

# **District Health Team Questionnaire**

*Complete one questionnaire per district*

Ministry of Health, Ministry of Finance, Planning & Economic Development, and World Bank  
with Makerere University  
Final Version: October 20th, 2000

Questionnaire no.			
Date :		Day (E.g. 31):	
		Month (E.g. 07):	District
		Year (E.g. 1998):	i <input type="text"/>
Time at interview start		E.g. (1540 hrs)	Region
Time at interview end		E.g. (1704 hrs)	ii <input type="text"/>

## **Introduction**

Explain to the respondent the **purpose** of the study. It is an attempt to analyze the **delivery of health services** from a public expenditures perspective, and in the end to inform policymakers about the supply side of service provision in particular. It is also an attempt to identify best-practise in the health sector and identify regional differences in the cost and the quality of health provision, as viewed from the facility level.

Explain that this is a **joint project** between Ministry of Health, Ministry of Finance, Planning & Economic Development, the World Bank, and MISC (Makerere University).

Explain that the survey at district level consists of an **interview** and **collection of data**.

Explain further that the methodology differs from many other health sector studies by focusing on **quantitative information**, including information on number of staff, salaries and other remuneration, patient data, and data on drug supply.

Explain that the districts and facilities used in this study have been chosen **randomly**.

Inform the respondent of the facilities identified from this district (Table 1). **Check if the identified facilities are dispensaries/DMU as stated.**

**Replace** any facilities that no longer are identified as dispensaries/DMU from the sample of alternatives.

Identify additional **private-for-profit**, **NGO** facilities if necessary.

Minimum defining **characteristics of a dispensary/DMU** include:

1. Very **small or no inpatient capacity** (except maternal)
2. **No major surgery capacity** (and only limited minor surgery), i.e. no theatre.
3. Very **limited laboratory** cabability
4. In-charge typically a **Clinical Officer/Medical Assistant**

## Section 1: Overview

1 What is the role of the DDHS Office in relation to health facilities?


2 How many **government** dispensaries/DMUs are there in this district?

Dispensaries:	
DMUs:	

**NA' and blanks are not allowed. If respondent does not know, enter 'DK'.**

3 How many **NGO** operated dispensaries/DMUs are there in this district?

Dispensaries:	
DMUs:	

**NA' and blanks are not allowed. If respondent does not know, enter 'DK'.**

4 How many **privately** operated dispensaries/DMUs are there in this district?

Dispensaries:	
DMUs:	

**NA' and blanks are not allowed. If respondent does not know, enter 'DK'.**

5 Does the district provide training for staff in the government health facilities?

1=Yes; 2=No	
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**If no, please skip to question number**

**7**

**NA' and blanks are not allowed. If respondent does not know, enter 'DK'.**

6 Does the district make the following types of training available to facilities?

Subject of training	1=Yes; 2=No
a. Medical/health	
b. Management	
c. Record keeping	
d. Other (specify)	
e.	

**NA' only allowed if answer to question 5 was no. No blanks are not allowed. If respondent does not know, enter 'DK'.**

7 What do you perceive to be the **three most important** constraints to improving health services in the district?

a.
b.
c.

## Section 2: Supervision from districts

8 For each of the following types of facilities, provide the required information on support-supervision:

Type of facility	Institution providing support-supervision	No. visits per year	Areas of interest during visit
a. Government	(1)	(2)	(3)
b. NGO			
c. Private for-profit			

Codes

1=None

2=District

3=Health Sub-dist.

4=Min. of Health

5=Other (specify)

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NA' and blanks are

not allowed. If

respondent does not

know, enter 'DK'.

Codes

Enter 'NA' only if

entry in column 1 is

none. If respondent

does not know, enter

'DK'.

Codes

1=Quality of care

2=Management

3=Record keeping

4=Other (specify)

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Enter 'NA' only if

entry in column 1 is

none. If respondent

does not know, enter

'DK'.

**If the answer in column 1 is none for all types of facilities, please skip to question number**

**9**

9 What type of problems do you typically encounter at facilities during these visits?

a.
b.
c.

**NA' only allowed if there are no support-supervision visits. Blanks are not allowed. If respondent does not know, enter 'DK'.**

**Section 2 (continued)**

- 10 Please provide the following information on assessment of the performance of health staff:

	<i>Insitution providing staff assessment</i>	<i>No. assessments per year</i>
<i>Type of facility</i>	<i>(1)</i>	<i>(2)</i>
a. Government		
b. NGO		
c. Private for-profit		

*Codes*

1=None

2=District

3=Health Sub-dist.

4=Min. of Health

5=Other (specify)

NA' and blanks are

not allowed. If

respondent does not

know, enter 'DK'.

*Codes*

Enter 'NA' only if

entry in column 1 is

none. If respondent

does not know, enter

'DK'.

**If the answer in column 1 is none for all types of facilities, please skip to question number**

12

- 11 Has the district promoted, demoted, or fired staff at health facilities on the basis of staff assessments?
- 1=Yes; 2=No

**NA' only allowed if there are no staff assessments. Blanks are not allowed. If respondent does not know, enter 'DK'.**

- 12 Are the government's facilities' inputs, incomes, and expenditures regularly audited by the district?
- 1=Yes; 2=No

**NA' and blanks are not allowed. If respondent does not know, enter 'DK'.**

- 13 Does the district receive financial assistance or other support from donors towards health provision at facility level?

1=Yes; 2=No

**If no, please skip to question number**

15

**NA' and blanks are not allowed. If respondent does not know, enter 'DK'.**

- 14 What type of aid was received during the 1999/2000 financial year?

<i>Type of assistance</i>	<i>Value (Ug. Shs.)</i>
a.	
b.	
c.	
d.	
e.	
f.	

**NA' only allowed if answer to previous question was no. Blanks are not allowed. If respondent does not know, enter 'DK'.**

- 15 Do you provide allowances for outreach?

1=Yes; 2=No

**If no, terminate interview at this point.**

**NA' and blanks are not allowed. If respondent does not know, enter 'DK'.**

- 16 What is the allowance per person per outreach?

**NA' only allowed if answer to previous question was no. Blanks are not allowed. If respondent does not know, enter 'DK'.**