



UGANDA SERVICE DELIVERY INDICATOR (USDI)

HEALTH QUESTIONNAIRE

Module H1 – Service Delivery



INTRODUCTION

Hello. My name is _____. I am working with the Economic Policy Research Centre (EPRC) with authorization from the Ministry of Health. I am leading a team comprised of myself and colleagues _____ and _____. We are conducting a survey about health service delivery all over Uganda. The information we collect will help the government to plan for better health care services. This health facility was selected for the survey and is one of the 400 facilities chosen randomly across Uganda. I would like to collect some information about the facility, the health care workers, and how patients are managed within your facility with the resources you have among others. We will collect this information in a way that minimizes disturbance to the facility. Our team will be here for most of the day gathering information from you and your staff. We will also need to talk to some of your clinical staff in the facility. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team.

Would you have any question for the team or how this is going to work?

Team Leader/Enumerator: Please listen to the question and respond as clearly as possible to the in-charge. Please make also sure you respond gently.

May I now begin the interview?

Permission			
1.	Enumerator: Did the respondent agree to be interviewed?	Yes = 1 → START INTERVIEW No = 2	__
2.	If refused, what is the reason for refusal? → END OF INTERVIEW GO AND TAKE NOTES	<div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 15px;"></div>	
NOTES:			

Cover Sheet: Facility Information**Note: Please write all response clearly using CAPITAL LETTERS ONLY!**

Facility Information				
2.	District	Number (see code)		_ _ _
3.	Health Sub District			_ _ _
4.	County/Municipality	Number (see code)		_ _
5.	Sub-County/Division/Town Council			_ _ _
6.	Parish			_ _ _
7.	Health facility name	Name		_____
8.	Health facility code	Number (see code)		_ _ _ _
9.	Is the facility rural or urban?	Rural = 1 ; Urban =2 ; Semi-urban = 3		_
10.	GPS Position	Circle one: N/ S _ _ ° _ _ ' _ _ . _ _ '"		E _ _ ° _ _ ' _ _ . _ _ '"
Enumerator Information				
First Visit				
11.	Date of 1 st visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ / _ _ / 2 0 1 3
12.	Enumerator doing 1 st visit	Name/Code	_____/ _ _ _ _	
13.	Arrival time for 1 st visit	Time in 24 hr. format (e.g. 07:30)	_ _ : _ _	
14.	Departure time for 1 st visit	Time in 24 hr. format (e.g. 13:30)	_ _ : _ _	
Second Visit				
15.	Date of 2 nd visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ / _ _ / 2 0 1 3
Q 16.	Enumerator doing 2 nd visit	Name/Code	_____/ _ _ _ _	
Supervision Information				
17.	Verification by supervisor	Survey Result		Result
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_
				Date
				_ _ / _ _ / 2 0 1 3

Cover Sheet: Facility

Section A: General Information

Enumerator: Search for the administrative staff in charge; chief doctor, or most senior medical officer in the facility.

General

1.	What is your name?	Name		
2.	Please, can we have your cell phone number?	Number		
3.	What position do you hold in this facility	Director =1, Medical superintendent=2 Clinical In charge=3 Other=4		_
4.	What is your cadre?	Consultant = 1 BSc Nurse = 4 Enrolled Midwife = 8 Medical Officer = 2 Registered Nurse = 5 Nurse Assistant= 9 Clinical Officer = 3 Registered Midwife = 6 Comprehensive Nurse=10 Enrolled Nurse = 7 Senior Consultant=11 Other (specify)= 12		_ _
5.	Who owns this facility?	Government (Public) = 1 Private not-for-profit/Faith based = 3 Private not-for-profit/ NGO = 2 Private for profit = 4 Other (specify) = 5		_
6.	Who mainly pays the salaries of staff at this facility?	Government (Public) = 1 Private not-for-profit/Faith based = 3 Private not-for-profit/ NGO = 2 Private for-profit = 4 Other (Specify) =5		_
7.	Who mainly pays for medical supplies for this facility?	Government (Public) = 1 Private not-for-profit/Faith based = 3 Private not-for-profit/ NGO = 2 Private for-profit = 4 Other (Specify) =5		_
8.	Who mainly pays for operation and maintenance costs for this facility?	Government (Public) = 1 Private not-for-profit/Faith based = 3 Private not-for-profit/ NGO = 2 Private for-profit = 4 Other (Specify) =5		_
9.	What is the type of health facility?	Health Center II = 1 Regional Referral Hospital =5 Health Center III= 2 National Referral Hospital= 6 Health Center IV = 3 Other Health Center (specify) = 7 General Hospital = 4 Other Hospital (specify) = 8		_
10.	What is the distance in km to the district headquarters?	(Miles to Km Conversion: ____ miles x 1.60934) km		_ _ _ _
11.	What is the most common means of transport used to travel to the district?	Taxi = 1;Motorcycle (Boda Boda) =2 Bicycle = 3 ; Walking = 4		_
12.	What is the time spent travelling to the district headquarters by public transport?	in minutes		_ _ _
13.	What is the cost of travel to the district headquarters by public means?			_ _ _ _

Service Delivery					
ENUMERATOR READS: PLEASE ALLOW ME TO ASK FEW QUESTIONS ON SERVICE DELIVERY					
<u>For Health Centers and Hospitals</u>					
14.	How many days per week is this facility open? Number (1-7)	_	15.	How many hours a day does this facility offer outpatient consultation? Number (0-24)	_ _
I WILL NOW ASK MORE SPECIFIC QUESTIONS ABOUT THE SERVICES THIS FACILITY PROVIDES.					
16.	Does this facility provide basic emergency obstetric care? Yes = 1; No = 2	_	17.	Does the facility administer uterotonic drugs [Yes = 1; No = 2]	_
18.	Does the facility do manual removal of the placenta? [Yes = 1; No = 2]	_	19.	Does the facility administer parenteral¹ antibiotics [Yes = 1; No = 2]	_
20.	Remove retained products (e.g. manual vacuum extraction, dilation and curettage) [Yes = 1; No = 2]	_	21.	Administer parenteral anticonvulsants for preeclampsia and eclampsia [Yes = 1; No = 2]	_
22.	Perform assisted vaginal delivery (e.g. vacuum extraction, forceps delivery) [Yes = 1; No = 2]	_	23.	Perform surgery (e.g. caesarean section) [Yes = 1; No = 2]	_
24.	Does this facility provide comprehensive emergency obstetric care? Yes = 1; No = 2	_	25.	Perform blood transfusion [Yes = 1; No = 2]	_
PLEASE LET ME KNOW TURN TO NUMBER OF SUCH SERVICES THE FACILITY PERFORMED OVER THE LAST 3 MONTHS					
26.	How many deliveries have been conducted the past 3 months? Number	_ _ _	27.	How many of the births were live?	_ _ _
28.	Number of Normal deliveries? Number	_ _ _	29.	Number of Caesarean –Section? Number	_ _ _
30.	Assisted Births? Number	_ _ _	31.	What was the outpatient attendance at this facility in the past 3 months? Number	_ _ _
32.	How many inpatient beds does the facility have? Number	_ _ _	33.	How many in-patient bed-days have you had the past 3 months? Number	_ _ _ _
34.	How many maternity beds does this facility have?	_ _ _			

Cover Sheet: Facility

Section B: Infrastructure

Enumerator: Search for the most senior staff member at the health facility, i.e. the “in-charge”

I HAVE A FEW QUESTIONS ON THE INFRASTRUCTURE AVAILABLE AT THE FACILITY.

Electricity and Power Supply

For Health Centers and Hospitals

35.	What is the main source of power or electricity for the facility?	No power supply = 1→Q38 Electric power grid = 2 Fuel operated generator = 3	Battery operated generator = 4 Solar system = 5 Other (specify)= 6	_ _
36.	Over the past two weeks, how many days was electricity from this source interrupted for more than two hours at a time?	Number		_ _
37.	Does this facility have any of the following other sources of electricity?	No other power supply = 1 Fuel operated generator = 2 Battery operated generator = 3	Solar system = 4 Other (specify) = 5	_____ Circle all that apply
Water Supply and Sanitation				
38.	What is the main source of water for the facility?	No water source = 1 Piped into facility = 2 Piped onto facility grounds = 3 Public tap/standpipe = 4 Tube well/borehole = 5	Protected dug well = 6 Unprotected dug well = 7 Protected spring = 8 Unprotected spring = 9 Rainwater = 10 Bottled water = 11	Cart w/small tank/drum = 12 Tanker truck = 13 Surface water = 14 Other (specify) = 15 Don't know = 99
				_ _ If 1 or 99 → Q 41 If 2 → Q 40
39.	What is the average walking time to the main source of water?	Minutes → Q41 if		_ _ _
40.	During the past one month, how many days was the water supply from this source interrupted for more than two hours at a time?	Number		_ _
41.	What type of toilet (latrine) is available for use by outpatients? [IF MANY TYPES PLEASE ENTER THE MOST MODERN]	No functioning toilet = 1 Flush toilet = 3 Flush toilet (but no water)= 4 VIP latrine = 5	Covered pit latrine (no slab) = 6 Covered pit latrine (w/ slab) = 7	Uncovered pit latrine no slab = 8 Uncovered pit latrine w/ slab = 9 Composting toilet = 10 Other (specify) = 11
				_ _ If 1 → Q50
42.	What is the total number of available outpatient toilets (latrines)? [PLEASE INCLUDE ALL]	Number		_ _ _
43.	How many of the outpatient toilets (latrines) are currently functioning? [PLEASE INCLUDE ALL]	Number		_ _ _

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44.	What type of toilet (latrine) is available for use by inpatients? [IF MANY TYPES PLEASE ENTER THE MOST MODERN]	No functioning toilet = 1 Bush = 2 Flush toilet = 3 Flush toilet (but no water) = 4 VIP latrine = 5	Covered pit latrine (no slab) = 6 Covered pit latrine (w/ slab) = 7	Uncovered pit latrine no slab = 8 Uncovered pit latrine w/ slab = 9 Composting toilet = 10 Other (specify) = 11	<input type="text"/>
45.	How many of the inpatient toilets (latrines) are there? [PLEASE INCLUDE ALL TYPES]	Number			<input type="text"/>
46.	What is the condition of the inpatient toilets (latrines)	<i>New = 1; Very Old = 2, Nearly full = 3</i> (observational)			<input type="text"/>
47.	How many of the inpatient toilets (latrines) are currently functioning? [PLEASE INCLUDE ALL TYPES]	Number			<input type="text"/>
48.	Are all toilets (latrines) easily accessible by people with disabilities?	[Yes = 1; No = 2]			<input type="text"/>
49.	Are there separate toilets for ladies and gentlemen?	[Yes = 1; No = 2]			<input type="text"/>

Communication (OBSERVE/VERIFY THAT THE INSTRUMENT IS PROPERLY FUNCTIONING)

50.	Does this facility have a functioning land line telephone that is available to call outside the facility at all times when client services are offered?	Yes = 1 No = 2	<input type="text"/>
51.	Does this facility have a functioning cellular telephone or a private cellular phone that is supported by the facility?	Yes = 1 No = 2	<input type="text"/>
52.	Does this facility have a functioning shortwave radio for radio calls?	Yes = 1 No = 2	<input type="text"/>
53.	Does this facility have a functioning computer?	Yes = 1; No = 2	<input type="text"/>
54.	Is there access to email or internet within the facility today?	Yes = 1 ; No = 2	<input type="text"/>

Emergency Transportation and Ambulance Services

55.	Does this facility have a functional ambulance or other vehicle that is available for emergency transportation?	Yes = 1 No = 2 → Q 58	<input type="text"/>
56.	How many days have you had fuel in the last 30 days?	Number of days	<input type="text"/>
57.	What was the purpose of the last trip that the vehicle or ambulance made?	To transport a patient = 1 Pick up medicines/supplies = 2 Transport a health worker to another post = 3 Other (Specify) = 4	<input type="text"/>
58.	Do you have a maternity waiting center where women can stay prior to giving birth?	Yes = 1 No = 2	<input type="text"/>

Cover Sheet: Facility

Section C: Equipment, Materials and Supplies

Could you please tell me more about the materials and resources available in this facility? I am interested in knowing if the following basic equipment and supplies used in the provision of client services are available in the general outpatient area of this facility. Please tell me if the following is available today and is functioning. [ASK TO SEE THE ITEMS AND VERIFY THAT THEY ARE FUNCTIONING]

Basic Equipment

For Health Centers and Hospitals

Which of the following items are used in this facility? [If AVAILABLE, ASK TO VERIFY IF FUNCTIONING]

Yes (observed) = 1 Yes (not observed) = 2 (In A, if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning	Yes (observed) = 1 Yes (not observed) = 2 (In A if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning
59.	Adult weighing scale			<input type="checkbox"/>	<input type="checkbox"/>	60.	Thermometer			<input type="checkbox"/>	<input type="checkbox"/>
61.	Child weighing scale (250g gradation)			<input type="checkbox"/>	<input type="checkbox"/>	62.	Stethoscope			<input type="checkbox"/>	<input type="checkbox"/>
63.	Infant weighing scale (100g gradation)			<input type="checkbox"/>	<input type="checkbox"/>	64.	Sphygmomanometer (Blood Pressure Machine)			<input type="checkbox"/>	<input type="checkbox"/>
65.	Microscope			<input type="checkbox"/>	<input type="checkbox"/>	66.	Glucometer			<input type="checkbox"/>	<input type="checkbox"/>
67.	Malaria Test Kit			<input type="checkbox"/>	<input type="checkbox"/>	68.	Urine Dip Kit			<input type="checkbox"/>	<input type="checkbox"/>
69.	HIV Test kit			<input type="checkbox"/>	<input type="checkbox"/>	70.	Tuberculosis Test Kit			<input type="checkbox"/>	<input type="checkbox"/>

Sterilization Equipment

For Health Centers and Hospitals

Which of the following items are used in this facility? [If available, ask to verify if functioning]

Yes (observed) = 1 Yes (not observed) = 2 (In A if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning	Yes (observed) = 1 Yes (not observed) = 2 (In A if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning
71.	Autoclave (pressure and wet heat)			<input type="checkbox"/>	<input type="checkbox"/>	72.	Electric boiler or steamer (no pressure)			<input type="checkbox"/>	<input type="checkbox"/>
73.	Electric dry heat sterilizer			<input type="checkbox"/>	<input type="checkbox"/>	74.	Non-electric pot for boiling/steam or Heat source from non-electric equipment (stove or cooker)			<input type="checkbox"/>	<input type="checkbox"/>
75.	Incinerator			<input type="checkbox"/>	<input type="checkbox"/>						

Cover Sheet: Facility

Section D: Drugs

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY (usually the pharmacy technician). INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. The existence of the stock of drugs and vaccines has to be verified through direct observation/written records, e.g. the facility's stock card.

I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. If any of the medicines I mention are stored in another location in the facility, please tell me where in the facility they are stored so I can go there to verify.

For Health Centers and Hospitals

At least one observed (AND non-expired) =1
At least one observed (BUT ALL expired) =2

Available BUT not observed (non-expired) =3
Not available today =4

Never available=5
Not recommended at this level=6

TRACER MEDICINES

76.	Medroxyprogesterone acetate (Depo-Provera) (injectable)	<input type="text"/>	77.	Oral Rehydration Salts (ORS sachets)	<input type="text"/>
78.	measles vaccine	<input type="text"/>	79.	Fansidar	<input type="text"/>
80.	Cotrimoxazole	<input type="text"/>	81.	Artemisinin combination therapy (ACT)	<input type="text"/>
82.	Oxytocin (injectable)	<input type="text"/>	83.	Misoprostol (cap/tab)	<input type="text"/>

PRIORITY MEDICINES FOR MOTHERS

84.	Sodium chloride (Saline Solution) (injectable solution)	<input type="text"/>	85.	Azithromycin (cap/tab or oral liquid)	<input type="text"/>
86.	Calcium gluconate (injectable)	<input type="text"/>	87.	Cefixime (cap/tab)	<input type="text"/>
88.	Magnesium sulfate (injectable)	<input type="text"/>	89.	Benzathine benzylpenicillin (powder for injection)	<input type="text"/>
90.	Ampicillin powder (for injection)	<input type="text"/>	91.	Betamethasone or Dexamethasone (injectable)	<input type="text"/>
92.	Gentamicin (injectable)	<input type="text"/>	93.	Nifedipine (cap/tab)	<input type="text"/>

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94.	Metronidazole (injectable)	<input type="text"/>	95.	Iron supplements (cap/tab)	<input type="text"/>
96.	Folic Acid Supplements (cap/tab)	<input type="text"/>			<input type="text"/>
PRIORITY MEDICINES FOR CHILDREN					
97.	Amoxicillin (syrup/suspension)	<input type="text"/>	98.	Ampicillin (powder for injection)	<input type="text"/>
99.	Zinc (tablets)	<input type="text"/>	100.	Ceftriaxone (powder for injection)	<input type="text"/>
101.	Artusunate (rectal or injectable)	<input type="text"/>	102.	Benzylpenicillin (powder for injection)	<input type="text"/>
103.	Vitamin A (capsules)	<input type="text"/>			<input type="text"/>
					<input type="text"/>

VACCINES AND RELATED SUPPLIES FOR CHILDREN

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

104.	Does this facility store any vaccines?	Yes = 1; No = 2 If No → Q109	<input type="text"/>
105.	Does the facility have a working refrigerator for the storage of vaccines? OBSERVE FUNCTIONING	Yes, observed = 1 Yes but not observed = 2 No = 3	<input type="text"/>
106.	Does this facility monitor the temperature of the refrigerator for storage of vaccines?	Yes = 1 No = 2	<input type="text"/>
107.	Are this facility's vaccines picked up from another facility and delivered when vaccine services are being provided?	Yes = 1 No = 2	<input type="text"/>
108.	Are expired medicines stored separately from non-expired ones?	Yes = 1 No = 2	<input type="text"/>

Are any of the following vaccines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)

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		At least one observed (AND non-expired) =1 At least one observed (BUT ALL expired) =2	Available BUT not observed (non-expired) =3 Not available today =4	Never available =5 Not recommended at this level = 6	
109.	Measles vaccine and diluent	<input type="checkbox"/>	110.	Oral polio vaccine	<input type="checkbox"/>
111.	DPT-Hib+HepB (pentavalent)	<input type="checkbox"/>	112.	BCG vaccine and diluent	<input type="checkbox"/>
113.	Pneumococcal conjugate vaccine (PCV 10)	<input type="checkbox"/>			
<i>I WOULD LIKE TO KNOW IF THE FOLLOWING ITEMS FOR IMMUNIZATION ARE AVAILABLE IN THIS SERVICE AREA TODAY. FOR EACH ITEM, PLEASE TELL ME IF IT IS AVAILABLE TODAY. ASK TO SEE THE ITEMS.</i>					
		Yes, Observed = 1	Yes but not observed = 2	No = 3	
114.	Disposable syringes with disposable needles	<input type="checkbox"/>	115.	Vaccine carrier(s)	<input type="checkbox"/>
116.	Auto-disable syringes	<input type="checkbox"/>	117.	Set of ice packs for vaccine carriers (<u>Note:</u> 4-5 ice packs make one set)	<input type="checkbox"/>
118.	Sharps container	<input type="checkbox"/>			
<i>I ALSO WOULD LIKE TO KNOW WHETHER THE FOLLOWING ITEMS FOR FAMILY PLANNING SERVICES ARE AVAILABLE TODAY. ASK TO SEE THE ITEMS</i>					
119.	Disposable Gloves	<input type="checkbox"/>	120.	Male Condoms	<input type="checkbox"/>
121.	IUDs	<input type="checkbox"/>	122.	Implants	<input type="checkbox"/>
123.	Pills	<input type="checkbox"/>	124.	Female Condoms	<input type="checkbox"/>

Thank you for your time



UGANDA SERVICE DELIVERY INDICATOR (USDI)

HEALTH QUESTIONNAIRE

Module H2 – Staff Roster



Cover Sheet: Facility Information

Note: Please write all response clearly using CAPITAL LETTERS ONLY!

Facility Information					
2.	District		Number (see code)		_ _ _
3.	Health Sub District				_ _ _
4.	County/Municipality		Number (see code)		_ _
5.	Sub-County/Division/Town Council				_ _ _
6.	Parish				_ _ _
7.	Health facility name		Name		
8.	Health facility code		Number (see code)		_ _ _ _ _
9.	Is the facility rural or urban?		Rural = 1 Urban = 2		_
10.	GPS Position	Circle one: N/ S _ _ ° _ _ ' _ _ . _ _ "		E	_ _ ° _ _ ' _ _ . _ _ "
Enumerator Information					
First Visit					
11.	Date of 1 st visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ / _ _ / 2 0 1 3	
12.	Enumerators doing 1 st visit	Name/Code	_ _ _ _ _ / _ _ _ _ _		
13.	Arrival time for 1 st visit	Time in 24 hr. format (e.g. 07:30)	_ _ : _ _		
14.	Departure time for 1 st visit	Time in 24 hr. format (e.g. 13:30)	_ _ : _ _		
Second Visit					
15.	Date of 2 nd visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ / _ _ / 2 0 1 3	
16.	Enumerators doing 2 nd visit	Name/Code	_ _ _ _ _ / _ _ _ _ _	Name/Code	_ _ _ _ _ / _ _ _ _ _
Supervision Information					
17.	Verification by supervisor	Survey Result		Result	Date
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_	_ _ / _ _ / 2 0 1 3

Module 1: Staff Roster

Section A: Facility First Visit

Enumerator: Identify the most senior staff in charge present at the time of the survey. Ask to see staff/personnel records if available. Please allow me to ask you a few questions about the employees in this facility.

General Information

200 How many health workers are employed in this facility? |_|_|_|

201 How many non-health workers are employed in this facility? |_|_|_|

Roster

Please allow me to ask you a few questions about each health worker who works in this facility starting with you. Could you give me the name of the employee in the various categories starting with the doctors or clinical officers?

		202.		203.	204.	205.	206.	207.	208.	209.
	HW ID	First last names		Cadre	Gender	Age	Does () regularly attend to patients (at least weekly)	Is () currently in the facility?	Reason for absence	Sampled HW?
		First Name	Last Name	(See Codes)	Male = 1 Female = 2	Number	Yes = 1 No = 2	Yes = 1 → NEXT No = 2	(See Code)	Yes = 1 No = 2
a.	(1)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
b.	(2)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
c.	(3)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
d.	(4)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
e.	(5)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
f.	(6)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
g.	(7)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
h.	(8)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
i.	(9)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_
j.	(10)	_____	_____	_ _ _	_	_ _	_	_	_ _ _	_

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	HW ID	First and last names		Cadre	Gender	Age	Does () regularly attend to patients (at least weekly)	Is () currently in the facility?	Reason of absence	Sampled HW
		First Name	Last Name	(See Codes)	Male = 1 Female =2	Number	Yes = 1 No = 2	Yes = 1 → NEXT No = 2	(See Code)	Yes = 1 No = 2
k.	(11)	_____	_____	_ _	_	_ _	_	_	_ _	_
l.	(12)	_____	_____	_ _	_	_ _	_	_	_ _	_
m.	(13)	_____	_____	_ _	_	_ _	_	_	_ _	_
n.	(14)	_____	_____	_ _	_	_ _	_	_	_ _	_
o.	(15)	_____	_____	_ _	_	_ _	_	_	_ _	_
p.	(16)	_____	_____	_ _	_	_ _	_	_	_ _	_
q.	(17)	_____	_____	_ _	_	_ _	_	_	_ _	_
r.	(18)	_____	_____	_ _	_	_ _	_	_	_ _	_
s.	(19)	_____	_____	_ _	_	_ _	_	_	_ _	_
t.	(20)	_____	_____	_ _	_	_ _	_	_	_ _	_
u.	(21)	_____	_____	_ _	_	_ _	_	_	_ _	_
v.	(22)	_____	_____	_ _	_	_ _	_	_	_ _	_
w.	(23)	_____	_____	_ _	_	_ _	_	_	_ _	_
x.	(24)	_____	_____	_ _	_	_ _	_	_	_ _	_
y.	(25)	_____	_____	_ _	_	_ _	_	_	_ _	_

Module 1: Staff Roster

Section B: Facility Second Visit

Enumerator: Record the 10 randomly selected health worker staff in the table below, along with each of their details. Ask a staff member in the facility to help you identify each health worker on the list and record their presence or absence in the facility. Make sure to observe each staff in the facility yourself.

Roster

210.		211.	212.	213.	214.	215.	216.	217.
		Serial Number in the Roster (HW ID)	Cadre	Gender	Is () currently in the facility?	Reason of absence	Current Activity	Did you experience a delay in receiving your last salary?
First Name	Last Name	Serial Number	(See Codes after the table)	Male = 1 Female = 2	Yes = 1, No = 2 (IF 2 → NEXT)	(See Codes after the table)	(See Code) after the table)	Yes = 1, No = 2
a.								
b.								
c.								
d.								
e.								
f.								
g.								
h.								
i.								
j.								

Instructions for the selection of the agents for Module 2 Section II and Module 3: Select randomly 10 medical staff within the roster above (except those on “other shift” or “transferred”), or all if there are less than 10 medical staff employed.

In addition, if there are more than 25 medical staff working at the facility (including the respondent), the first 25 should be listed in the table above.

Cadre codes	Reason of the absence	Current Activity
In charge = 1 Specialist = 2 Medical Officer = 3 Clinical Officer = 4 BSc Nurse = 5 Registered Nurse = 6 Enrolled Nurse = 7 Comprehensive Nurse = 8 Registered Midwife = 9 Enrolled Midwife = 10 Nurse Aide = 11 Public Health Officer (PHO)=12 Dentist=13 Pharmacist=14 Laboratory Technician/ Technologist=15 Other (specify)= 16	Sick/maternity = 1 In training/seminar = 2 Official mission = 3 Approved absence = 4 Not his/her shift = 5 Doing fieldwork = 6 Not approved Absence = 7 Gone to retrieve salary = 8 On strike = 9 Outreach=10 Other (to specify)= 11	Providing Consultation (face-to face patient care) = 1 Reviewing or writing in cart = 2 Completing encounter form or billing sheet = 3 Waiting for patient to undress = 4 Arranging for tests or consultations = 5 Writing a prescription = 6 Getting materials or equipment for consultation = 7 Consultation with other physician or staff = 8 Interpreting laboratory work or radiographs = 9 Looking up medical information = 10 Performing laboratory work = 11 Completing forms = 12 Telephone call from/to patient or family members = 13 Checking schedule = 14 Finding missing or pending laboratory information, radiographs or charts = 15 Looking up allowed referrals = 16 Immunizing children=17 Other (specify) = 18

Module 3 – Clinical Knowledge Assessment

SUPRESSED CONTENT

In order to preserve the confidentiality of the clinical vignettes, this version of the questionnaire suppresses this module.



UGANDA SERVICE DELIVERY INDICATOR (USDI)

HEALTH QUESTIONNAIRE

Module H4 – Public Expenditure Tracking



Module 1: Facility Questionnaire**Section A: General Information****Note: Please write all response clearly using CAPITAL LETTERS ONLY!**

Facility Information				
4.	District	Number (see code)		_ _ _
5.	Health Sub District			_ _ _
6.	County/Municipality	Number (see code)		_ _
7.	Sub-County/Division/Town Council			_ _ _
8.	Parish			_ _ _
9.	Health facility name	Name		_____
10.	Health facility code	Number (see code)		_ _ _ _
11.	Is the facility rural or urban?	Rural = 1 Urban = 2		_
12.	GPS Position	Circle one: N/ S _ _ ° _ _ ' _ _ . _ _ "		E _ _ ° _ _ ' _ _ . _ _ "
Enumerator Information				
First Visit				
13.	Date of 1 st visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ / _ _ / 2 0 1 3
14.	Enumerators doing 1 st visit	Name/Code	_____/ _ _ _ _	
15.	Arrival time for 1 st visit	Time in 24 hr. format (e.g. 07:30)	_ _ : _ _	
Q 15.	Departure time for 1 st visit	Time in 24 hr. format (e.g. 13:30)	_ _ : _ _	
Second Visit				
15.	Date of 2 nd visit	Day/Month/Year (e.g. 15 /04/2013)		_ _ / _ _ / 2 0 1 3
Q 16.	Enumerators doing 2 nd visit	Name/Code	_____/ _ _ _ _	Name/Code _____/ _ _ _ _
Supervision Information				
17.	Verification by supervisor	Survey Result		Result
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_
				Date _ _ / _ _ / 2 0 1 3

Module 2: Public Expenditure Tracking Survey

Section B: General

Revenue Sources

Please indicate the sources and amount of revenue for your facility during the fiscal year 2011/2012. Record 0 if no revenue received in that quarter. Please let us first start with financial (cash) resources.

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total
	Source	Date [dd/mm/ yy]	Amount [UGX]	Date [dd/mm/ yy]	Amount [UGX]	Date [dd/mm/ yy]	Amount [UGX]	Date [dd/mm/ yy]	Amount [UGX]	Amount [UGX]
		a.	b.	c.	d.	e.	f.	g.	h.	i.
401.	PHC (primary health care) Wage									
402.	PHC Non-Wage Recurrent									
403.	PHC Development									
405.	PHC (NGO)									
406.	Local Governments									
407.	Credit Lines (Drugs)									
408.	Donor Projects									
409.	NGOs									
410.	Total User Fees Revenue									
411.	Other Cash Receipts (specify)_____									

Module 3: Public Expenditure Tracking Survey

Section C: General

Revenue Sources										
PLEASE LET US NOW PROCEED WITH NON-FINANCIAL OR IN-KIND RESOURCES THE FACILITY RECEIVED IN 2011/12.										
412.	In the financial year 2011/12 was the facility provided with non-financial or in-kind resources by any entity government or non-government?	Yes = 1 No = 2 → Q419	__							
PLEASE CITE FOR GOVERNMENT AND NON-GOVERNMENT SOURCES THE 3 MOST IMPORTANT IN-KIND RESOURCES THE FACILITY RECEIVED										
		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total
	Value of In-Kind/Non-Cash Receipts from [__] Source	Code	Estimated Value [UGX]	Code	Estimated Value [UGX]	Code	Estimated Value [UGX]	Code	Estimated Value [UGX]	Total Estimated Value [UGX]
		a.	b.	c.	d.	e.	f.	g.	h.	i.
413.	Government Source # 1	__ _____		__ _____		__ _____		__ _____		
414.	Government Source #2	__ _____		__ _____		__ _____		__ _____		
415.	Government Source # 3	__ _____		__ _____		__ _____		__ _____		
416.	Non-Government Source #1	__ _____		__ _____		__ _____		__ _____		
417.	Non-Government Source #2	__ _____		__ _____		__ _____		__ _____		
418.	Non-Government Sources # 3	__ _____		__ _____		__ _____		__ _____		
Codes for In-Kind Donation										
No In-Kind/ Non-Cash receipts = 1					Vehicles and furniture and non-medical equipment = 2					
Medical equipment e.g. apparatus that is used for medical procedures, e.g. autoclaves, sterilizers, delivery beds, BP machines, weighing scales) = 3 .										
Medical and General furniture (e.g. furnishings used in the health unit like screens, desks, beds, medicine cupboards, etc.) = 4										
Medicines and supplies = 5					Others = 6					

Module 4: Public Expenditure Tracking Survey

Section D: General

Expenditure Categories

I would like now to ask you about your total expenditure for each quarter of the financial year 2011/12.

How much did the facility spend on [_____] during Quarter [__]

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total FY 2011/12
		a.	b.	c.	d.	e.
419.	Employment Costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
420.	Administration costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
421.	Property Costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
422.	Supplies and services	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
423.	Medical costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
424.	Transport Costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
425.	Governance costs	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
426.	Capital Development	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
427.	All Other Expenditure	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _
428.	Total Expenditure	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _

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I WOULD LIKE NOW TO ASK SOME QUESTIONS ABOUT YOUR ANNUAL WORK PLANNING PROCESS			
	Question	Unit	Response
429.	Do you have work plans for the fiscal year 2012/13? [ask to see the document]	Yes = 1 No = 2 → Q 431	_
430.	Was the Health Facility management committee involved in developing the work plan?	Yes = 1 No = 2	_
431.	Do you have a Quarterly Implementation Plan (QIP)? [ask to see the document]	Yes = 1 No = 2 → Q 438	_
432.	Did you submit QIP for approval?	Yes = 1 No = 2 → Q 438	
433.	When did the facility submit the QIP for approval?	Date [DD/MM/YY] Write "99" for each segment which is not known	_ _ / _ _ / _ _
434.	Did the facility receive written approval from the MoH/HD for the QIP?	Yes = 1 No = 2 → Q 438	_
435.	When did the facility receive written approval from the MoH/HD for the QIP?	Date [DD/MM/YY] "999" do not know"	_ _ / _ _ / _ _ _ _ _ _
436.	Was there a delay in receiving QIP approval from the MoH/HD?	Yes = 1 No = 2 → Q438	_
437.	What was the main cause for this delay?	Delay in submission of QIP by facility = 1 DHO not approving QIP = 2	_

STRICTLY CONFIDENTIAL

THANK YOU. CAN WE NOW PROCEED WITH SOME QUESTIONS ON FINANCIAL MANAGEMENT					
Q 438.	Which financial management tools did you receive from the National Level?				
	a.	Receipt books	Yes = 1 No = 2	__	
	b.	Payment voucher	Yes = 1 No = 2	__	
	c.	Vote Book	Yes = 1 No = 2	__	
	d.	Cash Books	Yes = 1 No = 2	__	
	e.	Did not receive any tools	Yes = 1 No = 2	__	
	f.	Others (specify) _____	Yes = 1 No = 2	__	
Q 439.	Have you submitted the financial report for the last quarter? [ask to see transmittal evidence]		Yes = 1 → Q 441 No = 2	__	
Q 440.	What was the reason for not submitting the financial?		Report not ready = 1 Bank reconciliation not done = 3 Report not approved by the HFMC = 2 Other (specify) = 4	__ _____	
Q 441.	Do you have a staff member responsible for financial accounting?		Yes = 1 No = 2 → Q 443	__	
Q 442.	Who is responsible for financial accounting?		In charge = 1 Sub-county accountant = 4 Treasurer = 2 Facility Accountant = 5 Chairman = 3 Other (specify) = 6	__ _____	
Q 443.	How often were you visited by the Ministry of Health/District accountant/ health sub district person in the last fiscal year (2011/2012)?		Monthly = 1 Bi-quarterly = 3 Quarterly = 2 Half yearly = 4 Yearly = 5 Never = 6	__	
Q 445.	Do you share your financial information with your community?		Yes = 1 ; No = 2 → Q 447	__	
Q 446.		Which means do you use to share the information with your community? [ask to see the meeting minutes]	Yes = 1 No = 2	a. Chalk board	__
				b. Meetings	__
				c. Posters	__
				d. Other (specify)	__ _____
Q 447.	Did the facility receive a supervision (administrative) visit from the MoH/ HD in the last fiscal year (2012/2013)??		Yes = 1 ; No = 2 → Q 454	__	
Q 448.	If yes, how often?		Monthly = 1 Every semester = 3 Quarterly = 2 Yearly = 4	__	

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Q 449.	If yes, did they leave a written feedback?	Yes = 1 No = 2	__	
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	Question	Code	Response
Health Facility Management Committees and Expenditure management			
450.	How many Bank accounts do you operate in this facility?	Number	__
451.	Does the facility have a Health Facility Management Committee (HFMC)?	Yes = 1 No = 2 → Q 458	__
452.	If yes, how many members does the committee currently have?	Number	__ __
453.	How were the committee representatives chosen?	Appointed by local leadership = 1 Election process = 2 Selected through the Minister's advice = 3 No community members = 4	__
454.	What is the Frequency of the HFMC/HMC meetings?	Monthly = 1 Quarterly = 2 Bi-annual = 3 Annually = 4	__
455.	Are the minutes available for all the meetings? [ask to see a copy]	Yes = 1 No = 2	__
456.	Are any of the current members of the committee trained/inducted on expenditure management?	Yes = 1 No = 2 → Q 458	__
457.	How many members of the committee were trained?	Number	__ __

458.	Which of these sub-committees are in existence and operational?			Yes = 1 No = 2	Exists	Is Operational
					1.	2.
		a.	Finance Committee		__	__
		b.	Procurement committee		__	__
		c.	Audit committee		__	__
			Disciplinary Committee		__	__
		d.	Quality Assurance Committee		__	__
		e.	Other (specify)_____		__	__

Module 2: Public Expenditure Tracking Survey : Section E: User fees

459.	Does this facility charge for user fees?	Yes = 1 ; No = 2 → Q 464	_				
460.	Are user fees/charges displayed ([Ask to see the boards])	Yes = 1 ; No = 2	_				
I WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW MUCH (IN UGX) THE FACILITY CHARGES FOR DIFFERENT SERVICES. [Ask to see the boards or fee structure]							
461.	Are user fees charged for the following services?	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	Amount paid (UGX)	Are user fees charged for the following services?	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	Amount paid (UGX)	
		1.	2.		1.	2.	
a.	Consultation- under 5 years	_	_ _ _ _ _	b.	FP - Progrestogen-Only Pill (POP)	_	_ _ _ _ _
c.	Ultra sound examination	_	_ _ _ _ _	d.	FP - IUDs	_	_ _ _ _ _
e.	Laboratory: Malaria Test	_	_ _ _ _ _	f.	Malaria	_	_ _ _ _ _
g.	Laboratory: Random blood sugar	_	_ _ _ _ _	h.	Severe Malaria	_	_ _ _ _ _
i.	Laboratory: Haemoglobin (Hb)	_	_ _ _ _ _	j.	Malaria treatment-under 5 years	_	_ _ _ _ _
k.	Laboratory: urinalysis	_	_ _ _ _ _	l.	Caesarean section	_	_ _ _ _ _
m.	Laboratory: Other (Specify)	_	_ _ _ _ _	n.	HIV/AIDS test kits	_	_ _ _ _ _
o.	Drugs: Amoxicillin Syrup	_	_ _ _ _ _	p.	TB test kit	_	_ _ _ _ _
q.	ANC Visit	_	_ _ _ _ _	r.	Other (Specify) _____	_	_ _ _ _ _

462.	In your facility, is the following group [_] exempt from paying user fees?				Yes = 1 ; No = 2	
	a.	Patients with chronic diseases	_	f.	Civil servants	_
	b.	Elderly patients	_	g.	Members of health management board	_
	c.	Very poor people	_	h.	Local politician	_
	d.	Facility staff	_	i.	Child under five years	_
	e.	Relatives of staff	_	j.	Other (specify) _____	_ _ _ _ _
463.	What was the approximate value for Waivers/Exemptions during the 2011/2012 financial year?				Amount in UGX	_ _ _ _ _ _ _

Module 2: Public Expenditure Tracking Survey

Section F: Medicines and Medical Supplies Distribution

	Question	Unit	Response
Essential Medicines and Medical Supplies (EMMS)			
464.	Is this facility a push or a pull facility?	Push = 1 → Q469 Pull = 2 ; Both = 3	_
465.	What was the date for the last delivery of EHMS? [Ask to see records]	Date [DD/MM/YY]	_ _ _ / _ _ _ / _ _ _
466.	What was the date on which the order that corresponded to the last delivery was placed? [Ask to see records]	Date [DD/MM/YY]	_ _ _ / _ _ _ / _ _ _
467.	Were the drugs delivered on time?	Yes = 1 ; No = 2	_
468.	Were the drugs supplied according to your order?	Yes exactly =1; Yes under supplied = 2 Yes over supplied = 3 ; No. was not supplied=4	_
469.	Was the last delivery of EHMS verified and signed off by HFMC?	Yes = 1 No = 2	_
470.	Was the community informed of the last EHMS delivery?	Yes = 1 No = 2 → Q 472	_
471.	a. Was the community informed via Chalk board?	Yes = 1, No = 2	_
	b. Was the community informed during Meetings?	Yes = 1, No = 2	_
	c. Was the community informed via Posters?	Yes = 1, No = 2	_
	d. Other means of dissemination (specify)	Yes = 1, No = 2	_ _____
472.	Did the facility procure any out of stock items in the last quarter?	Yes = 1 No = 2	_
473.	In the last quarter, did the facility purchase any EHMS locally?	Yes = 1 ; No = 2	_
474.	Did any Essential Medicines in the facility expire during the last quarter?	Yes = 1 ; No = 2	_
475.	Are stock control cards present and updated for the latest delivery? [Ask to see the cards]	Yes fully =1 ; Yes partially= 2 No = 3	_
476.	How many staff in your health facility are involved in EHMS management?	Number	_ _ _
477.	How many of the staff members involved in EHMS management have received training on quantification and ordering of EHMS products in the last twelve months?	Number	_ _ _
478.	In the last fiscal year (2012/2013) did you receive any supervision on EHMS?	Monthly = 1 Quarterly = 2 Bi-quarterly = 3 Half yearly = 4 Yearly = 5 Never=6	_

ENUMERATOR PLEASE READ TO RESPONDENT. THIS SECTION IS NOW FINISHED. THANK YOU FOR YOUR TIME