

Appendix

Questionnaire on Service Availability Assessment for Energy Module in Health Facility

Basic Information

Facility Name:

Street Address:

Select ONLY those apply by ticking (✓) inside the box

What type of facility is this?

Primary Health Clinic (basic health clinic) Primary Health Care Centre

Health Post Maternity General Hospital Cottage Hospital

Comprehensive Health Centre Ward Model PHC Centre

Others (specify) _____

Is this facility open 24 hours a day, 7 days a week?

Yes No

If no, for how long does it open? Specify _____

Section A: Power Supply

1. What type(s) of power sources are available at this facility? Select ALL that apply and circle		2. Is the power source connected and functional? Respond only for those selected in question 1.	
None/no power source	01	Not applicable	Not applicable
Generator	02	Yes	No
Grid connection/power/PHNC/NEPA	03	Yes	No
Other: Please specify: _____	04	Yes	No
3. How many days in the last month was the facility without electricity/power from any source? Select ONLY one			
We had power everyday last month	01	16-30 days	04
1-5 days	02	More than 30 days	05
6-15 days	03		
4. During the past 7 days, was electricity available at all times (when it was needed) from the main or any backup source when the facility was open for (regular or emergency) services?			
Always available (no interruptions)	01	Sometimes available (frequent or prolonged interruptions of more than 2 hours per day)	03
Often available (some interruptions of less than 2 hours per day)	02		
5. If connected to the grid, on an average day, how many times does the facility face electricity supply interruptions from the grid?			
No interruptions	01	More than 3 interruptions per day	03
1 to 3 interruptions per day	02		

6. If primarily using on-site generation (diesel genset), on an average day, how many times does the facility face electricity supply interruptions?			
No interruptions	01	More than 3 interruptions per day	03
1 to 3 interruptions per day	02		
7. On an average day, what is the total duration of all supply interruptions taken together?			
No interruptions	01	61 minutes to 4 hours	04
Less than 30 minutes	02	5 to 8 hours	05
31 to 60 minutes	03	More than 8 hours	06
8. When are supply interruptions most common?			
Daytime (before dark)	01	Overnight (midnight to 8 a.m.)	03
Evening (after dark to midnight)	02		
9. On average, for how many hours in a 24-hour/day can you avail electricity, should you need to use it?			
4 hours or less	01	17 to 23 hours	04
5 to 8 hours	02	24 hours	05
9 to 16 hours	03		
10. On average, for how many hours during the evening (after 6 p.m.) and night is the facility open for service?			
Never open after 6 p.m.	01	Until midnight	04
Until 8 p.m.	02	All night long	05
Until 10 p.m.	03		
11. On average, for how many hours during the evening (after 6 p.m.) and night is electricity available at the facility?			
Less than 1 hour	01	5 to 8 hours	04
1 to 2 hours	02	8 to 14 hours	05
3 to 4 hours	03		
12. If you use electricity from the grid, over the last two months, did you have sufficient budgetary allocation (funds available) for paying your electricity bills?			
Yes	01	No	02
13. If you use electricity from the grid, who pays the electricity bill for the health clinic?			
Ministry of Health (MOH)	01	Donor	04
Combined funds from donor, health facility, ministry of Health	02	All electricity is metered and billed to patients	05
Health facility	03	Some electricity is billed to patients	06
14. What is the facility's annual budget for electricity, fuel and maintenance?			
No budget	01	More than ₦ 500,000	04
Between ₦50,000 to ₦ 100,000	02	Other (specify) _____	05
Between ₦ 150,000 to ₦ 500,000	03		
15. Over the last two months, did you have sufficient budgetary allocation (funds available) for fuel for the stand-alone generator to operate at all times when it was needed?			
Yes	01	No	02
16. Who pays for the generator fuel?			

Ministry of Health (MOH)	01	Private purchases by patients or staff	04
Combination of private purchases and other sources	02	Combined funds from donor, health facility, ministry of Health	05
Health facility	03	Donor	06
17. Over the last two months, did you have sufficient budgetary allocation (funds available) for maintenance of electricity supply equipment?			
Yes	01	No	02
18. If the health facility uses a generator, how long did it take to fix the last time it broke? Select ONLY one.			
Never broken	01	Broke, fixed within a month	04
Broke, fixed within a day	02	More than one month	05
Broke, fixed within a week	03	Not yet fixed: <u>please specify how long ago it broke down (IN MONTHS)</u> _____	06
19. Does your primary source of lighting (including kerosene lamps or candles) or electricity causes any pollution of air in the local area in or around the health clinic, through production of fumes or gases that potentially harm the health of the patients or the health workers?			
Yes	01	No	02
20. Does your primary source of electricity causes any significant noise pollution in the local area in or around the health clinic that potentially harms the health of the patients or the health workers?			
Yes	01	No	02

Section B: Equipment

21. Do you have this equipment at this health facility? Select all that apply and tick (✓)			22. If available, is it currently functional? Respond only for those that are available at the facility (those selected in 21)		
CLINICAL MEDICAL DEVICES	Tick (✓)	Total no. of device	Yes	No	If yes, how long does/should it be in use per day? specify
Micro-nebulizer					
Oxygen concentrator					
Vaccine/lab refrigerator (specify size in litres:)					
Suction apparatus					
Vacuum aspirator or D&C kit					
Incubator					
X-ray machine					
Anaesthesia machine					
CT scanner					
Blood chemistry analyzer					
Centrifuge					

CD4 counter					
Microscope					
Hematology analyzer					
ELISA equipment					
ECG					
Ultrasound equipment					
CLINICAL APPLIANCES					
Electric equipment sterilization autoclave					
General purpose refrigerator (size in litres:)					
Non-electric equipment sterilization autoclave					
INFRASTRUCTURE					
Computer					
Air conditioner unit					
Space heater unit					
Fan					
Radio					
Printer					
Electric water pump					
LIGHTING					
Number of rooms with lights					
Incandescent light bulbs					
Security lights					

Section C: Staff

23. I will now ask you about the staff assigned/posted to this facility.			24. I will now ask you about how staff worked in the last month.	
Select all that apply and tick (✓)	Yes	No	Please respond only for those posted/assigned or volunteered at this facility (selected in question 23).	
Are there doctors assigned and posted at this facility?			How many doctors worked here at least half time in the last month?	
Are there midwives assigned and posted at this facility?			How many midwives worked here at least half time in the last month?	
Are there nurses assigned and posted at this facility?			How many nurses worked here at least half time in the last month?	
Are there nurse-midwives assigned and posted at this facility?			How many nurse-midwives worked here at least half time in the last month?	

Are there medical officers assigned and posted at this facility?			How many medical officers worked here at least half time in the last month?	
Are there medical assistants assigned and posted at this facility?			How many medical assistants worked here at least half time in the last month?	
Are there CHWs (community health workers) assigned and posted at this facility?			How many CHWs (community health workers) worked here at least half time in the last month?	
Are there CHEWS (community health extension workers) assigned and posted at this facility?			How many CHEWS (community health extension workers) worked here at least half time in the last month?	
Are there EHOs (environmental health officers) assigned and posted at this facility?			How many EHOs (environmental health officers) worked here at least half time in the last month?	
Are there lab technicians assigned and posted at this facility?			How many lab technicians worked here at least half time in the last month?	
Are there pharmacy technicians assigned and posted at this facility?			How many pharmacy technicians worked here at least half time in the last month?	
Are there medical records officers assigned and posted at this facility?			How many medical records officers worked here at least half time in the last month?	
Are there volunteers at this facility?			How many volunteers worked here at least in the last two months?	

Section D: Services

Check (✓) ALL that apply	Yes	No
25. Does the facility provide primary routine care? <i>Hint: Primary routine care is basic services to keep people healthy and the treatment of common illnesses.</i>		
26. Does the facility provide malaria treatment? <i>Hint: Malaria treatment and prevention is giving medication or providing preventive measures (such as mosquito nets).</i>		
27. Does the facility provide tuberculosis treatment?		
28. Does the facility provide STI treatment?		
29. Does the facility provide HIV/AIDS treatment and services? <i>Hint: this can include HIV counseling and testing, providing condoms, ARVs, PMTCT etc.</i>		
30. Does the facility provide child health services?		

Hint: These services can be treating children for common illnesses, immunization, weighing, growth monitoring, deworming etc.			
31. Does the facility provide antenatal care services?			
Hint: This includes services for pregnant women, educating them on how to take care of themselves, monitoring progress of the pregnancy etc.			
32. Does the facility provide basic emergency obstetric services?			
Hint: This includes giving specific types of antibiotics via IV or injections, giving medication to induce labor and increase contractions, giving medication to ease high blood pressure and fluid retention, being able to manually remove the placenta and assist with a regular delivery.			
33. Does the facility provide comprehensive essential obstetric services?			
Hint: services include all of the services provided at the basic level (above), plus cesarean sections and blood transfusion services.			
34. Does the facility provide family planning services?			
Hint: This includes services to help people manage when they get pregnant and how many children they will have etc. by providing advice, birth control/contraceptives.			
35. Is there a laboratory at this facility?			
36. If yes, is it currently functional?			
37. Which of the following laboratory tests are performed in this health facility? Select ALL that apply and circle			
HIV testing	01	Urine testing	06
CD4	02	Malaria: RDT	07
TB: microscopy	03	Malaria: microscopy	08
Pregnancy	04	Hemoglobin testing	09
Other: <u>please specify</u>	05		

Please add any further comments or suggestions that you may wish to make about the energy issues at the health facility below:
