

Health Worker ID			



**Gombe State Malaria Control Booster Project
Impact Evaluation: Primary Health Facility Worker Survey
2012**

Conducted with the Support of the World Bank

Implementing Firm: Hanovia Medical Limited

NAME OF STATE

NAME OF LGA

CODE

NAME OF WARD

CODE

NAME OF PRIMARY HEALTHCARE FACILITY

CODE

SEA NUMBER

--	--

RURAL	1
PERI-URBAN	2
URBAN	3

NAME OF VILLAGE

INTERVIEWER NAME

CODE

--

DATE OF FIRST INTERVIEW

DAY	MONTH	YEAR

INTERVIEWER NAME

CODE

--

DATE OF FINAL INTERVIEW

DAY	MONTH	YEAR

RESULT OF INTERVIEW	COMPLETED	1
	PARTIALLY COMPLETED	2
	REFUSAL	3
	CDD NOT PRESENT	4
	OTHER (SPECIFY)	96

LANGUAGES	ENGLISH	01
	BOLEWA	02
	FULFULDU	03
	HAUSA	04
	IGBO	05
	KANURI	06
	TANGALE	07
	TERA	08
	OTHER (SPECIFY)	96

LANGUAGE OF THE INTERVIEW

RESPONDENTS' LOCAL LANGUAGE

TRANSLATOR USED (1 = NEVER; 2 = SOMETIMES; 3 = ALWAYS)

SUPERVISOR NAME

TEAM	ID

DAY	MONTH	YEAR

DATA ENTRY OPERATOR

TEAM	ID

DAY	MONTH	YEAR

DATA ENTRY SUPERVISOR

TEAM	ID

DAY	MONTH	YEAR

CONSENT

Instructions for Enumerator: Read the standard Health Worker Interview Consent text.

(0.01) Do you agree to participate in this interview?

YES	1	
NO	2	

▶ END INTERVIEW

GENDER OF RESPONDENT

MALE	1	
FEMALE	2	

NAME OF RESPONDENT (HEALTH WORKER)

Mobile Phone #: _____ **Email:** _____

GPS:

Way Point ID

Latitude (N):

Longitude (E):

COMMENTS





CODE

—

—

—

—

—

—

—

—

—
—

Section 1: General Information

(1.01) What is your current age, in years? RECORD NUMBER OF YEARS:

(1.02) What is your marital status?

MARRIED	01	OTHER (SPECIFY)	96	
SINGLE	02	▼		<input type="text"/>
DIVORCED	03			
WIDOWED	04			

(1.03) What is the highest grade you have completed in school?

JS1	21	VOCATIONAL	32	
JS2	22	TECHNICAL	33	<input type="text"/>
JS3	23	UNIVERSITY UNDERGRADUATE	42	
SS1	24	UNIVERSITY GRADUATE	43	
SS2	25	OTHER (SPECIFY)	96	
SS3	26	▶		

(1.04) For how many years have you been resident in this community? RECORD NUMBER OF YEARS:

(1.05) For how many years have you worked as a health worker, after formal completion of your highest training? RECORD NUMBER OF YEARS:

(1.06) What type of primary health facility are you employed at?

HEALTH POST	01			
PRIMARY HEALTH CLINIC	02			<input type="text"/>
PRIMARY HEALTH CARE CENTER	03			
OTHER (SPECIFY)	96	▶		

(1.07) For how many years have you worked as a health worker at this facility? RECORD NUMBER OF YEARS:

(1.08) What is your official position at this health facility?

DOCTOR	01	SENIOR CHEW	07	
CLINICAL OFFICER	02	JUNIOR CHEW	08	<input type="text"/>
NURSE	03	OTHER (SPECIFY)	96	
MIDWIFE	04	▼		
PHARMACIST	05			
LAB TECHNICIAN	06			

(1.09) What type of employment contract do you have?

PERMANENT WITH PENSION	01			
PERMANENY WITHOUT PENSION	02			<input type="text"/>
SHORT TERM	03			
PART TIME	04			
OTHER (SPECIFY)	96	▶		

(1.10) Are you, or have you been, involved with volunteer and / or community work?

YES, VOLUNTEER	01
YES, COMMUNITY	02
YES, VOLUNTEER AND COMMUNITY	03
NO	04

▶ **NEXT SECTION**

(1.11) What kind of community and / or volunteer work are / were you involved in?

CAMPAIGNS FOR SPECIAL EVENTS (e.g. NATIONAL IMMUNIZATION DAYS, SAFE MOTHERHOOD DAY, LLIN DISTRIBUTION, WORLD MALARIA DAY, ETC.)	01
COMMUNITY DEVELOPMENT WORK (e.g. BUILDING BOREHOLES, ETC.)	02
PROVIDING COMMUNITY / NEIGHBORHOOD SECURITY	03
COMMUNITY HEALTH PROMOTION (e.g. FAMILY PLANNING, IMMUNIZATION, HIV, ET	04
OTHER (SPECIFY)	96



Section 2: Training and Services

(2.01) Have you received any training for your current work (in addition to your normal education)?

YES	01
NO	02

▶ (2.11)

(2.02) Who provided this training?

LOCAL GOVERNMENT	01	PRIVATE ORGANIZATION	07
STATE GOVERNMENT	02	RELIGIOUS ORGANIZATION	08
FEDERAL GOVERNMENT	03	OTHER (SPECIFY)	96
PMV ASSOCIATION	04		
SOCIETY FOR FAMILY HEALTH (SFI)	05		
OTHER NGO	06		

▼

(2.03) Have you received any training specifically for specifically for management of malaria or fever?

YES	01
NO	02

▶ (2.07)

(2.04) Who provided this training?

LOCAL GOVERNMENT	01	PRIVATE ORGANIZATION	07
STATE GOVERNMENT	02	RELIGIOUS ORGANIZATION	08
FEDERAL GOVERNMENT	03	OTHER (SPECIFY)	96
PMV ASSOCIATION	04		
SOCIETY FOR FAMILY HEALTH (SFI)	05		
OTHER NGO	06		

▼

(2.05) Have you received any training specifically for management of malaria with Artemisinin Combination Therapy (ACT)?

YES	01
NO	02

▶ (2.07)

(2.06) Who provided this training?

LOCAL GOVERNMENT	01	PRIVATE ORGANIZATION	07
STATE GOVERNMENT	02	RELIGIOUS ORGANIZATION	08
FEDERAL GOVERNMENT	03	OTHER (SPECIFY)	96
PMV ASSOCIATION	04		
SOCIETY FOR FAMILY HEALTH (SFI)	05		
OTHER NGO	06		

▼

(2.07) What topics were covered in these trainings? READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

YES	01		
NO	02		

A. Childhood diseases (ARI, diarrhea, fever)	<input type="checkbox"/>	J. Malaria	<input type="checkbox"/>
B. Family Planning	<input type="checkbox"/>	K. Nutrition	<input type="checkbox"/>
C. Antenatal and postnatal care	<input type="checkbox"/>	L. Sanitation and home hygiene	<input type="checkbox"/>
D. Labor and delivery	<input type="checkbox"/>	M. Mental health	<input type="checkbox"/>
E. Newborn care	<input type="checkbox"/>	N. Disabilities	<input type="checkbox"/>
F. Tuberculosis	<input type="checkbox"/>	O. Management training	<input type="checkbox"/>
G. Vaccinations	<input type="checkbox"/>	P. Other (specify)	<input type="checkbox"/>
H. Record keeping / Inventory management	<input type="checkbox"/>		

▼

I. Record keeping / Inventory management

(2.08) Are there other training needs you personally feel you need for your present job?

YES	01		<input type="checkbox"/>
NO	02	▶ (2.11)	

(2.09) What additional training do you feel you need? READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

YES	01	EACH OPTION	
NO	02		

A. Childhood diseases (ARI, diarrhea, fever) J. Malaria

B. Family Planning K. Nutrition

C. Antenatal and postnatal care L. Sanitation and home hygiene

D. Labor and delivery M. Mental health

E. Newborn care N. Disabilities

F. Tuberculosis O. Management training

G. Vaccinations P. Other (specify)

H. Record keeping / Inventory management ▼

I. Record keeping / Inventory management

(2.10) Which of the following services have you provided within the past 3 months?

YES	01	READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION
NO	02	

A. Consultations for sick children	<input type="checkbox"/>	M. TBA / CDD training	<input type="checkbox"/>
B. Refer very sick children	<input type="checkbox"/>	N. Refer pregnant women with danger signs	<input type="checkbox"/>
C. Vaccinations / support outreach vaccination campaigns	<input type="checkbox"/>	O. Postnatal care	<input type="checkbox"/>
D. Consultations for adults	<input type="checkbox"/>	P. Newborn care	<input type="checkbox"/>
E. Provide birth spacing methods	<input type="checkbox"/>	Q. TB diagnosis	<input type="checkbox"/>
F. Give iron tablets and nutrition advice to pregnant women	<input type="checkbox"/>	R. DOTS treatment for TB	<input type="checkbox"/>
G. Refer pregnant women for tetanus toxoid and antenatal care	<input type="checkbox"/>	S. Malaria treatment	<input type="checkbox"/>
H. Supervise and advise TBA / CDD	<input type="checkbox"/>	T. Distribute mosquito nets	<input type="checkbox"/>
I. Supervise / perform home deliveries	<input type="checkbox"/>	U. Consult on mental health	<input type="checkbox"/>
J. Supervise / perform home deliveries in facility	<input type="checkbox"/>	V. Consult on disabilities	<input type="checkbox"/>
K. Refer pregnant women with danger signs	<input type="checkbox"/>	W. Health education for groups of people	<input type="checkbox"/>
L. Antenatal care	<input type="checkbox"/>	X. Other (specify)	<input type="checkbox"/>

▼

(2.11) Do you have any job aids hanging in your health facility which describe the signs and symptoms of malaria and how to prevent and/or treat this?

YES (SEEN)	01	<input type="checkbox"/>
YES (NOT SEEN)	02	
NO	03	

Section 3: Working Conditions

(3.01) According to your contract, what are your hours of work at this facility on...

A. Monday to Friday?	<input type="text"/>	to	<input type="text"/>
B. Saturday?	<input type="text"/>	to	<input type="text"/>

RECORD NUMBER OF HOURS FOR EACH PERIOD

C. Sunday?	<input type="text"/>	to	<input type="text"/>
D. Public Holidays?	<input type="text"/>	to	<input type="text"/>

(3.02) On average, how many hours per day are you at this facility on...

A. Monday to Friday?	<input type="text"/>
B. Saturday?	<input type="text"/>

RECORD NUMBER OF HOURS FOR EACH PERIOD

C. Sunday?	<input type="text"/>
D. Public Holidays?	<input type="text"/>

(3.03) Do you feel that this is too few, too many, or just the right amount?

TOO FEW	01
TOO MANY	02
JUST RIGHT	03

ASK FOR EACH PERIOD

A. Monday to Friday?	<input type="text"/>
B. Saturday?	<input type="text"/>

C. Sunday?	<input type="text"/>
D. Public Holidays?	<input type="text"/>

(3.04) How many days did you work at this facility last week?

RECORD NUMBER OF DAYS

(3.05) How many hours in total did you work at this facility last week?

RECORD NUMBER OF HOURS

(3.06) Did you work yesterday?

YES	01
NO	02

▶ **(3.08)**

(3.07) How many hours did you work yesterday? ▶ **(3.09)**

RECORD NUMBER OF HOURS

(3.08) How many hours did you work on the last day you were at work (not including today)?

RECORD NUMBER OF HOURS

(3.09) How have your actual total hours worked per week changed since 1 year ago?

INCREASED	01
DECREASED	02
SAME	03

(3.10) In the last month, what were the three most common reasons for you being late for work?		
TRAVELLING TO WORK TAKES TOO LONG	01	AUTHORIZED LATE ARRIVAL (TRAINING)
SICK	02	AUTHORIZED LATE ARRIVAL (PICK UP
SICK RELATIVES / FAMILY	03	SALARY / DRUGS / EQUIPMENT)
HAVE ANOTHER JOB (PAID)	04	NEVER LATE
HAVE ANOTHER JOB (UNPAID)	05	OTHER (SPECIFY)
MUST CARE FOR CHILDREN	06	▼
HOUSEHOLD CHORES	07	
TIRED FROM PREVIOUS DAY	08	
		▶ (3.12)

(3.11) The last time you were late for work, what was the reason why?		
TRAVELLING TO WORK TAKES TOO LONG	01	AUTHORIZED LATE ARRIVAL (TRAINING)
SICK	02	AUTHORIZED LATE ARRIVAL (PICK UP
SICK RELATIVES / FAMILY	03	SALARY / DRUGS / EQUIPMENT)
HAVE ANOTHER JOB (PAID)	04	OTHER (SPECIFY)
HAVE ANOTHER JOB (UNPAID)	05	▼
MUST CARE FOR CHILDREN	06	
HOUSEHOLD CHORES	07	
TIRED FROM PREVIOUS DAY	08	

--

(3.12) In the last month (30 days), how many days were you absent from work?		RECORD NUMBER OF DAYS
IF NONE	00	▶ (3.15)

--

(3.13) The last time you were absent from work, what was the reason why?

TRAVELLING TO WORK TAKES TOO LONG	01	AUTHORIZED LATE ARRIVAL (TRAINING)	09
SICK	02	AUTHORIZED LATE ARRIVAL (PICK UP SALARY / DRUGS / EQUIPMENT)	10
SICK RELATIVES / FAMILY	03	OTHER (SPECIFY)	96
HAVE ANOTHER JOB (PAID)	04	▼	
HAVE ANOTHER JOB (UNPAID)	05		
MUST CARE FOR CHILDREN	06		
HOUSEHOLD CHORES	07		
TIRED FROM PREVIOUS DAY	08		

(3.14) When you are away from the facility (other than training, outreach, and authorized leave), do any of the following occur?

READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION

YES	01
NO	02

A. FACILITY HEAD PHONES ME

D. ABSENCES ARE REFLECTED IN MY PERFORMANCE ASSESSMENT

B. SALARY / ALLOWANCE DEDUCTION

E. OTHER (SPECIFY)

▼

C. MANAGER DISCUSSES IT WITH YOU

(3.15) What is the distance from your house to the health facility at which you work, in kilometers?

RECORD DISTANCE IN KILOMETERS:

(3.16) What mode of transport do you use most often to travel to the health facility?

WALKING	01	OTHER (SPECIFY)	96
MOTOR CYCLE	02	▼	
BICYCLE	03		
MOTOR VEHICLE (TRUCK OR CAR)	04		
BOAT	05		

(3.17) How much time does it usually take for you to travel to the health facility one way, in hours and minutes?

RECORD NUMBER OF HOURS:

RECORD NUMBER OF MINUTES:

Section 4: Compensation

4.1: Salary

(4.01) How long ago did you last receive your salary?

< 7 DAYS AGO	01	1-2 MONTHS AGO	04
1-2 WEEKS AGO	02	>2 MONTHS AGO	05
2-4 WEEKS AGO	03		

(4.02) What is your current monthly net salary?

RECORD MONTHLY NET SALARY IN NAIRA

(4.03) What was your monthly net salary one year ago?

NOT APPLICABLE	89
----------------	----

RECORD FORMER MONTHLY NET SALARY IN NAIRA

(4.04) What major factor determines the size of your salary change?

ROUTINE INCREMENT	01	DON'T KNOW	89
INDIVIDUAL PERFORMANCE	02	OTHER (SPECIFY)	96
PROMOTION	03	▼	
NO CHANGE	04		

(4.05) For the last 12 months, did you receive all your due salaries for all months?

YES	01
NO	02

▶ (4.08)

(4.06) How many months were you not paid your due salary?

RECORD NUMBER OF MONTHS

(4.07) In the months that you did not receive your salaries, what reasons were usually given for not

YES	01
NO	02

READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION

- A. LACK OF FUNDS
- B. SYSTEMIC DELAY
- C. SALARY WITHHELD TO SERVICE OUTSTANDING DEBTS

- D. NON-PAYMENT WAS NOT EXPLAINED
- E. OTHER (SPECIFY)
- ▼

(4.08) For the last 12 months, did you ever receive less money than your net salary payable, which you did not consent to or understand, and which was never explained to you or justified?

YES	01
NO	02

▶ 4.11

(4.09) What percentage, or how much, of your salary was removed or "missing" in the last 12 months?

OR
RECORD PERCENTAGE (%)
RECORD AMOUNT

(4.10) Did you ever recover this part of your salary?

YES	01
NO	02

4.2: Other Compensation

(4.11) Do you currently receive any of the following benefits as part of your primary job?

READ ALL OPTIONS ALOUD, AND RECORD "YES" / "NO" FOR EACH OPTION

YES	01
NO	02

A. FREE HOUSING PROVIDED BY FACILITY

E. SHOES FOR YOUR WORK

B. HEALTH CARE BENEFITS AND MEDICINES

F. OFFICIAL TRANSPORT TO AND FROM WORK

C. FOOD / MEALS AT WORK

G. OTHER (SPECIFY)

D. UNIFORM FOR YOUR WORK

▼

(4.12) Do you currently receive a housing allowance?

YES	01
NO	02

▶ (4.15)

(4.13) What is the payment period?

DAY	01
WEEK	02

MONTH	01
YEAR	02

(4.14) On average, how much do you receive per period?

RECORD AVERAGE RECEIVED PER PERIOD IN NAIRA

(4.15) Do you receive a hardship allowance for living in rural areas?

YES	01
NO	02

▶ (4.18)

(4.16) What is the payment period?

DAY	01
WEEK	02

MONTH	01
YEAR	02

(4.17) On average, how much do you receive per period?

RECORD AVERAGE RECEIVED PER PERIOD IN NAIRA

(4.18) Do you receive a travel allowance?

YES	01
NO	02

▶ (4.21)

(4.19) What is the payment period?

DAY	01
WEEK	02

MONTH	01
YEAR	02

(4.20) On average, how much do you receive per period? RECORD AVERAGE RECEIVED PER PERIOD IN NAIRA

(4.21) Do you currently receive bonuses that are based on the volume of services your facility providers or the quality of services?
 YES 01
 NO 02 ▶ (4.24)

(4.22) What is the payment period?
 DAY 01 MONTH 01
 WEEK 02 YEAR 02

(4.23) On average, how much do you receive per period? RECORD AVERAGE RECEIVED PER PERIOD IN NAIRA

(4.24) Do you receive any other allowances?
 YES (SPECIFY) 01 ▶ _____
 NO 02 ▶ (4.27)

(4.25) What is the payment period?
 DAY 01 MONTH 01
 WEEK 02 YEAR 02

(4.26) On average, how much do you receive per period? RECORD AVERAGE RECEIVED PER PERIOD IN NAIRA

4.3: Other Economic Activities

(4.27) Other than your work at the health facility, have you done any other job in the last 12 months?
 YES 01
 NO 02 ▶ NEXT SECTION

(4.28) Other than your health facility job, what kind of work did you mainly do?
 PROFESSIONAL 01 OTHER (SPECIFY) 96
 TECHNICAL 02 ▼
 SMALL BUSINESS OWNER 03
 FARMER 04
 LIVESTOCK KEEPER 05
 FISHERMAN 06
 LABORER 07

(4.29) What sector is this job connected with?
 AGRICULTURE 01 TRANSPORT AND COMMUNICATION 10
 FISHING 02 FINANCE AND INSURANCE 11
 FORESTRY, HUNTING, LIVESTOCK 03 PUBLIC ADMINISTRATION 12
 MINING AND QUARRYING 04 EDUCATION 13
 MANUFACTURING 05 HEALTH 14
 ELECTRICITY / GAS / WATER 06 OTHER (SPECIFY) 96
 CONSTRUCTION 07 ▼
 TOURISM / HOTEL 08
 TRADE AND COMMERCE 09

(4.30) What is the main reasons for pursuing this other job?
 CANNOT MAKE ENDS MEET ON PRIMARY INCOME 01 SEEING PATIENTS I COULD NOT SEE DURING WORKING HOURS 06

HOURLY PAY IS VERY GOOD	02
GAIN EXPERIENCE NOT AVAILABLE IN HEALTH FACILITY	03
BETTER WORKING ENVIRONMENT	04

OTHER (SPECIFY) 96



(4.31) Who paid your wages?

SELF-EMPLOYED	01
EMPLOYER	02
FAMILY (PAID)	03
FAMILY (UNPAID)	04
OTHER (SPECIFY)	05

OTHER (SPECIFY) 96



(4.32) How many hours per week did you normally work on this other job?

RECORD NUMBER OF HOURS:

(4.33) During the past 12 months, how many months did you work at this other job?

RECORD NUMBER OF MONTHS:

(4.34) What was your total income from this other job during the past 12 months, including the value of in-kind payments?

RECORD INCOME IN NAIRA:

4.4: Assets

(4.35) How many of each of the following assets does your household own?

READ OPTIONS ALOUD AND RECORD NUMBER OF ITEMS EARNED FOR EACH ASSET. IF NONE, RECORD "0"

A. Radio / CD / Cassette player

N. Land line telephone

B. Television

O. Mobile telephone

C. Pressing iron (electric / non-electric)

P. Motorcycle

D. Electric stove

Q. Bicycle

E. Gas stove

R. Motor vehicle (truck or car)

F. Lamp

S. Wheelbarrow

G. Bed

T. Boat

H. Mattress / sleeping mat

U. Tractor

I. Refrigerator / freezer

V. Crop sprayer / spraying machine

J. Paraffin stove

W. Irrigation equipment (water pumps, etc.)

K. Sewing machine

X. Ploughs / harrows

L. Table

Y. Hoes / axes

M. Sofa

Z. Fishing net / fishing equipment

(4.36) Does your household own any land?
 YES 01
 NO 02 ▶ (4.39)

(4.37) What is the size of this land? RECORD BOTH UNIT CODE AND AMOUNT
 SQUARE METER 01 UNIT CODE:
 HECTARE 02 AMOUNT:
 OTHER (SPECIFY) 96 ▶ _____

(4.38) If you were to sell all of the land you own, how much do you think you would receive for it? RECORD AMOUNT IN NAIRA:

(4.39) How much land did you cultivate during the past agricultural season? RECORD BOTH UNIT CODE AND AMOUNT
 SQUARE METER 01 UNIT CODE:
 HECTARE 02 AMOUNT:
 OTHER (SPECIFY) 96 ▶ _____

(4.40) How many of each of the following animals does your household own? READ OPTIONS ALOUD AND RECORD NUMBER OF ITEMS EARNED FOR EACH ASSET. IF NONE, RECORD "0"

- | | | | |
|------------------|----------------------|-------------------|----------------------|
| A. Goats | <input type="text"/> | H. Donkey / Horse | <input type="text"/> |
| B. Sheep | <input type="text"/> | I. Cow | <input type="text"/> |
| C. Pigs | <input type="text"/> | J. Bull | <input type="text"/> |
| D. Chicken | <input type="text"/> | K. Oxon | <input type="text"/> |
| E. Guinea Fowl | <input type="text"/> | L. Calves | <input type="text"/> |
| F. Ducks / Geese | <input type="text"/> | M. Rabbits | <input type="text"/> |
| G. Turkey | <input type="text"/> | | |

Section 5: Monitoring, Supervision, and Record Keeping

5.1: Monitoring and Supervision

- (5.01) Do you have a supervisor, or anyone responsible for providing feedback on your performance?
 YES 01
 NO 02 ▶ (5.13)
- (5.02) Who is responsible for supervising your work (e.g. providing feedback on your job performance, discussing your staff development)?
 HEALTH FACILITY MANAGER 01
 OTHER HEALTH FACILITY WORKER 02
 LGA OFFICER 03
 OTHER (SPECIFY) 04 ▶ _____
- (5.03) How many times per year do you meet with your supervisor to discuss your job performance? RECORD NUMBER OF TIMES PER YEAR
- (5.04) How often does this monitoring or supervision usually take place?
 WEEKLY 01 OTHER (SPECIFY) #
 MONTHLY 02 ▼
 EVERY TWO MONTHS 03
 EVERY THREE MONTHS 04 _____
- (5.05) When is the last time you met with your supervisor to discuss your performance or your career development?
 WITHIN PAST 30 DAYS 01 WITHIN PAST 3-6 MONTHS 03
 WITHIN PAST 30-91 DAYS 02 MORE THAN 6 MONTHS AGO 04
- (5.06) What did your supervisor do when he/she last came to see you? RECORD "YES" / "NO" FOR EACH OPTION, BUT DO NOT READ
- | | | | |
|---|--|--|--|
| YES 01 | | | |
| NO 02 | | | |
| A. BROUGHT SUPPLIES <input type="checkbox"/> | F. PROVIDED HEALTH INSTRUCTION <input type="checkbox"/> | | |
| B. CHECKED RECORDS <input type="checkbox"/> | G. PROVIDED ADMINISTRATIVE INSTRUCTION <input type="checkbox"/> | | |
| C. CHECKED FINANCES <input type="checkbox"/> | H. PROVIDED INSTRUCTION IN FILLING HMIS FORMS <input type="checkbox"/> | | |
| D. OBSERVED CONSULTATION <input type="checkbox"/> | I. OTHER (SPECIFY) <input type="checkbox"/> | | |
| E. ASKED KNOWLEDGE QUESTIONS <input type="checkbox"/> | ▼ _____ | | |
- (5.07) Have you discussed job difficulties with your supervisor within the last year?
 YES 01 ▶ (5.09)
 NO 02
- (5.08) What is the main reasons you have not discussed your job difficulties with your supervisor in the last year?
 SUPERVISOR NOT AVAILABLE 01 TRIED TO DISCUSS BEFORE, AND NO CHANGE RESULTED 04
 SUPERVISOR CANNOT HELP ME 02 OTHER (SPECIFY) 96
 IT IS NOT APPROPRIATE / I DON'T _____

FEEL COMFORTABLE 03
 DISCUSSING IT WITH



► (5.13)

(5.09) After these discussions, did you notice any improvements?

YES 01
 NO 02

(5.10) How satisfied were you with the last supervisory meeting?

VERY UNSATISFIED 01 SATISFIED 03
 UNSATISFIED 02 VERY SATISFIED 04

(5.11) Do these supervisory meetings motivate you?

YES 01 ► (5.13)
 NO 02

(5.12) Why are the results not useful?

NO FEEDBACK FROM MANAGEMENT 01 NO APPRECIATION OF GOOD WORK 03
 NO CHANGES ARE MADE 02 OTHER (SPECIFY) 96

(5.13) I'm now going to read you a series of statements about situations you may face in your current job. Each of these issues has the potential of inhibiting someone from doing their job well.

How would you characterize the following issues associated with your work? Is it...

"Major Problem" 01
 "Problem" 02
 "Somewhat of a problem" 03
 "Not a problem" 04

RECORD "YES" / "NO" FOR EACH
 OPTION, READ OPTIONS ALOUD.

A. AMOUNT OF FEEDBACK ON PERFORMANCE

H. WORKING ENVIRONMENT

B. CARETAKERS BRING CHILDREN TO CLINIC TOO LATE

I. AVAILABILITY OF DRUGS AND SUPPLIES

C. CURRENT MEDICAL KNOWLEDGE

J. AVAILABILITY OF WORKING EQUIPMENT

D. AVAILABILITY OF ADEQUATE TRANSPORT

K. AMOUNT OF SUPERVISION

E. AVAILABILITY OF TIME

L. SALARY LEVELS

F. PERSONAL MOTIVATION

M. SECURITY

G. NUMBER OF STAFF

5.2: Record Keeping

(5.14) Do you keep regular records of your work in this health facility?

YES 01
 NO 02 ► NEXT SECTION

(5.15) Can I see your records?

YES	01
NO	02



(5.16) How often do you keep such records?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

- A. DAILY
- B. WEEKLY
- C. MONTHLY

D. OTHER (SPECIFY)

▼

(5.17) What do these records contain?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

- A. PATIENT DETAILS
- B. DIAGNOSIS
- C. DRUGS RECEIVED
- D. DRUGS DISPENSED
- E. PATIENT REFERRALS

F. ACCOUNTING RECORDS

G. OTHER (SPECIFY)

▼

(5.18) Do you submit your records to anyone?

YES	01
NO	02

▶ NEXT SECTION

(5.19) Who do you submit your records to?

YES	01
NO	02

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

- A. HEAD OF FACILITY
- B. LGA AUTHORITIES
- C. STATE AUTHORITIES

D. OTHER (SPECIFY)

▼

(5.20) Do you have any documentation of the records you have submitted?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

(5.21) Do you receive any feedback on your records?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

▶ NEXT SECTION

(5.22) What kind of feedback do you receive?

YES (SEEN)	01
YES (NOT SEEN)	02
NO	03

RECORD "YES" / "NO" FOR ALL ITEMS
BELOW, BUT DO NOT READ RESPONSES
TO THE RESPONDENT

A. WAYS TO IMPROVE RECORD-KEEPING

C. CRITICISM FOR WORK NOT DONE WELL

B. WAYS TO IMPROVE WORK

D. OTHER (SPECIFY)

C. FEEDBACK ON YOUR PERFORMANCE
(RELATIVE TO OTHER HEALTH
WORKERS / HEALTH FACILITIES)



D. SPECIAL RECOGNITION FOR WORK
WELL DONE

Section 6: Community Support

(6.01) In the last 3 months, did you receive any other support from the general community?

YES 01
 NO 02 ▶ **(6.03)**

(6.02) What types of support did you receive?

YES 01
 NO 02

RECORD "YES" / "NO" FOR ALL ITEMS
 BELOW, BUT DO NOT READ
 RESPONSES TO THE RESPONDENT

A. CASH PAYMENTS

E. APPRECIATION / RECOGNITION

B. OTHER (IN-KIND) PAYMENTS

F. OTHER (SPECIFY)

C. DONATIONS OF SUPPLIES / EQUIPMENT

D. COMMUNITY MOBILIZATION TO USE
 PMV SERVICES

(6.03) In what ways have other health workers in the community supported you in the past 3 months?

YES 01
 NO 02

RECORD "YES" / "NO" FOR ALL ITEMS
 BELOW, BUT DO NOT READ
 RESPONSES TO THE RESPONDENT

A. SHARED DRUGS

F. APPRECIATION / RECOGNITION

B. REFERRED PATIENTS TO YOU

G. NO SUPPORT FROM OTHER HEALTH WORKERS

C. SHARED KNOWLEDGE ABOUT
 DISEASE PREVENTION / TREATMENT

H. OTHER (SPECIFY)

D. COMMUNITY MOBILIZATION TO USE
 HEALTH SERVICES

E. HELP WITH RECORD KEEPING

Section 7. Health Worker Satisfaction

(7.01) Why have you chosen to do health work?

DESIRE TO SERVE COMMUNITY	01
STATUS	02
MONETARY COMPENSATION	03
HAD TO / FORCED TO ACCEPT	04

OTHER (SPECIFY) 96



(7.02) What are the biggest difficulties you face in doing your job?

YES	01
NO	02

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

A. LACK OF TRAINING / KNOWLEDGE

G. LACK OF SUPPLIES AND DRUGS

B. LACK OF SUPERVISION / FEEDBACK ON PERFORMANCE

H. INADEQUATE COMPENSATION

C. PATIENTS/CARETAKERS SEEK ADVICE TOO LATE

I. LACK OF COMMUNICATION WITH HEALTH FACILITY

D. LACK OF TIME

J. SECURITY

E. LACK OF MOTIVATION

K. OTHER (SPECIFY)

F. LACK OF SUPPORT FROM COMMUNITY



(7.03) How would you rate the following statements? Do you:

Strongly disagree	01
Disagree	02
Agree	03

Strongly agree	04
Not applicable	05
Don't know	89

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Your job makes you feel good about yourself

F. You are a hard worker

B. You are proud to be working in this health facility

G. You are punctual about coming to work

C. You are glad that you are working for this facility ather than for another health

H. These days, you feel motivated to work as hard as you can

D. The health facilityreally inspires you to do your very best on the job

I. Overall, you are very satisfied with your job

E. You always complete your tasks efficiently and effectively

J. You are satisfied with the opportunity to use your abilities in your job

(7.04) How would you rate the following aspects of your work? Are you:

Very Unsatisfied	01	Very Satisfied	04	
Unsatisfied	02	Not applicable	05	
Satisfied	03	Don't know	89	

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

- | | |
|---|--|
| <p>A. Working relationship with other facility staff <input style="width: 50px; height: 25px;" type="text"/></p> <p>B. Working relationship with LGA health authorities <input style="width: 50px; height: 25px;" type="text"/></p> <p>C. Working relationship with State health authorities <input style="width: 50px; height: 25px;" type="text"/></p> <p>D. Management of health facility <input style="width: 50px; height: 25px;" type="text"/></p> <p>E. Relationships with local traditional leaders <input style="width: 50px; height: 25px;" type="text"/></p> <p>F. Availability of medicine in the health facility <input style="width: 50px; height: 25px;" type="text"/></p> <p>G. Availability of equipment in the health facility <input style="width: 50px; height: 25px;" type="text"/></p> <p>H. The physical condition of the health facility building <input style="width: 50px; height: 25px;" type="text"/></p> <p>I. Your ability to provide high quality care <input style="width: 50px; height: 25px;" type="text"/></p> <p>J. Your respect in the community <input style="width: 50px; height: 25px;" type="text"/></p> | <p>K. Your training opportunities to upgrade your skills and knowledge <input style="width: 50px; height: 25px;" type="text"/></p> <p>L. Your ability to meet the needs of the community <input style="width: 50px; height: 25px;" type="text"/></p> <p>M. Your salary <input style="width: 50px; height: 25px;" type="text"/></p> <p>N. Employment benefits (travel allowances, bonus, etc.) <input style="width: 50px; height: 25px;" type="text"/></p> <p>O. Safety and security to live and practice in the community <input style="width: 50px; height: 25px;" type="text"/></p> <p>P. Living accommodations for your family <input style="width: 50px; height: 25px;" type="text"/></p> <p>O. Education for your children (IF NO CHILDREN, RECORD "00") <input style="width: 50px; height: 25px;" type="text"/></p> <p>P. Your boss' recognition of your good work <input style="width: 50px; height: 25px;" type="text"/></p> <p>Q. Your opportunities for promotion <input style="width: 50px; height: 25px;" type="text"/></p> <p>R. Overall, your satisfaction with your job <input style="width: 50px; height: 25px;" type="text"/></p> |
|---|--|

(7.05) Compared to what you expected when you started work in this health facility, how would you rate the following aspects of your work? Are you:

Less satisfied than you expected?	01
As satisfied as you expected?	02
More satisfied than you expected	03

Not applicable	04
Don't know	89

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

- | | | | |
|---|----------------------|---|----------------------|
| A. Working relationship with other facility staff | <input type="text"/> | K. Your training opportunities to upgrade your skills and knowledge | <input type="text"/> |
| B. Working relationship with LGA health authorities | <input type="text"/> | L. Your ability to meet the needs of the community | <input type="text"/> |
| C. Working relationship with State health authorities | <input type="text"/> | M. Your salary | <input type="text"/> |
| D. Management of health facility | <input type="text"/> | N. Employment benefits (travel allowances, bonus, etc.) | <input type="text"/> |
| E. Relationships with local traditional leaders | <input type="text"/> | O. Safety and security to live and practice in the community | <input type="text"/> |
| F. Availability of medicine in the health facility | <input type="text"/> | P. Living accommodations for your family | <input type="text"/> |
| G. Availability of equipment in the health facility | <input type="text"/> | O. Education for your children (IF NO CHILDREN, RECORD "00") | <input type="text"/> |
| H. The physical condition of the health facility building | <input type="text"/> | P. Your boss' recognition of your good work | <input type="text"/> |
| I. Your ability to provide high quality care | <input type="text"/> | Q. Your opportunities for promotion | <input type="text"/> |
| J. Your respect in the community | <input type="text"/> | R. Overall, your satisfaction with your job | <input type="text"/> |

(7.06) What are the top three things you would change about your work to improve your level of satisfaction?

WORKING RELATIONSHIP WITH OTHER HEALTH FACILITY WORKERS	01
RELATIONSHIP WITH COMMUNITY / COMMUNITY LEADERS	02
COMMUNITY SUPPORT (FINANCIAL / O	03
AVAILABILITY OF MEDICINES	04
QUALITY OF MEDICINES	05
YOUR LEVEL OF RESPECT IN THE COMMUNITY	06
TRAINING OPPORTUNITIES	07
YOUR ABILITY TO MEET THE NEEDS OF THE COMMUNITY	08
INCENTIVES	09

DO NOT READ ANSWERS. RECORD UP TO THREE RESPONSES:

<input type="text"/>	<input type="text"/>	<input type="text"/>
1ST	2ND	3RD

OTHER EMPLOYMENT BENEFITS	10
SAFETY AND SECURITY TO LIVE AND WORK IN YOUR COMMUNITY	11
LIVING ACCOMODATIONS FOR YOUR F	12
RECOGNITION OF YOUR GOOD WORK	13
OVERALL SATISFACTION WITH CDD W	14
OTHER (SPECIFY)	96



(7.07) Do you know of any health workers that have stopped working at this facility?

YES 01
NO 02

(7.09)

(7.08) What is the reason they no longer work at this facility?

MOVED OUT OF VILLAGE 01
DIED 02
FOUND ANOTHER JOB 03
DISSATISFIED DUE TO LACK OF SALARY OR PAY 04
DID NOT FEEL SUPPORTED BY COMMUNITY 05

CONFLICT WITH FACILITY MANAGEMENI 06
DID NOT FEEL SUPPORTED BY HEALTH FACILITY / SUPERVISOR 07
SECURITY 08
OTHER (SPECIFY) 96

(7.09) In the past 3 months, has there been any incidence that made you feel threatened or afraid to continue providing services?

YES 01
NO 02

NEXT SECTION

(7.10) What was the primary reason you felt threatened or afraid to continue providing services?

DANGER FROM ARMED GROUPS / MILITANTS 01
DANGER FROM CRIMINAL ACTIVITIES LIKE ROBBERY 02
RESISTANCE TO WORK FROM COMMUNITY 03
RESISTANCE TO WORK FROM COMMUNITY LEADERS 04

RESISTANCE TO WORK FROM FACILITY MANAGEMENT 05
CONFLIT WITH OTHER HEALTH WORKER 06
OTHER (SPECIFY) 96

Section 8. Knowledge and Quality of Care

8.1: Health Worker Knowledge of Malaria

(8.01) What is the main cause of malaria?

MOSQUITOES	01
DIRTY FOODS	02
DIRTY LIQUIDS	03
CLIMATE / WEATHER	04

WITCHCRAFT	04
OTHER (SPECIFY)	96

(8.02) What are the danger signs or symptoms of malaria?

FEVER	01
HEADACHE	02
NAUSEA	03
VOMITING	04
BODY WEAKNESS	05
SEIZURE / CONVULSION	06
OTHER (SPECIFY)	96

DO NOT READ
ANSWERS. RECORD
UP TO 3 RESPONSES

1ST

2ND

3RD

(8.03) How can someone protect themselves against malaria?

MOSQUITO NET	01
INSECT REPELLENT	02
INSECT SCREENS	03
PREVENTIVE MEDICATION	04
INSECTICIDE (IRS)	05
MOSQUITO COILS	06
AVOID DIRTY FOODS	07
AVOID DIRTY LIQUIDS	08
FILL IN PUDDLES	09
KEEP HOUSE CLEAN	10
BURN GRASS	11
OTHER (SPECIFY)	96

DO NOT READ
ANSWERS. RECORD
UP TO 3 RESPONSES

1ST

2ND

3RD

(8.04) Which of the following have members of your household done to protect themselves from malaria? Have they:

Used mosquito net?	01
Used insect repellent?	02
Use insect screens?	03
Used Preventive medication?	04
Used insecticide (IRS)?	05
Use mosquito coils?	06
Avoided dirty foods?	07
Avoided dirty liquids?	08
Filled in puddles / Avoided stagnant w:	09
Kept house clean?	10
Burned grass?	11
Other? (SPECIFY)	96

READ ANSWERS.
RECORD UP TO 3
RESPONSES

1ST

2ND

3RD

(8.05) What is the best way to treat malaria?

SP / FANSIDAR	01
CHLOROQUINE	02
AMODIQUINE	03
QUININE	04
ACT (COARTEM)	05
ARTHEMETAN	06
TRADITIONAL MEDICINE	07
OTHER (SPECIFY)	96

DO NOT READ
ANSWERS. RECORD
UP TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

(8.06) What drug does the government recommend for the treatment of malaria?

SP / FANSIDAR	01
CHLOROQUINE	02
AMODIQUINE	03
QUININE	04
ACT (COARTEM)	05
ARTHEMETAN	06
TRADITIONAL MEDICINE	07
OTHER (SPECIFY)	96

DO NOT READ
ANSWERS. RECORD
UP TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

(8.07) What is the primary source of knowledge about malaria in your community?

COMMUNITY HEALTH WORKER (CHW)	01
COMMUNITY-DIRECTED DISTRIBUTOR (CDD)	02
VILLAGE / WARD DEVELOPMENT COMMITTEE	03
PATENT MEDICINE VENDOR	04
DOCTOR AND / OR NURSE	05
HEALTH FACILITY / HOSPITAL	06
RADIO / TV	07
NEWSPAPER / MAGAZINE	08
FAMILY	09
FRIENDS AND / OR NEIGHBORS IN THE CITY	10

DO NOT READ
ANSWERS. RECORD
UP TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

PMV ASSOCIATION	11
FRIENDS AND / OR NEIGHBORS IN THE VILLAGE	12
OTHER (SPECIFY)	96

8.2: Quality of Care - Previous Experiences

(8.08) In the last two weeks, have you seen any patients with fever?

YES	01
NO	02

(8.21)

(8.09) How many patients have you seen in the last two weeks?

RECORD NUMBER OF PATIENTS:

THE FOLLOWING QUESTIONS RELATE TO THE LAST PATIENT YOU SAW WITH FEVER

(8.10) When did you see your last patient with fever?

IN THE LAST 24 HOURS	01
IN THE LAST 7 DAYS (WEEK)	02
IN THE LAST 14 DAYS (2 WEEK)	03
OTHER	96

(8.21)

(8.11) Was this patient male or female?

MALE	01
FEMALE	02

(8.12) How old was this patient?

12 MONTHS OR LESS	01
BETWEEN 1 AND 5 YEARS	02
OLDER THAN FIVE YEARS	03
DON'T KNOW / DON'T REMEMBER	04

(8.13) What symptoms did the patient have?

FEVER	01
HEADACHE	02
NAUSEA	03
VOMITING	04
BODY WEAKNESS	05
SEIZURE / CONVULSION	06
OTHER (SPECIFY)	96

DO NOT READ
ANSWERS. RECORD
UP TO 3 RESPONSES

1ST
2ND
3RD

(8.14) How did you diagnose the patient?

CLINICAL DIAGNOSIS (BY OBSERV,	01
WITH RAPID DIAGNOSTIC TEST	02
MICROSCOPY	03
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.15) What was your initial diagnosis?

UNCOMPLICATED MALARIA	01
COMPLICATED MALARIA	02
FEVER (NOT MALARIA-RELATED)	03
DEHYDRATION	04
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.16) What action did you take?

TEPID SPONGE CHILD AND PROVIDE TREATMENT WITH ARTEMISININ COMBINATION	01
PROVIDE TREATMENT WITH ACT	02
PROVIDE TREATMENT WITH OTHER ANTI-MALARIAL	03
PROVIDE TREATMENT WITH OTHER MEDICINE	04

NOTE FIRST REPLY ONLY

REFER TO HOSPITAL	06
NO ACTION	07
OTHER (SPECIFY)	96

▼

(8.17) Did you record details about this patient?

YES	01
NO	02

(8.21)

(8.18) Can I see this entry?

YES	01
NO	02

(8.21)

(8.19) CHECK THE RESPONSE (8.10) TO (8.16)

DO THESE MATCH THE ENTRY IN THE PATIENT REGISTER?

YES	01
NO	02

(8.21)

(8.20) What was the outcome for the patient?

FULL RECOVERY	01
PARTIAL RECOVERY	02
STILL SICK	03

ADVERSE REACTION TO MEDICINE	05
OTHER (SPECIFY)	96

▼

(8.21) Do you use microscopy for diagnosis?
 YES 01
 NO 02

(8.22) Do you use RDTs for diagnosis?
 YES 01
 NO 02

(8.23) Are there any community outlets or mini-labs that support malaria diagnosis in your area?
 YES 01
 NO 02 ▶ (8.25)

(8.24) Do you ever refer patients to such community outlets or mini-labs for diagnosis of malaria?
 YES 01
 NO 02

(8.25) Do you keep records on patient diagnoses?
 YES 01
 NO 02 ▶ (8.28)

(8.26) Can I see your records?
 YES 01
 NO 02 ▶ (8.28)

(8.27) RECORD THE NUMBER OF FEVER CASES, NUMBER OF RDT POSITIVE CASES (IF APPLICABLE), NUMBER OF MINI-LAB POSITIVE CASES (IF APPLICABLE), NUMBER OF MICROSCOPY POSITIVE CASES (IF APPLICABLE), AND DOSES OF ACT DISPENSED IN LAST 2 WEEKS

- A. FEVER CASES
- B. RDT POSITIVE CASES
- C. MINI-LAB POSITIVE CASES
- D. MICROSCOPY POSITIVE CASES
- E. DOSES OF ACT DISPENSED

(8.28) What types of activities have you engaged in for the prevention of malaria in the last two weeks?
 ITN/LLIN NET HANGING ASSISTANC 01
 BCC FOR ITN/LLIN USE 02
 IPT 03
 BCC FOR IPT 04
 NONE 05
 OTHER (SPECIFY) 96 ▶

DO NOT READ ANSWERS. RECORD ALL THAT APPLY.

1ST	2ND
3RD	4TH
5TH	6TH

8.3: Quality of Care - Scenarios

SCENARIO 1

I am now going to read a scenario to you, and ask you some questions about this scenario:

A little girl aged 25 months is brought to you by her mother. She has had a fever and diarrhea for some days, and has not been taking food or drink. When the girl and her mother are with you, she starts convulsing.

(8.29) How would you diagnose the patient?

CLINICAL DIAGNOSIS (BY OBSERVATION)	01	NOTE FIRST REPLY ONLY	<input type="checkbox"/>
WITH RAPID DIAGNOSTIC TEST	02		
MICROSCOPY	03		
OTHER (SPECIFY)	96		

(8.30) What would be your initial diagnosis?

UNCOMPLICATED MALARIA	01	NOTE FIRST REPLY ONLY	<input type="checkbox"/>
COMPLICATED MALARIA	02		
FEVER (NOT MALARIA-RELATED)	03		
DEHYDRATION	04		
OTHER (SPECIFY)	96		

(8.31) What action would you take?

CONDUCT DIAGNOSIS	01	NOTE FIRST REPLY ONLY	<input type="checkbox"/>
TEPID SPONGE CHILD AND PROVIDE TREATMENT WITH ARTEMISININ COMBINATION	02		
PROVIDE TREATMENT WITH ACT	03		
PROVIDE TREATMENT WITH OTHER ANTI-MALARIAL	04		
PROVIDE TREATMENT WITH OTHER MEDICINE	05		

REFER TO HOSPITAL	06
NO ACTION	07
OTHER (SPECIFY)	96

(8.32) How would you advise the mother / parents to act in the future if they notice their daughter falling ill in a similar manner?

TAKE SIMILAR ACTION	01	NOTE FIRST REPLY ONLY	<input type="checkbox"/>
GO TO HEALTH FACILITY / HOSPITAL IMMEDIATELY IF DAUGHTER'S CONDITION	02		
NO ADVICE TO GIVE	03		
OTHER (SPECIFY)	96		

SCENARIO 2

I am now going to read another scenario to you, and ask you some questions about this scenario:

A pregnant woman comes to your facility, looking pale, feeling unwell, and complaining of fever.

(8.33) What action would you take first?

ADMINISTER IPT	01	NOTE FIRST REPLY ONLY	<input type="checkbox"/>
DIAGNOSE WITH RDT	02		
DIAGNOSE WITH MICROSCOPY	03		
TREAT WITH ACT	04		
TREAT WITH OTHER MEDICINE	05		
TREAT WITH OTHER ANTI-MALARIAL	06		

REFER TO HOSPITAL	07
OTHER (SPECIFY)	96

(8.34) What additional actions would you take to ensure the woman is effectively treated?

INTERMENT AT FACILITY	01
FOLLOW-UP VISIT AT FACILITY	02
FOLLOW-UP VISIT AT HOME	03
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

SCENARIO 3

I am now going to read another scenario to you, and ask you some questions about this scenario:

A man from your village arrives at your facility, shivering with fever. You recognize this man as someone you gave ACT to three days ago. He says the medicine didn't work, and asks for another dose.

(8.35) How would you diagnose the patient?

CLINICAL DIAGNOSIS (BY OBSERV)	01
WITH RAPID DIAGNOSTIC TEST	02
MICROSCOPY	03
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.36) What would you do?

GIVE ANOTHER DOSE OF ACT	01
REFER TO HOSPITAL	02
ASK HIM TO WAIT, THE MEDICINE WILL WORK	03
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.37) What advice would you offer to the man, in case a similar situation arises in the future?

GO IMMEDIATELY TO HEALTH FACILITY OR HOSPITAL IF NOT FEELING BETTER ONE DAY	01
NO ADVICE	02

Section 9.1: Organizational Determinants

(9.01) How would you rate the following aspects of your work with colleagues? Do you...

Strongly Disagree?	01	Agree	04
Disagree	02	Strongly Agree	05
Neither agree nor disagree	03	NOT APPLICABLE	00

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

- | | | | |
|--|----------------------|---|----------------------|
| A. Staff willingly share their expertise with other members | <input type="text"/> | I. I am given enough authority by my supervisors to do my job well | <input type="text"/> |
| B. When disagreements occur among staff, they try to act like peacemakers and resolve the situation themselves | <input type="text"/> | J. My job is a source of pride for me and my family | <input type="text"/> |
| C. Staff willingly give their time to help each other out when someone falls behind or | <input type="text"/> | K. If I did not do well at work, I would feel ashamed (or badly) | <input type="text"/> |
| D. Staff discuss work issues with each other before they take action | <input type="text"/> | L. If I were known as a bad professional, it would bring shame to me and my family | <input type="text"/> |
| E. Staff take steps to prevent problems arising between them | <input type="text"/> | M. When changes occur in the facility, I adjust to the change rather than resisting | <input type="text"/> |
| F. Staff focus on what is wrong rather than the positive side | <input type="text"/> | N. Rapid changes are difficult for staff to cope with | <input type="text"/> |
| G. Staff spend a lot of time chatting amongst themselves or complaining about work- | <input type="text"/> | O. Changes bring opportunities to make improvements in the facility | <input type="text"/> |
| H. My job allows me freedom in how I organize my work and the methods and | <input type="text"/> | | |

(9.02) On a scale of 1 to 10 (1 is the lowest, 10 is the highest), please rate each of the following statements:

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

- | | | | |
|---|----------------------|--|----------------------|
| A. The staff in my facility interact in an easy manner and are like a family | <input type="text"/> | G. The head of my facility relies on policies and procedures | <input type="text"/> |
| B. My facility is a very dynamic and innovative place. People are willing to take risks to do a job well-done | <input type="text"/> | H. The head of my facility pushes staff to achieve goals | <input type="text"/> |
| C. My facility is very formal and structured. Policies and procedures are important for | <input type="text"/> | I. Loyalty and tradition is very important in my family | <input type="text"/> |
| D. In my facility, we focus on achieving daily goals and getting our work done. Relationships between staff are less important. | <input type="text"/> | J. Innovation and being first to try something new is important in my family | <input type="text"/> |
| E. The head of my facility is considered to be a mentor and a role model | <input type="text"/> | K. Following procedures and rules is very important in my family | <input type="text"/> |
| F. The head of my facility is considered to be a risk-taker and an innovator | <input type="text"/> | L. Achieving results and high performance is very important in my family. | <input type="text"/> |

Section 10: Comparison with Other / Past Jobs

(10.01) In the past year, have you had any other job, in addition to your health facility work?

YES	01
NO	02

▶ (10.03)

(10.02) How does [...] in you health facility work compare to your other work? Is it:

Worse	01	Better	03
Same	02	NOT APPLICABLE	00

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Salary

H. Availability of necessary equipment / commodities

B. Allowances

I. Adequate time available to perform tasks

C. Pension benefits

J. Supervision and feedback from supervisor

D. Job security

K. Teamwork / relationships with coworkers

E. Opportunities for training

L. Motivation and satisfaction with work

F. Your level of respect in the community

M. Recognition of your good work

IF RESPONDENT HAS ANSWERED QUESTIONS (10.01) TO (10.02) , END INTERVIEW

(10.03) At any time in the past, have you had any other job (other than this health facility work)?

YES	01
NO	02

▶ END INTERVIEW

(10.04) How does [...] in your health facility work compare to your previous work? Is it:

Worse	01
Same	02
Better	03

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Salary	<input type="text"/>	H. Availability of necessary equipment / commodities	<input type="text"/>
B. Allowances	<input type="text"/>	I. Adequate time available to perform tasks	<input type="text"/>
C. Pension benefits	<input type="text"/>	J. Supervision and feedback from supervisor	<input type="text"/>
D. Job security	<input type="text"/>	K. Teamwork / relationships with coworkers	<input type="text"/>
E. Opportunities for training	<input type="text"/>	L. Motivation and satisfaction with work	<input type="text"/>
F. Your level of respect in the community	<input type="text"/>	M. Recognition of your good work	<input type="text"/>