



Health Results Based Financing NIGERIA 2014



Health Facility Questionnaire HF3 - Direct Observations for Antenatal Care Visit

STATE		Code		
LGA		Code		
Ward		Code		
Facility Name		Facility No.		
Facility type	1= Primary, 2= Secondary	Code		
Ownership	1= Public	Code	1	
Patient Name		Number		

GPS COORDINATES OF HEALTH FACILITY											
LATITUDE (NORTH)											
LONGITUDE (EAST)											

	LANGUAGE	INTERVIEW	
MOBILE PHONE SIGNAL AVAILABLE AT FACILITY?	ENGLISH 1 IGBO 4	<input type="checkbox"/>	Translator Used?
Yes 1 <input type="checkbox"/>	HAUSA 2 OTHER, SPECIFY: 8	RESPONDENT	NEVER 1
No 2 <input type="checkbox"/>	YORUBA 3	<input type="checkbox"/>	SOMETIMES 2
			ALWAYS 3

HEALTH FACILITY TYPE CODE	Code					RESULT OF THE DIRECT OBSERVATION	
Health Facility Type (enter code) 11: Basic Primary Health Center 21: Cottage Hospital 12: Model Primary Health Center 22: Other secondary 13: Comprehensive Primary Health Center 31: General Hospital 14: Health Post 32: Other tertiary 19: Other Primary Health Center				<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		OBSERVATION DONE 01 PARTIALLY COMPLETED 02 PERSON IN CHARGE REFUSED TO PARTICIPATE 03 PERSON IN CHARGE IS OUT (STAFF THAT IS PRESENT IS NOT AUTHORIZED) 04 FACILITY IS EMPTY (NO STAFF MEMBERS) 05 HEALTH FACILITY NOT FOUND 06 PATIENT REFUSED TO PARTICIPATE 51 OTHER, SPECIFY: 96	

INTERVIEWER	CODE						
			Observation	DAY	MONTH	YEAR	
				START TIME		END TIME	

SUPERVISOR	CODE

DAY	MONTH	YEAR

DATA ENTRY OPERATOR	CODE						
			DAY	MONTH	YEAR		

Patient or family member—Direct observation

Instructions for the Interviewer: *The following is to be read verbatim to the client prior to the consultation and interview. If the subject then agrees to participate, you must sign on the line marked “Witness to Consent Procedures” at the end of this form. Also mark the date on the appropriate line.*

Purpose of research: The purpose of the study is to better understand the health service quality received by patients at government health facilities. We will observe and/or ask you some questions about your experiences as a client of health services. This information will help the Government and its partner organizations to provide better health care to the population.

Study Investigators: This study is being conducted by the Federal Ministry of Health in cooperation with the National Bureau of Statistics (NBS) and the World Bank. This study is sponsored by the World Bank, Washington DC, USA

Expected duration of research and of participant(s)' involvement: The observation should not take more than half an hour. During the observations, research study staff will observe the services you receive from the facility. The survey staff may or may not ask you any question during the observations.

Risks/discomforts: There is no risk in participating in this study. You may feel uncomfortable by the presence of outside observer.

Costs to the participants: Your participation in this research will not cost you anything in money terms.

Benefit(s): You or others participating in this survey will not be paid for being in this study. There is no immediate or direct benefit to you for participating in the survey. However, the information collected through the survey will help the Government and other organizations to provide better health care.

Confidentiality: Your personal information will not be shared with anyone other than the persons involved with this study. Any report or publication from the study will provide summary information and you will not be identified in any reports or publications by any means. The honesty of your answers is very important.

Voluntariness: Your participation in this study is voluntary and you may decide not to participate. You have the right not to allow the study staff to observe the services you receive or you can discontinue participation at any stage during this observation. Your decision will not result in any penalty or loss of benefits in any way.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent for any of the following reasons: (a) if it is in your best interest; (b) or for any other reason.

Questions: If you have any questions, please feel free to ask the interviewer at any time during the interview. OR contact:

Project Director, NBS, Email: mosalami_nbs@yahoo.com; Phone: 08072377722

Desk Officer for NHREC, Email: deskofficer@nhrec.net ; Phone: 08065479926

Do not agree to be in this research unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of person obtaining informed consent:

I have fully explained this research to _____ and have given sufficient information, including about risks and benefits, to make an informed decision.

DATE: _____ SIGNATURE: _____

NAME: _____

Statement of person giving consent:

I have read the description of the research or have had it translated into and/or read to me in a language I understand. I understand that my participation is voluntary. Based on the information about the research, I have decided to participate in the study. I understand that I may freely stop being a part of this study at any time.

DATE: _____ SIGNATURE: _____

NAME: _____

WITNESS' SIGNATURE (if applicable): _____

WITNESS' NAME (if applicable): _____

(4.00)	Section 4: Observation, PHARMACY SERVICE FOR ANTENATAL CARE	RECORD RESPONSE	
(4.01)	PATIENT NAME		
(4.02)	PATIENT CODE		
(4.03)	DRUGS OBTAINED TODAY?	YES=1 , NO=2 STOP IF 2	
(4.04)	TIME WHEN THE PATIENT ARRIVED AT PHARMACY OR STORE AREA FOR SERVICE	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(4.05)	NAME OF HEALTHCARE WORKER		
(4.06)	HEALTH WORKER SERIAL NUMBER FROM ROSTER		
(4.07)	SEX OF HEALTH WORKER	MALE 1, FEMALE=2	
(4.08)	FROM ROSTER, RECORD HEALTH WORKER TYPE AND CODE	HEALTH WORKER TYPE	
(4.09)	IS THERE A QUEUE TO GET DRUGS?	YES=1 , NO=2	
(4.10)	AT WHAT TIME DID THE PHARMACY STORE PERSON START PROVIDING SERVICE TO PATIENT?	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.	
(4.11)	DID THE HEALTHWORKER ASK FOR THE PRESCRIPTION FROM THE PATIENT?	YES=1 , NO=2	
(4.12)	DID HEALTH WORKER LET THE PATIENT KNOW IF THE FACILITY HAS ALL THE DRUGS PRESCRIBED?	YES=1 , NO=2	
(4.13)	DID HEALTH WORKER LET THE PATIENT KNOW PRICE OF EACH OF THE DRUGS?	YES=1 , NO=2	
(4.14)	WAS THE HEALTH WORKER RESPECTFUL TOWARDS THE PATIENT/CAREGIVER?	YES=1 , NO=2	
(4.15)	DID THE HEALTH WORKER RESPOND TO ALL THE QUESTIONS THE PATIENT/CAREGIVER HAD?	YES=1 , NO=2	
(4.16)	DID THE HEALTHCARE WORKER EXPLAIN THE NUMBER OF TIMES THE DRUGS SHOULD BE TAKEN IN A DAY?	YES=1 , NO=2	
(4.17)	DID THE HEALTHCARE WORKER MENTION HOW LONG EACH OF THE MEDICINES SHOULD BE TAKEN?	YES=1 , NO=2	
(4.18)	DID THE HEALTHCARE PROVIDER DISCUSS POTENTIAL SIDE EFFECTS OF THE DRUGS?	YES=1 , NO=2	
(4.19)	HOW MANY DRUGS WERE PRESCRIBED TO THE PATIENT TODAY? (ASK DRUG DISPENSER IS NOT SURE)		
(4.20)	HOW MANY DRUGS DID THE PATIENT BUY OR GET TODAY? (ASK THE DRUG DISPENSER)		
(4.21)	DID THE PROVIDER PRESCRIBE ANY ANTIBIOTICS TO THE PATIENT TODAY? (ASK DRUG DISPENSER)	YES=1 , NO=2	
(4.22)	HOW MANY ANTIBIOTICS WERE PRESCRIBED? (ASK THE DRUG DISPENSER AT THE PHARMACY). IF NONE, RECORD "00"		

(4.23)	TIME WHEN THE PATIENT RECEIVED THE DRUGS AND EXITED THE PHARMACY AREA	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.				
(4.24)	WHERE DID THE PATIENT GO NEXT AFTER PHARMACY SERVICES?	Waiting area/room	1			
		Another consultation	2			
		Pharmacy	3			
		Laboratory	4			
		Diagnostic test area	5			
		Admission to inpatient care	6			
		Other areas	7			
		Exit the facility	8			
(4.25)	TIME WHEN THE PATIENT WAS CALLED OR TOLD TO MOVE TO NEXT SERVICE INCLUDING ADMISSION IN THE HOSPITAL (IF OPTIONS CHOSEN ARE 1,2,3,4,5,6 AND 7)	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900				
IF THE PATIENT WAS SENT FOR COUNSELING TO ANOTHER PROVIDER, COMPLETE THIS FORM AGAIN FOR THE NEW PROVIDER. IF THE PATIENT WAS SENT FOR LAB TESTS, COMPLETE LAB TEST SECTION (SECTION 3). IF THE PATIENT WENT TO PHARMACY OR DRUG STORE IN THE FACILITY, COMPLETE PHARMACY SECTION (SECTION 4), IF SENT FOR DIAGNOSTIC TESTS, COMPLETE DIAGTEST SECTION (SECTION 5)						
IF THE PATIENT IS LEAVING THE FACILITY, REQUEST HER TO PARTICIPATE IN EXIT INTERVIEW						

(5.21)	DID THE HEALTH WORKER EXPLAIN THE STEPS TO BE FOLLOWED FOR THE TEST?	YES=1 , NO=2			
(5.22)	DID THE HEALTH WORKER INFORMED THE PATIENT OR CARETAKER WHEN THE RESULTS WILL BE AVAILABLE?	YES=1 , NO=2			
(5.23)	DID HEALTH WORKER USE PROTECTIVE JACKET FOR X-RAYS?	YES=1, NO=2, NOT APPLICABLE =3			
(5.24)	DID HEALTH WORKER USE CLEAN SUPPLIES FOR DOING DIAGNOSTIC TESTS (UNUSED SUPPLIES)?	YES=1, NO=2, NOT APPLICABLE=3			
(5.25)	WAS THE PRINTOUT OF ECG CLEAR?	YES=1, NO=2, NOT APPLICABLE=3			
(5.26)	WAS THE PRINTOUT OF ULTRASOUND CLEAR?	YES=1, NO=2, NOT APPLICABLE=3			
(5.27)	DID THE HEALTH WORKER TELL THE PATIENT OR CARETAKER THE COST OF EACH OF THE TESTS?	YES=1 , NO=2			
(5.28)	TIME WHEN THE PATIENT COMPLETED THE TESTS AND EXITED THE AREA	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900.			
(5.29)	WHERE DID THE PATIENT GO NEXT AFTER DIAGNOSTIC TESTS?	Waiting area/room	1		
		Another consultation	2		
		Pharmacy	3		
		Laboratory	4		
		Diagnostic test area	5		
		Admission to inpatient care	6		
		Other areas	7		
		Exit the facility	8		
(5.30)	TIME WHEN THE PATIENT WAS CALLED OR ASKED TO MOVE TO NEXT SERVICE INCLUDING ADMISSION IN THE HOSPITAL (IF OPTIONS CHOSEN ARE 1,2,3,4,5,6 AND 7)	7 am is 0700, 8.30 am is 0830 and 7 pm is 1900			

IF THE PATIENT WAS SENT FOR COUNSELING TO ANOTHER PROVIDER, COMPLETE CONSULTATION FORM AGAIN FOR THE NEW PROVIDER. IF THE PATIENT WAS SENT FOR LAB TESTS, COMPLETE LAB TEST SECTION (SECTION 3). IF THE PATIENT WENT TO PHARMACY OR DRUG STORE IN THE FACILITY, COMPLETE PHARMACY SECTION (SECTION 4), IF SENT FOR DIAGNOSTIC TESTS, COMPLETE DIAGTEST SECTION (SECTION 5)

IF THE PATIENT IS LEAVING THE FACILITY, REQUEST HER TO PARTICIPATE IN EXIT INTERVIEW