

Zambia Public Expenditure Tracking
Ministry of Health, Ministry of Finance, and the World Bank

Version 1.0

Monday, November 07, 2005

Health Facility Questionnaire

Enumerator fills up the following:

Questionnaire code	
Sample facility code	

Interview	Month (01 to 12)	Day (01 to 31)	Start time (e.g., 1230)	End time (e.g., 1600)
First				
Second				

Information for Enumerators

Complete one questionnaire per facility.

When entering information into this questionnaire, please:

Ensure that all units of measurement match those requested in the question. Bring a tape measure.

Note that "20xx/20xx fiscal year" refers to the Zambia Government's financial year, which begins on _____ and ends on _____.

Use the following codes for unanswered questions:

- NA - Not applicable
- NU - Question not understood by the respondent
- RA - Respondent refused to answer
- DK - Respondent did not know

Ensure that the data sheets are completed.

Fill in all fields to avoid confusion at data entry stage.

Write legibly. Others have to read your writing in order to enter the data. Make sure you have a sharp pencil and pencil sharpener.

Do not ask other questions than those which appear in the text. Stick closely to the question text. The text of the question has been carefully designed and paraphrasing may change the meaning of the question.

Do not discuss sensitive information in front of respondents or other staff members. Reserve all expressions of judgement, surprise, dismay, pleasure, or other feelings from your experience of the facility until you have left the place. Your aim should be to make the respondent feel at ease.

Introduction

Good day. My name is _____, from _____.

We would like to conduct a survey of your facility. This is a joint survey of the Ministry of Health, the Ministry of Finance, and the World Bank. This survey covers some ____ health facilities in Zambia. The aim of the survey is to improve the situation faced by health facilities in the country. To do this, we wish to identify the different conditions facing health facilities and the factors affecting their capacity to deliver good quality services. We would therefore also like to look at some of the records of the facility, including daily patient records.

We want to make sure that all the information you give is anonymous. Therefore, we will not write down your name on this survey form. Your open and sincere answers are needed to make this study successful, so we would like you to answer all questions as completely and honestly as you can.

Thank you.

Questionnaire Proper

Section 1: Characteristics of the Respondent

1. Are you in charge of this facility? 1=Yes; 2=No. [It is important that the in-charge is the one who responds. No blanks or "NA" allowed.]

2. What is your job title at this facility? [Encircle number corresponding to the appropriate title.]

1 = Doctor or medical officer	7 = Environmental health officer
2 = Clinical officer	8 = Nursing aide or health assistant
3 = Medical assistant	9 = Pharmacist or pharma. technician
4 = Nurse	10 = Dental assistant
5 = Midwife	11 = Laboratory assistant
	12 = Other, specify _____

3. What is your name? [No "NA" or blanks allowed.]

4. For how many years have you been in-charge at this facility?

 Years

5. What is the respondent's gender? [Enumerator notes the gender of the in-charge. 1=Male; 2=Female. Do not ask this question. Instead, note your observation in the box.]

Section 2: Characteristics of the Health Facility

6. I would like to ask you about the characteristics of the health facility. We are interested in these in order to determine the facility's capacity to deliver services and the efficiency with which it delivers those services.

Key Information Needed	
a. Name of health facility	
b. Province	
c. District	

d. City, Township, or Municipality	
e. Ward	
f. Address	i)
	ii)
	iii)

7. I would like to ask you about the ownership and level of this facility. Is this a Government or a mission health facility? What is the level of the health facility? [Enumerator encircles the appropriate number that classifies the health facility. Blanks or "NA" not allowed.]

1 = 3rd level Government hospital	6 = 3rd level Mission hospital
2 = 2nd level Government hospital	7 = 2nd level Mission hospital
3 = 1st level Government hospital	8 = 1st level Mission hospital
4 = Government urban health center	9 = Mission urban health center
5 = Government rural health center	10 = Mission rural health center

8. I would like to ask you about the usual hours of operation of this facility and/or the services it offers. [Enter the times in 24-hour time units, e.g., 0900 for 9:00 a.m.; 1800 for 6:00 p.m. Note that a facility open for 24 hours has opening hours of 00:00 and closing hours of 00:00 and no break for lunch. Enter "NA" only if the facility/service is not open.]

	Open	Break for lunch	Open after lunch	Close for the day
a. Service: Clinic or outpatient department				
(i) Weekdays				
(ii) Saturdays				
(iii) Sundays				
b. Service: ?????				
(i) Weekdays				
(ii) Saturdays				
(iii) Sundays				
c. Service: ???				
(i) Weekdays				
(ii) Saturdays				
(iii) Sundays				

9. On average, how many times a month do you have to open the facility outside the usual opening hours (e.g., for deliveries or emergencies)? [Check reply. Be cautious if it is a high number.]

Times

10. What is the catchment population size of this facility? [Enumerator writes in number. Blanks and "NA" not allowed. If respondent does not know, write "DK".]

11. What services do you provide at this facility? What services do you provide as outreach? [Note that the answers here are "self-reported".]

Health Services	Available at The Facility 1=Yes; 2=No	Available as Outreach 1=Yes; 2=No
A. Family planning	A1	A2
B. Antenatal and postnatal care	B1	B2
C. Maternity care/normal delivery	C1	C2
D. Emergency obstetric care, including treatment of incomplete abortion	D1	D2.....N.A.
E. HIV/AIDS counseling	E1	E2
F. HIV/AIDS testing	F1	F2.....N.A.
G. ARV treatment	G1	G2.....N.A.
H. STI counseling	H1	H2
I. STI diagnosis and testing	I1	I2.....N.A.
J. STI treatment	J1	J2
K. Child immunization	K1	K2
L. Child growth monitoring	L1	L2
M. IMCI/child health consultations and treatment	M1	M2
N. Adult consultations and treatment	N1	N2
O. Inpatient admissions	O1	O2.....N.A.

12. Do patients have other facilities within a reasonable distance where they can get health services similar to the services you provide here? 1=Yes; 2=No. [If no, go to Question # ____.)

13. Please tell me what you know about the other facilities in your catchment area. [If respondent says zero to the second column, put NA in the succeeding columns. However, if the respondent replies with a number in the second column, but does not know the answer to the succeeding columns, put DK.]

Type	How many are there in total?	How many are owned by the	How many are owned by NGOs	How far away (in km.) is the
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		government?	and for-profit groups/persons?	closest...
A. Health posts	A1	A2	A3	A4
B. Clinics and health centers	B1	B2	B3	B4
C. Hospitals	C1	C2	C3	C4
D. Drug shops, pharmacies, and groceries selling drugs	D1	D2	D3	D4
E. Traditional healers	E1	E2	E3	E4

Section 3: Capital Assets

14. In what year was this facility built?

15. Has this facility been renovated since it was built? 1=Yes; 2=No. [If no, go to Question # ____.]

16. In what year was this facility last renovated?

17. Who was the main funder or financier of the renovation?

Funder/Financier	1=Yes; 2=No; 3=NA
A. National government	A
B. Local district authority	B
C. Donors/development partners	C
D. NGOs or missionaries	D
E. Private business groups	E
F. Local community	F
G. Other, specify	G

18. What is the capacity of this health facility in terms of number of beds and cots? Are they sufficient given the present volume of patients and the utilization rate?

	Number	Is the number sufficient? 1=Yes; 2=No
A. Beds	A1	A2

B. Cots	B1	B2
C. Bassinets	C1	C2

19. I'd like to ask you about power source for this facility. Does the facility have electric connection? Generator? Solar power? [1=Yes; 2=No.] If the answer is yes, are they working? [1=Yes; 2=No.] If the answer is no, what is the main reason why they are not working? [If the answer is no in Column 2, then put "NA" in Column #3.]

Source of Power	1=Yes; 2=No	Is this power source working? 1=Yes; 2=No	If this power source is not working, what is the main reason why it is not working? [Choose applicable number from the list below.]
A. Electric connection	A1	A2	A3
B. Solar panel	B1	B2	B3
C. Generator set	C1	C2	C3

- 1=Utility bill has not been paid.
2=Need maintenance and/or spare parts.
3=Fuel is not available.
4=There was a storm or natural weather disturbance.
5=DK.

20. What is the facility's main source of water? [Encircle number corresponding to the response.]

1=Piped water 2=Borehole or well 3=Protected spring 4=Unprotected spring 5=Harvested rainwater	6=Water from river, stream, or lake or other open source 7=Buy water 8=Other, specify _____
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21. I would like to ask you about the communication facilities of this health facility. Which of the following communication connections does the facility have? Are these communications connections working? If this particular connection is not working, what is the main reason why it is not working? [The enumerator fills up the table below as the respondent gives the responses. Note that in the last question, what is being asked here is not the radio used for listening programs, but one-way or two-way or multiple channel radio communication.]

Communication Facilities	1=Yes;	Is it	If this communication
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	2=No	working? 1=Yes; 2=No	connection is not working, what is the main reason why it is not working? [Choose applicable number from the list below.]
A. Does the facility have an official land-based phone?	A1	A2	A3
B. Does the facility have an official cell or mobile phone?	B1	B2	B3
C. Does the facility have an office fax machine?	C1	C2	C3
D. Does the facility have an office computer?	D1	D2	D3
E. Does the facility have an office e-mail for communication?	E1	E2	E3
F. Does the facility have a one-way or two-way radio?	F1	F2	F3

1=Bill for the land-based phone company, mobile phone company, or Internet service provider, has not been paid.

2=Need maintenance and/or spare parts.

3=Low battery.

4=There was a storm or natural weather disturbance.

5=There is no electricity.

6=The connection is very bad because of network problems.

7=DK.

22. What is the main method you use to dispose of medical waste?

1=Public waste collection.

2=Pit where waste is dumped (nor burnt).

3=Pit where waste is burnt.

4=Incinerator.

5=Other, specify _____

23. Does the facility have its own transport? What are these? How many are there of each kind? How many are working of each kind? [Enumerator fills in the table below. The last two columns are filled up only if the answer is yes in column 2. If the answer is no in column 2, the last two columns should be filled with "NA".]

Transport	1=Yes; 2=No	Total Number	Number that are Working	For those not working, what is the main reason
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				why they are not working? [Choose applicable code number from the list below.]
A. Car	A1	A2	A3	A4
B. Truck	B1	B2	B3	B4
C. Ambulance	C1	C2	C3	C4
D. Minibus or van	D1	D2	D3	D4
E. Motorcycle	E1	E2	E3	E4
F. Bicycle or tricycle	F1	F2	F3	F4
G. Animal-drawn vehicle (cart or other)	G1	G2	G3	G4
H. Other, specify _____	H1	H2	H3	H4

1=Need maintenance, repair, and/or spare parts.

2=No funds for fuel as of the moment.

3=Transport is too old, or beyond repair.

4=No driver, or no funds to pay the driver.

5=DK.

24. I'd like to ask about the availability of patient "amenities." For each of the following, please tell me whether each is present in this facility, whether it is in good condition, and whether it is adequate to meet the patients' needs.

Patient amenities	Is it present in this facility? 1=Yes; 2=No	Is it in good condition? 1=Yes; 2=No	Is it adequate to meet patients' needs? 1=Yes; 2=No
A. Covered waiting area	A1	A2	A3
B. Private examination areas	B1	B2	B3
C. Private counseling areas	C1	C2	C3
C. Toilet for outpatients	D1	D2	D3
D. Mothers' waiting area	E1	E2	E3
E. Cooking area for patients' families	F1	F2	F3

[Note: Privacy is a key quality indicator, especially for family planning, HIV/AIDS and STI counseling.]

25. I'd like to ask about the availability and adequacy of basic medical equipment. For each of the following equipment, please tell me whether each is present in this facility, whether it is in good working condition, and whether it is adequate to meet the facility's needs.

Equipment	Is it present in this facility? 1=Yes; 2=No	Is it in working condition? 1=Yes; 2=No	Is it adequate to meet facility's needs? 1=Yes; 2=No
A. X-ray machine	A1	A2	A3
B. Sonogram or Ultrasound machine	B1	B2	B3
C. Refrigeration equipment for cold chain and other uses	C1	C2	C3
D. Sterilization equipment	D1	D2	D3
E. Examination beds	E1	E2	E3
F. Anesthetic equipment	F1	F2	F3
G. Blood bank and laboratory	G1	G2	G3
H. Oxygen supply	H1	H2	H3

26. I'd like to ask about the availability and adequacy of basic medical apparatus and materials. For each of the following apparatus and materials, please tell me whether each is available today, whether it is in good working condition, and whether it is adequate to meet the facility's needs.

Medical apparatus and materials	Is it available today? 1=Yes; 2=No	If the answer is no to the second column, put NA in this column. If yes, is it in good working condition? 1=Yes; 2=No	If the answer is no to the second column, put NA in this column. If yes, is it adequate to meet facility's needs? 1=Yes; 2=No
A. Blood pressure gauge	A1	A2	A3
B. Weighing scale	B1	B2	B3
C. Height measuring device	C1	C2	C3
D. Thermometer	D1	D2	D3
E. Microscope	E1	E2	E3

F. Surgical instruments for obstetrics and gynecology	F1	F2	F3
G. Antiseptic for skin	G1	G2	G3
H. Sterile gloves	H1	H2	H3
I. Spatula	I1	I2	I3
J. Disposable syringes	J1	J2	J3
K. Cat gut	K1	K2	K3
L. Gowns and protective clothing	L1	L2	L3
M. Malaria smear (Giemsa stain)	M1	M2	M3
N. Urine test strip for protein (what is this for?)	N1	N2	N3

Section 4: Human Resources for Health

27. Please tell us about the staffing in your facility.

(a) How many established posts or positions does the facility have? [Fill in Column I. Define "established posts".]

(b) Of the established posts, how many are filled? [Fill in Column II.] And how many of the established posts are vacant? [Fill in Column III.]

(c) Of the posts that are filled, how many are not in the health facility today, and what are the reasons why they are not here?

(d) I would also like to know the number of staff who are not in the health facility today, and the reasons why they are not here.

Cadres	I Number of estab- lished posts	II Number of filled posts	III Number of vacant posts	Number of Staff Who are Not in the Health Facility Today, By Reason						
				I Staff posted here but working elsewhere	ii Staff on long- term training	iii Staff on short- term training, attending conference or workshop or meeting	Iv Staff on out- reach, or super- vision visits	v Staff on official leave (sick, annual, vacation)	vi Staff absent without leave	vii Staff who cannot be accounted for
A. Doctors	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
B. Clinical officers	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10
C. Medical assistants	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10

D. Mid-wives	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
E. Nurses	E1	E2	E3	E4	E5	E6	E7	E8	E9	E10
F. Environ. health officers	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10
G. Pharmacists & pharm technicians	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10
H. Health assistants, etc.	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10
I. Dentists and dental technicians	I1	I2	I3	I4	I5	I6	I7	I8	I9	I10
J. Administrative staff	J1	J2	J3	J4	J5	J6	J7	J8	J9	J10
K. All other staff ¹	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10
L. Total	L1	L2	L3	L4	L5	L6	L7	L8	L9	L10

¹ Including cleaners, security guards, maintenance crew, cooks, kitchen crew, gardeners, and grounds men.

28. Are there expatriate (non-Zambian) health staff in this facility? If yes, how many are there, and who pays for their salaries?

Expatriate health staff	1=Yes; 2=No	If yes, how many? (If no, put NA)	If the answer is no to the second column, put NA in this column. If yes, who pays for their salaries? (1=Government; 2=NGOs; 3=Others)
Doctor (G.P. or specialist)	A1	B1	C1
Nurse or midwife	A2	B2	C2
Others	A3	B3	C3

29. Does anybody at this facility work for free, i.e., without any pay, such as volunteers? How many work here for free, full time or part-time? [If the answer is no in Column 2, then put in "NA" in Column 3.]

Staff status	1=Yes; 2=No	If the answer is no to the second column, put NA in this column. If yes, what is the number of persons?
A. Full-time staff volunteer	A1	A2
B. Part-time staff volunteer	B1	B2

30. Now tell us about staff who arrived here or left during the last fiscal year. How many staff joined (were posted or transferred to) this facility? How many staff retired? How many were transferred to another facility? How many were dismissed? How many died? How many resigned or chose to leave the facility for whatever reason? [If the response is zero, put 0, not "NA".]

A. Number of staff who joined the facility	A
B. Number of staff who retired	B
C. Number of staff who were transferred to another facility	C
D. Number of staff who were dismissed	D
E. Number of staff who retired	E
F. Number of staff who resigned or left	F

31. Do you feel there is enough number of staff of different cadres for the workload of this health facility? If no, how many more do you need?

Cadres of health staff	Is the number adequate? 1=Yes;2=No	If the answer is yes in the second column, put NA in this column. If no, how many more do you need?
A. Doctor	A1	A2
B. Clinical officer and medical assistant	B1	B2
C. Nurse and midwife	C1	C2
D. Others, specify	D1	D2

32. Is the performance of staff in this health facility formally assessed? 1=Yes; 2=No.

33. How often is the staff assessed?

1=Semi-annually

2=Annually

3=Once every two years

4=Irregularly

5=Never

Section 5: Drugs, Vaccines, Contraceptives, and Other Consumables

Drugs

34. Does the facility receive free drugs supplies through the kit-based system? 1=Yes; 2=No.

35. How many essential drug kits (number, value) did the facility receive during this fiscal year? On average, how long (in days) does the essential drug kit last? Is the number of essential drug kits received adequate to meet the needs of this health facility? 1=Yes; 2=No. If not, how many more kits do you need?

Total number of essential drug kits received	A1
Total value of essential drug kits received	A2
On average, how long (in days) does the essential drug kit last?	A3
Is the number of essential drug kits received adequate? 1=Yes; 2=No	A4
If not, how many more drug kits do you need?	A5

36. Do you receive the essential drug kits in a timely manner? 1=Yes; 2=No.

37. What is the average number of days (waiting time) between requisition and receipt of drug kit by this health facility?

 Days

38. Could you tell us which months of the year is the incidence of disease (and therefore volume of patients) highest or lowest in this catchment area? Is the delivery of essential drug kits in keeping with the seasonality of disease patterns?

Months	Disease Incidence 1=Lowest; 2=Average; 3=Highest	Number of Essential Drug Kits Received
A. January	A1	A2
B. February	B1	B2
C. March	C1	C2
D. April	D1	D2
E. June	E1	E2
F. July	F1	F2
G. August	G1	G2
H. September	H1	H2
I. October	I1	I2
J. November	J1	J2
K. December	K1	K2

39. Does the facility receive other free supplies of drugs, aside from the kit system? 1=Yes; 2=No.

40. What are the top 5 drugs that come through these channels? Who provides these supplementary drugs?

List Top 5 Drugs	Quantity	Value	Major Provider/Funder 1=Donors; 2=NGOs; 3=Others
	A1	A2	A3
	B1	B2	B3
	C1	C2	C3
	D1	D2	D3
	E1	E2	E3

41. Aside from the essential drug kits and the free supplementary drugs provided by various sponsors, did this health facility ever resort to buying its own drugs during last fiscal year? (or this fiscal year)? 1=Yes; 2=No.

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42. What are the top 5 major drugs bought directly by the health facility? What is the total value of these drug purchases?

List Top 5 Drugs Purchased by the Health Facility	Total Value of Drug Purchased
	A
	B
	C
	D
	E
Others	F
Total	G

43. I'd like to ask whether, from all the different sources of drugs, these medicines are available today? Were there any stock-out in the past (specify time period, e.g., three months, or 12 months)? If yes, how long (in weeks) did the stock-outs last?

Drugs	Are these drugs available today? 1=Yes; 2=No	Was there a stock-out last fiscal year 1=Yes; 2=No	How long (in weeks) did the supplies last?	How long (in weeks) did the health facility experience a drug stock-out? (If no stock-out, put NA)
A. Chloroquine tablets for malaria	A1	A2	A3	A4
B. Chloroquine injectables for malaria	B1	B2	B3	B4
C. Paracetamol (Panadol)	C1	C2	C3	C4
D. Cotrimoxazole	D1	D2	D3	D4
E. Other antibiotics (Septrin, Ampicillin, Procaine Penicillin)	E1	E2	E3	E4
F. Oral rehydration salts (ORS)	F1	F2	F3	F4
G. Ergometrine (?)	G1	G2	G3	G4
H. Vitamin A	H1	H2	H3	H4
I. Iron folate	I1	I2	I3	I4

Vaccines

44. Are these vaccines available today? Were there any stock-outs in the past three months?
1=Yes; 2=No. If yes, how long (in weeks) did the stock-outs last?

Vaccines	Is any available today? 1=Yes; 2=No	Was there a stock-out last fiscal year? 1=Yes; 2=No
A. BCG	A1	A2
B. Polio	B1	B2
C. DPT	C1	C2
D. Measles	D1	D2
E. Tetanus toxoid	E1	E2
F. Hepatitis B	F1	F2

Supplementary medical consumables

45. Excluding what is in the drug kit, did this health facility receive any supplementary medical consumable for which it did not pay during the last fiscal year? 1=Yes; 2=No.

46. What are the top 5 medical consumables that come through these channels? Who provides these supplementary medical consumables?

List Top 5 Medical Consumables	Quantity	Value	Major Provider/Funder 1=Donors; 2=NGOs; 3=Others
	A1	B1	C1
	A2	B2	C2
	A3	B3	C3
	A4	B4	C4
	A5	B5	C5

47. Aside from the essential drug kits and the free supplementary medical consumables provided by various sponsors, did this health facility ever resort to buying its own medical consumables during last fiscal year? (or this fiscal year)? 1=Yes; 2=No.

48. What are the top 5 major medical consumables bought directly by the health facility? What is the total value of these drug purchases?

List Top 5 Medical Consumables Purchased by the Health Facility	Total Value of Medical Consumables Purchased
	A1

	B1
	C1
	D1
	E1
Others	F1
Total	G1

49. I'd like to ask, given all the sources of medical consumables, whether the following supplementary medical consumables are available today? Was there a stock-out last fiscal year?

Supplementary Medical Consumables	Is any available today? 1=Yes; 2=No	Was there a stock-out last fiscal year? 1=Yes; 2=No
A. Bandages	A1	A2
B. Cotton wool	B1	B2
C. Syringes	C1	C2
D. Gloves	D1	D2
E. Reagents	E1	E2
F. Slides (for malaria)	F1	F2
G. Paper for writing prescriptions to patients	G1	G2

Contraceptives

50. Are these contraceptives available today? Were there any stock-outs in the {past three months}? If yes, how long (in weeks) did the stock-outs last?

Contraceptives	Is any available today? 1=Yes; 2=No	Was there a stock-out over the past three months? 1=Yes; 2=No	If answer to previous column is no, put NA in this column. If yes, how long (in weeks) did the stock-outs last?
A. Condoms	A1	A2	A3
B. Pills	B1	B2	B3
C. Injectables	C1	C2	C3
D. Intra-uterine device (IUD)	D1	D2	D3
E. Norplant	E1	E2	E3

Management and Reporting of Drugs, Vaccines, and Contraceptives

51. I'd like to ask a few questions about drug management and reporting system. Is there a written inventory for the following commodities and supplies: drugs, vaccines, and

contraceptives? If so, is the inventory up-to-date, legible, and complete? Are the following commodities stored by expiry date? In other words, is there a system of "first expiry, first out"? For each commodity, are the storage facilities protected from rain, sun, adverse temperatures, rats and other pests?

Commodities	Is there a written inventory? 1=Yes; 2=No	If the answer to the previous column is no, put NA in this column. If yes, is the inventory up-to-date, legible, and complete? 1=Yes; 2=No	Are the following commodities stored by expiry date? 1=Yes; 2=No	Are the storage facilities for each of the following commodities protected from the elements? 1=Yes; 2=No
Drugs	A1	B1	C1	D1
Vaccines	A2	B2	C2	D2
Contraceptives	A3	B3	C3	D3

52. Need question on the leakage of drugs and other consumables. How to ask? Could you account for all the drugs, vaccines, contraceptives, and other medical consumables that you received or purchase?
53. Quality indicator: Proportion of patients diagnosed in the facility who were given (a) prescription, and (b) treatment - in accordance with national policy. (?) Focus on diarrhea, malaria, and ARI.

Section 6: Budget Planning, Allocation, and Spending

Allocation and Receipt of GRZ Budget, HIPC Resources, and Donors' Basket Funds

54. I'd like to ask about the resources you were allocated and actually received from various sources, beginning in fiscal year 03/04 up to now. [Work by row, instead of by column.] (a) In FY04/05, how much did the GRZ Budget allocate to this facility, and how much did the facility actually receive? (b) In FY04/05, how much in HIPC resources was allocated to this facility, and how much did the facility actually receive? (c) In FY04/05, how much in donors' basket funds were allocated to this facility, and how much did the facility actually receive? [Do the same for FY05/06.]

Fiscal Year	GRZ Budget		HIPC		Donors' Basket Funds	
	Allocated ZK	Received ZK	Allocated ZK	Received ZK	Allocated ZK	Received ZK
FY04/05 (last fiscal year)	A2	B2	C2	D2	E2	F2
FY05/06	A3	B3	C3	D3	E3	F3

(this fiscal year)						
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(Note: Need to decide on the cutoff month for FY05/06.) No blanks allowed. Enter zero where no money was received. Use DK only if responded does not know. If information is not in Zambian kwacha (e.g., in percent), convert the figure to ZK.

55. For FY04/05, how much money in Zambian kwacha did this health facility actually receive from the GRZ budget, HIPC resources, and donors' basket funds, by month? [No blanks allowed. Put zero if the facility did not receive any allocations for that month. Note: These tables are meant to demonstrate the time-flow of the facility's actual receipts of budgetary resources. Ideally, facilities should receive these resources early enough so that they can plan their activities, but delays in releases can occur, making planning difficult.]

Months	Receipts of GRZ Budget ZK	Receipts of HIPC Resources ZK	Receipts of Basket Funds ZK
Month 1	A1	A2	A3
Month 2	B1	B2	B3
Month 3	C1	C2	C3
Month 4	D1	D2	D3
Month 5	E1	E2	E3
Month 6	F1	F2	F3
Month 7	G1	G2	G3
Month 8	H1	H2	H3
Month 9	I1	I2	I3
Month 10	J1	J2	J3
Month 11	K1	K2	K3
Month 12	L1	L2	L3
All months (total)	M1	M2	M3

No blanks allowed. Enter zero where no money was received. Use DK if respondent does not know. If information is not in Zambian kwacha (e.g., in percent), convert this figure to ZK.

56. For FY05/06, how much money in Zambian kwacha did this health facility actually receive from the GRZ budget, HIPC resources, and donors' basket funds, by month?

Months	Receipts of GRZ Budget ZK	Receipts of HIPC Resources ZK	Receipts of Basket Funds ZK
Month 1	A1	A2	A3
Month 2	B1	B2	B3
Month 3	C1	C2	C3
Month 4	D1	D2	D3
Month 5	E1	E2	E3
Month 6	F1	F2	F3
Month 7	G1	G2	G3

Month 8	H1	H2	H3
Month 9	I1	I2	I3
Month 10	J1	J2	J3
Month 11	K1	K2	K3
Month 12	L1	L2	L3
All months (total)	M1	M2	M3

No blanks allowed. Enter zero where no money was received. Use DK if respondent does not know. If information is not in Zambian kwacha (e.g., in percent), convert this figure to ZK.

57. Imprest system and analysis - Ask Dr. Felix Phiri to explain how this works, and the proper way to ask about it.

Expenditure of GRZ Budget, HIPC Resources, and Donors' Basket Funds

58. Is this health facility free to choose how it spends the money it receives from the GRZ budget, HIPC resources, and donors' basket funds? 1=Yes; 2=No.

Resources	1=Yes; 2=No
GRZ budget	A1
HIPC resources	B1
Donors' basket funds	C1

59. For FY04/05, how much in Zambian kwacha was spent by this health facility on the following items using the GRZ budget, HIPC resources, and donors' basket funds? [Ask the same question for FY05/06.] [Ask Zambian colleagues if there are standard classifications for expenditures, and use them.]

Uses of Funds	FY04/05			FY05/06		
	GRZ Budget	HIPC Resources	Basket Funds	GRZ Budget	HIPC Resources	Basket Funds
Personal emoluments (salaries, wages, allowances, staff gratuity)	A1	A2	A3	A4	A5	A6
Drugs and medical supplies	B1	B2	B3	B4	B5	B6
Non-medical supplies	C1	C2	C3	C4	C5	C6
Workshops, conferences, review meetings, and staff training	D1	D2	D3	D4	D5	D6
Repairs and maintenance	E1	E2	E3	E4	E5	E6
Food and	F1	F2	F3	F4	F5	F6

catering						
Utilities (electricity, communications, water, others)	G1	G2	G3	G4	G5	G6
Fuel and transport	H1	H2	H3	H4	H5	H6
Payments for technical assistance, consultancies	I1	I2	I3	I4	I5	I6
General charges	J1	J2	J3	J4	J5	J6
Payments of debt	K1	K2	K3	K4	K5	K6
Capital purchases	L1	L2	L3	L4	L5	L6

No blanks allowed. Enter zero where no money was spent. Use DK if respondent does not know. If information is not in Zambian kwacha (e.g., in percent), convert this figure to ZK.

60. Debt analysis.

Cash Revenues and In-Kind Resources Received from Vertical Projects

61. For FY04/05 and FY05/06, did this health facility receive cash funds from vertical projects and other donor-funded health initiatives?

Vertical Project Sources	FY04/05	FY05/06
A. Global Funds	A1	A2
B. GAVI-EPI-IPT-DPT-HIB funds	B1	B2
C. CHI funds	C1	C2
D. GTZ-DGIS funds	D1	D2
E. UNICEF	E1	E2
F. WHO	F1	F2
G. UNFPA	G1	G2
H. World Bank/IDA	H1	H2
I. USAID	I1	I2
J. Others	J1	J2
K. Total	K1	K2

62. For FY04/05 and FY05/06, how much in Zambian kwacha did this health facility spend on the following items using the cash funds received from vertical projects and other donor-funded health initiatives?

Uses of Funds	FY04/05 In ZK	FY05/06 In ZK
---------------	------------------	------------------

Personal emoluments (salaries, wages, allowances, staff gratuity)	A1	A2
Drugs and medical supplies	B1	B2
Non-medical supplies	C1	C2
Workshops, conferences, review meetings, and staff training	D1	D2
Repairs and maintenance	E1	E2
Food and catering	F1	F2
Utilities (electricity, communications, water, others)	G1	G2
Fuel and transport	H1	H2
Payments for technical assistance, consultancies	I1	I2
General charges	J1	J2
Payments of debt	K1	K2
Capital purchases	L1	L2

63. For FY04/05, did this health facility receive in-kind resources from vertical projects and other donor-funded health initiatives, in addition to or aside from the cash funds they may have provided? What are these? [1=Yes; 2=No. No blanks allowed.]

Vertical Project Sources	1. Additional staff	2. Drugs, vaccines, contraceptives & other medical supplies	3. Non-medical supplies	4. Workshops, conferences, review meetings, & staff training	5. Repairs & maintenance	6. Food & catering	7. Utilities, fuel, & transport	8. Tech asst & consultants	9. Equipment & other capital inputs
A. Global Funds	A1	A2	A3	A4	A5	A6	A7	A8	A9
B. GAVI-EPI-IPT-DPT-HIB funds	B1	B2	B3	B4	B5	B6	B7	B8	B9
C. CHI funds	C1	C2	C3	C4	C5	C6	C7	C8	C9
D. GTZ-DGIS funds	D1	D2	D3	D4	D5	D6	D7	D8	D9
E.	E1	E2	E3	E4	E5	E6	E7	E8	E9

UNICEF									
F. WHO	F1	F2	F3	F4	F5	F6	F7	F8	F9
G. UNFPA	G1	G2	G3	G4	G5	G6	G7	G8	G9
H. World Bank/IDA	H1	H2	H3	H4	H5	H6	H7	H8	H9
I. USAID	I1	I2	I3	I4	I5	I6	I7	I8	I9
J. Others	J1	J2	J3	J4	J5	J6	J7	J8	J9

Internally Generated Funds and Other Local Sources of Revenues

64. In FY04/05 and FY05/06, did this facility generate other forms of revenues, such as internally generated funds and other local sources? How much in Zambian kwacha did this health facility obtain from these various sources?

Other Sources of Revenues	Revenues Generated in FY04/05 In ZK	Revenues Generated in FY05/06 In ZK
"Low-cost" user fee revenues	A1	A2
"High-cost" user fee revenues	B1	B2
Insurance reimbursements and fees from health service contracts	C1	C2
Referral and medical fees	D1	D2
Revenues from Medical Stores	E1	E2
Revenues from Nursing or Medical School fees	F1	F2
Boarding fees	G1	G2
Income from income-generating projects of this health facility	H1	H2
Funds provided by district authority/council	I1	I2
Funds provided by local business, commercial, or other organized groups	J1	J2
Funds provided by community-based organizations (CBOs) and NGOs	K1	K2
Funds provided by the local community through own fund-raising activities	L1	L2
Others	M1	M2
Total	N1	N2

65. In FY04/05 and FY05/06, how did this health facility spend the money from internally generated funds and other locally sourced revenues? [Note that this question includes user fee revenues. Should this be excluded, and dealt with in the next section?]

Uses of Funds	FY04/05	FY05/06
Personal emoluments (salaries, wages, allowances, staff gratuity)	A1	A2
Drugs and medical supplies	B1	B2
Non-medical supplies	C1	C2
Workshops, conferences, review meetings, and staff training	D1	D2
Repairs and maintenance	E1	E2
Food and catering	F1	F2
Utilities (electricity, communications, water, others)	G1	G2
Fuel and transport	H1	H2
Payments for technical assistance, consultancies	I1	I2
General charges	J1	J2
Payments of debt	K1	K2
Capital purchases	L1	L2

Section 7: Number of Patients and Volume of Services

66. What is the volume of outpatient and inpatients per month?

Services	Two Months Ago	Last Month	This Month	Average for the past 3 months
Outpatients				
Inpatients				
Total				

67. Key outpatient services
68. Outreach and community health education. How many locations to do outreach? Table here.
69. Epidemics or outbreaks
70. Key inpatient services

Section 8: Collection and Management of User Fee Revenues

User Fee Policy and Practice

71. Does this health facility charge user fees for any of its services? 1=Yes; 2=No. [If no, go to Question # ____.]

72. Is there an official guideline that you follow on the collection of fees? Do you have a copy of the guideline(s)? Is there a permanent display of applicable user charges in the health facility?

Items	1=Yes; 2=No
Facility follows an official guideline on user fees	A1
Copy of the guideline(s) exists	A2
Permanent display of applicable user fees in the health facility	A3

73. Who mainly sets the rates of user fees in this health facility? [Let the respondent answer without reading out the options. No blanks allowed. Use DK if respondent does not know.]

Main authority for setting user fees	1=Yes; 2=No
A. Ministry of Health (through directive or guideline)	
B. Facility in-charge	
C. District health board	
D. District health management team	
E. District authority/council	
F. Neighborhood health committee	
G. Community consensus	
H. "The rate has always been like this"	

74. Let's discuss first outpatient services only. Do you have a "High-Cost" scheme for better-off patients and "Low-Cost" scheme for poorer patients? 1=Yes; 2=No. [If no, go to Question # ____.]

75. Which of the following methods of charging outpatients does this health facility follow? What is the actual fee charged, according to this method or methods of fee charging? {Note: Check this question, ask MOH colleagues, and phrase it carefully.} [Note: If the health facility does not have "Low-Cost" and "High-Cost" schemes, the default reporting column is the "Low-Cost" column.]

Method of Fee Charging	1=Yes; 2=No	If the answer is yes in column 2, what is the actual fee charged for patients under...	
		"Low-cost" scheme?	"High-cost" scheme?

		(In ZK)	(In ZK)
Fixed fee, all-inclusive (of registration, patient card, drugs, etc.)	A1	A2	A3
Registration or enrolment fee (including cost of patient card)	B1	B2	B3
Fee for patient card (charged separately from registration or enrolment fee)	C1	C2	C3
Consultation fee (including drugs), per outpatient attendance	D1	D2	D3
Separate fee for drugs, fixed rate per drug	E1	E2	E3
Separate fee for drugs and injections, variable rate by type of drug	F1	F2: Go to _____	F3: Go to _____
Separate fee for lab tests, fixed rate	G1	G2	G3
Separate fee for lab tests, variable rate by type of test	H1	H2: Go to _____	H3: Go to _____

76. If this health facility charges variable fees for drugs, what do you charge (in Zambia kwacha) the following drugs? [Note: If the health facility does not make a distinction between Adult and Child, or if children are exempted from fees, the default reporting column is Adult column.]

Drugs	User fees charged for patients under "low-cost" scheme		User fees charged for patients under "high-cost" scheme	
	Adult (In ZK)	Child (In ZK)	Adult (In ZK)	Child (In ZK)
A. Chloroquine (tablet)	A1	A2	A3	A4
B. Chloroquine (injectable)	B1	B2	B3	B4
C. Paracetamol (Panadol)	C1	C2	C3	C4
D. Cotrimoxazole (Septrin)	D1	D2	D3	D4
E. Oral rehydration salts	E1	E2	E3	E4
F. Procaine penicillin	F1	F2	F3	F4
G. Other?	G1	G2	G3	G4

77. If this health facility charges variable fees for lab tests, what do you charge (in Zambia kwacha) the following tests?

Lab tests	User fee charged (In ZK)
	A
	B
	C
	D
	E

78. Out of every 100 suspected malaria patients, how many malaria blood slides do you make?

79. Does this facility admit inpatients? 1=Yes; 2=No. If yes, please answer the following questions. [If no, go to Question #__.]

Type of beds	No. of beds	What is the average occupancy rate for the year? (%)	What is the fee per day? (In ZK)
What is the total number of beds?	A1	A2	A3 NA
Of this number of bed, how many beds are there in non-paying wards?	B1	B2	B3 NA
Of the total number of beds, how many beds are there in regular paying wards?	C1	B2	C3
Of the total number of beds, how many beds are there in "amenity wards"?	D1	D2	D3

Waivers and Exemptions

80. Is there an official written waiver and exemption policy? 1=Yes; 2=No. [If no, go to Question # __.]

81. Who determines this waiver and exemption policy?

Who determines policy?	1=Yes; 2=No
A. MOH/CBOH	
B. Provincial health office	
C. District health office	
D. District health board	
E. District health management team	
F. Consultation with community	

82. Under the official waiver and exemption policy, what population groups or health services do not pay user fees?

Population groups of health services that are not charged	1=Yes; 2=No
Children under 5	
Pregnant mothers	
Elderly (65 and over)	
Handicapped or disabled	
Patients with HIV/AIDS	
Patients receiving ARV treatment	
Patients with TB and other chronic diseases	
The poor	
Others?	

83. In practice, which of the following population groups "pay full charge", "are sometimes exempted", "pay reduced charge", or "do not pay"? [No blanks allowed.]

Population Groups	Pay full charge 1=Yes; 2=No	Sometimes exempt 1=Yes; 2=No	Pay reduced charge 1=Yes; 2=No	Do not pay 1=Yes; 2=No
Children under 5				
Pregnant mothers				
Elderly (65 and over)				
Handicapped or disabled				
Facility staff				
Relatives of facility staff				
Government officials & politicians				
Soldiers				
Relatives of government officials & politicians				
DHB members				
Patients with HIV/AIDS				
Patients receiving ARV treatment				
Patients with TB and other chronic diseases				
The poor				

84. Problems of paying for health care and source of money.

Revenue Collection and Retention

85. For every 100 outpatients, how many are typically not charged?

86. For every 100 inpatients, how many are typically not charged?

87. I'd like to ask the average number of patients per month who don't pay, and those who do, and their average payment. [Note to enumerator: The last column, which you should not ask but compute on your own, is the expected average revenue per month.]

Type of patients	Average number of patients per month (Take this From Question # ___ above.)	Average number of patients who don't pay	Average number of patients who pay	Of those who pay, average amount of payment (In ZK)	Expected average revenue per month (In ZK)
Outpatients					
Inpatients					
Total					

88. How much in fee revenues do you collect on a typical month, for outpatients and inpatients? [Note to enumerator: This is the actual average revenue collected per month.]²

Revenue source	Actual revenues collected per month (In ZK)
Outpatient department	
Inpatient department	
Total	

89. Issue: there may be other fees collected not reflected in the above, e.g., inpatient specialist consultations, inpatient medicines, admission fees. How do we account for these?

90. What proportion of fee revenue collections are retained in this health facility?

² Estimate the average number, respectively, of outpatients and inpatients per month from facility survey (a).

Estimate the average amount paid, respectively, per outpatients and inpatients, from both facility and patient surveys (b).

Calculate the expected average monthly revenues, respectively, from outpatient department and inpatient wards (a* b)

Estimate the actual average monthly revenue (c)

Calculate the % of actual revenue to expected revenue, respectively, for outpatient and inpatient services [(a*b)/c]*100

1=100 percent of user fee collections are retained.

2=75 percent are retained.

3=50 percent are retained.

4=25 percent are retained.

1=None (zero percent) is retained.

Management and Utilization of Fee Revenues

91. Do you have a written Operations Manual on User Fees? 1=Yes; 2=No.

92. Does this health facility keep a record of revenues collected? 1=Yes; 2=No.

93. Does this health facility do a budget of how to spend user fees collected, or does it spend the fee revenues as they are collected? 1=Yes; 2=No.

94. Involvement of DHB in the management of user fee revenues.

Section 9: Quality of Services

95. How would you rate the quality of outpatient health services provided in this health facility by the following attributes? [Tick the response provided.]

Attributes	Excellent	Good	Average	Poor	Very Poor
A. Waiting time	A1	A2	A3	A4	A5
B. Staff respect for patients	B1	B2	B3	B4	B5
C. Staff respect for care-givers	C1	C2	C3	C4	C5
D. Attention given by staff to patients	D1	D2	D3	D4	D5
E. Communication between health workers and patients/their families	E1	E2	E3	E4	E5
F. General rating of the quality of outpatient services provided	F1	F2	F3	F4	F5

96. If the quality of services being provided is less-than-excellent, what are the key constraints to improving quality of services in this health facility?

97. How do you usually sterilize medical apparatus/devices?

- 1=Autoclave
- 2=Dry heat sterilization
- 3=Steam heat sterilization
- 4=Boiling
- 5=Chemical
- 6=Not applicable (use disposables).
- 7=Others, specify

98. Privacy for FP, HIV/AIDS, STD, and safe motherhood counseling.

Section 10: Accountability, Management, and Supervision

Accountability and Management

99. I'd like to ask about how this facility is governed and managed. Do the following entities exist in the locality, and if so, what is their level of involvement with this health facility?
{Note: We have to be clear about the distinctions in some of these entities. There seem to be overlaps.}

Entities	Existence? 1=Yes; 2=No	If the answer to column 2 is no, put NA in this column. If yes, what is their level of involvement with this health facility? 1=Very Active; 2=Somewhat active; 3=Not active
A. Provincial health office	A1	A2
B. District health office	B1	B2
C. Local/district health authority or council	C1	C2
D. District development committee	D1	D2
E. Neighborhood health committee	E1	E2
F. District health board (DHB)	F1	F2
G. District health management team (DHMT) or health unit management committee	G1	G2

[Note: Degree of activeness could be in terms of regular planning and management meetings held, or supervision provided to the facility, or fund-raising to improve services in the facility.]

100. If the DHB exist, I'd like to ask more detailed questions about it. How many times did the DHB meet during the last fiscal year?

Times

101. Which of the following groups are represented in the DHB? [Read through the list. No blanks allowed. If DHB does not exist, put NA in the slots in this table.]

Represented	1=Yes; 2=No
A. Health facility in-charge	A1
B. Other health facility staff	B1
C. District officials, politicians	C1
D. Village officials	D1
E. Community representatives	E1
F. Religious leaders	F1
G. Representatives of teachers	G1
H. Others, specify	H1

102. What are the main issues dealt with at the DHB meetings? [Let respondent answer without reading out the options. More than one answer is allowed. For issues not mentions, write "2". No blanks allowed. If DHB does not exist, put NA in the slots on this table.]

Issues	1=Yes; 2=No
A. Drug supply of the health facility	
B. Remuneration/salary and allowances of staff (levels, delays, equity)	
C. Non-salary staff issues (lack of staff, lack of housing, disciplinary action on staff)	
D. Availability of transport	
E. Physical condition of the facility	
F. Relations with the district, province, central HQ	
G. Mobilizing donor and other support	
H. User fee issues (rate, collection, utilization of revenues)	
I. Others, specify	

103. How do board members get into the DHB? Are the members.... [Read out all the options. Multiple answers are allowed. No blanks allowed. If DHB does not exist, put NA in the slots in this table.]

Method	1=Yes; 2=No
A. Appointed by the district authority	
B. Appointed by the village or community	
C. Locally elected	
D. Volunteers	
E. Pre-qualified automatically by virtue of their jobs	
F. Others, specify	

104. Do the members of the DHB use this facility themselves? 1=Yes; 2=No.

--

105. How are the clients' record cards maintained in this health facility? [Encircle appropriate code number of response.]

- 1=Kept in clinic;
- 2=Kept by client;
- 3=No clients cards;
- 4=Other _____.

106. In what condition is the record-card system? [Encircle appropriate code number of response.]

- 1=Well-ordered;
- 2=Partially ordered but still usable;
- 3=Disordered, not usable.

107. Is there a common daily activity register for health services provided in this facility? [Encircle appropriate code number of response.]

- 1=Yes for all services;
- 2=Yes for some of the services;
- 3=Separate register for each of the services;
- 4=No daily activity register for any of the services.

108. Financial management.

109. Does the facility have a bank account? 1=Yes; 2=No.

--

110. If the health facility does not have its own bank account, how are financial resources in the health facility (budget, user fee revenues) dealt with?

111. Are the health facility's revenues and expenditures subjected to an annual audit? 1=Yes; 2=No.

--

112. When was the last annual audit? [Enter Number of Month (1 to 12) and Year.]

Month:	Year:
--------	-------

Supervision

113. How many times in the last six months have a supervisor or a supervisory team (from a higher office, such as central MOH HQ, provincial health office, or district health office) come to this health facility for supervisory purposes? [If the answer is never, put zero.]

Times

114. When visiting this facility, what does the supervisor or supervisory team do?

What supervisor does	1=Yes; 2=No
A. Observe delivery of different health services	A1
B. Observe only the service s/he is responsible for (e.g., malaria)	A2
C. Inquire about service problems	A3
D. Examine the health facility records	A4
E. Make suggestions for improvements	A5
F. Offer praise for good work	A6
G. Others, specify	A7

115. Do you ever report any problem(s) that this health facility faces to supervisory teams or higher authorities? 1=Yes; 2=No.

116. How frequently does the health facility report such problems? [Encircle code number of response. Let respondent answer without reading the options. No blanks allowed.]

1=Monthly
 2=Quarterly
 3=Annually
 4=Never
 5=Other, e.g., as problems arise.

117. Does the facility ever receive feedback from these reported problems? [Encircle code number of response.]

1=Always (4 out of 4)
 2=Often (3 out of 4)
 3=Sometimes (2 out of 4)
 4=Seldom (1 out of 4)
 5=Never (zero out of 4)

118. Is the feedback useful in terms of solving this health facility's problems? 1=Yes; 2=No.

Enumerator should thank the respondent to end the questionnaire.

Additional Information that the Enumerator Needs to Obtain

Note to the enumerator: Do not read this part to the respondent.

119. Name of the enumerator [No "DK" or blanks allowed.]

120. Was the in-charge present at the facility when you arrived? 1=Yes; 2=No.

121. How long (in minutes) did you have to wait for the in-charge's arrival?

 Minutes

122. Was a patient register available, and did you sense that the register accurately reflects the number of patients who visit the facility?

123. Do you think patient registers...

1=Overstate the number of actual patients?
2=Understate the number of actual patients?
3=Records not available.
4=Others, specify.

124. Did you get the impression that the data on inputs and receipts from donors, etc. were reported truthfully by the in-charge? 1=Yes; 2=No.

125. What is the condition of the floor? [Encircle the number]

1=Clean, good state of repair.
2=Average.
3=Dirty, poor state of repair.

126. What is the condition of the walls? [Encircle the number.]

1=Clean, good state of repair.
2=Average.
3=Dirty, poor state of repair.

127. What is the smell in the facility? [Encircle the number.]

1=Clean, disinfected.
2=Average.
3=Unclean, musty, dirty.

128. How many rooms does this facility have?

Rooms

129. What is the area (in square meters) covered by this facility, including all buildings?

Sq. meters

130. Did you see an IEC poster on child health? 1=Yes; 2=No

