



**Health Results Based Financing Impact Evaluation**  
**Lesotho**  
**2015**  
**Health Facility Questionnaire**  
**F2 - Health Worker Individual Questionnaire**

IDENTIFIER				
HC CODE			HW CODE	

DISTRICT NAME	DISTRICT CODE

GPS COORDINATES OF HEALTH CENTER										
LATITUDE (NORTH)				.						
LONGITUDE (EAST)				.						

NAME OF HEALTH CENTER	LOCATION OF HEALTH CENTER

RESULT OF THE INTERVIEW		
	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	PERSON IN CHARGE REFUSED INTERVIEW	03
	PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED)	04
	FACILITY IS EMPTY (NO STAFF MEMBERS)	05
	HEALTH FACILITY NOT FOUND	06
	OTHER, SPECIFY:	96

INTERVIEWER	CODE

VISIT 1	DAY	MONTH	YEAR

VISIT 2	DAY	MONTH	YEAR

VISIT 3	DAY	MONTH	YEAR

LANGUAGE	
SESOTHO	01
ENGLISH	02
OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT
<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR
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CODE

DAY	MONTH	YEAR

DATA ENTRY OPERATOR
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CODE

DAY	MONTH	YEAR

(1)	General Information	RECORD RESPONSE												
(1.01)	INTERVIEWER: INTRODUCE YOURSELF AND ASK FOR THE HEALTH WORKER'S NAME. DO NOT RECORD THE NAME BUT ENTER HEALTH WORKER ID CODE FROM STAFF ROSTER IN FORM F1	ID CODE FROM ROSTER												
(1.02)	GENDER	<table border="1"> <tr> <td>MALE</td> <td>01</td> </tr> <tr> <td>FEMALE</td> <td>02</td> </tr> </table>	MALE	01	FEMALE	02								
MALE	01													
FEMALE	02													
(1.03)	How old are you?	YEARS												
(1.04)	INTERVIEWER: IS THE HEALTH WORKER A NUN?	<table border="1"> <tr> <td>YES</td> <td>1 ► (1.09)</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1 ► (1.09)	NO	2								
YES	1 ► (1.09)													
NO	2													
(1.05)	What is your marital status?	<table border="1"> <tr> <td>Single</td> <td>01 ► (1.07)</td> </tr> <tr> <td>Married/Living together</td> <td>02</td> </tr> <tr> <td>Widowed</td> <td>03 ► (1.07)</td> </tr> <tr> <td>Divorced/separated</td> <td>04 ► (1.07)</td> </tr> </table>	Single	01 ► (1.07)	Married/Living together	02	Widowed	03 ► (1.07)	Divorced/separated	04 ► (1.07)				
Single	01 ► (1.07)													
Married/Living together	02													
Widowed	03 ► (1.07)													
Divorced/separated	04 ► (1.07)													
(1.06)	Do you live with your spouse?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2								
YES	1													
NO	2													
(1.07)	Do you have children?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2 ► (1.09)</td> </tr> </table>	YES	1	NO	2 ► (1.09)								
YES	1													
NO	2 ► (1.09)													
(1.08)	How many children live with you?	NUMBER												
(1.09)	Were you born in this district?	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2								
YES	1													
NO	2													
(1.10)	Who is your employer?	<table border="1"> <tr> <td>MOH</td> <td>01</td> </tr> <tr> <td>CHAL</td> <td>02</td> </tr> <tr> <td>Other, specify:</td> <td>96</td> </tr> </table>	MOH	01	CHAL	02	Other, specify:	96						
MOH	01													
CHAL	02													
Other, specify:	96													
(1.11)	What type of employment contract do you have with your employer?	<table border="1"> <tr> <td>Permanent</td> <td>01</td> </tr> <tr> <td>Short term contract (less than 6 months)</td> <td>02</td> </tr> <tr> <td>Fixed term contract (6 months and more)</td> <td>03</td> </tr> <tr> <td>Casual (no contract)</td> <td>04</td> </tr> <tr> <td>Volunteer</td> <td>05</td> </tr> <tr> <td>Other, specify:</td> <td>96</td> </tr> </table>	Permanent	01	Short term contract (less than 6 months)	02	Fixed term contract (6 months and more)	03	Casual (no contract)	04	Volunteer	05	Other, specify:	96
Permanent	01													
Short term contract (less than 6 months)	02													
Fixed term contract (6 months and more)	03													
Casual (no contract)	04													
Volunteer	05													
Other, specify:	96													
(1.12)	What is the highest level of education you ever completed?	<table border="1"> <tr> <td>College (Certificate)</td> <td>01</td> </tr> <tr> <td>College (Diploma)</td> <td>02</td> </tr> <tr> <td>University Degree</td> <td>03</td> </tr> <tr> <td>Other, specify:</td> <td>96</td> </tr> </table>	College (Certificate)	01	College (Diploma)	02	University Degree	03	Other, specify:	96				
College (Certificate)	01													
College (Diploma)	02													
University Degree	03													
Other, specify:	96													
(1.13)	How many year(s) and month(s) have you been working after formal completion of your highest training? RECORD YEARS AND MONTHS. IF LESS THAN A YEAR, RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS.	<table border="1"> <tr> <td>a. YEARS</td> <td></td> </tr> <tr> <td>b. MONTHS (RANGE IS 0-11)</td> <td></td> </tr> </table>	a. YEARS		b. MONTHS (RANGE IS 0-11)									
a. YEARS														
b. MONTHS (RANGE IS 0-11)														

(1.14)	How many year(s) and month(s) have you worked as a health worker at this health center?	a. YEARS	
	RECORD YEARS AND MONTHS. IF LESS THAN A YEAR, RECORD "0" IN YEARS AND RECORD NUMBER OF MONTHS.	b. MONTHS (RANGE IS 0-11)	
(1.15)	What is your position as a health worker?	Doctor or medical officer	01
		Hospital administrator/ Executive director	02
		Nurse clinician	03
		Nurse midwife	04
		General nurse	05
		Nurse assistant	06
		Health assistant	07
		Social welfare assistant	08
		Pharmacy assistant	09
		Other, specify:	96
<b>Now I am going to ask you about the services that you have provided in the past 3 months.</b>			
(1.16)	<p>In the past 3 months, have you done the following activities?</p> <p>INTERVIEWER: 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 CENTER FOR LESS THAN 3 MONTHS, ASK ABOUT THE SERVICES PROVIDED WITHIN THE DURATION AT THIS HEALTH CENTER.</p>	a Supervise Village Health Worker (VHW)	
		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), including vaccinations and growth monitoring	
		h Deliveries in facility	
		i Deliveries at home	
		j Tuberculosis diagnosis/treatment	
		k Village Health Worker training	
		l Traditional Birth Attendant training	
		m Treatment of disability and chronic diseases	
		n Treatment of mental health issues	
		o HIV/AIDS testing and counseling	
		p HIV/AIDS treatment (Anti retroviral therapy, ART)	
		q Male circumcision	
r Other, specify:			
	YES 1		
	NO 2		

<b>(2) Staff Training</b>					
<b>(2.01)</b>	<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.</p> <p>INTERVIEWER: 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.</p> <p>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.</p>				
		TRAINING LESS THAN 1 YEAR AGO	TRAINING MORE THAN 1 YEAR AGO	NEVER TRAINED	RECORD RESPONSE
<b>a</b>	Integrated Management of Childhood Illness (IMCI)	1	2	3	
<b>b</b>	Tuberculosis diagnosis and treatment	1	2	3	
<b>c</b>	Reproductive Health / Family planning	1	2	3	
<b>d</b>	Antenatal care	1	2	3	
<b>e</b>	Labor and delivery	1	2	3	
<b>f</b>	Emergency Obstetric and Newborn Care	1	2	3	
<b>g</b>	Newborn Care	1	2	3	
<b>h</b>	Postnatal / Postpartum care	1	2	3	
<b>i</b>	Mental Health	1	2	3	
<b>j</b>	Nutrition and growth monitoring	1	2	3	
<b>k</b>	HIV/AIDS testing and counseling	1	2	3	
<b>l</b>	HIV/AIDS treatment and follow-up (Antiretroviral therapy, ART)	1	2	3	
<b>m</b>	Prevention of mother to child transmission of HIV/AIDS (PMTCT)	1	2	3	
<b>n</b>	Management of Sexually Transmitted Infections (STI)	1	2	3	
<b>o</b>	Immunization / Vaccination	1	2	3	
<b>p</b>	Adult curative care	1	2	3	
<b>q</b>	Management and administration	1	2	3	
<b>r</b>	Community Health / Outreach	1	2	3	
<b>s</b>	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? INTERVIEWER: <u>DO NOT</u> 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)	1	2	
b	TUBERCULOSIS DIAGNOSIS AND TREATMENT	1	2	
c	REPRODUCTIVE HEALTH / FAMILY PLANNING	1	2	
d	ANTENATAL CARE	1	2	
e	LABOR AND DELIVERY	1	2	
f	EMERGENCY OBSTETRIC AND NEWBORN CARE	1	2	
g	NEWBORN CARE	1	2	
h	POSTNATAL / POSTPARTUM CARE	1	2	
i	MENTAL HEALTH	1	2	
j	NUTRITION AND GROWTH MONITORING	1	2	
k	HIV/AIDS TESTING AND COUNSELING	1	2	
l	HIV/AIDS TREATMENT AND FOLLOW-UP (ANTI RETROVIRAL THERAPY, ART)	1	2	
m	PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS (PMTCT)	1	2	
n	MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS (STI)	1	2	
o	IMMUNIZATION / VACCINATION	1	2	
p	ADULT CURATIVE CARE	1	2	
q	MANAGEMENT AND ADMINISTRATION	1	2	
r	COMMUNITY HEALTH / OUTREACH	1	2	
s	OTHER, SPECIFY:	1	2	

<b>(3) Hours and Duties</b>		RECORD RESPONSE
<b>(3.01)</b>	How many hours per week are you contracted to work at this health center? RECORD AVERAGE NUMBER OF HOURS PER WEEK.	HOURS PER WEEK
<b>(3.02)</b>	We realize that health workers cannot always fulfill their duties and stick to their assigned schedules. In the last 30 days, how many days were you absent from work?	NUMBER OF DAYS IN THE LAST 30 DAYS MAXIMUM 30.
<b>(3.03)</b>	In the last 7 days, how many days did you work at this health center?	NUMBER OF DAYS IN THE LAST 7 DAYS. MAXIMUM 7.
<b>(3.04)</b>	In the last 7 days, how many hours did you work at this health center in total?	NUMBER OF HOURS IN THE LAST 7 DAYS. MAXIMUM 168.
<b>(3.05)</b>	In comparing to 12 months ago, would you say the number of hours you work in a week have increased, decreased or remained the same?	Increased 01 Decreased 02 Remained the same 03
<b>(3.06)</b>	Have you ever been absent from work without authorised leave?	YES 1 NO 2 ► <b>(3.09)</b>
<b>(3.07)</b>	The last time you were away from work without authorized leave, what type of activity were you doing?  INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.  MENTIONED.....1 NOT MENTIONED.....2	a. I GOT STUCK TRAVELING TO WORK b. I WAS SICK c. I WAS CARING FOR SICK RELATIVES d. I WAS ATTENDING ANOTHER JOB (PAID) e. I WAS ATTENDING ANOTHER JOB (UNPAID) f. I WAS ATTENDING A FUNERAL g. I WAS CARING FOR CHILDREN h. I WAS DOING HOUSEHOLD CHORES i. I WAS TIRED FROM THE PREVIOUS DAY j. OTHER, SPECIFY:
<b>(3.08)</b>	When you are away from the health center without authorized leave, do any of the following occur?  INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	a. Health center 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:
<b>(3.09)</b>	How many individual patients did you see on your last full working day? INTERVIEWER: PLEASE DO NOT COUNT GROUP SENSITIZATION OF MOTHERS/PATIENTS	NUMBER OF PATIENTS

(4) Salary		RECORD RESPONSE
(4.01)	What is your current salary scale?	
(4.02)	What was your salary scale one year ago?	
(4.03)	Over the past 2 years, has your salary increased because of the following reasons?  INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	a. Routine or general increase
		b. Individual performance
		c. Promotion
		d. Other, specify:
(4.04)	In the last 12 months, did you receive all your due salary according to the payment schedule?	YES 1
		NO 2
(4.05)	If you were to leave your current job, where would you go?	NGO WITHIN THE HEALTH SECTOR 01
		OUTSIDE THE COUNTRY 02
		PRIVATE HEALTH FACILITY 03
		FAITH BASED ORGANIZATION 04
		NON HEALTH ORGANIZATION 05
		GOVERNMENT FACILITY 06
		OTHER, SPECIFY: 96
(4.06)	What would be the highest factor of motivation for leaving your current job?	HIGHER SALARY 01
		OTHER BENEFITS (NOT INCLUDING SALARY) 02
		BETTER CAREER OPPORTUNITIES 03
		MORE CONVENIENT WORKING HOURS OR LOCATION 04
		OTHER, SPECIFY: 96
(4.07)	What would be the lowest monthly net salary you would accept to work in your preferred job?	MALOTI

<b>(5) Other Compensation</b>		<b>RECORD RESPONSE</b>
<b>(5.01)</b> Do you currently receive any of the following benefits as part of your primary job?  INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	a. Free or subsidized housing	
	b. Health care benefits and/or medicines	
	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	
<b>(5.02)</b> Do you currently receive a housing allowance?	YES	1
	NO	2 ► <b>(5.05)</b>
<b>(5.03)</b> How often is the housing allowance paid?	EACH DAY	01
	EACH WEEK	02
	EACH MONTH	03
	EVERY FOUR MONTHS	04
	EVERY SIX MONTHS	05
	EACH YEAR	06
	IRREGULAR/AD HOC	07
	OTHER, SPECIFY:	96
<b>(5.04)</b> How much did you receive in the last period or at your last ad hoc payment for the housing allowance in MALOTI?	MALOTI	
<b>(5.05)</b> Do you currently receive a "Rural Hardship" allowance (for working in rural areas)?	YES	1
	NO	2 ► <b>(5.08)</b>
<b>(5.06)</b> How often is the Rural Hardship allowance paid?	EACH DAY	01
	EACH WEEK	02
	EACH MONTH	03
	EVERY FOUR MONTHS	04
	EVERY SIX MONTHS	05
	EACH YEAR	06
	IRREGULAR/AD HOC	07
	OTHER, SPECIFY:	96
<b>(5.07)</b> How much did you receive in the last period or at your last ad hoc payment for the Rural Hardship allowance in MALOTI?	MALOTI	
<b>(5.08)</b> Do you normally receive a travel allowance for outreach activities?	YES	1
	NO	2 ► <b>(5.10)</b>
<b>(5.09)</b> In the last 3 months, how much did you receive as travel allowance for outreach activities in MALOTI?	MALOTI	
<b>(5.10)</b> Do you have any other job or activity to supplement your income from this health center?	YES	1
	NO	2 ► <b>(6.01)</b>
<b>(5.11)</b> What kind of job or activity is this?  INTERVIEWER: READ OPTIONS ALOUD. FOR EACH OPTION, RECORD "1" FOR YES OR "2" FOR NO.	a. Work in another health facility (MOH or CHAL)	
	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:	

(5.12)	What is the main reason that you are doing this other job or activity?  INTERVIEWER: DO NOT READ OPTIONS ALOUD.	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	
		OTHER, SPECIFY:	96	
(5.13)	How long have you been doing this additional job or activity? RECORD BOTH YEARS AND MONTHS.	a. YEARS		
		b. MONTHS (RANGE IS 0-11)		
(5.14)	How many hours did you spend on this other work <u>in</u> the last 7 days?	HOURS IN LAST 7 DAYS		

<b>(6) Supervision (internal and external)</b>		
<b>INTERNAL SUPERVISION</b>		
Now I would like to talk with you about supervision of your work by people who also work in this health center.		<b>RECORD RESPONSE</b>
<b>(6.01)</b>	Within the health center, 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 ► <b>(6.08)</b>
<b>(6.02)</b>	Within the health center, who is responsible for supervising your work?	Head of health center 01
		Head of service within the health center 02
		Other health worker in the health center 03
		Other, specify: 96
<b>(6.03)</b>	What is the position of your supervisor?	Doctor or medical officer 01
		Hospital administrator/ Executive director 02
		Nurse clinician 03
		Nurse midwife 04
		General nurse 05
		Nurse assistant 06
		Health assistant 07
		Social welfare assistant 08
		Pharmacy assistant 09
		Other, specify: 96
<b>(6.04)</b>	In the last 12 months, how many times have you met with this supervisor?	NUMBER OF TIMES
<b>(6.05)</b>	When was the last time you met with this internal supervisor to discuss your performance or your career development?	Less than 30 days 01
		Within the past 31-90 days 02
		Within the past 4-6 months 03
		More than 6 months ago 04
<b>(6.06)</b>	Within the last 12 months, have you discussed any job difficulties with your internal supervisor?	YES 1
		NO 2 ► <b>(6.08)</b>
<b>(6.07)</b>	After these discussions, did you notice a lot of improvements, some improvements or no improvements?	A LOT OF IMPROVEMENTS 01
		SOME IMPROVEMENTS 02
		NO IMPROVEMENTS 03

EXTERNAL SUPERVISION			RECORD RESPONSE
Now I would like to talk with you about supervision of your work by people from outside of the health center.			
(6.08)	Outside of this health center, 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)	
(6.09)	Who outside the health center is responsible for supervising your work?	DHMT Official 01	
		MOH Official 02	
		CHAL Official 03	
		Other, specify: 96	
(6.10)	In the last 12 months, how many times have you met with this external supervisor?	NUMBER OF TIMES	
(6.11)	When was the last time you met with your external supervisor to discuss your performance or your career development?	Less than 30 days 01	
		Within the past 31-90 days 02	
		Within the past 4-6 months 03	
		More than 6 months ago 04	
		Never 05 ► (7.01)	
(6.12)	The last time that you met this external supervisor, what did [HE/SHE] do to supervise your work?  INTERVIEWER: 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:			
(6.13)	Within the last 12 months, have you discussed any job difficulties with your external supervisor?	YES 1	
		NO 2 ► (7.01)	
(6.14)	After these discussions, did you notice a lot of improvements, some improvements or no improvements?	A LOT OF IMPROVEMENTS 01	
		SOME IMPROVEMENTS 02	
		NO IMPROVEMENTS 03	

**(7) WHO well-being index**

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, rarely, or never.

INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.

	<u>RESPONSE CODE</u>	
	MOST OF THE TIME	1
	MORE THAN HALF OF THE TIME	2
	LESS THAN HALF OF THE TIME	3
	ONLY RARELY	4
	NEVER	5
		<b>RECORD RESPONSE</b>
<b>(7.01)</b>	In the past two weeks, I have felt cheerful and in good spirits.....	
<b>(7.02)</b>	In the past 2 weeks, I have felt calm and relaxed...	
<b>(7.03)</b>	In the past 2 weeks, I have felt active and vigorous...	
<b>(7.04)</b>	In the past 2 weeks, I woke up feeling fresh and rested...	
<b>(7.05)</b>	In the past two weeks, my daily life has been filled with things that interest me....	

<b>(8) Health Worker Satisfaction</b>		
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.		
INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.		
	<b>RESPONSE CODE</b>	<b>RECORD RESPONSE</b>
	SATISFIED 1	
	NEITHER SATISFIED NOR UNSATISFIED 2	
	UNSATISFIED 3	
	NOT APPLICABLE 4	
<b>(8.01)</b>	Working relationships with other health center staff	
<b>(8.02)</b>	Working relationships with DHMT	
<b>(8.03)</b>	Working relationships with MOH / CHAL	
<b>(8.04)</b>	Working relationships with Management staff within the health center	
<b>(8.05)</b>	Quality of the management of the health center by the management staff within the health center	
<b>(8.06)</b>	Quantity of medicine available in the health center	
<b>(8.07)</b>	Quality of medicine available in the health center	
<b>(8.08)</b>	Quantity of equipment in the health center	
<b>(8.09)</b>	Quality and physical condition of equipment in the health center	
<b>(8.10)</b>	Availability of other supplies in the health center (compresses, etc.; office supplies)	
<b>(8.11)</b>	The physical condition of the health center building	
<b>(8.12)</b>	Your ability to provide high quality of care given the current working conditions in the health center	
<b>(8.13)</b>	The relationships between the health center and local traditional leaders	
<b>(8.14)</b>	Your level of respect in the community	
<b>(8.15)</b>	Your opportunities to upgrade your skills and knowledge through training	
<b>(8.16)</b>	Your opportunity to discuss work issues with your immediate supervisor	
<b>(8.17)</b>	Your immediate supervisor's recognition of your good work	
<b>(8.18)</b>	Your opportunity to be rewarded for hard work, financially or otherwise.	
<b>(8.19)</b>	The opportunities to use your skills in your job.	
<b>(8.20)</b>	Your salary	
<b>(8.21)</b>	Your benefits (such as housing, travel allowance, bonus including performance bonus, etc)	
<b>(8.22)</b>	Your opportunities for promotion	
<b>(8.23)</b>	Safety and security in the community	
<b>(8.24)</b>	Living accommodations	
<b>(8.25)</b>	Available schooling for your children. IF NO CHILDREN, WRITE "4" FOR NOT APPLICABLE.	
<b>(8.26)</b>	Overall, how satisfied are you with your job?	

## (9) 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 strongly disagree, disagree, agree or strongly agree.

INTERVIEWER: READ EACH STATEMENT TO THE RESPONDENT AND RECORD THE RESPONSE CODE FOR EACH QUESTION.

RESPONSE CODE		RECORD RESPONSE
STRONGLY DISAGREE	1	
DISAGREE	2	
AGREE	3	
STRONGLY AGREE	4	
(9.01)	Staff willingly share their expertise with other members.	
(9.02)	When disagreements occur among staff, they try to act like peacemakers to resolve the situation themselves.	
(9.03)	Staff willingly give their time to help each other out when someone falls behind or has difficulties with work.	
(9.04)	Staff talk to each other before taking an action that might affect them.	
(9.05)	Staff take steps to prevent problems arising between them.	
(9.06)	Staff focus on what is wrong rather than the positive side.	
(9.07)	Staff spend their time chatting amongst themselves about things that are not related to work.	
(9.08)	Staff spend time complaining about work-related issues.	
(9.09)	My job allows me freedom in how I organize my work and the methods and approaches to use.	
(9.10)	I am given enough authority by my supervisors to do my job well.	
(9.11)	It is important for me that the community recognizes my work as a professional.	
(9.12)	Changes in the health center are easy to adjust to.	
(9.13)	Rapid changes are difficult to cope with.	
(9.14)	Changes bring opportunities to make improvements in the health center.	
(9.15)	I am proud of the work I'm doing in this health center.	
(9.16)	I am glad that I am working for this health center rather than in other facilities.	
(9.17)	This health center inspires me to do my very best on the job.	
(9.18)	I complete my tasks efficiently and effectively.	
(9.19)	I am punctual about coming to work.	
(9.20)	These days, I feel motivated to work as hard as I can.	
(9.21)	My health center is a very personal place. It is like an extended family and people share a lot with each other.	
(9.22)	My health center is very dynamic and an innovative place. People are willing to take risks to do a job well-done.	
(9.23)	My health center is very formal and structured. Policies and procedures are important for doing our work.	
(9.24)	In my health center, we focus on achieving daily goals getting our work done. Relationships between staff are less important.	
(9.25)	The head of my health center is a mentor and a role model.	
(9.26)	The head of my health center is willing to innovate and take risks in order to improve things.	
(9.27)	The head of my health center relies too much on policies and procedures.	
(9.28)	The head of my health center motivates staff to achieve goals.	
(9.29)	Loyalty and tradition are very important in my health center.	
(9.30)	Innovation and being first to try something new are important in my health center.	
(9.31)	Following procedures and rules is very important in my health center.	
(9.32)	Achieving results and high performance is very important in my health center.	

## (10) 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 center 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		RECORD REPOSE
(10.01)	<p>If it were the case that too few women in the community come in for <u>antenatal care</u>, what would you do?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT.</p> <p>MENTIONED....1</p> <p>NOT MENTIONED....2</p>	A	NOTHING. IT IS THE WOMEN'S OWN CHOICE.	
		B	ENGAGE WITH TRADITIONAL BIRTH ATTENDANTS	
		C	OFFER INCENTIVE TO TRADITIONAL BIRTH ATTENDANTS	
		D	OFFER AN IN-KIND INCENTIVE TO WOMEN WHO COME IN	
		E	OFFER A CASH INCENTIVE TO WOMEN WHO COME IN	
		F	ENGAGE WITH VILLAGE HEALTH WORKERS	
		G	OFFER INCENTIVE TO VILLAGE HEALTH WORKERS	
		H	TALK TO THE COMMUNITY LEADERS AND HAVE THEM CONVINCE THE WOMEN	
		I	ORGANIZE SENSITIZATION/OUTREACH ACTIVITIES	
		J	OTHER, SPECIFY	
(10.02)	<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>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT.</p> <p>MENTIONED....1</p> <p>NOT MENTIONED....2</p>	A	NOTHING. IT IS THE WOMEN'S OWN CHOICE.	
		B	ENGAGE WITH TRADITIONAL BIRTH ATTENDANTS	
		C	OFFER INCENTIVE TO TRADITIONAL BIRTH ATTENDANTS	
		D	OFFER AN IN-KIND INCENTIVE TO WOMEN WHO COME IN	
		E	OFFER A CASH INCENTIVE TO WOMEN WHO COME IN	
		F	ENGAGE WITH VILLAGE HEALTH WORKERS	
		G	OFFER INCENTIVE TO VILLAGE HEALTH WORKERS	
		H	TALK TO THE COMMUNITY LEADERS AND HAVE THEM CONVINCE THE WOMEN	
		I	ORGANIZE SENSITIZATION/OOUTREACH ACTIVITIES	
		J	OTHER, SPECIFY	

CASE SCENARIOS		POTENTIAL RESPONSES		RECORD REPOSE
(10.03)	<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>INTERVIEWER:DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT.</p> <p>MENTIONED....1</p> <p>NOT MENTIONED....2</p>	A	NOTHING. IT IS THE WOMEN'S OWN CHOICE.	
		B	ENGAGE WITH TRADITIONAL BIRTH ATTENDANTS	
		C	OFFER INCENTIVE TO TRADITIONAL BIRTH ATTENDANTS	
		D	OFFER AN IN-KIND INCENTIVE TO WOMEN WHO COME IN	
		E	OFFER A CASH INCENTIVE TO WOMEN WHO COME IN	
		F	ENGAGE WITH VILLAGE HEALTH WORKERS	
		G	OFFER INCENTIVE TO VILLAGE HEALTH WORKERS	
		H	TALK TO THE COMMUNITY LEADERS AND HAVE THEM CONVINCE THE WOMEN	
		I	ORGANIZE SENSITIZATION/OUTREACH ACTIVITIES	
		J	OTHER, SPECIFY	
(10.04)	<p>Say that the health center does not have any means of transportation for patients in emergencies. What would you do?</p> <p>INTERVIEWER:DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT.</p> <p>MENTIONED....1</p> <p>NOT MENTIONED....2</p>	A	NOTHING. THE PATIENTS AND THEIR FAMILIES HAVE TO SORT IT OUT.	
		B	CONTRACT A PRIVATE PERSON/FIRM IN THE COMMUNITY WHO HAS A CAR	
		C	CONTRACT A PRIVATE PERSON WHO HAS A HORSE OR DONKEY?	
		D	ORGANIZE A COMMUNITY FUND RAISER TO BUY A VEHICLE	
		E	SEEK FUNDS FROM THE GOVERNMENT TO BUY VEHICLE	
		F	SEEK FUNDS FROM NGO'S TO BUY VEHICLE	
		G	BUY A VEHICLE FROM THE FACILITY'S FUNDS	
		H	ENCOURAGE THEM TO USE COMMUNITY BASED TRANSPORT	
		I	OTHER, SPECIFY	

CASE SCENARIOS		POTENTIAL RESPONSES		RECORD REPOSE
(10.05)	<p>Imagine a situation where there are not enough health workers in the health center to serve the needs of the community. What would you do?</p> <p>INTERVIEWER:DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS REASON OR NOT.</p> <p>MENTIONED....1</p> <p>NOT MENTIONED....2</p>	A	NOTHING. THIS IS NOT THE RESPONSIBILITY OF THE HEALTH CENTER	
		B	CONTRACT RETIRED NURSES AND MIDWIVES IN THE COMMUNITY	
		C	CONTRACT STAFF FROM OTHER FACILTIES, PUBLIC OR PRIVATE	
		D	TRAIN TRADITIONAL BIRTH ATTENDANTS	
		E	TRAIN VILLAGE HEALTH WORKERS	
		F	TRAIN OTHER PERSONS TO FULFILL THE ROLES OF HEALTH STAFF	
		G	REQUEST DHMT FOR MORE STAFF	
		H	OTHER, SPECIFY	

### (11) Staff Knowledge

INTERVIEWER: 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.

(11.01)	At how many months and weeks of age should a child receive the following vaccines? INTERVIEWER: READ THE NAMES OF THE VACCINES	A. BCG		WEEKS
				MONTHS
		B. Pentavalent (first dose)		WEEKS
				MONTHS
		C. Measles (first dose)		WEEKS
				MONTHS
		D. DT booster		WEEKS
				MONTHS
(11.02)	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><b>(11.03)</b> 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>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1</p> <p>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 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 THAN BREASTMILK		
V.	OTHER, SPECIFY:		
W.	OTHER, SPECIFY:		

### 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><b>(11.04)</b> 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>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1</p> <p>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 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		
W.	OTHER, SPECIFY:		
X.	OTHER, SPECIFY:		

### 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><b>(11.05)</b> 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>INTERVIEWER: 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.	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 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		
W.	OTHER, SPECIFY:		
X.	OTHER, SPECIFY:		

<p><b>(11.05)</b> 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>INTERVIEWER: 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.	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 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		
W.	OTHER, SPECIFY:		
X.	OTHER, SPECIFY:		

**Case Scenario 4**

**I will now read a forth case scenario.**-----Mrs. Mosa 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 4 WITH CASE SCENARIO 4.**

<p><b>(11.06)</b> In giving Mrs. Mosa 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>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1</p> <p>NOT MENTIONED.....2</p>	A.	VAGINAL BLEEDING	
	B.	FEVER	
	C.	SWOLLEN FACE, HANDS OR LEGS	
	D.	SEVERE TIREDNESS OR BREATHLSSNESS	
	E.	SEVERE HEADACHE, BLURRED VISION, LIGHTHEADEDNESS, DIZZINESS, BLACKOUT	
	F.	FOUL SMELLING DISCHARGE OR FLUID FROM VAGINA	
	G.	CONVULSIONS	
	H.	ABDOMINAL PAIN	
	I.	FEELS ILL	
	J.	OTHER, SPECIFY:	

**Case Scenario 5**

**I will now read a fifth case scenario.**-----Mrs. Ramatla 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 5 WITH CASE SCENARIO 5.**

<b>(11.07)</b>	Describe all the actions you would take to resuscitate the baby while it is not breathing:  INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.  MENTIONED.....1  NOT MENTIONED.....2	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	
		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	
			<b>IF CHEST NOT RISING...</b>	
		M.	CHECK THE POSITION OF THE HEAD AND REPOSITION IF NECESSARY	
		N.	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			
O.	OTHER, SPECIFY:			
<b>(11.08)</b>	Unfortunately, after 20 minutes of ventilation, Baby A does not start breathing or gasping. What will you do?  INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.  MENTIONED.....1 NOT MENTIONED.....2	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 EVENT	
		E.	OTHER, SPECIFY:	

**(12) Protocol-based vignettes**

Now I would like to discuss an example of a situation that may happen at the health center. This situation may or may not be currently true in the health center where you work. For each situation, I would like to know what kind of actions you would take. All answers are confidential. The 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. Palesa, 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. Palesa, and what actions you would take.**

QUESTIONS		POTENTIAL RESPONSES		RECORD RESPONSE
(12.01)	What questions would you ask Mrs Palesa about her <u>previous pregnancies</u> ?  INTERVIEWER: 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?	
(12.02)	What questions would you ask Mrs Palesa about her <u>current pregnancy</u> ?  INTERVIEWER: 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?	

(12.03)	<p>What questions would you ask Mrs Palesa about her <u>medical history</u>?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1</p> <p>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	PAST OR CURRENT SMOKER?	
		J	ANY HISTORY OF ALCOHOL USE?	
		K	ANY HISTORY OF ILLICIT DRUG USE?	
		L	HIV STATUS	
		M	BLOOD GROUPING AND CROSS-MATCHING	
(12.04)	<p>What <u>physical examinations</u> would you perform on Mrs Palesa ?</p> <p>INTERVIEWER: DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.</p> <p>MENTIONED.....1</p> <p>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	

(12.05)	<p>What <u>laboratory investigations</u> would you perform on Mrs Palesa ?</p> <p>INTERVIEWER: 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	PREGNANCY TEST	
		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	
		(12.06)	<p>What would you <u>prescribe or provide to Mrs Palesa?</u></p> <p>INTERVIEWER: 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
B	IRON / FOLIC ACID SUPPLEMENTS			
C	METHYLDOPA			
D	MAGNESIUM SULPHATE			
E	HIV TREATMENT SUCH AS AZT			
(12.07)	<p>What kind of <u>advice</u> would you give to Mrs Palesa?</p> <p>INTERVIEWER: 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	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	
(12.08)	<p>What <u>follow-up action</u> would you take for Mrs Palesa?</p> <p>INTERVIEWER: 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	COMPLETE BUKANA	
		B	SCHEDULE ANOTHER ANTENATAL CARE VISIT	
		C	SCHEDULE INSTITUTIONAL DELIVERY	

**THANK YOU FOR YOUR TIME**