

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> DISTRICT..... <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: 60px; height: 20px; vertical-align: middle;"></table> FACILITY TYPE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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/ midwifry; 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; vertical-align: middle;"></table> SEX OF PROVIDER..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> PROVIDER CODE..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
INFORMATION ABOUT INTERVIEW					
Date: _____ Name of the interviewer _____ Time interview started: _____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle; text-align: center;"> <tr> <td style="width: 15px;">2</td> <td style="width: 15px;">0</td> <td style="width: 15px;">0</td> <td style="width: 15px;">4</td> </tr> </table> INTERVIEWER CODE.. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> HOUR..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	2	0	0	4
2	0	0	4		

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..... <input style="width: 20px; height: 20px;" type="text"/>	
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..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
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..... <input style="width: 20px; height: 20px;" type="text"/>	
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..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MONTHS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	→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; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;">PRIOR</td> <td style="text-align: center;">PRIOR</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">12mo</td> <td style="text-align: center;">13-59mo</td> <td></td> </tr> <tr> <td style="text-align: center;">EPI/COLD CHAIN</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 style="text-align: center;">ARI</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 style="text-align: center;">DIARRHEA</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 style="text-align: center;">NUTRITION</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 style="text-align: center;">IMCI</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 style="text-align: center;">GENETIC/HEREDITY.....</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 style="text-align: center;">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	YES	NO		PRIOR	PRIOR			12mo	13-59mo		EPI/COLD CHAIN	1	2	3	ARI	1	2	3	DIARRHEA	1	2	3	NUTRITION	1	2	3	IMCI	1	2	3	GENETIC/HEREDITY.....	1	2	3	OTHER	1	2	3	
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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; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;">PRIOR</td> <td style="text-align: center;">PRIOR</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">12mo</td> <td style="text-align: center;">13-59mo</td> <td></td> </tr> <tr> <td style="text-align: center;">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 style="text-align: center;">FP COUNSELING</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 style="text-align: center;">ANY CT.....</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 style="text-align: center;">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	YES	NO		PRIOR	PRIOR			12mo	13-59mo		BASIC TRAINING	1	2	3	FP COUNSELING	1	2	3	ANY CT.....	1	2	3	OTHER	1	2	3	
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BASIC TRAINING	1	2	3																												
FP COUNSELING	1	2	3																												
ANY CT.....	1	2	3																												
OTHER	1	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..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>													
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> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td></td> <td style="text-align: center;">PRIOR</td> <td style="text-align: center;">PRIOR</td> <td style="text-align: center;"></td> </tr> <tr> <td></td> <td style="text-align: center;">12mo</td> <td style="text-align: center;">13-59mo</td> <td style="text-align: center;"></td> </tr> </table> 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	YES	NO		PRIOR	PRIOR			12mo	13-59mo		
	YES	YES	NO												
	PRIOR	PRIOR													
	12mo	13-59mo													
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..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>													
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.... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>													
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..... <input type="text"/> <input type="text"/>	
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..... <input type="text"/> <input type="text"/>	
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..... <input type="text"/> <input type="text"/>	
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..... <input type="text"/> <input type="text"/>	
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..... <input type="text"/> <input type="text"/>	
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 COUNSELING 1	2 8
	b) Etiological/clinical diagnosis and treatment of STIs	STI CLINICAL DX & TX 1	2 8
	c) Syndromic diagnosis and treatment of STIs	STI SYNDROMIC DX & TX 1	2 8
	d) How to counsel for prevention of HIV/AIDS	PREVENTION OF HIV/AIDS 1	2 8
	e) Voluntary counseling and testing	VCT 1	2 8
	f) Mother to child transmission	MOTHER TO CHILD 1	2 8
	g) Counseling on use of condoms	COUNSEL ON CONDOMS 1	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/AIDS 1	2 8
	j) Anti-retroviral therapy for HIV/AIDS?	ANTI-RETROVIRAL TX 1	2 8
	k) Diagnosis of TB	TB DIAGNOSIS 1	2 8
	l) Treatment of TB?	TB TREATMENT 1	2 8
	m) DOTS strategy	DOTS STRATEGY 1	2 8
	n) Preventive therapy for TB in HIV/AIDS patients	PREVENT TB IN AIDS 1	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

