

INTEGRATING PLACES OF WORSHIP INTO THE PRIMARY CARE PATHWAY TO PREVENT AND CONTROL NON-COMMUNICABLE DISEASES (NCDS) IN THE CARIBBEAN

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Readiness for an Interface between Primary Health Care Centres (PHC) and Places of Worship PHC Assessment Questionnaire Part 1 – Interview

Name	of Interviewer:		Date:
Name	of Interviewee:		Position:
A.	General Information		
A.1	Name of Health Facility		
A.2	Size of Population served		
A.3	Floor Spacesquare mete	ers	
A.4	Number of Examination Rooms	A.5 Ave	erage Surface area of Examination Rooms
A.6	Surface Area of Pharmacy	_ A.7 Sur	face Area of Waiting Room
A.8	Surface area of other service areas		
A.9	Catchment area		
Northe	rn Boundary	Southern Bou	ndary
Easter	Boundary	Western Bour	dary
В.	Health Workforce		
Staffs	complement (Number):		
B.1	Doctors B.2 Medexes		B.3 Nurse Aides
B.4	RN/Staff Nurse	B.5	Midwives
B.6	Health Visitors	B.7	Pharmacists
B.8	Laboratory Technologists	_ B.9	Dental Surgeons
B.10	Dental nurses:	_ B.11	Medical Records / Clerks
B.12	Community Health Aides /Workers		B.13 Porters
	B.14 Cleaning staff / Ancillary		B.15 Security
	B.16 Mental Health Worker		B.17 Other

C. Service Delivery

C.1 Services offered (tick all that apply)

		✓	How many days per week? State which days
C.1.1	Family Planning		
C.1.2	Antenatal Care		
C.1.3	Basic Emergency Obstetrics		
C.1.4	Child Health Services		
C.1.5	HIV testing and counselling		
C.1.6	HIV/AIDS care and support		
C.1.7	PMTCT		
C.1.8	Tuberculosis Services		
C.1.9	Malaria Services		
C.1.10	Minor Surgery		
C.1.11	Diabetes Clinic		
C.1.12	Chronic Disease Services		
C.1.13	Mental Health		
C.1.14	Other (Give details)		

(Note: Sections C2 – C6 and D are on the Observation Questionnaire)

E. Essential Medications

E.1 Are the following medications available at this facility?

	Disease	Medication	Available?	Is there a history of a drug shortfall	How many weeks per year does this	How often is this drug supplied to the facility? Specify
			Y/N/DK	Y/N/DK	shortfall happen	if per week or per month
E.1.1	Asthma	Salbutamol 0.1 mg/dose inhaler				
E.1.2	Diabetes	Glibenclamide 5 mg capsule/tablet				
E.1.3	Diabetes	Metformin tablet				
E.1.4	Diabetes	Insulin				
E.1.5	Cardiovascular	Atenolol 50 mg capule/tablet				

	Disease	Medication	Available?	Is there a history of a drug shortfall	How many weeks per year does this	How often is this drug supplied to the facility? Specify
	disease					
E.1.6	Cardiovascular	Captopril 25 mg capsule/tablet,				
	disease/ HBP	Enalapril				
E.1.7	Cardiovascular	Simvastatin 20 mg capsule/tablet				
	disease					
E.1.8	Cardiovascular	Aspirin				
	Disease					
E.1.9	Cardiovascular	Beta blockers				
	Disease/HBP					
E.1.10	Cardiovascular	ACE Inhibitors				
	Disease/HBP					
E.1.11	Cardiovascular	CC blockers				
	Disease/HBP					
E.1.12	High cholesterol	Other Statins				
E.1.13	Depression	Amitriptyline 25 mg				
		capsule/tablet				
E.1.14	Infectious disease	Ciprofloxacin 500 mg				
		capsule/tablet				
E.1.15	Infectious disease	Co-trimoxazole 8+40 mg/ml				
		suspension				
E.1.16	Infectious disease	Amoxicillin 500 mg capsule/tablet				
E.1.17	Infectious disease	Ceftriaxone 1 g/vial injection				
E.1.18	Central nervous	Diazepam 5 mg capsule/tablet				
	system diseases					
E.1.19	Pain/inflammation	Diclofenac 50 mg capsule/tablet				
E.1.20	Pain/inflammation	Paracetamol 24 mg/ml				
		suspension				
E.1.21	Ulcer	Omeprazole 20 mg				
		capsule/tablet				

F. Leadership and Governance

		Y/N	Remarks
F.1	Is there an organizational chart for the facility? (Ask to see it)		
F.2	Is every person employed by the facility accounted for in the organizational chart?		
F.3	Are there job descriptions for every position in the organizational chart?		
F.4	Are staff trained on what their core duties and functions are (job orientation)?		

F.5 progra	Describe the Governance Structure of the Facility ammes.	and how decis	sions made regarding community
G.	Financing		
G.1	How is the facility funded? Note to Interviewer: As		-
those p	provided by the MOPH/Regional Office e.g., counsel	ling sessions fi	rom Cancer Society
H.	NCD Readiness		
H.1	Which of the following components related to NC	Ds are provid	ed by this facility?
		Y/N/DK	Remarks
H.1.1	Primary prevention and health promotion		
H.1.2	Risk factor detection		
H.1.3	Early detection/screening		
H.1.4	Risk factor and disease management		

Support for self-help and self care

Support for home-based care

H.1.5

H.1.6

		Y/N/DK	Remarks
H.1.7	Rehabilitation services		
H.1.8	Surveillance		
H.1.9	Capacity building		
H.1.10	Palliative care services		
H.1.11	CVD risk scoring. If yes, state which score is used.		

H.2 The table below concerns recognized/government-approved evidence-based national <u>guidelines /protocols /standards</u> for the management of NCDs. *Please circle the desired answer.*

	Cardiovascular disease	Diabetes	Cancer	Chronic Respiratory Diseases	Tobacco Dependence
H.2.1 Are such protocols available for these conditions?	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
	Don't know				
H.2.2 Are they being implemented?	Yes, fully Yes, partially No Not applicable Don't know				
H.2.3 Is the use of these protocols being monitored or audited?	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
	Don't know				

H.3 Indicate the availability of the following tests and procedures for early detection, diagnosis/monitoring of NCDs at the primary care level.

		Available at this facility (Y/N/DK)	Available in the public sector (Y/N/DK)	Are trained staff available? (Y/N/DK)
H.3.1	Measuring of height			
H.3.2	Measuring of weight			
H.3.3	Cervical cytology (Pap smear)			
H.3.4	Acetic acid visualization (VIA)			
H.3.5	Faecal occult blood test or			
	faecal immunological test			
H.3.6	Bowel cancer screening by			
	digital rectal exam			
H.3.7	Breast cancer screening by			
	palpation			
H.3.8	Blood glucose measurement			
H.3.9	Oral glucose tolerance test			
H.3.10	HbA1c test			

		Available at this facility (Y/N/DK)	Available in the public sector (Y/N/DK)	Are trained staff available? (Y/N/DK)
H.3.11	Foot vibration perception by			
	tuning fork or foot vascular			
	status by Doppler			
H.3.12	Blood pressure testing			
H.3.13	Total cholesterol measurement			
H.3.14	Urine strips for albumin assay			
H.3.15	Peak flow			
	measurement/spirometry			

l.	Relationships with Community and Places of Worship				
I.1 testing		•	res other than this PHC avaiugar testing, heart activity one of Don't know	ilable for NCD screening and testing? E.g. blood prechecks (ECG)	ssure
I.2	.2 If yes, please describe what is available.				
1.3	Is any com	munity/home	e care (independent of this F	PHC) available for persons with end stage NCDs?	
1.4	If yes, pleas	se describe w	hat is available.		
1.5	Do you kno	ow of any loca	al activities/organisations th	at target NCD control?	
1.6	If yes, pleas		hich of the following they h	ave been involved in. If possible, state the name of	the
Activi	ty			Organisation	
0	Research				
	Advocacy				

	Facilitate/coordinate development of national NCD policy					
0		e of NCDs or risk	factors			
0	Treatment					
0	Counselling	g services				
0	Training rel	levant to NCD pr	evention and control			
0	Health pror	motion services				
<u> </u>	Other (spec	cify)	_			
1.7.	Do any of Yes	the places of wo	orship in this area offer any ODon't know	assistance in trying to reduce NCDs?		
I.8.	If yes, wha	at do they offer?				
1.9			· ·	munity to educate the public on preventing and eers, obesity or heart diseases?		
I.10	TobaccAlcohoWeightDietExercisScreeniTreatm	to use I use t control e ing (e.g., testing	ch of the following has/hav blood sugar, checking bloo medication as prescribed)			

I.11 Are there any current or past collaborations between your health centre and nearby places of worship. (If None, please proceed to Q15.)

.12 If yes, please specify Organisation		the details of the current collaboration Activity(s)				Frequency of meetings	Frequency of activity(s)
13 Please spe	cify the c	letails of an	y past	collabor	ation(s).		
Organisation	Acti	ivity(s)	Dura	ition	Population targeted	Any training of congregation members	Funding Source
	the follo				st collaboration		T
Organisation		Turnout (# of attendees)		Reasons for success		Reasons for failure	to future collaborations
15 Which mem	nbers of y	our staff co	ordina	l ite collat	ooration activit	l ties?	

I.16 Do you think the surrounding community would benefit from a collaboration between your health centre and nearby places of worship?

	Yes (Go to I.17)	○ No (Go to I.17)	O Don't know (Go to I.18)				
l.17 	If no, why not? If ye	s, how?					
I.18	Do you think it would be helpful if a health advocate from a place of worship comes in to assist your staff on NCD clinic days? (Interviewer: explain what services the HA would be able to provide)						
	Yes (Go to I.20)	○ No (Go to I.19)	ODon't know (Go to I.20)				
I.19	If no, why not?						
1.20	three nearby places	•	pers (including yourself) to supervise health ad in what supervision would require, including vi				
1.20		•					
	three nearby places PHCs on weekends) Feasible If not feasible or only advocates?	of worship? (<i>Interviewer: expla</i>	in what supervision would require, including vi	sits to			
	three nearby places PHCs on weekends) Feasible If not feasible or only advocates? Lack of time	of worship? (<i>Interviewer: expla</i>	in what supervision would require, including vi	sits to			
I.20 I.21	three nearby places PHCs on weekends) Feasible If not feasible or only advocates? Lack of time Inadequate num	of worship? (Interviewer: explain of worship? (Interviewer: explain of Somewhat feasible of Somewhat feasible, what would bers of health centre staff	in what supervision would require, including vi	sits to ealth			
	three nearby places PHCs on weekends) Feasible If not feasible or only advocates? Lack of time Inadequate num Lack of familiarit area of PHC)	of worship? (Interviewer: explain of worship? (Interviewer: explain of Somewhat feasible of Somewhat feasible, what would bers of health centre staff	in what supervision would require, including vis	sits to ealth			
	three nearby places PHCs on weekends) Feasible If not feasible or only advocates? Lack of time Inadequate num Lack of familiarit area of PHC) Lack of acceptan	of worship? (Interviewer: explain of worship? (Interviewer: explain of somewhat feasible) y somewhat feasible, what would bers of health centre staff y with community and/or place	in what supervision would require, including vision what supervision would require, including vision of Not feasible (Go to Section J) Id be the barriers to providing supervision of heads of worship (e.g. staff do not live within catch	sits to ealth			
	three nearby places PHCs on weekends) Feasible If not feasible or only advocates? Lack of time Inadequate num Lack of familiarit area of PHC) Lack of acceptan Religion of healtl	of worship? (Interviewer: explain of worship? (Interviewer: explain of Somewhat feasible) y somewhat feasible, what would bers of health centre staff y with community and/or placed ce by place of worship	in what supervision would require, including vision what supervision would require, including vision of Not feasible (Go to Section J) Id be the barriers to providing supervision of he worship (e.g. staff do not live within catch the health advocates' religion	sits to ealth			

J – Sustainability of interface (formal ongoing collaboration) between PHC and POW

How important do you think the following attributes would be in developing and sustaining a formal working relationship between a health centre and a place of worship? (Tick the circle of your choice.)

J.1	Continued pr	rovision of funds for all involve	ed even after the research has ended		
○ Not	important	Somewhat important	○ Very important		
J.2	Regular com	munication of results/benefits	s of having HAs at POWS to all parties involved		
○ Not	important	Somewhat important	○ Very important		
J.3	Support and	appreciation of the programn	ne by community members		
○ Not	important	Somewhat important	○ Very important		
J.4	The interven	tion changing as necessary to	meet the needs of community members		
○Not	important	Somewhat important	○Very important		
J.5	Government	backing of the programme			
○Not	important	Somewhat important	○Very important		
J.6	The POWs ar	nd health centres appreciating	g what the programme is attempting to do		
○Not	important	Somewhat important	○Very important		
J.7	Regular mee	tings between persons involve	ed from POWs and PHCs		
○Not	important	Somewhat important	○Very important		
J.8	Mutual trust	and respect among members	s of POWs and PHCs		
○Not	important	Somewhat important	○Very important		
J.9	Good leaders	ship at each level of the progr	amme		
○Not	important	Somewhat important	○Very important		
J.10	Yearly follow	-up by persons in charge to de	etermine the success of the intervention		
○Not	important	Somewhat important	○Very important		
J.11	Do you think	any additional factors need to	o be taken into consideration in building and maintaining the		
relationship? If so, please state.					