

References and annexus

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References and annexus

Annixture I: Service Delivery Questionnaire

Age:

Race:

Sex:

Employment status:

Educational level:

1. How long have you been attending this Health Facility (clinic)?

1-6 months	6-12 months	12 months and longer	other
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2. Why do you attend this Health Facility?

It is closest to my home
It is the only medical care I can afford
Other, please give reasons

3. What do you like about this Health Facility?

I receive quality care and service
The staff are professional and friendly
Other

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4. Have you ever been refused health care at this facility?

Yes and the reason for refusal were explained to me.
Yes, but no reason was given to me.
No

5. Have you ever been told that this facility is out of stock of medication?

Yes all the time
Yes, occasionally
Yes, once before
No

6. Would you recommend the service received at this facility to your friends and family?

Yes Please give reasons
No Please give reasons

7. Have you ever been consulted about service delivery at this Health Facility?

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Yes, please explain

No, please explain

8. Are you familiar with the Local Health Committee are?

Yes,

Give reasons

No,

Give reasons



9. Do you know who your ward councillor is?

Yes,

No,

10. Please give suggestions (at least three) on how service delivery at this Health Facility can be improved?

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Annexure J: Service Delivery Questionnaire

Age:

Race:

Sex:

Staff category:

Qualifications:

1. How long have you been working at this Health Facility (clinic)?

1-6 months	6-12 months	12 months and longer	other
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2. Why did you choose to work at this Health Facility?

It is closest to my home
It is the only post I could find
Other, please give reasons

3. What do you like about this Health Facility?

I can render quality care and service to the community
The working environment is conducive to professional growth
Other

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4. Have you ever being unable to render health care to clients at this facility due to staff shortages?

Yes and the reason was explained to the client/s.
Yes, but no reason/s were given to the client/s.
No

5. Have you ever consulted clients at this facility that you were unable to dispense the required medication to, due to stock shortages?

Yes all the time
Yes, occasionally
Yes, once before
No



6. Would you recommend the quality of care and services been rendered at this facility to your friends and family?

Yes, Please give reasons...
No, Please give reasons

7. How well informed are you about the amalgamation of the City of Cape Town and Metro District Health Services (MDHS)?

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I am well informed and fully understand the process.
I have briefly been informed about the process and do not fully understand it.
Other.

8. Do you feel you are adequately remunerated by your employer for your services.

Yes Please give reasons
No Please give reasons
Please provide suggestions for the remuneration package/s you feel would be more suitable.



9. How do you feel about the PDR System that is used for monitoring and evaluating your Health Facility?

I agree with it as a monitoring tool Please give reasons
I disagree with target indicators as a measurement of performance Please give reasons
Other

10. How often do you receive feedback on the performance of your Health Facility from Management?

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Monthly
Never
Other

11. What do you know about the District Health System?

12. Define Primary Health Care?



