



NIGERIA

SERVICE DELIVERY INDICATOR SURVEY

HEALTH

2013

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INTRODUCTION

My name isandmy colleague's name is.... We are from the [HANOVIA Medical Limited]. [HANOVIA Medical Limited] is working with theFederal Ministry of Health and The World Bankto collect information and statistics about service delivery, and is part of the government's on-going efforts to improve utilization of resources and quality of services. The information will be available in reports within about 6 months.

Permission for the survey has been obtained from the Federal Ministry of Health [show letter].

All information provided will be confidential. No information will be attributed to you personally.

This questionnaire will take approximately 2 hours to complete and my colleague will take approximately 20 minutes each with up to 10 of the clinical staff in the facility.

Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with. Although we will ask for names of participants, we want to assure you that adequate steps to ensure that each individual's identity is protected have been put in place. No information collected will be traced to you in any way because data will be kept and processed in an anonymous manner.

Do you have any questions?

May I begin the interview?

Permission			
Q 1.	Do you agree to be interviewed?	Yes = 1 No = 2	<input type="checkbox"/> <input type="checkbox"/>
Q 2.	If refused, what is the reason for refusal?	<div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>	
NOTES:			






Interviewer's signature and date:

Module 1: Facility Questionnaire

Section A: Cover Sheet

Facility Information (Fill in before arriving to the Health Facility)					
1.	State	Number (see code)		_ _ _ _	
2.	Local Government Area	Number (see code)		_ _ _ _	
3.	Ward	Number (see code)		_ _ _ _ _ _ _	
4.	Health facility name	Name		_____	
5.	Health facility code	Number (see code)		_ _ _ _ _ _ _ _ _ _ _	
6.	State/Official code for Health facility			_ _ _ _ _ _ _ _ _ _ _	
7.	Is the facility rural or urban?	Rural = 1 Urban = 2 Semi-Urban = 3		_ _	
8.	GPS Position	N _ _ _ _ • _ _ _ _ _ _ _ _ _ °		E _ _ _ _ • _ _ _ _ _ _ _ _ _ °	
Enumerator Information					
First Visit					
9.	Date of 1 st visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ _ _ / _ _ _ _ / 2 0 1 3	
10.	Enumerators doing 1 st visit	Name/Code	_____/ _ _ _ _ _ _ _ _ _ _ _	Name/Code	_____/ _ _ _ _ _ _ _ _ _ _ _
11.	Arrival time for 1 st visit	Time in 24 hr. format (e.g. 07:30)		_ _ _ _ : _ _ _ _	
12.	Departure time for 1 st visit	Time in 24 hr. format (e.g. 13:30)		_ _ _ _ : _ _ _ _	
Second Visit					
13.	Date of 2 nd visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ _ _ / _ _ _ _ / 2 0 1 3	
14.	Time in 24 hr. format (e.g. 07:30)	a. Arrival time for 2 nd visit	_ _ _ _ : _ _ _ _	b. Departure time for 2 nd visit	_ _ _ _ : _ _ _ _
15.	Enumerators doing 2 nd visit	Name/Code	_____/ _ _ _ _ _ _ _ _ _ _ _	Name/Code	_____/ _ _ _ _ _ _ _ _ _ _ _
Supervision Information					
16.	Verification by supervisor	Survey Result		Result	Date
		Questionnaire completed = 1 Incomplete questionnaire = 2		Facility closed = 3 Refused = 4	_ _
		Name/Code	_____/ _ _ _ _ _ _ _ _ _ _ _		

[illegible]

Service Delivery					
10.	How many days per week is this facility open? Number (1-7)	<div> <div></div> <div></div> <div></div> </div>	11.	How many hours a day does this facility offer outpatient consultation? Number (0-24) ENUMERATOR NOTE: Round down extra minutes to the nearest hour i.e. write 7 if facility opens for 7hr 30 min.	<div> <div></div> <div></div> <div></div> </div>
12.	Does this facility provide basic emergency obstetric care i.e. does the facility have capabilities for administration of antibiotics, oxytocin, & anticonvulsants / manual removal of the placenta / removal of retained products following miscarriage or abortion / assisted vaginal delivery, preferably with vacuum extractor / (and newborn care) Yes = 1; No = 2(if NO Skip to 14)	<div> <div></div> <div></div> <div></div> </div>	13.	Does this facility provide comprehensive emergency obstetric care i.e. if facility can manage life - threatening obstetric complications like Basic Emergency Obstetric Care plus / Caesarean section / Safe blood transfusion and / Resuscitation care to low birth weight and sick newborns? Yes = 1; No = 2	<div> <div></div> <div></div> <div></div> </div>
14.	How many deliveries have been conducted at this facility during the past 3 months? <i>(Ask to See record)</i>  (April, May, June) Number	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	15.	How many outpatient visits have you had at this facility in the past 3 months? <i>(Ask to See record)</i>  (April, May, June) Number	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
16.	How many inpatient beds does the facility have? (exclude beds used for observation only) Observe  Number	<div> <div></div> <div></div> <div></div> </div>	17.	How many inpatients have you had in the past three months? <i>(Ask to see record)</i>  (April, May, June) Number SKIP to next section if zero.	<div> <div></div> <div></div> <div></div> </div>
18.	How many in-patient bed-days have you had during the past 3 months? <i>(Ask to See record)</i>  (April, May, June) Number	<div> <div></div> <div></div> <div></div> </div>			

Module 1: Facility Questionnaire

Section C: Infrastructure

Enumerator: Search for the most senior staff member at the health facility, i.e. the “in-charge”


I have a few questions on the infrastructure available at the facility.






Electricity and Power Supply

For Dispensaries, Health Centers and Hospitals





1.	What is the <u>main</u> source of power or electricity for the facility?	No power supply = 1 (Skip to 5) Electric power grid = 2 Fuel operated generator = 3	Battery operated generator = 4 Solar system = 5 Other (specify) = 6	__ __ _____
2.	Over the past 2 weeks, how many days was electricity from <u>this source</u> interrupted for more than two hours at a time?	Number Don't know = -99		__ __ __ _____
3.	Over the past 3 months, how many days was electricity from <u>this source</u> interrupted for more than two hours at a time?	Number Don't know = -99		__ __ __ _____
4.	Does this facility have any other sources of electricity? N.B: List up to two most commonly used.	No other power supply = 1 Fuel operated generator = 2 Battery operated generator = 3	Solar system = 4 Other (specify) = 5	A. __ B. __ _____

Water Supply and Sanitation

5.	What is the <u>main</u> source of water for this facility?	No water source = 1 (skip to 7) Piped into facility = 2 Piped onto facility grounds = 3 Public tap/standpipe = 4 Tube well/borehole = 5	Protected dug well = 6 Unprotected dug well = 7 Protected spring = 8 Unprotected spring = 9 Rainwater = 10 Bottled water = 11	Cart w/small tank/drum = 12 Tanker truck = 13 Stream/Surface water = 14 Buy from vendors = 15 Other (specify) = 16 Don't know = -99 (SKIP to 7)	__ __ _____
6.	During the past 2 weeks, how many days was the water supply from <u>this source</u> interrupted for more than two hours at a time?	Number		__ __ _____	
7.	What is the average walking time <u>to and from</u> the main source of water? (including waiting time)	Minutes Write '0' if piped into facility		__ __ _____	
8.	What type of toilet (latrine) is available for use by outpatients?	No functioning toilet = 1 (Skip to 11) Bush = 2 (Skip to 11) Flush toilet = 3 Flush toilet (but no water) = 4 VIP latrine = 5	Covered pit latrine (no slab) = 6 Covered pit latrine (w/ slab) = 7	Uncovered pit latrine no slab = 8 Uncovered pit latrine w/ slab = 9 Composting toilet = 10 Other (specify) = 11	__ __ _____
9.	How many of the mentioned (outpatient) toilets (latrines) are there? (Observe) 	Number		__ __ _____	

10.	How many of the mentioned (outpatient) toilets (latrines) are <u>currently functioning</u> ? (Observe) 	Number		_ _ _	
11.	What type of toilet (latrine) is available for use by inpatients? (Observe)  [Enumerator: Record those only exclusively meant for inpatients use]	No functioning toilet = 1 (Skip to 14) Bush = 2 (Skip to 14) Flush toilet = 3 Flush toilet (but no water) = 4 VIP latrine = 5		Covered pit latrine (no slab) = 6 Covered pit latrine (w/ slab) = 7	
12.	How many of the mentioned (inpatient) toilets (latrines) are there? (Observe) 	Number		_ _ _ _	
13.	How many of the mentioned (inpatient) toilets (latrines) are <u>currently functioning</u> ? (Observe) 	Number		_ _ _ _	
Telecommunication and Internet					
Which of the following types of telecommunications and internet are used in this facility? [If available, ask to verify functioning. For mobile devices and internet, this includes having a network signal/connection]. Read List.					
		(A) Available Yes (observed) = 1  Yes (not observed) = 2 No = 3 SKIP to next item	(B) Functioning Yes=1 No=2		
14.	Land line Telephone	_ _	_ _	15.	Mobile phone (privately owned)
16.	Mobile phone (issued by owner of facility)	_ _	_ _	17.	Shortwave radio (Walkie Talkie)
18.	Electronic device connected to internet	_ _	_ _	19.	Internet

Emergency Transportation and Ambulance Services								
20.	Does the facility have the following arrangement for emergency transport? [READ OUT]	Yes = 1 No = 2	a	Ambulance owned by the facility	__			
			b	Ambulance available on call	__			
			c	Official vehicle (not an ambulance) owned by facility	__			
			d	Official vehicle (not an ambulance) available on call	__			
			e	Private vehicle (not ambulance) available on call	__			
			f	Self-arranged by patient	__			
			g	Any other (Specify)	__			
			SKIP TO QUESTION 24 IF THERE IS NO AMBULANCE OR OFFICIAL VEHICLE i.e. IF ANSWERED 'NO' TO A - D above					
21.	Does this facility have a functional ambulance or other vehicle that is available for emergency transportation?		Yes = 1 No = 2	__				
22.	Is fuel for the ambulance or other vehicle available today?		Yes = 1 No = 2	__				
23.	What was the purpose of the last trip that the vehicle or ambulance made?	To transport a patient = 1 To pick up medicines and supplies = 2	To transport a health worker to another post = 3 Other (Specify) = 4	__				
24. (a)	Does this facility have a maternity waiting center (first stage room) where women can stay prior to giving birth?		Yes = 1 No = 2	__				
24. (b)	Does this facility have a maternity delivery room(second stage room)?		Yes = 1 No = 2	__				
Waste and Sanitation Services								
	Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.							
	PROBE TO ARRIVE AT CORRECT RESPONSE.							
25.	What method does this facility use in the final disposal of Sharps "STATE ALL THAT APPLY"	Yes = 1 No = 2	Burn Incinerator (within the facility ground)					
			a	2-chamber industrial (800-1000+° C)	__	g	Open-pit - no protection	__
			b	1-chamber drum/brick	__	h	Protected ground or pit	__
			Open Burning (within the facility ground)		Remove off-site			
			c	Flat ground - no protection	__	i	Stored in covered container	__
			d	Pit or protected ground	__	j	Stored in other protected environment	__
			Dump without burning (within the facility ground)		k	Stored unprotected	__	
			e	Flat ground - no protection	__	l	Burn Incinerator	__
			f	Covered pit or pit latrine	__	m	Other (specify)	__
			n	Facility never has sharp waste	__			

26.	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL. 		NO WASTE VISIBLE = 1 WASTE VISIBLE BUT PROTECTED AREA = 2 WASTE VISIBLE, NOT PROTECTED = 3 WASTE SITE NOT INSPECTED = 4	<input type="text"/>	
Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages. PROBE TO ARRIVE AT CORRECT RESPONSE.					
27.	How does this facility finally dispose of <u>medical waste</u> other than sharps boxes? "STATE ALL THAT APPLY" Yes = 1 No = 2	Burn Incinerator (within the facility ground)		g Open-pit - no protection	<input type="text"/>
		a 2-chamber industrial (800-1000+° C)	<input type="text"/>	h Protected ground or pit	<input type="text"/>
		b 1-chamber drum/brick	<input type="text"/>	Remove off-site	
		Open Burning (within the facility ground)		i Stored in covered container	<input type="text"/>
		c Flat ground - no protection	<input type="text"/>	j Stored in other protected environment	<input type="text"/>
		d Pit or protected ground	<input type="text"/>	k Stored unprotected	<input type="text"/>
		Dump without burning (within the facility ground)		l Burn Incinerator	<input type="text"/>
		e Flat ground - no protection	<input type="text"/>	m Other (specify)	<input type="text"/>
	f Covered pit or pit latrine	<input type="text"/>	n Facility never has sharp waste	<input type="text"/>	
28.	ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFFSITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFFSITE DISPOSAL. 		NO WASTE VISIBLE = 1 WASTE VISIBLE BUT PROTECTED AREA = 2 WASTE VISIBLE, NOT PROTECTED = 3 WASTE SITE NOT INSPECTED = 4	<input type="text"/>	
29.	>>SKIP TO 31 IF FACILITY HAS NO INCINERATOR! If the facility has an incinerator, is the incinerator functional today? (*ENUMERATOR CHECK WITH RESPONSES IN Q25 & 27) 		Yes = 1 No = 2 IF NO SKIP TO 31	<input type="text"/>	
30.	Is the power source for the incinerator available today?		Yes = 1 No = 2	<input type="text"/>	
31.	Does this facility have any guidelines on health care waste management? IF YES, ASK TO SEE THE GUIDELINES.		Yes - guideline observed = 1  Yes – guideline not observed=2 No =3	<input type="text"/>	
32.	Have you or any provider(s) received training in health care waste management practices in the past two years?		Yes = 1 No = 2	<input type="text"/>	



Module 1: Facility Questionnaire

Section D: Equipment, Materials and Supplies

Could you please tell me more about the materials and resources available in this facility? I am interested in knowing if the following basic equipment and supplies used in the provision of client services are available in the general outpatient area of this facility. Please tell me if the following is available today and is functioning. [ASK TO SEE THE ITEMS]



Basic Equipment

Which of the following items are used and belong to this facility? [If available, ask to verify functioning]

		(A) Available Yes (observed) = 1  Yes (not observed) = 2 No = 3 SKIP to next item	(B) Functioning Yes=1 No=2		(A) Available Yes (observed) = 1  Yes (not observed) = 2 No = 3 SKIP to next item	(B) Functioning Yes = 1 No = 2
1.	Adult weighing scale	___	___	2.	Thermometer	___
3.	Child weighing scale (250g gradation)	___	___	4.	Stethoscope (should not be mistaken for fetal stethoscope)	___
5.	Infant weighing scale (100g gradation)	___	___	6.	Sphygmomanometer (Blood pressure machine)	___

Sterilization Equipment - For Dispensaries, Health Centers and Hospitals


Which of the following items are used and belong to this facility? [If available, ask to verify functioning]

		(A) Available Yes (observed) = 1  Yes (not observed) = 2 No = 3 SKIP to next item	(B) Functioning Yes=1 No=2		(A) Available Yes (observed) = 1  Yes (not observed) = 2 No = 3 SKIP to next item	(B) Functioning Yes = 1 No = 2
7.	Autoclave (pressure and wet heat)	___	___	8.	Electric boiler or steamer (no pressure)	___
9.	Electric dry heat sterilizer	___	___	10.	Non-electric pot for boiling/steam or Heat source from non-electric equipment (stove or cooker)	___
11.	Incinerator	___	___			

Module 1: Facility Questionnaire

Section E: Drugs

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY (usually the Pharmacist/Pharmacy technician). INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. The existence of the stock of drugs and vaccines has to be verified through direct observation/written records.

Enumerator read to the Pharmacist/Pharm Tech: I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify. 

At least one observed (AND non-expired) =1

At least one observed (BUT expired) =2

Available BUT not observed =3

Not available today =4

Never available =5

PROBE FURTHER IF RESPONSE IS "NOT AVAILABLE TODAY"

Priority medicines for Mothers / Pregnant Women



1.	Oxytocin(injectable)	__	2.	Misoprostol (cap/tab)	__
3.	Sodium chloride (Saline Solution)(injectable solution)	__	4.	Azithromycin (inj/cap/tab)	__
5.	Calcium gluconate(Injectable)	__	6.	Benzyl penicillin powder (for injection)	__
7.	Magnesium sulfate (injectable)	__	8.	Dexamethasone (injectable)	__
9.	Ampicillin powder (for injection)	__	10.	Nifedipine(cap/tab)	__
11.	Gentamicin (injectable)	__	12.	Medroxyprogesterone acetate (Depo-Provera)(injectable)	__
13.	Metronidazole (inj/tab)	__	14.	Co-trimoxazole	__
15.	Iron supplements (cap/tab)	__	16.	Folic Acid Supplements/Folate(cap/tab)	__
17.	Ergometrine (injection)	__			


Priority medicines for Children

18.	Amoxicillin (syrup/suspension)	__	19.	Oral Rehydration Salts (ORS sachets)	__
20.	Ampicillin (powder for injection)	__	21.	Zinc (oral liquid/tablet)	__
22.	Ceftriaxone (powder for injection)	__	23.	Artemisinin- Based Combination Therapy (ACT-tablet/Syrup)	__
24.	Gentamicin (injectable)	__	25.	Albendazole (cap/tab/suspension)	__
26.	Benzylpenicillin (powder for injection)	__	27.	Paracetamol	__
28.	Chloramphenicol	__	29.	Vitamin A (capsules)	__
30.	Diazepam	__			

Other


31.	Disposable Gloves	__	32.	Condoms (Male or Female)	__
-----	-------------------	----	-----	--------------------------	----

Vaccines and related supplies for Children					
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
33.	Does the facility have a working refrigerator? OBSERVE FUNCTIONING 	Yes and observed = 1 Yes but not observed = 2 No = 3		<input type="text"/>	
34.	Does this facility provide Immunization services?	Yes = 1; No = 2 If YES SKIP to Q36		<input type="text"/>	
35.	Has the facility ever provided Immunization services?	Yes = 1; No = 2 If NO SKIP TO MODULE 2		<input type="text"/>	
36.	Are vaccines stored at this facility?	Yes = 1; No = 2 If YES SKIP to Q38		<input type="text"/>	
37.	If there is no storage at the facility, are this facility's vaccines stored at another facility (and picked up from when vaccine services are being provided)?	Yes = 1 (SKIP to Q46) No = 2 (SKIP to Q54)		<input type="text"/>	
Are any of the following vaccines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)  For facilities that provide immunization services.					
<div>At least one observed (AND non-expired) =1</div> <div>At least one observed (BUT expired / VVM Status Stage 3 above) =2</div> <div>Available BUT not observed =3</div> <div>Not available today =4</div> <div>Never available =5</div> <div>PROBE FURTHER IF RESPONSE IS "NOT AVAILABLE TODAY"</div>					
38.	Measles vaccine and diluents	<input type="text"/>	39.	Polio vaccine (OPV) (live attenuated)	<input type="text"/>
40.	Diphtheria + pertussis + tetanus vaccine (DPT/Trivalent)	<input type="text"/>	41.	BCG vaccine and diluent	<input type="text"/>
42.	Hep B vaccine	<input type="text"/>	43.	Yellow fever	<input type="text"/>
44.	Pneumococcal (PCV 10) vaccines	<input type="text"/>	45.	DPT-HepB-Hib vaccine (Pentavalent) (SKIP to Q53)	<input type="text"/>
Were any of the following vaccines available during the most recent day of vaccination? For facilities that provide immunization services only on immunization days					
Available = 1 ; Not available on the day =2; Never available =3 PROBE FURTHER IF RESPONSE IS "NOT AVAILABLE ON THE DAY"					
46.	Measles vaccine and diluents	<input type="text"/>	47.	Polio vaccine (OPV) (live attenuated))	<input type="text"/>
48.	Diphtheria + pertussis + tetanus vaccine(DPT/Trivalent)	<input type="text"/>	49.	BCG vaccine and diluent	<input type="text"/>
50.	Pneumococcal (PCV 10) vaccines	<input type="text"/>	51.	DPT-HepB-Hib vaccine (Pentavalent)	<input type="text"/>
52.	Hep B vaccine	<input type="text"/>	53.	Yellow fever	<input type="text"/>

I would like to know if the following items for immunization are available in this service area today. For each item, please tell me if it is available today. ASK TO SEE THE ITEMS. 					
Yes and observed = 1		Yes but not observed = 2		No = 3	
54.	Disposable syringes with disposable needles	__	55.	Vaccine carrier(s)	__
56.	Auto-disable syringes	__	57.	Set of ice packs for vaccine carriers (<u>Note</u> : 4-5 ice packs make one set)	__
58.	Sharps container (Safety Boxes)	__			

Module 2: Staff Roster

Section A: Facility First Visit

Enumerator: Identify the most senior staff in charge present at the time of the survey. Ask to see staff/personnel records if available. 

“All Yes in Column 8 will be used as sampling frame for Module 3”

Please allow me to ask you a few questions about the employees in this facility.

General Information

1a. How many health workers are employed in this facility?

|_|_|_|_|

1b. How many non-health workers are employed in this facility?

|_|_|_|_|

Please allow me to ask you a few questions about each health worker who works in this facility starting with you. Could you give me the name of the employee in the various categories starting with the physicians or medical officers?

	2.		3.	4.	5.	6.	7.	8.	9.	10.
Number	First and last names		Cadre	Highest level of education	Highest level of medical training	Gender	Age(as of last birthday)	Does () regularly perform outpatient consultation (at least weekly)	Is () currently in the facility?	Reason for absence
	First Name	Last Name	(See Codes)	(See codes)	(See codes)	Male = 1 Female = 2	Number	Yes = 1 No = 2	Yes = 1 (SKIP to Next Respondent), No = 2	(See Code)
(1) Respondent	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(2)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(3)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(4)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(5)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(6)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(7)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(8)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(9)	_ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	_	_ _ _	_	_	_ _ _

Number	First and last names		Cadre	Highest level of education	Highest level of medical training	Gender	Age(as of last birthday)	Does () regularly perform outpatient consultation (at least weekly)	Is () currently in the facility?	Reason for absence
	First Name	Last Name								
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(30)										

Number	First and last names		Cadre	Highest level of education	Highest level of medical training	Gender	Age(as of last birthday)	Does () regularly perform outpatient consultation (at least weekly)	Is () currently in the facility?	Reason for absence
	First Name	Last Name						(See Codes)	(See codes)	(See codes)
(31)										
(32)										
(33)										
(34)										
(35)										
(36)										
(37)										
(38)										
(39)										
(40)										
(41)										
(42)										
(43)										
(44)										
(45)										
(46)										
(47)										
(48)										
(49)										

(50)									
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Section B: Facility Second Visit

f. 

Roster

[illegible]

Instructions for the selection of the agents for Module 2 Section B and Module 3: Select randomly 10 medical staff within the roster above (except those on “other shift” or “transferred”), or all if there are less than 10 medical staff employed. In addition, if there are more than 50 medical staff working at the facility (including the respondent), the first 50 should be listed in the table above.

Cadre codes	Reason of the absence	Current Activity
Chief Medical Officer = 1 Specialist physician = 2 Medical Officer = 3 Community Health Officer = 4 Community Health Assistant = 5 Community Health Extension Worker (CHEW) = 6 Junior CHEW = 7 Env Health Officer = 8 Env Health Assistant = 9 Director of Nursing Services (DNS) = 10 Deputy DNS (DDNS) = 11 Chief Nursing Officer (CNO) = 12 Assistant Chief Nursing Officer (Asst CNO) = 13 Principal Nursing Officer I (PNO I) = 14 Principal Nursing Officer II (PNO II) = 15 Senior Nursing Officer (SNO) = 16 Nursing Sister / Superintendent = 17 Nursing Officer (NO) = 18 Laboratory Scientist = 19 Pharmacist = 20 Health Attendants/Auxiliary Nurses = 21 Other (specify) _____ = 22	Sick/maternity = 1 In training/seminar = 2 Official mission = 3 Approved absence = 4 Not his/her shift = 5 Doing fieldwork or outreach work = 6 Not approved Absence = 7 Gone to retrieve salary = 8 On strike = 9 Other (to specify) _____ = 10	Providing Consultation (face-to face patient care) = 1 Reviewing or writing in chart = 2 Completing encounter form or billing sheet = 3 Waiting for patient to undress = 4 Arranging for tests or consultations = 5 Writing a prescription = 6 Getting materials or equipment for consultation = 7 Consultation with other physician or staff = 8 Interpreting laboratory work or radiographs = 9 Looking up medical information = 10 Performing laboratory work = 11 Completing forms = 12 Telephone call from/to patient or family members = 13 Checking schedule = 14 Finding missing or pending laboratory information, radiographs or charts = 15 Looking up allowed referrals = 16 Other (specify): _____ = 17
Codes for highest level of education	Codes for highest level of medical training	
Completed primary = 1 Completed secondary = 2 Diploma/certificate = 3 Completed university degree = 4 Postgraduate university degree = 5 Others (Specify) _____ = 6	Bachelor of Medicine and Bachelor of Surgery (M.B.B.S/M.B.Bch) = 1 Fellowship in Anaesthesia (F.M.C.A / F.W.A.C.S) = 2 Dental surgery (F.M.C.D.S./ F.W.A.C.S) = 3 General Dental Practice (F.M.C.G.D.S. / F.W.A.C.S) = 4 General Medical Practice (F.M.C.G.P. / F.W.A.C.P [Fam Med]) = 5 Neurology (F.M.C.P. [Neur.] / F.W.A.C.P) = 6 Obstetrics and Gynaecology (F.M.C.O.G. / F.W.A.C.S) = 7 Ophthalmology (F.M.C.Ophth/ F.W.A.C.S [Ophth.]) = 8 Otorhinolaryngology (F.M.C.Orl. / F.W.A.C.S) = 9 Paediatrics (F.M.C.Paed. / F.W.A.C.P[Paed]) = 10 Pathology (F.M.C.Path. / F.W.A.C.P [Lab.Med]) = 11 Physician [Internal Medicine] (F.M.C.P/ F.W.A.C.P.) = 12 Psychiatry (F.M.C. Psych. / F.W.A.C.P) = 13 Public Health (F.M.C.P.H/ F.W.A.C.P[Comm.Health].) = 14 Radiology (F.M.C.R/ F.W.A.C.S.) = 15 Surgery (F.M.C.S. / F.W.A.C.S) = 16	

Module 3: Case Simulations

Section A: Preliminary Information

Basic Information (Can be filled in before administering the questionnaire)					
1.	Enumerator's First Visit	Name/Code	<input type="text"/>	Name/Code	<input type="text"/>
2.	Enumerator's Second Visit	Name/Code	<input type="text"/>	Name/Code	<input type="text"/>
3.	Health Facility Name	Name <input type="text"/>			
4.	Health facility Code	Number (see code) <input type="text"/>			
5.	Date	Day/Month/Year (e.g. 15 /04/2013) <input type="text"/>			
6.	Number of health workers interviewed	Number <input type="text"/>			
Clinician Information (make sure that the following information is identical to the information found in Module 2 for the clinician)					
7.	Health Worker name	First Last <input type="text"/>			
8.	Health Worker number	Number (serial number from staff roster in Module 2) (1 to 50) <input type="text"/>			
9.	Cadre / position	Number (see code) <input type="text"/>			
10.	Highest level of education	Number (see code) <input type="text"/>			
11.	Highest level of medical training	Number (see code) <input type="text"/>			
12.	Year of completion of highest medical training	<input type="text"/>			
13.	Year of first appointment as a health worker	<input type="text"/>			
14.	Indicate shift	All Day = 1 Only Morning = 2 Only Afternoon = 3 <input type="text"/>			

Cadre codes	Reason of the absence	Current Activity
Chief Medical Officer = 1 Specialist physician = 2 Medical Officer = 3 Community Health Officer = 4 Community Health Assistant = 5 Community Health Extension Worker (CHEW) = 6 Junior CHEW = 7 Env Health Officer = 8 Env Health Assistant = 9 Director of Nursing Services (DNS) = 10 Deputy DNS (DDNS) = 11 Chief Nursing Officer (CNO) = 12 Assistant Chief Nursing Officer (Asst CNO) = 13 Principal Nursing Officer I(PNO I) = 14 Principal Nursing Officer II(PNO II) = 15 Senior Nursing Officer (SNO) = 16 Nursing Sister / Superintendent = 17 Nursing Officer (NO) = 18 Laboratory Scientist=19 Pharmacist=20 Health Attendants/Auxiliary Nurses = 21 Other (specify)_____ = 22	Sick/maternity = 1 In training/seminar = 2 Official mission = 3 Approved absence = 4 Not his/her shift = 5 Doing fieldwork or outreach work = 6 Not approved Absence = 7 Gone to retrieve salary = 8 On strike = 9 Other (to specify) _____ = 10	Providing Consultation (face-to face patient care) = 1 Reviewing or writing in chart = 2 Completing encounter form or billing sheet = 3 Waiting for patient to undress = 4 Arranging for tests or consultations = 5 Writing a prescription = 6 Getting materials or equipment for consultation = 7 Consultation with other physician or staff = 8 Interpreting laboratory work or radiographs = 9 Looking up medical information = 10 Performing laboratory work = 11 Completing forms = 12 Telephone call from/to patient or family members = 13 Checking schedule = 14 Finding missing or pending laboratory information, radiographs or charts = 15 Looking up allowed referrals = 16 Other (specify): _____ = 17
Codes for highest level of education	Codes for highest level of medical training	
Completed primary = 1 Completed secondary = 2 Diploma/certificate = 3 Completed university degree = 4 Postgraduate university degree = 5 Others (Specify)_____ = 6	General Nursing,=17 Midwife =18 Registered Nurse / Registered Midwife (RN/RM) = 19 BNSc/Bsc =20 Post Basic Nursing =21 Midwife Educator =22 Nurse Educator =23 Junior CHEW =24 CHEW =25 CHO = 26 Env Health Officer = 27 Env Health Assistant = 28 Health Educator=29 Health Assistant=30 Medical Laboratory Technician (MLT)=31 Medical Laboratory Scientist (MLS) =32 Bachelor of Medical Laboratory Science (BMLS) = 33 No formal medical training = 34 Others (Specify)_____ =35	

Module 3: Patient case simulations (vignettes)


SUPPRESSED CONTENT

In order to preserve the confidentiality of the evaluation items, this version of the questionnaire suppresses the module.

Module 4: Health Facility Financing

Section A: Financial (Cash) Support

ENUMERATOR TELL THE RESPONDENT: "IT WOULD BE USEFUL IF YOU HAVE WITH YOU THE FACILITY BUDGET RECORDS, STOCK RECEIPT VOUCHER (SRV) AND FACILITY BOOK RECORDS TO HELP ANSWER SOME OF THE QUESTIONS"

Source Description	Source Code	1. Did this facility receive financial support (in cash) from any of the following governmental and non-governmental sources in the last fiscal year (i.e. Jan-Dec 2012)? Yes =1 No =2 SKIP to next source Don't Know= -99 SKIP to next source	2. Total Amount Received	3. Total Entitled Amount	4. Enumerator Note: Are the amounts indicated in Question 2- Question 3 based on observed Records?  Yes, observed=1 Not observed=2		5. On what schedule were these payments made? All at once =1 Semi-annually =2 Quarterly =3 Monthly =4 More than monthly =5 Irregularly =6	6. How much delay was there in receipt of these funds Always =1 Occasionally =2 Rarely =3 Never =4 Don't Know= -99	7. Were these funds earmarked for particular purposes? Yes =1 No =2 SKIP to next source Don't Know= -99 SKIP to next source	8. For what purpose were these funds earmarked? Expenditure type codes 1) Paying medical staff 2) Paying non-medical staff 3) Medicines 4) Other medical materials 5) Administrative expenses 6) Construction or expansion of facilities 7) Special programs							
			Please provide the exact amounts, or provide an estimate of the amount if exact figures are not available. Don't Know = -99		a.Q2	b.Q3				Expenditure type code READ ALL Enter Yes=1, No =2 for each type							
			(Naira)	(Naira)						1	2	3	4	5	6	7	
Federal MOH	1																
Other Federal funds	2																
State MOH	3																
Other state funds	4																
Local Government funds	5																
NHIS	6																
User fees (Patients fees)	7																
Drug Revolving Fund	8																
Other Revolving Funds	9																
International Donors/NGOs	10																
Private Donors	11																
Community	12																
Other Cash Receipts (specify) _____	13																

Module 4: Health Facility Financing


Section B: Non cash support to facilities

Item Description	Item Code	1. Did the facility receive supplies, REGULAR OR IRREGULAR, of this item from ANY source during the last fiscal year (Jan – Dec 2012) Yes=1, No=2 SKIP to Next item	2. If so, what source (List up to 3)					
			Source Codes:					
			1=Federal MOH 2=Other Federal funds 3=State MOH 4=Other state funds 5=Local Government funds		6=NHIS 7=Drug Revolving Fund 8=Other Revolving Funds 9=International Donors/NGOs 10=Private Donors 11=Community			
			FIRST SOURCE (A)		SECOND SOURCE (B)		THIRD SOURCE (C)	
			1a. Source	1b. Est. Value Don't Know=-99	2a Source	2c. Est. Value (Naira), Don't Know=-99	3a. Source	3c. Est. Value (Naira), Don't Know=-99
Medicines	1							
Vaccines	2							
Dressings and Other Non-Pharmaceuticals Medical Items	3							
Laboratory/Medical/Dental Equipment and Supplies	4							
Bedding and linen	5							
Medical records	6							
Food and Rations	7							
Uniforms & clothing	8							
Sanitary and Cleaning Materials, Supplies and Services	9							
Utilities (Electricity, Water & Sewerage)	10							
Transport (e.g fuel) and Communication	11							

Item Description	Item Code	1. Did the facility receive supplies, REGULAR OR IRREGULAR, of this item from ANY source during the fiscal year 2012 Yes=1, No=2 SKIP to Next item	2. If so, what source (List up to 3) Source Codes: 1=Federal MOH 2=Other Federal funds 3=State MOH 4=Other state funds 5=Local Government funds 6= NHIS 7=Drug Revolving Fund 8=Other Revolving Funds 9=International Donors/NGOs 10=Private Donors 11=Community					
			FIRST SOURCE (A)		SECOND SOURCE (B)		THIRD SOURCE (C)	
			1a. Source	1c. Est. Value Don't Know=-99	2a Source	2c. Est. Value (Naira), Don't Know=-99	3a. Source	3c. Est. Value (Naira), Don't Know=-99
Computers, Software, Printers & Other IT Equipment	12							
General Office Supplies	13							
Printing & publishing	14							
Advertising, Publicity and Awareness	15							
Vehicles	16							
Furniture & fittings	17							
Appliances & other equipment	18							
Construction	19							
Other (Specify) _____	20							

MODULE 4: Health Facility Financing

Section C: Expenditures

Expenditure Category	Item code	1. Did the facility BUY or PAY for any of the following items using cash funds (hard cash or bank funds) during the last fiscal year (Jan – Dec 2012) Yes=1 ; No=2 SKIP to Next item	2. Please indicate the facility's expenditures by revenue source during the last fiscal year (Jan – Dec 2012) (Naira)							3. Enumerator Note- <i>Was this information recorded from observed records</i>  Yes=1, no=2
			User fees (Naira)	FMOH (Naira)	Other FGN (Naira)	SMoH/ LGA (Naira)	Donors/ NGO (Naira)	Other (Specify) (Naira)	Total (Naira)	
Medicines	1.									
Vaccines	2.									
Non Pharmaceuticals Medical Items	3.									
Laboratory/Medical/Dental Equipment, Materials and Supplies	4.									
Wages for Health workers	5.									
Wages for non-Health workers	6.									
Food and Rations	7.									
Sanitary and Cleaning Materials, Supplies and Services	8.									
IT and Data Management Equipment	9.									
Purchase and maintenance of Vehicles, furniture and equipment	10.									
Training and workshops	11.									
Construction, civil works and Maintenance of Buildings	12.									
Accommodation & Catering services	13.									
Boards, Committees allowance, Conferences and Seminars	14.									
Printing & Publishing, Publicity & Awareness	15.									
General Office Supplies	16.									
Other (Specify) _____	17.									


Module 4: Health Facility Financing

Section D: User fees

How much (in Naira) do you charge for the following services? [Ask to see the boards or fee structure]

Not Applicable (if service not offered at the facility) write -98

Write '0' if service offered free

1	Registration	_ _ _ _ _ _ _	15	Medical Examination (specialist)	_ _ _ _ _ _ _
2	a. Consultation- 5 years or older	_ _ _ _ _ _ _	16	Radiological Examination	_ _ _ _ _ _ _
	b. Consultation- under 5 years of old	_ _ _ _ _ _ _			
3	Laboratory: Malaria Test	_ _ _ _ _ _ _	17	Dental Services: Cleaning	_ _ _ _ _ _ _
4	Laboratory: Random blood sugar	_ _ _ _ _ _ _	18	Dental Services: Extraction	_ _ _ _ _ _ _
5	Laboratory: Haemoglobin (Hb)	_ _ _ _ _ _ _	19	Dental Services: Root Canal	_ _ _ _ _ _ _
6	Laboratory: urinalysis	_ _ _ _ _ _ _	20	Dental Services: Other (Specify)	_ _ _ _ _ _ _
7	Laboratory: Other (Specify)	_ _ _ _ _ _ _	21	Dental Services: Other (Specify)	_ _ _ _ _ _ _
8	Drugs: Amoxicillin Syrup	_ _ _ _ _ _ _	22	Normal Delivery	_ _ _ _ _ _ _
9	U 5 services (Immunization, Diarrhea treatment, ARI)	_ _ _ _ _ _ _	23	Caesarean Section	_ _ _ _ _ _ _
10	ANC Visit	_ _ _ _ _ _ _	24	Bed Charges per day	_ _ _ _ _ _ _
11	Family Planning	_ _ _ _ _ _ _	25	Minor Surgery	_ _ _ _ _ _ _
12	Malaria treatment	_ _ _ _ _ _ _	26	General Surgery	_ _ _ _ _ _ _
13	HIV/AIDS	_ _ _ _ _ _ _	27	Specialized Surgery	_ _ _ _ _ _ _
14	TB	_ _ _ _ _ _ _			
28	Are the user fees/charges displayed at the facility service charters? [Ask to see the boards ] Yes=1, No=2	_	29	Is this facility covered by the NHIS-MDG scheme?	Yes = 1 No = 2
30	In your facility, who is exempt from paying user fees? (Read Out)		Yes = 1 No = 2		
	a.	All patients IF YES SKIP TO NEXT SECTION	_	g.	Members of health management board
	b.	Patients with chronic diseases	_	h.	Local politician
	c.	Elderly patients	_	i.	Child under five years
	d.	Very poor people	_	j.	Pregnant women
	e.	Facility staff	_	k.	Other (specify)
	f.	Relatives of staff	_		
31	What was the value for Waivers/Exemptions during the 2012 financial year?		Don't Know=-99	Amount in Naira	_ _ _ _ _ _ _ _ _ _ _ _ _

Module 4: Health Facility Financing

Section E: Planning and Financial Management

Annual Work Planning Process					
	Question	Unit	Response		Skip
1.	Do you have work plans for the fiscal year 2012? [ask to see the document]	Yes observed = 1 Yes but not observed = 2 No = 3	_ _		If no SKIP to Q 3.
2.	Was the Health Facility/Hospital management committee involved in developing the work plan?	Yes = 1 No = 2	_ _		
3.	Do you have a Quarterly Implementation Plan (QIP)? [ask to see the document]	Yes observed = 1 Yes but not observed = 2 No = 3	_ _		If no SKIP to Q 8.
4.	When did the facility submit the QIP for approval?	Date [dd/mm/yy]	_ _ _ / _ _ _ / _ _ _		
5.	When did the facility receive written approval from the LGA PHC Department for the QIP?	Date [dd/mm/yy]	_ _ _ / _ _ _ / _ _ _		
6.	Was there a delay in receiving QIP approval from the LGA PHC Department?	Yes = 1 No = 2	_ _		
7.	If yes, why?	Delay in submission of QIP by facility = 1 PHC delayed approving QIP = 2	_ _		
Financial Management					
8.	Which of the following financial management tools did you receive from the National Level (Federal)?				
	a.	Receipt books	Yes = 1 No = 2	_ _	
	b.	Payment voucher	Yes = 1 No = 2	_ _	
	c.	Cash Books	Yes = 1 No = 2	_ _	
	d.	Check Issue/Register	Yes = 1 No = 2	_ _	
	e.	General Ledger/Vote Book	Yes = 1 No = 2	_ _	
	f.	Stores Records	Yes = 1 No = 2	_ _	
	g.	Statement of expenditure	Yes = 1 No = 2	_ _	
	h.	Others (specify) _____	Yes = 1 No = 2	_ _	
	i.	None	Did not receive any = 1 Received some = 2	_ _	
9.	Have you submitted the financial report for the last quarter? [ask to see transmittal evidence]		Yes = 1 No = 2	_ _	If yes SKIP to Q 11
10.	If no, why haven't you submitted?	Report not ready = 1 No requirement to submit report = 2	Bank reconciliation not done = 3 No qualified staff = 4 Other (specify) = 5 _____	_ _	

11.	Do you have a staff member responsible for financial accounting?	Yes = 1 No = 2	__	
12.	Did the facility/hospital receive a supervision visit from the LGA-PHC in the last fiscal year (2012)?	Yes = 1 No = 2	__	HOSPITAL If no SKIP to Q 16 OTHER FACILITIES IF NO CONCLUDE INTERVIEW
13.	If yes, how often?	Monthly = 1 Quarterly = 2	Bi-quarterly = 3 Half yearly = 4 Yearly = 5	__
14.	If yes, did they use a checklist?	Yes = 1 No = 2	__	
15.	If yes, did they leave a copy or written feedback?	Yes = 1 No = 2	__	CONCLUDE INTERVIEW FOR HEALTH POSTS AND HEALTH CENTRES
Hospitals ONLY				
16.	Does the facility have a complete functional accounting unit with a qualified accountant?	Yes = 1 No = 2	__	
17.	Does the facility have an automated revenue collection system? (e.g. Cash Register)	Yes = 1 No = 2	__	
18.	Is the revenue collection system used by all Hospital Departments?	Yes = 1 No = 2	__	
19.	Did the facility/hospital receive a supervision visit from the SMoH in the last fiscal year (2012)??	Yes = 1 No = 2	__	IF NO CONCLUDE INTERVIEW
20.	If yes, how often?	Monthly = 1 Quarterly = 2	Bi-quarterly = 3 Half yearly = 4 Yearly = 5	__
21.	If yes, did they use a checklist?	Yes = 1 No = 2	__	IF NO CONCLUDE INTERVIEW
22.	If yes, did they leave a copy or written feedback?	Yes = 1 No = 2	__	

Enumerator to Respondent: Thank you for your time.

Module 5: Exit Interview

Section 0: Cover Sheet

Facility Information (Fill in before arriving to the Health Facility)				
1.	State	Number (see code)	_ _ _ _	
2.	Local Government Area	Number (see code)	_ _ _ _	
3.	Ward	Number (see code)	_ _ _ _ _ _ _	
4.	Health facility name	Name	_____	
5.	Health facility code	Number (see code)	_ _ _ _ _ _ _ _	
6.	Number of Adults without child interviewed	Number	_ _	
7.	Number of Adults accompanying child interviewed	Number	_ _	
Enumerator Information				
8.	Date of interview	Day/Month/Year (e.g. 15 /04/2013)		_ _ _ _ / _ _ _ _ / 2 0 1 3
9.	Enumerators doing visit	Name/Code	_ _ _ _ _ _ _ _	Name/Code
			_ _ _ _ _ _ _ _	
10.	Time of Exit Interview	Time in 24 hr. format (e.g. 07:30)		_ _ _ _ : _ _ _ _

Module 5: Exit Interview

Section A: Exit Interview of Adult Patient

Enumerator: INTERVIEWER, READ: Good morning/afternoon, my name is ____ and I work with HANOVIA Medical Limited. The Federal Ministry of Health has asked us to conduct a survey of health facilities in Nigeria. We are interviewing health facility staff and patients to find out the general level of service delivery and quality in health facilities. The information you can give us is important for the ministry to improve health services. If you agree to participate, your confidentiality will be respected. You have the right to refuse to participate at the beginning of the interview or at any time during the interview. Are you willing to participate in an interview?

General

0.	Patient interview number (in order of interview sequence)	Number (1-4)	__
1.	Please tell me the reason of your visit today? I came for..... <div style="display: flex; justify-content: space-between;"> <div> Curative Care- 1st time consultation Malaria=1 Upper Respiratory Tract Infections (Cough related)=2 Diarrhea=3 Fever=4 Other=5 Curative Care – Follow up visit Malaria=6 Upper Respiratory Tract Infections (Cough related)=7 Diarrhea=8 Fever=9 Other=10 </div> <div> Non-curative visit Family Planning =11 Antenatal Care=12 Postnatal Care=13 VCT=14 Collect Medicine =15 Other (Specify) =16 </div> </div>		__ __
2.	How old are you? Write “ 999” if the respondent doesn’t know ENUMERATOR NOTE: CONTINUE ONLY IF RESPONDENT IS 18 YEARS OR OLDER		__ __ __ years
3.	Please, may we have your cell phone number? [Not essential]	Number	__ __ __ __ __ __ __ __ __ __
4.	What is the highest level of education that you completed?	Some Primary = 1 Completed Primary = 2 Completed Secondary = 3 Diploma/Certificate = 4 Completed university degree = 5 Postgraduate University Degree = 6 No Formal Schooling= 7 Other (specify) = 8	__
5.	What is your gender? Male = 1 Female = 2	__	
6.	What is your marital status?	Single = 1 SKIP to 8 Married/Living together = 2 Widowed = 3SKIP to 8 Divorced/Separated = 4SKIP to 8	__
7.	If married or living with a partner, what is the highest level of education that your spouse / partner completed?	Some Primary = 1 Completed Primary = 2 Completed Secondary = 3 Diploma/Certificate = 4 Completed university degree = 5 Postgraduate University Degree = 6 No Formal Schooling= 7 Other (specify) = 8	__

Time and Expense					
8.	How far is your household from this health facility?[distance in kilometers] Less than 1km=1 ;1 – 5km=2; 6 -10 Km=3, Above 10Km=4		9.		How long did it take you to reach this health facility from home today, one way in minutes?
10.	What was your primary mode of transportation today? [One way]	By foot = 1 Bicycle = 2 Animal = 3 Private car = 4	Public bus or taxi= 5 Private motorcycle = 6 Motorcycle taxi = 7 Other(specify) = 8	11.	How much did it cost in NAIRA for you to travel to the health facility today, one way?
12.	How long did you wait in the health facility before being seen for consultation by the health worker? [in minutes]		13.		Do you think the waiting time was too long? Yes = 1 No = 2
14.	How long did you spend with the doctor or nurse during the consultation? [in minutes]		15.		How much did you pay for this consultation in NAIRA? [if none, state 0]
16.	Was a laboratory test done?	Yes = 1 No = 2	17.		How much did you pay for this test in NAIRA? [if none, write 0]
18.	Were medicines dispensed to you today?	Yes = 1 No = 2	19.		How much did you pay for this medicine in NAIRA? [if none, state 0]
20.	How much was spent in total in NAIRA at the facility for this visit, not including transportation costs? If 0, SKIP to 22				
21.	Where did the money come from that was used to pay for health care today? DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD IF MENTIONED =1 IF NOT MENTIONED = 2 YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?") Multiple response allowed	a. Household budget	b. From a relative or a friend	c. Savings	d. Selling household property or possessions
		e. Health insurance	f. Other (specify)		
22.	Are you currently covered under a health insurance scheme?	Yes = 1 No = 2 If NO, SKIP to 24	23.	What type of health insurance is this? Yes=1, No=2	
				a. Public	
				b. Private	
				c. Community	
24.	Were you prescribed medicine that was not dispensed at the facility? Yes=1, No=2 If NO, SKIP to 26		25.	Why was the medicine not dispensed Not in Stock=1; Cannot Afford Them=2; Other, Specify=3	

Patient Satisfaction					
26.	What was the most important reason you chose this health facility today instead of a different source of care? [DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.]	<div style="display: flex; justify-content: space-between;"> <div> Location close to home = 1 Low cost = 2 Trust in providers/High quality = 3 Timeliness/promptness of service=4 Availability of drugs = 5 </div> <div> Availability of a female provider = 6 Recommendation or referral = 7 Facility is only available option = 8 Other (specify) = 9 </div> </div>			
27.	What was the second most important reason you chose this health facility today instead of a different source of care? [DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.]				
I'm going to read you a series of statements regarding this health facility. Please tell me if you agree or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you. Strongly agree = 1; Agree = 2; Disagree = 3; Strongly disagree = 4; Not applicable = 5					
28.	It is convenient to travel from your house to the health facility.	__	29.	The lab fees of this visit to the health facility were reasonable.	__
30.	The health facility is clean.	__	31.	The medication fees of this visit to the health facility were reasonable.	__
32.	The health facility staffs are courteous and respectful.	__	33.	The transport fees for this visit to the health facility were reasonable.	__
34.	The health workers did a good job of explaining your condition.	__	35.	The amount of time you spent waiting to be seen by a health provider was reasonable.	__
36.	It is easy to get medicine that health workers prescribe.	__	37.	You had enough privacy during your visit.	__
38.	The registration fees of this visit to the health facility were reasonable.	__	39.	The health worker spent a sufficient amount of time with you.	__
40.	The hours the facility is open are adequate to meet your needs.	__	41.	I would recommend this facility for someone else to use	__
I'm going to read you a series of statements regarding security and trust in this health facility. Please respond to the statements as you did above by confirming if you agree or disagree with each statement. Please tell me if any of those statements is not applicable to you. Strongly agree = 1; Agree = 2; Disagree = 3; Strongly disagree = 4; Not applicable = 5					
42.	The level of security in the health facility area makes it difficult for people in the community to use available health services.	__	43.	The health workers in this facility are extremely thorough and careful.	__
44.	The health workers in this facility care about your health.	__	45.	You trust in the skills and abilities of the health workers of this facility.	__
46.	The health workers in this facility act differently toward rich people than toward poor people.	__	47.	You completely trust the health worker's decisions about medical treatments in this facility.	__
48.	All in all, you trust the health worker completely in this health facility.	__	49.	The health workers in this facility are very friendly and approachable.	__

Household Socio-economic status. Note: Household is defined here as people living together and eating from the same pot.				
50.	Does your household own any land or house?			Yes = 1 No = 2
	For your home, what is the main material used for the following: [DO NOT READ CHOICES ALOUD]	Earth/Mud Bricks = 1 Stone = 2 Burnt Bricks = 3 Cement/Concrete = 4 Wood/Bamboo Iron Sheets = 6 Cardboard = 7 Tiles/Slates = 8	Plank = 9 Dirt/Straw = 10 Thatch (grass or straw) = 11 Roofing Tiles = 12 Asbestos = 13 Other (specify) = 14	51. Wall
				52. Rooftop
				53. Floor
54.	How many rooms does your household have, including rooms outside the main dwelling, not counting the kitchen and bathrooms? (DO NOT COUNT KITCHEN AND BATHROOM)			
55.	How many people live in your household? [WRITE THE TOTAL NUMBER IN EACH CATEGORY]	a.	Men 18 years and older	
		b.	Women 18 years and older	
		c.	Children between 6 & 17 years	
		d.	Children 5 years and below	
		e.	Total	
56.	How many [ASSET]s does your household own? [ONLY INCLUDE FUNCTIONING ASSETS. IF ZERO, RECORD ZERO AND GO TO NEXT ASSET] Read out the options	a.	Furniture (3/4 piece sofa set)?	
		b.	Furniture (chairs)?	
		c.	Furniture (Dining Table)?	
		d.	Radio/CD/cassette player?	
		e.	Television?	
		f.	Clothes iron (electric)?	
		g.	Clothes iron (charcoal)?	
		h.	Electric stove?	
		i.	Gas cooker?	
		j.	Kerosene Stove?	
		k.	Bed?	
		l.	Mattress?	
		m.	Refrigerator / freezer?	
		n.	Washing machine?	
		o.	Land line telephone?	
		p.	Mobile / Telephone?	
		q.	Motorcycle?	
		r.	Bicycle?	
		s.	Truck or car?	
		t.	Wheelbarrow?	
u.	Plough?			
v.	Hoes / harrows / axes?			

Module 5: Exit Interview

Section B: Exit Interview of Adult accompanying a Child under 5 years

Enumerator: INTERVIEWER, READ: hello, my name is ____ and I work with HANOIA Medical Limited. The Federal Ministry of Health has asked us to conduct a survey of health facilities in Nigeria. We are interviewing health facility staff and patients to find out the general level of service delivery and quality in health facilities. The information you can give us is important for the ministry to improve health services. If you agree to participate, your confidentiality will be respected. You have the right to refuse to participate at the beginning of the interview or at any time during the interview. Are you willing to participate in an interview?

General	
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[illegible]

11.	If married or living with a partner, what is the highest level of education that your spouse / partner completed?				Completed Primary = 1 Completed Secondary = 2 Diploma/Certificate = 3 Completed university degree = 5	Postgraduate University Degree = 6 No Formal Schooling = 7 Other (specify) = 8	__	
Time and Expense								
12.	How far is your household from this health facility? [distance in kilometers] Less than 1km=1 ; 1 – 5km=2; 6 -10 Km=3, Above 10Km=4				__	13.	How long did it take you to reach this health facility from home today, one way in minutes?	__
14.	What was your primary mode of transportation today? [One way]	By foot = 1 Bicycle = 2 Animal = 3 Private car = 4	Public bus or taxi = 5 Private motorcycle = 6 Motorcycle taxi = 7 Other (specify) = 8	__	15.	How much did it cost in NAIRA for you to travel to the health facility today, one way?		__
16.	How long did you wait in the health facility before being seen for consultation by the health worker? [in minutes]				__	17.	Do you think the waiting time was too long?	Yes = 1 No = 2
18.	How long did you spend with the doctor or nurse during the consultation? [in minutes]				__	19.	How much did you pay for this consultation in NAIRA? [if none, state 0]	
20.	Was a laboratory test done?	Yes = 1 No = 2	__ If no SKIP to Q22		21.	How much did you pay for this test in NAIRA? [if none, write 0]		__
22.	Were medicines dispensed to the child today?	Yes = 1 No = 2	__ If no SKIP to Q24		23.	How much did you pay for this medicine in NAIRA?		__
24.	How much was spent in total in NAIRA at the facility for this visit, not including transportation costs? If 0 SKIP to Q26							__
25.	Where did the money come from that was used to pay for health care today? DO NOT CITE ANSWERS, BUT FOR EACH OPTION RECORD IF MENTIONED =1, IF NOT MENTIONED =2. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS (E.G., "ANYTHING ELSE?")	Household budget	__	From a relative or a friend	__			
		Savings	__	Selling household property or possessions	__			
		Health insurance	__	Other (specify)	__			
26.	Is the child currently covered under a health insurance scheme?	Yes = 1 No = 2 If no SKIP to Q28	__	27.	What type of health insurance is this? Yes=1, No=2	a. Public __ b. Private __ c. Community __		
28.	Was the child prescribed medicine that was not dispensed at the facility? Yes=1, No=2 If no SKIP to Q30	__	29.	Why was the medicine not dispensed Not in Stock=1; Cannot Afford Them=2; Other, Specify=3	__			
Patient Satisfaction								
30.	What was the most important reason you chose this health facility today instead of a different source of care? [DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.]				Location close to home = 1 Low cost = 2 Trust in providers/High quality = 3 Timeliness/promptness of service = 4 Availability of drugs = 5		Availability of a female provider = 6 Recommendation or referral = 7 Facility is only available option = 8 Other (specify) = 9	__
31.	What was the second most important reason you chose this health facility today instead of a different source of care? [DO NOT READ OPTIONS ALOUD. ONLY ONE ANSWER IS ALLOWED.]							__

	I'm going to read you a series of statements regarding this health facility. Please tell me if you agree or disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you. Strongly agree = 1; Agree = 2; Disagree = 3; Strongly disagree = 4; Not applicable = 5				
32.	It is convenient to travel from your house to the health facility.	__	33.	The lab fees of this visit to the health facility were reasonable.	__
34.	The health facility is clean.	__	35.	The medication fees of this visit to the health facility were reasonable.	__
36.	The health staff are courteous and respectful.	__	37.	The transport fees for this visit to the health facility were reasonable.	__
38.	The health workers did a good job of explaining your condition.	__	39.	The amount of time you spent waiting to be seen by a health provider was reasonable.	__
40.	It is easy to get medicine that health workers prescribe.	__	41.	You had enough privacy during your visit.	__
42.	The hours the facility is open are adequate to meet your needs.	__	43.	The health worker spent a sufficient amount of time with you.	__
44.	The registration fees of this visit to the health facility were reasonable.	__	45.	I would recommend this facility for another person to use	__
	I'm going to read you a series of statements regarding security and trust in this health facility. Please respond to the statements as you did above by confirming if you agree or disagree with each statement. Please tell me if any of those statements is not applicable to you. Strongly agree = 1; Agree = 2; Disagree = 3; Strongly disagree = 4; Not applicable = 5				
46.	The level of security in the health facility area makes it difficult for people in the community to use available health services.	__	47.	The health workers in this facility are extremely thorough and careful.	__
48.	The health workers in this facility care about your health.	__	49.	You trust in the skills and abilities of the health workers of this facility.	__
50.	The health workers in this facility act differently toward rich people than toward poor people.	__	51.	You completely trust the health worker's decisions about medical treatments in this facility.	__
52.	All in all, you trust the health worker completely in this health facility.	__	53.	The health workers in this facility are very friendly and approachable.	__
Household Socio-economic status. Note: Household is defined here as people living together and eating from the same pot					
54.	Does your household own any land or house?				Yes = 1 No = 2 __
55.	For your home, what is the main material used for the following: [DO NOT READ CHOICES ALOUD]	Earth/Mud Bricks = 1 Stone = 2 Burnt Bricks = 3 Cement/Concrete = 4 Wood/Bamboo Iron Sheets = 6 Cardboard = 7 Tiles/Slates = 8	Plank = 9 Dirt/Straw = 10 Thatch (grass or straw) = 11 Roofing Tiles = 12 Asbestos = 13 Other (specify) = 14	a. Wall b. Rooftop c. Floor	__ __ _____ __ __ _____ __ __ _____
56.	How many rooms does your household have, including rooms outside the main dwelling, not counting the kitchen and bathrooms? (DO NOT COUNT KITCHEN AND BATHROOM).				__

57.	How many people live in your household? [WRITE THE TOTAL NUMBER IN EACH CATEGORY]	a.	Men 18 years and older	_ _ _
		b.	Women 18 years and older	_ _ _
		c.	Children between 6 & 17 years	_ _ _
		d.	Children 5 years and below	_ _ _
		e.	Total	_ _ _ _
58.	How many [ASSET]s does your household own? [ONLY INCLUDE FUNCTIONING ASSETS. IF ZERO, RECORD ZERO AND GO TO NEXT ASSET]	a.	Furniture (3/4 piece sofa set)?	_ _ _
		b.	Furniture (chairs)?	_ _ _
		c.	Furniture (Dining Table)?	_ _ _
		d.	Radio/CD/cassette player?	_ _ _
		e.	Television?	_ _ _
		f.	Clothes iron (electric)?	_ _ _
		g.	Clothes iron (charcoal)?	_ _ _
		h.	Electric stove?	_ _ _
		i.	Gas Cooker?	_ _ _
		j.	Kerosene Stove?	_ _ _
		k.	Bed?	_ _ _
		l.	Mattress?	_ _ _
		m.	Refrigerator / freezer?	_ _ _
		n.	Washing machine?	_ _ _
		o.	Land line telephone?	_ _ _
		p.	Mobile / Telephone?	_ _ _
		q.	Motorcycle?	_ _ _
		r.	Bicycle?	_ _ _
		s.	Truck or car?	_ _ _
		t.	Wheelbarrow?	_ _ _
u.	Plough?	_ _ _		
v.	Hoes/harrows/axes?	_ _ _		