

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY

HEALTH WORKER INTERVIEW

Facility Number:

Provider SERIAL Number: [FROM STAFF LISTING FORM]

Provider Sex: (1=MALE; 2=FEMALE)

Provider Status: (1=Assigned; 2=Seconded)

Interviewer Code:

Number of ANC Observations Associated with Provider.

Number of FP Observations Associated with Provider.

Number of Sick Child Observations Associated with Provider.

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY. YES, PREVIOUSLY INTERVIEWED 1
 IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED _____ NAME & NUMBER OF FACILITY → END
 NO, NOT PREVIOUSLY INTERVIEWED 2

READ THE FOLLOWING CONSENT FORM

Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.

The information you provide us may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Do you have any questions about the study? Do I have your agreement to proceed?

 Interviewer's signature

		2	0	2
DAY	MONTH	YEAR		

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101	May I begin the interview now?	YES..... 1	→ END
		NO..... 2	

1. EDUCATION AND EXPERIENCE

102	<p>I would like to ask you some questions about your educational background.</p> <p>How many years of education have you completed in total, starting from your primary, secondary and further education?</p>	YEARS..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
103	<p>What is your current occupational category or qualification? For example, are you a registered nurse, or generalist medical doctor or a specialist medical doctor?</p> <p style="text-align: center;">[list will be country specific - must be extensive, with no need for "other"]</p>	GENERALIST MEDICAL DOCTOR 01 SPECIALIST MEDICAL DOCTOR 02 ASSISTANT MEDICAL OFFICER 03 CLINICAL OFFICER 04 ASSISTANT CLINICAL OFFICER 05 REGISTERED NURSE 07 ENROLLED NURSE 08 NURSE ASSISTANT/ATTENDANT 09 LABORATORY SCIENTIST 13 LABORATORY TECHNOLOGIST 14 LABORATORY TECHNICIAN 15 LABORATORY ASSISTANT 16 NO TECHNICAL QUALIFICATION/NURSE AIDE 95 OTHER 96	
104	<p>What year did you graduate (or complete) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION (103=95), ASK: What year did you complete any basic training for your current occupational category?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
105	<p>In what year did you start working in this facility?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
106	<p>Have you received any dose of Hepatitis B vaccine?</p> <p>IF YES, ASK: How many doses have you received so far?</p>	YES, 1 DOSE 1 YES, 2 DOSES 2 YES, 3 OR MORE DOSES 3 NO 4	→ 108
107	<p>Did you receive any of the vaccination as part of your services in this facility?</p>	YES 1 NO 2	
108	<p>Are you a manager or in-charge for any clinical services?</p>	YES 1 NO 2	

2. GENERAL TRAINING / MALARIA / NON-COMMUNICABLE DISEASES

200	<p>I will like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?	1	2	3
02	Any specific training related to injection safety practices or safe injection practices?	1	2	3
03	Health Management Information Systems (HMIS) or reporting requirements for any service?	1	2	3
04	Confidentiality and rights to non-discrimination practices for people living with HIV/AIDS	1	2	3
05	TB infection control	1	2	3
06	Integrated Management for Emergency and Essential Surgical Care (IMEESC)	1	2	3

201	CHECK [Q103] FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION CODE [13, 14, 15 OR 16] (i.e., LABORATORY-RELATED) CIRCLED <input type="checkbox"/> → 700 CODE [13, 14, 15 OR 16] NOT CIRCLED <input type="checkbox"/>	
I will now ask you a few questions about services you personally provide in your current position in this facility and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.		
202	In your current position, and as a part of your work for this facility, do you personally provide any services that are designed to be youth or adolescent friendly? i.e., designed with the specific aim to encourage youth or adolescent utilization?	YES. 1 NO. 2
203	Have you received any in-service training, training updates or refresher training on topics specific to youth or adolescent friendly services? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3

MALARIA

204	In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?	YES. 1 NO. 2																																
205	Have you received any in-service training, training updates or refresher trainings on topics related to diagnosis and/or treatment of malaria?	YES. 1 NO. 2 → 207																																
206	Have you received any in-service training, training updates or refresher trainings in any of the following topics [READ TOPIC]: IF YES: Was the training, training update or refresher training within the past 24 months or more than 21 months ago?	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>YES, WITHIN PAST 24 MONTHS</th> <th>YES, OVER 24 MONTHS AGO</th> <th>NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>02</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>03</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>04</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>05</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>06</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>07</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01	1	2	3	02	1	2	3	03	1	2	3	04	1	2	3	05	1	2	3	06	1	2	3	07	1	2	3
	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES																															
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06	1	2	3																															
07	1	2	3																															

DIABETES

207	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes ?	YES. 1 NO. 2	
208	Have you received any in-service training, training updates or refresher training on topics specific to the diagnosis and/or management of diabetes? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

CARDIO-VASCULAR DISEASES

209	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES. 1 NO. 2	
210	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of cardio-vascular diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

CHRONIC RESPIRATORY DISEASES

211	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES. 1 NO. 2	
212	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of chronic respiratory diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

3. CHILD HEALTH SERVICES

300	In your current position, and as a part of your work for this facility, do you personally provide any child vaccination services?	YES..... 1 NO..... 2		
301	In your current position, and as a part of your work for this facility, do you personally provide any child growth monitoring services?	YES..... 1 NO..... 2		
302	In your current position, and as a part of your work for this facility, do you personally provide any child curative care services?	YES..... 1 NO..... 2		
303	Have you received any in-service training, training updates or refresher training on topics related to child health or childhood illnesses?	YES..... 1 NO..... 2		→ 400
304	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	EPI OR COLD CHAIN MONITORING		1	2
02	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES		1	2
03	DIAGNOSIS OF MALARIA IN CHILDREN		1	2
04	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST		1	2
05	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN		1	2
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS		1	2
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA		1	2
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT		1	2
09	BREASTFEEDING		1	2
10	COMPLIMENTARY FEEDING IN INFANTS		1	2
11	PEDIATRIC HIV/AIDS		1	2
12	PEDIATRIC ART		1	2
13	OTHER TRAINING ON CHILD HEALTH (SPECIFY)_____		1	2

4. FAMILY PLANNING SERVICES

400	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	YES..... 1 NO..... 2		
401	Have you received any in-service training, training updates or refresher training on topics related to family planning?	YES..... 1 NO..... 2		→ 500
403	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	GENERAL COUNSELING FOR FAMILY PLANNING		1	2
02	IUCD INSERTION AND/OR REMOVAL		1	2
03	IMPLANT INSERTION AND/OR REMOVAL		1	2
04	PERFORMING VASECTOMY		1	2
05	PERFORMING TUBAL LIGATION		1	2
06	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS		1	2
07	FAMILY PLANNING FOR HIV POSITIVE WOMEN		1	2
08	POST-PARTUM FAMILY PLANNING			3
09	OTHER TRAINING ON FAMILY PLANNING (SPECIFY)_____		1	2

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	<p>In your current position, and as a part of your work for this facility, do you personally provide any antenatal care or postnatal care services?</p> <p>IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED</p>	YES, ANTENATAL. 1 YES, POSTNATAL. 2 YES, BOTH. 3 NO, NEITHER. 4		
501	<p>Have you received any in-service training, training updates or refresher training on topics related to antenatal care or postnatal care?</p>	YES. 1 NO. 2	→ 503	
502	<p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	ANC screening (e.g., blood pressure, urine glucose and protein)?	1	2	3
02	Counseling for ANC (e.g., nutrition, FP and newborn care)?	1	2	3
03	Complications of pregnancy and their management?	1	2	3
04	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation and Mid-Upper Arm circumference measurement?	1	2	3
05	Intermittent preventive treatment of malaria during pregnancy	1	2	3
503	<p>Do you personally provide any services that are specifically geared toward preventing mother-to-child transmission of HIV?</p> <p>IF YES, ASK: Which specific services do you provide?</p> <p>INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?</p>	PREVENTIVE COUNSELING. A HIV TEST COUNSELING. B CONDUCT HIV TEST. C PROVIDE ARV TO MOTHER. D PROVIDE ARV TO INFANT. E NO PMTCT SERVICES. Y		
504	<p>Have you received any in-service training, training updates or refresher training on topics related to maternal and/or newborn health and HIV/AIDS?</p>	YES. 1 NO. 2	→ 506	
505	<p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Prevention of mother-to-child transmission (PMTCT) of HIV?	1	2	3
02	Newborn nutrition counseling of mother with HIV?	1	2	3
03	Infant and young child feeding	1	2	3
04	Modified obstetric practices as relates to HIV (e.g., not rupturing membranes)?	1	2	3
05	Antiretroviral prophylactic treatment for prevention of mother to child transmission of HIV?	1	2	3

DELIVERY SERVICES

506	In your current position, and as a part of your work for this facility, do you personally provide delivery services ? By that I mean conducting the actual delivery of newborns?	YES. 1 NO. 2	→ 509			
507	During the past 6 months, approximately how many deliveries have you conducted as the main provider (include deliveries conducted for private practice and for facility) ?	TOTAL DELIVERIES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
508	When was the last time you used a partograph?	NEVER. 0 WITHIN PAST WEEK. 1 WITHIN PAST MONTH. 2 WITHIN PAST 6 MONTHS. 3 OVER 6 MONTHS AGO. 4				
509	Have you received any in-service training, training updates or refresher training on topics related to delivery care?	YES. 1 NO. 2	→ 511			
510	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES		
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	1	2	3		
02	Comprehensive Emergency Obstetric Care (CEmOC)?	1	2	3		
03	Routine care for labor and normal vaginal delivery?	1	2	3		
04	Active Management of Third Stage of Labor (AMTSL)?	1	2	3		
05	Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general?	1	2	3		
06	Post abortion care?	1	2	3		
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	1	2	3		

NEWBORN CARE SERVICES

511	In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES. 1 NO. 2		
512	Have you received any in-service training, training updates or refresher training on topics related to newborn care?	YES. 1 NO. 2	→ 600	
513	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Neonatal resuscitation using bag and mask	1	2	3
02	<i>Early and exclusive</i> breastfeeding	1	2	3
03	Newborn infection management (including injectable antibiotics)	1	2	3
04	Thermal care (including immediate drying and skin-to-skin care)	1	2	3
05	Sterile cord cutting and appropriate cord care	1	2	3
06	Kangaroo Mother Care (KMC) for low birth weight babies	1	2	3

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES..... 1	NO..... 2	
601	Have you received any <i>in-service training, training updates or refresher training</i> on topics related to STI services?	YES..... 1	NO..... 2	→603
602	Have you received any <i>in-service training, training updates or refresher training</i> in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2	3
02	The syndromic management for STIs	1	2	3
03	Drug resistance to STI treatment medications	1	2	3

TUBERCULOSIS

603	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i> READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]? (a)		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests using AFB Smear Microscopy	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms or TB Diagnostic Algorithm	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of MDR-TB or identification and referral of MDR-TB suspects	1	2	1	2	3

HIV/AIDS SERVICES

604	Now I will ask if you provide certain HIV-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i> READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]? (a)		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Provide counseling related to HIV testing	1	2	1	2	3
02	Conduct the HIV test	1	2	1	2	3
03	Provide any services related to PMTCT	1	2	1	2	3
04	Provide any palliative care services	1	2	1	2	3
05	Provide any ART services, including prescription, counseling, or follow-up	1	2	1	2	3
06	Provide any preventive treatment for opportunistic infections (OIs) such as TB and pneumonia	1	2	1	2	3
07	Provide pediatric AIDS care	1	2	1	2	3
08	Provide HIV/AIDS home-based care	1	2	1	2	3
09	Provide post-exposure prophylaxis (PEP) services	1	2	1	2	3

7. DIAGNOSTIC SERVICES

700	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES. 1 NO. 2	→ 800	
701	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO	
01	Microscopic examining of sputum for diagnosing tuberculosis	1	2	
02	HIV rapid testing	1	2	
03	Any other HIV test, such as PCR, ELISA, or Western Blot	1	2	
04	Hematology testing, such as anemia testing	1	2	
05	CD4 testing	1	2	
06	Malaria microscopy	1	2	
07	Malaria rapid diagnostic test (mRDT)	1	2	
702	Have you received any in-service training, training updates or refresher training on topics related to the different diagnostic tests you conduct?	YES. 1 NO. 2	→ 800	
703	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	3
02	HIV testing	1	2	3
03	CD4 testing	1	2	3
04	Blood screening for HIV prior to transfusion?	1	2	3
05	Blood screening for Hepatitis B prior to transfusion?	1	2	3
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2	3
07	Malaria microscopy	1	2	3
08	Malaria rapid diagnostic test (mRDT)	1	2	3

8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY</p> <div style="text-align: right; border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div>																													
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility.</p> <p>Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE PAST 3 MONTHS. 1</p> <p>YES, IN THE PAST 4-6 MONTHS. 2</p> <p>YES, IN THE PAST 7-12 MONTHS. 3</p> <p>YES, MORE THAN 12 MONTHS AGO. 4</p> <p>NO. 5</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>→ 804</p>																												
802	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES.</p> <div style="text-align: right; border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> <p>EVERY DAY. '96</p>																													
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>01 Check your records or reports?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Observe your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Provide any feedback (either positive or negative) on your performance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>04 Give you verbal or written feedback that you were doing your work well?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Provide updates on administrative or technical issues related to your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Discuss problems you have encountered?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	01 Check your records or reports?	1	2	8	02 Observe your work?	1	2	8	03 Provide any feedback (either positive or negative) on your performance?	1	2	8	04 Give you verbal or written feedback that you were doing your work well?	1	2	8	05 Provide updates on administrative or technical issues related to your work?	1	2	8	06 Discuss problems you have encountered?	1	2	8	<p style="text-align: right;">05 ← 05</p>
	YES	NO	DK																												
01 Check your records or reports?	1	2	8																												
02 Observe your work?	1	2	8																												
03 Provide any feedback (either positive or negative) on your performance?	1	2	8																												
04 Give you verbal or written feedback that you were doing your work well?	1	2	8																												
05 Provide updates on administrative or technical issues related to your work?	1	2	8																												
06 Discuss problems you have encountered?	1	2	8																												
804	<p>Do you have a written job description of your current job or position in this facility?</p> <p>IF YES, ASK: May I see it?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>																													
805	<p>Are there any opportunities for promotion in your current job?</p>	<p>YES. 1</p> <p>NO. 2</p> <p>UNCERTAIN/DON'T KNOW. 8</p>																													
806	<p>Which type(s) of salary supplement do you receive, if any?</p> <p style="text-align: center;">PROBE: Anything else?</p>	<p>MONTHLY OR DAILY SALARY SUPPLEMENT. A</p> <p>PERDIEM WHEN ATTENDING TRAINING. B</p> <p>DUTY ALLOWANCE. C</p> <p>PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED). D</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NONE. Y</p>																													
807	<p>In your current position, what non-monetary incentives have you received for the work you do, if any?</p> <p style="text-align: center;">PROBE: Anything else?</p>	<p>TIME OFF / VACATIONS A</p> <p>UNIFORMS, BACKPACKS, CAPS, etc. B</p> <p>DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc. C</p> <p>TRAINING. D</p> <p>FOOD RATION / MEALS. E</p> <p>SUBSIDIZED HOUSING F</p> <p>NONE Y</p>																													

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Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important.

ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.

IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN PUT "Y" IN THE REMAINING BOX/ES. DO NOT LEAVE ANY BOX EMPTY. THERE MUST BE 3 ENTRY.

DO NOT READ CHOICES TO YOUR RESPONDENT

- MORE SUPPORT FROM SUPERVISOR. A
- MORE KNOWLEDGE / UPDATES TRAINING. B
- MORE SUPPLIES/STOCK. C
- BETTER QUALITY EQUIPMENT/ SUPPLIES. D
- LESS WORKLOAD (i.e. MORE STAFF)..... E
- BETTER WORKING HOURS / FLEXIBLE TIMES. F
- MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS). G
- TRANSPORTATION FOR REFERRAL PATIENTS. H
- PROVIDING ART. I
- PROVIDING PEP. J
- INCREASED SECURITY. K
- BETTER FACILITY INFRASTRUCTURE. L
- MORE AUTONOMY / INDEPENDENCE. M
- EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES). N
- OTHER (SPECIFY) X
- NO PROBLEM. Y

RANKING		

THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT