

PART A: BASIC CHARACTERISTICS

1. What type of facility is this?

- 1= PUBLIC HOSPITAL 5= PUBLIC FAMILY PLANNING CENTRE
- 2= PHC 6= PRIVATE HOSPITAL
- 3= COMMUNITY HEALTH C 7= PRIVATE CLINIC OR POLYCLINIC
- 4= SUBCENTRE 8= PRIVATE DOCTOR

TYPE: MF1

2. Does this facility practice ...
RECORD ALL THAT APPLY

allopathic medicine? NO= 0 YES= 1 MF2a

ayurvedic medicine? NO= 0 YES= 1 MF2b

homeopathy? NO= 0 YES= 1 MF2c

unani? NO= 0 YES= 1 MF2d

other ? NO= 0 YES= 1 MF2e

3. Does this medical facility receive funding or other support from ...

the government? NO= 0 YES= 1 MF3a

a religious organization? NO= 0 YES= 1 MF3b

a non-religious charity or NRI? NO= 0 YES= 1 MF3c

4. In what year did this medical facility open?

YEAR: MF4

5. How far is this facility from the District Hospital?

Kms. MF5

6a. Does this facility have beds for overnight in-patient care?
IF YES: **How many beds are available?** IF NONE, WRITE 0

BEDS: MF6a

6b. IF YES: On an average day, how many of these beds are occupied? IF NONE, WRITE 0

BEDS: MF6b

6c. On average, how many out-patients does the facility treat each week?
(OUT-PATIENTS ARE TREATED BUT DO NOT STAY OVERNIGHT)

NUMBER: MF6c

7. What days of the week is the clinic open?
For how many hours is the clinic open on ...
IF CLINIC IS CLOSED ON A DAY, WRITE ZERO.

Mondays? HOURS: MF7a

Tuesdays? HOURS: MF7b

Wednesdays? HOURS: MF7c

Thursdays? HOURS: MF7d

Fridays? HOURS: MF7e

Saturdays? HOURS: MF7f

Sundays? HOURS: MF7g

8. Does this medical facility have electricity?
IF YES: **How many hours per day is electricity usually available?**

IF NONE, WRITE 0 IF ALL DAY, WRITE 24 HOURS: MF8

8b. IF YES: How often is electric service interrupted?
IF NO ELECTRICITY, WRITE 0

Almost every day= 1
Once or twice a week= 2
Less than once a week= 3 MF8b

8c. Does this facility have its own electric generator?
IF YES: **Is the generator used as the main source of electricity, or is it used only as a backup?**

No= 0
Yes, for backup= 1
Yes, as main electricity source= 2 MF8c

PART A: BASIC CHARACTERISTICS (continued)

9. What is the main source of drinking water in this medical facility?

- 1= PIPED INSIDE THE FACILITY 5= DUG, OPEN WELL 9= TANKER TRUCK
 2= PIPED OUTSIDE THE FACILITY 6= HAND PUMP 10= RAINWATER
 3= TUBE WELL 7= RIVER, CANAL, STREAM 11= BOTTLED
 4= COVERED WELL 8= POND 12= OTHER

SOURCE: MF9

10. What toilet facilities are available for the use of patients in the clinic?

- 0= No toilet belonging to the facility 2= Ventilated Improved Pit Latrine 4= Other
 1= Traditional Pit Latrine 3= Flush Toilet

TOILET: MF10

10b. IF FACILITY HAS A TOILET: Is there a wash basin next to the toilet for washing hands? IF NO TOILET, WRITE 0

NO= 0 YES= 1 MF10b

11. Is there a fee for patients to register at this facility the first time they come?

IF YES: **How much is that registration fee?** IF NO REGISTRATION FEE, WRITE 0

Rs. MF11

12. What is the usual visit fee charged for a routine visit, for instance, for an infant with diarrhea?

Rs. MF12

12b. Does this fee include basic medicine that would be given for diarrhea?

IF MEDICINE INCLUDED IN FEE, WRITE 0.

IF MEDICINE IS NOT INCLUDED: **How much would the medicine cost that is most often prescribed for diarrhea?**

Rs. MF12b

PART B: SERVICES PROVIDED

Now I would like to ask you about what medical services are available at this facility.
 Does this clinic provide....

	No=0	Yes=1	
13a. Child immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	MF10a
13b. Contraception: Oral pills?	<input type="checkbox"/>	<input type="checkbox"/>	MF10b
13c. Contraception: IUD insertion?	<input type="checkbox"/>	<input type="checkbox"/>	MF10c
13d. Contraception: Male sterilisation?	<input type="checkbox"/>	<input type="checkbox"/>	MF10d
13e. Contraception: Female sterilisation?	<input type="checkbox"/>	<input type="checkbox"/>	MF10e
13f. Contraception: Injection?	<input type="checkbox"/>	<input type="checkbox"/>	MF10f
13g. Incision of abcess/ piercing of boils?	<input type="checkbox"/>	<input type="checkbox"/>	MF10g
13h. Saline I V?	<input type="checkbox"/>	<input type="checkbox"/>	MF10h
13i. Setting broken bones?	<input type="checkbox"/>	<input type="checkbox"/>	MF10i
13j. Treatment of gynecological conditions such as white discharge?	<input type="checkbox"/>	<input type="checkbox"/>	MF10j
13k. Treatment of STDs such as gonorrhoea?	<input type="checkbox"/>	<input type="checkbox"/>	MF10k
13l. Treatment for tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	MF10l

	No=0	Yes=1	
13m. Prenatal care?	<input type="checkbox"/>	<input type="checkbox"/>	MF10m
13n. Eye exam?	<input type="checkbox"/>	<input type="checkbox"/>	MF10n
13o. Treatment for diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	MF10o
13p. Change a wound dressing?	<input type="checkbox"/>	<input type="checkbox"/>	MF10p
13q. Stitching wounds?	<input type="checkbox"/>	<input type="checkbox"/>	MF10q
13r. Treatment of malaria?	<input type="checkbox"/>	<input type="checkbox"/>	MF10r
13s. Minor illnesses like fever	<input type="checkbox"/>	<input type="checkbox"/>	MF10s
13t. Treatment for Rabies	<input type="checkbox"/>	<input type="checkbox"/>	MF10t
13u. Childbirth delivery?	<input type="checkbox"/>	<input type="checkbox"/>	MF10u
13v. D&C or abortions?	<input type="checkbox"/>	<input type="checkbox"/>	MF10v
13w. Blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	MF10w
13x. Cataract surgery?	<input type="checkbox"/>	<input type="checkbox"/>	MF10x
13y. Abdominal surgery?	<input type="checkbox"/>	<input type="checkbox"/>	MF10y
13z. Heart surgery?	<input type="checkbox"/>	<input type="checkbox"/>	MF10z

PART B: SERVICES (continued)

14. Does the clinic do tests for ...

14a. Blood test: hemoglobin	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14a
14b. Blood test: leukemia	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14b
14c. Blood test: AIDS	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14c
14d. TLC Total lymphocyte count	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14d
14e. Urinalysis:Routine	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14e
14f. Urinalysis: Culture	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14f
14g. Stool test	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14g
14h. Pregnancy test	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14h
14i. Malarial parasite	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14i
14j. Cerebral Malarial parasite	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14j
14k. TB	NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2		MF14k

15. Now I would like to ask you about what medical equipment is in this medical facility.

Does the facility have in good working order a ...

15a. Stethoscope	NO= 0 / YES= 1		MF15a	15k. Ear exam	NO= 0 / YES= 1		MF15k
15b. Sterilisation / autoclaves	NO= 0 / YES= 1		MF15b	15l. Delivery kit	NO= 0 / YES= 1		MF15l
15c. Weighing scale for adults	NO= 0 / YES= 1		MF15c	15m. Forceps	NO= 0 / YES= 1		MF15m
15d. Weighing scale for infants	NO= 0 / YES= 1		MF15d	15n. Microscope	NO= 0 / YES= 1		MF15n
15e. Thermometer	NO= 0 / YES= 1		MF15e	15o. Centrifuge	NO= 0 / YES= 1		MF15o
15f. Vaginal speculum	NO= 0 / YES= 1		MF15f	15p. Refrigerator	NO= 0 / YES= 1		MF15p
15g. Sonograph	NO= 0 / YES= 1		MF15g	15q. Cold chest	NO= 0 / YES= 1		MF15q
15h. Xray machine	NO= 0 / YES= 1		MF15h	15r. ECG Monitor	NO= 0 / YES= 1		MF15r
15i. Blood Pressure Gauge	NO= 0 / YES= 1		MF15i	15s. Ambulance	NO= 0 / YES= 1		MF15s
15j. Oxygen	NO= 0 / YES= 1		MF15j	15t. Wheelchair	NO= 0 / YES= 1		MF15t

16. Now I would like to ask you about the medicines you *currently* have in stock at this facility.

Do you usually have ...

16a. Penicillin	NO= 0 / YES= 1		MF16a
16b. Ampicillin	NO= 0 / YES= 1		MF16b
16c. Tetracycline	NO= 0 / YES= 1		MF16c
16d. Streptomycin	NO= 0 / YES= 1		MF16d
16e. Any other antibiotics	NO= 0 / YES= 1		MF16e
16f. Iron tablets or Folic Acid	NO= 0 / YES= 1		MF16f
16g. Vitamin A	NO= 0 / YES= 1		MF16g
16h. BCG vaccination	NO= 0 / YES= 1		MF16h
16i. Polio immunization	NO= 0 / YES= 1		MF16i
16j. Hepatitis B vaccine	NO= 0 / YES= 1		MF16j
16k. Anti-malarial medicine	NO= 0 / YES= 1		MF16k
16l. DPT vaccination	NO= 0 / YES= 1		MF16l
16m. MMR vaccination	NO= 0 / YES= 1		MF16m

HDPI-2 (Medical)

Part C: EMPLOYEES Now I would like to ask you about the people who work at this health facility.

17. How many people currently work at this clinic/center? NUMBER MF17

18. Are there any sanctioned positions that are currently vacant? IF YES, How many? NUMBER MF18

ASK ONLY IF STAFF SIZE IS LESS THAN 13 PEOPLE

WRITE DOWN ALL THE NAMES, THEN ASK QUESTIONS 23 TO 28 FOR EACH PERSON BEFORE GOING ON TO THE NEXT PERSON.

19	20	21	22
	Next, please tell me the names of everyone who works here, who has contact with patients. NAME / POSITION	What is NAME's position? Is he/she a doctor, nurse, or what?	Was NAME present at interview?
1		MF21a	MF22a
2		MF21b	MF22b
3		MF21c	MF22c
4		MF21d	MF22d
5		MF21e	MF22e
6		MF21f	MF22f
7		MF21g	MF22g
8		MF21h	MF22h
9		MF21i	MF22i
10		MF21j	MF22j
11		MF21k	MF22k
12		MF21l	MF22l

- | | | |
|-------------|--------------|------------|
| 1= Director | 5=Paramedi | 1=primary |
| 2= Doctor | 6=Technician | respondant |
| 3= Nurse | 7=Clerk | 2=Present |
| 4=Dai | 8= Other | 3=Neither |

23	24	25	26	27	28	29	30
Sex	Religion	Caste	Does NAME live in this village / neighborhood? IF NO: How far does NAME live from here? KILOMETERS	For how many years has NAME worked here? YEARS	What kind of degree does NAME have?	Does NAME have a private medical practice? 0= No 1= Yes	Is NAME present today?
MF23a	MF24a	MF25a	MF26a	MF27a	MF28a	MF29a	MF30a
MF23b	MF24b	MF25b	MF26b	MF27b	MF28b	MF29b	MF30b
MF23c	MF24c	MF25c	MF26c	MF27c	MF28c	MF29c	MF30c
MF23d	MF24d	MF25d	MF26d	MF27d	MF28d	MF29d	MF30d
MF23e	MF24e	MF25e	MF26e	MF27e	MF28e	MF29e	MF30e
MF23f	MF24f	MF25f	MF26f	MF27f	MF28f	MF29f	MF30f
MF23g	MF24g	MF25g	MF26g	MF27g	MF28g	MF29g	MF30g
MF23h	MF24h	MF25h	MF26h	MF27h	MF28h	MF29h	MF30h
MF23i	MF24i	MF25i	MF26i	MF27i	MF28i	MF29i	MF30i
MF23j	MF24j	MF25j	MF26j	MF27j	MF28j	MF29j	MF30j
MF23k	MF24k	MF25k	MF26k	MF27k	MF28k	MF29k	MF30k
MF23l	MF24l	MF25l	MF26l	MF27l	MF28l	MF29l	MF30l

- | | | | | | |
|-----------|-------------|-----------|-------------|---------------|-----------|
| 1= Male | 1 Hindu | 1=Brahmin | 0= None | 5= R.N. | 0=No |
| 2= Female | 2 Muslim | 2=OBC | 1= Xth | 6= MBBS | 1=No, but |
| | 3 Christian | 3=SC | 2= XIIth | 7= Ayurvedic | expected |
| | 4 Sikh | 4=ST | 3= BSc., BA | 8= Homeopathy | 2=Yes |
| | 5 Buddhist | 5=Other | 4= Masters | 9= Other | |
| | 6 Jain | | | | |
| | 7 Other | | | | |

Part D: MEDICAL FACILITY OBSERVATION

Now I would like to look at some of the rooms in this health facility and take some notes. Could you please take me to the rooms where patients are examined?

ONCE YOU ARRIVE IN THE ROOM, WRITE DOWN THE ANSWERS TO QUESTIONS 26 TO WITHOUT ASKING ANY QUESTIONS DIRECTLY.

26a. IS THE EXAMINATION ROOM A SEPARATE ROOM THAT PROVIDES PRIVACY FROM OTHER PATIENTS? IF NO: ARE THERE CURTAINS FOR CLOSING THE EXAMINATION AREA TO PROVIDE PRIVACY?

Separate exam room= 1 MF26a
 Same room, with curtains= 2
 Same room, No curtains= 3

26b. IF YES TO CURTAINS: ARE THE CURTAINS CLEAN, OR DO YOU SEE BLOODSTAINS OR OTHER DROPPINGS?

No curtains= 0
 Clean= 1 MF26b
 Dirty= 2

26c. IS THE FLOOR CLEAN, OR DO YOU SEE A LOT OF DUST, OR FOOD REMNANTS, OR GARBAGE ON THE FLOOR?

Clean= 1 MF26c
 Dirty= 2

26d. ARE THE WALLS CLEAN, OR DO YOU SEE SPIDER WEBS, OR SCRIBBLING, OR MOISTURE, OR PEELED OFF PAINT?

Clean= 1 MF26d
 Dirty= 2

26e. IS THERE A SINK OR BASIN IN or NEAR THE ROOM FOR WASHING HANDS ?

No sink or basin= 0
 Sink or basin with no piped water= 1 MF26e
 Sink or basin with piped water= 2

26f. IS THERE AN EXAMINATION TABLE IN THIS ROOM?

No exam table= 0 MF26f
 Yes exam table= 1

Can I see what you use to give patients injections and immunizations?

27. WRITE DOWN THE TYPE OF NEEDLE

Disposable needle= 1
 Non-disposable needle= 2 MF27
 Both kinds of needles= 3
 No needles= 4

IF NON-DISPOSABLE NEEDLES ARE USED:

Can you show me how you sterilize your non-disposable needles?

ALLOW UP TO THREE RESPONSES

Sterilizer= 1 MF28a
 Puts needle in boiling water= 2
 Rinses with alcohol= 3 MF28b
 Puts needle in flame= 4
 Other= 5
 Not sterilized= 6 MF28c
 Not applicable= 9

29. Can you please show me where the vaccines are stored?

Special refrigerator for vaccines= 1 MF29
 Refrigerator used for other purposes= 2
 Cold chain box or other non-electric refrigerator= 3
 Not refrigerated storage space= 4
 No regular storage space= 5
 No vaccinations given here= 9

END OF INTERVIEW.
THANK THE RESPONDENT FOR HIS OR HER COOPERATION

30. CLINIC'S PREDOMINANT FLOOR TYPE:

1= MUD 5= CEMENT MF30
 2= WOOD, BAMBOO 6= TILES, MOSAIC
 3= BRICK 7= OTHER
 4= STONE

31. CLINIC'S PREDOMINANT WALL TYPE:

1= GRASS, THATCH 6= GI SHEETS, OTHER METAL MF31
 2= MUD, UNBURNT BRICKS 7= STONE
 3= PLASTIC 8= CEMENT, CONCRETE
 4= WOOD 9= OTHER
 5= BURN BRICKS

32. CLINIC'S PREDOMINANT ROOF TYPE:

1= GRASS, THATCH, MUD, WOOD 6= CEMENT MF32
 2= TILE 7= BRICK
 3= SLATE 8= STONE
 4= PLASTIC 9= CONCRETE
 5= GI METAL, ASBESTOS 10= OTHER

OBSERVATION OF OUTSIDE OF MEDICAL FACILITY:

33. TYPE OF APPROACH ROAD TO THE HOSPITAL

Footpath= 1 MF33
 Kutcha= 2
 Pucca= 3

34. IS THERE AN ADVERTISEMENT ON THE BUILDING THAT THIS CLINIC DOES SONOGRAMS? (OR A PRACTICE THAT MIGHT DETERMINE THE SEX OF A FETUS)?

No=0 MF34
 Yes=1

TIME INTERVIEW FINISHED:

TIME: : : : AM=1 MF28h
 PM=2 MF28a

COMMENTS: