Section 3 – health services (APCAPS BE profiling tool,15th Mar 2016)

Administrative		
10.0	NRP ID *(VillageNo(2)_SectionNo(2)_ TeamNo(1)_S.No(3))*	_ _ - _ _ - _ - _ _ _
10.1 *GPS*	Is the GPS code (2013) displayed on machine (when standing on the road, in front of the entrance)?	☐ [1=Yes; 2=No]
10.2 *GPS*	If yes, record GPS code (2013) (Instructions: Navigation> Go To> Waypoint> Menu (Sort>Nearest)> Choose waypoint from list, nearest and matching your category > GO>Arriving at xxxxxxx)	…………………….. (mark NA if not applicable)
10.3 *GPS*	Mark new GPS point and note number (by standing on the road, in front of the entrance, with the correct date/time stamp)	………………………..
10.4 *Observation*	Facility name from its display board (if any)	……………………….. (mark 999 if no name)
10.5.a *Observation & Interview*	Is the facility open?	☐ [1=Yes; 2=No, closed at this time; 3=No, closed permanently]
10.5.b *Interview*	If the facility is temporarily closed, when will it open?	(mark NA if not applicable)
	i. Date	
	ii. Days	
	iii. Time	
Please note this NRP in the re-visits table and move on to the next NRP. You will return to complete the survey of this NRP at a time when it will be open		
10.5.c *Interview*	If the facility is open, is the consent given to survey it?	☐ [1=Yes; 2=No]
10.5.d *Interview*	If the consent is not given, reason?	☐ [1=Not interested; 2=Do not have time; 3=Others ……………………….; NA=NA]
10.6 *Interview*	Since when has this facility been open, in this location (exact point)?	(mark 999 if interviewee does not know)
	(a) Month	
	(b) Year	

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Health facility properties

11.1 *Observation*	What is the type of facility? *(tick all that apply)* *note: do not combine survey for fixed and mobile services (eg. CHC and 108)*

☐ 1=Clinic (only out-patient)　　☐ 2=Hospital (with in-patient)　　☐ 3=Pharmacy　　☐ 4=Diagnostic center　　☐ 5=Ambulance service (eg. 108)

☐ 6=Primary Health Center (PHC)　　☐ 7=Community Health Center(CHC)　☐ 8= mobile service (eg 104)　　☐ 9=Other…………………

11.2 *Interview*	Who owns the facility?	☐ [choose 1-4, as below]

1=Private　　　2=Non-Governmental Organization (NGO)　　　3=Trust　　　4=Government

11.3 *Interview*	Are users charged to use the services? *(tick all that apply)*

☐ 1= All services free for all　　　　☐ 2= Services free for some groups only　　　　☐ 3= Some services which you must pay for, some free

☐ 4= Everyone pays for all (out-of-pocket)　　☐ 5=Payment through health insurance　　☐ 6= Other [please specify]……………………………………….

11.4 *Interview*	Which system of medicine (recognized and un-recognized) is practiced here? [Tick ALL that apply]

☐ 1=Allopathy　　☐ 2=Ayurveda, Unani, Siddha, Homeopathy (AYUSH)　　☐ 3=RMP　　☐ 4=Traditional healer　　☐ 5=Other…………………….

11.5 *Interview*	What are the opening times of the facility? [Tick ALL that apply]

☐ 1=Morning (8am-<12noon)　　☐ 2=After noon (12-<4pm)　　☐ 3=Evening (4-<8pm)　　☐ 4=Night (8-<10pm)　　☐ 5=Late night (10pm-<8am)

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11.6 *Interview*	What are the opening days of the facility?	☐ [choose 1-7, as below]	
1=Everyday (7 days a week) 2=Six days a week 3=Two-five days a week 4=Once a week (1 day per week) 5=Few days per month (1-3 days per month) 6=Seasonal eg. immunization camps 7=Others……………………………..
11.7 *Interview*	Maximum number of workers present at peak times?	……………………………………	
11.8 *Interview*	What is the type, number and gender of staff employed here?	(i)Male staff (numbers)	(ii)Female staff (numbers)
	(a) Nurse (ANM or GNM)		
	(b) Doctor (MBBS)		
	(c) Doctor (Post graduate diploma or MD or DNB or MS)		
	(d) Doctor (AYUSH)		
	(e) Pharmacist (minimum Diploma in Pharmacy)		
	(f) Technician (DMLT, MLT etc.)		
	(g) RMP		
	(h) Traditional healer		
	(i) Community health workers (govt, ASHA)		
	(j) Support staff –for healthcare (eg. dayas, attendants)		
	(k) Support staff – for cleaning		
	(l) Administrative staff (eg. office boys)		
	(m) Other ……………………………………..		
	(n) Other…………………………………………		
11.9 *Interview*	Maximum number of patients present at peak times, at the same time?	……………………………………	
11.10 *Interview*	If in-patient service is available (24 hours admission), how many beds are allotted to in-patient?	……………………………………	
11.11 *Interview*	Are there separate toilets for female patients?	☐ [1=Yes; 2=No]	

Services			
12.1 *Interview*	Which services are provided by this facility?	(i)Service is available [1=Yes; 2=No; 3=don't know]	(ii)Number of rooms
	(a) Clinic (out-patient)		
	(b) In-patient (24 hours admission)		
	(c) Day-care (less than 24 hours admission)		
	(d) Diagnostic		
	(e) Pharmacy (selling medicines)		
	(f) Emergency services- maternity		
	(g) Emergency services-injury		
	(h) Emergency services-disease		
	(i) Ambulance		
	(j) Surgery		
	(k) Maternal and infant care (<1 month age)		
	(l) Dental		
	(m) Ophthalmologist		
	(n) Counselling for psychiatric problem (eg.de-addiction, depression)		
	(o) Counselling or education for lifestyle (eg. Diet, physical activity, self-monitoring)		
	(p) Canteen service		
	(q) Other…………………………………………………………		
	(r) Other…………………………………………………………		
12.2 *Interview*	How many rooms are there to provide medical services, overall?	………………..	
12.3 *Interview*	*If report* offering surgery: Is there are a separate room (s) for surgery?	☐ [1=Yes; 2=No; NA=NA)	

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For the following section (12.4-12.9) ask a doctor or next most senior. Does not apply if only providing medicines or counseling services.	
12.4 ***Interview***	Under what conditions would you test someone to see if they have high blood pressure? *(tick all that apply, NA if not applicable)* *#symptoms: severe headaches, severe anxiety, shortness of breath, nosebleeds* **related conditions: chronic kidney disease, eye damage, peripheral limb disease ;* ** related meds: cocaine etc., anti-depressants, oral contraceptive pills, cough/cold/nasal decongestants, asthma meds, migraine meds, pain killers*

☐ 1=don't diagnose high BP ☐ 2=If presented with symptoms of high blood pressure# ☐ 3=if requested blood pressure test

☐ 4=if they have another condition/medication which can be linked to high blood pressure*

☐ 5=if they display general cardiovascular risk factors such as age (>40), high BMI, family history etc (even if visiting clinic for a separate condition)

12.5 ***Interview***	What sort of test would you typically perform to ***diagnose*** high blood pressure?*(tick all that apply, NA if not applicable)* ☐ 1=single arm cuff measurement (mercury) ☐ 2=single arm cuff measurement (digital) ☐ 3=repeat arm cuff measurements on same day (mercury); ☐ 4=repeat arm cuff measurements on same day (digital); ☐ 5=repeat arm cuff measurements on different days (mercury) ☐ 6=repeat arm cuff measurements on different days (digital) ☐ 7= single measurement then referral to higher center for further tests ☐ 8= don't test for high BP

12.6 Interview	Under what conditions would you test someone for diabetes? *(tick all that apply, NA if not applicable)* *#symptoms: excessive thirst and urniation, increased hunger, weight loss, excessive fatigue, blurry vision, wounds slow to heal, tingling/pain/ numbness in limbs* **related conditions: foot, eyes, nerve damage, kidney disease, hypertension, stroke, ketoacidocis, depression, TB* **related meds: CVD meds, steroid meds, ARV meds, immunosuppressive agents, antipsychotic meds;*
	☐ 1=don't test for diabetes ☐ 2=If presented with symptoms of diabetes# ☐ 3=if requested diabetes test ☐ 4=if they have another condition/medication which can be linked to diabetes* ☐ 5=if they display general diabetes risk factors such as age (>40), high BMI, family history etc (even if visiting clinic for a separate condition)
12.7 Interview	What sort of test would you typically perform to ***diagnose*** diabetes? *(tick all that apply, NA if not applicable)*
	☐ 1=glycated haemoglobain (HbA1c) ☐ 2=fasting blood glucose (venous) ☐ 3=post-lunch blood glucose (venous) ☐ 4=random blood glucose (venous) ☐ 5=capillary glucose (finger prick) ☐ 6=insulin resistance curve (multiple glucose measures) ☐ 7=urine glucose ☐ 8= one test then referral for more ☐ 9=don't test for diabetes
12.8 Interview	Have you or any provider(s) of services for cardiovascular diseases received any training in the diagnosis and management of cardiovascular diseases e.g. hypertension in the last 2 years? ☐ [1=Yes; 2=No; 3=don't know]
12.9 Interview	Have you or any provider(s) of diabetes services received any training in the diagnosis and management of diabetes in the last two years? ☐ [1=Yes; 2=No; 3=don't know]

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12.10 **Interview and observation**	Please provide details about tests and equipment available in this health service, with answers referring to an average day in the last 3 months. (i) **Is this test available here?** [1=Yes, instrument present (observed); 2= Yes, instrument present (reported); 3=Yes, but instrument under repair; 4=yes, but need to send off for analysis 5=No; 6=Other] (ii) **How many days in a month is this available to use?** (days/month), please consider working days, stock-outs, staff availability, power-cuts etc. (iii)**Which type of staff does this?** [1=Nurse (ANM/GNM); 2=Doctor (MBBS); 3=Doctor (PG Diploma or MS or MD or DNB); 4=Doctor (AYUSH); 5=Technician (min DMLT); 6=RMP; 7=Traditional healer; 8=Other……………………]						
	Name of Test/ procedure	(i)Is this test available to patients <see options>	(ii)How many days in a month is this available for use? (days/month)	(iii) Which type of staff operates this? <see options>	(iv) No. of tests or procedures done in a month? (number/month)	(v) Cost for patient per test (INR)	How long does a patient have to wait before getting results?		
							(vi)min	(vii)hour	(viii) day
(a)	Blood glucose test								
(b)	Glycated haemoglobin assay (Hb1Ac) (blood sugar levels)								
(c)	Urine albumin test (kidney)								
(d)	Serum creatinine assay (kidney)								
(e)	Opthalmoscope (retinopathy)								
(f)	Foot sensation test (neuropathy)								
(g)	Blood cholesterol test								
(h)	BP measure								
(i)	Spirometer/peak flow meter (lung function)								
(j)	ECG								
(k)	Pap smear (for cervical cancer screening)								

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12.11 **Interview and observati on**	*If report selling medicine:* Please provide details about the medicines available in this health facility. Where possible, please show us the medicine including its date of expiry.	(i)Are the following available (*tick all that apply*) [1=yes, observed and within expiration date; 2=yes, observed but expired; 3=reported available today; 4=not available today; 5=no never, 6=don't know]	(ii) Most typically prescribed brand name of drug?	(iii)How is this obtained? [1=freely available over counter; 2= with prescription/ doctor sanction only]	(iv) Cost* for patient per 10 pills (INR) - for brand noted in (ii)	(v)How long do patients generally wait before getting this medication? (mins)
(a)	ACE inhibitors (for BP eg.enalapril, Lisinopril)					
(b)	Thiazides (for BP eg.hydrochlorthiazide)					
(c)	Beta blockers (for BP and heart disease eg.metoprolol, atenolol)					
(d)	Aspirin ie acetylsalicylic acid (for heart attack)					
(e)	Streptokinase (for heart attack)					
(f)	Heparin (blood clots)					
(g)	Lipid-lowering agents (eg. atorvastatin, other statins)					
(h)	Metformin (diabetes)					
(i)	Sulfonylurea (for diabetes eg. glipizide, glibenclamide)					
(j)	Insulin (for injection)					
(k)	Short acting beta agonists (for COPD, eg theophylline, salbutamol)					
(l)	AYUSH BP treatment					
(m)	AYUSH diabetes treatment					

12.12 *Interview-translated (use 1st response)*	If medicines expire in your facility, what support do you have currently? [Tick ALL that apply]
	☐ 1= Exchange medicine with supplier ☐ 2=No support, have to throw away
	☐ 3=Manage with same medicines, as otherwise will be wasted ☐ 4=Other, specify……………………………….

12.13 *Observation*	Can you see any health messages about the following items (inside or outside the facility, put up by the facility employees) [Tick ALL that apply]

☐ 1=Tobacco   ☐ 2=Alcohol   ☐ 3=Good diet   ☐ 4=Exercise   ☐ 5=Weight control   ☐ 6=Diabetes

☐ 7=Hypertension   ☐ 8=Heart diseases   ☐ 9=Stroke   ☐ 10=Chronic respiratory diseases (Asthma, COPD)   ☐ 11=Cancer

☐ 12=Counseling (eg.de-addiction)   ☐ 13=Healthy aging   ☐ 14=Gov. schemes like JSY, JSSK

☐ 15=Other…………………………………………………….   ☐ 16=Other…………………………………………………….   ☐ 17=none

Photographs

13.1 *Photograph*	Take picture of the facility from the street (outside), from 3 different angles	Record photograph code		
		(i)<Photo ID from camera>	(ii)<Date from camera>	(iii)<Time from camera>
	(a) Directly in front of the facility			
	(b) From the left side of the facility			
	(c) From the right side of the facility			

NRP ID: __ __ – __ __ – __ __ – __ __ __

13.2 *Photograph*	Take picture of the facility from the inside, of 3 different views (eg. waiting room, clinic, pharmacy OR eg view from entrance, view of entrance…)	(i)<Photo ID from camera>	(ii)<Date from camera>	(iii)<Time from camera>
	(a) View 1 (Name)…………………………………………………………….			
	(b) View 2 (Name)…………………………………………………………….			
	(c) View 3 (Name)…………………………………………………………….			
14.1	a)Is food or drink available for purchase <u>inside</u> this facility?	☐ [1=yes; 2=no]		
	b) If yes, how many shops or vendors are there?	……………… NA=NA		
	c) For each shop or vendor, please fill out a new "shops selling food,tobacco,alcohol" survey, giving it a new NRP ID and noting the IDs . *(If a survey has already been completed for that shop, find the NRP ID and write it below. Remember to add that a health service uses this NRP if not noted already.)*	i) _____ ii) _____ iii) _____ iv)_____ v) _____		
	d)Is tobacco available for purchase <u>inside</u> this facility?	☐ [1=yes; 2=no]		
	e) If yes, how many shops or vendors are there?	……………… NA=NA		
	f)For each shop or vendor, please fill out a new "shops selling food,tobacco,alcohol" survey, giving it a new NRP ID and noting the IDs . *(If a survey has already been completed for that shop, find the NRP ID and write it below. Remember to add that a health service uses this NRP if not noted already.)*	i) _____ ii) _____ iii) _____ iv)_____ v) _____		

NRP ID: __ __ ̄ __ __ ̄ __ __ ̄ __ __ __

	g)Is alcohol available for purchase <u>inside</u> this facility?	☐ [1=yes; 2=no]
	h) If yes, how many shops or vendors are there?	………………… NA=NA
	i) For each shop or vendor, please fill out a new "shops selling food,tobacco,alcohol" survey, giving it a new NRP ID and noting the IDs . *(If a survey has already been completed for that shop, find the NRP ID and write it below. Remember to add that a health service uses this NRP if not noted already.)*	i) _____ ii) _____ iii) _____ iv)_____ v) _____
	j)Is a physical activity service, available for use for this health facility (in or off premises)?	☐ [1=yes; 2=no]
	k) If yes, how many are there?	………………… NA=NA
	l) For each physical activity space used by the health facility, please fill out a new physical activity service survey, giving it a new NRP ID and noting the IDs . *(If a physical activity survey has already been completed for that NRP, find the NRP ID and write it below. Remember to add that a health service uses this physical activity NRP if not noted already.)*	i) _____ ii) _____ iii) _____ iv)_____ v) _____