**Additional file 2-A: Facility Assessment Questionnaire**

**FAITH Facility Assessment Questionnaire**

|  |
| --- |
| Country: \_\_\_\_­­­­\_\_\_\_\_\_\_\_\_  Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_­/\_\_\_\_\_ (DD/MM)  Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility setting type: 1 Urban 2 Peri-urban 3Rural  GPS Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Latitude] [Longitude] |

|  |
| --- |
| 1. **General Information**   Respondent name：**\_\_\_**­­­­**\_\_\_\_\_\_\_\_\_**  Respondent job title：**\_\_\_­­­­\_\_\_\_\_\_\_\_\_**  Respondent phone number: office phone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**; cellphone **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Does this facility meet the national standards? 1Yes 2No  This facility serves: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  [province/ municipality] [provincial municipality] [town/ district] [commune/ ward]  How many primary health care facilities serve this area? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**facilities  How many population this facility serves? **\_\_\_\_\_\_\_\_\_** households **\_\_\_\_\_\_\_\_\_** people |
| 1. **Equipment & Service Availability**   Availability of basic equipment for CVDs management (number of **functional** devices available)  \*Note: fill in “0” if there is none (this note applies to all the following questions involved with numbers)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Equipment | Weighing machines | Measuring tape | Stethoscope | Glucometer | ECG machines | | Number | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |   Availability of Blood Pressure Measuring Devices (BPMDs):   |  |  |  | | --- | --- | --- | | Type | Number | How often are BPMDs calibrated for accuracy? | | Mercury | **\_\_\_\_\_\_\_\_** | 1Once a year or more 2Less than once a year 3Never 4Don’t know | | Aneroid | **\_\_\_\_\_\_\_\_** | 1Once a year or more 2Less than once a year 3Never 4Don’t know | | Automatic (non-portable) | **\_\_\_\_\_\_\_\_** | 1Once a year or more 2Less than once a year 3Never 4Don’t know | | Automatic (portable & wrist cuff) | **\_\_\_\_\_\_\_\_** | 1Once a year or more 2Less than once a year 3Never 4Don’t know | | Automatic (portable & upper arm) | **\_\_\_\_\_\_\_\_** | 1Once a year or more 2Less than once a year 3Never 4Don’t know |   Availability of information/ communication devices (facility owned or personally owned):   |  |  |  | | --- | --- | --- | | Device | Classification | Availability | | Internet | Cable | 1Yes, stable 2Yes, but not stable 3No | | Wifi | 1Yes, stable 2Yes, but not stable 3No | | Computer | Desktop | 1Yes 2No | | Laptop | 1Yes 2No | | Pad/ Tablet | | 1Yes 2No;  If yes, they are mainly based on: 1Android 2IOS 3Window 4Don’t know | | Cellphone | Basic phone | 1Yes 2No | | Smart phone | 1Yes 2No;  If yes, they are mainly based on: 1Android 2IOS 3Window 4Don’t know |   Availability of medical procedures and laboratory tests:   |  |  |  |  | | --- | --- | --- | --- | | Injection | IV fluid | Blood sugar test | Blood cholesterol test | | 1Yes 2No | 1Yes 2No | Finger tip 1Yes 2No  Venipuncture 1Yes 2No | Finger tip 1Yes 2No  Venipuncture 1Yes 2No |   Availability of counselling & educational services (if yes, tick on the box):   |  |  | | --- | --- | | Patient counselling for: | 1Hypertension self-management 2Diabetes self-management  3Neither 4Don’t know | | Patient counselling and education on: | 1 Smoking 2 Diet 3Alcohol 4Physical activity  5 None 6 Don’t know | | Counselling and education of family members on: | 1 Smoking 2 Diet 3Alcohol 4Physical activity  5 None 6 Don’t know |     Is there educational material for CVDs? If yes, who provide those materials?  1 No 2Yes, by central government 3Yes, by local government 4Yes, by CDC 5Yes, by private company  6 Yes, by NGOs 7 Yes, self-made 8 Yes, other (specify: **\_\_\_\_\_\_\_\_\_\_\_**) 9 Don’t know |
| 1. **Medicine**  |  |  |  | | --- | --- | --- | | Medicine | Availability | Prescription right | | Aspirin | 1Always 2Sometimes 3No | 1Yes 2No | | Atenolol | 1Always 2Sometimes 3No | 1Yes 2No | | Enalapril | 1Always 2Sometimes 3No | 1Yes 2No | | Furosemide | 1Always 2Sometimes 3No | 1Yes 2No | | Isosorbide dinitrate | 1Always 2Sometimes 3No | 1Yes 2No | | Statins (lovastatin or simvastatin) | 1Always 2Sometimes 3No | 1Yes 2No | | Calcium channel blockers  (nifedipine retard, amlodipine) | 1Always 2Sometimes 3No | 1Yes 2No | | Glyceryl trinitrate | 1Always 2Sometimes 3No | 1Yes 2No | | Heparin | 1Always 2Sometimes 3No | 1Yes 2No | |
| 1. **Medical record system**   Does the facility keep a record of patient visit?  1Yes, records kept for all visits  2Yes, records kept for certain types of visit; specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  3No records kept  How is record kept?  1Paper based files  2Electronic health record  3Other; specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  What information will be recorded (if yes, tick on the box):  1 Date 2 Name 3 Symptom 4 Examination results (5 Blood Pressure) 6 Diagnosis 7 Prescription  8 Others; specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **Service utilization & Referral**  |  |  |  |  | | --- | --- | --- | --- | |  | Last week | Last month | Source | | Patients |  |  |  | | In-patients | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation | | Out-patients | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation | | Home visit | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation | | CVD patients |  |  |  | | In-patients | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation | | Out-patients | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation | | Home visit | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation | | Patients by appointment | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation | | Patient referrals | **\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_** | 1Record 2Estimation |   \*Note: Patients who stay at the facility over night are in-patients.  Can you refer patients to another facility due to CVDs in the following situations?   |  |  |  |  | | --- | --- | --- | --- | |  | Referral | Distance (in kilometer) | Referral institute name | | Emergency | 1Yes 2No | If yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Additional test | 1Yes 2No | If yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Specialist consultation | 1Yes 2No | If yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |     What means of transport is most frequently used to transfer emergency patients at your facility (check only one)?  1Ambulance 2 Commercial vehicle (e.g. taxi) 3 Private vehicle 4 Public transportation  6Motorbike 7Bike 8Other; specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **Financing**   Revenue composition:   |  |  | | --- | --- | |  | Percentage | | Government budget | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%** | | Social health insurance | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%** | | Commercial health insurance | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%** | | Patient out-of-pocket payment | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%** | | Others, specify**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%** |   This revenue composition is based on: 1Record 2Estimation |
| 1. **Human resources**  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Number present today | Total Number | Total training times on CVDs among all staffs  (in the past year) | Total self-study time on CVDs among all staffs  (in the past year) | | Specialists | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times | | Doctors with board certificate | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times | | Doctors without board certificate | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times | | Pharmacists | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times | | Nurses | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times | | Health workers with payment | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times | | Health workers without payment | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times | | Administrative staffs | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_**times | **\_\_\_\_\_\_\_\_**times |   \*Note: 1. Training/ Self-study time between 2 to 4 hours accounts for 1 time.  2. Training/ Self-study time between 5 to 8 hours accounts for 2 times. |
| That’s end. Thanks for your participation! |

**Additional file 2-B: Healthcare provider interview guide**

**FAITH study health PHC provider interview guide**

**Aim:** To identify gaps, barriers, enabling and reinforcing factors in delivering the cardiometabolic disease management and control at primary healthcare level in low-resource limited settings.

Interview will last for about 45 minutes. It will be recorded if consent is provided. Participation is completely voluntary and the interviewee has a right to withdraw participation during or after the interview.

**Step 0:** Fill in the information below

Date: \_\_\_\_\_­/\_\_\_\_\_­/\_\_\_\_\_ (MM/DD/YY)

Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewee Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The job is: 1 Full-time job 2. Part-time job

Education background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hong long has the interviewee been worked in this facility: \_\_\_\_\_\_\_\_\_\_\_\_\_ years

**Step 1:** Read out relevant sections in Consent Form to interview participants

**Step 2:** Consenting participants to sign the Consent Form

**Step 3:** Casually chat with the participant to establish rapport

**Step 4:** Ask the questions below:

1. **CVD prevention**
   1. *Population approach*

*Please describe how does your facility participate in CVD-related population approaches (smoking cessation campaign, healthy diet campaign, alcohol abstinence campaign, exercising campaign)? Has your facility ever met any problem or difficulty? What are some internal and external enabling factors?*

*Probe: enabling factors could come from the facility itself (e.g. skilled & experienced specialist, payment incentive, passion among health workers…) or from the outside of the facility (e.g. national policy, government earmarked subsidy, NGO campaign…)*

* 1. *Opportunistic high risk screening & high-risk patient management*

*Please describe how does your facility provide CVD opportunistic high-risk screening and CVD high-risk patient management. Has your facility ever met any problem or difficulty? What are some internal and external enabling factors?*

1. **CVD management**
   1. *Regular follow-up*

*Please describe how does your facility follow up CVD patients? Has your facility ever met any problem or difficulty when following up CVD patients? What are some internal and external enabling factors that help you to follow up CVD patients?*

* 1. *Referral*

*In what situation will your facility refer CVD patients to another facility? Describe the referral process. Has your facility ever met any problem or difficulty when referring CVD patients? What are some internal and external enabling factors that help you to refer CVD patients?*

* 1. *Acute CVD*

*Please describe how does your facility manage acute CVD patients. Has your facility ever met any problem or difficulty when managing acute CVD patients? What are some enabling factors that help you to manage acute CVD patients?*

*If the interviewer think he/she is still not getting enough information, the interviewer should ask the following questions.*

1. **SIX BUILDING BLOCKS**
   1. *Health service delivery*

*What services about CVD are available at your facility (population based health promotion program/ early detection of people at high risks/ early treatment of high risk patients/ rehabilitative care)? Who are responsible for delivering each service (the number and mix of staff, and how they work together)?*

* 1. *Health workforce*

*Do you think you have enough workforce in your facility to manage CVD patients? How do you think about your work load every day?*

* 1. *Health information system*

*Are you satisfied with the medical recording system now? Especially when manage CVD patients.*

*If no – Why not? Any suggestions to improve?*

*If yes – What are the satisfactory factors?*

*What do you think about the feasibility of future implementation of M-health to help prevent and manage CVD patients? What are the possible barriers?*

* 1. *Access to essential medicines*

*Have you experienced shortage of medicine in your facility? Do you think the medical equipment in your facility is enough to provide primary healthcare of CVDs?*

* 1. *Health system financing*

*What is your opinion on financing related with CVD prevention and management? It could be government budget/ social health insurance/ commercial health insurance/ out-of-pocket payment.*

* 1. *Leadership and Governance*

*Is there any CVD (especially hypertension) management and prevention guideline available in your facility?*

*If yes – Who provide the guideline? Can you show us the protocol/ guideline?*

*If no – Do you think your facility need such protocol/ guideline?*

*Are you aware of any CVD related policy from the government? What is your opinion?*

*Which department is in charge of CVD management and prevention of your facility? Do you think they are doing a good job? Do you have any suggestions?*

1. **Others**

*Do you have anything else to share with us about CVD issues in your facility?*

**Step 5**: Thank the interviewee for their time and hand over small gift.