Serial Number of Questionnaire:				

Adolescent mental, sexual and reproductive health and wellbeing policy, program and primary care implementation priorities in West Africa

Provider questionnaire for District hospitals /health centres /clinics

A: Informed Consent Form

NOTE: To be administered to the HEAD of district hospital or clinic

Hello, my name is..... I am working on the ADOWA project. Despite this implicit acceptance of a more comprehensive approach to adolescent health and wellbeing; and the listing of mental health among the priority problems of adolescents in the ECOWAS sub-region, there seems to be gaps in information regarding the funding, efficiency and comprehensiveness of adolescent health and wellbeing interventions. This study is being conducted in three countries in West Africa (Ghana, Niger and Burkina Faso). In every selected district, a district hospital and a number of health centers/clinics have been selected to enable an assessment of the efficiency of the facility in providing adolescent specific services. I would like to ask you some questions about your health facility. The questions are generally about the general conditions of your facility and key processes regarding the adolescent services you provide. I would like to assure you that the information you provide would be kept strictly confidential. There is no way your identity will be revealed to anyone apart from the members of the research team. Your participation in this work is very important to help us gather the relevant information for our studies and help to improve on health care delivery for adolescents in Ghana.

You are free to participate in this study which will take between 30 and 45 minutes of your time to complete. If you agree to participate in this study, there are questions you may skip if you are not comfortable with them. You can also discontinue the interview if need be. You may also ask any question about this study if you so wish at this stage. Are you please willing to take part in this study based on the information I have provided you?

YES ◯ **NO** ◯

IF RESPONDENT AGREES TO BE INTERVIEWED

....

NAME Signature Date

Time interview starts		E.g. (15:40 hrs)
Time interview ends		E.g. (17:00 hrs)

FACILITY INFORMATION		
		Code
Region:		
District:		
Facility Name:		
GIS coordinates:		
Facility type	Health center	1
	CHPS	2
	Other, Specify……	3
Location of facility	Urban	1
	Rural	2
Operating Authority	Government	1
	Mission (Christian/Islam)	2
	Private	3
	Other, Specify……	4
INTERVIEW RESPONDENT		
This section collects information on the respondent (Should preferably be the facility head or someone designated by the head).		
1	What is the job title of facility head?	Medical Officer 1
		Hospital Administrator 2
		Physician assistant 3
		Public health nurse 4
		Midwife 5
		Enrolled nurse (including nurses with specialised training) 6
		Community health officers 7
		Other (specify)…… 8
2	For how long have you been working in this capacity? (In months)	

3	Sex of head of facility?	Male	1
		Female	2
Section A: General Information on facility **Note for interviewer: indicate *0* if none; *DK* is do not know; *NA* if not available/applicable**			
4	Population in your catchment area		
5	What % of the population are adolescents (10-19 years)?		
6	Radius (in kilometers of the longest distance) of your catchment area		
7	Number of running vehicles in the facility		
8	Number of running motorcycles in the facility		
9	Number of running bicycles in the facility		
10	Does your facility have a functional National grid electricity supply?	Yes	1
		No	2
10a	Number of average hours of electricity per day?		
11	Does your facility have a functional Electricity generator?	Yes	1
		No	2
11a	[If yes in 11] Does it start as soon as the power goes off?		
12	Does your facility have a functional Solar power system?	Yes	1
		No	2
12a	[If yes in 12] Does it power the entire facility or partially?	Yes	1
		No	2
13	Which apparatus does the Solar system power?		
14	Number of consulting rooms in your facility **(if none, write 0)**		
15	Number of consulting rooms in your facility dedicated to adolescents' care (**if none, write 0)**		
16	Number of adolescent corners **(if none, write 0)**		
17	Number of functional refrigerators/freezers **(if none, write 0)**		

18	I would like to ask you about the usual hours of operation of this facility. Enter the time in 24-hour time units (In terms of hours)		
	Time	Working hours	
19	Weekdays		
20	Saturdays		
21	Sundays		
22	Public holidays		
23	Is there regular supply of water at this facility?	Yes	1
		No	2
24	What is the facility's main source of water?	Water from GWCL	1
		Water truck/tanker/vendor services	2
		Borehole	3
		Protected well	4
		Unprotected well	5
		Dug out/pond/dam	6
		Other (specify)……..	7
25	Does the facility have a functional official telephone (landline or mobile phone)?	Yes	1
		No	2
26	What is the telephone number?		
27	Does the facility have a computer to enumerate data/statistics or support other health care services?	Yes	1
		No	2

Section B: Adolescent Health Services in the Facility			
Section B1: Sexual and reproductive health services			
28	Does this facility offer adolescent sexual and reproductive health services?	Yes	1
		No	2
29	Please check services offered in this facility	Antenatal	1
		Delivery	2
		Postnatal	3

		Comprehensive Abortion Care (MVA)	4
		Family Planning	5
30	Do you have the national guidelines for sexual and reproductive service provision to adolescents available in this facility today?	Yes	1
		No	2
31	If yes to [30], is a copy available to inspect?	Yes	1
		No	2
32	Have you or any providers of the adolescent sexual and reproductive health services received any training on the provision of adolescent health services in the last two years?	Yes	1
		No	2
33	If yes to [32], how many people were trained in the last two years?		
Section B2: Mental health services			
34	Does this facility offer adolescent mental health services?	Yes	1
		No	2
35	Please indicate the mental psychiatric conditions for which the provider is skilled in managing	Alcohol and substance use disorders	1
		Depression	2
		Anxiety disorders	3
		Suicidality and self-harm	4
		Psychotic disorders	5
		Other, specify….....	6
36	Do you have the knowledge, skills and resources for the provision of the following mental health services for adolescents?	Basic Counselling/psychosocial support services	1
		First line oral psychoactive medications	2
		Emergency services (Management of acute psychosis)	3
		Emergency services (First aid for attempted suicide)	4

37	Do you have the national guidelines for mental service provision to adolescents available in this facility today?	Yes	1
		No	2
38	If yes to [37], is a copy available to inspect?	Yes	1
		No	2
39	Have you or any providers of adolescent mental health services received any training on the provision of adolescent health services in the last two years?	Yes	1
		No	2
40	If yes to [39], how many people were trained in the last two years?		
41	Is there anything that could be done to improve your adolescent health services?	Yes	1
		No	2

Section C: General Information (services provided)
Note for interviewer: indicate *0* if none; *DK* is do not know; *NA* if not available/applicable

		Year			
		2018	2019	2020	2021
42	Total number of outpatient (OPD) attendance				
43	Of whom, number of adolescents (10-14years) (ASRH)				
44	Of whom, number of adolescents (15-19years) (ASRH)				
45	Of whom, number of adolescents (10-14years) (Mental Health)				
46	Of whom, number of adolescents (15-19years) (Mental Health)				
45	Antenatal mother at registration (10-14 years)				
46	Antenatal mother at registration (15-19 years)				
47	Delivery by mother in age group (10-14 years)				

48	Delivery by mother in age group (15-19 years)				
49	Postnatal registrant at age group (10-14)				
50	Postnatal registrant at age group (15-19)				
51	MVA users at age 10-14				
52	MVA users at age 15-19				
53	Family Planning users 10-14				
54	Family Planning users 15-19				
55	Number of observational bed days for adolescent **(if none, write 0)**				
56	Number of functional beds				
57	Number of beds in the recovery room				
58	Number of beds in the recovery room dedicated to adolescents				
59	Number of beds in the consultation room				
60	Number of beds in the consultation room dedicated to adolescents				
61	Number of beds in the maternity ward				
62	Number of beds in the maternity ward dedicated to adolescents				
63	Number of beds in the observational room				
64	Number of beds in the observational room dedicated to adolescent				
65	Average length of stay for adolescent**(if none, write 0)**				

Section D: Staffing of health site **Note for interviewer: indicate *0* if none; *DK* is do not know; *NA* if not available/applicable**		2018	2019	2020	2021
66	Number of doctors (fulltime) in your facility (at post and on annual leave)				
67	Number of part time (locum) doctors				

68	Number of physician assistants in your facility (at post and on annual leave)				
69	Number of part time (locum) physician assistants				
70	Number of midwives in your facility (including midwives away for training)				
71	Number of part time (locum) midwives				
72	Number of nurses in your facility (including nurses away for training)				
73	Number of part time (locum) nurses				
74	Number of Health care Assistants				
75	Number of Orderlies				
76	Number of staff trained in adolescent sexual and reproductive health				
77	Number of administrative staff in your facility				
78	Total number of clinical staff in your facility				
79	Total number of clinical staff trained in adolescent sexual and reproductive health care				
80	Total number of non-clinical staff in your facility				
81	Total number of non-clinical staff trained in adolescent sexual and reproductive health care				

			Section D1: Professional staff providing services to adolescents (For most recent year) **Note for interviewer: indicate *0* if none; *DK* is do not know; *NA* if not available/applicable**					
82	Which doctors work directly with adolescents at this site? **List all, regardless of who pays them.**							
	Doctor	Specialization e.g., O&G	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Average number of minutes spent on an	Average number of adolescents	Number of hours per week dedicated to adolescent program/service

						adolescent (Extraction)	seen per week (Extraction)	
	A							
	B							
	C							
	D							
	E							
83	Which midwives work directly with adolescents at this site? **List all, regardless of who pays them.**							
	Midwives	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Number of hours per week dedicated to adolescent program/service	Average number of minutes spent on adolescents (Extraction)	Average number of adolescents seen per week(Extraction)	Number of hours per week dedicated to adolescent program/service
	A							
	B							
	C							
	D							
	E							

84	Which nurses work directly with adolescents at this site? **List all, regardless of who pays them**.						
	Nurses	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Average number of minutes spent on adolescents(Extraction)	Average number of adolescents seen per week(Extraction)	Number of hours per week dedicated to adolescent program/service
	A						
	B						
	C						
	D						

	E						
85	Which medical/physician assistants work directly with adolescents at this site? **List all, regardless of who pays them.**						
	Physician assistants	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Average number of minutes spent on adolescents(Extraction)	Average number of adolescents seen per week(Extraction)	Number of hours per week dedicated to adolescent program/service
	A						
	B						
	C						
	D						
	E						
86	Which medical technicians (x-ray, lab, field technician) work directly with adolescents at this site? **List all, regardless of who pays them.**						
	Medical technician/Grade	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Average number of minutes spent on adolescents(Extraction)	Average number of adolescents seen per week(Extraction)	Number of hours per week dedicated to adolescent program/service
	A						
	B						
	C						
	D						
	E						
		Section D2: Administrative and other support staff(For most recent year)					
87	Which administrative staff or other support staff at this site who provide administrative and other support to the adolescents health unit? **List all, regardless of who pays them. (General administration if adolescent units are not available)**						
	Administrative Staff/Position	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Average number of minutes spent on adolescents (Extraction)	Average number of adolescents seen per week (Extraction)	Number of hours per week dedicated to adolescent program/service

	A						
	B						
	C						
	D						
	E						
88	Which medical/physician assistants work directly with adolescents at this site? **List all, regardless of who pays them.**						
	Health Care Assistants	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Average number of minutes spent on adolescents (Extraction)	Average number of adolescents seen per week (Extraction)	Number of hours per week dedicated to adolescent program/service
	A						
	B						
	C						
	D						
	E						
89	Which medical technicians (x-ray, lab, field technician) work directly with adolescents at this site? **List all, regardless of who pays them.**						
	Orderlies	Part time/Full time	Received training on Adolescent care (in past year?)	Total Number of hours per week	Average number of minutes spent on adolescents (Extraction)	Average number of adolescents seen per week (Extraction)	Number of hours per week dedicated to adolescent program/service
	A						
	B						
	C						
	D						
	E						

Section E: Medical Supply and consumables			
90	Do you have a functional pharmacy/dispensary that supports adolescent medical needs? [Functional pharmacy should have medical drugs (contraceptive pills), medical supplies (condoms, IUD, Manual Vacuum Aspiration)] a pharmacy should have to cater for adolescents list of basics drugs needed for mental health care to adolescents-antidepressants(fluoxetine), oral antipsychotics (risperidone), parenteral psychoactive medication for emergency care (IM chlorpromazine, IV diazepam)	Yes	1
		No	2

Describe to me each of the medical consumables and other supplies that you use for the adolescents per year.
Note for interviewer: indicate *0* if none; *DK* is do not know; *NA* if not available/applicable

91		2019			2020			2021		
	Type of medical supply	Quantity used	Number of adolescents {10-14 years} receiving this type of medical supply	Number of adolescents {15-19} receiving this type of medical supply	Quantity used	Number of adolescents {10-14 years} receiving this type of medical supply	Number of adolescents {15-19} receiving this type of medical supply	Quantity used	Number of adolescents {10-14 years} receiving this type of medical supply	Number of adolescents {15-19} receiving this type of medical supply
	Contraceptive Pills									
	Condoms									
	Misoprostol or Cytotec									
	Emergency Box for delivery (kit for eclampsia									
	Emergency box for ectopic Pregnancy									
	Drugs for STI's									
	Drugs for Candidiasis									
	Drugs for Anaemia									

Section E1: Laboratory testing			
92	Do you have a functional medical laboratory that supports adolescent medical needs? [Functional medical laboratory for adolescents would have pregnancy tests, sexually transmitted infections (gonorrhea, AIDS, Chlamydia) tests]	Yes	1
		No	2

93	Describe to me each of the laboratory tests associated with care per year for adolescents [2019-2021]. **List includes pregnancy tests, gonorrhea, chlamydia, HIV tests.** **Note for interviewer: indicate *0* if none; *DK* is do not know; *NA* if not available/applicable**									
		2019			2020			2021		
	Lab Test (specify by type: RDT or Lab; ARSH or Mental health)	Number of tests	Number of adolescents {10-14 years} receiving this type of lab test	Number of adolescents {15-19} receiving this type of lab test	Number of tests	Number of adolescents {10-14 years} receiving this type of lab test	Number of adolescents {15-19} receiving this type of lab test	Number of tests	Number of adolescents {10-14 years} receiving this type of lab test	Number of adolescents {15-19} receiving this type of lab test
	Pregnancy Tests (RDT)									
	Pregnancy Tests (Lab)									
	STI Test for HIV (Syphilis, AIDS, Chlamydia, Gonorrhea)									
	Urine screen for substances of abuse									

Section F: Funding sources

95

Describe to me each of the funding sources associated with adolescent specific activity per year

Note for interviewer: indicate *0* if none; *DK* is do not know; *NA* if not available/applicable

Funding source	Year	Total Amount Received for all services	Total dedicated to ASRH services	Amount spent	Comments
Funding from central government/local government	2019				
	2020				
	2021				
Funding from mission/NGOs	2019				
	2020				
	2021				
NHIS (Ghana)	2019				
	2020				
	2021				
IGF (Ghana)	2019				
	2020				
	2021				
Funding from other sources. Please specify……..	2019				
	2020				
	2021				

ENUMERATOR'S QUESTIONS				
TO BE FILLED IN BY ENUMERATOR SOON AFTER INTERVIEW				
			Code	Comment
1	How many times did you visit this facility in order to complete this questionnaire?			
2	How many people provided responses to this questionnaire			
2a	List their Name/Position			
Condition of facility (Building)				
3	Do the walls have significant damage?	Yes	1	
		No	2	
	What is significant?			
4	Does the ceiling/roof have significant damage/water stains?	Yes	1	
		No	2	
5	Do the doors have significant damage?	Yes	1	
		No	2	
6	Are the floors swept/clean?	Yes	1	
		No	2	
7	Are counters/tables clean?	Yes	1	
		No	2	
Condition of facility (Surrounding)				
8	Are the surroundings clean?	Yes	1	
		No	2	

1	Describe the overall cleanliness of the waiting areas **Condition of services**	Clean and orderly in appearance	1
		Somewhat dirty in appearance, with minor spills, debris or trash present	2
		Very dirty in appearance, with major spills, debris, or trash on the chairs or floor	3
		Not applicable, no waiting room	4
		Missing data/not observed	5

2	Describe the overall cleanliness of the examination room(s)	Clean and orderly in appearance	1
		Somewhat dirty in appearance, with minor spills, debris or trash present	2
		Very dirty in appearance, with major spills, debris, or trash on the chairs or floor	3
		Not applicable, no waiting room	4
		Missing data/not observed	5
3	Describe the overall setting of the examination/consulting room(s)	Room with visual and auditory privacy	1
		Room with visual privacy	2
		Room with auditory privacy only	3
		Room with no privacy	4
		Not applicable, no examination room	5
		Missing data/not observed	

Questionnaire has been approved for data entry	
SIGNATURE	SIGNATURE
SUPERVISOR'S NAME	INTERVIEWER'S NAME