PHCUOR IMPLEMENTATION QUESTIONNAIRE

Instructions:

1. These qualitative questions should be answered by respondents prior to the day of assessment.
2. Respondents should include, but are not limited to: the executive secretary or chairman of SPHCD/A/B and the management team members.
3. Respondents in states without SPHCD/A/B would include the commissioner for health or permanent secretary, director PHC, director PRS, state immunization officer and other directors in the state ministry of health.
4. Response should be type-written and two copies handed over to the interviewer on the day of assessment.

Questions:

1. What are the names, phone numbers and corresponding designations of respondents (Answer in a tabular format as indicated below)?

<table>
<thead>
<tr>
<th>S/n</th>
<th>Name</th>
<th>Designation</th>
<th>Phone number</th>
<th>Signature</th>
</tr>
</thead>
</table>

2. Which year did you introduce your state’s SPHCD/A/B (or its alternative)?
3. How was SPHCD/A/B introduced in your state?
4. What name do you call your state’s SPHCD/A/B (write in full)?
5. What are the names of the current state’s SPHCD/A executive director and Board chairman? (If none, why?)
6. What is the coordinating platform that is driving the implementation of PHCUOR in your state, who leads it, who is in it and how often do they meet?
7. Outline the PHC strengthening processes or activities that have taken place since the last PHCUOR assessment in mid-2012.
8. List the partners or organisations in your state that support PHC strengthening processes/activities or PHCUOR implementation (Answer in a tabular format as indicated below).

<table>
<thead>
<tr>
<th>S/n</th>
<th>Partner or organisation</th>
<th>Programs</th>
<th>Impact on PHC or PHCUOR</th>
</tr>
</thead>
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1