

Human Resources for Health Assessment in Kaduna state

QUESTIONNAIRE FOR HEALTH CARE PROVIDERS

IDENTIFICATION											
Name of the health facility : _____	Facility code: <table border="1" style="float: right; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>										
Type of facility: Facility operated by: Tertiary Hospital 1 General Hospital 2 Comprehensive Health centre 3 Basic Health centre 4 Health clinic 5 Health post 6 Other (specify) : _____ Hospital 7	Facility operated by: Federal 1 State 2 Local Government 3 Faith based organization 4 Private, for-profit entity 5 Nongovernmental organization 6										
Name of LGA: _____	LGA code: <table border="1" style="float: right; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>										
Name and code of field investigator: <table border="1" style="float: right; width: 100px; height: 20px;"><tr><td> </td><td> </td></tr></table>			Urban/rural: State city 1 Other urban 2 Rural 3								
Result of final interview: Date of interview: Completed 1 Partially completed 2 Refused 3 Reason: _____	Date of interview: <table border="1" style="margin-left: auto; margin-right: auto;"><tr><th align="center" colspan="2">Day</th><th align="center" colspan="2">Month</th><th align="center">Year</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Day		Month		Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Name and code of respondent: _____	Occupation of respondent Doctor1 Nurse2 Midwife3 Pharmacist4 Physiotherapist5 CHO.....6 CHEWs.....7 Other health professional8										
READ TO RESPONDENT:											
<p>You have been randomly selected to be part of a survey on human resources for health assessment, and this is why we would like to interview you. This survey is conducted by the SMOH, in partnership with PATHS2.</p> <p>The interview will take approximately 30 minutes. I will ask you some questions about your work as a health care provider, including the practices and experiences at this and other facilities where you work. The information you provide will be used only to understand about the type of activities, payments and general working conditions of health workers in the state.</p> <p>The information you provide is totally confidential and will not be disclosed to anyone. It will be used only for research purposes. Your name and the name and location of this facility will be removed from the questionnaire, and only a code will be used to connect your answers with the facility, without identifying you.</p> <p>Your participation is voluntary and you are free to refuse to answer any question in the questionnaire. If you have any questions about this survey, you may ask me or contact PATHS2 Kaduna office</p> <p>Are you willing to participate in this survey?</p> <p>Agreed [] Refused []</p>											

Section 1. Work Status, Conditions and Qualifications

No	Question	Response code	Skip to
101.	I would like to ask you some questions about your work as a health care provider and practices at this facility. How would you best describe your occupation at this facility?	Medical doctor 1 Dentist.....2 Pharmacist.....3 Nurse.....4 Midwife5 Physiotherapist6 Physiotherapist7 Pharmaceutical assistant8 CHW.....9 CHWs.....10 Medical social worker.....11 Health attendant.....12 Other (specify)..... 13	
102	What was the highest level of schooling you reached to become a practicing health care provider?	Diploma.....1 Associate degree.....2 Baccalaureate degree3 Master's degree4 Doctorate5 Other health degree (specify).....6 Other non-health (specify).....7 No formal degree.....8	→106 →106
103	In what year did you reach this level?	Year <input data-bbox="1154 798 1365 850" type="text"/>	
104	In what state/ country did you reach this level?	State of work location 1 Other State/ country (specify)..... 2	
105	In which school did you reach this level?	Name of schools:	
106	(a) How many hours a week do you usually work at this facility, excluding unpaid mealtimes and on-call hours? (On-call hours are those, such as during nights and weekends, when you must be available for duty but do not have to be physically present on the hospital ward or in a clinic or laboratory except when patient needs require it.)	Hours..... <input data-bbox="1214 968 1365 1010" type="text"/>	
106	b) Did you work on-call hours at this facility in the last 30 days? <i>IF YES:</i> How many on-call hours did you work here in the last 30 days?	Hours..... <input data-bbox="1214 1119 1365 1161" type="text"/> None 0	
107	What type of work do you usually do at this facility for pay? <i>(CIRCLE ALL THAT APPLY)</i>	Direct patient care.....1 Consultation with agencies/professionals.....2 Administration/supervision3 Teaching4 Research.....5 Laboratory/diagnostic procedures.....6 Dispensing.....7 Other (specify).....8 Other specify).....9 Not worked for pay.....10	→109 →109 →109 →109 →109 →109 →109 →109 →114
108	How many patients have you personally seen here in the last 30 days?	Number..... <input data-bbox="1214 1484 1365 1526" type="text"/> Don't Know.....9998	
109	How would you describe the method by which you are usually paid at this facility?	Salary 1 Fee-for-service only 2 Capitation (fixed per patient)3 Capitation plus fees for extra services4 Other (specify).....8	→111 →111 →111 →111
110	For which types of services do you usually receive extra fees? <i>(CIRCLE ALL THAT APPLY)</i>	Dispensed medicines 1 Other medical supplies/consumables2 Immunizations.....3 Laboratory/diagnostic procedures.....4 Other (specify).....8 Other (specify).....9	

111	We are interested in knowing the average income of health workers and people trained in the health field. Such information is of value when discussing health care financing options for your state. Remember that whatever you say is confidential and will be used only for research purposes. Thinking over the past year, can you tell me what your average earnings from working at this facility have been? Please tell me the amount per week or per month or per year, whichever is easiest for you.	Per week _____ Per month _____ Per year _____ Refuse9998 Don't know9999	
112	In the past 12 months, have you experienced a delay in receiving your pay as scheduled from your employer?	Yes 1 No..... 2 Not applicable..... 3	→114 →114
113	How long would you say the delays have lasted, on average? <i>(RECORD IN DAYS, WEEKS OR MONTHS AS ANSWERED)</i>	Number of days _____ Number of weeks _____ Number of months _____	
114	Do you receive any of the following additional benefits from working here: <i>(READ EACH TYPE OF BENEFIT AND RECORD ALL ANSWERS)</i>	YES NO Allowance for meals.....1 2 Allowance for housing.....1 2 Allowance for transportation..... 1 2 Paid vacations..... 1 2 Health care insurance/medical expenses... 1 2	
115	Do you regularly receive any in-kind payments from patients, or extra payments for making referrals or from other sources?	Yes 1 No.....2	
116	Are you currently certified to practise as a health care provider by any National Certifying Body?	Yes 1 No.....2	→118
117	Which certifying body	Name of body:	
118	Are you currently a member of any professional association(s)?	Yes 1 No.....2	→120
119	Which association(s)?	Name of association(s):	
120	In the past 12 months, have you been in any health/medical professional training or continuing education programmes?	Yes1 No.....2	→201
121	For how many days (in the last 12 months) have you been on such programmes?	Number of days,,..... <input type="text"/>	
122	Do you have the right to strike?	Yes 1 No..... 2 Don't know 3	→201 →201
123	123 Have you gone on a labour strike at any time in the last 12 months, even for a short period? <i>IF YES: For how many days (in the last 12 months) did you go on</i>	Days..... <input type="text"/> None0	

Section 2. Secondary Employment

No	Question	Response code	Skip to																		
201	Now I would like to ask you some questions about your work activities at other locations. In addition to your work at this facility, have you worked at another location in the last 30 days?	Yes..... 1 No..... 2	→301																		
202	How would you best describe this other place where you worked?	Government hospital 1 Government health centre.....2 Government health post 3 Other public health facility (specify)_____ 4 Private/NGO hospital..... 5 Private/NGO health clinic 6 Other private health facility (specify) _____ 7 Other non-health(specify)_____ 8																			
203	(a) How many hours a week do you usually work at this other location, excluding unpaid mealtimes and on-call hours?	Hours..... <input type="text"/> None0																			
	b) Did you work on-call hours at this other location in the last 30 days? <i>IF YES:</i> How many on-call hours did you work there in the last 30 days?	Hours..... <input type="text"/> None0																			
204	What type of work do you usually do at this other location for pay? <i>(CIRCLE ALL THAT APPLY)</i>	Direct patient care.....1 Consultation with agencies/professionals.....2 Administration/supervision 3 Teaching.....4 Research..... 5 Laboratory/Diagnostic procedures.....6 Dispensing..... 7 Other (specify)_____8 Other (specify)_____ 9 Not worked for pay_____10	→208																		
205	How would you describe the method by which you are usually paid at this other location?	Salary 1 Fee-for-service only 2 Capitation (fixed per patient)..... 3 Capitation plus fees for extra services 4 Other (specify)_____ .. 5	→207 →207 →207 →207																		
206	For which types of services do you usually receive extra fees there? <i>(CIRCLE ALL THAT APPLY)</i>	Dispensed medicines1 Other medical supplies/consumables ...2 Immunizations..... 3 Laboratory/Diagnostic procedures.....4 Other (specify)_____ 5 Other (specify)_____ .. 6																			
207	What are your average earnings from working at this second location? Please tell me the amount per week or per month or per year, whichever is easiest for you. (Remember that whatever you say is confidential and will be used only for research purposes.)	Per week _____ Per month _____ Per year _____ Refuse9998 Don't know9999																			
208	Do you receive any of the following additional benefits from working there? <i>(READ EACH TYPE OF BENEFIT AND RECORD ALL ANSWERS)</i>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>Allowance for meals.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Allowance for housing.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Allowance for transportation...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Paid vacations...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Healthcare insurance/ medical expenses..</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	Allowance for meals.....	1	2	Allowance for housing.....	1	2	Allowance for transportation...	1	2	Paid vacations...	1	2	Healthcare insurance/ medical expenses..	1	2	
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Allowance for meals.....	1	2																			
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Paid vacations...	1	2																			
Healthcare insurance/ medical expenses..	1	2																			

Section 3. Occupation mobility			
No	Question	Response code	Skip to
301	I would like to ask a few questions about your work experience. How many years of experience do you have in practice as a health care provider?	Years..... <input type="text"/>	
302	For how long have you been working at this facility here? <i>(RECORD IN WEEKS, MONTHS OR YEARS AS ANSWERED)</i>	Number of weeks _____ Number of months _____ Number of years _____	<i>If less than one month, or same as total years experience →401</i>
303	How would you describe the last place where you worked before coming to this facility?	Government hospital 1 Government health centre.....2 Government health post 3 Other public health (specify) 4 Private/NGO hospital 5 Private/NGO health clinic 6 Other private health (specify) 7 Other non-health (specify)..... 8	
304	What type of work did you usually do at that last location for pay? <i>(CIRCLE ALL THAT APPLY)</i>	Direct patient care..... 1 Consultation with agencies/professionals. 2 Administration/supervision 3 Teaching4 Research..... 5 Laboratory/diagnostic procedures..... 6 Dispensing..... 7 Other (specify)..... .. 8 Other (specify)..... .. 9 Not applicable/Was not paid10	
305	Where was your former work located?	In the same city/rural LGA..... 1 In a different city 2 In a different rural LGA..... 3 In another state (specify)..... 4	

Section 4. Sociodemographic characteristics			
No	Question	Response code	Skip to
401	Lastly, some additional information for use in the statistical interpretation of your responses: <i>RECORD SEX AS OBSERVED</i>	Male..... 1 Female 2	
402	What is your date of birth?	Months <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	