

# 2017 BANGLADESH HEALTH FACILITY SURVEY

## HEALTH PROVIDER INTERVIEW

Facility Number:

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Provider SERIAL Number:

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[FROM STAFF LISTING FORM]

Provider Sex: (1=MALE; 2=FEMALE)

--

Provider Status:  
(1=Posted; 2=Attached)

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Interviewer Code:

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INDICATE IF PROVIDER WAS  
PREVIOUSLY INTERVIEWED IN  
ANOTHER FACILITY.

YES, PREVIOUSLY INTERVIEWED

..... 1

IF YES, RECORD NAME AND  
FACILITY NUMBER WHERE  
HE/SHE WAS INTERVIEWED

NAME & NUMBER OF FACILITY

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→ END

NO, NOT PREVIOUSLY INTERVIEWED

2

READ THE FOLLOWING CONSENT FORM

Good day! My name is \_\_\_\_\_. We are here on behalf of the National Institute of Population Research and Training (NIPORT) and the Ministry of Health and Family Welfare conducting a survey of health facilities to assist the government in knowing more about health services in Bangladesh.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.

The information you provide us may be used by NIPORT, the MOHFW, other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Do you have any questions about the study? Do I have your agreement to proceed?

Interviewer's signature

				2	0	1
DAY		MONTH		YEAR		

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101

May I begin the interview now?

YES..... 1

NO..... 2

→ END

# 1. EDUCATION AND EXPERIENCE

102	<p>I would like to ask you some questions about your educational background.</p> <p>How many years of education have you completed in total, starting from your primary, secondary and further education?</p>		<p>YEARS.....</p> <p>MONTHS.....</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
103	<p>What is your current qualification? For example, Are you a generalist medical doctor or a specialist medical doctor?</p> <p>IN CASE OF NURSE/SACMO/TECHNOLOGISTS/ FP PERSONNELS/NUTRITIONIST, ASK What is your current occupational category?</p> <p>BOTH SENIOR AND JUNIOR CONSULTANTS ARE INCLUDED IN CONSULTANT CATEGORY</p>	<p>SPECIALIST/CONSULTANT MEDICINE [INCLUDING CARD 01 SPECIALIST/CONSULTANT GENERAL SURGERY..... 02 SPECIALIST/CONSULTANT OBSTETRICS / GYNECOLOGY 03 SPECIALIST/CONSULTANT PEDIATRICS..... 04 SPECIALIST/CONSULTANT PSYCHIATRY..... 05 SPECIALIST/CONSULTANT ANESTHESIA..... 06 ANY OTHER SPECIALIST/CONSULTANT NOT LISTED ABOVE 07</p> <p>MEDICAL OFFICER (MBBS) (ANY NON-SPECIALIST DOCTOR, INCLUDING ASSISTANT SURGEON, EMO, ... 08 IMO, MCH/FP, RMO, REGARDLESS OF DESIGNATION OR TITLE)</p> <p>MEDICAL OFFICER - ANESTHETIST..... 09 DENTAL SURGEON..... 10 SACMO / MEDICAL ASSISTANT..... 11 MATRON..... 12 NURSING SUPERVISOR..... 13 SENIOR STAFF NURSE..... 14 ASSISTANT NURSE / STAFF NURSE (IN PRIVATE)..... 15 FAMILY WELFARE VISITOR (FWV)..... 16 FAMILY WELFARE ASSISTANT (FWA)..... 17 HEALTH ASSISTANT..... 18 COMMUNITY HEALTH CARE PROVIDER..... 19 HEALTH INSPECTOR..... 20 ASSISTANT HEALTH INSPECTOR..... 21 NUTRITIONIST..... 22 HEALTH EDUCATOR..... 23 MEDICAL TECHNOLOGIST - LABORATORY..... 25 MEDICAL TECHNOLOGIST - EPI..... 26 MIDWIFE..... 30 PARAMEDICS (IN PRIVATE/NGO)..... 31 NURSE MIDWIFE..... 32 TB LEPROSY CONTROL ASSISTANT (TLCA)..... 33 OTHER NON-CLINICAL/NON-TECHNICAL STAFF..... 95 OTHER CLINICAL STAFF NOT LISTED ABOVE..... 96 (SPECIFY)</p>						
104	<p>What year did you graduate (or complete) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION ASK: What year did you complete any basic training for your current occupational category?</p>	<p>YEAR</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
105	<p>In what year did you start working in this facility?</p> <p>YOU MAY PROBE BY ASKING "HOW LONG HAVE YOU WORKED IN THIS FACILITY"?</p>	<p>YEAR</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					
108	<p>Are you a manager or in-charge for any clinical services?</p>	<p>YES..... 1 NO..... 2</p>						

## 2. GENERAL TRAINING / NON-COMMUNICABLE DISEASES

200	<p>I will like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the <b>training, training update or refresher training</b> within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?	1	2	3
02	Any specific training related to injection safety practices or safe injection practices?	1	2	3
03	Health Management Information Systems (HMIS) or reporting requirements for any service?	1	2	3
04	Confidentiality and rights to non-discrimination practices for people living with HIV/AIDS	1	2	3
05*	Any specific training related to adolescent health services?	1	2	3
06*	Any specific training related to nutrition services?	1	2	3
07*	Any specific training related to screening for cervical cancer through visual inspection with acetic acid/pap smear/ human papilloma virus (HPV) test	1	2	3

201	<b>CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION</b>  CODE 25 (MEDICAL TECHNOLOGIST LABORATORY) CIRCLED <input type="checkbox"/> → 700  CODE 25 (MEDICAL TECHNOLOGIST LABORATORY) NOT CIRCLED <input type="checkbox"/>	
I will now ask you a few questions about services you <b>personally</b> provide <b>in your current position in this facility</b> and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.		
202	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any services that are designed to be <b>youth or adolescent friendly?</b> i.e., designed with the specific aim to encourage youth or adolescent utilization?	YES..... 1 NO..... 2
203	Have you received any <b>in-service training, training updates or refresher training</b> on topics specific to youth or adolescent friendly services?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3

## DIABETES

207	In your <b>current</b> position, and as a part of your work for this facility, do you personally diagnose and/or manage <b>diabetes</b> ?	YES..... 1 NO..... 2
208	Have you received any <b>in-service training, training updates or refresher training</b> on topics specific to the diagnosis and/or management of diabetes?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3

## CARDIO-VASCULAR DISEASES

209	In your <b>current</b> position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES..... 1 NO..... 2
210	Have you received any <b>in-service training, training updates or refresher training</b> on the diagnosis and/or management of cardio-vascular diseases?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3

## CHRONIC RESPIRATORY DISEASES

211	In your <b>current</b> position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES..... 1 NO..... 2
212	Have you received any <b>in-service training, training updates or refresher training</b> on the diagnosis and/or management of chronic respiratory diseases?  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3

### 3. CHILD HEALTH SERVICES

300	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>child vaccination</b> services?	YES..... 1 NO..... 2	
301	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>child growth monitoring</b> services?	YES..... 1 NO..... 2	
302	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>child curative care</b> services?	YES..... 1 NO..... 2	
303	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to child health or childhood illnesses?	YES..... 1 NO..... 2	→ 400
304	Have you received any <b>in-service training or training updates</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
			NO IN-SERVICE TRAINING OR UPDATES
01	EPI OR COLD CHAIN MONITORING	1	2
02	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES	1	2
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS	1	2
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA	1	2
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT	1	2
09	BREASTFEEDING	1	2
10	COMPLIMENTARY FEEDING IN INFANTS	1	2
13*	EARLY CHILDHOOD DEVELOPMENT	1	2
14	OTHER TRAINING ON CHILD HEALTH (SPECIFY)_____	1	2
15*	INFANT AND YOUNG CHILD FEEDING TRAINING (IYCF TRAINING)	1	2
16*	SAM and MAM TRAINING	1	2

### 4. FAMILY PLANNING SERVICES

400	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>family planning</b> services?	YES..... 1 NO..... 2	
401	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to family planning?	YES..... 1 NO..... 2	→ 500
403	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
			NO IN-SERVICE TRAINING OR UPDATES
01	GENERAL COUNSELING FOR FAMILY PLANNING	1	2
02	IUCD INSERTION AND/OR REMOVAL	1	2
03	IMPLANT INSERTION AND/OR REMOVAL	1	2
04	PERFORMING VASECTOMY	1	2
05	PERFORMING TUBAL LIGATION	1	2
06	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS	1	2
07	FAMILY PLANNING FOR HIV POSITIVE WOMEN	1	2
08	POST-PARTUM FAMILY PLANNING	1	2
09*	INJECTABLE CONTRACEPTIVES	1	2
10*	EMERGENCY CONTRACEPTIVE PILL	1	2
11	OTHER TRAINING ON FAMILY PLANNING (SPECIFY)_____	1	2

## 5. MATERNAL HEALTH SERVICES

### ANC - PNC

500	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide any <b>antenatal care or postnatal care</b> services?  IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED	YES, ANTENATAL..... 1 YES, POSTNATAL..... 2 YES, BOTH..... 3 NO, NEITHER..... 4	
501	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to antenatal care or postnatal care?	YES..... 1 NO..... 2	→ 503
502	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	ANC screening (e.g., blood pressure, sugar&albumin, anemia)?	1	2
02	Counseling for ANC (e.g., nutrition,birth planning, FP and newborn care)?	1	2
03	Complications of pregnancy and their management?	1	2
04	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation and Mid-Upper Arm circumference measurement?	1	2
06*	Postnatal care (PNC) (blood pressure checkup, examine perineum and abdomen, test urine for albumin)	1	2
07*	Postnatal care counselling (breast feeding, nutrition, FP, anemia)	1	2
08*	Management of pre-eclampsia/eclampsia	1	2
09*	Antenatal corticosteroids for threatened preterm labor	1	2
10*	Prevalence of postpartum hemorrhage (management of PPH)	1	2
503	Do you <b>personally</b> provide any services that are specifically geared toward preventing mother-to-child transmission of HIV?  IF YES, ASK: Which specific services do you provide?  INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?	PREVENTIVE COUNSELING..... A HIV TEST COUNSELING..... B CONDUCT HIV TEST..... C PROVIDE ARV TO MOTHER..... D PROVIDE ARV TO INFANT..... E NO PMTCT SERVICES..... Y	
504*	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to maternal and/or newborn health?	YES..... 1 NO..... 2	→ 506
505	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
02	Newborn nutrition counseling of mother with HIV?	1	2
03	Infant and young child feeding	1	2
04	Modified obstetric practices as relates to HIV (e.g., not rupturing membranes)?	1	2

## DELIVERY SERVICES

506	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide <b>delivery services</b> ? By that I mean conducting the actual delivery of newborns?	YES. .... 1 NO. .... 2	→ 509
507	During the past 6 months, approximately how many deliveries have you conducted as the <b>main provider (include deliveries conducted for private practice and for facility)?</b>	TOTAL DELIVERIES <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table>	
508	When was the last time you used a partograph?	NEVER. .... 0 WITHIN PAST WEEK. .... 1 WITHIN PAST MONTH. .... 2 WITHIN PAST 6 MONTHS. .... 3 OVER 6 MONTHS AGO. .... 4	
509	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to delivery care?	YES. .... 1 NO. .... 2	→ 511
510	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	1	2
02	Comprehensive Emergency Obstetric Care (CEmOC)?	1	2
03	Routine care for labor and normal vaginal delivery?	1	2
04	Active Management of Third Stage of Labor (AMTSL)?	1	2
05	Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general?	1	2
06	Post abortion care?	1	2
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	1	2

## NEWBORN CARE SERVICES

511	In your <b>current</b> position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES. .... 1 NO. .... 2	
512	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to newborn care?	YES. .... 1 NO. .... 2	→ 600
513	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Neonatal resuscitation using bag and mask (Helping Babies Breath, HBB)	1	2
02	Early and exclusive breastfeeding	1	2
03	Newborn infection management (including injectable antibiotics)	1	2
04	Thermal care (including immediate drying and skin-to-skin care)	1	2
05	Sterile cord cutting and appropriate cord care	1	2
06	Kangaroo Mother Care (KMC) for low birth weight babies	1	2
08*	Essential Newborn Care	1	2
09*	Umbilical cord care (use of 7.1% chlorhexidine)	1	2
10*	Emergency triage assessment training (ETAT)	1	2
11*	IMCI guidelines (0-59 days)	1	2
12*	Special care newborn unit (SCANU)	1	2
13*	Comprehensive on newborn care	1	2

## 6. SEXUALLY TRANSMITTED INFECTIONS - TB

### SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES..... 1 NO..... 2	
601	Have you received any <i>in-service training, training updates or refresher training</i> on topics related to STI services?	YES..... 1 NO..... 2	→ 603
602	Have you received any <i>in-service training, training updates or refresher training</i> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2
02	The syndromic management for STIs	1	2
03	Drug resistance to STI treatment medications	1	2

### TUBERCULOSIS

603	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i>  READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]?  (a)	Have you received training or training update on [SERVICE]? IF YES, within 24 months or over?  (b)			
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests using AFB Smear Microscopy	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms or TB Diagnostic Algorithm	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of MDR-TB or identification and referral of MDR-TB suspects	1	2	1	2	3



## 7. DIAGNOSTIC SERVICES

700	In your <b>current</b> position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES..... 1 NO..... 2	→ 800
701	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO
01	Microscopic examining of sputum for diagnosing tuberculosis	1	2
02	HIV rapid testing	1	2
04	Hematology testing, such as anemia testing	1	2
06	Malaria microscopy	1	2
07	Malaria rapid diagnostic test (mRDT)	1	2
702	Have you received any <b>in-service training, training updates or refresher training</b> on topics related to the different diagnostic tests you conduct?	YES..... 1 NO..... 2	→ 800
703	Have you received any <b>in-service training, training updates or refresher training</b> in any of the following topics [READ TOPIC]  IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2
02	HIV testing	1	2
04	Blood screening for HIV prior to transfusion?	1	2
05	Blood screening for Hepatitis B prior to transfusion?	1	2
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2
07	Malaria microscopy	1	2
08	Malaria rapid diagnostic test (mRDT)	1	2

## 8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>																												
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">YES, IN THE PAST 3 MONTHS.....</td> <td style="width: 5%; text-align: center;">1</td> <td rowspan="5" style="width: 10%; text-align: center; vertical-align: middle;"> <div style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 40px; margin: 0 auto;"></div> </td> </tr> <tr> <td>YES, IN THE PAST 4-6 MONTHS.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>YES, IN THE PAST 7-12 MONTHS.....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>YES, MORE THAN 12 MONTHS AGO.....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>NO.....</td> <td style="text-align: center;">5</td> </tr> </table>	YES, IN THE PAST 3 MONTHS.....	1	<div style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 40px; margin: 0 auto;"></div>	YES, IN THE PAST 4-6 MONTHS.....	2	YES, IN THE PAST 7-12 MONTHS.....	3	YES, MORE THAN 12 MONTHS AGO.....	4	NO.....	5																	
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NO.....	5																													
802	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES.....</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> <p>EVERY DAY.....'96</p>																												
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 20%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>01 Check your records or reports?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Observe your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Provide any feedback (either positive or negative) on your performance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>04 Give you verbal or written feedback that you were doing your work well?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Provide updates on administrative or technical issues related to your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Discuss problems you have encountered?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	01 Check your records or reports?	1	2	8	02 Observe your work?	1	2	8	03 Provide any feedback (either positive or negative) on your performance?	1	2	8	04 Give you verbal or written feedback that you were doing your work well?	1	2	8	05 Provide updates on administrative or technical issues related to your work?	1	2	8	06 Discuss problems you have encountered?	1	2	8
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06 Discuss problems you have encountered?	1	2	8																											
804	<p>Do you have a written job description of your current job or position in this facility?</p> <p>IF YES, ASK: May I see it?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">YES, OBSERVED.....</td> <td style="width: 5%; text-align: center;">1</td> <td rowspan="3"></td> </tr> <tr> <td>YES, REPORTED, NOT SEEN.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO.....</td> <td style="text-align: center;">3</td> </tr> </table>	YES, OBSERVED.....	1		YES, REPORTED, NOT SEEN.....	2	NO.....	3																					
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YES, REPORTED, NOT SEEN.....	2																													
NO.....	3																													
805	<p>Are there any opportunities for promotion in your current job?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">YES.....</td> <td style="width: 5%; text-align: center;">1</td> <td rowspan="3"></td> </tr> <tr> <td>NO.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>UNCERTAIN/DON'T KNOW.....</td> <td style="text-align: center;">8</td> </tr> </table>	YES.....	1		NO.....	2	UNCERTAIN/DON'T KNOW.....	8																					
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806	<p>Which type(s) of salary supplement do you receive, if any?</p> <p>PROBE: Anything else?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">MONTHLY OR DAILY SALARY SUPPLEMENT.....</td> <td style="width: 5%; text-align: center;">A</td> <td rowspan="8"></td> </tr> <tr> <td>PERDIEM WHEN ATTENDING TRAINING.....</td> <td style="text-align: center;">B</td> </tr> <tr> <td>DUTY ALLOWANCE.....</td> <td style="text-align: center;">C</td> </tr> <tr> <td>PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED).....</td> <td style="text-align: center;">D</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: center;">X</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>NONE.....</td> <td style="text-align: center;">Y</td> </tr> </table>	MONTHLY OR DAILY SALARY SUPPLEMENT.....	A		PERDIEM WHEN ATTENDING TRAINING.....	B	DUTY ALLOWANCE.....	C	PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED).....	D	OTHER.....	X	(SPECIFY)		NONE.....	Y													
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807	<p>In your current position, what non-monetary incentives have you received for the work you do, if any?</p> <p>PROBE BY ASKING: Anything else? Any other options?</p>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 85%;">TIME OFF / VACATIONS.....</td> <td style="width: 5%; text-align: center;">A</td> <td rowspan="10"></td> </tr> <tr> <td>UNIFORMS, BACKPACKS, CAPS, etc.....</td> <td style="text-align: center;">B</td> </tr> <tr> <td>DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc.....</td> <td style="text-align: center;">C</td> </tr> <tr> <td>TRAINING.....</td> <td style="text-align: center;">D</td> </tr> <tr> <td>FOOD RATION / MEALS.....</td> <td style="text-align: center;">E</td> </tr> <tr> <td>SUBSIDIZED HOUSING.....</td> <td style="text-align: center;">F</td> </tr> <tr> <td>HEALTH INSURANCE.....</td> <td style="text-align: center;">G</td> </tr> <tr> <td>OTHER:.....</td> <td style="text-align: center;">X</td> </tr> <tr> <td>NONE.....</td> <td style="text-align: center;">Y</td> </tr> </table>	TIME OFF / VACATIONS.....	A		UNIFORMS, BACKPACKS, CAPS, etc.....	B	DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc.....	C	TRAINING.....	D	FOOD RATION / MEALS.....	E	SUBSIDIZED HOUSING.....	F	HEALTH INSURANCE.....	G	OTHER:.....	X	NONE.....	Y								
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808	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important.</p> <p>ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.</p> <p>IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS PUT CODE "Y" IN THE REMAINING BOX OR BOXES.</p> <p>DO NOT READ CHOICES TO YOUR RESPONDENT</p>	<div><div><div>MORE SUPPORT FROM SUPERVISOR.....A</div><div>MORE KNOWLEDGE / UPDATES TRAINING..... B</div><div>MORE SUPPLIES/STOCK..... C</div><div>BETTER QUALITY EQUIPMENT/ SUPPLIES..... D</div><div>LESS WORKLOAD (i.e. MORE STAFF)..... E</div><div>BETTER WORKING HOURS / FLEXIBLE TIMES..... F</div><div>MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS)..... G</div><div>TRANSPORTATION FOR REFERRAL PATIENTS..... H</div><div>PROVIDING ART..... I</div><div>PROVIDING PEP..... J</div><div>INCREASED SECURITY..... K</div><div>BETTER FACILITY INFRASTRUCTURE..... L</div><div>MORE AUTONOMY / INDEPENDENCE..... M</div><div>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES)..... N</div><div>OTHER (SPECIFY).....X</div><div>NO PROBLEM.....Y</div></div><div><div>RANKING</div><table><tr><td></td><td></td><td></td></tr></table></div></div>			
THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT					

