

PD-ABL-354  
9533 / 95332  
Trip Report

# Nigeria Evaluation Assessment Follow-up

December 1 — 3, 1993

Joyce Mann

**INITIATIVES**

PRIVATE INITIATIVES FOR PRIMARY HEALTHCARE



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## **Acronyms**

<b>AIDS</b>	<b>Acquired immune deficiency syndrome</b>
<b>ARFH</b>	<b>Association for Reproductive and Family Health</b>
<b>CCCD</b>	<b>Controlling Childhood Communicable Diseases Project</b>
<b>DHS</b>	<b>Demographic and Health Survey</b>
<b>FHS</b>	<b>Family Health Services Project</b>
<b>NISH</b>	<b>National Integrated Survey of Households</b>
<b>NPNMA</b>	<b>Nigeria Private Nurses and Midwives Association, Osogbo Branch</b>
<b>RMS</b>	<b>Research and Marketing Services Ltd.</b>
<b>STD</b>	<b>Sexually transmitted disease</b>
<b>UNDP</b>	<b>United Nations Development Program</b>
<b>UNFPA</b>	<b>United Nations Fund for Population Activities</b>
<b>USAID</b>	<b>U.S. Agency for International Development</b>

## Executive Summary

Dr. Joyce Mann, of the Rand Corporation, traveled to Lagos, Nigeria, December 1 — 3 to identify sources of data and organizations that can contribute to the Initiative project evaluation effort. An evaluation component is being integrated into the overall frame of work for Initiatives so that lessons about how to expand the delivery of primary healthcare services in the private sector can be drawn from the experiences of the local groups participating in the project.

At this stage of the project, Initiatives is seeking to identify data that can be used for two purposes: 1) to develop marketing and planning applications that can be used by the “local initiative groups” (the provider groups with whom Initiatives is working) in developing or expanding their delivery of primary healthcare services; and 2) to serve as baseline data that can be used in the evaluation of the Initiatives project. Our strategy is to make use of existing data to the extent possible and supplement it with primary data collection only where gaps are identified.

The following potentially useful data sources were identified:

- Family Planning Situation Analysis
- National Family Planning Outlet Database
- Family Planning Quarterly Household Survey (a separate module of the National Integrated Survey of Households)
- 1990 Demographic and Health Survey (DHS)

Because the DHS was fielded four years ago and because more current household data focus primarily on contraceptive prevalence, Initiatives would like to collect additional data on the patterns of primary healthcare services. Specifically, it would be useful to obtain information on where people currently obtain their health services, how much they pay for these services as well as for transportation to delivery sites, the conditions for which they seek care in public versus private settings, the distances traveled for services, as well as on current health practices of the population.

A vehicle for collecting this data was identified: Research and Marketing Services, Ltd. (RMS) conducts a bimonthly nationwide omnibus survey of households called the “Nigerbus”. Its clients tend to be commercial firms, but it does have experience in fielding some health-related questions. USAID/Lagos’ Family Health Services project has contracted with RMS to field a survey of contraceptive behavior (including contraceptive practices and awareness of particular social marketing and advertising campaigns). Plans were made to field an Initiatives module in the February 1994 Nigerbus. Because staff of the USAID/Lagos may also be fielding a module, efforts will be made to coordinate our instruments to avoid duplicating efforts.

## **Background / Scope of Work**

The **Private Initiatives for Primary Healthcare** project is based on the underlying premise that the private sector can be encouraged to provide sustainable, good quality, primary healthcare to marginalized urban populations. This proposition, while presumed true, needs validation in a variety of country and business settings. Despite extensive public subsidy of health services, access to primary healthcare and the quality of care in public facilities remain a serious problem in developing countries. To stimulate additional investment in health service delivery, developing countries are encouraging the growth of the private sector. There is considerable evidence that the private sector is providing a significant amount of health services in developing countries. However, the emphasis has been on curative services, rather than on preventive and primary care. Moreover, barriers to private practice have hampered its growth. The underlying assumption of Initiatives is that by strengthening the organizational and business development of private practitioners and by supporting or creating new community or employer-based financing plans, the private sector can rapidly expand the provision of primary health care services.

In Nigeria, the Initiatives project with assistance from the USAID/Lagos has selected four local initiative groups, private practitioners currently engaged in the provision of primary healthcare and family planning services: B.E. Medical Services, Royal Healthcare Ltd. in the Lawanson area of Lagos, the Osogbo Branch of the Nigeria Private Nurses and Midwives Association, and the Association for Family and Reproductive Health (ARFH) in Ibadan. The groups have proposed business development plans that either identify new ventures or activities to expand and improve their services. The Initiatives team is working with these groups to design and implement these plans.

As part of this effort, Initiatives has integrated an evaluation component into its set of activities. Because new approaches to expanding the delivery of primary healthcare are being developed, it is important to evaluate the structure, function, performance, and impact of each approach. By building evaluation into the project design, a portfolio of interventions can be assembled to test a variety of approaches. This design offers a unique opportunity to obtain information about the dynamics of private sector operations and how best to overcome barriers to private sector practice.

Dr. Joyce Mann traveled to Nigeria for three days in December (a longer timeframe had been planned but due to political circumstances that delayed the start of the trip and personal reasons that necessitated leaving, the trip was shorter than intended). This trip builds upon an earlier trip in May 1993 conducted in conjunction with an Initiatives workshop for local group participants. The intent of this second visit is to follow-up on preliminary information that identified potential data sources and to identify a firm that could assist with collection of additional data. Specifically, the trip had the following objectives:

1. Review the progress of the local initiative groups in designing their activities with particular regard to the evaluation of the activities and the project. This activity of the trip was undertaken in Ghana immediately preceding the trip to Nigeria, because representatives of all four Nigerian initiative group were in Ghana attending an Initiatives workshop.
2. Identify a local market research or survey research firm to assist with the collection of baseline data.
3. Identify additional expertise (demographers, economists, or health services researchers) to assist with the evaluation efforts.
4. Identify data sources that can be used to provide data to the local initiative groups on market characteristics (income and other demographics of the population, health status, current healthcare utilization and sources of care, and payment for health services).

This report describes the set of activities related to the evaluation objectives.

### **Overview and Criteria of the Initiatives Evaluation**

Evaluation design will be tailored to the scope and nature of the interventions undertaken by the local initiative group. The implementation of all interventions requires certain basic resources:

- historical data to predict future use and costs or to monitor performance against standards, as well as some type of a management information system (manual or computer) that provides accurate operational data on an ongoing basis;
- actuarial methods to set prices that will cover the cost of treating a defined population;
- marketing to build consumer acceptance of new delivery and financing systems; and
- administrators and techniques to put new systems into place.

Initiatives core staff are providing technical assistance to ensure that these basic resources are in place.

The evaluation of the interventions requires certain resources as well:

- data on the medical practices of participating group, including information on the current level and training of staff, availability of equipment and supplies, types and volume of services provided, capital and operating costs, revenues collected and overall financial status;
- data on the particular patients served by the practices, including information on health status, income, occupation, use of services, and payment for services;
- data on the population residing in the communities served by the providers;
- local expertise to assist in collecting and interpreting the data.

Initiatives staff are assessing the usefulness of existing data and where necessary will supplement it with primary data collection that can be used both for baseline measurement and for providing local groups with critical information about their markets. The emphasis

will be on making full use of data that has already been collected, particularly since donor agencies, including USAID, and the government of Nigeria have invested considerable resources in support of database development. However, much of this data focuses on family planning services and so would need to be augmented by data on the use of primary healthcare services.

Initiative projects will be evaluated against three key criteria: sustainability, effectiveness, and replicability.

First, in assessing sustainability, performance relative to the business plan and the financial viability of the new venture will be examined. Is it capable of covering recurrent expenditures over the long term? To what extent do revenues cover costs? If the venture is being subsidized, are there plans for achieving full cost recovery once the subsidy is decreased or eliminated? Has the intervention created a demand for the services offered and is there the potential for long-term demand beyond the life of the Initiatives project?

Second, in assessing effectiveness, the impact on providers and the target population will be assessed in terms of the availability, cost, and quality of primary health services. Effectiveness will be assessed in terms of health outcomes where possible and in terms of health processes, particularly for those behaviors and practices that can be strongly linked to outcomes.

Third, to serve as a model for the improvement of health service delivery, the potential for being replicated elsewhere will be assessed. If sustainability and effectiveness are achieved as the product of unique circumstances unlikely to be found in other developing countries, then the intervention will have limited usefulness from a policy perspective.

### **Evaluation Strategy**

A framework for the evaluation has been developed and will serve to guide the overall effort. Three fundamental principles underlie the evaluation strategy. The first is that pre-intervention and post-intervention data that can follow patterns of behavior both before and after implementation of interventions is important when studying complex behavioral phenomena, such as that which drives healthcare. The second is that information system development is important for multiple purposes — for evaluation as well as for the internal management of the groups as they develop their business proposals and monitor their efforts to achieve their objectives. As such, it is important to coordinate the development of information systems at the group sites (manual or computer) and to ensure that a common database can serve multiple purposes. The third principle is that to the extent possible, maximum use should be made of existing data before massive efforts to perform new primary data collection are planned. These principles were kept in mind when setting out the tasks for this trip, which are described below.

## Trip Activities

Much of the activities planned during this trip were designed to follow up initial contacts made in the first evaluation assessment trip to Nigeria in May 1993. Efforts were pursued on three fronts: 1) meetings with the local initiative groups to get an update on project activities and to elicit more detailed information on their current practice settings; 2) identification of other data sources and gaining a better understanding of the data elements and composition of the sample so as to assess the usefulness of the data for this project; and 3) identification of a local firm to collect primary data.

### Local Initiative Group Assessment Activities

Meetings were held with each of the four local initiative groups — B.E. Medical Services, Royal Healthcare Limited, Nigeria Private Nurses and Midwives (NPNMA) Osogbo Branch, and the Association for Reproductive and Family Health. The first purpose of these meetings was to get an update on project activities, particularly since it became clear that the initial ideas for program implementation have changed somewhat since the submission of the first business proposals in June and July 1993. Efforts were made to elicit specific information about the scope, geographic targeting, and programmatic focus of each project. The second purpose was to obtain some information about representative physician and midwife practices in Nigeria, so as to establish the context within which primary healthcare services are delivered and financed. A better understanding of current practice settings and utilization patterns is important for the design of the group-specific evaluation plans, which is the next step in developing the overall evaluation. As part of this effort, a short questionnaire was completed for each of the groups (a copy is attached in appendix C).

### Identification of Data Sources

At least three sources of provider data were identified: the Family Planning Situation Analysis, the National Family Planning Outlet Database, and the Provider Survey contained in the 1990 Demographic and Health Survey (DHS). And two sources of household data were identified: the National Integrated Survey of Households, including a separate family planning module sponsored by the USAID/Lagos' Family Health Services (FHS) project, and the 1990 DHS. Each is described in turn.

*The Family Planning Situation Analysis*, a facility-based survey of family planning practices, was fielded over six months in 1992 by the Operations Research Unit of Obafemi Awolowo University, with support from the FHS project and the Population Council, has been cleaned and first-round analyses have been completed. Some 181 family-planning facilities (both public and private) were included in the sample. This survey, which uses the systematic approach developed by the Population Council, can provide important information about the differences in staffing, availability of equipment and supplies, and services provided in

different types of practice settings. It can provide a picture of what goes on not only in nurse/midwife practices, but in alternative settings as well. It will also be possible to make comparisons between public and private settings. Because the survey also included exit interviews of family-planning and maternal and child-health clients, it will also be possible to compare the characteristics of family-planning users and the practices of other patients (such as maternal and child health clients) who may or may not be users.

*The National Family Planning Outlet Database* was developed by the FHS project as part of its effort to disseminate family planning educational materials and a logo to all sites that provide family planning services. Field workers in all parts of the country identified sites that deliver family planning services and collected some routine information about the sites (type of provider, address, forms of contraception provided, referral sites). This data set can be used to identify facilities that serve the same communities as those served by the local initiative groups, which will be useful in conducting market analyses of other providers. The database can also help to serve in developing a sample frame for future primary data collection efforts. Plans are underway to repeat and update this survey in 1994. Since field workers will be going to each service delivery site, we may want to explore the feasibility of tagging on to this effort by fielding a small provider questionnaire (this should be discussed with the FHS project, the sponsor of this effort).

*The National Integrated Survey of Households (NISH)* and the Family Planning Module is fielded quarterly by the federal Office of Statistics and includes a sample of some 6,000 households. The Family Planning Module, a one-page questionnaire covering the knowledge, use, and source of family planning services, was fielded in March, June, September, and December of 1992. It provides information on the characteristics of women users and nonusers of family planning methods and the use of services in public facilities, clinics of the Planned Parenthood Federation of Nigeria, private clinics, pharmacies, the marketplace, and workplaces.

The NISH includes questions on a wide range of household characteristics and behaviors. Although it is fielded on a regular basis, the data entry does not occur on a timely basis. Apparently, there is a several-year backlog and the prospects appear fairly dim for being able to use any of the data (for recent years) at least over the short term. Because the Family Planning Module has separate funding, databases have been built for this component.

*The 1990 Demographic and Health Survey (DHS)* contains two components: a household survey and a provider survey. This data can provide useful information on attitudes, health practices, and care-seeking behavior of the Nigerian population. The provider survey — the Service Availability Questionnaire — provides information on the structure and staffing of health and family planning clinics and maternity homes. The provider survey describes the types of services provided by each site and has some information on the volume of services provided. The one piece of important information that is not contained in the DHS is the pricing of health services and the amounts paid by patients.

## Identification of Potential Data Collection Firm and Collaborators

Price, cost, and payment information will be the focus of our efforts to collect supplemental information. We will also make an effort to collect information for all types of primary care services in addition to family planning services, which is the focus for much of the DHS. (Gerald Ochuko, the HIS Manager of the CCCD project, mentioned that Stella Goings did an ability-to-pay survey for the Ministry of Health in 1987.)

To ensure that the evaluation is appropriate and relevant to the Nigerian health services delivery system, we will work with local firms and researchers. One possible model could be to assemble an interdisciplinary team that would involve a private survey research or market research firm, university-based demographers or health services researchers, and Rand staff. The university researchers would participate in all phases of the evaluation (from the design through implementation and analysis) and would help to coordinate activities in-country. The private firm would be responsible for data collection and would carry out all survey field operations.

This section describes potential collaborators.

### *Market research*

K.A. Tejumola, Managing Director  
Research and Marketing Services Ltd (RMS)  
Ikeja, Lagos

For 12 years now, RMS has conducted a bimonthly survey of some 4,000 households (one respondent from each household, 2,000 males and 2,000 females) in 24 urban towns and 48 rural areas (with some 300 households in Lagos). Its clients tend to be commercial firms interested in product testing, name recognition, and other types of marketing studies, but it has fielded several rounds of a questionnaire on family planning issues for the FHS project. RMS has provided FHS with hard copy tables of survey results, but starting with the last round, it has begun to provide computerized data to FHS.

Questions can be added to the Nigerbus survey for \$100 per question. Mr. Tejumola is also willing to work with clients to oversample in certain areas (if extensive oversampling is needed, projects may need to add-on to the effort or commission a separate survey). This option may allow us to collect information on households in the catchment areas of the local initiative groups in the three cities (Lagos, Ibadan, and Osogbo).

RMS has an office in Lagos and 10 field offices outside of Lagos (including Ibadan). For each Nigerbus, RMS uses four teams of six to eight interviewers each. Turnaround time on data entry and production of a data set is two months (that is, a data set is ready two months after the Nigerbus is fielded). Mr. Tejumola mentioned that there is an affiliated firm in Ghana that fields a Ghanabus (the contact is Rasaan Animasaun, RMS, 4 Watson Avenue, Accra, tel. 229678).

RMS also fields a media survey with a sample of 6,000 households (8 percent of the sampled households are in Lagos). This survey will be going into the field in February at around the same time as the Nigerbus. We have the option of buying into this survey as well. The drawback is that it is fielded infrequently (not even once a year), whereas the Nigerbus is fielded every two months.

### *Demographers*

Demographers and health services researchers were identified at several universities:

- Professor Alfred Adewuyi, Awolowo University
- Professor Pauline Makinwa-Adebusoye, Nigerian Institute for Social and Economic Research, Ibadan, Oyo State
- Stella Babalola, Department of Sociology, Lagos State University
- Professor Salako, Chair, Operations Research Committee, Nigerian Institute for Medical Research
- Dr. Utuk, University of Nigeria
- Dr. U.O. Imade

Many of these are senior researchers with excellent reputations but very busy workloads. It was suggested that we may want to identify some junior researchers who are lesser known but nonetheless well-trained and very capable.

### *Care and treatment of sexually transmitted diseases*

- Dr. Mrs. Peju Olukoya, University of Lagos (has done work on STD and is affiliated with the Institute of Child Health and Primary Care, College of Medicine, Lagos)
- Dr. Nasidi, Chief Medical Epidemiologist (has STD prevalence data through the national disease reporting system, but said to be vastly underreported)
- Dr. Timothy Fakeyi, Chief, Obstetrics-Gynecology, University of Kware State
- Eko Williams, University of Calibar (AIDS research)

### *Others*

- AIDSCAP project, Marilyn Field, Senior Program Advisor, Family Health International, Arlington, VA
- UNFPA, Dr. Alfonse McDonald
- Overseas Development Agency, Ann Baumaski

## **Recommendations and Next Steps**

1. Finalize the design of the evaluation plan for each local initiative group.
2. Make use of existing data to serve as the baseline and develop new data collection activities only where necessary to fill in the gaps. Donors and the government of Nigeria have invested substantial resources in the collection of primary data. Although resources have been available to fund the collection of data, not as many resources have been available to support analyses of the data. By devoting some of our resources to the analysis of existing data, we may be able to demonstrate the usefulness of these data to providers for strategic planning and business development purposes.
3. Develop a household data collection instrument to be fielded by RMS in conjunction with either the Nigerbus or the media survey. Coordinate this effort with Stella Goings and others at USAID/Lagos, who are interested in also fielding a questionnaire.
4. Find out more about the characteristics of the Nigerbus and the Media Survey to determine which would be the best vehicle for the Initiatives household survey.
5. Obtain membership list from NPNMA of Osogbo and the names and addresses of providers affiliated with Royal Healthcare Ltd. Obtain names and addresses of the 11 government housing estates where B.E. Medical Services proposes to develop primary healthcare clinics.
6. Follow-up on contacts with university researchers.
7. Analyze data to assist with planning and marketing plans being developed by the local initiative groups.

## **Appendix A: List of Contacts**

### *Researchers*

Professor Alfred Adewuyi  
Obafemi Awolowo University  
Ile-Ife  
(currently on sabbatical at University of North Carolina, Chapel Hill, until fall, but his university number is 036-232-276)

Stella Babalola  
Department of Sociology  
Lagos State University

B.E. Medical Services Ltd.  
Mr. Adebisi Edun  
Plot 48 Ogudu Road  
Ogudu Gra  
Ojota Lagos

Dr. Timothy Fakeyi  
Chief, Obstetrics and Gynecology  
University of Kware State  
(has epidemiological data on STDs)

Dr. Pauline Makinwa-Adebusoye  
Nigerian Institute for Scientific and Economic Research  
Ibadan  
tel: 022-412-723

Dr. Nasidi  
Chief Medical Epidemiologist  
Ministry of Health  
Has STD prevalence data through Disease Notification Reporting System

Peju Olukoya  
University of Lagos  
STD work

Research and Marketing Services Ltd (RMS)  
K.A. Tejumola  
Managing Director  
14/16 Oladipo-Kuku Street

Off Allen Avenue  
P.O. Box 8225  
Ikeja, Lagos  
tel: 090/400-837, 4961954 (cellular phone)

Peter Wehmann  
IEC consultant  
tel: 703-32-0054

Eko Williams, MD  
University of Calibar  
AIDS researcher

*USAID/Lagos*

1601 Adeola Hopewell Street  
P.O. Box 554  
Victoria Island, Lagos  
tel: 614-412, 2-624-621  
fax: 614-698

Eugene Chiavaroli, AID Affairs Officer

Dr. John McWilliam, Director of FHS project

Peter Bola Kusemeiju

Bunmi Dosumu, FHS project

Stella Goings, MD, MPH

Gerald Ochuko, Information Systems Specialist, CCCD project, 614-327

AE Oleksy-Ojikutu, Ph.D. (Sandy), Project Manager, CCCD project

Bisi Tugbobo, Program Officer, Technical Dept, FHS project, 610-754, 614-514,  
616-184,619-938; fax 2612-815

*Initiatives liaison*

Margaret Bodede

20, Godwin Omonua Street

Ire-Akari Estate

Isolo

tel: 520-802

## Bibliography

Copies of the following documents, papers, and books were obtained.

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Onyemunwa, P. 1988. "Health care practices and use of health services as factors affecting child survival in Benin City, Nigeria." In IUSSP, Volume 2 of *African Population Conference*, Dakar.

Oni, Gbolahan A. 1988. "Child mortality in a Nigerian city: Its levels and socioeconomic differentials." *Social Science and Medicine* 27(6):607-14.

Stock, R. 1983. "Distance and the utilization of health facilities in rural Nigeria." *Social Science and Medicine* 17(9):563-70.

## Information Request

To help us understand the objectives and scope of your project, we ask that you provide us with some additional information about your project in 7 topic areas:

- population catchment area
- health services
- social & demographic characteristics of population
- health supply
- business objectives
- demand for primary health care services
- medical recordkeeping

The questionnaire was designed for all of the projects involved in Initiatives and so some questions may not be appropriate to your particular project. If so, you can ignore the question. There are other questions that may be difficult to answer because you do not have precise data. We ask that you make a good guess. At this point in time, we are not looking for precise figures, but are simply interested in getting a sense of the types of patients you serve.

If you have any questions as you are filling out this form, please contact Joyce Mann, who is staying at the Novotel Hotel.

\*\*\*\*\*

DATE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

Please provide information on the person completing the form:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**A. POPULATION**

What is the population you will target with your Initiative?

- what is the geographic area or areas (please provide a map)?
- how many square kilometers is it?
- what is the size of the population in the area?

Do you have information on the age breakdown of this population? If so,

what are the number of infants	0-1 year?	_____
	1-5 year?	_____
women between	15-20 year?	_____
	20-30 years?	_____
	30-40 years?	_____
men	15-65 years?	_____

**B. HEALTH SERVICES**

Do you offer any services to this population now? \_\_\_\_\_ yes  
 \_\_\_\_\_ no (this is a new target population)

Is there a facility available/built for the project? Is it ready for use?

\_\_\_\_\_ Yes  
 \_\_\_\_\_ No  
 \_\_\_\_\_ When?

List 5-10 types of primary care services you will provide?  
(eg. prenatal care or immunization)

currently provide and will continue to provide	do not currently provide but will add it as a new service
•  •  •  •  •  •  •  •  •  •  •  •  •	•  •  •  •  •  •  •  •  •  •  •  •  •  •

List hours and days services will be offered.

Hours      4 or less      8 or less      12 or less      24 or less

M-F      Y/N  
 Sat      Y/N  
 Sun      Y/N

List number of initial staff:

	Current Level	Future Level (once project is implemented)
MD's		
Nurses		
Midwives		
Administrative		
Laboratory		
X-Ray		
Other		

Will the facility offer

	Currently Offered	Plan to Offer
- Pharmacy		
- Laboratory		
- X-Ray Services		
- Inpatient beds		
- Other		

List 5 health outcomes this project might improve?  
(eg. increased birthweight of newborns,  
decreased postpartum infections)

- 1.
- 2.
- 3.
- 4.
- 5.

List 5 health processes (things that the clinic does/will do that this  
project might improve

(eg. number of patients having lacerations  
sutured, cases of tuberculosis diagnosed,  
number of laboratory tests for hemoglobin)

- 1.
- 2.
- 3.
- 4.
- 5.

How will patients be referred for complications or advanced level care?

- sent to associated/affiliated hospital \_\_\_\_\_
- referred to public hospital \_\_\_\_\_
- referred to private hospital or provide physician/specialist \_\_\_\_\_

### C. SOCIAL & DEMOGRAPHIC

What is estimated range of annual income of potential patients? \_\_\_\_\_

What is estimated average annual income of potential patients? \_\_\_\_\_

What is estimated average education of potential patients? \_\_\_\_\_

What is estimated range (in years) of education of potential patients? \_\_\_\_\_

**D. HEALTH SUPPLY CHARACTERISTICS**

Will you charge the same price to all patients or will you charge low-income patients less?

How many public facilities offer similar services to this population in the same area:

\_\_\_\_\_clinics public    \_\_\_\_\_hospitals public    \_\_\_\_\_pharmacies public

How many private facilities offer similar services to this population in the same area?

\_\_\_\_\_clinics private    \_\_\_\_\_hospital private    \_\_\_\_\_pharmacies private

**E. BUSINESS OBJECTIVES**

How much do you plan to charge for each visit? \_\_\_\_\_

How much do you plan to charge for a lab test? \_\_\_\_\_

How much do you plan to charge for an x-ray? \_\_\_\_\_

What percent of the costs of providing services will be recovered from these charges to patients (and any insurers) after: 6 mos. \_\_\_\_\_  
1 year? \_\_\_\_\_  
3 years? \_\_\_\_\_

Is any medical equipment already available?

Is there an available/known source of capital? \_\_\_\_\_

- What is it? \_\_\_\_\_

- Do you have a plan? \_\_\_\_\_

What are estimated start-up cost for \_\_\_\_\_equipment?  
\_\_\_\_\_supplies?  
\_\_\_\_\_facilities?

15

What are your estimated costs for the first year of operations? \_\_\_\_\_

Who is the person in your organization responsible for evaluation?  
for monitoring?  
for keeping track  
of costs/and revenue  
(income)?

**F. DEMAND FOR PHC SERVICES**

What % of the population in the targetted area(s) do you expect to use your services?

infants	0-1	_____%
children	1-5	_____%
women	15-40	_____%
men	15-65	_____%

How many visits per month do you currently provide? \_\_\_\_\_

How many visits do you expect to provide per month once the new Initiative is in place? \_\_\_\_\_

List 5 major health problems/diseases affecting target population.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**G. MEDICAL RECORDKEEPING**

Do you keep a daily log of patients? Y / N

Is it organized by date (e.g., if asked which patients visited your practice on November 10, you could go to the log for that day and get the list of patients)? Y / N

Do you keep the daily logs for at least one year? Y / N  
 If no, how long do you keep the logs? \_\_\_\_\_

Do you keep a record for each patient? Y / N

If yes:

Please note whether the following types of information would be recorded on the patient record. You have a choice of 5 responses to roughly indicate how often each type of information is recorded.

Never Rarely Sometimes Usually Always

	N	R	S	U	A
Age .....	N	R	S	U	A
Medical history (eg, past illnesses).....	N	R	S	U	A
Entry for a visit .....	N	R	S	U	A
Date of visit .....	N	R	S	U	A
Presenting symptom or reason for visit .....	N	R	S	U	A
If patient was physically examined would it be noted? .....	N	R	S	U	A
If patient was counseled, would it be noted? .....	N	R	S	U	A
If a blood test was performed or ordered, would it be noted? .....	N	R	S	U	A
If a culture was performed or ordered, would it be noted? .....	N	R	S	U	A
If other <b>lab</b> tests were performed or ordered, would it be noted? .....	N	R	S	U	A
If patient was referred to another provider, would it be noted?.....	N	R	S	U	A
If a drug were prescribed or given, would it be noted? .....	N	R	S	U	A
Treatment recommendations .....	N	R	S	U	A

# INITIATIVES

## Note to Ghana Registered Midwives Association

The questionnaire is designed to obtain additional information about types of medical practices involved in the Initiatives Project. The answers to the questions will help us design the evaluation and develop appropriate data collection instruments. We ask that 3 of your members complete the form for their individual midwifery practices.

# INITIATIVES

## Note to Ghana Society of Medical Practitioners

The questionnaire is designed to obtain additional information about types of medical practices involved in the Initiatives Project. The answers to the questions will help us design the evaluation and develop appropriate data collection instruments. We ask that 3 of your members complete the form for their individual practices.