

Baseline survey for the implementation of Performance-Based
Financing for Health



CAMEROON

2012



IDENTIFIER	
SURVEY AREA NUMBER	HEALTH WORKER INTERVIEW NUMBER

**HEALTH FACILITY QUESTIONNAIRE
F2: HEALTH WORKER INDIVIDUAL QUESTIONNAIRE**

GEOGRAPHICAL LOCATION		
Region	Department	District
Health District	health area	neighborhood / village
NAME OF HEALTH FACILITY:		HEALTH FACILITY CODE:

INTERVIEWER AND VISITS		
NAME:	CODE:	
VISIT N° 1:	DAY MONTH YEAR	RESULT OF THE INTERVIEW:
VISIT N° 2:	DAY MONTH YEAR	INTERVIEW DONE 01
VISIT N° 3:	DAY MONTH YEAR	PARTIALLY COMPLETED 02
		PERSON IN CHARGE REFUSED INTERVIEW 03
		PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT) 04
		FACILITY IS EMPTY (NO STAFF MEMBERS) 05
		OTHER, SPECIFY: _____ 07

LANGUAGES USED		
...BY THE INTERVIEWER?	... BY THE RESPONDENT?	TRANSLATOR USED?
French 02	English 02	NEVER 1
Pidgin 03	Mongo Ewondo 04	SOMETIMES 2
OTHER (SPECIFY: _____) 07		ALWAYS 3

INFORMED CONSENT, TO BE DONE BEFORE THE START OF THE INTERVIEW

INTERVIEWER, READ: hello, my name is _____ and i work with IFORD. the ministry of health has asked us to conduct a survey of health facilities in Cameroon. Today we are interviewing health facility staff, health facility heads, and patients. we are trying to find out the general level of service delivery and quality in the primary health facilities of Cameroon. if you agree to participate, your confidentiality will be respected. you have the right to refuse to participate at the beginning of the interview or at any time during the interview. however, the information you can give us is important for the ministry to improve health services in Cameroon. are you willing to participate in an interview today?

YES 1

NO 2

SUPERVISOR		
NAME:	CODE:	DAY MONTH YEAR

DATA ENTRY OPERATOR		
NAME:	CODE:	DAY MONTH YEAR



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(1) General Information		RECORD RESPONSE
(1,01)	Please, can you tell me your name?	
(1,02)	ENTER HEALTH WORKER ID CODE FROM STAFF ROSTER IN FORM F1	
(1,03)	GENDER	MALE 1
		FEMALE 2
(1,04)	How old are you?	YEARS
(1,05)	What is your marital status?	Single 1 ► (1,07)
		Married/Living together 2
		Widowed 3 ► (1,07)
		Divorced/separated 4 ► (1,07)
(1,06)	Do you live with your spouse?	YES 1
		NO 2
(1,07)	Do you have children?	YES 1
		NO 2 ► (1,09)
(1,08)	How many school-going children live with you?	
(1,09)	Were you born in this District ?	YES 1
		NO 2
(1,10)	Who is your employer?	Central government (MINSANTE) 11
		Health facility 12
		Non Governmental Organization (NGO) 13
		Military (MINDEF) 14
		Faith based organization 15
		Self-employed 16
		Local community 17
		Other, specify: _____ 97
(1,11)	What type of employment contract do you have with your employer?	Permanent (Public) and pensionable 1
		Permanent (private) and pensionable 2
		Short term contract (less than 6 months) 3
		Fixed term contract (6 months and more) 4
		Casual (no contract) 5
		Volunteer 6
		Other, specify: _____ 7
(1,12)	What is the highest level of education you ever completed?	None 1 ► (1,13)
		Primary 2
		Secondary 1st cycle 3
		Secondary 2nd cycle 4
		University 5
(1,13)	How many year(s) and month(s) have you been working after completion of your highest formal training? RECORD YEARS AND MONTHS. IF LESS THAN A YEAR, RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS.	a. YEARS
		b. MONTHS (RANGE IS 1-12)

(1,14)	How many year(s) and month(s) have you worked as a health worker at this facility?	a. YEARS	
	RECORD YEARS AND MONTHS. IF LESS THAN A YEAR, RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS.	b. MONTHS (RANGE IS 1-12)	
(1,15)	What is your position as a health worker as designated by the Ministry of Health?	Director / Head of the facility	11
		Area Manager	12
		General supervisor	13
		Care Coordinator	14
		Head Nurse or Principal	15
		Major - Pediatrics	16
		Major - Maternity	17
		Staff - Medical	18
		Head Unit Exp Prog on Immunizatic	19
		Major - Operating	20
		Staff - Surgery	21
		Treasurer	22
		accounting matters	23
		Other Head of Service	24
Other, specify: _____	97		
Now I am going to ask you about the services that you have provided in the past 3 months.			
(1,16)	<p>In the past 3 months, have you done the following activities?</p> <p>READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE HEALTH WORKER PROVIDED THE SERVICE AT LEAST ONCE IN THE PAST 3 MONTHS, "2" IF NOT.</p> <p>IF THE HEALTH WORKER HAS WORKED AT THE CURRENT HEALTH FACILITY FOR LESS THAN 3 MONTHS, ASK ABOUT THE SERVICES PROVIDED WITHIN THE DURATION AT THIS HEALTH FACILITY.</p> <p>YES 1 NO 2</p>	a Supervise Community Health Worker (CHW)	
		b Supervise Traditional Birth Attendant (TBA)	
		c Curative consultation for children	
		d Curative consultation for adults	
		e Family planning consultation	
		f Antenatal care consultation (ANC)	
		g Postnatal care consultation (PNC)	
		h Deliveries in facility	
		i Tuberculosis diagnosis/treatment	
		j Facility-based vacciation	
		k Vaccinations by outreach campaigns (community)	
		l Growth monitoring /Nutrition counselling	
		m Malaria treatment	
		n Community Health Worker training	
		o Traditional Birth Attendant training	
		p Treatment of disability and chronic diseases	
		q Treatment of mental health issues	
		r HIV/AIDS testing and counseling	
		s HIV/AIDS treatment (Anti retroviral therapy, ART)	
		t Circumcision of male children	
u Awareness of health issues			
v Other, specify: _____			

(2) Staff Training					
(2,01)	<p>For each subject I mention, I would like to know the most recent time you received in-service training. Please do not include your initial medical or nursing education. THIS TRAINING INCLUDES ONLY THE TRAINING RECEIVED AFTER UNDERGOING PROFESSIONAL EDUCATION. FOR EXAMPLE, TRAINING RECEIVED AS PART OF THE BACHELOR OF MEDICINE AND SURGERY (MBBS) OR MEDICAL DOCTOR (MD) PROGRAM <u>SHOULD NOT</u> BE MENTIONED HERE. READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF THE TRAINING OCCURED LESS THAN A YEAR AGO, "2" IF IT OCCURED MORE THAN A YEAR AGO, AND "3" IF THE WORKER WAS NEVER TRAINED IN THIS SPECIALTY AFTER THEIR EDUCATION. RECORD "1" OR "2" FOR UP TO 3 "OTHER" TRAINING AND SPECIFY WHICH ONES.</p>				
		TRAINING LESS THAN 1 YEAR AGO	TRAINING MORE THAN 1 YEAR AGO	NEVER TRAINED	RECORD RESPONSE
a	Integrated Management of Childhood Illness (IMCI Clinical)	1	2	3	
b	Integrated Management of Childhood Illness (IMCI Community-based)	1	2	3	
c	Diagnosis of malaria rapid tests	1	2	3	
d	Management of malaria with ACTs	1	2	3	
e	Tuberculosis diagnosis and treatment	1	2	3	
f	Basic Family Planning	1	2	3	
g	Emergency obstetric care and newborn care (EONC)	1	2	3	
h	Obstetric surgery (EONC)	1	2	3	
i	Refocused antenatal	1	2	3	
j	Support for Cholera	1	2	3	
k	Comprehensive care of HIV / AIDS	1	2	3	
l	Management of inputs and other vaccines	1	2	3	
m	Integrated epidemiological surveillance of diseases of the EPI	1	2	3	
n	Peer educator training	1	2	3	
o	Training in Reproductive Health of Adolescents	1	2	3	
p	Prevention of mother to child transmission of HIV/AIDS (PMTCT)	1	2	3	
q	Administrative and financial management	1	2	3	
r	health information system	1	2	3	
s	Other Specify: _____	1	2	3	

				RECORD RESPONSE
(2,02)	Are there other training needs you personally feel you need for your present job?	YES	1	
		NO	2 ▶ (3,01)	
(2,03)	What kind of additional training do you feel you need for your present job? DO NOT READ EACH OPTION ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED.			RECORD RESPONSE
		YES	NO	
a	Integrated Management of Childhood Illness (IMCI Clinical)	1	2	
b	Integrated Management of Childhood Illness (IMCI Community-based)	1	2	
c	Diagnosis of malaria rapid tests	1	2	
d	Management of malaria with ACTs	1	2	
e	Tuberculosis diagnosis and treatment	1	2	
f	Basic Family Planning	1	2	
g	Emergency obstetric care and newborn care (EONC)	1	2	
h	Obstetric surgery (EONC)	1	2	
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o	Training in Reproductive Health of Adolescents	1	2	
p	Prevention of mother to child transmission of HIV/AIDS (PMTCT)	1	2	
q	Administrative and financial management	1	2	
r	health information system	1	2	
s	Other Specify: _____	1	2	

(3) Hours and Duties		RECORD RESPONSE																		
(3,01)	How many hours per week are you contracted to work at this facility?	NOTE THE AVERAGE NUMBER OF HOURS PER DAY AND CONVERT TO HOURS PER WEEK																		
(3,02)	We realize that health workers face some constraints that prevent them from always perform their duties and meet their working hours. In the last 30 days, how many days were you absent from work?	NUMBER OF DAYS IN THE LAST 30 DAYS																		
(3,03)	In the last 7 days, how many days did you work at this facility?	NUMBER OF DAYS IN THE LAST 7 DAYS. MAXIMUM 7.																		
(3,04)	In the last 7 days, how many hours did you work at this facility in total?	NUMBER OF HOURS IN THE LAST 7 DAYS. MAXIMUM 168.																		
(3,05)	Compared to 3 months ago, would you say the number of hours you work in a week has increased, decreased or remained the same?	<table border="0"> <tr> <td>Increased</td> <td>01</td> </tr> <tr> <td>Decreased</td> <td>02</td> </tr> <tr> <td>Remained the same</td> <td>03</td> </tr> </table>	Increased	01	Decreased	02	Remained the same	03												
Increased	01																			
Decreased	02																			
Remained the same	03																			
(3,06)	Have you ever been absent from work without authorised leave?	<table border="0"> <tr> <td>YES</td> <td>01</td> </tr> <tr> <td>NO</td> <td>02</td> </tr> </table>	YES	01	NO	02														
YES	01																			
NO	02																			
(3,07)	<p>The <u>last time</u> you were away from work without authorized leave, what type of activity were you doing mainly ?</p> <p>DO NOT READ THE OPTIONS. MENTION THE MAIN ACTIVITY THAT OFFICER HEALTH SAID.</p>	<table border="0"> <tr> <td>11</td> <td>I GOT STUCK TRAVELING TO WORK</td> </tr> <tr> <td>12</td> <td>I WAS SICK</td> </tr> <tr> <td>13</td> <td>I WAS CARING FOR SICK RELATIVES</td> </tr> <tr> <td>14</td> <td>I WAS ATTENDING ANOTHER JOB (PAID)</td> </tr> <tr> <td>15</td> <td>I WAS ATTENDING ANOTHER JOB (UNPAID)</td> </tr> <tr> <td>16</td> <td>I WAS CARING FOR CHILDREN</td> </tr> <tr> <td>17</td> <td>I WAS DOING HOUSEHOLD CHORES</td> </tr> <tr> <td>18</td> <td>I WAS TIRED FROM THE PREVIOUS DAY</td> </tr> <tr> <td>97</td> <td>Other, specify: _____</td> </tr> </table>	11	I GOT STUCK TRAVELING TO WORK	12	I WAS SICK	13	I WAS CARING FOR SICK RELATIVES	14	I WAS ATTENDING ANOTHER JOB (PAID)	15	I WAS ATTENDING ANOTHER JOB (UNPAID)	16	I WAS CARING FOR CHILDREN	17	I WAS DOING HOUSEHOLD CHORES	18	I WAS TIRED FROM THE PREVIOUS DAY	97	Other, specify: _____
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18	I WAS TIRED FROM THE PREVIOUS DAY																			
97	Other, specify: _____																			
(3,08)	<p>When you are away from the facility without authorized leave, do any of the following occur?</p>  <p>READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.</p>	<table border="0"> <tr> <td>a.</td> <td>Facility head / manager contacts you</td> </tr> <tr> <td>b.</td> <td>Your salary / allowance / bonus is reduced</td> </tr> <tr> <td>c.</td> <td>Manager discusses this with you</td> </tr> <tr> <td>d.</td> <td>Absences are reflected in your performance assessment</td> </tr> <tr> <td>e.</td> <td>Your coworkers speak to you about it</td> </tr> <tr> <td>f.</td> <td>Other, specify: _____</td> </tr> </table>	a.	Facility head / manager contacts you	b.	Your salary / allowance / bonus is reduced	c.	Manager discusses this with you	d.	Absences are reflected in your performance assessment	e.	Your coworkers speak to you about it	f.	Other, specify: _____						
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f.	Other, specify: _____																			
(3,09)	How many individual patients did you see on your last full working day? PLEASE DO NOT COUNT GROUP SENSITIZATION OF MOTHERS/PATIENTS	NUMBER OF PATIENTS																		

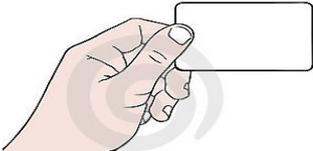
(4) Salary			RECORD RESPONSE	
(4,01)	Could you tell me what range is the amount of your monthly wage base (in FCFA) ?	1 Less than 25 000	5. 100 000 - 125 000	
		2 25 000 - 50 000	6. 125 000 - 150 000	
		3 50 0000 -75 000	7. More than 150 000	
		4 75 000 - 100 000		
(4,02)	In what range was the amount of your monthly base salary 1 year ago (in FCFA) ?	1 Less than 25 000	5. 100 000 - 125 000	
		2 25 000 - 50 000	6. 125 000 - 150 000	
		3 50 0000 -75 000	7. More than 150 000	
		4 75 000 - 100 000		
(4,03)	What is your current salary scale?			
(4,04)	Over the past 2 years, has your salary increased because of the following reasons? READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "01" FOR YES OR "02" FOR NO.	a. Routine or general increase		
		b. Individual performance		
		c. Promotion		
		d. No increase		
		e. Other, specify: _____		
(4,05)	In the last 12 months, did you always receive all your due salary according to the payment schedule?	YES, ALWAYS	01 ► (4,14)	
		YES, NOT ALWAYS	03	
		NO	02	
(4,06)	What day of the month are you supposed to receive your salary?	ENTER A NUMBER, EG 08 OR 21		
(4,07)	Last month, how many days was your salary delayed?	ENTER A NUMBER, EG 08 OR 21.		
		STILL NOT RECEIVED	77	
		RECEIVED ON TIME	00	
(4,08)	Have you received your salary in totality?	YES	01	
		NO	02	
(4,09)	The previous month (2 months ago), how many days was your salary delayed?	ENTER A NUMBER, EG 08 OR 21.		
		STILL NOT RECEIVED	77	
		RECEIVED ON TIME	00	
(4,10)	Have you received it in totality?	YES	01	
		NO	02	
(4,11)	During the past 12 months, what was the main reason advanced to justify the fact that you have not received DO NOT READ OPTIONS ALOUD.	LACK OF FUNDS	1	
		SYSTEMIC DELAY / ADMINISTRATIVE PROBLEM	2	
		SALARY WITHHELD TO SERVICE OUTSTANDING D	3	
		NON-PAYMENT WAS NOT EXPLAINED	4	
		RELATED TO PERFORMANCE / ABSENCE	5	
		OTHER, SPECIFY: _____	7	
(4,12)	For the last 12 months, have you received all the salary due to you, even if it was not according to the payment schedule?	YES	01 ► (4,16)	
		NO	02	
(4,13)	How many months' salary are you currently owed regarding the past 12 months?	NUMBER OF MONTHS (RANGE IS 1-12)		
(4,14)	Are you tempted to leave your current job?	YES	01 ► (4,16)	
		NO	02	
(4,15)	If you were to leave your current job, where would you go?	NGO WITHIN THE HEALTH SECTC	01	
		OUTSIDE THE COUNTRY	02	
		PRIVATE HEALTH FACILITY	03	
		FAITH BASED ORGANIZATIONS	04	
		NON HEALTH ORGANIZATION	05	
		OUTSIDE THE HEALTH SECTOR	06	
OTHER, SPECIFY: _____	07			
(4,16)	What would be the lowest monthly net salary you would accept to work in your preferred job?	FCFA		

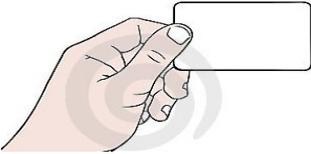
(5) Other Compensation		RECORD RESPONSE
(5,01)	Do you currently receive any of the following benefits as part of your primary job? READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO. 	a. Free or subsidized housing ▶ (5,05)
		b. Health care benefits and/or medicine
		c. Free food/meals at work
		d. Uniform for your work
		e. Shoes for your work
		f. Transport between work and home
		g. Free schooling or school subsidies for children
(5,02)	Do you currently receive a housing allowance?	YES 01
		NO 02 ▶ (5,05)
(5,03)	How often is the housing allowance paid?	EACH DAY 11
		EACH WEEK 12
		EACH MONTH 13
		EVERY FOUR MONTHS 04
		EVERY SIX MONTHS 15
		EACH YEAR 16
		IRREGULAR/AD HOC 17
		OTHER, SPECIFY: _____ 97
(5,04)	How much did you last receive as housing allowance in FCFA?	FCFA
(5,05)	Do you currently receive a "Rural Hardship" allowance (for working in rural areas)?	YES 01
		NO 02 ▶ (5,08)
(5,06)	How often is the Rural Hardship allowance paid?	EACH MONTH 01
		EVERY TREE MONTHS 02
		EVERY SIX MONTHS 03
		EACH YEAR 04
		IRREGULAR/AD HOC 05
		OTHER, SPECIFY: _____ 07
(5,07)	How much did you receive in the last period or at your last ad hoc payment for the Rural Hardship allowance?	
(5,08)	Do you currently receive a travel allowance for outreach activities?	YES 01
		NO 02 ▶ (6,00)
		Is not involved in outreach activities 02 ▶ (6,00)
(5,09)	In the last 3 months, how much did you receive as travel allowance for outreach activities?	FCFA

(6) Supervision (internal and external)			
INTERNAL SUPERVISION			
Now I would like to talk with you about supervision of your work by people who also work in this facility.			RECORD RESPONSE
(6,01)	Within the facility, is there anyone who is responsible for supervising your work? This could include providing feedback on your performance, giving you advice, discussing your career with you?	YES	1
		NO	2 ► (6,07)
(6,02)	Within the facility, who is responsible for supervising your work?	Health facility head	1
		Head of service within the facility	2
		Other health worker in the facility	3
		Other, specify: _____	7
(6,03)	What is the position of your supervisor as designated by the Ministry of Health?	Director / Head of the facility	11
		Area Manager	12
		General supervisor	13
		Care Coordinator	14
		Principal nurse	15
		Major - Pediatrics	16
		Major - Maternity	17
		Staff - Medical	18
		Staff - Vaccination	19
		Major - Operating	20
		Staff - Surgery	21
		Treasurer	22
		accounting matters	23
(6,04)	When was the last time you met with this internal supervisor to discuss your performance or your career development?	Within the past 30 days	1
		Within the past 31-90 days	2
		Within the past 4-6 months	3
		More than 6 months ago	4
		Never had an interview	5 ► (6,07)
(6,05)	Within the last 12 months, have you discussed any job difficulties with your internal supervisor?	YES	1
		NO	2 ► (6,07)
(6,06)	After these discussions, did you notice a lot of improvements, some improvements or no improvements?	A LOT OF IMPROVEMENTS	1
		SOME IMPROVEMENTS	2
		NO IMPROVEMENTS	3

EXTERNAL SUPERVISION			RECORD RESPONSE
Now I would like to talk with you about supervision of your work by people from outside of the facility.			
(6,07)	Outside of this health facility, is there anyone who is responsible for supervising your work? This could include providing feedback on your performance, giving you advice, discussing your career with you?	YES 1	
		NO 2 ▶ (7,01)	
(6,08)	Who outside the facility is responsible for supervising your work?	Head of General Inspection MINSANT 11	
		Head of the Technical MINSANTE 12	
		Head of Department Central level 13	
		Regional Delegation Framework SP 14	
		Head of district health services 15	
		Team member district under 16	
		Expert Health NGOs 17	
		Other, specify: _____ 97	
(6,09)	In the last 12 months, how many times have you met with this external supervisor?		
(6,10)	When was the last time you met with your external supervisor to discuss your performance or your career development?	Within the past 30 days 1	
		Within the past 31-90 days 2	
		Within the past 4-6 months 3	
		More than 6 months ago 4	
		Never 5	
(6,11)	The last time that you met this external supervisor, what did [HE/SHE] do to supervise your work? DO NOT READ CHOICES ALOUD. FOR EACH OPTION, RECORD "1" IF MENTIONED, "2" IF NOT MENTIONED	a. BROUGHT SUPPLIES / EQUIPMENT	
		b. CHECKED RECORDS	
		c. CHECKED FINANCES	
		d. OBSERVED CONSULTATION	
		e. ASSESSED KNOWLEDGE	
		f. PROVIDED HEALTH-RELATED INSTRUCTION	
		g. PROVIDED ADMINISTRATIVE INSTRUCTION	
		h. PROVIDED INSTRUCTION ON FILLING HEALTH MONITORING AND INFORMATION SYSTEMS (HMIS) FORMS	
		i. NOTHING	
		j. DISCUSSED MY PERFORMANCE AND/OR CAREER	
		k. INSPECTED FACILITY	
l. OTHER, SPECIFY: _____			
(6,12)	Within the last 12 months, have you discussed any job difficulties with your external supervisor?	YES 1	
		NO 2 ▶ 7,01	
(6,13)	After these discussions, did you notice a lot of improvements, some improvements or no improvements?	A LOT OF IMPROVEMENTS 1	
		SOME IMPROVEMENTS 2	
		NO IMPROVEMENTS 3	

(7) Supplemental Income																				
<p>It is common for health workers to have additional work to their primary job at the health facility. I would like to ask you questions about additional work you might be doing. Please answer the following questions with regards to your supplemental activity.</p> <div style="text-align: center;">  </div>		RECORD RESPONSE																		
(7,01)	Do you have any other job or activity to supplement your income from this health facility?	<table border="0"> <tr> <td>YES</td> <td style="text-align: right;">01</td> <td></td> </tr> <tr> <td>NO</td> <td style="text-align: right;">02</td> <td style="text-align: right;">▶ (8,01)</td> </tr> </table>	YES	01		NO	02	▶ (8,01)												
YES	01																			
NO	02	▶ (8,01)																		
(7,02)	<p>What kind of job or activity is this?</p> <div style="text-align: center;">  </div> <p>READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.</p>	<table border="0"> <tr> <td>a.</td> <td>Work in another government facility</td> <td></td> </tr> <tr> <td>b.</td> <td>Work in private clinic or private practice</td> <td></td> </tr> <tr> <td>c.</td> <td>Work in a pharmacy</td> <td></td> </tr> <tr> <td>d.</td> <td>Work in non-health related business other than farming</td> <td></td> </tr> <tr> <td>e.</td> <td>Farming</td> <td></td> </tr> <tr> <td>f.</td> <td>Other, specify: _____</td> <td></td> </tr> </table>	a.	Work in another government facility		b.	Work in private clinic or private practice		c.	Work in a pharmacy		d.	Work in non-health related business other than farming		e.	Farming		f.	Other, specify: _____	
a.	Work in another government facility																			
b.	Work in private clinic or private practice																			
c.	Work in a pharmacy																			
d.	Work in non-health related business other than farming																			
e.	Farming																			
f.	Other, specify: _____																			
(7,03)	<p>What is the main reason that you are doing this other job or activity?</p> <p>DO NOT READ OPTIONS ALOUD.</p>	<table border="0"> <tr> <td>I CANNOT MAKE ENDS MEET ON MY PRIMARY INCOME</td> <td style="text-align: right;">01</td> </tr> <tr> <td>HOURLY PAY IS LUCRATIVE IN THIS SECONDARY JOB</td> <td style="text-align: right;">02</td> </tr> <tr> <td>I CAN GAIN EXPERIENCE THAT IS NOT AVAILABLE IN MY PRIMARY JOB.</td> <td style="text-align: right;">03</td> </tr> <tr> <td>THE SECONDARY JOB HAS A BETTER ENVIRONMENT</td> <td style="text-align: right;">04</td> </tr> <tr> <td>I CAN SEE PATIENTS I COULD NOT SEE DURING WORKING HOURS</td> <td style="text-align: right;">05</td> </tr> <tr> <td>I HAVE FREE TIME</td> <td style="text-align: right;">06</td> </tr> <tr> <td>OTHER, SPECIFY: _____</td> <td style="text-align: right;">97</td> </tr> </table>	I CANNOT MAKE ENDS MEET ON MY PRIMARY INCOME	01	HOURLY PAY IS LUCRATIVE IN THIS SECONDARY JOB	02	I CAN GAIN EXPERIENCE THAT IS NOT AVAILABLE IN MY PRIMARY JOB.	03	THE SECONDARY JOB HAS A BETTER ENVIRONMENT	04	I CAN SEE PATIENTS I COULD NOT SEE DURING WORKING HOURS	05	I HAVE FREE TIME	06	OTHER, SPECIFY: _____	97				
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(7,04)	How long have you been doing this additional job or activity? RECORD BOTH YEARS AND MONTHS.	<table border="0"> <tr> <td>a.</td> <td>YEARS</td> <td></td> </tr> <tr> <td>b.</td> <td>MONTHS</td> <td></td> </tr> </table>	a.	YEARS		b.	MONTHS													
a.	YEARS																			
b.	MONTHS																			
(7,05)	How many hours did you spend on this other work in the last 7 days?	HOURS IN LAST 7 DAYS																		
(7,06)	What is your <u>monthly net</u> income in this other work ? (based on last month)	FCFA																		

(8) WHO well-being index		
<p>Now I will read five statements about how a person might be feeling. For each of the five statements, please indicate whether in the last two weeks, you have been feeling this way most of the time, more than half of the time, less than half of the time, only rarely, or never.</p>		<p>RECORD RESPONSE CODE</p>
		
		
<p>PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS</p>		
<p><u>RESPONSE CODE</u></p>		
<p>MOST OF THE TIME 1 MORE THAN HALF OF THE TIME 2 LESS THAN HALF OF THE TIME 3 NEVER 4</p>		
(8,01)	In the past two weeks, I have felt cheerful and in good spirits.....	
(8,02)	In the past 2 weeks, I have felt calm and relaxed...	
(8,03)	In the past 2 weeks, I have felt active and vigorous...	
(8,04)	In the past 2 weeks, I woke up feeling fresh and rested...	
(8,05)	In the past two weeks, my daily life has been filled with things that interest me....	

(9) Health Worker Satisfaction										
<p>In this part of the questionnaire I would like to ask you some questions regarding your satisfaction with your current job. All answers are confidential. I am going to read you a series of statements about your level of satisfaction with various aspects of your current job. For each of these aspects, please tell me whether you are satisfied, neither satisfied nor unsatisfied, meaning you are indifferent, or unsatisfied using these cards.</p> <div style="text-align: center;">  </div>										
<p>PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS</p> <div style="display: flex; align-items: center;">  <table border="0"> <thead> <tr> <th colspan="2" style="text-align: left;"><u>RESPONSE CODE</u></th> <th rowspan="4" style="background-color: #cccccc; text-align: center; vertical-align: middle;">RECORD RESPONSE CODE</th> </tr> </thead> <tbody> <tr> <td>SATISFIED</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NEITHER SATISFIED NOR UNSATISFIED, I.E. INDIFFERENT</td> <td style="text-align: right;">2</td> </tr> <tr> <td>UNSATISFIED</td> <td style="text-align: right;">3</td> </tr> </tbody> </table> </div>		<u>RESPONSE CODE</u>		RECORD RESPONSE CODE	SATISFIED	1	NEITHER SATISFIED NOR UNSATISFIED, I.E. INDIFFERENT	2	UNSATISFIED	3
<u>RESPONSE CODE</u>		RECORD RESPONSE CODE								
SATISFIED	1									
NEITHER SATISFIED NOR UNSATISFIED, I.E. INDIFFERENT	2									
UNSATISFIED	3									
(9,01)	Working relationships with other facility staff									
(9,02)	Working relationships with District/ Ministry of Health staff									
(9,03)	Collaboration with the Regional Health Delegation									
(9,04)	Working relationships with Management staff within the health facility									
(9,05)	Quality of the management of the health facility by the management staff within the health facility									
(9,06)	Quantity of medicine available in the health facility									
(9,07)	Quality of medicine available in the health facility									
(9,08)	Quantity of equipment in the health facility									
(9,09)	Quality and physical condition of equipment in the health facility									
(9,10)	Availability of other supplies in the health facility (compresses, etc.; office supplies)									
(9,11)	The physical condition of the health facility building									
(9,12)	Your ability to provide high quality of care given the current working conditions in the facility									
(9,13)	The relationships between the health facility and local traditional leaders									
(9,14)	Your level of respect in the community									
(9,15)	Your opportunities to upgrade your skills and knowledge through training									
(9,16)	Your opportunity to discuss work issues with your immediate supervisor									
(9,17)	Your immediate supervisor's recognition of your good work									
(9,18)	Your opportunity to be rewarded for hard work, financially or otherwise.									
(9,19)	The opportunities to use your skills in your job.									
(9,20)	Your salary									

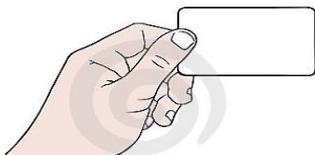
(9,21)	Your benefits (such as housing, travel allowance, bonus including performance bonus, etc)	
(9,22)	Your opportunities for promotion	
(9,23)	Safety and security in the community	
(9,24)	Living accommodations	
(9,25)	Available schooling for your children. IF NO CHILDREN, WRITE "NA".	
(9,26)	Overall, how satisfied are you with your job?	

(10) Personal Drive

In this part of the questionnaire I would like to talk with you about your work environment. All answers are confidential. I am going to read you a series of statements about your work with your colleagues. For each of these aspects, please tell me whether you feel these are true most of the time, more than half of the time, less than half of the time, rarely or never.



PLEASE SHOW AND ASK TO PICK OUT THE COLORED AND NUMBERED CARDS



RESPONSE CODE

- MOST OF THE TIME 1
- MORE THAN HALF OF THE TIME 2
- LESS THAN HALF OF THE TIME 3
- ONLY RARELY 4
- NEVER 5

RECORD
RESPONSE
CODE

(10,01)	Staff willingly share their expertise with other members.	
(10,02)	When disagreements occur among staff, they try to act like peacemakers to resolve the situation themselves.	
(10,03)	Staff willingly give their time to help each other out when someone falls behind or has difficulties with work.	
(10,04)	Staff talk to each other before taking an action that might affect them.	
(10,05)	Staff take steps to prevent problems arising between them.	
(10,06)	Staff focus on what is wrong rather than the positive side.	
(10,07)	Staff spend their time chatting amongst themselves about things that are not related to work.	
(10,08)	Staff spend time complaining about work-related issues.	
(10,09)	My job allows me freedom in how I organize my work and the methods and approaches to use.	
(10,10)	I am given enough authority by my supervisors to do my job well.	
(10,11)	It is important for me that the community recognizes my work as a professional.	
(10,12)	It is important for me that my peers recognize my work as a professional.	
(10,13)	Changes in the facility are easy to adjust to.	
(10,14)	Rapid changes are difficult to cope with.	
(10,15)	Changes bring opportunities to make improvements in the facility.	
(10,16)	My job makes me feel good about myself.	
(10,17)	I am proud of the work I'm doing in this facility.	
(10,18)	I am proud to be working for this health facility.	
(10,19)	I am glad that I am working for this facility rather than in other facilities in the country.	
(10,20)	I would prefer to work somewhere else than in this facility.	
(10,21)	This health facility inspires me to do my very best on the job.	
(10,22)	I complete my tasks efficiently and effectively.	
(10,23)	I am a hard worker.	

(10,24)	I am punctual about coming to work.	
(10,25)	These days, I feel motivated to work as hard as I can.	
(10,26)	My facility is a very personal place. It is like an extended family and people share a lot with each other.	
(10,27)	My facility is very dynamic and an innovative place. People are willing to take risks to do a job well-done.	
(10,28)	My facility is very formal and structured. Policies and procedures are important for doing our work.	
(10,29)	In my facility, we focus on achieving daily goals getting our work done. Relationships between staff are less important.	
(10,30)	The head of my facility is a mentor and a role model.	
(10,31)	The head of my facility is willing to innovate and take risks in order to improve things.	
(10,32)	The head of my facility relies too much on policies and procedures.	
(10,33)	The head of my facility motivates staff to achieve goals.	
(10,34)	Loyalty and tradition are very important in my facility.	
(10,35)	Innovation and being first to try something new are important in my facility.	
(10,36)	Following procedures and rules is very important in my facility.	
(10,37)	Achieving results and high performance is very important in my facility.	

(11) Innovation

I am now going to read you some examples of situations that may happen at the health center. These situations may or may not be currently true in the health facility where you work. For each situation, I would like to know what kind of actions you would take. All answers are confidential.



CASE SCENARIOS		POTENTIAL RESPONSES		INSCRIRE LES RÉPONSES
(11,01)	<p>If it were the case that too few women in the community come in for <u>prenatal care</u>, what would you do?</p> <p>DO NOT READ THE OPTIONS ALOUD. MENTION ONE OR THREE KEY REASONS STATED BY THE HEALTH WORKER.</p>	11	NOTHING. IT IS THE WOMEN'S OWN CHOICE.	
		12	ENGAGE WITH TRADITIONAL BIRTH ATTENDANTS	
		13	OFFER INCENTIVE TO TRADITIONAL BIRTH ATTENDANTS	1st
		14	OFFER AN NON-CASH INCENTIVE TO WOMEN WHO COME IN	
		15	OFFER A CASH INCENTIVE TO WOMEN WHO COME IN	
		16	ENGAGE WITH COMMUNITY HEALTH WORKERS	2nd
		17	OFFER INCENTIVE TO COMMUNITY HEALTH WORKERS	
		18	TALK TO THE COMMUNITY LEADERS AND HAVE THEM CONVINCING THE WOMEN	
		19	ORGANIZE SENSITIZATION/OUTREACH ACTIVITIES	3rd
		20	ORGANIZE OUTREACH CLINICS IN	
		97	OTHER, SPECIFY	
(11,02)	<p>If it were the case that too few women in the community come in for <u>delivery</u>, what would you do?</p> <p>DO NOT READ THE OPTIONS ALOUD. MENTION ONE OR THREE KEY REASONS STATED BY THE HEALTH WORKER.</p>	11	NOTHING. IT IS THE WOMEN'S OWN CHOICE.	
		12	ENGAGE WITH TRADITIONAL BIRTH ATTENDANTS	
		13	OFFER INCENTIVE TO TRADITIONAL BIRTH ATTENDANTS	1st
		14	OFFER AN NON-CASH INCENTIVE TO WOMEN WHO COME IN	
		15	OFFER A CASH INCENTIVE TO WOMEN WHO COME IN	
		16	ENGAGE WITH COMMUNITY HEALTH WORKERS	2nd
		17	OFFER INCENTIVE TO COMMUNITY HEALTH WORKERS	
		18	TALK TO THE COMMUNITY LEADERS AND HAVE THEM CONVINCING THE WOMEN	
		19	WORKING WITH WOMEN ASSOCIATIONS	
		20	ORGANIZE SENSITIZATION/OOUTREACH ACTIVITIES	3rd
		97	OTHER, SPECIFY	

CASE SCENARIOS		POTENTIAL RESPONSES	INSCRIRE LES RÉPONSES	
(11,03)	<p>If it were the case that too few women in the community come in for <u>post-natal care</u>, what would you do?</p> <p>DO NOT READ THE OPTIONS ALOUD. MENTION ONE OR THREE KEY REASONS STATED BY THE HEALTH WORKER.</p>	11	NOTHING. IT IS THE WOMEN'S OWN CHOICE.	
		12	ENGAGE WITH TRADITIONAL BIRTH ATTENDANTS	
		13	OFFER INCENTIVE TO TRADITIONAL BIRTH ATTENDANTS	1st
		14	OFFER AN NON-CASH INCENTIVE TO WOMEN WHO COME IN	
		15	OFFER A CASH INCENTIVE TO WOMEN WHO COME IN	
		16	ENGAGE WITH COMMUNITY HEALTH WORKERS	2nd
		17	OFFER INCENTIVE TO COMMUNITY HEALTH WORKERS	
		18	TALK TO THE COMMUNITY LEADERS AND HAVE THEM CONVINCING THE WOMEN	
		19	WORKING WITH WOMEN ASSOCIATIONS	
		20	ORGANIZE SENSITIZATION/OUTREACH ACTIVITIES	3rd
		97	OTHER, SPECIFY	
(11,04)	<p>Say that the facility does not have any means of transportation for patients in emergencies. What would you do?</p> <p>DO NOT READ THE OPTIONS ALOUD. MENTION ONE OR THREE KEY REASONS STATED BY THE HEALTH WORKER.</p>	11	NOTHING. THE PATIENTS AND THEIR FAMILIES HAVE TO SORT IT OUT.	
		12	CONTRACT A PRIVATE PERSON/FIRM IN THE COMMUNITY WHO HAS A CAR	1st
		13	ORGANIZE A COMMUNITY FUND RAISER TO BUY A VEHICLE	
		14	SEEK FUNDS FROM THE GOVERNMENT TO BUY VEHICLE	
		15	SEEK FUNDS FROM NGO'S TO BUY VEHICLE	2nd
		16	BUY A VEHICLE FROM THE FACILITY'S FUNDS	
		17	ARRANGE TRANSPORT COMMUNITY EMERGENCY OBSTETRIC	
		18	ENCOURAGE THEM TO USE COMMUNITY BASED TRANSPORT	3rd
		97	OTHER, SPECIFY	

CASE SCENARIOS		POTENTIAL RESPONSES		INSCRIRE LES RÉPONSES	
(11,05)	Imagine a situation where there are not enough health workers in the facility to serve the needs of the community. What would you do? DO NOT READ THE OPTIONS ALOUD. MENTION ONE OR THREE KEY REASONS STATED BY THE HEALTH WORKER.	11	NOTHING. THIS IS NOT THE RESPONSIBILITY OF THE FACILITY		
		12	CONTRACT RETIRED NURSES AND MIDWIVES IN THE COMMUNITY	1st	
		13	CONTRACT STAFF FROM OTHER FACILITIES, PUBLIC OR PRIVATE		
		14	TRAIN COMMUNITY HEALTH WORKERS	2nd	
		15	TRAIN OTHER PERSONS TO FULFILL THE ROLES OF HEALTH STAFF		
		16	REQUEST DISTRICT HEALTH MANAGEMENT TEAM FOR MORE STAFF	3rd	
		97	OTHER, SPECIFY		

(12) Staff Knowledge

IT IS VERY IMPORTANT THAT THE HEALTH WORKER DOES NOT SEE THE SURVEY FORM WHERE YOU ARE RECORDING HIS/HER ANSWERS. MANY OF THE OPTIONS SHOULD NOT BE READ ALOUD AND THEREFORE IT IS IMPORTANT THAT HE/SHE CANNOT SEE THEM. WHEN SPECIFIED, THE HEALTH WORKER MAY LOOK AT THE LAMINATED CASE SCENARIO CARDS. DO NOT LET THE HEALTH WORKER SEE THE CASE SCENARIO CARD AND THEN LEAVE TO TAKE CARE OF A PATIENT. LET THE HEALTH WORKER LEAVE, IF NEED BE, AFTER ASKING ALL OF THE QUESTIONS PERTAINING TO A CASE SCENARIO. DO NOT LET THE HEALTH WORKER LEAVE WITH A CASE SCENARIO AND THEN RETURN TO ANSWER QUESTIONS ABOUT THAT CASE SCENARIO; ASK THOSE CORRESPONDING QUESTIONS BEFORE HE/SHE LEAVES.

START BY READING THE FOLLOWING STATEMENT TO THE HEALTH WORKER:

The following set of questions are an assessment of your knowledge of basic disease protocols. This assessment will not affect your employment at this facility, nor does it affect your standing as a practitioner in this area. This is a tool simply to help the Ministry of Health obtain information on how to improve training of facility staff in the future. I will present you with situations that you would observe in the clinic. Please answer the questions to the best of your knowledge.



(12,01)	IS THE HEALTH WORKER A DOCTOR, ASSISTANT DOCTOR, OR NURSE?	YES	1	
		NO	2	
(12,02)	At how many months of age should a child receive the following vaccines? INTERVIEWER: READ THE NAMES OF THE VACCINES	A. BCG / VPO 0		WEEKS
				MONTHS
		B. VPO 1 / DTC 1- HepB1-Hib1 / Pneumo-13.1		WEEKS
				MONTHS
		C. VPO 2 / DTC 2- HepB2-Hib2 / Pneumo-13.2		WEEKS
				MONTHS
		D. VPO 3 / DTC 3- HepB3-Hib3 / Pneumo-13.3		WEEKS
				MONTHS
		E. Measles / Yellow Fever		WEEKS
				MONTHS
		F. Vitamin A		WEEKS
				MONTHS
(12,03)	Imagine a mother brings in her 9 month old child for routine immunization. You find the child has a fever, a red throat, and a runny nose, but no other signs of illness. Should you give the immunization?	YES	1	
		NO	2	

THE FOLLOWING QUESTIONS CORRESPOND TO A CLINICAL CASE SCENARIO THAT THE HEALTH WORKER COULD EXPECT TO OBSERVE IN THE CLINIC. READ THE CASE SCENARIOS AND QUESTIONS EXACTLY AS THEY ARE WRITTEN. FOR EACH CASE SCENARIO THERE ARE LAMINATED CARD(S) THAT SHOULD BE GIVEN TO THE HEALTH WORKER AS A REFERENCE WHEN RESPONDING TO THE QUESTIONS. DO NOT READ THE OPTIONS OF ANSWERS. FOR CERTAIN QUESTIONS, MULTIPLE ANSWERS ARE POSSIBLE; IN THIS CASE, CIRCLE ALL ANSWERS GIVEN BY THE HEALTH WORKER. AFTER THE HEALTH WORKER HAS FINISHED ANSWERING THE QUESTION, ASK "ANYTHING ELSE?" IF ADDITIONAL ANSWERS ARE GIVEN AT THAT TIME, MAKE DUE RECORD OF THEM ON THE SURVEY FORM. BE CAREFUL TO FOLLOW THE SKIPS AS THEY ARE MARKED.

Case Scenario 1

I will now read the first case scenario.----- A little girl aged 25 months and weighing 10.5 kg is brought to the facility because she has been asleep since the morning and is very difficult to wake up. She hasn't eaten or drunk fluids since yesterday. When asked, the mother said that her daughter did not vomit and did not have any convulsions, but has had diarrhea for about six days. She also had fever for three days and a runny nose. The health worker assessed the child and confirmed that the child was lethargic. The health worker also performed a skin pinch and the skin came back very slowly. No other abnormal clinical signs were found. The family lives in a low malaria risk area, and has not traveled recently. There is no cholera in the area now.



PLEASE GIVE THE RESPONDENT CARD 1 WITH CASE SCENARIO 1.

<p>(12,04) Assuming that all the needed drugs are in stock in the health facility, and that there is a referral hospital available one hour away, what are ALL the actions and/or prescriptions you would take to provide this child with the most appropriate treatment?</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2</p>	A.	RECOMMENDS URGENT REFERRAL TO A HOSPITAL	
	B.	ADMINISTER RINGER LACTATE OR NORMAL SALINE IV SOLUTION	
	C.	ADMINISTER LIQUID BY NASO-GASTRIC TUBE	
	D.	INJECT ONE DOSE OF AN INJECTABLE ANTIBIOTIC	
	E.	INJECT ONE DOSE OF A SECOND ANTIBIOTIC	
	F.	PRESCRIBE INJECTABLE ANTIBIOTIC FOR FIVE DAYS	
	G.	GIVE ONE DOSE OF AN ORAL ANTIBIOTIC	
	H.	PRESCRIBE ORAL ANTIBIOTICS FOR FIVE DAYS	
	I.	INJECT ONE DOSE OF QUININE	
	J.	GIVE ONE DOSE OF ORAL ANTIMALARIAL	
	K.	PRESCRIBE QUININE FOR FIVE DAYS	
	L.	PRESCRIBE ORAL ANTIMALARIALS FOR 3 DAYS	
	M.	ADMINISTER ORS AT THE FACILITY	
	N.	ADVISE ON GIVING ORS ON THE WAY TO HOSPITAL	
	O.	PRESCRIBE ORS FOR HOME TREATMENT	
	P.	GIVE ONE DOSE OF PARACETAMOL	
	Q.	PRESCRIBE PARACETAMOL FOR HOME TREATMENT	
	R.	GIVE ONE DOSE OF VITAMIN A	
	S.	TREAT TO PREVENT LOW BLOOD SUGAR	
	T.	RECOMMENDS TO CONTINUE BREASTFEEDING	
U.	RECOMMENDS TO GIVE FOOD AND FLUIDS OTHER		

Case Scenario 2

I will now read a second case scenario.----- A father brought his 29 month old son to this health facility because he has had a fever for about three days and has an ear discharge since last week. The child does not have other symptoms and lives in an area with little risk of malaria. The health worker found that the child had a temperature of 38.2C and saw an ear discharge on the right side. The health worker found the child's neck to be stiff and an area of tenderness behind the right ear. The child has a normal weight and received all vaccinations for his age. There are no other abnormal clinical findings.



PLEASE GIVE THE RESPONDENT CARD 2 WITH CASE SCENARIO 2.

<p>(12,05) Assuming that all the needed drugs are in stock in the health facility, and that there is a referral hospital available one hour away, what are all the actions and/or prescriptions you would take to provide this child with the most appropriate treatment?</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2</p>	A.	REFER URGENTLY TO A HOSPITAL	
	B.	ADMINISTER RINGER LACTATE OR NORMAL SALINE IV SOLUTION	
	C.	ADMINISTER LIQUID BY NASO-GASTRIC TUBE	
	D.	INJECT ONE DOSE OF AN INJECTABLE ANTIBIOTIC	
	E.	INJECT ONE DOSE OF A SECOND ANTIBIOTIC	
	F.	PRESCRIBE INJECTABLE ANTIBIOTIC FOR FIVE DAYS	
	G.	GIVE ONE DOSE OF AN ORAL ANTIBIOTIC	
	H.	PRESCRIBE ORAL ANTIBIOTICS FOR FIVE DAYS	
	I.	INJECT ONE DOSE OF QUININE	
	J.	GIVE ONE DOSE OF ORAL ANTIMALARIAL	
	K.	PRESCRIBE QUININE FOR FIVE DAYS	
	L.	PRESCRIBE ORAL ANTIMALARIALS FOR 3 DAYS	
	M.	ADMINISTER ORS AT THE FACILITY	
	N.	ADVISE ON GIVING ORS ON THE WAY TO HOSPITAL	
	O.	PRESCRIBE ORS FOR HOME TREATMENT	
	P.	GIVE ONE DOSE OF PARACETAMOL	
	Q.	PRESCRIBE PARACETAMOL FOR HOME TREATMENT	
	R.	GIVE ONE DOSE OF VITAMIN A	
	S.	TREAT TO PREVENT LOW BLOOD SUGAR	
	T.	RECOMMEND TO CONTINUE BREASTFEEDING	
U.	RECOMMEND TO GIVE FOOD AND FLUIDS OTHER THAN BREASTMILK		
V.	RECOMMEND TO KEEP CHILD WARM		

Case Scenario 3

I will now read a third case scenario.-----A teenager comes to your health center with her small sister aged 13 months. She said that her sister was coughing for five days and has had a fever since last night. She remembers that her sister had a generalized rash about a month ago and that the neighbors in the village said that she had measles. Her mother continues to breastfeed her sister. There is no malaria in the place where they live. The health workers weighed the child (8.5kg) and checked the temperature (38.8C) the health worker counted 48 breaths per minute and noted chest indrawing. No other abnormal clinical findings were noted. The immunization card shows the child fully immunized and four months ago she received vitamin A.

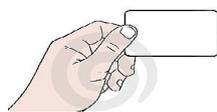


PLEASE GIVE THE RESPONDENT CARD 3 WITH CASE SCENARIO 3.

<p>(12,06) Assuming that all the needed drugs are in stock in the health facility, and that there is a referral hospital available one hour away, what are all the actions and/or prescriptions you would take to provide this child with the most appropriate treatment?</p> <p style="text-align: center;">DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2</p>	A.	REFER URGENTLY TO A HOSPITAL	
	B.	ADMINISTER RINGER LACTATE OR NORMAL SALINE IV SOLUTION	
	C.	ADMINISTER LIQUID BY NASO-GASTRIC TUBE	
	D.	INJECT ONE DOSE OF AN INJECTABLE ANTIBIOTIC	
	E.	INJECT ONE DOSE OF A SECOND ANTIBIOTIC	
	F.	PRESCRIBE INJECTABLE ANTIBIOTIC FOR FIVE DAYS	
	G.	GIVE ONE DOSE OF AN ORAL ANTIBIOTIC	
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	L.	PRESCRIBE ORAL ANTIMALARIALS FOR 3 DAYS	
	M.	ADMINISTER ORS AT THE FACILITY	
	N.	ADVISE ON GIVING ORS ON THE WAY TO HOSPITAL	
	O.	PRESCRIBE ORS FOR HOME TREATMENT	
	P.	GIVE ONE DOSE OF PARACETAMOL	
	Q.	PRESCRIBE PARACETAMOL FOR HOME TREATMENT	
	R.	GIVE ONE DOSE OF VITAMIN A	
	S.	TREAT TO PREVENT LOW BLOOD SUGAR	
	T.	RECOMMEND TO CONTINUE BREASTFEEDING	
U.	RECOMMEND TO GIVE FOOD AND FLUIDS OTHER THAN BREASTMILK		
V.	RECOMMEND TO KEEP CHILD WARM		

Case Scenario 4

I will now read a fourth case scenario.-----A one month old boy is brought to you because he has been coughing and not drinking well in the last day. The child has not had convulsions or diarrhea. He is hard to wake up, lethargic, and feels cool. His breathing is loud and fast, at 64 breaths per minute. You see his chest indrawing, and hear harsh wheezing sounds in his chest.



PLEASE GIVE THE RESPONDENT CARD 4 WITH CASE SCENARIO 4.

<p>(12,07) Assuming that all the needed drugs are in stock in the health facility, and that there is a referral hospital available one hour away, what are all the actions and/or prescriptions you would take to provide this child with the most appropriate treatment?</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2</p>	A.	REFER URGENTLY TO A HOSPITAL	
	B.	ADMINISTER RINGER LACTATE OR NORMAL SALINE IV SOLUTION	
	C.	ADMINISTER LIQUID BY NASO-GASTRIC TUBE	
	D.	INJECT ONE DOSE OF AN INJECTABLE ANTIBIOTIC	
	E.	INJECT ONE DOSE OF A SECOND ANTIBIOTIC	
	F.	PRESCRIBE INJECTABLE ANTIBIOTIC FOR FIVE DAYS	
	G.	GIVE ONE DOSE OF AN ORAL ANTIBIOTIC	
	H.	PRESCRIBE ORAL ANTIBIOTICS FOR FIVE DAYS	
	I.	INJECT ONE DOSE OF QUININE	
	J.	GIVE ONE DOSE OF ORAL ANTIMALARIAL	
	K.	PRESCRIBE QUININE FOR FIVE DAYS	
	L.	PRESCRIBE ORAL ANTIMALARIALS FOR 3 DAYS	
	M.	ADMINISTER ORS AT THE FACILITY	
	N.	ADVISE ON GIVING ORS ON THE WAY TO HOSPITAL	
	O.	PRESCRIBE ORS FOR HOME TREATMENT	
	P.	GIVE ONE DOSE OF PARACETAMOL	
	Q.	PRESCRIBE PARACETAMOL FOR HOME TREATMENT	
	R.	GIVE ONE DOSE OF VITAMIN A	
	S.	TREAT TO PREVENT LOW BLOOD SUGAR	
	T.	RECOMMEND TO CONTINUE BREASTFEEDING	
U.	RECOMMEND TO GIVE FOOD AND FLUIDS OTHER THAN BREASTMILK		
V.	RECOMMEND TO KEEP CHILD WARM		

Case Scenario 5

I will now read a fifth case scenario.-----Mrs. Salima is 16 years old. She is 30 weeks pregnant and has attended the antenatal clinic three times. All findings were within normal limits until her last antenatal visit 1 week ago. At that visit it was found that her blood pressure was 130/90 mm Hg. Her urine was negative for protein. The fetal heart sounds were normal, the fetus was active and uterine size was consistent with dates. She has come to the clinic today, as requested, for follow-up. The main findings include: Proteinuria 2+; Blood pressure is 130/90 mm Hg; No headache, visual disturbance, upper abdominal pain, convulsions, or loss of consciousness; Fetus is active and fetal heart sounds are normal; and Uterine size is consistent with dates of pregnancy.



PLEASE GIVE THE RESPONDENT CARD 5 WITH CASE SCENARIO 5.

<p>(12,08) In giving Mrs. Salima advice about danger signs, what signs do you tell her about that mean she should go to the hospital/health center immediately, day or night, <u>without</u> waiting?</p> <p style="text-align: center;">DO NOT READ OPTIONS ALOUD.</p> <p style="text-align: center;">FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p style="text-align: center;">MENTIONED.....1</p> <p style="text-align: center;">NOT MENTIONED.....2</p>	A.	VAGINAL BLEEDING	
	B.	CONVULSIONS	
	C.	SEVERE HEADACHE OR BLURRED VISION	
	D.	FEVER AND TOO WEAK TO GET OUT OF BED	
	E.	SEVERE ABDOMINAL PAIN	
	F.	FAST OR DIFFICULT BREATHING	
	G.	FEVER (ALONE)	
	H.	ABDOMINAL PAIN	
	I.	FEELS ILL	
	J.	SWELLING OF FACE, FINGERS, LEGS	

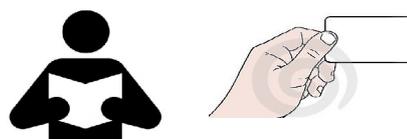
Case Scenario 6																																																			
I will now read a sixth case scenario.-----Mrs. Farida had a prolonged second stage of labor. Her baby developed fetal distress and was delivered by vacuum extraction. He is limp and does not breathe spontaneously at birth.																																																			
																																																			
PLEASE GIVE THE RESPONDENT CARD 6 WITH CASE SCENARIO 6.																																																			
(12,09)	Describe all the actions you would take to resuscitate the baby while it is not breathing: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; padding: 2px;">A.</td><td style="padding: 2px;">KEEP THE BABY WARM</td><td style="width: 15%;"></td></tr> <tr><td style="padding: 2px;">B.</td><td style="padding: 2px;">CLAMP AND CUT THE CORD IF NECESSARY</td><td></td></tr> <tr><td style="padding: 2px;">C.</td><td style="padding: 2px;">TRANSFER THE BABY TO A DRY, CLEAN AND WARM SURFACE</td><td></td></tr> <tr><td style="padding: 2px;">D.</td><td style="padding: 2px;">INFORM THE MOTHER THAT THE BABY HAS DIFFICULTY INITIATING BREATHING AND THAT YOU WILL HELP THE BABY TO BREATHE</td><td></td></tr> <tr><td style="padding: 2px;">E.</td><td style="padding: 2px;">KEEP THE BABY WRAPPED (AND UNDER A RADIANT HEATER IF POSSIBLE)</td><td></td></tr> <tr><td style="padding: 2px;">F.</td><td style="padding: 2px;">OPEN THE AIRWAY</td><td></td></tr> <tr><td style="padding: 2px;">G.</td><td style="padding: 2px;">POSITION THE HEAD SO IT IS SLIGHTLY EXTENDED</td><td></td></tr> <tr><td style="padding: 2px;">H.</td><td style="padding: 2px;">SUCTION FIRST THE MOUTH AND THEN THE NOSE</td><td></td></tr> <tr><td style="padding: 2px;">I.</td><td style="padding: 2px;">REPEAT SUCTION IF NECESSARY</td><td></td></tr> <tr><td style="padding: 2px;">J.</td><td style="padding: 2px;">VENTILATE THE BABY</td><td></td></tr> <tr><td style="padding: 2px;">K.</td><td style="padding: 2px;">PLACE MASK TO COVER CHIN, MOUTH AND NOSE (TO FORM SEAL)</td><td></td></tr> <tr><td style="padding: 2px;">L.</td><td style="padding: 2px;">SQUEEZE THE BAG 2 OR 3 TIMES AND LOOK IF THE CHEST IS RISING</td><td></td></tr> <tr><td style="padding: 2px;">M.</td><td style="padding: 2px;">IF CHEST NOT RISING</td><td></td></tr> <tr><td style="padding: 2px;">N.</td><td style="padding: 2px;">CHECK THE POSITION OF THE HEAD AND REPOSITION IF NECESSARY</td><td></td></tr> <tr><td style="padding: 2px;">M.</td><td style="padding: 2px;">CHECK THE SEAL OF THE MASK AND RESEAL IF NECESSARY</td><td></td></tr> <tr><td style="padding: 2px;">O.</td><td style="padding: 2px;">SQUEEZE THE BAG 40 SQUEEZES PER MINUTE (UP TO 20 MINUTES) UNTIL THE NEWBORN STARTS BREATHING OR CRYING</td><td></td></tr> </table>	A.	KEEP THE BABY WARM		B.	CLAMP AND CUT THE CORD IF NECESSARY		C.	TRANSFER THE BABY TO A DRY, CLEAN AND WARM SURFACE		D.	INFORM THE MOTHER THAT THE BABY HAS DIFFICULTY INITIATING BREATHING AND THAT YOU WILL HELP THE BABY TO BREATHE		E.	KEEP THE BABY WRAPPED (AND UNDER A RADIANT HEATER IF POSSIBLE)		F.	OPEN THE AIRWAY		G.	POSITION THE HEAD SO IT IS SLIGHTLY EXTENDED		H.	SUCTION FIRST THE MOUTH AND THEN THE NOSE		I.	REPEAT SUCTION IF NECESSARY		J.	VENTILATE THE BABY		K.	PLACE MASK TO COVER CHIN, MOUTH AND NOSE (TO FORM SEAL)		L.	SQUEEZE THE BAG 2 OR 3 TIMES AND LOOK IF THE CHEST IS RISING		M.	IF CHEST NOT RISING		N.	CHECK THE POSITION OF THE HEAD AND REPOSITION IF NECESSARY		M.	CHECK THE SEAL OF THE MASK AND RESEAL IF NECESSARY		O.	SQUEEZE THE BAG 40 SQUEEZES PER MINUTE (UP TO 20 MINUTES) UNTIL THE NEWBORN STARTS BREATHING OR CRYING		
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(12,10)	Unfortunately, after 20 minutes of ventilation, Baby A does not start breathing or gasping? DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; padding: 2px;">A.</td><td style="padding: 2px;">STOP RESUSCITATION MEASURES (BABY IS DEAD)</td><td style="width: 15%;"></td></tr> <tr><td style="padding: 2px;">B.</td><td style="padding: 2px;">EXPLAIN TO THE MOTHER WHAT HAS HAPPENED</td><td></td></tr> <tr><td style="padding: 2px;">C.</td><td style="padding: 2px;">OFFER SUPPORTIVE CARE AND COMFORT TO THE MOTHER (E.G. OFFER HER THE OPPORTUNITY TO HOLD HER BABY)</td><td></td></tr> <tr><td style="padding: 2px;">D.</td><td style="padding: 2px;">RECORD THE CASE</td><td></td></tr> </table>	A.	STOP RESUSCITATION MEASURES (BABY IS DEAD)		B.	EXPLAIN TO THE MOTHER WHAT HAS HAPPENED		C.	OFFER SUPPORTIVE CARE AND COMFORT TO THE MOTHER (E.G. OFFER HER THE OPPORTUNITY TO HOLD HER BABY)		D.	RECORD THE CASE																																						
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(13) Protocol-based vignettes

Now I would like to discuss some examples of situations that may happen at the health center. These situations may or may not be currently true in the health facility where you work. For each situation, I would like to know what kind of actions you would take. All answers are confidential. The first type of situation I would like to discuss with you is a prenatal care visit. I will read out the case to you and then I will ask you what you would do.



Mrs. SIBESO, a married woman of 26, has recently moved into the area and comes to see you for the first time. She is obviously pregnant and reports that she has not yet received any prenatal care for this pregnancy. Please tell me what questions you would ask Mrs. SIBESO, and what actions you would take.



QUESTIONS		POTENTIAL RESPONSES		RECORD REPOSE
(13,01)	What questions would you ask Mrs Sibeso about her <u>previous pregnancies</u> ? DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2	A	NUMBER OF PRIOR PREGNANCIES	
		B	NUMBER OF LIVE BIRTHS	
		C	NUMBER OF MISCARRIAGES/STILLBIRTHS/ABORTIONS	
		D	ANY BLEEDING DURING PREVIOUS LABOR	
		E	HOW WAS THE LAST CHILD DELIVERED? (NATURAL?CEASARIAN? FORCEPS?)	
		F	BIRTH WEIGHT OF PREVIOUS CHILD	
		G	HISTORY OF GENETIC ANOMALIES	
		H	TETANUS IMMUNIZATIONS?	
(13,02)	What questions would you ask Mrs Sibeso about her <u>current pregnancy</u> ? DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2	A	LAST MENSTRUAL DATE?	
		B	ANY HEALTH PROBLEMS NOW?	
		C	ANY CONTRACTIONS?	
		D	ANY VAGINAL BLEEDING?	
		E	ANY WEIGHT LOSS / GAIN ?	
		F	ANY NAUSEA OR VOMITING?	
		G	TAKING MEDICATIONS NOW?	
		H	TETANUS IMMUNIZATIONS?	

QUESTIONS		POTENTIAL RESPONSES	RECORD REPOSE
(13,03)	<p>What questions would you ask Mrs Sibeso about her <u>medical history</u>?</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1 NOT MENTIONED.....2</p>	A ANY HISTORY OF HIGH BLOOD PRESSURE?	
		B ANY HISTORY OF DIABETES?	
		C ANY PREVIOUS STI, INCLUDING HIV?	
		D ANY PREVIOUS IUD OR CONTRACEPTIVE USE?	
		E ANY PAP SMEARS?	
		F ANY HEART DISEASE, LIVER DISEASE, MALARIA, GOITRE?	
		G FAMILY HISTORY OF HEREDITARY DISEASE?	
		H ANY ALLERGIES TO MEDICATIONS?	
		I PRESENT OR CURRENT SMOKER?	
		J ANY HISTORY OF ALCOHOL USE?	
		K ANY HISTORY OF ILLICIT DRUG USE?	
		L BLOOD GROUPING AND CROSS-MATCHIING	
(13,04)	<p>What <u>physical examinations</u> would you perform on Mrs Sibeso ?</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1 NOT MENTIONED.....2</p>	A BODY HEIGHT	
		B BODY WEIGHT	
		C BLOOD PRESSURE	
		D TEMPERATURE	
		E RESPIRATORY RATE	
		F PALPATE ABDOMEN	
		G LISTEN TO FETAL HEARTBEAT	
		H PELVIC EXAMINATION	
		I CHECK FOR EDEMA/SWELLING	
		J MEASURE SIZE OF WOMB	
		K ADMINISTER TETANUS TOXOID	
		(13,05)	<p>What <u>laboratory investigations</u> would you perform on Mrs Sibeso ?</p> <p>DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1 NOT MENTIONED.....2</p>
B HEMOGLOBIN TEST			
C URINE TEST FOR DIABETES			
D URINE PROTEIN			
E ULTRASOUND			
F BLOOD PLATELETS COUNT			
G LIVER ENZYMES			
H SERUM UREA AND CREATININE			
I HIV TEST			
J STI TEST - SYPHILLIS AND/OR GONORRHEA			
K RUBELLA ANTIBODIES			
L BLOOD GROUPING AND CROSS-MATCHIING			

QUESTIONS		POTENTIAL RESPONSES		RECORD REPOSE
(13,06)	What would you <u>prescribe/provide</u> to Mrs Sibeso? DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2	A	INSECTICIDE TREATED MOSQUITO NET	
		B	IRON / FOLIC ACID SUPPLEMENTS	
		C	INTERMITTENT PREVENTIVE TREATMENT FOR MALARIA	
(13,07)	What kind of <u>advice</u> would you give to Mrs Sibeso? DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2	A	NUTRITION	
		B	IRON / FOLIC ACID SUPPLEMENTS	
		C	DANGER SIGNS FOR EMERGENCY HELP	
		D	BREASTFEEDING	
		E	CONTRACEPTION	
		F	HIV VOLUNTARY COUNSELING AND TESTING	
		G	USE OF INSECTICIDE TREATED BEDNET	
(13,08)	What <u>follow-up action</u> would you take for Mrs Sibeso? DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT. MENTIONED.....1 NOT MENTIONED.....2	A	COMPLETE PRENATAL CARD	
		B	SCHEDULE ANOTHER PRENATAL CARE VISIT	
		C	SCHEDULE INSTITUTIONAL DELIVERY	

THANK YOU FOR YOUR TIME