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Primary Health Care in Kosovo

SUMMARY REPORT

GRAČANICA MUNICIPALITY

Quality of Care Study 2018





Accessible Quality Healthcare

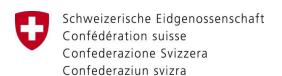
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SDC project implemented by Swiss TPH and Save the Children

Primary Health Care in Kosovo

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Summary Report Gračanica Municipality



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1 Background & Objectives

The Accessible Quality Healthcare (AQH) project in Kosovo is funded by the Swiss Agency for Development and Cooperation (SDC) and implemented by a Consortium comprising Swiss Tropical and Public Health Institute (Swiss TPH) and Save the Children. The overall goal of the AQH project is to ensure that the health of the population of Kosovo has improved, with strengthened healthcare providers and managers able to meet the needs of the patients (especially vulnerable groups), who are more aware of their rights and needs.

At the request of the Ministry of Health, the AQH project conducted the first national **facility-based Quality of Care (QoC) study** from August to October 2018.

The objective of the study was to measure the quality of care related to structural and procedural aspects, as well as selected outcomes, in Primary Health Care (PHC) in all 38 municipalities in Kosovo.

The specific objectives of this study were to provide PHC service providers with information to:

- Assess the quality of health services provided in several PHC centres in each municipality, including specific structural and procedural aspects.
- Allow comparison of different aspects of quality of care between all municipalities.
- Determine to what degree health providers have infrastructure and consumables available as outlined in the national PHC norms or, where these are unavailable, those outlined in WHO standards.
- Assess patient satisfaction with the services provided at PHC centres.

For this study we considered an operational definition of the quality of health services based on the concept of quality of care presented by Donabedian (1988, 1990), which has frequently been used in similar studies (Boller and Wyss et al., 2003; Matthys, 2013; Kiefer and Kadesha, 2015; Lechthaler, 2015; AQH, 2016). This is characterized by three dimensions:

- 1) <u>Structural attributes</u> relate to the setting where health care is provided. These attributes mostly refer to the organizational structure, human and financial resources, as well as availability of technical resources such as clinical protocols and guidelines.
- <u>2) Process attributes</u> relate to the provider-client interaction, for example professional conduct and technical competence, as well as interpersonal relations/client satisfaction.
- 3) Outcome attributes relate to the effect of care delivery on the health status of populations. Outcomes result from the structural and process attributes, for example, survival and recovery of patients or, more indirectly, patient satisfaction.

This operational definition is based on the assumption that the three dimensions are connected to each other and ultimately to service quality: good structure increases the likelihood of good processes and good process increases the likelihood of good outcomes, although outcomes are a consequence rather than a component of the quality of services.

2 Methodology

2.1 Study design

The QoC study is designed as a facility-based cross sectional survey to measure aspects of the quality of care of PHC service. It captures the overall quality of the facility infrastructure (structural aspects), the quality of provider-patient interactions (process aspects) and patient satisfaction after consultation (outcome). The study assesses quality of care provided to all patient groups but particularly focuses on patients with diabetes and hypertension.

The modules for the QoC survey are based on a mix of indicators from the WHO Service Availability and Readiness Assessment (SARA) and the "Tool to Improve Quality of Health Care" within the "ACCESS" program supported by the Novartis Foundation for Sustainable Development (2014), as relevant. The modules were adapted to the Kosovo local context thereby taking into consideration the national PHC norms or, where these are unavailable, the WHO norms established in the Package of Essential Non Communicable Diseases (NCDs) Interventions.

2.2 Study area & target population

The survey was implemented in all municipalities. The QoC survey targets PHC facilities in both rural and urban areas. During the survey data was collected at three different levels: 1) the health facility, 2) the health provider and 3) the patients.

Inclusion criteria for the baseline assessment

Inclusion criteria for the health facilities were as follows:

- Main Family Medicine Centre (MFMC) or Family Medicine Centre (FMC)
- At least one medical doctor assigned to the facility for at least one day per week

Inclusion criteria for <u>health providers</u> of the selected facilities for provider-patient observations were:

- Doctors providing PHC services
- Patients (18 years or older, or children accompanied by a legal representative) accessing the facility and receiving a consultation from a health provider
- Oral informed consent provided by the provider
- Oral informed consent provided by the patient or his/her legal representative (mother/father/caretaker)

Inclusion criteria for patients accessing the selected facilities and receiving consultation were:

- Patients (18 years or older, or children accompanied by a legal representative) accessing the facility and receiving a consultation from a health provider
- Oral informed consent provided by the patient or his/her legal representative (mother/father/caretaker)
- Accessing the facility to receive services either for themselves or their accompanying minors.

2.3 Sample size and sampling strategy

Sampling of health facilities

We applied a random proportional-to-size sampling procedure for each of the domains assuming that the facilities will be allocated to urban and rural areas proportional to the size of

urban and rural populations in the region. The number of daily visits in June 2018 is considered a proxy of daily attendances.

Sampling of providers for provider-client observations

<u>All</u> provider-patient consultations, for which informed consent could be obtained from the patient or their legal representative, were observed in each health facility "Provider" hereby only refers to medical doctors (see inclusion criteria). A healthcare provider could but did not have to be observed repeatedly.

Sampling of patients for exit interviews

For the exit interviews, <u>all</u> patients that received care for themselves, or for a child in their care, at the facility were interviewed for the exit interview, provided they gave consent¹. The patients included for exit interviews did not necessarily need to be the same as for the provider-patient observation (see inclusion criteria).

2.4 Data collection and analysis

Data collection

Before data collection, relevant authorities, specifically Directors for Health and Social Welfare (DHSW), mayors as well as managers of all selected facilities in all surveyed Municipalities were informed about the study, its purpose and its schedule at a meeting hosted by the Ministry of Health on 5th July 2018.

The data collection team consisted of 23 data collectors, divided into 10 sub-teams. Most data collectors had a background in medical training and public health and previous survey experience. Each data collection team was assigned to a set of designated facilities where they conducted the assessments. The data collection teams were closely monitored by the local study coordinator and supervisors. Data collection in the field took place from 10 September 2018 until 05 October 2018.

The following procedures were followed at each facility:

- 1) Introduction of purpose and procedures of the survey to the targeted service providers.
- 2) Data collection
 - Starting with provider-patient observations and exit interviews with patients conducted at the facility.
 - Exit interviews with clients were conducted in an appropriate location ensuring privacy and confidentiality.
 - Structural attributes related to infrastructure and management were assessed after the consultation hours in the afternoon.

Data collection was performed electronically using the Open Data Kit (ODK)² software on tablets. During and after each day of data collection, the local study coordinator and the supervisors conducted quality assurance.

Data analysis

During the analysis of the obtained data, full confidentiality of respondents was assured. Data was analysed using Stata Statistical Software/SE v15.0.

Additive index: The overall scores were calculated as additive indices to indicate the achieved percentage score. For a certain set of questions, e.g. infection prevention and control measures the additive index counts the answers/criteria which were fulfilled or not fulfilled. Questions/criteria which are not applicable were not considered. The number of positive

¹ Depending on the capacity of the data collectors.

² Open Data Kit (ODK) is a free and open-source set of tools for mobile data collection solutions. https://opendatakit.org/

answers is then divided by the total of valid answers (ratio). This way a percentage score is obtained for **each patient**.

Example: For infection prevention and control measures we measured five different aspects. For the first patient none of the aspects we measured was relevant, e.g. no examinations were done.

For the second patient only two of the five aspects were relevant: hand washing before and after the examination. Both actions were not observed. Hence this person had two valid answers but did not achieve any score. So the percentage score achieved for this person was 0.

For the third patient all five actions related to infection prevention and control measures were relevant. However, none of the five actions were observed. So the percentage score is yet once more 0.

The fourth patient was examined and instruments were used. Thus three aspects were relevant, but only one aspect (disinfection of instruments) observed. Hence 1 out of 3 were achieved, translating to a percentage score of 33%.

For the fifth patient all five aspects were considered relevant and all were also adhered to by the doctor. Hence for this person a percentage score of 100% was achieved.

The average index **for the facility** for infection and prevention measures would be calculated as 133/4=33%

Patient	Washed hands before	Washed hands after	Disinfected instruments	used gloves as required	used mask as required	Number of valid answers	Number of positive answers	Ratio (positive/valid answers)
1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2	no	no	n/a	n/a	n/a	2	0	0
3	no	no	no	no	no	5	0	0
4	no	no	yes	n/a	n/a	3	1	33
5	yes	yes	yes	yes	yes	5	5	100
						Facil	ity Score	133/4=33

Yes/no: as observed; n/a: action was not needed, e.g. no examination conducted

95% - CI: A 95% confidence interval (CI) is used to analyse the data presented in Tables 15 - 20 whereby the average is a range with an upper and lower number calculated from a sample. Because the true population average is unknown, this range describes possible values that the mean could be. If multiple samples were drawn from the same population and a 95% CI calculated for each sample, we would expect the population mean to be found within 95% of these CIs. CIs are sensitive to variability in the population (spread of values) and sample size. We could say: we are confident that the real value lies somewhere within this value range. A confidence interval cannot be estimated if there is only one observation or if there is no variation of values.

n: number of observations in the sample

Rank: The rank provides an indication on the position of the municipality related to certain aspects. In other words: how does the municipality perform in comparison to the other 37 municipalities. In case of ties (=municipalities achieving the same score) the average rank is calculated and assigned, e.g. achievement scores are for two facilities 90, then their potential ranks 8 and 9 and are taken together and divided by 2. This results in the rank 8.5. Hence there is no rank 8 or 9 assigned and the next municipality would be assigned the rank 10.

2.5 Limitations

Sample size

The study was designed as a nationwide survey. Hence, in comparison to a census, only randomly selected facilities were included in the study. Due to the different sizes of the municipalities, but also the different utilization patterns in the different municipalities, some municipalities had more facilities included than others. Some of the municipalities had only the MFMC and 1 FMC included. This limits our ability to show possible wider variations in these municipalities.

In addition some facilities had only a few visits from patients on the day(s) of the survey. Thus the numbers of observations or exit interviews varies substantially between the facilities.

Interviewer bias

Interviewers were trained and received clear instructions on the data collection, nevertheless variations between interviewers cannot be completely ruled-out.

Clinical observations

The observations protocols for diabetic and hypertensive patients were very detailed in comparison to other illnesses. Hence, this might partially explain achievement differences between those illnesses and all other.

2.6 Ethical considerations

Before the interviews and observations, participants were given an information leaflet and asked for their consent. For this, participants were informed that a) their participation is voluntary, b) they can withdraw from participation at any time without any consequences, c) non-participation will not have any negative effects. Participants were also informed how the data will be used and that confidentiality is ensured as no names or other identifying aspects will be collected.

Ethical clearance was obtained from the Kosovo Medical Chamber on 3rd of August, 2018 (Reference Number: 04/2018).

3 Results

3.1 Summary of results for municipality Gračanica

3.1.1 Infrastructure

- Three facilities were part of this study.
- A wide range of services were available at the MHC-PHC facility, fewer services were provided at the two PHC facilities. None of the facilities included in the study provided services for: tuberculosis, minor surgery or Xray.
- All facilities scored well in infrastructure, cleanliness and hygiene.
- All facilities were well signed with opening hours and tariffs, however other public accountability items were absent in the two PHC facilities.
- Most items of general medical equipment were available at the MHC-PHC facility although limited at the two PHC facilities. Almost all available items were functional.
- Gynaecological equipment was available at all three facilities
- All items of advanced medical equipment were available at the MHC-PHC although some items were not functional.
- Only very limited equipment was available to assess and monitor child growth.
- Most medications were available at the MHC-PHC, although several items were missing at the two PHC facilities. Some medications were not available in any of the facilities.

3.1.2 Clinical observation

- A total of 65 clinical observations were conducted (36 in PHC Donja Gusterica, 19 in MHC PHC and 10 in PHC Ugljare).
- 9 patients presented for hypertension and 3 for diabetes.
- The majority consulted for medical problems other than diabetes or hypertension, and referrals.
- The MHC PHC did particularly well concerning the adherence to principles of history and physical examination with an adherence close to 100%. The other two facilities scored around 65%.
- Infection prevention and control varied across the facilities. The infection prevention and control scores indicate that in cases where infection prevention and control measures were needed, they were often not performed by the medical doctor.
- The average score in treating patients with diabetes in the MHC PHC was around 60% with higher achievements in giving information and advice (77%) and lower achievements in conducting examinations (30%).
- The MHC-PHC did much better in treating patients with hypertension compared to the other two facilities (76%). The other two scored substantially lower (28% and 22%).
- The MHC-PHC also scored better with patients who came to the health care facility with problems other than diabetes and hypertension (84%).

3.1.3 Exit Interviews

- In total, 27 patient interviews were conducted. 14 patients were women.
- At least half of the patients had visited the health care facility at least once in the last three months.
- The majority of patients in all three facilities were either satisfied or very satisfied with their visit. The patients in MHC – PHC and PHC – Ugljare were very satisfied in most of the different aspects of the health service, whereas patients attending the PHC -Donja Gusterica were satisfied.
- None of the patients had to pay for the consultation.

3.2 Detailed information on results

3.2.1 Overall assessment of municipalities

Table 1 Overview rank of all municipalities in Kosovo, 2018

		Infrastructure Clinical Consultation		onsultation	Exit Interview		
Municipaliti es	Number of facilities	Infrastruct ure Score (%)	Infrastruct ure Rank	Clinical Consultatio n Score (%)	Clinical Consultatio n rank	Exit Interview Score (%)	Exit Interview rank
Partes/Pasj ane	1	85	1	84	1	97	1.5
Mitrovica North	1	80	2	68	20	77	34.5
Zvecan	1	78	3	54	34	73	38
Prishtinë	5	77	4	59	30.5	88	21
Strpce	1	76	5	78	8.5	94	5
Zubin Potok	1	73	6	67	22	79	32.5
Mamusha	1	68	7.5	77	10	89	18
Leposavic	1	68	7.5	61	29	75	36
Istog	2	65	10	78	8.5	97	1.5
Kaçanik	2	65	10	75	12	92	10
Gracanica	3	65	10	55	33	79	32.5
Prizren	8	64	13	83	2.5	91	14
Mitrovicë	6	64	13	81	4	87	23
Fushë Kosovë	3	64	13	70	18.5	84	28.5
Obiliq	2	63	15.5	83	2.5	85	26.5
Viti	2	63	15.5	67	22	88	21
Dardanë	2	62	19	79	6.5	93	7.5
Peja	3	62	19	72	17	94	5
Hani I Elezit	1	62	19	67	22	91	14
Rahovec	3	62	19	52	35	93	7.5
Gjakovë	5	62	19	46	36	89	18
Junik	1	61	22	42	37	88	21
Ranilug	1	60	24	75	12	86	24.5
Novo Brdo	2	60	24	75	12	77	34.5
Shtime	2	60	24	74	14.5	89	18
Ferizaj	4	59	26.5	74	14.5	85	26.5
Gjilan	5	59	26.5	64	25	82	30
Dragash	2	58	28	73	16	91	14
Skenderaj	3	57	29.5	80	5	94	5
Therandë	3	57	29.5	65	24	80	31
Klinë	2	56	31	79	6.5	92	10
Drenas	3	55	32.5	63	27	91	14
Vushtrri	3	55	32.5	59	30.5	74	37
Malishevë	3	53	34	63	27	91	14
Podujevë	2	51	35	56	32	84	28.5
Lipjan	5	49	36.5	70	18.5	86	24.5
Deçan	2	49	36.5	41	38	95	3
Klokot	1	44	38	63	27	92	10

3.2.2 Number of observations and overall assessment

Table 2 Number of observations and overall assessment in Gračanica Municipality

	Name of the facility	No. of clinical observations	No. of Exit interviews
1	MHC - PHC	19	10
2	PHC - Donja Gusterica	36	14
3	PHC - Ugljare	10	3

Table 3 Overall quality score for Gračanica Municipality

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Infrastructure score (structural quality)	82%	54%	59%
Clinical score (process quality)	82%	45%	40%
Exit score (outcome quality)	94%	69%	74%

3.2.3 Infrastructure

Table 4 Services offered

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Family planning	yes	no	yes
Antenatal care	yes	no	yes
Obstetric and newborn care	yes	yes	yes
Immunization	yes	yes	yes
Child care	yes	yes	yes
Adolescent health	yes	yes	yes
STI services	yes	no	no
Tuberculosis services	no	no	no
NCD services	yes	yes	no
Surgery	no	no	no
Outreach actiGracanicaes (mother, newborn and child health)	yes	yes	yes
Lab services	yes	yes	yes
X-ray	no	no	no
Physician present.	5 or more days per week	5 or more days per week	5 or more days per week

Table 5 Facility infrastructure and overall cleanliness and maintenance

Facility	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
The facility and immediate surroundings (facility yard, waiting area outside) are free from long grass, paper debris and solid waste.	yes	yes	yes
The facility has a rubbish bin which is properly used and not overflowing.	yes	yes	no
There is a designated waiting room for patients.	yes	yes	yes
The current waiting area is mopped, free of dust, trash; dirt, spider webs, and generally tidy.	no	yes	yes
There is at least one designated consulting room for women.	yes	yes	yes
There is at least one designated consulting room for children.	yes	yes	yes
All examination room(s) ensure(s) privacy/confidentiality (door, window blind, curtain).	yes	yes	yes
All examination rooms are mopped, free of dust, trash; dirt, spider webs, and the rooms are generally tidy.	yes	yes	yes
All examination rooms are well illuminated.	yes	yes	yes
The facility has electricity	yes	yes	yes
During the past 7 working days, did you have any power cuts of more than 1 hour during opening hours.	no	yes	yes
Is there routinely a time of year when this facility has a severe shortage or lack of power?	no	no	no
If yes, specify:	not applicable	not applicable	not applicable
The facility has a functional generator	yes	yes	yes
If the health facility has a functional generator: is fuel available today for the generator?	yes	yes	yes
The facility has a functional heating system.	yes	yes	yes
If yes, specify:	Naftno grejanje	Sopstveno grejanje	Centralno
Has the facility a functional communication equipment (functional landline telephone or cell phone) available (either private phone or facility phone)?	yes	yes	yes
What type of phone do you have available?	Cell phone of facility, Landline of facility	Private cell phone of staff, Landline of facility	Private cell phone of staff, Cell phone of facility, Landline of facility
The facility has functional computer.	yes	yes	yes
The facility has a functional printer.	yes	yes	yes
The facility has internet access.	yes	yes	yes
During the past 7 working days did you have internet for at least 1 hour every day?	yes	yes	yes
The administration shelf is filed and in order.	yes	yes	yes
Does the facility have a patient record system?	yes	yes	yes
In which year was the patient record system introduced?	2012	2001	1960

Facility	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Are there sufficient empty patient record cards available?	yes	yes	yes

Table 6 Hygiene

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
There is running water in the facility (out of the tap).	yes	yes	yes
There is warm water available (out of the tap).	yes	yes	yes
Is there routinely a time of year when this facility has a severe shortage or lack of water (out of the tap)?	yes	no	no
If yes, SPECIFY when:	Jednom nedeljno po sat,dva	not applicable	not applicable
If yes: In case there is a severe shortage or lack of water (out of the tap), where do you fetch water?	Well (protected)	not applicable	not applicable
Functional washing points exist in examination rooms and/or entrance hall, and soap or hand disinfectants and water are available.	yes	yes	yes
Labelled containers for medical waste disposal are available in all required areas (e.g. examination rooms).	yes	no	yes
The facility has adequate and safe disposal of sharps (sharps box/container).	yes	no	yes
The facility has adequate and safe disposal of infectious waste.	yes	no	yes
Sharps waste is temporary stored at a protected place.	yes	no	no
There is regular and appropriate collection for infectious waste.	yes	no	no
There is regular and appropriate collection for sharps waste.	yes	no	no
The facility has essential disinfectants and antiseptics.	yes	yes	yes
The facility has chlorine solution or other disinfectants to disinfect contaminated instruments in all required areas (e.g. in examination rooms).	yes	yes	yes
The facility has at least one accessible and functional toilet for patients.	yes	yes	yes
The facility has at least one accessible and functional toilet for staff.	yes	yes	yes
The toilet(s) or latrine is clean.	yes	yes	yes
A washing point is available near the toilet or latrine.	yes	yes	yes
Soap and water are available at the washing point near toilet or latrine.	yes	yes	yes

Table 7 Public accountability items

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Facility visibly displayed	yes	yes	yes
Opening hours visible	yes	yes	yes
Phone number displayed	yes	yes	no
Tariffs displayed	yes	yes	yes
Ministry of Health (MoH) complaints number displayed	yes	no	no
Flyer about MoH complaints number available	yes	no	no
Tobacco laws displayed	yes	yes	yes
Patient's rights and responsibilities displayed	yes	no	yes
Logos of pharmaceutical industries showing	no	no	no
Mechanisms to give public opinion on the service	yes	no	yes
Mechanisms for referrals available	yes	yes	yes
Year of last quality inspection by the Ministry	2015	-	2017

Table 8 Availability of guidelines and information materials

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Therapeutic standard guideline for PHC	yes	yes	no
List of essential drugs	yes	yes	yes
Calendar for health promotion	yes	yes	yes
Vaccination calendar	yes	yes	yes
Are awareness materials based on standard package info	yes	no	no

Table 9 Availability of general medical equipment

Facility	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Microsurgery	not available	not available	not available
Nebulizer	available, functional	available, functional	available, functional
Ambu mask	available, functional	available, functional	available, functional
Strong source of light in good condition (portable)	available, functional	available, functional	available, functional
Nasal speculum	available, functional	not available	not available
Otoscope	available, functional	not available	not available
Ophthalmoscope	available, functional	not available	not available
Doppler	not available	available, functional	not available
Glucometer	available, functional	not available	available, functional
Peak flow meter	available, functional	not available	not available
Tape measure	available, functional	available, functional	available, functional
Pen light	available, functional	not available	not available
Head light	available, functional	not available	not available
Neurological hammer	available, functional	available, functional	not available
Weight scale for adults	available, functional	available, functional	available, functional
Weight scale for children (over 2 years old)	available, functional	available, functional	available, functional
Weight scale for infants and toddlers (up to 2 years old)	available, functional	not available	available, functional
Sphygmomanometer for children	available, functional	not available	not available
Sphygmomanometer for adults	available, functional	available, functional	available, functional
Stethoscope for children	available, functional	not available	available, functional
Stethoscope for adults	available, functional	available, functional	available, functional
Obstetrical stethoscope/Fetoscope	not available	not available	available, functional
Pelvimeter	not available	not available	not available
Sterilization equipment and anti-septical protocol	available, functional	available, functional	available, functional

Facility	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Pulse oximeter	available, functional	available, functional	not available
Refrigerator	available, functional	available, functional	available, functional
Vaccine refrigerator/portable	available, functional	not available	available, functional
Height meter board for children (up to two years old)	available, functional	not available	available, functional
Meter for height measuring (children over two years of age)	available, functional	available, functional	available, functional
Thermometer	available, functional	available, not functional	available, functional
Tuning fork	not available	not available	not available
Table for vision testing	available, functional	not available	not available
Ear syringe	available, functional	available, functional	available, functional
Scissors	available, functional	available, functional	available, functional
Timer	available, functional	not available	not available
Snellen eye chart	available	not available	available
Children growth chart	not available	available	not available
Tongue depressor	available	not available	not available

Table 10 Availability of Gynaecological service equipment

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Gynaecological bed	available, functional	available, functional	available, functional
Gynaecological instruments	available, functional	available, functional	available, functional
Oxygen tank (tube)	available, functional	available, functional	available, functional
Vaginal speculum, small size	available	available	available
Vaginal speculum, medium size	available	available	available
Vaginal speculum, large size	available	available	available
Pap smear materials: (brush, spatula, holder)	available	not available	not available
Gloves (latex)	available	available	not available
Masks for doctors	available	available	not available

Table 11 Availability of advanced equipment

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
EKG machine	available,	available,	available,
	functional	functional	functional
Sterilizer/Autoclave	available,	available,	available,
	functional	functional	functional
Photometer	available, not functional	not available	not available
Centrifuge	available,	available,	available,
	functional	functional	functional
X-ray	available, not functional	not available	not available
Defibrillator	available, functional	not available	available, functional
Ultrasound machine	available,	available,	available,
	functional	functional	functional
Microscope	available,	available,	available,
	functional	functional	functional

Table 12 Availability of equipment to assess and monitor child growth

	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Box of blocks in different colours	no	no	no
Rattle, small red ball hung in a piece of thread	no	no	no
Book with simple illustrations or some sheets of colour paper with illustrations, i.e. a flower, a girl, a car, a cat, etc.	yes	no	no
Large and thin pencils, sheets of paper for drawings	no	yes	no
Doll	yes	yes	no
Hairbrush	no	no	no
Small plate and spoon	no	no	no
Cups	yes	no	no
Simple puzzles with 2-3 pieces	no	no	no
Sheet with stripes and shapes	no	no	no

Table 13 Availability of medical products

Facility	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Vaccines	yes	yes	yes
Water for injections	yes	yes	yes
Atropine sulphate	yes	no	yes
Dextrose solution	yes	yes	yes
Manitol solution	no	no	yes
Diazepam	yes	no	no
Adrenaline / epinephrine	yes	yes	yes
Furosemid	yes	no	yes
Natrium chloride solution	yes	no	yes
Glyceryl trinitrate/nitroglycerin	yes	no	no
Dexamethason	yes	no	no
Antitetanus serum	yes	no	no
Antivenom imunoglobulin/antivipera serum	no	no	no
Oral rehydratation salt/tresol (o.r.s)	yes	no	no
Benzylpenicillin/ bipenicillin	yes	no	yes
Metoclopramide/ methochopramid	yes	no	no
Paracetamol/acetaminophen	yes	no	yes
Morphine sulphate	no	no	no
Diclofenac	yes	yes	yes
Salbutamol (nebulizer)	no	no	yes
Hydrocortisone	yes	no	no
Contraceptives: oral (COC, POP), Injectables, DIU, Condoms	no	no	no
Emergency conceptive pill/levonorgestrel	no	no	no
Plastic syringes	yes	yes	yes
Needles for syringes	yes	yes	yes
Povidon jod/iodine solution	yes	yes	yes
Surgical gloves	yes	yes	yes
Amoxicillin/erythromycin	yes	no	yes
Chloropiramine/chlorfeniramin (oral antihistamine)	yes	no	no
Acid acetylsalicylic/aspirin	no	no	no
Atenolol/metoprolol	no	no	no
Sol. glucose	yes	yes	yes
Hyoscine butylbromide/buscopan	yes	yes	no
Folic acid	no	no	no
Oxygen	yes	yes	no
Bandages	yes	yes	yes
Gauze	yes	yes	yes

Facility	MHC - PHC	PHC – Village Donja Gusterica	PHC – Village Ugljare
Hydrogen peroxide	yes	yes	yes
Hydrophilic cotton	no	no	yes
Plastic perfusion system	yes	no	no
Spiritus aethylicus 70% (alcohol)	yes	yes	yes
Ranitidine	yes	yes	no
Magnesium sulphate	no	no	no
Suture/thread for stitching wounds	no	no	no
Kalium (potassium) iodine	no	no	no
Test strips for Glucometer	yes	no	yes
Urine protein test strips	yes	no	no
Urine ketones test strips	no	no	no
Urine microalbuminuria test strips	no	no	no
Fluorescein strips	no	no	no
Blood cholesterol assay	yes	yes	no
Lipid profile	yes	yes	no
Serum creatinine assay	yes	yes	yes

3.2.4 Clinical Observations

Table 14 Clinical observations overview table

	MHC – PHC % (n=19)	PHC – Village Donja Gusterica % (n=36)	PHC – Village Ugljare % (n=10)
Number of observations (patients)	100%	100%	100%
- women	63% (12)	50% (18)	40% (4)
Observations by type of doctors	,		
- Family Medical Specialist	0% (0)	0% (0)	0% (0)
- General Practitioner	26% (5)	89% (32)	100% (10)
- Other Specialist	74% (14)	11% (4)	0% (0)
Age of patient			
- <5	0% (0)	0% (0)	0% (0)
- 5 - 18	5% (1)	6% (2)	0% (0)
- 19 - 49	26% (5)	31% (11)	50% (5)
- 50 - 65	42% (8)	44% (16)	40% (4)
- >65	26% (5)	19% (7)	10% (1)
Reason for visit			
- Hypertension	21% (4)	11% (4)	10% (1)
- Diabetes	16% (3)	0% (0)	0% (0)
- Other	47% (9)	58% (21)	50% (5)
-Referral	16% (3)	31% (11)	40% (4)

Table 15 Adherence to principles of history and physical examination

	MHC – PHC (n=19)	PHC – Vilage Donja Gusterica (n=36)	PHC - Village Ugljare (n=10)
The medical doctor adheres to principles of history and physical examination, i.e Greets the client Sees the client in privacy/confidentiality Makes the client comfortable (e.g. Seat offered) Asks the client about concerns, allows client to explain his/her health issue Has the patient record Uses the patient record during consultation Documents consultation in patient record (of all who have the patient record) Closed politely the consultation	91% (88% -	65% (60% -	66% (54% -
	95%)	70%)	77%)

Table 16 Infection prevention and control

	MHC - PHC (n=19)	PHC – Village Donja Gusterica (n=36)	PHC - Village Ugljare (n=10)
The medical doctor pays attention to infection prevention and control, i.e - Washes hands before the procedure - Washes hands after procedure - Applied proper decontamination procedures - Puts on gloves where required - Puts on a mask where required	100% (Not available)	11% (0% - 33%)	0% (Not available)

Table 17 Patients with diabetes

Diabetes	MHC – PHC (n=3)	PHC – Village Donja Gusterica (n=0)	PHC - Village Ugljare (n=0)
The medical doctor			
Asks questions, about - Any specific health complaints - General weakness - Urine discharge - Vulvovaginitis or pruritus - Appetite - Eye-sight - Visit to opthalmalogist - Alcohol - Smoking - Using other medicine - Sedentary way of life - Adherence with diabetes treatment (if applicable)	59% (45% - 72%)	Not applicable	Not applicable
Conducts examinations, i.e - Checks blood pressure - Weight measurement / calculation of body-mass index - Of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands - Of eyes - Of chest, auscultation of lungs - Auscultation of heart - Of abdomen, palpation of liver and signs of percussion - Perfusion of legs (veins and feeling of legs) - And gives clear explanations to the client concerning the purpose of tests and procedures.	30% (10% - 49%)	Not applicable	Not applicable

Diabetes	MHC – PHC (n=3)	PHC – Village Donja Gusterica (n=0)	PHC - Village Ugljare (n=0)
Advices, explains and instructs, about Results of examinations The situation and diagnosis The prognosis About needed examinations - Nutrition, i.e. Food intake and weight decrease On the prevention and treatment of hypoglycaemia and other acute and chronic complications of diabetes On self-monitoring - glycemia control and prevention of hypoglycaemia About alcohol About smoking About physical exercise Right ways of care of legs Potential complication of the illness Potential risks if illness is not treated Importance of adherence to treatment About follow-up visit About the referral (if applicable) On prescribed medicines/treatment (if applicable)	77% (55% - 99%)	Not applicable	Not applicable
Overall Score	60% (46% - 74%)	Not applicable	Not applicable

Table 18 Patients with hypertension

Hypertension	MHC - PHC (n=4)	PHC – Village Donja Gusterica (n=4)	PHC – Village Ugljare (n=1)
The medical doctor			
Asks questions, about - Any specific health complaints - Headache - The use of medicine other than for hypertension - The use of contraceptives - Eye-sight - Visit to ophthalmologist - Alcohol - Smoking - Sedentary way of life - High blood pressure (if applicable) - Adherence with hypertension treatment (if applicable)	68% (51% -	23% (8% -	11% (Not
	85%)	37%)	available)
Conducts examinations, i.e - Checks blood pressure - Weight measurement / calculation of body-mass index - Of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands - Of eyes - Of chest, auscultation of lungs - Auscultation of heart - Of abdomen, palpation of liver and signs of percussion, palpation of kidneys - Perfusion of legs (pulse and perfusion of legs) - And gives clear explanations to the client concerning the purpose of tests and procedures. Checks blood pressure	61% (50% -	25% (11% -	11% (Not
	72%)	39%)	available)

Hypertension	MHC - PHC (n=4)	PHC – Village Donja Gusterica (n=4)	PHC - Village Ugljare (n=1)
Advices, explains and instructs, about Results of examinations The situation and diagnosis The prognosis About needed examinations About signs of extreme hypertension About what to do when signs of extreme hypertension occur Nutrition, i.e. food intake About alcohol About smoking About physical exercise About oral contraceptives Potential complication of the illness Potential risks if illness is not treated Importance of adherence to treatment About follow-up visit About the referral (if applicable) On prescribed medicines/treatment (if applicable)	90% (82% - 97%)	34% (11% - 56%)	36% (Not available)
Overall Score	76% (70% - 82%)	28% (11% - 45%)	22% (Not available)

Table 19 Patients consulting for other reasons than diabetes or hypertension

Other diseases	MHC - PHC (n=9)	PHC – Village Donja Gusterica (n=21)	PHC – Village Ugljare (n=5)
The medical doctor		•	•
Asks questions, about Takes patient history (general history, specific to disease) - Asks open ended questions during history taking - Asks about any prescriptions the client is currently taking Listens to the client and responds to client questions.	92% (75% - 100%)	54% (43% - 65%)	45% (35% - 55%)
Conducts examinations, i.e Performs medical examinations and other investigations as individually required Gives clear explanations to the patient concerning the purpose of medical examinations and other investigations.	100% (Not available)	33% (8% - 59%)	10% (0% - 30%)
Advices, explains and instructs, about Results of examinations - The situation and diagnosis - The prognosis - About needed examinations - About follow-up visit - About the referral (if applicable) - On prescribed medicines/treatment (if applicable) - On risks factors/health education (if applicable)	77% (56% - 98%)	31% (19% - 44%)	16% (0% - 36%)
Overall Score	84% (66% - 100%)	40% (29% - 51%)	26% (12% - 40%)

Table 20 Patients consulting for referrals

Referrals	MHC – PHC (n=3)	PHC – Village Donja Gusterica (n=11)	PHC - Village Ugljare (n=4)
The medical doctor			
Asks questions, about - Takes patient history (general history, specific to disease) - Asks open ended questions during history taking - Asks about any prescriptions the client is currently taking. - Listens to the client and responds to client questions.	92% (75% -	43% (27% -	38% (13% -
	100%)	60%)	62%)
Conducts examinations, i.e Performs medical examinations and other investigations as individually required Gives clear explanations to the patient concerning the purpose of medical examinations and other investigations.	5% (0% - 15%)	0% (Not available)	90% (70% - 100%)
Advices, explains and instructs, about - Results of examinations - The situation and diagnosis - The prognosis - About needed examinations - About follow-up visit - About the referral (if applicable) - On prescribed medicines/treatment (if applicable) - On risks factors/health education (if applicable)	63% (50% -	18% (8% -	23% (10% -
	76%)	27%)	36%)
Overall Score	78% (72% -	25% (15% -	28% (13% -
	84%)	36%)	42%)

3.2.5 Exit Interviews

Table 21 Socio-demographic attributes among respondents of exit interviews

	MHC – PHC % (n=10)	PHC – Village Donja Gusterica % (n=14)	PHC – Village Ugljare % (n=3)	
Number of interviews	100%	100%	100%	
- Women	50% (5)	57% (8)	33% (1)	
Education				
- Never attended school	10% (1)	0% (0)	0% (0)	
- Completed lower primary school	10% (1)	0% (0)	0% (0)	
- Completed primary school	20% (2)	29% (4)	33% (1)	
- Completed high school	30% (3)	50% (7)	67% (2)	
- Completed college / university	30% (3)	21% (3)	0% (0)	
- Other	0% (0)	0% (0)	0% (0)	
Occupation	Occupation			
- Farmer	10% (1)	21% (3)	33% (1)	
- Employed	30% (3)	21% (3)	33% (1)	
- Self-employed	0% (0)	7% (1)	0% (0)	
- Housewife	20% (2)	21% (3)	33% (1)	
- Governmental employee	0% (0)	0% (0)	0% (0)	
- Unemployed	10% (1)	14% (2)	0% (0)	
- Pensioner	30% (3)	14% (2)	0% (0)	
- Pupil/Student	0% (0)	0% (0)	0% (0)	
- Other	0% (0)	0% (0)	0% (0)	
Economic or social aid	30% (3)	36% (5)	67% (2)	

Table 22 Frequency and reason of visit of exit interviews

	MHC - PHC % (n=10)	PHC – Village Donja Gusterica % (n=14)	PHC – Village Ugljare % (n=3)
Excluding today: how often did you access this HC ove	r the past 3 month?		
- Did not access this HC in the past 3 months	50% (5)	36% (5)	33% (1)
- 1-3 times	10% (1)	50% (7)	67% (2)
- More than 3 times	40% (4)	14% (2)	0% (0)
What was the reason for your consultation today?			
- Chronic condition	40% (4)	7% (1)	33% (1)
- Antenatal care	0% (0)	0% (0)	0% (0)
- Child health	0% (0)	0% (0)	0% (0)
- Immunisation	0% (0)	0% (0)	0% (0)
- Other	60% (6)	93% (13)	67% (2)

Table 23 Overall satisfaction with health services - exit interviews

	MHC - PHC % (n=10)	PHC – Village Donja Gusterica % (n=14)	PHC - Village Ugljare % (n=3)
Overall: How satisfied were you with the services you received today			
Very unsatisfied	0% (0)	7% (1)	0% (0)
Unsatisfied	0% (0)	7% (1)	0% (0)
Satisfied	80% (8)	64% (9)	100% (3)
Very satisfied	20% (2)	21% (3)	0% (0)

Table 24 Satisfaction with different aspects of health service - exit interviews

	MHC - PHC % (n=10)	PHC – Village Donja Gusterica % (n=14)	PHC - Village Ugljare % (n=3)
Patient was given the opportunity to explain the health problem	90% (9)	100% (14)	100% (3)
Patients privacy was ensured	80% (8)	79% (11)	100% (3)
Doctor explained the questioning and physical examinations and the health problem*	100% (5)	50% (1)	100% (1)
Doctor explained the intake of prescribed medicine**	100% (7)	67% (4)	0% (0)
Doctor asked if patient currently takes prescriptions	80% (8)	21% (3)	0% (0)
Patient was given chance to ask questions about the investigation, health problem and treatment	100% (10)	79% (11)	100% (3)
Doctor listened carefully to patients concerns and questions and gave satisfactory answers	100% (10)	93% (13)	100% (3)
Patient got advice on health problem	100% (10)	14% (2)	33% (1)
Medical doctor was polite during consultation	100% (10)	100% (14)	100% (3)

^{*} relevant only when examination was conducted; ** only relevant if medicine were prescribed

Table 25 Payment for health service - exit interviews

	MHC - PHC % (n=10)	PHC – Village Donja Gusterica % (n=14)	PHC - Village Ugljare % (n=3)
Did you pay today for your health consultation?	0% (0)	0% (0)	0% (0)
Did you get a receipt for your payment?	Not applicable	Not applicable	Not applicable

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Appendix A: Abbreviations

AQH Accessible Quality Healthcare

CI Confidence interval

DHSW Directors of Health and Social Welfare

FM Family Medicine

FMC Family Medicine Centre GP General Practitioner

MFMC Main Family Medicine Centre

MoH Ministry of Health ODK Open Data Kit

PHC Primary Health Care QoC Quality of Care

SARA Service Availability and Readiness Assessment (SARA)

SDC Swiss Agency for Development and Cooperation

Swiss TPH Swiss Tropical and Public Health Institute

WHO World Health Organisation

Appendix B: Questionnaire

Quality of Care Assessment - Infrastructure Assessment	Answers
Interviewer_ID	
IMEI (International Mobile Equipment Identity)	
inici (international Mobile Equipment Identity)	
Date of interview	
Start time of interview	
Name of municipality	
Name of facility	
Oral consent given by interviewee	yes
	no
Which services do you provide at this facility?	
Family planning	yes no
	110
Antenatal care	yes
	no
Obstetric and newborn care	yes
	no
Immunization	yes
	no
Child preventative and curative care	yes
	no
Adolescent health	yes
	no
Sexually transmitted infections	yes
•	no
Tuberculosis	yes
	no
Non-communicable diseases	yes
	no
Surgery	yes
	no
Do you provide any outreach activities?	yes
	no
If yes, SPECIFY	
Do you have laboratory services?	yes
	no

	T
Do you have X-ray facilities?	yes
	no
How many days of the working week is at least one doctor present to provide general primary health care services?	1-2 days per week
	3-4 days per week
	5 or more days per week
Facility infrastructure and overall cleanliness and maintenance	
The facility and immediate surroundings (facility yard, waiting area	yes
outside) are free from long grass, paper debris and solid waste.	no
The facility has a rubbish bin which is properly used and not overflowing.	yes
The facility has a rubbish bill which is properly used and not overhowing.	no
There is a designated waiting room for patients.	yes
The state of the s	no
The current waiting area is mopped, free of dust, trash; dirt, spider webs,	yes
and generally tidy.	no
There is at least one designated consulting room for women.	yes
There is at least one designated consulting room for women.	no
There is at least one designated consulting room for children.	yes
There is at least one designated consulting room for children.	no
All examination room(s) ensure(s) privacy/confidentiality (door, window	yes
blind, curtain).	no
All examination rooms are mopped, free of dust, trash; dirt, spider webs,	yes
and the rooms are generally tidy.	no
All examination rooms are well illuminated.	yes
7 iii oxamination roome are well manimated.	no
The facility has electricity	yes
	no
During the past 7 working days, did you have any power cuts of more	yes
than 1 hour during opening hours.	no
Is there routinely a time of year when this facility has a severe shortage	yes
or lack of power?	no
If yes, SPECIFY:	
The facility has a functional generator	yes
	no
If the health facility has a functional generator: is fuel available today for	yes
the generator?	no
The facility has a functional heating system.	yes

If yes, SPECIFY:	
Has the facility a functional communication equipment (functional landline telephone or cell phone) available (either private phone or facility phone)?	yes no
What type of phone do you have available?	private cell phone of staff
	cell phone of facility
	landline of facility
The facility has functional computer.	yes no
The facility has a functional printer.	yes no
The facility has internet access.	yes no
During the past 7 working days did you have internet for at least 1 hour every day?	yes no
The administration shelf is filed and in order.	yes no
Does the facility have a patient record system?	yes no
In which year was the patient record system introduced?	
Are there sufficient empty patient record cards available?	yes no
Are minimum hygiene and safety standards in the facility ensured?	
There is running water in the facility (out of the tap).	yes no
There is warm water available (out of the tap).	yes no
Is there routinely a time of year when this facility has a severe shortage or lack of water (out of the tap)?	yes no
If yes: In case there is a severe shortage or lack of water (out of the tap), where do you fetch water?	well (protected)
• • • • • • • • • • • • • • • • • • •	bottled water
	water tank/storage
	other
If other, please SPECIFY:	

Functional washing points exist in examination rooms and/or entrance	yes
hall, and soap or hand disinfectants and water are available.	no
Labelled containers for medical waste disposal are available in all	yes
required areas (e.g. examination rooms).	no
required areas (e.g. examination rooms).	110
The facility has adequate and safe disposal of sharps (sharps	Ves
	yes
box/container).	no
The facility has adequate and safe disposal of infectious waste.	yes
The radiity had adoquate and date disposal of infocused hadio.	no
	110
Infectious waste is temporary stored at a protected place.	yes
	no
Sharps waste is temporary stored at a protected place.	VAS
Sharps waste is temporary stored at a protected place.	yes
	no
There is regular and appropriate collection for infectious waste.	yes
	no
There is regular and appropriate collection for sharps waste.	VAS
There is regular and appropriate collection for sharps waste.	yes
	no
The facility has essential disinfectants and antiseptics.	yes
	no
The facility has chlorine solution or other disinfectants to disinfect	yes
contaminated instruments in all required areas (e.g. in examination	no
rooms).	
The facility has at least one accessible and functional toilet for patients.	yes
	no
The facility has at least one accessible and functional toilet for staff.	yes
,	no
	110
The tailet/a) ar letring is along	1/00
The toilet(s) or latrine is clean.	yes
	no
A washing point is available near the toilet or latrine.	yes
	no
Soap and water are available at the washing point near toilet or latrine.	Ves
Soup and water are available at the washing point hear tollet or lattiffe.	yes
	no
Public accountability	
Is the facility location visible displayed in public?	yes
	no
	_
1	İ
Are the facility opening hours visibly displayed to the public?	VAS
Are the facility opening hours visibly displayed to the public?	yes
Are the facility opening hours visibly displayed to the public?	yes no
Are the facility opening hours visibly displayed to the public?	
	no
Are the facility opening hours visibly displayed to the public? Is a contact phone number visibly displayed to the public?	no
	no

	T
Are the tariffs visibly displayed to the public/patients?	yes
	no
Are the contact details of the Ministry of Health helpline for citizen	yes
complaints publicly displayed?	no
complemed publicly diophayou.	
Are information leaflets about the Ministry of Health helpline for citizens	yes
complaints available at the heath facility?	no
Is information on the violation of the Kosovo law against tobacco	yes
displayed to the public?	no
Is the Charter of Patient's Rights and Responsibilities visibly displayed in	yes
the waiting area?	no
Do any of the leaflets/posters at the facility have a logo/trademark from a	yes
pharmaceutical company?	no
Does the facility have a box/book to get public opinion on the quality of	yes
services?	no
Does the facility have mechanisms to facilitate referral of emergency	yes
patients to the next level?	no
When was the last quality inspection by the health inspectors from the	
Ministry of Health?	
Is there a document or copy available of the following essential	
treatment / management guidelines for different common conditions treated in your health facility?	
Is the booklet on Therapeutic standard guideline for PHC available at	yes
the facility?	no
Is the list of essential drugs available at the facility?	yes
Ç	no
Are the following IEC materials visibly displayed to patients?	
The Calendar of health promotion developed by MOH or IPH	yes
The Calefidat of Health promotion developed by MOTT of 11 11	no
The Calendar of Vaccination/Immunization	yes
	no
Awareness materials (posters, leaflets) (when counseling) based on	yes
standard package info (children, adults, women and reproductive health, seniors, mental health)	no
Does the facility have the following basic/essential medical equipment and supplies and are they functional?	
General medical equipment	
Microsurgery	available, functional
5 ,	

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Ophtalmoscope available, functional available, NOT functional not available, functional available, NOT functional available, NOT functional not available Glucometer available, functional available, NOT functional not available Peak flow meter available, NOT functional available, functional available, functional available, functional available, NOT functional not available Tape measure available, NOT functional available, NOT functional		available, NOT functional
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Glucometer available, functional available, NOT functional not available, functional available, functional available, NOT functional not available Tape measure available, functional available, functional available, functional		available, NOT functional
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Tape measure available, functional available, NOT functional	Peak flow meter	available, functional
Tape measure available, functional available, NOT functional		available, NOT functional
available, NOT functional		not available
	Tape measure	available, functional
I I		available, NOT functional
not available		not available

Pen light	available, functional
	available, NOT functional
	not available
Head light	available, functional
	available, NOT functional
	not available
Neurological hammer	available, functional
	available, NOT functional
	not available
Weight scale for adults	available, functional
	available, NOT functional
	not available
Weight scale for children (over 2 years old)	available, functional
	available, NOT functional
	not available
Weight scale for infants and toddlers (up to 2 yers old)	available, functional
	available, NOT functional
	not available
Sphygmomanometer for children	available, functional
	available, NOT functional
	not available
Sphygmomanometer for adults	available, functional
	available, NOT functional
	not available
Stethoscope for children	available, functional
	available, NOT functional
	not available
Stethoscope for adults	available, functional
	available, NOT functional
	not available
Obstetrical stethoscope/Fetoscope	available, functional
	available, NOT functional

	not available
Pelvimeter	available, functional
	available, NOT functional
	not available
Sterilization equipment and anti-septical protocol	available, functional
	available, NOT functional
	not available
Pulse oximeter	available, functional
	available, NOT functional
	not available
Refrigerator	available, functional
	available, NOT functional
	not available
Vaccine refrigerator/portable	available, functional
	available, NOT functional
	not available
Hight meter board for children (up to two years old)	available, functional
	available, NOT functional
	not available
Meter for height measuring (children over two years of age)	available, functional
	available, NOT functional
	not available
Thermometer	available, functional
	available, NOT functional
	not available
Tuning fork	available, functional
	available, NOT functional
	not available
Table for vision testing	available, functional
	available, NOT functional
	not available
Ear syringe	available, functional

	available, NOT functional
	not available
Scissors	available, functional
	available, NOT functional
	not available
Timer	available, functional
	available, NOT functional
	not available
Snellen eye chart	available
	not available
Children growth chart	available
	not available
Tongue depressor	available
	not available
Gynacological service equipment	
Gynecological bed	available, functional
	available, NOT functional
	not available
Gynecological instruments	available, functional
	available, NOT functional
	not available
Oxygen tank (tube)	available, functional
	available, NOT functional
	not available
Vaginal speculum, small size	available
	not available
Vaginal speculum, medium size	available
	not available
Vaginal speculum, large size	available
	not available
Pap smear materials: (brush, spatula, holder)	available
	not available

Gloves (latex)	available
	not available
Masks for doctors	available
	not available
Delivery set: available?	yes
	no not applicable
Delivery set: sterile	yes
Describe delivery of contain	no
Does the delivery set contain	
Haemostatic pincette	available, functional
	available, NOT functional
	not available
Obstetrical forceps	available, functional
	available, NOT functional
	not available
Scissors	available, functional
	available, NOT functional
	not available
Sterile cat gut	available, functional
	available, NOT functional
	not available
Sterile gauze	available, functional
	available, NOT functional
	not available
Umbilical cordon clip	available
	not available
Needles and needle bearer	available
	not available
Anatomic pincette	available
	not available
Sterile surgical gloves (two pairs)	available
	not available
	l .

Surgical coat	available
	not available
Oxytocin ampoule (one) + metergine ampoule (one)	available
	not available
Syringes	available
	not available
Plastic aspiration tubes for newborns	available
	not available
Lydocain (One vial)	available
	not available
Betadine solution (vials)	available
	not available
Oxytocin (vials)	available
	not available
Advanced equipment	
EKG machine	available, functional
	available, NOT functional
	not available
Sterilizer/Autoclave	available, functional
	available, NOT functional
	not available
Photometer	available, functional
	available, NOT functional
	not available
Centrifuge	available, functional
	available, NOT functional
	not available
X-ray	available, functional
	available, NOT functional
	not available
Defibrillator	available, functional
	available, NOT functional

	not available
Ultrasound machine	available, functional
	available, NOT functional
	not available
Microsope	available, functional
	available, NOT functional
	not available
Necessary tools/materials to assess and monitor child growth	
Box of blocks in different colors	yes
	no
Rattle, small red ball hung in a piece of thread	yes
	no
Book with simple illustrations or some sheets of color paper with	yes
illustrations, i.e. a flower, a girl, a car, a cat, etc.	no
Large and thin pencils, sheets of paper for drawings	yes
Large and anniperione, eneste of paper for araninge	no
Doll	yes
	no
Hairbrush	yes
	no
Small plate and spoon	yes
	no
Cups	yes
	no
Simple puzzles with 2-3 pieces	yes
	no
Sheet with stripes and shapes	yes
	no
Were the following products available the day of the visit?	
Do you have all vaccines available today as foreseen by the calculate of	VOC
Do you have all vaccines available today as foreseen by the calendar of vaccinations?	yes no
Water for injections	yes
Water for injections	no
Atropin sulphat	yes
• •	no

Dextrose solution	yes
	no
Manifel and disc	
Manitol solution	yes
	no
Diazepam	yes
	no
	110
ADRENALINE / Epinephrine	yes
	no
Furosemid	yes
	no
Natrium chloride solution	yes
	no
GLYCERYL TRINITRATE/Nitroglycerin	yes
	no
Dexamethason	yes
	no
Authorous	
Antitetanus serum	yes
	no
ANTIVENOM IMUNOGLOBULIN/Antivipera serum	yes
7 II THE INGINITION OF SECTION AND SECTION OF SECTION O	no
ORAL REHIDRATATION SALT/Tresol (O.R.S)	yes
·	no
BENZYLPENICILLIN/ Bipenicillin	yes
	no
METOCLOPRAMIDE/ Methochopramid	1400
WE TOCLOPKAWIDE/ Wethochopfamid	yes
	no
PARACETAMOL/Acetaminophen	yes
·	no
Morphin sulphate	yes
	no
Dialoforno	1,122
Diclofenac	yes
	no
Salbutamol (nebulizer)	yes
Calibatation (Hobalizot)	no
Hydrocortison	yes
	no
Contraceptives: oral (COC, POP), Injectables, DIU, Condoms	yes
	no
Emergency conceptive pill / LEVONORGESTREL	Voc
Linergency conceptive piii / LEVONORGESTREL	yes
	no
Plastic syringes	yes
	no

Needles for syringes	yes
Treesdies for Syringes	no
POVIDON JOD/lodine solution	yes
	no
Surgical gloves	yes
Curgical gioves	no
Amoxicillin/erythromycin	yes
	no
CHLOROPIRAMINE/Chlorfeniramin (oral antihistaminic)	yes
Crizottor it winve/ornorionariii (orar ananotariiino)	no
ACID ACETYLSALICYLIC/Aspirin	yes
	no
Atenolol/metoprolol	yes
, No. 1010 p. 1010	no
Sol.Glucose	yes
	no
HYOSCINE BUTYLBROMIDE/Buscopan	yes
THE COUNTED TO THE PROPERTY OF	no
Folic acid	yes
	no
Oxygen	yes
C.Nygo.ii	no
Bandages	yes
	no
Gauze	yes
	no
Hydrogen peroxide	yes
	no
Hydrophilic cotton	yes
	no
Plastic perfusion system	yes
	no
Spiritus aethylicus 70% (alcohol)	yes
	no
Ranitidin	yes
	no
Magnesium Sulphate	yes
	no
SUTURE/Thread for stitching wounds	yes
	no
Kalium (potassium) iodine	yes
· /	no

Test strips for Clusemeter	Lyon
Test strips for Glucometer	yes
	no
Urine protein test strips	yes
- China protein teet enipe	no
Urine ketones test strips	yes
	no
Urine microalbuminuria test strips	yes
	no
Phononesia state	
Fluorescein strips	yes
	no
Blood cholesterol assay	yes
Dioba difficulti accay	no
Lipid profile	yes
	no
Serum creatinine assay	yes
	no
Thank you very much for the interview.	
Interviewer comments	
interviewer confinents	
Do you have any indication of cigarette smoke within the premises of the	yes
health facility?	no
Trouter facility.	
End time of interview	
	Anguaga
End time of interview Quality of Care Assessment - Clinical observation	Answers
Quality of Care Assessment - Clinical observation	Answers
	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID	Answers
Quality of Care Assessment - Clinical observation	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity)	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the	Answers
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Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of selected health facilities of the project. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and ethical review board has approved this study. Your experiences are very important to improve aspects related to	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of selected health facilities of the project. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and ethical review board has approved this study. Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of selected health facilities of the project. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and ethical review board has approved this study. Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will be used by the Accessible Quality Healthcare Project. Summaries of	Answers
Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of selected health facilities of the project. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and ethical review board has approved this study. Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will	Answers
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Quality of Care Assessment - Clinical observation Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of selected health facilities of the project. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and ethical review board has approved this study. Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will be used by the Accessible Quality Healthcare Project. Summaries of findings might also be shared with municipal or national authorities. The information collected from you will be kept confidential within the	Answers
Interviewer_ID IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of selected health facilities of the project. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and ethical review board has approved this study. Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will be used by the Accessible Quality Healthcare Project. Summaries of findings might also be shared with municipal or national authorities.	Answers

interested in your disease or disease history but want to observe some	
aspects on the care that the doctor provides to you. You are free to	
decide whether or not you participate in this study. If you decide not to do	
it, there will be no negative effect.	
Do I have your agreement to observe your consultation?	yes
	no
Is the patient during the consultation present?	yes
	no
Patient profile	
Patients' gender	female
	male
Patients' year of birth	
Mother/father/caretaker with child (child is patient)	yes
	no
Profile of health staff	
Profile of fleditif Staff	
Staff name	
Doctors' gender	female
	mala
	male
Doctors' year of birth	
Type of doctor that is observed	family doctor
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	general doctor
	specialist
Please specify:	
Ticase specify.	
Adherence of medical doctor to principles of clinical history and	
Adherence of medical doctor to principles of clinical history and	yes
Adherence of medical doctor to principles of clinical history and physical examination	yes no
Adherence of medical doctor to principles of clinical history and physical examination The medical doctor	no
Adherence of medical doctor to principles of clinical history and physical examination	no yes
Adherence of medical doctor to principles of clinical history and physical examination The medical doctor	no
Adherence of medical doctor to principles of clinical history and physical examination The medical doctor	no yes
Adherence of medical doctor to principles of clinical history and physical examination The medical doctor greets the client.	yes no

makes the client comfortable (e.g. seat offered)	yes
	no
asks the client about concerns, allows client to explain his/her health	yes
issue.	no
has the patient medical record	yes
	no
uses the patient card for anamnesis	yes
uses the patient said for analinesis	no
For which illness is the patient seen?	arterial hypertension
	diabetes
	referral
	other
Assessment of an adult diabetes mellitus patient - Does the medical	
doctor follow the clinical assessment procedures, investigations	
and treatment guidelines?	
Acks guestions on the illness should	1100
Asks questions on the illness about	yes no
	110
any specific health complaints	yes
	no
general weakness	yes
general weakiness	no
urine discharge	yes
	no
vulvovaginitis or pruritus	yes
varvoraginuo ei prantae	no
appetite	yes
	no
eye-sight	yes
	no
visit to opthalmalogist	yes
	no
alcohol	yes
	no
smoking	yes
	no
using other medicine	yes
5	no
sedentary way of life	Yes
	no
	1

adherence with diabetes treatment	yes no
Conducts examination	yes no not applicable
checks blood pressure	yes no
weight measurement / calculation of body-mass index	yes no
of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands	yes no
of eyes	yes no
of chest, auscultation of lungs	yes no
auscultation of heart	yes no
of abdomen, palpation of liver and signs of percussion	yes no
perfusion of legs (veines and feeling of legs)	yes no
and gives clear explanations to the client concerning the purpose of tests and procedures.	yes no
Advices, explains, instructs	yes no
results of examinations	yes no
the situation and diagnosis	yes no
the prognosis	yes no
about needed examinations	yes no
nutrition, i.e. food intake and weight decrease	yes no
on the prevention and treatment of hypoglycemia and other acute and chronic complications of diabetes	yes no
on selfmonitoring - glycemia control and prevention of hypoglycaemia	yes no
about alcohol	yes no

about smoking	yes
	no
about physical exercise	yes
about physical exercise	no
right ways of care of legs	yes
right ways of sails of rogs	no
potential complication of the illness	yesno
potential complication of the filliess	yesho
potential risks if illness is not treated	yes
	no
importance of adherence to treatment	yes
	no
about follow-up visit	yes
	no
Advices, explains, instructs	yes
	no
	not applicable
about the referral	yes
	no
	not applicable
on prescribed medicines/treatment	yes
	no
	not applicable
Assessment of an adult patient with arterial hypertension - Does the medical doctor follow the assessment procedures, investigations and treatment guidelines?	
medical doctor follow the assessment procedures, investigations and treatment guidelines?	yes
medical doctor follow the assessment procedures, investigations	yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines?	
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about	no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about	no yes
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints	yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints	yes no yes
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache	yes no yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache	yes no yes
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension	yes no yes no yes no yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension	yes no yes no yes no yes no yes
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension the use of contraceptives	yes no yes no yes no yes no yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension the use of contraceptives	yes no yes no yes no yes no yes no yes no yes
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension the use of contraceptives eye-sight	yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension the use of contraceptives eye-sight	yes no yes
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension the use of contraceptives eye-sight visit to opthalmalogist	yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension the use of contraceptives eye-sight visit to opthalmalogist alcohol	yes no
medical doctor follow the assessment procedures, investigations and treatment guidelines? Asks questions on the illness about any specific health complaints headache the use of medicine other than for hypertension the use of contraceptives eye-sight visit to opthalmalogist	yes no yes

Asks questions on the illness about Wes no not applicable high blood pressure adherence with hypertension treatment Conducts examination yes no not applicable adherence with hypertension treatment yes no checks blood pressure yes no of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands of skin, mucus membranes, nodes of lymph, ears, nose, thyroid yes no of eyes of chest, auscultation of lungs auscultation of heart yes no of abdomen, palpation of liver and signs of percussion, palpation of kidneys uperfusion of legs (pulse and perfusion of legs) and gives clear explanations to the client concerning the purpose of tests and procedures. Advices, explains, instructs yes no the situation and diagnosis the prognosis yes no about needed examinations yes no about needed examinations yes no about needed examinations	sedentary way of life	yes
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results of examinations yes no the situation and diagnosis yes no the prognosis yes no about needed examinations yes	Advices, explains, instructs	
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the prognosis yes no about needed examinations yes		no
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about needed examinations yes		
about needed examinations yes	the prognosis	yes
		no
	about needed examinations	ves
	and the state of the state	

about signs of extreme hypertension	yes
	no
about what to do when signs of extreme hypertension occur	yes
,	no
nutrition, i.e. food intake	yes
	no
about alcohol	yes
	no
about smoking	yes
	no
about physical exercise	yes
	no
about oral contraceptives	yes
	no
potential complication of the illness	yes
	no
potential risks if illness is not treated	yes
	no
importance of adherence to treatment	yes
	no
about follow-up visit	yes
	no
Advices, explains, instructs	Yes
	no
	not applicable
about the referral	yes
	no
	no not applicable
on prescribed medicines/treatment	not applicable yes
on prescribed medicines/treatment	not applicable yes no
	not applicable yes
on prescribed medicines/treatment Assessment of a patient with other condition than diabetes or arterial hypertension.	not applicable yes no
Assessment of a patient with other condition than diabetes or arterial hypertension.	not applicable yes no not applicable
Assessment of a patient with other condition than diabetes or	not applicable yes no
Assessment of a patient with other condition than diabetes or arterial hypertension.	not applicable yes no not applicable yes
Assessment of a patient with other condition than diabetes or arterial hypertension. Asks questions on the illness about	not applicable yes no not applicable yes no
Assessment of a patient with other condition than diabetes or arterial hypertension. Asks questions on the illness about	not applicable yes no not applicable yes no yes
Assessment of a patient with other condition than diabetes or arterial hypertension. Asks questions on the illness about takes patient history (general history, specific to disease)	not applicable yes no not applicable yes no yes no
Assessment of a patient with other condition than diabetes or arterial hypertension. Asks questions on the illness about takes patient history (general history, specific to disease)	not applicable yes no not applicable yes no yes no yes
Assessment of a patient with other condition than diabetes or arterial hypertension. Asks questions on the illness about takes patient history (general history, specific to disease) asks open ended questions during history taking	not applicable yes no not applicable yes no yes no yes no yes no

listens to the client and responds to client questions.	yes no
Conducts examination	yes no not applicable
performs medical examinations and other investigations as individually required.	yes no not applicable
gives clear explanations to the patient concerning the purpose of medical examinations and other investigations.	yes no not applicable
Advices, explains, instructs	yes no
results of examinations	yes no
the situation and diagnosis	yes no
the prognosis	yes no
about needed examinations	yes no
about follow-up visit	yes no
Advices, explains, instructs	yes no not applicable
about the referral	yes no not applicable
on prescribed medicines/treatment	yes no not applicable
on risks factors/health education	yes no
Did the medical doctor apply infection prevention and control	not applicable
measures?	
The doctor	
washed hands before the procedure (including use of soap).	yes no not applicable

washed hands after the procedure (including use of soap).	yes no not applicable
applied proper decontamination procedures (e.g. soaking contaminated instruments into a bucket with chlorine or any other disinfectant)	yes no not applicable
put on gloves where required.	yes no not applicable
put on a mask where required.	yes no not applicable
closed the consultation politely.	yes no not applicable
Does the doctor document the consultation in the patient card?	yes no
Thank you very much for the interview.	
Interviewer comments	
End time of interview	
Quality of Care Assessment - Exit Interview	Answers
Interviewer_ID	
IMEI (International Mobile Equipment Identity)	
IMEI (International Mobile Equipment Identity) Date of interview	
IMEI (International Mobile Equipment Identity) Date of interview Start time of interview	
IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality	
IMEI (International Mobile Equipment Identity) Date of interview Start time of interview	
IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality	
IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of health facilities in our project area. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and the ethical review	
IMEI (International Mobile Equipment Identity) Date of interview Start time of interview Name of municipality Name of facility Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of health facilities in our project area. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and the ethical review board has approved this study. We would like to interview people who have today consulted the medical doctor for their own health issues or for a child. Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will be used by Accessible Quality Healthcare Project. Summaries of findings	

Have you been here today for issues related to your own health or the	ves
one of a child (child must be with the person)?	yes no
Socio-demographic information	
	female
Patients' gender	male
Year of birth	
Mathaulfathaulauatalauadouithahid lahid is nationt	yes
Mother/father/caretaker older 18 with child (child is patient)	no
Satisfaction with health service	
	very unsatisfied
Overall: How estisfied were you with the convices you received today?	unsatisfied
Overall: How satisfied were you with the services you received today?	satisfied
	very satisfied
Received services	
	did not access this HC in the past
Excluding today: How often did you over the past 3 month access this	3 months
HC?	1-3 times
	more than 3 times chronic condition
	antenatal care
NAME at the second for the second second second second	
What was the reason for your consultation today?	child health
	immunisation
	other
	conduct an examination
Did the medical doctor	write you a prescription Other
	Other
Aspects of todays consultation	
At the beginning of the consultation, were you given the opportunity to explain your health problem?	yes no
During your visit today, did the medical doctor ensure your privacy?	yes no
Did the medical doctor explain the questioning and physical examinations and your health problem?	yes no
Did the medical doctor clearly explain the intake of prescribed medicines	yes
to you?	no
Did the medical doctor ask if you are currently taking any (other) prescriptions?	yes no
During consultation were you given a chance to ask questions about the investigations and your health problem and treatment?	yes no
Did the medical doctor listen carefully to your concerns and questions and did he/she give satisfactory answers?	yes no
During consultation, did you get any advice on your health problem?	yes no
Was the medical doctor polite in general during consultation?	yes no
We would now also like to ask you a few questions on your knowledge and opinion on health. Are you willing to continue the interview with me for some more questions?	yes no
Knowledge, Attitude and Practice	
	cough

In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory Inability to swallow Inability to drink or breastfeed Vomiting after each drinking or breastfeeding Irritation Infections (ARI) have? In your opinion, how do people get infected with ARI? In your opinion, how do people get infected with ARI?
In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have? In your opinion, what are symptoms that children with Acute Respiratory inability to swallow inability to drink or breastfeed vomiting after each drinking or breastfeeding irritation dehydration comorbidities/polyorganic deficiency blood streaked sputum don't know other PLEASE SPECIFY In your opinion, how do people get infected with ARI? In your opinion, how do people get infected with ARI? In your opinion, how do people get infected with ARI?
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comorbidities/polyorganic deficiency blood streaked sputum don't know other PLEASE SPECIFY air droplets fomites In your opinion, how do people get infected with ARI? deficiency blood streaked sputum don't know other air droplets fomites
deficiency blood streaked sputum don't know other PLEASE SPECIFY air droplets fomites In your opinion, how do people get infected with ARI? deficiency blood streaked sputum don't know other air droplets fomites dirty hands
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In your opinion, how do people get infected with ARI? fomites dirty hands
In your opinion, how do people get infected with ARI? dirty hands
other
don't know
PLEASE SPECIFY
every day
several days a week
How often do people smoke in the same room where your child is several days a month
present? once a month or less
never
don't know
strongly agree
agree
Knowing the symptoms and warning signs of ARI will help to visit the
doctor in time. disagree disagree
strongly disagree
strongly agree
agree
Smoky surroundings (due to tobacco smoking, fires, etc) have no effect
on whether a baby catches pneumonia. disagree disagree
strongly disagree
drinking dirty water
eating contaminated food by
unwashed hands after defecation
What do you think are causes of diarrhea? eating contaminated food
food allergies
other
don't know
PLEASE SPECIFY
drinking clean water
How can you prevent diarrhea? protect drinking water from contamination
washing hands before preparing and eating food

	safe disposal feces by using safe
	latrine
	other
	don't know
PLEASE SPECIFY	
	visited doctor/family medicine center tried applying traditional therapy
What did you do when your child last had diarrhea?	at home
, ,	nothing specific
	other
	don't know
PLEASE SPECIFY	
Do you give liquids to your child when he or she has diarrhea?	yes no
	medical prescription
	your own decision
How do you get the medication to treat diarrhea?	pharmacist recommendation
	other
PLEASE SPECIFY	
	Any infant formula (baby food) [CERELAC, HIPP, NAN, VINNY, NESTOGENE]
	Any bread, rice, noodles, biscuits, cookies, or any other foods made from grains?
	Any dark green, leafy vegetables like parsley, spinach, or coriander?
Child's food diversity during the last 24 hours: Did you child eat any of the	Any vegetables/ cucumbers, eggplant, onion, tomato, pumpkins, carrots, potatoes?
following food items within the last 24 hours?	Any fruits/ apricot, apples, strawberry, bananas?
	Any meat/ beef, pork, lamb, chicken, fish?
	Any eggs?
	Any foods made from beans,
	peas, or lentils? Any cheese, yogurt or cottage
	cheese? Any food made with oil, fat, or butter?
	Any other food?
PLEASE SPECIFY	
	strongly agree
	agree
How much do you agree with the following statement: Unsafe water, poor	neither agree, nor disagree
sanitation and hygiene can cause the diarrhea but not ARI	disagree
	strongly disagree
Non-communicable diseases	Strongly disagree
14011-6011111UIIIUUDIG UISGOSSS	diabetes
	high blood pressure
	obesity
Which risk factors for cardiovascular disease do you know?	smoking/tobacco use (Nos)
	high cholesterol/high blood fat
	to contrar a little constitut
	unhealthy diet
	physical inactivity family history/genetics

	age
	stress
	other
	don't know
	none
	left-sided chest pain
	-
AMbitch of the fellowing to a first transfer to the second of the second	headache
Which of the following is a typical symptom of a heart attack?	feeling thirsty
	pain in the legs
	don't know
	frequent need to urinate
	lower back pain
Which of the following is not a typical symptom caused by diabetes?	tiredness
	unexplained weight loss
	don't know
	strongly agree
How much do you gares with the following statements Overweight months	agree
How much do you agree with the following statement: Overweight people are healthier.	neither agree, nor disagree
	disagree
	strongly disagree
	strongly agree
	agree
How much do you agree with the following statement: Smoking does not effect the health.	neither agree, nor disagree
enect the health.	disagree
	strongly disagree
	strongly agree
	agree
How much do you agree with the following statement: Changing my	neither agree, nor disagree
lifestyle today will not affect my health later.	disagree
	strongly disagree
	strongly agree
	agree
How much do you agree with the following statement: I cannot influence	neither agree, nor disagree
my health because it depends on the doctors.	disagree
	strongly disagree
	no, not at the moment
Are you currently taking measures to have a healthy lifestyle?	I am trying from time to time
	yes, sometimes
	yes frequently
How motivated are you to change your lifestlye?	not motivated
	rather not motivated
	rather motivated
	motivated
	do more physical exercise
	lose weight
	eat less fat
What have you already changed in your life to decrease your risk of	eat less sugar
What have you already changed in your life to decrease your risk of getting cardiovascular disease? (do not read responses)	eat more fruits and vegetables
	stop smoking /stop using Nos
	control my diabetes more actively (if applicable)
	control my high blood pressure
	more actively (if applicable)

	I have never tried
Now a few last questions	
Basic information	
Did you pay today for your health consultation?	yes no
If no, why not?	benefitting from any economic or social aid scheme
	health insurance
	other
Please, SPECIFY	
Did you get a receipt for your payment?	yes no
Are you benefitting from any economic or social aid scheme?	yes no
This following questions concern the person who answered	
	never attended school
	completed lower primary school (max 5 years)
What school level did you complete?	completed primary school (9 years)
	completed high school (12 years)
	completed college/university
	other
PLEASE SPECIFY	
What is your current occupation?	farmer
	employed
	self-employed business
	housewife
	governmental employee, teacher, administrative / professional,
	unemployed
	pensioner
	Other
PLEASE SPECIFY	
Thank you very much for the interview.	
Interviewer comments	
End time of interview	

