

NIGERIA PUBLIC DELIVERY OF PRIMARY HEALTH CARE SERVICES

HEALTH FACILITY QUESTIONNAIRE

Interviewers must Arrive in the Facility Between 9a.m - 2p.m.

STATECODEF	LGACODEF	DISTRCODEF	FACNAMEF		
State	LGA	District/War	Facility	Staff	

QUESTNUMF

Q

Introduction

Good day.

*My name is.....
from the African Regional Health Education Centre (ARHEC), College of Medicine,
University of Ibadan. We would like you to answer some questions to help us assess the level
of public delivery of Primary Health Care (PHC) services in Nigeria. Your answers will be
valuable in assisting the government to improve PHC service delivery outcomes.*

*We want to make sure that all the information you give us is kept confidential, therefore we
will not write down your name on this form. Your most open and sincere answers are
needed to make this study successful, so we would like you to answer all questions as
completely and honestly as you can.*

*We wish to ask whether you are willing to participate in this survey? (If ‘No’, thank
respondent and terminate interview).*

Thank you

	Identification	Code
State		
LGA		
Health District/Ward		
Facility Name		
Address	ADRESSEF	

Interviewer’s Name **INTNAMEF**

Interview date	Month	Day	Start time	End time	Language	Survey completed?
First Interview	FISTINTDAF		FIRSTSTIMEF	FIRSTETIMEF	FIRSTINTLTF	FIRSTINTCOF
Second Interview	SECINTDAF		SECSTIMEF	SINTETIMEF	SECINTLTF	SECINTCOMF

Supervisor’s Name **SUPNAMEF**

Confirmation	Month	Day	Initials
Survey Complete	SURCOMDAF		SURINITIF
Data Check Complete	DATAENTDAF		DATAINITIF

Data Entry Technician’s Name **ENTNAMEF**

Entry Date	Month	Day	Sections completed
First Entry	FIRENTDAF		FIRSECCOMF
Second Entry	SECENTDAF		SECSECCOMF

Notes.....
.....
.....

SECTION ONE

Section 1.1 : Basic Information

- 1.1.1. Are you the head of the Facility? **HEAD** 1=Yes 2=No ☐
- 1.1.2. What is your designation? **DESIGNATF**
- | | |
|----------------------------|------------------------------------|
| 1=Medical Officer | 7=Environmental Health Officer |
| 2=Community Health Officer | 8=Laboratory Technician |
| 3=Nurse | 9=Pharmacy Technician |
| 4=Nurse/Midwife | 10=Medical Records Officer |
| 5=SCHEW | 11=Dental Assistant |
| 6=JCHEW | 12=Other (specify) DESIGOTH |

Section 1.2. : Staff

1.2.1. Please tell us about your staff in the facility.

S/N	Category	Number in the Facility	Number on Duty Today
1.	Medical Officers (Doctors)	NUMMEDFAC	NUMMEDDUT
2.	CHOs	NUMCHOFAC	NUMCHODUT
3.	Nurses	NUMNURFSC	NUMNURDUT
4.	Midwives/Nurse-Midwives	NUMMIDFAC	NUMMIDDUT
5.	Senior CHEWs	NUMSCHEFAC	NUMSCHEDUT
6.	Junior CHEWs	NUMJCHEFAC	NUMJCHEDUT
7.	Environmental Health Officers	NUMENVIFAC	NUMENVIDUT
8.	Laboratory Technicians	NUMLABFAC	NUMLABDUT
9.	Pharmacy Technicians	NUMPHARFAC	NUMPHARDUT
10.	Medical Records Officers	NUMMEREFAC	NUMMEREDUT
11.	Dental Assistants	NUMDENFAC	NUMDENDUT
12.	Attendants, Security Guards and Others	NUMOTHFAC	NUMOTHDUT
		NUMHLTFAC	NUMHLTDUT
		NUMVACFAC	NUMVACDUT

1.2.2. How many staff joined (were posted or transferred to) this facility in the past 12 months? **STAFFJOINE** ☐

1.2.3. How many staff retired from this facility in the past 12 months? **STAFFRETIR** ☐

1.2.4. How many staff were transferred away from this facility in the past 12 months? **TRANSFERRE** ☐

1.2.5. How many staff were dismissed from this facility in the past 12 months? **DISMISSED** ☐

1.2.6. How many staff chose to leave this facility for reasons other than transfer, dismissal or retirement in the past 12 months? **LEAVE** ☐

Section 1.3. : Building and Infrastructure

1.3.1. Who provided this building? (*Note all that apply*)

- | | | | | |
|----|--------------------|-----------------------|------------|--------------------------|
| a. | Federal Government | BUILDFE | 1=Yes 2=No | <input type="checkbox"/> |
| b. | State Government | BUILDST | 1=Yes 2=No | <input type="checkbox"/> |
| c. | LGA | BUILDLGA | 1=Yes 2=No | <input type="checkbox"/> |
| d. | Donor/NGO | BUILDDO | 1=Yes 2=No | <input type="checkbox"/> |
| e. | DDC/WDC | BUILDDDC | 1=Yes 2=No | <input type="checkbox"/> |
| f. | VDC/CDC/Community | BUILDVDC | 1=Yes 2=No | <input type="checkbox"/> |
| g. | Other (specify) | BUILDOTH | 1=Yes 2=No | <input type="checkbox"/> |
| h. | Don't know | BUDONTKNOW | 1=Yes 2=No | <input type="checkbox"/> |

1.3.2. How many patient beds are there in the facility? (*For patient observation or admission*) **PATIENTBED**

1.3.3. What is the main source of water? (*Note only one*) **MAINSOURCE**
(If tanker, ask source of tanker water and enter accordingly)

1=Piped Water 5=Rain collection
 2=Borehole 6=River, stream, open source
 3=Protected Well 7=Other (specify) = **SOURCETANK**
 4=Unprotected Well

1.3.4. Does this facility have a working electricity connection? 1=Yes 2=No
ELECTRICIT

1.3.5. Does this facility have a working laboratory? 1=Yes 2=No
LABORATORF

1.3.6. In cases of emergency, does this facility have ready access to a vehicle for transport to a referral centre ? 1=Yes 2=No
TRANSPORT

1.3.7. Does the facility have a working telephone or radio for communication? 1=Yes 2=No
TELEPHONE

Section 1.4. : Local Context

1.4.1. What is the distance to LGA Headquarters? (*If < 1km, enter '0'*) **HEADQUART** km

1.4.2. How long does it take to walk to LGA Hdqtrs? **WALKTO** Hrs Mins

1.4.3. How far is the nearest Referral Centre? (*If < 1km, enter '0'*) **REFERRAL** km

1.4.4. How long does it take to walk to this referral centre? **LONGDOES** Hrs Mins

1.4.5. How long does it take to reach the referral centre by vehicle? **VEHICLE** Hrs Mins

1.4.6. Are there other health facilities within a 2 hours walk

(10km radius)? **HOURSWALK** 1=Yes 2=No

1.4.7. If YES, please estimate the number of other health facilities within 2 hours' walk (10km radius), according to these categories:

a. Number of public PHC clinics **PHCCLINIC**

b. Number of public secondary/tertiary facilities **PUBLICSEC**

c. Number of small private clinics **SMALLPRIVA**

d. Number of private secondary/tertiary facilities **PRIVATESEC**

SECTION TWO

Section 2.1 : Services Provided and Payment for Services

2.1.1. We would like to ask you now about which services are presently provided in this facility. (*Note YES if some aspect of the services are provided; e.g. note YES for ante-natal care even if it is done without laboratory tests*)

a. Under 5 consultations? **UNDER5** 1=Yes 2=No

b. Adult consultations? **ADULTCONS** 1=Yes 2=No

c. Ante-natal consultations? **ANTENATALF** 1=Yes 2=No

d. Post-natal consultations? **POSTNATAL** 1=Yes 2=No

e. Family Planning Services? **FAMILYPLAN** 1=Yes 2=No

f. STI/STD services? **STISTDSER** 1=Yes 2=No

g. Dentistry? **DENTISTRY** 1=Yes 2=No

h. BCG immunization? **BCGIMMU** 1=Yes 2=No

i. Measles immunization? **MEASLESIMM** 1=Yes 2=No

j.

SECTION FOUR

Section 4.1. : Facility Financing

4.1.1. Is this facility a non-fee charging clinic? 1=Yes 2=No ☐
NONFEECHAR

IF YES, GO TO Q4.1.8.

4.1.2. Does the facility charge standard prices for treatment ? 1=Yes 2=No ☐
STANDPRI

4.1.3. Does the facility have an exemption policy? 1=Yes 2=No ☐
EXEMPPOL

4.1.4. Do these groups of people usually pay? (Note YES if they pay, NO if do not pay)
Please read options.

a. Disabled?	DISPAY	1=Yes 2=No	<input type="checkbox"/>
b. Tuberculosis/Leprosy?	TUBERPAY	1=Yes 2=No	<input type="checkbox"/>
c. Onchocerciasis?	ONCHOCEPAY	1=Yes 2=No	<input type="checkbox"/>
d. Elderly?	ELDERPAY	1=Yes 2=No	<input type="checkbox"/>
e. Very poor?	POORPAY	1=Yes 2=No	<input type="checkbox"/>
f. Important people?	IMPORTPAY	1=Yes 2=No	<input type="checkbox"/>
g. Others(specify)	PAYOTHERSP	1=Yes 2=No	<input type="checkbox"/>

4.1.5. Imagine that over some days, you have seen 50 patients of all kinds.
How many probably have not paid for the following? (If none, enter '0')

a. Registration	REGISPAID	<input type="text"/>	<input type="text"/>	N/A	NAREG
b. Treatment	TREATPAID	<input type="text"/>	<input type="text"/>	N/A	NATRT

4.1.6. Please estimate how much the facility collected in fee revenues during the last three months. (Value in Naira, for both registration and treatment.)

	Registration		Treatment (including drugs)		
a. May, 2002	REGISTIMAY	<input type="text"/>	TREAESTMAY	<input type="text"/>	N/A NAMAY
b. April, 2002	REGISTIAPR	<input type="text"/>	TREESTAPR	<input type="text"/>	N/A NAAPR
c. March, 2002	REGISTIMAR	<input type="text"/>	TREESTMAR	<input type="text"/>	N/A NAMARC

4.1.7. Do you use some of the revenue generated from the following for general facility use? (Note N/A if facility does not collect fees from these sources. Note NO if revenues are always used for predetermined purposes)

a. Registration fees	REGISTFEE	1=Yes 2=No	N/A NAFEES
b. Drugs	DRUGFEE	1=Yes 2=No	N/A NADRUGS
c. Other treatment	OTHTREFEE	1=Yes 2=No	N/A NAOTRT

4.1.8. Who has been the MAIN supplier of the following resources in the last 12 months?
(Facility funds refer to revenues generated from user charges). (Check only one supplier in each row)

1=Facility Funds	4=LGA/PHCMC	7=Individuals
2=Federal Government	5=NGO/Donor	8=Staff Personal Funds
3=State Government	6=Community	9=Not done in the last 12 months

a. Drugs	SUPLDRUGS	<input type="text"/>
b. Other Supplies	SUPLOTHER	<input type="text"/>
c. Purchase of Equipment	SUPLEQUP	<input type="text"/>
d. Maintenance of Equipment	SUPLMAINT	<input type="text"/>
f. Building Maintenance	SUPLBUILD	<input type="text"/>
e. Staff Bonuses	SUPLSTAFF	<input type="text"/>

SECTION FIVE

Section 5.1. : Institutions and Governance

5.1.1. Is there a development committee? 1=DDC/WDC 2=VDC/CDC 3=None ☐
DEVCOMMITT

IF NONE, GO TO Section 5.2.

5.1.2. Does this committee work with the facility? 1=Yes 2=No ☐
WORKFAC

5.1.3. Total number of members on the committee **COMMITNUMN**

5.1.4 Number of women on the committee **WOMNUMB**

5.1.5. How often does the committee meet to discuss facility operation?
COMMITMEET
 1=At least once a month 4=Once in two years
 2=A few times a year 5=Very rarely or never
 3=Once a year

5.1.6 Does the facility head attend most of the meetings? 1=Yes 2=No
HEADATTEND

5.1.7. Has the committee taken any of the following actions in the past year?
(Read out the options and note all that apply)

a. Made disciplinary recommendations on staff	DISCIPLREC	1=Yes	2=No	<input type="text"/>
b. Provided drugs	PROVDRUG	1=Yes	2=No	<input type="text"/>
c. Fixed price of drugs	FIXEDPRICE	1=Yes	2=No	<input type="text"/>
d. Fixed user charges and fees (other than drugs)	FIXEDUSER	1=Yes	2=No	<input type="text"/>
e. Requested more vaccines	REQVACCINE	1=Yes	2=No	<input type="text"/>
f. Carried out repairs on the facility structure	CARRREPAIR	1=Yes	2=No	<input type="text"/>
g. Provided fuel or other current resources	PROVFUEL	1=Yes	2=No	<input type="text"/>
h. Repaired equipment	REPAIREQUP	1=Yes	2=No	<input type="text"/>
i. Made new investments	NEWINVEST	1=Yes	2=No	<input type="text"/>
j. Resolved administrative issues	RESADMIN	1=Yes	2=No	<input type="text"/>
k. Resolved personal staff issues	RESPERSON	1=Yes	2=No	<input type="text"/>

5.1.8. How often does a member of the committee visit the facility *other than for treatment*?
VISFACTREA
 1=At least once a month 4=Once in two years
 2=A few times a year 5=Very rarely or never
 3=Once a year

IF Response is 5, GO TO Q5.1.10

5.1.9. If a committee member does visit this facility, what does the person usually do?
Section 5.2. : Decision Making

do? *(Read out the options and note all that apply)*

a. Check patient register	CHECKREG	1=Yes	2=No	<input type="text"/>
b. Check stock cards	CHECKSTOCK	1=Yes	2=No	<input type="text"/>
c. Check user charge receipts	CHECKRECEI	1=Yes	2=No	<input type="text"/>
d. Discuss medical protocol issues	CHECKPROTO	1=Yes	2=No	<input type="text"/>
e. Discuss administrative issues	ADMINISUE	1=Yes	2=No	<input type="text"/>
f. Hold an official staff meeting	STAFFMEETF	1=Yes	2=No	<input type="text"/>
g. Check equipment	CHECKEQUIP	1=Yes	2=No	<input type="text"/>
h. Other (specify)	CHECKOTHERSPE	1=Yes	2=No	<input type="text"/>

5.1.10. Does any member of the PHCMC come to visit this facility? How often?
PHCMCVISFA
 1=At least once a month 4=Once in two years
 2=A few times a year 5=Very rarely or never
 3=Once a year

IF Response is 5, GO TO Section 5.1.

5.1.11. If a PHCMC member visits this facility, what does the person usually do?
(Read out the options and note all that apply)

a. Check patient register	PHCMMCREGIS	1=Yes	2=No	<input type="text"/>
b. Check stock cards	PHCMMCCARDS	1=Yes	2=No	<input type="text"/>
c. Check user charge receipts	PHCMMCRECEI	1=Yes	2=No	<input type="text"/>
d. Discuss medical protocol issues	PHCMMCMED	1=Yes	2=No	<input type="text"/>
e. Discuss administrative issues	PHCMMCADMIN	1=Yes	2=No	<input type="text"/>
f. Hold an official staff meeting	PHCMMCMEEET	1=Yes	2=No	<input type="text"/>
g. Check equipment	PHCMMCEQUIP	1=Yes	2=No	<input type="text"/>
h. Other (specify)	PHCMMCOTHER	1=Yes	2=No	<input type="text"/>

We would like to ask you some questions about decision making regarding the facility. Who is the **PRINCIPAL** decision maker for the following? (*Note only ONE answer per question*)

1=Federal Government/NPHCDA
2=State Government
3=LGA/PHCMC

4=DDC/WDC/VDC/CDC
5=Facility Head/Staff

- 5.2.1. When the facility opens and closes? **FACOPENCLO** ☐
- 5.2.2. When to undertake new construction, such as facility expansion? **UNDERTAKE** ☐
- 5.2.3. To acquire new equipment? **ACQUIRE** ☐
- 5.2.4. Making drugs available in the facility? **AVAILABLE** ☐
- 5.2.5. Making medical supplies available in the facility? **MEDICALSUP** ☐
- 5.2.6. Setting charges for drugs? **CHARGES** ☐
- 5.2.7. Setting charges for treatment (other than drugs)? **CHARGETRT** ☐
- 5.2.8. How to use revenue from treatment and consultations? **CONSULTAT** ☐
- 5.2.9. Taking disciplinary action against staff? **DISCIPLINA** ☐
- 5.2.10. Transferring staff to another facility? **TRANSFERF** ☐

SECTION SIX

Section 6.1. : Personal Assessment of Interviewer Based on Direct Observation

- 6.1.1. Is the facility clean? **FACILITYCL** ☐
1=Very dirty 3=Clean
2=Dirty 4=Very Clean
- 6.1.2. Are there any of the following structural defects?

- a. Leaking roof **LEAKING** 1=Yes 2=No ☐
- b. Broken down doors and windows **BROKEN** 1=Yes 2=No ☐
- c. Cracked floor **CRACKED** 1=Yes 2=No ☐

Ask the Respondent

- 6.1.3. Is there a functioning toilet for patient use? **PATIENTUSE** 1=Yes 2=No ☐
- 6.1.4. How do you usually sterilize medical equipment? **STERILIZE**
(*Note only ONE*)
1=Autoclave 4=Boiling ☐
2=Dry heat sterilization 5=Chemical ☐
3=Steam sterilization 6=Not Applicable (uses only disposables)
7=Others(specify) **N614OTHER**
- 6.1.5. How are vaccines stored within the facility? **VACCINES**
(*Note only ONE*)
1=Electric fridge/freezer 4=Non-refrigerated storage space ☐
2=Non electric fridge 5=Not applicable (vaccines are not stored)
3=Cold box/vaccine carrier
- 6.1.6. Condition of fridge or freezer? **FRIDGE** ☐
1=Functional 2=Non-functional 3=No fridge/freezer
- 6.1.7. Is there a permanent display of user charges?
a. For Registration **FORREGISTR** 1=Yes 2=No ☐
b. For Drugs **FORDRUGS** 1=Yes 2=No ☐

SECTION SEVEN

Section 7.1. : Tracer and Immediately Notifiable Diseases

We would like to ask you now about Tracer and immediately notifiable diseases

7.1.1. Does the facility keep monthly records of tracer and immediately notifiable diseases? **KEEPMONTHL** 1=Yes 2=No ☐

7.1.2. If YES, are these monthly records forwarded to the LGA? **FORWARDED** 1=Yes 2=No ☐

7.1.3. If YES, can I please see last month's copy? **LASTMONTH**
1=Last month's copy is filled out 2=Not seen or not filled out ☐

SECTION EIGHT

Section 8.1. : General Outputs - Services Provided and Number of Patients Seen

8.1.1. Please provide us records for the number of patients seen or activities conducted in each of the last three months, according to the following list.

Note that the records could be in the following forms - NHMIS, M&E, notebooks, etc.

Diagnostic and Procedural Category	Number of Patients Seen/Activities Performed (on basis of patient register or vaccination tally sheets where applicable.) (Please enter '999' if no records for that month)		
	May 2002	April 2002	March 2002
Ante-natal Consultations	ANATALMAY	ANATALAPR	ANATALMAR
Family Planning Visits	FAMPLMAY	FAMPLAPR	FAMPLMAR
In-patient deliveries	INPATMAY	INPATAPR	INPATMAR
BCG Immunizations	BCGIMFMAY	BCGIMFAPR	BCGIMFMAR

Out-patient Consultations	OUTPATMAY	OUTPATAPR	OUTPATMAR
<i>Ask Respondent if records not available</i>			
Health Education (No. of group sessions conducted)	HEDUMAY	HEDUAPR	HEDUMAR
Home visits (No. of houses visited)	HVISMAY	HVISAPR	HVISMAR

8.1.2. In March - May, 2002, what is the number of women who **BOTH**

8.1.3. How many of these had stillbirths? **STILLBIRTHS**

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Thank you for taking your time to answer the questions.