



EBOLA: PRIMARY HEALTH CARE
SYSTEM SURVEY IN FOCUS
COUNTRIES



ABOUT BUDGIT

BudgIT is a civic organisation driven to make the Nigerian budget and public data more understandable and accessible across every literacy span. BudgIT's innovation within the public circle comes with a creative use of government data by either presenting these in simple tweets, interactive formats or infographic displays. Our primary goal is to use creative technology to intersect civic engagement and institutional reform.

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Reviewing the PHC systems through the voice of leaders at the frontlines of care in communities across West Africa



The goal is to investigate the capacity of the PHC concept to intrinsically deliver on the expectations of the disease control strategies in communities.

In an attempt to understand the primary healthcare settings in these affected countries. The underlying assumption is that primary healthcare centres will not be specifically setup as infectious diseases PHCs. The goal is to investigate the capacity of the PHC concept to intrinsically deliver on the expectations of the disease control strategies in communities.

The domains applied for the review, were adapted from the Primary Care Assessment Tool (PCAT). The domains have combined subdomains that are questions that capture respondents' opinions of the different issues that culminate to make the different issues.

PHCs should be able to serve as first contact, provide continuous ongoing care, provide coordinated and comprehensive care be family centred as well as stay culturally competent to be to support the disease control processes.

To further understand the importance of these subdomains in the disease control process:

PHCs should be able to serve as first contact, provide continuous ongoing care, provide coordinated and comprehensive care be family centred as well as stay culturally competent to be to support the disease control processes.

1. First contact care means that care is first sought from the primary care provider when a new health or medical need arises. The primary care provider serves as the usual entry point into the health care system for each new need for health services, except in the case of serious emergencies. The primary care provider either provides care directly or serves as a facilitator, directing patients to more appropriate sources of care at the appropriate time. In order to be considered as providing first contact care, the services must be accessible (a structural characteristic) and used by the population each time a new need or problem arises (a behavioural characteristic).



The focus of **continuous care** is on the creation of a “medical” or “health” “care home” recognized by both the patient and the provider.

Given that disease outbreak conditions will present themselves as basic symptoms such as fever, diarrhea the PHC will be the first place households should consider to reporting these for care. While these will require the PHC providers to be very robust in suspicion of diseases, indices of suspicion for disease of public health importance have been embedded in medical education and ability to stay conscious of certain conditions, especially those of most relevance in the local community where the PHCs are based is key to prevention and even detection of disease outbreaks.

2. Continuous (ongoing) care refers to the longitudinal use of a regular source of care over time, regardless of the presence or absence of disease or injury. The focus here is on the creation of a “medical” or “health” “care home” recognized by both the patient and the provider. Continuous care over time is intended to help the provider and the patient build a long-term relationship in order to foster mutual understanding and knowledge of both as to the other’s expectations and needs. Thus, it requires identification of a population for whom the service or provider is responsible (a population registry), and it requires an on-going person focused (not disease-focused) relationship over time between providers and patients.

Ability to provide continuous care is also important to disease prevention and detection. This is where persons in different communities are expected to be reached on staying healthy round the year. This is also key to disease prevention and detection. It is also useful down the line in trust building which is important in outbreak scenarios where people are expected to follow instructions.

Coordinated care is the linking of health care visits and services



so that patients receive appropriate care for all their health problems, physical as well as mental. The essence of coordination is “the availability of information about prior, and existing problems and services and the recognition of that information as it bears on needs for current care”.¹

This is where data coordination and management supports disease control process. Ability of PHCs to collect and manage quality data on patients helps in outbreak investigation among other things.

The ability of PHCs to provide services that contribute to outbreaks prevention and response process is very important. Ranging from immunization services, nutrition care, management of basic fever and diarrhea will help widen points of care also minimize detection time and possible response to outbreaks.

Comprehensive care refers to the availability of a wide range of services in primary care and their appropriate provision across the entire spectrum of types of needs for all but the most uncommon problems in the population by a primary care provider. This includes services that promote and preserve health; prevent disease, injury, and dysfunction; and care of illness, disability, and discomfort as long as these needs are not too uncommon for the primary care practitioner to maintain competence in dealing with them (generally occurring in at least one to two thousand people per year.). For example, this range of services includes (but is not limited to) prevention, coaching, counseling when appropriate, care for acute and chronic illnesses and injuries, minor surgery, injections, aspiration of joints, simple dislocations, common skin problems, behavioral health and common mental health problems, and community health resources information.

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Family-centered care recognizes that the family is a major participant in the assessment and treatment of a patient. Families have the right and responsibility to participate individually and collectively in determining and satisfying the health care needs of family members. Family centered care reflects an understanding of the nature, role, and impact of family members' health, illness, disability, or injury on the entire family and the impact of family structure, function, and dynamics, as well as family history of illnesses on both risks of ill health and promotion of health of family members.

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Ability of PHCs to keep a family view to their clientele also allow for detection of spread of diseases and health promotion to the household. There are instances where a family member already got infected and are spreading that infection at home. Family centred care allows to quick investigate that domain and also begin prevention from there.

Community-oriented care refers to care that is delivered in the context of the community. The distinguishing feature of community-oriented primary care (COPC) is that it takes into account the health care needs of a defined population. COPC therefore is concerned, for example, with the health care needs not only of patients and families being seen by the provider, but also of people in the community whose health care needs are not being met and the characteristics of communities that influence the health care needs of everyone in the community.

Community centred care helps to accelerate adoption of prevention practices through community gate keepers. It also allows prevention practices to quickly permeate local norms thus driving compliance. In disease prevention processes, a lot of compliance and information is being shared and a major



Culturally-competent care

refers to care that honors and respects the beliefs, interpersonal styles, attitudes, and behaviors of people as they influence health

challenge, seen in risk communication is getting communities to participate and support these processes.

When PHCs become community centred they reduce the challenge of accomplishing this.

Culturally-competent care refers to care that honors and respects the beliefs, interpersonal styles, attitudes, and behaviors of people as they influence health. It implies skills that help to translate beliefs, attitudes, and orientation into action and behavior to preserve and promote health.

Cultural competent services help in adoption of care thus strengthening early reporting of ill patients to health facilities.



OPTIMIZING PRIMARY HEALTHCARE SYSTEMS FOR PUBLIC HEALTH EMERGENCIES IN AFRICA:

While the global burden of diseases can be skewed to Africa, communicable diseases behave differently as different parts of the world are equally prone to current and emerging threats of a potential pandemic. This is due to by global travel where the world became quite connected and thus the basis for the conclusion that a disease threat anywhere is a threat everywhere.

What is different is the abilities of health systems around the world to perform their duties in the protection of the impact of these threats on their citizens. These capacities, as captured in the International Health Regulations (IHR), are combination of system competencies to prevent, detect and respond to disease outbreaks. Each country should aim to strengthen these capacities as part of a Global Health Security Agenda, where the whole world is better protected in the face of possible pandemics. Much more importantly, the IHR provides a framework for protection of lives in all country.

In Alma-Ata in 1978, the global community affirmed that the attainment of health for all is a human right and primary healthcare (PHC) is the appropriate vehicle for seeing this through. The principles of PHC were also outlined at that meeting. This essay will summarize these principles, set out the authors' understanding of what PHC should look like in the African context, and approaches to assessing the delivery of primary healthcare as a vehicle for protection of health and strengthening of countries' IHR core capacities.



Primary healthcare should be the foundation upon which the health system and its reforms are based. It is the entry point into the health system, providing essential evidence-based health care using appropriate and socially acceptable methods and technology, universally accessible to individuals and families in the communities, through their participation, at a cost that the community and country can afford sustainably and by themselves.

Aligning these principles with the goals of disease control strategies is the reason notification and reporting is highly dependent on health facilities and a district level Disease Surveillance and Notification Officer coordinating the Integrated Disease Surveillance and Response activities within that district.

Thus, where primary healthcare systems function optimally to their founding principles all persons have access to evidence



based care where disease prevention technologies and services like immunization, sanitation and hygiene reach all households. Disease detection will be stronger through health workers making better decisions through appropriate diagnostic tools; and faster data management protocols. Response will also be more robust as each person in communities will be reached faster through clearer channels of communication and deployment of response materials.

CREATING A DISEASE THREATS READY PRIMARY HEALTHCARE:

Personnel:

Personnel at the PHCs should be able to ensure evidence based decisions that will lead to quick actions in record time. They should also be available in appropriate numbers based on the population being served and priority disease conditions.

Most importantly, good compliment of staff, a PHC should have personnel to ensure proper administration, data management, laboratory diagnostics service, drugs and commodities management and clinical care. The clinical care decision should be physician led with support of nurses, Community Health Officers and/or Community Health Extension Workers. There drugs management process should be pharmacists led with support of a pharmacy technician.

There should be medical records officers with sound digital technology literacy. The laboratory diagnostics services should be led by a medical laboratory scientist. An average Primary Healthcare Centre should have a mix of these personnel leading on quality care for their citizens.



Equipment:

The primary healthcare centres should be able to conduct rapid and basic laboratory tests using affordable and accessible laboratory materials and technologies. These will be helpful in supporting great clinical decisions which will support early detection of cases and thus commencement of care.

In addition, vaccine and drug storage require cooling systems which might range from refrigerators to cold boxes. These are required to sustain the quality and efficacy of drugs whose efficacy is optimal at temperatures well below the room temperature.

Data management and exchange systems relies largely on paper records systems. For appropriateness, the primary healthcare centres need to keep good stock of these paper systems where technology seem inaccessible. However the real value of data is not just in its collection but in management, considering the ultimate cost of managing data in paper records, it is best systems migrate to digital systems which will comprise of both of hardware and software systems. These will ensure rich data systems that support better epidemiology both case based and back into the community. As designed, district disease surveillance officers are expected to run weekly summaries of clinic data to make sense of disease patterns per community per week and this process, which is foundation of countries' disease surveillance system, relies strongly on the health facility data.

Electronic medical records systems and/or health facility information systems should substitute the paper systems for efficiency and for the purpose of protection of lives of citizens. Ambulance and other logistics equipment will also be very important to ensure safe transport of patients, bodies, specimens and laboratory samples.



Infrastructure:

Considering the infrastructure gap in primary healthcare system, we look at both the number of health facilities and the physical, organizational structures needed to provide optimal primary healthcare. Some of such infrastructure as road, electricity, clean potable water and the internet will serve both direct healthcare needs and support wider social development.

Theoretically, a primary healthcare centre should serve a particular number of persons. In Lagos, Nigeria a PHC serve 10,000 persons. That means as the population of the state grows, the number of PHCs should follow and/or PHCs expand to serve more. However given that there is also a PHCs per 5Km radius assumption, then appropriate socio-demographics consideration be given to the accompanying physical infrastructure development. The importance PHCs to population ratio is to optimize physical access to care where a patient can quickly walk into that point of care and in special cases care can easily be taken to patients' homes.

To sustain the equipment running the health facilities, constant power supply must be provided round the clock. In addition, internet access is also key for timeliness of data reporting and shorter response time where necessary.

Clean potable water is key to infection prevention and control in health facilities. Of the broad protocols of infection control, hand washing is pivotal and it strongly rests on clean water preferably running water either through public water works, bore hole systems or make shift water in buckets depending on what is appropriate.

Methods

For the Primary Healthcare centres to properly play their roles in disease prevention, they will apply tailored and well



documented Standard Operating Procedures which must be disseminated across the personnel and other functional actors of the facilities.

For this to happen, continuous research and capacity building must be ensured. Disease conditions change from time to time; new ones are emerging and the process of managing old ones are changing rapidly with advances in medical sciences. The PHCs will be better prepared for disease emergencies when the personnel working in them are also empowered with the right knowledge and the PHCs are open and dynamic to adopt the changes.

While Africa might not have monopoly of exposure to communicable diseases and epidemics, the continent's ability to withstand these outbreaks is weak and its people are at highest risk of suffering the effect of these events which can never be wished away.

Accomplishing reforms in PHCs is a huge task. The Africa Union puts it at about \$40 per capita investment in the continent of 1.2 billion people. As different countries conceive revitalization of PHCs in Africa it will be important that these systems are optimized to tackle the continent's burden of communicable diseases. To evaluate the current status and performance of these systems, we can use the framework described here where the core capacities stipulated by the International Health Regulations have been the reduced to their primary healthcare components.

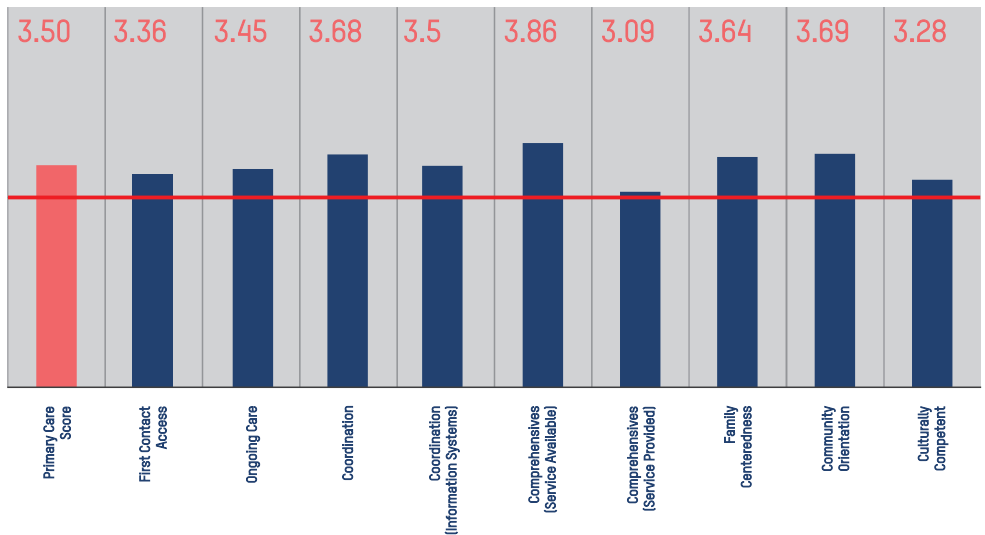
It is the thoughts of the authors that these will help Africa keep closer look at the community implication of these broad global health instruments. This can also serve as a basis for conceiving gaps is public goods for which impact investment can be captured. At the level of evaluation of systems, no country should rest until these gaps are filled for the strength of the entire revitalization process is that of the weakest component.



Current Performance of Primary Health Care Centers

Cumulative All Countries West Africa

This study entails interview of leads or focal persons at the Primary Healthcare Centres covered in the four countries visited. The performance of all countries across the subdomain of Primary Healthcare systems reveals mean PHC score that is above 3. This demonstrates the presence of systems, albeit weak as revealed in health workers description of barriers to the performance of those systems.

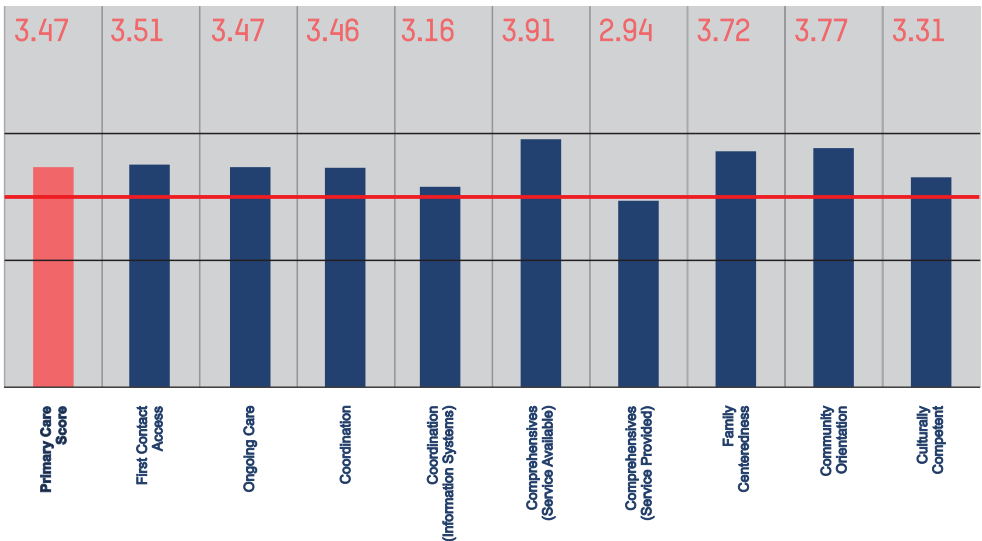




Current Performance of Primary Health Care Centers

Guinea

Guinea also has a mean PHC score of 3.47 which is also above the 3.0 mark. The country performs fairly across all subdomains except comprehensiveness (services provided) domain where the country scores below the 3.0 mark. The 2.94 score also demonstrates the gap between services promised and services accessible at the PHCs reviewed. Comprehensiveness (services available) is also the subdomain with highest ranking in Guinea which demonstrates readiness to provide key PHC services.

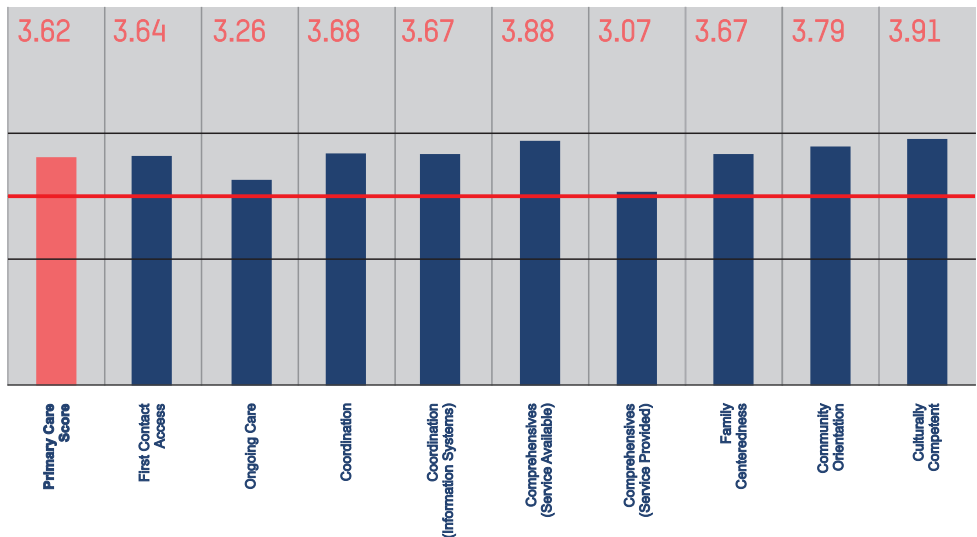




Current Performance of Primary Health Care Centers

Liberia

Liberia has a mean score of 3.62 which is well above 3.0 mark and just a few points below Nigeria. Across all subdomains, Liberia scored above 3.0 mark; with cultural competency leading with 3.91 score. Liberia also had least score in Comprehensiveness (serviced available) which may be suggestive of this relative weakness across all the countries under review.

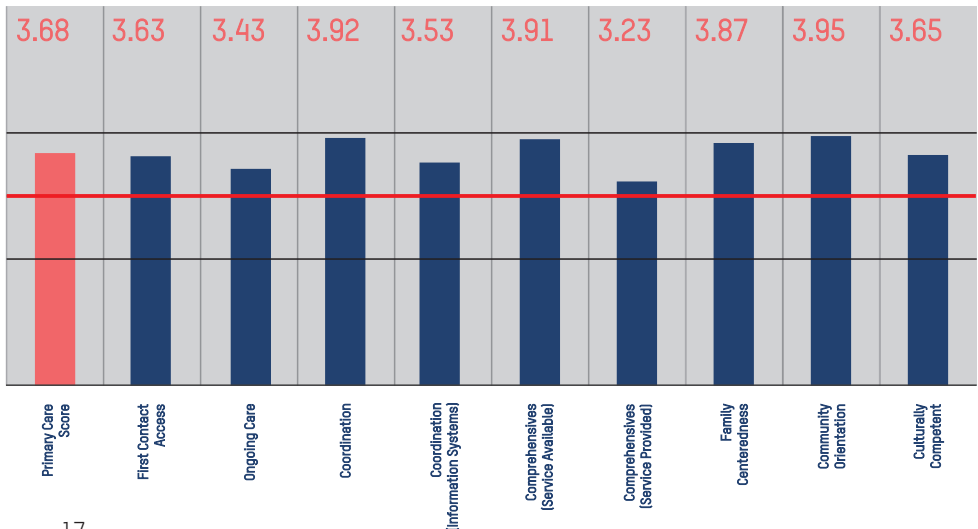




Current Performance of Primary Health Care Centers

Nigeria

Nigeria had a mean PHC score of 3.68 which is also the highest PHC score when compared to neighboring countries reviewed. Comprehensiveness (services available) is the subdomain with highest ranking, which revealed possibly wide coverage of services available at the PHC; however the country's lowest performing subdomain is services provided which shows the gap between services promised and what is accessible at the PHCs.

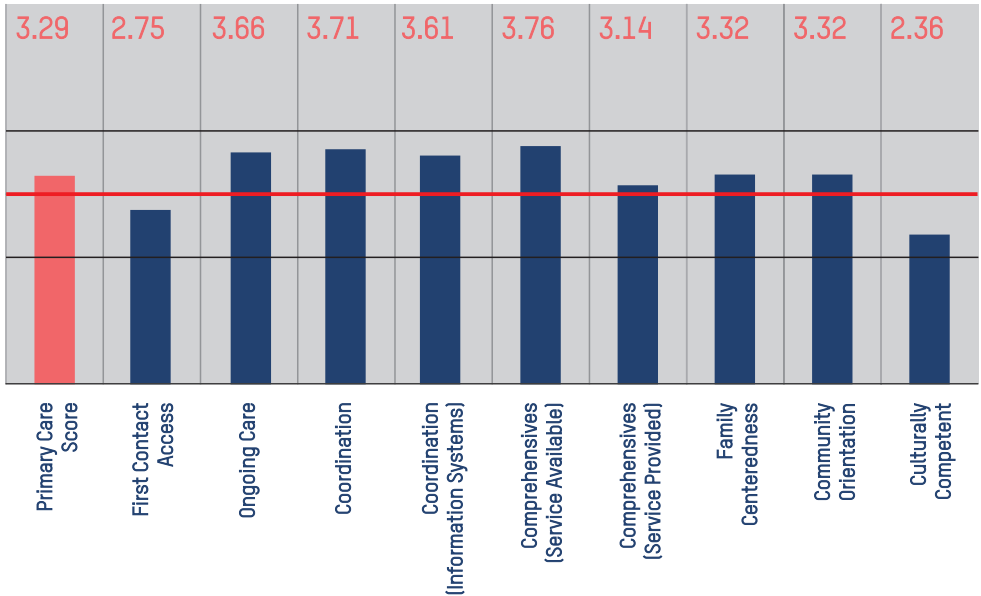




Current Performance of Primary Health Care Centers

Sierra Leone

Sierra Leone had the least mean score of 3.29 when compared to other countries reviewed. This however is still a good score which demonstrates presence of systems. Liberia has two subdomains that rank below the 3.0 mark, cultural competency and first contact are two areas the country performed relative lower across other subdomains and compared to other countries reviewed.





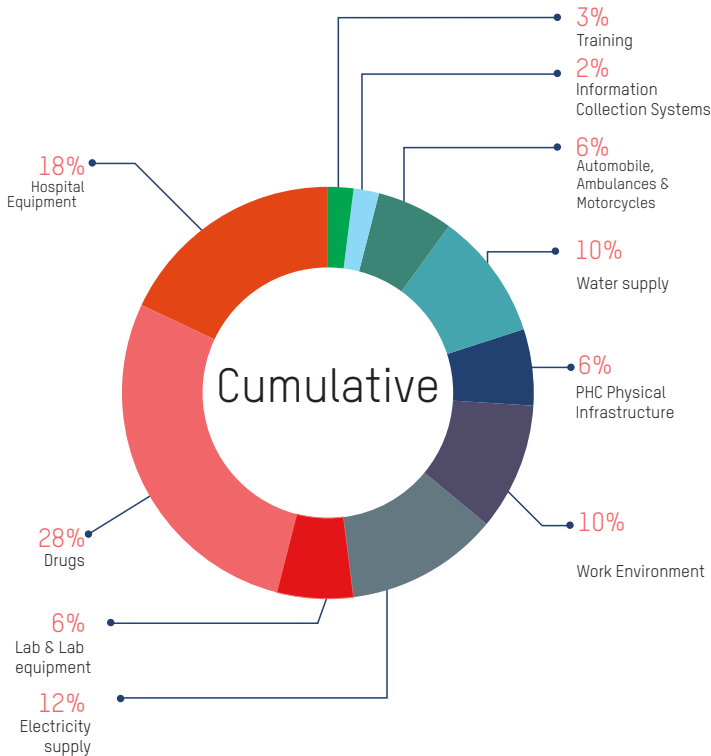
These performances observed demonstrates the presence of a system that needs strengthening. In places where the ranking is below 3.0 it shows countries that needs Primary Healthcare system orientation reforms such as First Contact in Sierra Leone among others.

The inability of PHCs to perform to expectation has been largely hinged on poor funding and inappropriate complement of personnel. The study also went ahead to investigate perceived barrier to performance from the healthworkers interviewed.



Health Workers' Perceived Barriers to Performance to in Health Care Centers

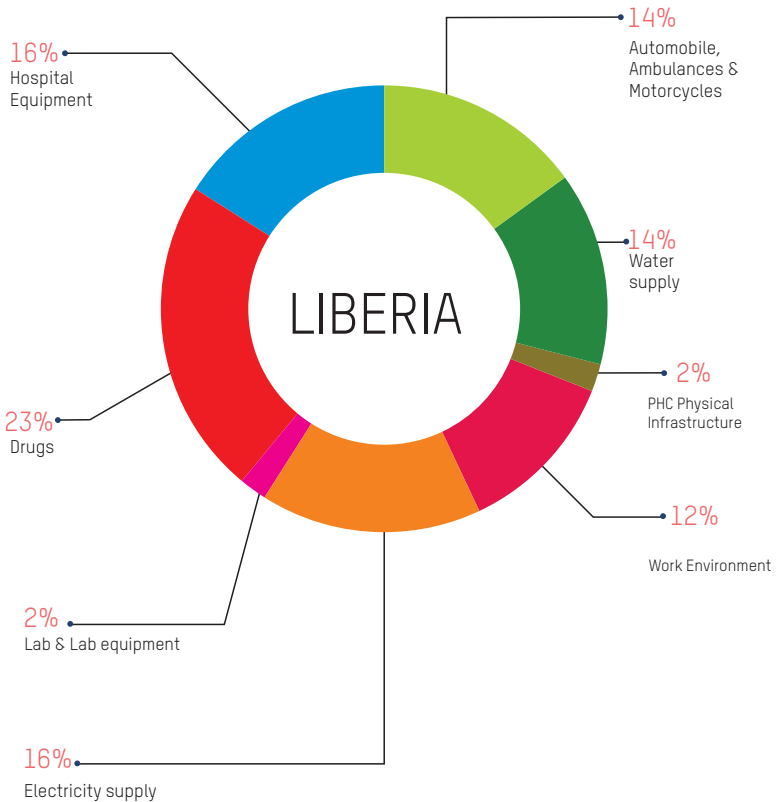
Cumulatively, lack of drugs (28%) and medical equipment (18%) were the leading barriers to PHC performance on these health workers lists. They also listed lack of laboratory & laboratory equipment, electricity supply, conducive work environment, PHC Physical Infrastructure, water supply, Automobile, Ambulances & Motorcycles, Information Collection Systems and Training as the barriers to performance.





Health Workers' Perceived Barriers to Performance to in Health Care Centers

Health workers in Liberia also named lack of access to drugs (23%) as the leading barrier to performance of PHCs. Lack of hospital equipment and electricity supply also ranked high at 16% each on the list of barriers identified by workers in Liberia.

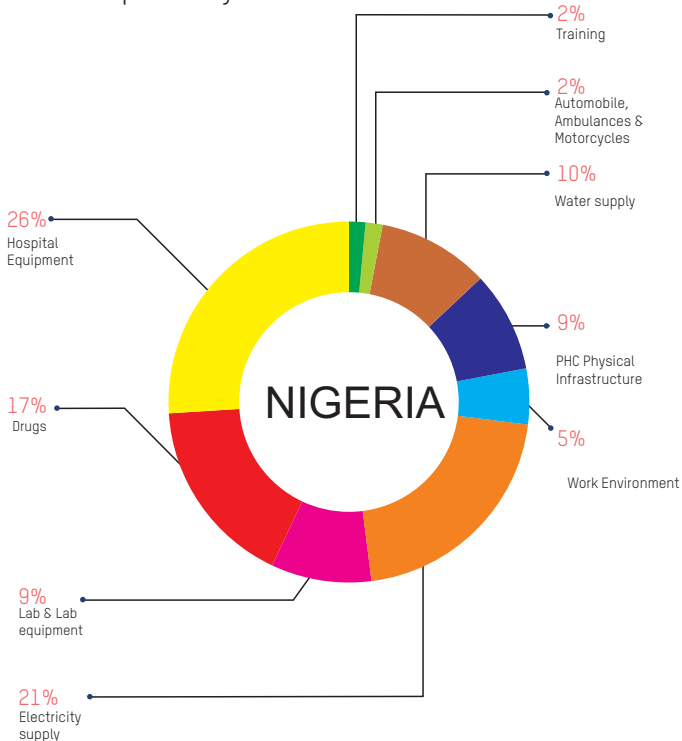




Health Workers' Perceived Barriers to Performance to in Health Care Centers

In Nigeria however, hospital equipment and electricity supply were the leading barriers with 26% and 21% of all barriers listed by health workers in the country, respectively. Other barriers in the cumulative list were also mentioned except Information Collection System.

Lack of access to drugs is the single most important barrier listed by health workers in Guinea with 37% of entire barriers identified. Noteworthy is the highly ranked lack of access to laboratory, information collection tools and training by 11%, 10% and 8% respectively.

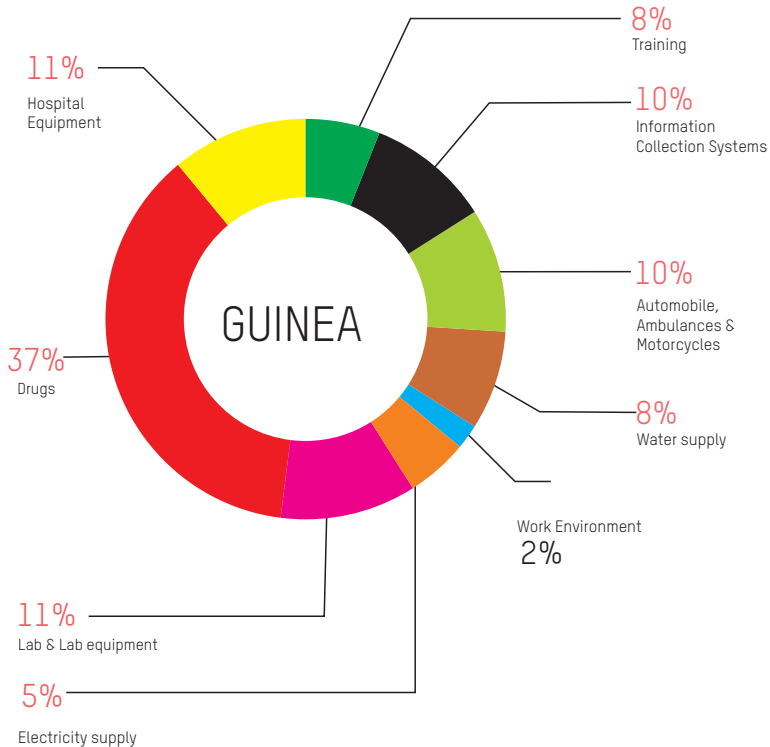




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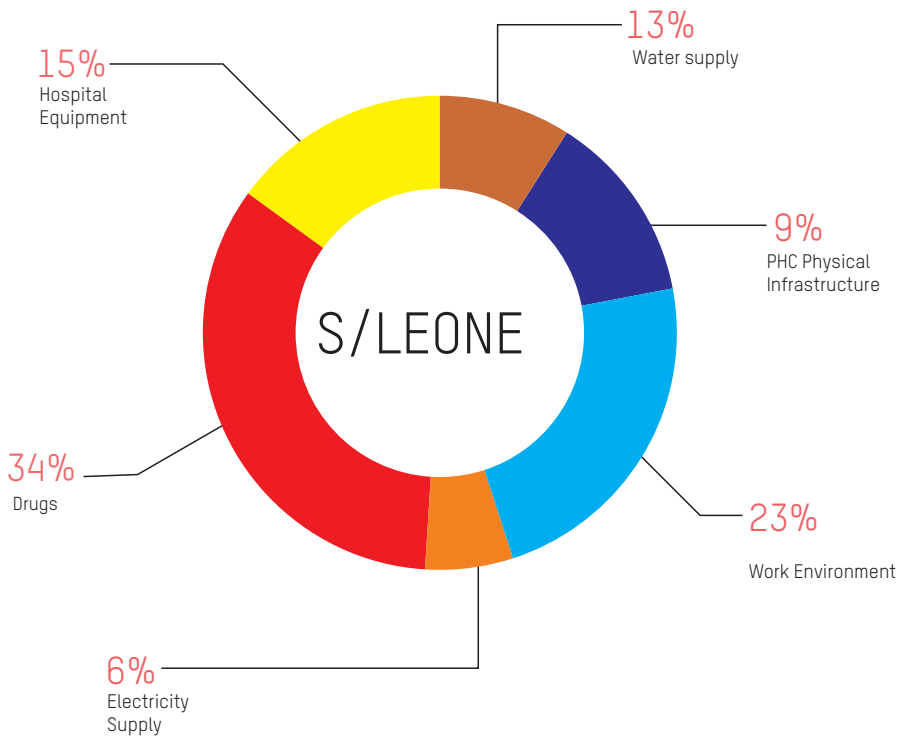
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Health Workers' Perceived Barriers to Performance to in Health Care Centers

Sierra Leone also ranked lack of access to drugs at 34% but significantly, lack of access to conducive work environment ranks second at 24% as barriers to performance of the PHCs. Other barriers listed were lack of access to water supply, poor physical infrastructure and poor electricity supply.



Recommendation:

Addressing Frontline Health workers observations:

The frontline health workers interviewed shared very important barriers to performance of the PHC system. While these vary from country to country, some of them recur strongly across the countries. As the public sector and development partners consider reforms, these barriers can serve as low hanging opportunities for huge impact.

Lack of access to water supply remained one of the consistent barriers identified across these countries. Infection Prevention and Control is strongly required for disease control. Where health facilities do not have access to water, health workers and patients become vulnerable to infections spread.

Health Systems Reforms:

Reforms across West Africa towards stronger and resilient health systems need to capture upgrade of primary health care facilities to serve their key roles in disease prevention. While it is evident that financing and lack of personnel are leading challenges in these different countries, efforts such as performance based financing should be encouraged as alternate mode of financial stability.

In addition, the need to recruit and train more health workers for the PHCs will free quality hands to focus on priority areas of care. This should not stop the need to expand access to care through delivery of quality and friendlier services that will allow PHCs to achieve Top of Mind Awareness and choice for citizens.

The roles of PHCs in disease outbreak scenarios do not require specialized operations. If PHCs can achieve all the domains mentioned above and health workers keep high index of suspicion year round especially for those common diseases of public health importance in their community of coverage, the chance that diseases will be better prevented and detected on time will be higher; making communities across Africa become better prepared for looming and emerging disease threats.

Quick Methodology

Appendix

BudgIT engaged four organizations in focus countries to administer surveys to a total of 100 Primary Healthcare centers with consideration for diversity in terms of rural/urban locations. 25 Primary Healthcare centers were engaged in each focus countries. BudgITs desk officers ascertained the accuracy of data, to ensure that there are no errors therein, and data is in formats which can be seamlessly shared with the partners. Internal data mining tools were used to analyze the data with visualization produced as seen in the report.

ADMINISTRATIVE INFORMATION

Date survey completed:
M M D D Y Y

Title of person completing the questionnaire:

Organization/office address:

Phone number:

GENERAL

1. Type of facility (Check one.)

Solo facility

Single specialty group facility

Multi-specialty group facility

Public health clinic

Community health clinic or neighbourhood health center

Hospital clinic

Rural health clinic

Other (Please specify.) _____

2. Practice focus of the facility (Check one.)

General practice/family practice

General pediatrics

General internal medicine

4 Combination of general practice/family practice and general internal medicine/pediatrics (primary care)

5 Combination of primary care and subspecialists (Specify types of specialists.) _____

3. Of patients served by your facility, what is the approximate percent in the following types of plans? (If none, place a 0.)

	<u>Percent</u>
Private	
Fee-for-service unrestricted	_____
Fee-for-service PPO	_____
HMO – capitated physicians	_____
Medicaid	
Fee-for-service unrestricted	_____
PCCM – fee-for-service primary care case management	_____
PCCM – capitated primary care case management	_____
HMO – capitated physicians	_____
Direct payment from uninsured patients	_____
Un-reimbursed (charity care)	_____
Other (Please specify.) _____	_____
Don't know/not sure	_____
Total	<u>100%</u>

4. Of those served by your facility, what is the approximate percent for whom you receive:

	<u>Percent</u>
Usual fee-for-service	_____
Discounted fee-for-service	_____
Salary	_____
Capitation	_____
Capitation with performance incentives	_____

Capitation with withholds	_____	_____
Direct payment from patients	_____	_____
Other	_____	_____
	<u>Total</u>	<u>100%</u>

Please check the **one** best answer.

	0- 20%	21- 40%	41- 60%	61- 80%	81- 100%	Not sure/ don't know	
5. About what percent of your facility's patients are in insurance plans where physicians' income is affected by the number of referrals or costs they generate?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	
6. What percent of your facility's patients have health coverage that limits referrals, limits to whom you can refer, or requires approval for referrals?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	
7. About what percent of your facility's patients have health coverage that requires pre-approval for non-emergency hospitalizations?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	
8. About what percent of your facility's patients must pay a fee or copayment at each visit?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	
9. What percent of your facility's patients have long-term medical or behavioral problems or disabilities?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

10. On average, about <i>how long</i> do patients stay with your facility? (Check one.)	_____
1 <input type="checkbox"/> Less than 6 months	
2 <input type="checkbox"/> 6 months to 1 year	
3 <input type="checkbox"/> 1 – 2 years	
4 <input type="checkbox"/> 3 – 4 years	
5 <input type="checkbox"/> 5 or more years	

Too variable to specify

Don't know

11. Does your facility have a geographically defined population that it is intended to serve? (Check one.)

Yes No Not sure/don't know

Please check the **one** best answer.

Not
sure/
don't
know

0-
20% 21-
40% 41-
60% 61-
80% 81-
100%

12. What percent of your facility's patients are "enrolled," or are assigned to receive all their non-referred care at your facility? 1 2 3 4 5 9

13. About what percent of your facility's patients are on a list or computerized roster that identifies them as your patients? 1 2 3 4 5 9

14. What percent of your facility's patients do you think use your facility for *all* their well and sick health care needs (with the exception of true emergencies and referred care)? 1 2 3 4 5 9

C. FIRST CONTACT – ACCESS

Please check the **one** best answer.

Definitely Probably Probably not Definitely not Not sure/don't know

C3. When your facility is open and patients get sick, would someone from your facility see them that day? 4 3 2 1 9

C4. When your facility is open, can patients get advice quickly over the phone when they need it? 4 3 2 1 9

C5. When your facility is closed, do you have a phone number patients can call when they get sick? 4 3 2 1 9

C7. When your facility is closed during the night and patients get sick, would someone from your facility be able to see them that night? 4 3 2 1 9

D. ONGOING CARE

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
D1. At your facility, do patients see the same clinician each time they make a visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D4. If patients have a question, can they call and talk to the doctor or nurse who knows them best?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D7. Do the clinicians know the patients who use your facility "very well"?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D9. Do the clinicians understand what problems are most important to the patients they see?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

E. COORDINATION

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
E8. When patients need a referral, do the clinicians discuss different places they might go to get help with their problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E9. Does someone at your facility help the patient make the appointment for the referral visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E10. When patients are referred, do the clinicians give them any written information to take to the specialist?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E12. After the visit, do the clinicians talk with patients about the results of visit(s) with the specialist or special service?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

F. COORDINATION (INFORMATION SYSTEMS)

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
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F1.	Are patients expected to bring their medical records, such as immunizations or medical care they received in the past?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
F2.	Would your facility allow patients to look at their medical records if they wanted to?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
F3.	Are patient records available when the clinicians see patients?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____

Does your facility use the following methods to assure that indicated services are provided?							
F4.	Flow sheets in patients' charts for lab results	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
F7.	Problem lists in patients' records	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
F8.	Medication lists in patients' records	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____

G. COMPREHENSIVENESS (SERVICES AVAILABLE)

Please check the one best answer.							
		Definitely	Probably	Probably not	Definitely not	Not sure/don't know	
If patients need any of the following services, would they be able to get them <i>on-site</i> at your facility?							
G2.	Immunizations	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
G6.	Family planning or birth control services	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
G8.	Counseling for behavior or mental health problems	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
G10.	Suturing for a minor laceration	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____

H. COMPREHENSIVENESS (SERVICES PROVIDED)

If your facility serves all ages, please answer all questions in this section (H1 – H2, H4 – H5, H7, H14 – H18).

If your facility serves *only children*, do not answer questions H4, H5, H7.

If your facility serves *only adults*, do not answer questions H14 – H18.

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
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Are the following subjects discussed with patients?

H1. Nutritional/non-nutritional foods or getting enough sleep	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H2. Home safety, like using smoke detectors and storing medicines safely	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Questions H4, H5, H7 apply to *adults only (ages 18 and older)*.

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
--	------------	----------	--------------	----------------	---------------------

Are the following subjects discussed with patients?

H4. Handling family conflicts	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H5. Advice about appropriate exercise	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H7. Medications being taken	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Questions H14 – H18 apply to *children only (under age 18)*.

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
--	------------	----------	--------------	----------------	---------------------

Are the following subjects discussed with the child and parent/guardian?

H14. Ways to handle problems with child's behavior	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H15. Changes in growth and behavior that parents can expect at certain ages	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

H16. Safety issues for children under 6: teaching them to cross the street safely, and using child safety seats in cars	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H17. Safety issues for children between 6 and 12: staying away from guns, and using seatbelts and bicycle helmets	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H18. Safety issues for children over 12: safe sex, saying no to drugs, not drinking and driving	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

I. FAMILY-CENTEREDNESS

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
11. Do the doctors and nurses at your facility ask patients about <i>their</i> ideas and opinions when planning treatment and care for the patient or family member?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
12. Do the doctors and nurses at your facility ask about illnesses or problems that might run in the patients' families?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
13. Are the clinicians at your facility willing and able to meet with family members to discuss a health or family problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

J. COMMUNITY ORIENTATION

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
J1. Do clinicians at your facility make home visits?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J2. Do you think the clinicians at your facility have adequate knowledge about the health problems of the communities you serve?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J3. Do the clinicians at your facility get opinions and ideas from people that might help to provide better health care?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Does your facility use the following methods to monitor and/or evaluate the effectiveness of services/programs?

J13. Feedback from community organizations or community advisory boards	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J16. Systematic evaluations of your facility's programs and services	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J18. Have a consumer on the board of directors or advisory committee	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Does your facility use any of the following activities to reach out to populations in the communities you serve?

J20. Networking with state and local agencies involved with culturally diverse groups	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J22. Involvement with neighborhood groups/community leaders	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

K. CULTURALLY COMPETENT

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't know
K2. Can your facility communicate with people who do not speak English well?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K3. If needed, does your facility take into account a family's special beliefs about health care or use of folk medicine, such as herbs/homemade medicines?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K4. If needed, does your facility take into account a family's request to use alternative treatment, such as homeopathy or acupuncture?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

OTHER

1. Does your facility offer "sliding scale" or long-term payment plans for patients with financial difficulties?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> Don't know
2. What percent of the clinicians in your facility are paid through			

	Percent
Salary only	_____
Capitation only	_____
Fee-for-service only	_____
Capitation and fee-for-service	_____
Salary and fee-for-service	_____
Salary, capitation, and fee-for-service	_____
Share of facility earnings	_____
Other (Please specify.) _____	_____
	100%

3. Are the clinicians eligible for bonuses or subject to withholds depending on their utilization experience? _____

1 Yes 2 No 9 Don't know

4. Are the clinicians eligible for bonuses if they achieve certain guidelines or outcomes? _____

1 Yes 2 No 9 Don't know

5. At your facility, what are the current number of *visits* per day? (Please estimate.) _____ visits

6. At your facility, what are the current number of *visits* per week? (Please estimate.) _____ visits

7. What is the approximate percentage of *visits* by age? _____

	<u>Percent</u>
Ages 0-4	_____
Ages 5-10	_____
Ages 11-14	_____
Ages 15-19	_____
Ages 20 and over	_____
	<u>Total</u> <u>100%</u>

8. Is your facility currently accepting new patients?

Yes

Yes, but only non-Medicaid

No new patients

Other (Please specify.) _____

9. Is your facility able to determine how many *patients* (not *visits*) you have seen in a year?

Yes No Don't know

10. We are aware that funding streams and staff shortages are the main resources that need to be addressed. Other than money and staff, are there other resources your facility needs to ensure appropriate primary care services to the communities you serve?

Please check to make sure you have not skipped any pages. Thank you.

Please indicate by checking the box below if you would like to receive a copy of the final report of this study.

Yes No

Thank you for taking the time to complete this survey. The information will be very valuable in planning to meet the health care needs in the communities you serve.



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SIMPLIFYING THE NIGERIAN BUDGET

At BudGIT, we believe it is the **RIGHT** of every citizen to have access to, and also understand public budgets. We also believe budgets must be efficientl y implemented for the **GOOD** of the people.

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