



LESOTHO

Staff questionnaire - Health Care Centers and OPDs

Information on the Health Care Center

Name of Health center:		
District: (circle one)	1 = Berea 2 = Butha-Buthe 3 = Leribe 4 = Mafeteng 5 = Maseru	6 = Mohale's Hoek 7 = Mokhotlong 8 = Qacha's Nek 9 = Quthing 10 = Thaba-Tseka
Type: (circle one)	1 = Government 2 = CHAL	

Date

Day	Month	Year

Dear Health Center Staff,

We are working with the approval of the Lesotho Ministry of Health and Social Welfare on a research project supported by the Millennium Challenge Corporation. We are conducting a survey to assess how health care workers perceive their working conditions, the quality of the services offered and the overall physical state of health facilities. This information will help the government to evaluate the services offered in their health centers. The survey usually takes 10 minutes to complete. Whatever information you provide will be used in our evaluation and may be shared with the Ministry of Health or the Millennium Challenge Corporation. Filling out this survey is voluntary and completion will not affect your work status. You may also choose to not answer any individual questions, fill in your name or to not complete this form. A report will be written for the government that combines information from all of the people we talk to. However, your views are very important, and we hope that you will take the time to participate in this survey.

Please complete the questions below.

Staff questionnaire - Health Care Centers and OPDs

Information on the health care worker

Village:	
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District: (circle one)	1 = Berea	6 = Mohale's Hoek
	2 = Butha-Buthe	7 = Mokhotlong
	3 = Leribe	8 = Qacha's Nek
	4 = Mafeteng	9 = Quthing
	5 = Maseru	10 = Thaba-Tseka

1 What is your current position at the clinic?

1. Doctor
2. Nurse
3. Nurse assistant
4. Counselor
5. Other: specify

2 What is your highest educational level?

1 = No formal education
2 = Primary education
3 = Secondary education
4 = Higher than secondary education

3 What is your gender?

1 = Female
2 = Male

4 How old are you?

Years:

5 Are you in charge of the clinic?

1. Yes
2. No

6 Do you live at the clinic?

1. Yes
2. No If No, Go to **8**

7 How would you rate the overall conditions of your place of residence?

1	2	3	4
Very Good	Good	Poor	Very Poor

Got to **9**

8 How long does it take to get to the health care center from your place of residence?

Hours **Minutes**

9 Do you feel that the clinic has all you need to perform your work?

1. Yes
2. No

10 How would you rate the following aspects of clinic conditions and services?	Very Good	Good	Poor	Very Poor
	A. medical equipment	1	2	3
B. medicines	1	2	3	4
C. space	1	2	3	4
D. electricity	1	2	3	4
E. water	1	2	3	4
F. toilet/latrines	1	2	3	4
G. work environment	1	2	3	4
H. building conditions	1	2	3	4
I. number of staff	1	2	3	4
J. training	1	2	3	4
K. security conditions	1	2	3	4

11 How would you rate your working conditions at the clinic?	1	2	3	4
	Very Good	Good	Poor	Very Poor

12 How would you rate the overall services that the clinic offers to the patients?	1	2	3	4
	Very Good	Good	Poor	Very Poor

13 Do you have any further suggestions for improvement of this health care center? If so, feel free to write them in the space provided below.

Thank You!