

NIGERIA PUBLIC DELIVERY OF PRIMARY HEALTH CARE SERVICES
HEALTH FACILITY QUESTIONNAIRE

Interviewers must Arrive in the Facility Between 9a.m - 2p.m.

STATECODEF	LGACODEF	DISTRCODEF	FACNAMEF		
State		LGA	District/War	Facility	Staff

QUESTNUMF
Q

Introduction

Good day.

My name is.....
 from the African Regional Health Education Centre (ARHEC), College of Medicine,
 University of Ibadan. We would like you to answer some questions to help us assess the level
 of public delivery of Primary Health Care (PHC) services in Nigeria. Your answers will be
 valuable in assisting the government to improve PHC service delivery outcomes.

We want to make sure that all the information you give us is kept confidential, therefore we
 will not write down your name on this form. Your most open and sincere answers are
 needed to make this study successful, so we would like you to answer all questions as
 completely and honestly as you can.

We wish to ask whether you are willing to participate in this survey? (If 'No', thank
 respondent and terminate interview).

Thank you

	Identification	Code
State		
LGA		
Health District/Ward		
Facility Name		
Address	ADRESSF	

Interviewer's Name INTNAMEF

Interview date	Month	Day	Start time	End time	Language	Survey completed?
First Interview	FISTINTDAF		FIRSTSTIMF	FIRSTETIMF	FIRSTINTLF	FIRSTINTCOF
Second Interview	SECINTDAF		SECSTIMEF	SINTETIME	SECINTLF	SECINTCOMF

Supervisor's Name SUPNAMEF

Confirmation	Month	Day	Initials
Survey Complete	SURCOMDAF		SURINTIF
Data Check Complete	DATAENTDAF		DATAINTIF

Data Entry Technician's Name ENTNAMEF

Entry Date	Month	Day	Sections completed
First Entry	FIRENTDAF		FIRSECCOMF
Second Entry	SECENTDAF		SECSECCOMF

Notes.....

SECTION ONE

Section 1.1 : Basic Information

1.1.1. Are you the head of the Facility? **HEAD** 1=Yes 2=No

1.1.2. What is your designation? **DESIGNATF**

1=Medical Officer	7=Environmental Health Officer
2=Community Health Officer	8=Laboratory Technician
3=Nurse	9=Pharmacy Technician
4=Nurse/Midwife	10=Medical Records Officer
5=SCHEW	11=Dental Assistant
6=JCHEW	12=Other (specify) DESIGOTH

Section 1.2. : Staff

1.2.1. Please tell us about your staff in the facility.

S/N	Category	Number in the Facility	Number on Duty Today
1.	Medical Officers (Doctors)	NUMMEDFAC	NUMMEDDUT
2.	CHOs	NUMCHOFAC	NUMCHODUT
3.	Nurses	NUMNURFSC	NUMNURDUT
4.	Midwives/Nurse-Midwives	NUMMIDFAC	NUMMIDDUT
5.	Senior CHEWs	NUMSCHEFAC	NUMSCHE DUT
6.	Junior CHEWs	NUMJCHEFAC	NUMJCHEDUT
7.	Environmental Health Officers	NUMENVIFAC	NUMENVIDUT
8.	Laboratory Technicians	NUMLABFAC	NUMLABDUT
9.	Pharmacy Technicians	NUMPHARFAC	NUMPHARDUT
10.	Medical Records Officers	NUMMEREFAC	NUMMEREDUT
11.	Dental Assistants	NUMDENFAC	NUMDENDUT
12.	Attendants, Security Guards and Others	NUMOTHFAC	NUMOTH DUT
		NUMHLTFAC	NUMHLTDUT
		NUMVACFAC	NUMVACDUT

1.2.2. How many staff joined (were posted or transferred to) this facility

1.2.3. How many staff retired from this facility in the past 12 months? **STAFFRETIR**

1.2.4. How many staff were transferred away from this facility in the past 12 months? **TRANSFERRE**

1.2.5. How many staff were dismissed from this facility in the past 12 months? **DISMISSED**

1.2.6. How many staff chose to leave this facility for reasons other than transfer, dismissal or retirement in the past 12 months? **LEAVE**

Section 1.3. : Building and Infrastructure

1.3.1. Who provided this building? (*Note all that apply*)

a.	Federal Government	BUILD FE	1=Yes 2=No	<input type="checkbox"/>
b.	State Government	BUILD ST	1=Yes 2=No	<input type="checkbox"/>
c.	LGA	BUILD LGA	1=Yes 2=No	<input type="checkbox"/>
d.	Donor/NGO	BUILD DO	1=Yes 2=No	<input type="checkbox"/>
e.	DDC/WDC	BUILD DDC	1=Yes 2=No	<input type="checkbox"/>
f.	VDC/CDC/Community	BUILD VDC	1=Yes 2=No	<input type="checkbox"/>
g.	Other (specify)	BUILD OTH	1=Yes 2=No	<input type="checkbox"/>
h.	Don't know	BUDONTKNOW	1=Yes 2=No	<input type="checkbox"/>

1.3.2. How many patient beds are there in the facility? (*For patient observation or admission*) **PATIENTBED**

1.3.3. What is the main source of water? (*Note only one*) **MAINSOURCE**
 (If tanker, ask source of tanker water and enter accordingly)
 1=Piped Water 5=Rain collection
 2=Borehole 6=River, stream, open source
 3=Protected Well 7=Other (specify) = SOURCETANK
 4=Unprotected Well

1.3.4. Does this facility have a working electricity connection? 1=Yes 2=No
ELECTRICIT

1.3.5. Does this facility have a working laboratory? 1=Yes 2=No
LABORATORF

1.3.6. In cases of emergency, does this facility have ready access to a vehicle for transport to a referral centre? 1=Yes 2=No
TRANSPORT

1.3.7. Does the facility have a working telephone or radio for communication? 1=Yes 2=No
TELEPHONE

Section 1.4. : Local Context

1.4.1. What is the distance to LGA Headquarters? (*If < 1km, enter '0'*)
HEADQUART km

1.4.2. How long does it take to walk to LGA Hdqrts?
WALKTO Hrs Mins

1.4.3. How far is the nearest Referral Centre? (*If < 1km, enter '0'*)
REFERRAL km

1.4.4. How long does it take to walk to this referral centre?
LONGDOES Hrs Mins

1.4.5. How long does it take to reach the referral centre by vehicle?
VEHICLE Hrs Mins

1.4.6. Are there other health facilities within a 2 hours walk

1.4.7. If YES, please estimate the number of other health facilities within 2 hours walk (10km radius)? 1=Yes 2=No
HOURSWALK

a. Number of public PHC clinics **PHCCLINIC**

b. Number of public secondary/tertiary facilities **PUBLICSEC**

c. Number of small private clinics **SMALLPRIVA**

d. Number of private secondary/tertiary facilities **PRIVATESEC**

SECTION TWO

Section 2.1 - Services Provided and Payment for Services

2.1.1. We would like to ask you now about which services are presently provided in this facility. (*Note YES if some aspect of the services are provided; e.g. note YES for ante-natal care even if it is done without laboratory tests*)

a. Under 5 consultations? **UNDER5** 1=Yes 2=No

b. Adult consultations? **ADULTCONS** 1=Yes 2=No

c. Ante-natal consultations? **ANTENATALF** 1=Yes 2=No

d. Post-natal consultations? **POSTNATAL** 1=Yes 2=No

e. Family Planning Services? **FAMILYPLAN** 1=Yes 2=No

f. STI/STD services? **STISTDSER** 1=Yes 2=No

g. Dentistry? **DENTISTRY** 1=Yes 2=No

h. BCG immunization? **BCGIMMU** 1=Yes 2=No

i. Measles immunization? **MEASLESIMM** 1=Yes 2=No

j.

k. _____

l. _____

m. Malaria laboratory tests? **SERVLABTES** _____

n. _____

2.1.2. For services listed below, what is the average charge?
(If services not offered, enter '99' in N/A box)

a. In-patient deliveries?
CHARINPAT _____ N/A

2. Malaria laboratory tests?
CHARMALA _____ N/A

c. Laboratory Blood test for anemia?
CHARLABBLO _____ N/A

d. _____ N/A

treatment for children?
(without other complications)
CHAROUTPAT

2.1.3. Do you usually give a receipt for charges? **RECEIPT**

2.1.4. Has the facility been working in the last 3 months?

(Note YES if the facility has worked for any period from March - May, 2002) **FACWORK**

2.1.5..... If NO, please briefly say why? **IFNOWHY**

.....

SECTION THREE

Section 3.1. : Equipment and Materials

Equipment & Materials	Is any Available Today? 1=Yes 2=No		Is it in good working Condition? 1=Yes 2=No	Adequate to meet facility's need? 1=Yes 2=No
	Facility Owned	Privately owned by staff members		
Generator	GENFOWN	GENPRIOWN	GENGOOD	GENEADEQUAT
Blood pressure gauge	GAUGFOWN	GAUGPRIOWN	GAUGGOOD	GAUGADEQUAT
Child weighing scale	CHILDFOWN	CHILDPRIOW	CHILDGGOOD	CHILDADEQU
Microscope	MICROFOWN	MICROPRIOW	MICROGOOD	MICROADEQU
Antiseptic for skin	SEPTFOWN	SEPTPRIOWN		SEPTADEQU
Sterile gloves	STERIFOWN	STERIPRIOW		STERIADEQU
Malaria smear (Giemsa stain)	MALFOWN	MALPRIOWN		MALADEQUA
Urine test strip for protein	URINFOWN	URINPRIOWN		URINADEQUA

Section 3.2. : Medicines and Vaccines

Medicines & Vaccines	Is any Available Today? (See for yourself if in doubt) 1=Yes 2=No		Were there any stock outs of one week or longer in the past 3 months? (Inadequate supply) 1=Yes 2=No
	Facility Owned	Privately owned by staff members	
Chloroquine	CHLOFOWN	CHLOPRIOWN	CHLOINADEQ
Paracetamol	PARAFOWN	PARAPRIOWN	PARAINADEQ
Antibiotics (Septin, Ampicillin, Procaine Penicillin)	ANTIFOWN	ANTIPRIOWN	ANTIINADEQ
ORS Sachets	ORSFOWN	ORSPRIOWN	ORSINADEQ
Multivitamins	MULFOWN	MULPRIOWN	MULINADEQ
BCG Vaccine	BCGFOWN	BCGPRIOWN	BCGINADEQ
Measles Vaccine	MEAFOWN	MEAPRIOWN	MEAINADEQ
Condoms	CONDFOWN	CONDPRIOWN	CONDINADEQ

SECTION FOUR

Section 4.1. : Facility Financing

4.1.1. Is this facility a non-fee charging clinic? 1=Yes 2=No
NONFEECHAR

IF YES, GO TO Q4.1.8.

4.1.2. Does the facility charge standard prices for treatment? 1=Yes 2=No
STANDPRI

4.1.3. Does the facility have an exemption policy? 1=Yes 2=No
EXEMPPOL

4.1.4. Do these groups of people usually pay? (Note YES if they pay, NO if do not pay)
 Please read options.

- a. Disabled? **DISPAY** 1=Yes 2=No
- b. Tuberculosis/Leprosy? **TUBERPAY** 1=Yes 2=No
- c. Onchocerciasis? **ONCHOCEPAY** 1=Yes 2=No
- d. Elderly? **ELDERPAY** 1=Yes 2=No
- e. Very poor? **POORPAY** 1=Yes 2=No
- f. Important people? **IMPORTPAY** 1=Yes 2=No
- g. Others(specify) **PAYOTHERSP** 1=Yes 2=No

4.1.5. Imagine that over some days, you have seen 50 patients of all kinds.
 How many probably have not paid for the following? (If none, enter '0')

- a. Registration **REGISPAID** N/A **NAREG**
- b. Treatment **TREATPAID** N/A **NATRT**

4.1.6. Please estimate how much the facility collected in fee revenues during the last three months. (Value in Naira, for both registration and treatment.)

	Registration	Treatment (including drugs)		
a. May, 2002	REGISTIMAY <input type="text"/>	TREAESTMAY <input type="text"/>	N/A	NAMAY
b. April, 2002	REGISTIAPR <input type="text"/>	TREESTAPR <input type="text"/>	N/A	NAAPR
c. March, 2002	REGISTIMAR <input type="text"/>	TREESTMAR <input type="text"/>	N/A	NAMARC

4.1.7. Do you use some of the revenue generated from the following for general facility use? (Note N/A if facility does not collect fees from these sources. Note NO if revenues are always used for predetermined purposes)

- a. Registration fees **REGISTFEE** 1=Yes 2=No N/A **NAFEES**
- b. Drugs **DRUGFEE** 1=Yes 2=No N/A **NADRUGS**
- c. Other treatment **OTHTREFEE** 1=Yes 2=No N/A **NAOTRT**

4.1.8. Who has been the MAIN supplier of the following resources in the last 12 months? (Facility funds refer to revenues generated from user charges). (Check only one supplier in each row)

- 1=Facility Funds 4=LGA/PHCMC 7=Individuals
- 2=Federal Government 5=NGO/Donor 8=Staff Personal Funds
- 3=State Government 6=Community 9=Not done in the last 12 months

- a. Drugs **SUPLDRUGS**
- b. Other Supplies **SUPLOTHER**
- c. Purchase of Equipment **SUPLLEQUP**
- d. Maintenance of Equipment **SUPLMAINT**
- f. Building Maintenance **SUPLBUILD**
- e. Staff Bonuses **SUPLSTAFF**

SECTION FIVE

Section 5.1. : Institutions and Governance

5.1.1. Is there a development committee? 1=DDC/WDC 2=VDC/CDC 3=None
DEVCOMMITT

IF NONE, GO TO Section 5.2.

5.1.2. Does this committee work with the facility? 1=Yes 2=No
WORKFACF

5.1.3. Total number of members on the committee **COMMITNUMN**

5.1.4 Number of women on the committee **WOMNUMB**

5.1.5. How often does the committee meet to discuss facility operation?
COMMITMEET
 1=At least once a month 4=Once in two years
 2=A few times a year 5=Very rarely or never
 3=Once a year

5.1.6 Does the facility head attend most of the meetings? 1=Yes 2=No
HEADATTEND

5.1.7. Has the committee taken any of the following actions in the past year?
(Read out the options and note all that apply)

- | | | | | |
|----|--------------------------------------------------------------------|-------|------|--------------------------|
| a. | Made disciplinary recommendations on staff
DISCIPLREC | 1=Yes | 2=No | <input type="checkbox"/> |
| b. | Provided drugs PROVDRUG | 1=Yes | 2=No | <input type="checkbox"/> |
| c. | Fixed price of drugs FIXEDPRICE | 1=Yes | 2=No | <input type="checkbox"/> |
| d. | Fixed user charges and fees (other than drugs)
FIXEDUSER | 1=Yes | 2=No | <input type="checkbox"/> |
| e. | Requested more vaccines REQVACCINE | 1=Yes | 2=No | <input type="checkbox"/> |
| f. | Carried out repairs on the facility structure CARRREPAIR | 1=Yes | 2=No | <input type="checkbox"/> |
| g. | Provided fuel or other current resources PROVFUEL | 1=Yes | 2=No | <input type="checkbox"/> |
| h. | Repaired equipment REPAIREQUP | 1=Yes | 2=No | <input type="checkbox"/> |
| i. | Made new investments NEWINVEST | 1=Yes | 2=No | <input type="checkbox"/> |
| j. | Resolved administrative issues RESADMIN | 1=Yes | 2=No | <input type="checkbox"/> |
| k. | Resolved personal staff issues RESPERSON | 1=Yes | 2=No | <input type="checkbox"/> |

5.1.8. How often does a member of the committee visit the facility *other than for treatment*? **VISFACTREA**
 1=At least once a month 4=Once in two years
 2=A few times a year 5=Very rarely or never
 3=Once a year

IF Response is 5, GO TO Q5.1.10

5.1.9. If a committee member does visit this facility, what does the person usually do?
Section 5.2. : Decision Making

do? *(Read out the options and note all that apply)*

- | | | | | | |
|----|---------------------------------|----------------------------|-------|------|--------------------------|
| a. | Check patient register | CHECKREG | 1=Yes | 2=No | <input type="checkbox"/> |
| b. | Check stock cards | CHECKSTOCK | 1=Yes | 2=No | <input type="checkbox"/> |
| c. | Check user charge receipts | CHECKRECEI | 1=Yes | 2=No | <input type="checkbox"/> |
| d. | Discuss medical protocol issues | CHECKPROTO | 1=Yes | 2=No | <input type="checkbox"/> |
| e. | Discuss administrative issues | ADMINISUE | 1=Yes | 2=No | <input type="checkbox"/> |
| f. | Hold an official staff meeting | STAFFMEETF | 1=Yes | 2=No | <input type="checkbox"/> |
| g. | Check equipment | CHECKEQUIP | 1=Yes | 2=No | <input type="checkbox"/> |
| h. | Other (specify) | CHECKOTHERSPE | 1=Yes | 2=No | <input type="checkbox"/> |

5.1.10. Does any member of the PHCMC come to visit this facility? How often?

PHCMCVISFA
 1=At least once a month 4=Once in two years
 2=A few times a year 5=Very rarely or never
 3=Once a year

IF Response is 5, GO TO Section 5.1.

5.1.11. If a PHCMC member visits this facility, what does the person usually do?
(Read out the options and note all that apply)

- | | | | | | |
|----|---------------------------------|--------------------------|-------|------|--------------------------|
| a. | Check patient register | PHCMMCREGIS | 1=Yes | 2=No | <input type="checkbox"/> |
| b. | Check stock cards | PHCMMCCARDS | 1=Yes | 2=No | <input type="checkbox"/> |
| c. | Check user charge receipts | PHCMMCRECEI | 1=Yes | 2=No | <input type="checkbox"/> |
| d. | Discuss medical protocol issues | PHCMMCMED | 1=Yes | 2=No | <input type="checkbox"/> |
| e. | Discuss administrative issues | PHCMMCADMIN | 1=Yes | 2=No | <input type="checkbox"/> |
| f. | Hold an official staff meeting | PHCMMCMEEET | 1=Yes | 2=No | <input type="checkbox"/> |
| g. | Check equipment | PHCMMCEQUIP | 1=Yes | 2=No | <input type="checkbox"/> |
| h. | Other (specify) | PHCMMCOTHER | 1=Yes | 2=No | <input type="checkbox"/> |

We would like to ask you some questions about decision making regarding the facility. Who is the **PRINCIPAL** decision maker for the following? (*Note only ONE answer per question*)

- | | |
|-----------------------------|-----------------------|
| 1=Federal Government/NPHCDA | 4=DDC/WDC/VDC/CDC |
| 2=State Government | 5=Facility Head/Staff |
| 3=LGA/PHCMC | |

- 5.2.1. When the facility opens and closes? **FACOPENCLO**
- 5.2.2. When to undertake new construction, such as facility expansion? **UNDERTAKE**
- 5.2.3. To acquire new equipment? **ACQUIRE**
- 5.2.4. Making drugs available in the facility? **AVAILABLE**
- 5.2.5. Making medical supplies available in the facility? **MEDICALSUP**
- 5.2.6. Setting charges for drugs? **CHARGES**
- 5.2.7. Setting charges for treatment (other than drugs)? **CHARGETRT**
- 5.2.8. How to use revenue from treatment and consultations? **CONSULTAT**
- 5.2.9. Taking disciplinary action against staff? **DISCIPLINA**
- 5.2.10. Transferring staff to another facility? **TRANSFERF**

SECTION SIX

Section 6.1. : Personal Assessment of Interviewer Based on Direct Observation

- 6.1.1. Is the facility clean? **FACILITYCL**
 1=Very dirty 3=Clean
 2=Dirty 4=Very Clean

- 6.1.2. Are there any of the following structural defects?

- a. Leaking roof **LEAKING** 1=Yes 2=No
- b. Broken down doors and windows **BROKEN** 1=Yes 2=No
- c. Cracked floor **CRACKED** 1=Yes 2=No

Ask the Respondent

- 6.1.3. Is there a functioning toilet for patient use? **PATIENTUSE** 1=Yes 2=No

- 6.1.4. How do you usually sterilize medical equipment? **STERILIZE**
(Note only ONE)
 1=Autoclave 4=Boiling
 2=Dry heat sterilization 5=Chemical
 3=Steam sterilization 6=Not Applicable (uses only disposables)
 7=Others(specify) **N614OTHER**.....

- 6.1.5. How are vaccines stored within the facility? **VACCINES**
(Note only ONE)
 1=Electric fridge/freezer 4=Non-refrigerated storage space
 2=Non electric fridge 5=Not applicable (vaccines are not stored)
 3=Cold box/vaccine carrier

- 6.1.6. Condition of fridge or freezer? **FRIDGE**
 1=Functional 2=Non-functional 3=No fridge/freezer

- 6.1.7. Is there a permanent display of user charges?
 a. For Registration **FORREGISTR** 1=Yes 2=No
 b. For Drugs **FORDRUGS** 1=Yes 2=No

SECTION SEVEN

Section 7.1. : Tracer and Immediately Notifiable Diseases

We would like to ask you now about Tracer and immediately notifiable diseases

7.1.1. Does the facility keep monthly records of tracer and immediately notifiable diseases? **KEEPMONTHL** 1=Yes 2=No

7.1.2. If YES, are these monthly records forwarded to the LGA? **FORWARDED** 1=Yes 2=No

7.1.3. If YES, can I please see last month's copy? **LASTMONTH**
1=Last month's copy is filled out 2=Not seen or not filled out

SECTION EIGHT

Section 8.1. : General Outputs - Services Provided and Number of Patients Seen

8.1.1. Please provide us records for the number of patients seen or activities conducted in each of the last three months, according to the following list.

Note that the records could be in the following forms - NHMIS, M&E, notebooks, etc.

Diagnostic and Procedural Category	Number of Patients Seen/Activities Performed (on basis of patient register or vaccination tally sheets where applicable.) (Please enter '999' if no records for that month)		
	May 2002	April 2002	March 2002
Ante-natal Consultations	ANATALMAY	ANATALAPR	ANATALMAR
Family Planning Visits	FAMPLMAY	FAMPLAPR	FAMPLMAR
In-patient deliveries	INPATMAY	INPATAPR	INPATMAR
BCG Immunizations	BCGIMFMAY	BCGIMFAPR	BCGIMFMAR

Out-patient Consultations	OUTPATMAY	OUTPATAPR	OUTPATMAR
<i>Ask Respondent if records not available</i>			
Health Education (No. of group sessions conducted)	HEDUMAY	HEDUAPR	HEDUMAR
Home visits (No. of houses visited)	HVISMAY	HVISAPR	HVISMAR

8.1.2. In March - May, 2002, what is the number of women who **BOTH**

8.1.3. How many of these had stillbirths? **STILLBIRTHS**

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Thank you for taking your time to answer the questions.