

NIGERIA PUBLIC DELIVERY OF PRIMARY HEALTH CARE SERVICES

STAFF QUESTIONNAIRE

STATECODES	LGACODES	DISTRCODES	FACNAMES		QUESTNUM
State	LGA	District/Ward	Facility	Staff	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	ADDRESSS	

Interviewer's Name **INTNAMES**

Interview date	Month	Day	Start time	End time	Language	Survey completed?
First Interview	FINTDATE		FINTSTIME	FINTETIME	FINTLANG	FINTCOMP
Second Interview	SINTDATE		SINTSTIME	SINTETIME	SINTLANG	SINTCOMP

Supervisor's Name **SUPNAMES**

Confirmation	Month	Day	Initials
Survey Complete	SURVCOMPDA		SURVCOINI
Data Entry Complete	DATAECOMD		DATAEINI

Data entry Technician's Name **ENTNAMES**

Entry Date	Month	Day	Sections completed
First Entry	FENTRYDAT		FENTRYSEC
Second Entry	SENTRYDATE		SENTRYSEC

Notes.....

SECTION 1. - Personal Details

1.1. What is your designation?

DESIGNATS

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) **IFOTHERSPE**1.2. Gender **GENDER**

1=Male 2=Female

1.3. Age (in years) **AGE**

1.4. What is your highest level of education completed?

EDUCATIONS

1=Completed primary school

4=Completed University Education

2=Completed secondary school

5=Postgraduate education

3=OND/HND

1.5. When you started public service, who employed you?

WHOEMPLOYE

1=State

4=Community

2=LGA

5=Other (specify) **N15OTHER**.....

3=NPHCDA

1.6. What was your civil service grade level when you started in PHC service delivery?

GRADELEVEL

G.L.

1.7. What is your current government grade level?

CURGRADE

G.L.

1.8. How many years have been working in primary health care?

PRIMARYHEA

(Give number in years) (If less than 1 year, enter '0')

1.9. How many years have you been working in this Facility?

(If less than 12 months, enter "0")

WORKFACS

1.10. How many LGAs have you worked in previously? (Not counting this one)

PREVIOUSLY1.11. Are you an indigene of this community? **INDIGENE**1=Yes 2=No

1.12. How far away from the Facility do you live?

FARAWAYFAC

(Enter '0' if < 1km)

Km

1.15. How long does it usually take for you to get to work?

TIME

Hrs

Mins

1.16. How do you usually get to work?

GETTOWORK

1=Walk

3=Motorcycle

5=Car

2=Bicycle 4=Bus/taxi (public)

6=Others (specify) **N116OTH**

.....

1.17 Do you have spouse or children? **HAVESPOUSE**1=Yes 2=No1. If YES, are they living with you? **LIVING**1=Yes 2=No

b. If they are not living with you, how far away are they living?

HOWFAR

Km

SECTION 2. - Work Conditions and Staff Perceptions**Section 2.1. - Pay**2.1.1. Who pays your salary? **PAYS**

1=Federal Government

5=VDC/Community

2=State

6=NGOs/Donors

3=LGA

7=Individuals

4=DDC/WDC

8=Other (specify) **N211OTH**.....

2.1.2. What is your monthly Salary? **MONTHSAL**

2.1.3. In the last 12 months, how many months have you been paid Months

2.1.4. In months in which you HAVE been paid, how many months did you receive your salary late? (*Late means one week or more after your usual pay day. Consider only the last 12 months*) Months **SALARYLATE**

2.1.5. Do you receive any of the following in kind-benefits (free and subsidized) for working in this Facility?

- | | | | | |
|---------------------------|-------------------|-------|------|----------------------|
| a. Health Care | HEALTHCARE | 1=Yes | 2=No | <input type="text"/> |
| b. Medicines | MEDICINES | 1=Yes | 2=No | <input type="text"/> |
| c. Schooling for children | SCHOOLING | 1=Yes | 2=No | <input type="text"/> |
| d. Housing | HOUSING | 1=Yes | 2=No | <input type="text"/> |
| f. Food items | FOOD | 1=Yes | 2=No | <input type="text"/> |

2.1.6. Do you do anything to supplement your salary? **SUPPLEMENT** 1=Yes 2=No

2.1.7. If YES, what?

- | | | | | |
|---|---|-------|------|----------------------|
| a. Agricultural work | AGRIC | 1=Yes | 2=No | <input type="text"/> |
| b. Commercial/petty trade | PETTY | 1=Yes | 2=No | <input type="text"/> |
| c. Work in a private clinic/facility | CLINIC | 1=Yes | 2=No | <input type="text"/> |
| d. Provide health care in your home or in the homes of patients | HOME | 1=Yes | 2=No | <input type="text"/> |
| e. Sell Medicines | SELLMED | 1=Yes | 2=No | <input type="text"/> |
| f. Other (specify) | OTHER (yes/no) N217OTH (specify) | 1=Yes | 2=No | <input type="text"/> |

2.1.8. How many patients do you see outside the facility per week? **WEEK**

2.1.9. Do these patients pay for the services you provide? 1=Yes 2=No

your salary? **MONTHS**

SERVICES

2.1.10. How many of these patients are referred from this health facility? **HEALTH**

SECTION 2.2 - Training

2.2.1. How many times did you receive the following kinds of training in the last 12 months, and for how long? In the third column, enter appropriate code as follows:

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

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

Section 2.3. : Time Allocation and Working Conditions

2.3.1. **Last Week**, how many days did you work in the facility?

DAYS

		Days
--	--	------

2.3.2. **In the last one week**, did you perform any of these services in the health centre?

		1=Yes	2=No	
a.	Out-Patient Care OUTP			
b.	Deliveries DELIVERIES			
c.	In-Patient Care INP			
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				

1=Number of years in service

2=Recommendations from top management

3=Merit/performance/obtaining additional qualifications

4=Personal connections

2.3.3. Do you think you have adequate equipment to do your job? **EQUIPMENT**

☐

2.3.4. Are you a member of a union or staff association? **STAFFASS**

☐

2.3.5. Has the union gone on strike in the last 12 months? **STRIKE**

☐

2.3.6. If YES, how many months did the strike last? (*Enter '0' if < 1 month*) **STRIKELAST**

2.3.7. In your opinion, what is the main criterion for promotion of staff in this LGA?

SECTION THREE

Section 3.1. : Home Conditions

3.1.1. How many people normally live in your household (including yourself)?

PEOPLELIVI

3.1.2. How many rooms do you have in your house (excluding kitchen and

3.1.3. Does your household own any of the following assets?

a. Bicycle **BICYCLE** 1=Yes 2=No

b. Motorbike **MOTORBIKE** 1=Yes 2=No

c. Car/Van **CAR** 1=Yes 2=No

d. Boat **BOAT**

3.1.4. What type of toilet system does the household use? **TOILET**

1=Bush

3=Flush Toilet

2=Pit Latrine

4=Other (specify)

N314OTH

SECTION FOUR

Section 4.1. : Professional Issues

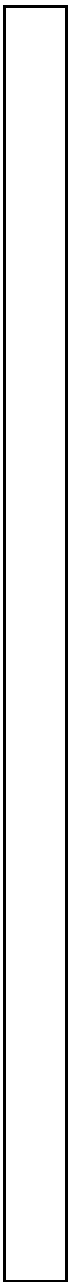
4.1.1. For training purposes, would you like another health worker to watch you diagnose and treat patients?

1=Yes 2=No

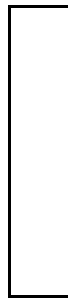
PURPOSE

4.1.2. In the past month, how many times has another health worker watched you diagnose and treat patients for training purposes? **TIMES**

4.1.3. In the past month, how many patient cases have you discussed with another



DISCUSSED



4.1.4. In the past month, how many patients have you referred to another health care facility) **REFERRED**

4.1.5. Would you like to stop seeing patients and go into health administration and **SEEING**
 1=Yes (go into management) 2=No (keep seeing patients)

4.1.6. If you could go for training for one week, and you could choose training in
 1=health education 5=accounting
 2=reproductive health/child health 6=human relations
 3=cardio-vascular diseases 7=go to work (none of these is
 4=management Interesting)

4.1.7. Which do you consider more useful? **CONSIDER**
 1=routine immunization 2=National Immunization Days

4.1.8. Last week, how many patients did you attend to? **ATTEND**

4.1.9. Out of these patients that you saw last week, how many had already seen

4.1.10. When a patient comes to you who already has seen another health care agnosis? **DIAGNOSIS**
 1=Never 4=Always
 2=Once in a while 5=Not applicable
 3=Usually

4.1.11. When another health care worker has given your patient the wrong diagnosis
 a. **TELL**
 b. not tell the patient that diagnosis was wrong but adjust the treatment and monitor the patient 1=Yes 2=No

ADJUST

c. send the patient back to the original health care worker for another diagnosis 1=Yes 2=No

SEND

d. discuss the issue in staff meeting 1=Yes 2=No

STAFFMEETS

e. get advice from several other health care workers 1=Yes 2=No

ADVICE

f. other (specify) **WHATOTHER (N41110TH)** 1=Yes 2=No

g. Not applicable **NOTAPPLIC** 1=Yes 2=No

4.1.12. In your opinion, which of the following is the most objectionable health staff behaviour? (**Do not read out the list**) **OPINION**

1=Being rude to patients
 2=Bad hygienic practices (on the part of the health staff)
 3=Selling drugs to a patient even though the patient doesn't need the medicine
 4=Overcharging a poor patient
 5=Giving a patient expired drugs
 6=Other (specify) **N41120TH**

4.1.13. If you knew with certainty that a health care worker in a nearby primary health care centre was engaging in this objectionable behaviour, what would you do first? **ENGAGING**

1=nothing, let it be
 2=call the police
 3=talk to the health care worker without telling anyone else
 4=tell the head of department
 5=tell the VDC/CDC/WDC/DDC
 6=talk to the health care worker's patients
 7=Other (specify) **N41130TH**

Thank you for taking your time to answer the questions.