunization Poster?	Yes 1 No 2	
p.	Diarrhea/ARI Poster?	Yes 1 No 2	
507	Have you received any BCC materials from the district in the last 6 months?	Yes 1 No 2	
508	Is there a Citizen Charter displayed?	Yes 1 No 2	

600: Management Systems

Q. #	Question	Codes	Skip
601	Is there a HFOMC?	Yes 1 No 2	→ 611
602	How many members are in the HFOMC?	Number:..... <input type="text"/> <input type="text"/>	
603	How many women are the members of the HFOMC?	Number..... <input type="text"/> <input type="text"/>	
604	How many Dalits are the member of the HFOMC?	Number..... <input type="text"/> <input type="text"/>	
605	Have HFOMC members received orientation on the conduct of the health facility?	Yes 1 No 2 Don't know..... 8	
606	How many HFOMC meetings were held in the last 12 months?	None..... 0 Number:..... <input type="text"/> <input type="text"/>	→ 611
607	When was the last HFOMC meeting held during the last 12 months?	Months ago..... <input type="text"/> <input type="text"/>	

Q. #	Question	Codes	Skip
608	Was the outcome of the last meeting minuted? May I see it?	Yes, record observed..... 1 Yes, reported, not seen..... 2 No record maintained.....3	
609	How many women members participated in the last meeting?	Number:..... <input type="text"/>	
610	How many Dalit members participated in the last meeting?	Number:..... <input type="text"/>	
611	Has this health facility received any support from the VDC in the last 3 years?	Yes 1 No 2	→ 613
612	What kind of support it has received from the VDC in the last 3 years? (MULTIPLE ANSWER)	Hired HF staff01 Pays office rent/free building..... 02 Provided land for building..... 03 Building construction.....04 Furniture support.....05 Supported medicines/other supplies..... 06 Cash support/fund generation..... 07 Other Support96 (Specify)	
613	How many PHC/ORC in a month are expected in the VDC?	Number:..... <input type="text"/>	
614	How many PHC/ORC were organized in the last month?	Number:..... <input type="text"/>	
615	How many child immunization clinics in a month are expected in the VDC?	Number:..... <input type="text"/>	
616	How many child immunization clinics were organized in the last month?	Number:..... <input type="text"/>	
617	How many FCHVs are in this VDC?	Number:..... <input type="text"/> <input type="text"/>	
618	How many FCHV meetings were organized in the last 12 months?	None..... 0 Number..... <input type="text"/> <input type="text"/>	→ 620
619	How many FCHVs participated in the last meeting?	Number..... <input type="text"/> <input type="text"/>	
620	Does this VDC have an FCHV Fund to support FCHV activities?	Yes 1 No 2	→ 622
621	How much amount is in the FCHV Fund?	Rs..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
622	In the last 12 months has the local community or VDC provided any support to the FCHVs?	Yes 1 No 2	→ 624
623	What kind of support the local community or the VDC has provided to FCHVs in the last 12 months? (MULTIPLE ANSWER)	Support from mother's group to carry out FCHV work..... 1 Cash support..... 2 In-kind incentives (sari, umbrella, torch or other items)..... 3 Other Support6 (Specify)	

Q. #	Question	Codes	Skip
624	Does this facility have routine meetings for reviewing managerial or administrative matters?	Yes 1 No 2	→ 629
625	How often do meetings to discuss the facility managerial and administrative matters take place?	Monthly or more often..... 1 Every 2-3 months..... 2 Every 4-6 months..... 3 Less than every 6 months or irregularly..4	
626	Is an official record of managerial meetings maintained? (If yes, ask to see some minutes/record from the most recent meeting)	Yes, record observed..... 1 Yes, reported, not seen..... 2 No record maintained.....3	
627	Was there review of HMIS data during the last meeting?	Yes 1 No 2	
628	Is there a Plan of Action/meeting minute developed based on the meeting? Can I see it?	Yes, record observed..... 1 Yes, reported, not seen..... 2 No record maintained.....3	
629	How many Ilaka/district level meetings were held in the last 12 months?	None.....0 Number..... <input type="text"/> <input type="text"/>	→ 632
630	Who from this HF participated last time in the Ilaka/district level meeting?	None.....1 Facility Incharge.....2 Other person _____.....6 (Specify position)	→ 632
631	In the last Ilka/district meeting you participated was the Monthly Monitoring Worksheet of your HF reviewed?	Yes 1 No 2 Don't know..... 8	
632	Did you send the last month progress report (HMIS 32) to the Ilaka/district on time?	Yes 1 No 2	
633	Have you updated Monthly Monitoring Worksheet of the last month? May I see it?	Yes, record updated..... 1 Yes, reported, not seen..... 2 No record updated..... 3	
634	How many times did the Ilaka/district supervisor visited your health facility in the last 6 months?	None.....0 Times..... <input type="text"/>	→ 700
635	Did the supervisor review and make comments on recording and reporting in any of the visits?	Yes 1 No 2	

700: Other Information

Q. #	Question	Codes	Skip
701	Does the health facility have the Community Drug Program?	Yes 1 No 2	
702	Has an Emergency Fund been established in VDC/wards?	Yes 1 No 2	→ 704
703	If yes, in how many wards?	Number:..... <input type="text"/>	
704	Does this facility raise any fund?	Yes 1 No 2	→ 706
705	How much money is in the fund generated by the health facility?	Rs..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know.....998	
706	Is there a separate fund established in the facility for poor and needy people?	Yes 1 No 2	
707	What has been impact of “free health care policy” on clients volume in this health facility?	Increase in clients volume.....1 No increase/same in clients volume.... 2 Decrease in clients volume.....3	→ 710 → 710
708	If there has been an increase in client volume, what is the primary reason for the increase?	More people attended for the first time (never sought care before).....1 More people attended who previously sought private health care2 More people attended who are not unwell, but want to “stock up on drugs”.....3 Other6 (Specify)	
709	Who best represents the increase? (MULTIPLE ANSWER)	More men.....01 More women.....02 More children.....03 More poor.....04 More disabled.....05 More elderly.....06 Dalits.....07 Disadvantaged Janajatis.....08 Other Janajatis.....09 Occupational castes of the Terai.....10 Muslims.....11 Brahmins/Chhetris/Newars.....12 Other96 (Specify)	
710	How has the new “free care policy” impacted on the health worker’s workload?	Too many outpatients for which to provide good care.....1 More outpatients but we can still provide good care.....2 Our workload has not changed much..3 Other6 (Specify)	

Q. #	Question	Codes	Skip										
804	Review last month's data from HMIS 31 and verify with HMIS 32. Do number of clients served match/correctly recorded for: From PHC ORC? From EPI Clinic? From FCHVs? Pneumonia Rx by FCHVs?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	1	2	1	2	1	2	
Yes	No												
1	2												
1	2												
1	2												
1	2												
805	Number of patients recorded in the last 6 months in the Master Register of the health facility:	Number..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
806	Of the total patients recorded in the Master Register in the last 6 months, number of Dalits:	Number:..... <input type="text"/> <input type="text"/> <input type="text"/> Record not maintained..... 998											
807	Of the total patients recorded in the Master Register in the last 6 months, number of disadvantaged Janajatis:	Number:..... <input type="text"/> <input type="text"/> <input type="text"/> Record not maintained..... 998											
808	Does the facility have displayed a map of its catchment area?	Yes 1 No 2											
809	Does the facility have displayed summary of target groups (e.g. Population, U5 population, expected pregnancies etc) of its catchment area?	Yes 1 No 2											
810	Does the facility have displayed any service data/information?	Yes 1 No 2	→ END										
811	Are these data/information for the most recent year/period?	All data are for most recent year/period... 1 Only some are for recent year/period.....2 None are for most recent year/period..... 3											

THANK YOU FOR YOUR COOPERATION