

MEASURE Service Provision Assessment

Provider Interview	
FACILITY IDENTIFICATION	
QTYPE OF _____ Name of the facility _____ Facility Location _____ Governorate _____ District _____ Code of the facility _____ Type of Health Facility and Operating Authority Governmental: 11 = General Hospital 21=MCH Center 12=District Hospital 22=Rural health unit 13= Fever Hospital 23=Urban health unit 14= Integrated 24=Health Office 25=Mobile Unit 26=Other Non-Governmental: 31=CSI 32= EFPA 33=other non-governmental	QTYPE SP GOV <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DISTRICT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> FACILITY CODE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> FACILITY TYPE <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> AND OPERATING AUTHORITY
Provider Information	
Provider category: 11=OB/GYN Physician ;12=Family Planning Physician; 13=Pediatrician; 14=Family physician; 15=Other physician specialist; 16=General Practitioner; 21=Nurse w/ midwifery; 22=Nurse; 23=Midwife; 24=Nurse asistant; 96=other (_____) (SPECIFY) Sex of Provider: (1=male; 2=female) Provider Code (Use same code for observation component): _____	PROVIDER CATEGORY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> SEX OF PROVIDER..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> PROVIDER CODE..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
INFORMATION ABOUT INTERVIEW	
Date: _____ Name of the interviewer _____ Time interview started: _____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR..... <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">4</table> INTERVIEWER CODE.. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> HOUR..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>

Provider Interview

100 **OBSERVER:** INTRODUCE YOURSELF TO THE PROVIDER.

Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to ask you some questions about this subject.

This information is completely confidential. You may choose to stop the interview at any time.

Do you have any questions for me at this time? Do I have your agreement to participate?

INTERVIEWER'S SIGNATURE
(Indicates respondent's willingness to participate)

DATE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO				
1. Provider Training and Experience							
100a	May I continue?	YES.....1 NO.....2	→ STOP				
101	In what year did you start working in this facility?	YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
102	Now I would like to ask you some questions about your educational background. How many years in total of primary and secondary education did you complete?	YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
103	What is your current technical qualification?	OB/GYN PHYSICIAN11 FAMILY PLANNING PHYSICIAN12 PEDIATRICIAN.....13 FAMILY PHYSICIAN14 OTHER PHYSICIAN SPECIALIST15 GENERAL PRACTITIONER.....16 NURSE WITH MIDWIFRY21 NURSE22 MIDWIFE23 NURSE ASSISTANT24 OTHER.....96 (SPECIFY)					
104	What year did you graduate with this qualification?	YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
105	How many years of study was required for the technical qualification in question 103? (AFTER COMPLETING BASIC EDUCATION DESCRIBED IN Q102)? (If less than 1 year, write "00" in years and indicate number of months).	YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					→ 201

2. Child Health Care

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	Do you currently personally provide child health care services?	YES.....1 NO2	→ 203
202	For how many years in total have you provided this service? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
203	During the past five years have you received any inservice training on subjects related to child health or illness?	YES.....1 NO2	→ 301
204	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in the last five years in (SUBJECT)? IF YES, Did you receive this training in the last 12 months? A) EPI/cold chain? B) ARI treatment? C) Diarrhea treatment? D) Nutrition/micro-nutrient deficiencies? E) Integrated Management of Childhood Illness (IMCI)? F) Genetic/hereditary illnesses? W) Other _____?..... (SPECIFY)	<div style="text-align: right; margin-bottom: 10px;"> YES YES NO PRIOR PRIOR 12mo 13-59mo </div> EPI/COLD CHAIN1 2 3 ARI1 2 3 DIARRHEA1 2 3 NUTRITION1 2 3 IMCI1 2 3 GENETIC/HEREDITY.....1 2 3 OTHER1 2 3	

3. Family Planning

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	Do you currently personally provide family planning services?	YES.....1 NO2	→ 303
302	For how many years in total have you provided this service? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
303	During the past five years have you received any inservice training on subjects related to family planning?	YES.....1 NO2	→ 401
304	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in the last five years in (SUBJECT)? IF YES, Did you receive this training in the last 12 months? A) Basic Training for Service Provision (not from medical school)? Additional training aside from Basic Training: B) Family planning counseling? C) Any contraceptive technology (CT)? W) Other _____?..... (SPECIFY)	<div style="text-align: right; margin-bottom: 10px;"> YES YES NO PRIOR PRIOR 12mo 13-59mo </div> BASIC TRAINING.....1 2 3 FP COUNSELING1 2 3 ANY CT.....1 2 3 OTHER1 2 3	

4. Maternal Health

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																
401	Do you currently personally provide antenatal care or postpartum care, or both?	YES, ANTENATAL1 YES, POSTPARTUM.....2 YES, BOTH.....3 NO, NEITHER.....4	→403																																
402	For how many years in total have you provided this services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																	
403	During the past five years have you received any inservice training on subjects related to antenatal or postpartum care?	YES.....1 NO2	→405																																
404	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in the last five years in (SUBJECT)? IF YES, Did you receive this training in the last 12 months? A) Basic Training for Service Provision (not from medical school)? Additional training aside from Basic Training: B) Antenatal care? C) Counseling/health education for maternity clients? D) Management of risk pregnancies? E) Mother to child transmission of HIV/AIDS? F) Postnatal care? W) Other _____? (SPECIFY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <th></th><th style="text-align: center;">YES 12mo</th><th style="text-align: center;">YES 13-59mo</th><th style="text-align: center;">NO</th></tr> <tr> <td>BASIC TRAINING.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>ANTENATAL CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>COUNSELING/ HEALTH EDUCATION ...</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>MGMT RISK PREGNANCIES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>MTC TRANSMISSION....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>POSTNATAL CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td>OTHER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> </table>		YES 12mo	YES 13-59mo	NO	BASIC TRAINING.....	1	2	3	ANTENATAL CARE	1	2	3	COUNSELING/ HEALTH EDUCATION ...	1	2	3	MGMT RISK PREGNANCIES.....	1	2	3	MTC TRANSMISSION....	1	2	3	POSTNATAL CARE	1	2	3	OTHER	1	2	3	
	YES 12mo	YES 13-59mo	NO																																
BASIC TRAINING.....	1	2	3																																
ANTENATAL CARE	1	2	3																																
COUNSELING/ HEALTH EDUCATION ...	1	2	3																																
MGMT RISK PREGNANCIES.....	1	2	3																																
MTC TRANSMISSION....	1	2	3																																
POSTNATAL CARE	1	2	3																																
OTHER	1	2	3																																
405	Do you currently personally provide delivery care? By this, I mean conducting the actual delivery?	YES.....1 NO2	→408																																
406	For how many years in total have you conducted deliveries? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																	
407	Approximately how many deliveries have you assisted as the principal provider, in the last 6 months? (INCLUDE DELIVERIES CONDUCTED FOR PRIVATE PRACTICE AND FOR FACILITY)	TOTAL DELIVERIES.... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>																																	
408	When was the last time you used a partograph?	NEVER0 IN PAST WEEK1 IN PAST MONTH.....2 IN PAST 6 MONTHS3 6 MONTHS AGO OR LONGER.....4 DON'T KNOW.....8																																	
409	During the past five years have you received any inservice training on subjects related to delivery care?	YES.....1 NO2	→411																																

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
410	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in the last five years in (SUBJECT)? IF YES, Did you receive this training in the last 12 months? A) Care during labor or delivery? B) Use of partograph? C) Life saving skills/emergency complications? W) Other _____? (SPECIFY)	YES YES NO PRIOR PRIOR 12mo 13-59mo DELIVERY CARE 1 2 3 PARTOGRAPH USE 1 2 3 LIFE SAVING/EMERG ... 1 2 3 OTHER 1 2 3	
411	Do you currently personally provide newborn care ?	YES.....1 NO2	→413
412	For how many years in total have you provided this services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
413	During the past five years have you received any inservice training on subjects related to newborn care?	YES.....1 NO2	→501
414	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in the last five years in (SUBJECT)? IF YES, Did you receive this training in the last 12 months? A) Care of the normal newborn? B) Neonatal resuscitation? C) Exclusive breast-feeding? W) Other _____? (SPECIFY)	YES YES NO PRIOR PRIOR 12mo 13-59mo NORMAL NEWBORN 1 2 3 NEONATAL RESUSCIT .. 1 2 3 BREAST FEEDING 1 2 3 OTHER 1 2 3	
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
5. SPECIFIC INFECTIOUS DISEASES			
501	Do you currently personally provide care for clients with reproductive tract infections or sexually transmitted infections? (STIs)? By this, I mean that even if a client comes for another reason, if you suspect an STI, do you provide the care for this problem?	YES.....1 NO2	→503
502	For how many years in total have you provided these services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
503	Do you currently personally provide care for clients with tuberculosis?	YES.....1 NO2	→505
504	For how many years in total have you provided this services? (May be from another facility) IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
505	Do you currently personally provide any preventive services related to HIV/AIDS?	YES.....1 NO2	→508
506	What type of preventive services do you provide?	PMTCT A COUNSELING FOR TESTNIG..... B COUNSELING FOR PREVENT C OTHER X (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO		
507	For how many years in total have you provided any preventive services related to HIV/AIDS? IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
508	Do you personally provide any care and/or support services for clients who are HIV/AIDS serum positive, or who you suspect may have HIV/AIDS?	YES.....1 NO2	→ 511		
509	Which type of care do you provide? CIRCLE ALL THAT APPLY	INITIAL DIAGNOSIS..... A MEDICAL MANAGEMENT OF OPPORTUNISTIC INFECTIONS .. B ANTI-RETROVIRAL THERAPY C COUNSELING/SOCIAL SUPPORT D OTHER X (SPECIFY)			
510	For how many years in total have you provided any care and/or support services for HIV/AIDS clients? IF LESS THAN ONE YEAR, RECORD "00".	YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
511	During the past five years have you received any inservice training on subjects related to STIs, TB, or HIV/AIDS?	YES.....1 NO2	→ 600		
512	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Did you received training in (SUBJECT) as a part of <u>the pre-service basic training</u> (not from medical school)?		YES NO DK		
	a) How to counsel for prevention of STIs	STI COUNSELING1	2 8		
	b) Etiological/clinical diagnosis and treatment of STIs	STI CLINICAL DX & TX1	2 8		
	c) Syndromic diagnosis and treatment of STIs	STI SYNDROMIC DX & TX1	2 8		
	d) How to counsel for prevention of HIV/AIDS	PREVENTION OF HIV/AIDS1	2 8		
	e) Voluntary counseling and testing	VCT1	2 8		
	f) Mother to child transmission	MOTHER TO CHILD1	2 8		
	g) Counseling on use of condoms	COUNSEL ON CONDOMS1	2 8		
	h) Counseling and social support needs for HIV/AIDS infected clients?	COUNSEL/SUPPORT HIV/AIDS...1	2 8		
	i) Medical management of HIV/AIDS	MEDICAL MGMT HIV/AIDS1	2 8		
	j) Anti-retroviral therapy for HIV/AIDS?	ANTI-RETROVIRAL TX1	2 8		
	k) Diagnosis of TB	TB DIAGNOSIS1	2 8		
	l) Treatment of TB?	TB TREATMENT1	2 8		
	m) DOTS strategy	DOTS STRATEGY1	2 8		
	n) Preventive therapy for TB in HIV/AIDS patients	PREVENT TB IN AIDS1	2 8		

513	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Have you received any in-service training in the last five years in (SUBJECT)? IF YES, Did you receive this training in the last 12 months?	YES PRIOR 12mo	YES PRIOR 13-59mo	NO
a)	Counseling for prevention of STIs?	STI COUNSELING/ PREVENTION 1	2	3
b)	Etiologic/clinical diagnosis and treatment of STIs?	CLINICAL DX & TX..... 1	2	3
c)	Syndromic diagnosis and treatment of STIs?	SYNDROMIC DX & TX.... 1	2	3
d)	Counseling for prevention of HIV/AIDS?	PREVENTION HIV/AIDS. 1	2	3
e)	Voluntary counseling and testing	VCT 1	2	3
f)	Mother to child transmission	MOTHER TO CHILD TR.. 1	2	3
g)	Counseling on use of condoms	COUNSEL CONDOMS.... 1	2	3
h)	Counseling and social support for HIV/AIDS infected clients?	COUNSEL/SUPPORT HIV/AIDS 1	2	3
i)	Medical management of HIV/AIDS infected clients?	MEDICAL MGMT HIV/AIDS 1	2	3
j)	Anti-retroviral therapy for HIV/AIDS infected clients?	ANTI-RETROVIRAL TX... 1	2	3
K)	Preventive treatments for opportunistic infections?	PREVENTIVE TX OI..... 1	2	3
L)	Diagnosis of opportunistic infections?	DIAGNOSIS OI 1	2	3
M)	Treating opportunistic infections?	TREAT OI 1	2	3
N)	Palliative care for HIV/AIDS?	PALLIATIVE CARE..... 1	2	3
O)	Diagnosis of Tuberculosis	TB DIAGNOSIS 1	2	3
P)	Treatment of TB	TB TREATMENT 1	2	3
R)	DOTS strategy	DOTS STRATEGY 1	2	3
S)	Preventive therapy for TB in HIV/IDS	PREVENT TB/HIV 1	2	3
w)	Other _____? (SPECIFY)	OTHER 1	2	3

6. Supervision					
NO	QUESTIONS	CODING CLASSIFICATION			GO TO
600	Do you personally have any supervisory duties beside your technical duties? IF YES, Can you describe your main supervisory responsibilities?	MANAGE SERVICE UNIT	A		
		SUPERVISE OTHER STAFF	B		
		OTHER	X		
		(SPECIFY)			
		NO SUPERVISORY DUTIES	Y		
601	In the last six months have you had a supervisor speak with you about your work or observe your work?	YES	1		
		NO	2		→701
602	How many times in the last six months has your work been supervised?	NO OF TIMES.....			
603	What did your supervisor do the last time he/she supervised you?		YES	NO	DK
	A) Check your records/reports	CHECK RECORD	1	2	8
	B) Observe your work	OBSERVE	1	2	8
	C) Provide feedback on your performance?	FEEDBACK.....	1	2	8
	D) Provide updates on administrative or technical issues related to your work?	UPDATES	1	2	8
	E) Discuss problems you have encountered?	DISCUSS	1	2	8
	F) Did he write a note on unit record?	WRITE NOTE.....	1	2	8
	X) Anything else _____?	OTHER	1	2	8
	(SPECIFY)				
7. Provider opinion					
701	What are the three most important issues which you feel need to be addressed for you to improve your work?	MORE STAFF	A		
		TREAT STAFF BETTER.....	B		
		PAY BETTER.....	C		
		MORE TRAINING	D		
		MORE FEEDBACK ON			
		STAFF PERFORMANCE.....	E		
		MORE/BETTER EQUIPEMENT			
		OR SUPPLIES	F		
		MORE SUPPLY OF MEDICINES..	G		
		EMERGENCY TRANSPORT			
		FOR PATIENTS.....	H		
		BETTER PHYSICAL			
		ENVIRONMENT	I		
		BETTER SECURITY.....	J		
		OTHER	X		
702	RECORD TIME INTERVIEW ENDED.	HOUR			
		MINUTES.....			
703	INTERVIEWER COMMENTS				