

Draft

NIGERIA PUBLIC DELIVERY OF PRIMARY HEALTH CARE SERVICES

Interviewers' Manual

Developed by

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Introduction

The survey of public delivery of primary health care services, is a project being funded by the World Bank, Washington DC, USA with technical collaboration from the National Primary Health Care Development Agency (NPHCDA), Abuja.

The World Bank identified a team of Researches from the African Regional Health Education Centre as Consultants for the survey, with a responsibility for developing the final instruments, conducting the survey, analysis of data and report writing.

The Objectives of the survey are:

- 1) To study the flow of resources allocated in public budgets to the front-line service delivery agency, that is, the primary health care facilities;
- 2) Analysis of provider behaviour and provider incentives in shaping outcomes at the health facility level; and
- 3) To study the role of local governments and community participation in determining outcomes in primary health care service delivery.

The World Bank identified that a study of public delivery of primary health care services in Nigeria utilizing a quantitative survey approach would be valuable to inform Government's efforts to improve service delivery outcomes. The study therefore focuses on the role of incentive structures and institutions of accountability in the public sector in determining service delivery outcomes in primary health care.

The survey which will involve extensive collection of data through interviews, review of records and observations at the level of local government offices and

primary health care facilities; would be initially be conducted in a pilot phase in two selected states – Kogi and Lagos.

Four instruments have been developed to achieve the set objectives for the survey and are as follows:

1. PHC coordinator's questionnaire.
2. LGA Treasurer questionnaire.
3. Facility questionnaire and,
4. Staff questionnaire

2. SAMPLING METHODOLOGY

This Sampling section contains the selected samples to be studied in the survey, as well as the steps and procedures followed in selecting the different representative samples for data collection in both Lagos and Kogi States.

2.1 Stages of Sampling

A multistage sampling technique was used for sample selection for the study at three stages:

- Stage 1:- Local Government Area (LGA) Level;
- Stage 2:- Health Facility Level; and
- Stage 3: -Health Facility Staff Level.

2.2 Sampling at Each Stage

Each of the stages indicated above has defined and distinct sampling procedures. **In what follows, we describe in some detail the steps and approaches for selecting these different samples.**

2.3 Selection of LGAs

2.3.1 For this exercise, 15 LGAs have been selected in each state using a table of random numbers. The random selection of 15 LGAs out of a population of

20 in Lagos and 21 in Kogi states is sufficiently large enough to accommodate the major characteristics of the population of the LGAs (e.g., whether rural or urban; whether newly created or old, etc.).

2.3.2 The 15 randomly selected LGAs in each state which include the State capital LGAs are:

Kogi	Lagos
1. Adavi	1. Agege
2. Bassa	2. Ajeromi/Ifelodun
3. Dekina	3. Alimosho
4. Ibaji	4. Apapa
5. Igalamela Odolu	5. Badagry
6. Idah	6. Ibeju Lekki
7. Ijumu	7. Ifako Ijaye
8. Kabba Bunun	8. Ikeja
9. Kogi	9. Ikorodu
10. Lokoja	10. Lagos Island
11. Mopamuro	11. Kosofe
12. Ogori/Magongo	12. Mainland
13. Olamoboro	13. Mushin
14. Omala	14. Ojo
15. Yagba West	15. Oshodi/Isolo

2.4 Selection of Facilities

2.4.1 Facilities were selected by simple random sampling using a table of random numbers. All the facilities in the selected LGAs were **pooled** together in an Excel File, and sorted alphabetically before the random sample selection was done.

2.4.2 In total, 252 health facilities were selected for study representing an average of 8 facilities per LGA (which is one-third of average facility per LGA in the two states). Because of more variation in facility characteristics in Lagos State where the facility population is 192 in contrast to 753 in Kogi State, a higher selection ratio of 1 in 2 facilities was estimated for Lagos State

compared with 1 in 5 for Kogi state. Accordingly, a total of 100 facilities were selected in Lagos State and 152 in Kogi State. A purposive sampling of 2 facilities per LGA ensured that there was no LGA in which at least 2 health facilities were not selected.

The list of the randomly selected facilities grouped under each of the 15 selected LGAs per State is as follows: (see Attachment 1)

2.4.3 Replacement of a Selected Health Facility

In the event that a selected facility is closed or non-operational for any reason, this will be replaced from a randomly selected replacement list of 10 facilities from Lagos State and 25 for Kogi. ARHEC coordinating field staff will randomly select the replacing facility from the list.

2.5 Selection of Facility Staff

2.5.1 It is only from the total number of staff present in the facility during the time of visit of the interviewer that a random sample of staff to be interviewed will be selected. At least one staff must be interviewed from the 10 identified PHC staff categories making an average of 10 staff per facility and a total sample of 2520 interviewed staff per state.

2.5.2 Where the number of staff present in the facility is 10 or less, the field staff should interview **all** irrespective of their categories.

2.5.3 When there are more than 10 staff present in the facility at the time of interview, the interviewer should first interview one staff in each staff category selected randomly. After this, the interviewer will randomly select and interview 50% of the **remaining** staff in each staff category, rounding off to the nearest whole number.

2.5.4 The head of the facility will be interviewed twice in ALL cases, first as head and secondly as a staff.

2.6 Survey Procedure

FIRST DAY IN THE STATE CAPITAL

2.6.1 Visit to the State Ministry of Health

One researcher from ARHEC will lead a team of 12 enumerators to each State. On the first day, the researcher and all the members of the team will visit the Permanent Secretary, Ministry of Health and the Director of Primary Health Care Services. They will obtain from the Ministry an official letter of introduction to the Chairman and PHC Coordinator/Director of each of the 15 selected LGAs. The letter will be taken to all the LGA headquarters.

2.6.2 Planning Meeting

The team will hold a meeting to plan for the following:

- Pairing up of 12 members into 6 pairs
- Arranging the selected LGAs in the order of visits based on geographical location, contiguity and linkages that would facilitate the movement from one LGA to the other until all LGAs are covered. (The State Director of PHC will provide information to guide this exercise)
- Determining the number of days to be spent in each LGA based on the number of health facilities to be covered in the LGA
- Preparing a time-table showing LGAs and days of visitation
- Making arrangements for transportation for members of the team during the survey

AS FROM THE SECOND DAY TO THE LAST DAY OF SURVEY

2.6.3 Trips to the LGAs

The entire members of a State team would move at once and as a group to each LGA headquarters following the pre-arranged sequence. On reaching the LGA headquarters, the team led by the ARHEC Supervisor will report to the PHC Coordinator who will introduce them to the Chairman of the LGA or his representative. Letter of introduction from the State Ministry of Health will be presented. The PHC Coordinator will provide guides for travelling to selected facilities. He will also give the enumerators a letter of introduction to Heads of PHC facilities in the LGA.

2.6.4 Administration of Questionnaire

2.6.4.1 PHC Coordinator's and LGA Treasurer's questionnaires

The ARHEC Supervisor will administer these questionnaires face-to-face with the PHC Coordinator and the Treasurer of the LGA. Data will also be collected as required from a review of relevant records to be provided by or through the PHC Coordinator and the Treasurer from the appropriate LGA departments (Finance, Education, Works, Health, etc), as the case may be.

2.6.4.2 Health facility and Staff Questionnaires

Each pair of enumerators will visit one health facility at a time to conduct face-to-face interview for the Head and all sampled staff of the PHC facility. One of the enumerators will administer the facility questionnaire and after obtaining response to question 1.2.1 the other enumerator will commence the staff interview following the sampling guidelines. After administering the health facility questionnaire the enumerator will administer the staff questionnaire to the Head. After this he will join the second enumerator in administering the rest of the staff questionnaires.

Preparation

Each enumerator must make the following preparation before arriving at the health facility:

1. Carefully study the questionnaire and master the flow of the interview.
2. Get sufficient number of questionnaire ready for the interview; also get pencils and files ready.
3. Arrive in good time (between 9am and 2 pm) at the facility.

Establishing rapport with the health worker

1. Arrive at the health facility between 9am and 2pm each day.
2. Greet the health worker, introduce yourself by stating your name and that you are from the College of Medicine, University of Ibadan, that you are in the facility to ask health workers some questions about PHC services in the area. Explain that his/her answers would be valuable in assisting government PHC service delivery outcome in Nigeria.
3. Assure each health worker that information provided during interview will be kept confidential and that his or her names will not be written on questionnaire.
4. Appeal to the health worker that you will appreciate their honest responses to all questions you ask.
5. Discreetly ask if the health worker is willing to participate in the survey.
6. Thank him/her for agreeing to answer questions.
7. Enter information on the first page of the questionnaire.

2.7 CODING:

A code was established for each LGA, PHC facility and staff to allow for unique identification, and ensure matching of state to LGA, LGA to District or Ward, Ward to PHC facility and PHC facility to staff. This code would be a variable in the database that allows us to identify each observation.

In addition to this coding, each questionnaire should have the correct code entered in the space provided for “Identification”. Also each type of questionnaire has a “questionnaire-number” which will be entered during collation by the ARHEC Supervisor.

REPEAT VISITS

It will be observed that certain contingencies may arise necessitating repeat visit to

some facilities. In the Ideal situation, on arrival at the facility, the interviewers should begin with the Facility instrument, for which the facility manager is the appropriate respondent. While one of the interviewers continues with the facility instrument (followed by the staff instrument administered to the manager), the second should begin staff interviews.

However a repeat visit would be necessary in the following situation:

1. If the facility manager is not available when the interviewers arrive, they should inquire when he or she would be available. If he or she will return the same day, they should begin interviewing staff that were present when they arrived (following the guidelines for number of staff to be interviewed) and interview the facility manager when he/she arrives. This will mean that Q. 1.2.1 on the facility questionnaire, the number of staff in each category, and whether they are on duty or not, will be temporarily entered and later confirmed with the facility manager.

2. If the Facility manager is out for the day, the interviewers should inquire whether the "officer in charge" can answer the questions on the facility questionnaire, and if he or she can, they should proceed. If he or she cannot, or if they find in the course of the interview that the "officer in charge" is having trouble answering most of the questions, or if they have reason to doubt the accuracy of the answers given by the "officer in charge," they should inquire which day the facility manager will return, and try to return to the facility on that day only to complete the facility questionnaire and administer the staff questionnaire only to the facility manager. In this case, the general staff interviews should be conducted during this first visit to the facility.

If it is not feasible to return the day on which the Facility manager will be present, then the interviewers should simply do the best they can with the responses from the "officer in charge."

3. If the facility is temporarily closed for the day and no one is available to answer questions, or too busy because of special circumstances (overload of patients, special training program, etc.) then a second visit should be made. Up to 3 visits can be made.
4. A variable in the database would be coded to provide information about any repeat visits.
5. Notes/Remarks on problems encountered at the facility because of which interview could not be completed in the first visit or not at all. The information needed to code these variables is currently provided for in the first page of both the questionnaires. These variables should be coded for both the facility and staff questionnaires.