**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 [ ] 3RuralGPS 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? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**facilitiesHow 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 [ ] 2NoVenipuncture [ ] 1Yes [ ] 2No | Finger tip [ ] 1Yes [ ] 2NoVenipuncture [ ] 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.