

## District Facility Data Sheets

*Complete one set of these data sheets per facility  
during the district visit*

Ministry of Health, Ministry of Finance, Planning & Economic Development, and the World Bank  
with Makerere University  
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- i Name of health facility
- ii Region/province
- iii District
- iv Municipality/County
- v Sub-county/Town council/Division
- vi Parish/Ward
- vii Village
- viii Postal address


Sample code:	
Date :	

Day (E.g. 31):  
Month (E.g. 07):  
Year (E.g. 1998):

### **Information to enumerator**

Complete **one set** of these data sheets for **each** facility listed in **Table 1 of the 'District Health Team Questionnaire'**.

The information is principally obtained from **monthly summaries** submitted to districts by facilities as well as from **district drug and vaccine stores** .

The table which records staff remuneration from **sub-county level** should only be used if facility staff receives salaries from this source.

Clearly enter the **particulars of the facility** in the spaces provided on the **front page** of this set of data sheets as well as on **each** data sheet.

Ensure that facility codes are entered on the front page and above each table.

**Table 1: Facility staff paid by/through district**

Collect information on the staff at this facility paid by, or through the district. Remember to use the codes given at the end of the table and record information in all columns.

a Sample code

Name	Position	Salary/month	Scale	Source	Lunch allowances	Part/Full time
(1)	(2)	(3)	(4)	(5)	(6)	(7)
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						

1=Medical doctor, 2=Clinical Officer  
 3=Enrolled nurse, 4=comprehensive nurse  
 5=Registrad nurse, 6=Enrolled midwife  
 7=Laboratory assistant, 8=Nursing aide  
 9=Other

1=District/Gov  
 2=Health sub-district  
 3=Sub-County  
 4=Facility  
 5=Other (specify)

1=Full time  
 2=Part time  
 (specify no.  
 days/week)

**Note:** Use the code 'NA' to indicate that the data is not available.

**Table 2: Staff paid by/through sub-county**

Only complete this table if this facility's staff are paid by the sub-county. If so, collect information on staff paid by, or through the sub-county. Remember to use the codes given at the end of the table and record information in all columns.

a Sample code:

	Name	Position	Salary/month	Source	Lunch allowances	Part/Full time
	(1)	(2)	(3)	(4)	(5)	(6)
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						

1=Medical doctor, 2=Clinical Officer  
 3=Enrolled nurse, 4=comprehensive nurse  
 5=Registrad nurse, 6=Enrolled midwife  
 7=Laboratory assistant, 8=Nursing aide  
 9=Other

1=District/Gov  
 2=Health sub-district  
 3=Sub-County  
 4=Facility  
 5=Other (specify)

1=Full time  
 2=Part time  
 (specify no.  
 days/week)

**Note:** Use the code 'NA' to indicate that the data is not available.

Recorded supply as stated in the District Medical Store

[mo./year-mo./year. Example: 09/1999-03/2000]

**Table 3B: Drug kits supply for the 1999/2000 fiscal year**

*In this sheet, record the episodes of supply of drug kits to the facility during the whole 1999/2000 fiscal year.*

*Record supply of kits only in this sheet, not supplementary supplies of drugs.*

*Obtain this information from the District Medical Store stock cards.*

*In column 1, record the date of the new supply.*

*In column 2, record the amount received (Number of kits).*

*In column 3, record the type of supply using the codes supplied below.*

*Check dates (day/month/year) to ensure that supply occasions are entered chronologically.*

**IMPORTANT:** Only use 'NA' if some categories (columns) are not available.

a **Sample code:**

	Date [day/month/year]	Supply (number of kits)	Type of supply (use codes)
	(1)	(2)	(3)
b			1=Essential drug kit E;
c			2=Kit A
d			3=Kit B
e			4=Purchased/bought
f			5=Other (specify)
g			
h			
i			
j			
k			
l			
m			
n			
o			
p			
q			

Recorded supply as stated in the District Medical Store

[mo./year-mo./year.  
Example: 09/1999-  
03/2000]

**Table 4B: Supplementary drugs supplies for the 1999/200 fiscal year**

In this sheet, record occasions of supplementary supplies of drugs to the facility during the whole 1999/2000 fiscal year.

Record supply only for the six drugs listed in the table below.

Leave rows blank if there were no occasions of supply. Only use 'NA' if some of the requested information is not available for a given supply occasion.

Obtain this information from the District Medical Store stock cards.

In column 1, record the date of the new supply.

In column 2, record the amount supplied.

In column 3, record the units of supply (eg. tablets).

In column 4, record the type of supply using the codes listed below.

Check dates (day/month/year) to ensure that supply occasions are entered chronologically.

Ensure that the units of supply used for this facility matches the units of supply for other sampled facilities.

a Sample code:

Date [day/month/year]	Supply	Units of supply (eg. tablets)	Type of supply (use codes)
(1)	(2)	(3)	(3)
Chloroquine (tablets)			
b			
c			
d			
e			
f			
g			
Paracetamol (Panadol)			
h			
i			
j			
k			
l			
m			
Co-trimoxazole (Septrin)			
n			
o			
p			
q			
f			
g			

1=Essential drug kit E;  
2=Kit A  
3=Kit B  
4=Purchased/bought  
5=Other (specify)

Continued ->



**Table 4C: Supplementary drugs supplies for the 1999/200 fiscal year**

In this sheet, record supplementary supplies of drugs to the facility during the whole 1999/2000 fiscal year.

Record supply only for the six drugs listed in the table below.

Leave rows blank if there were no occasions of supply. Only use 'NA' if some of the requested information is not available for a given supply occasion.

Obtain this information from the District Medical Store stock cards.

In column 1, record the date of the new supply.

In column 2, record the amount supplied.

In column 3, record the units of supply (eg. tablets).

In column 4, record the type of supply using the codes listed below.

Check dates (day/month/year) to ensure that supply occasions are entered chronologically.

Ensure that the units of supply used for this facility matches the units of supply for other sampled facilities.

a Sample code:

Date [day/month/year]	Supply	Units of supply (eg. tablets)	Type of supply (use codes)
(1)	(2)	(3)	(3)
Procaine Penicillin fortified(PPf)			
b			1=Essential drug kit E;
c			2=Kit A
d			3=Kit B
e			4=Purchased/bought
f			5=Other (specify)
g			
Ergometrine			
h			
i			
j			
k			
l			
m			
Oral Rehydration Salts (ORS)			
n			
o			
p			
q			
r			
s			

**Table 5: Vaccination supply**

Collect information on total number of vaccines supplied to this particular facility during the last six months of the 1999/2000 fiscal year. Record the data for each of the five vaccines. Find the data in the District's Medical Store's records. Include in the supplies any vaccines supplied for National Immunisation Days (NIDs) and District Immunisation Days (DIDs).

If data for other months that those stated in the table are entered, these months must be entered in parentheses in the same cell as the number, e.g. 254(Dec, 1999).

**IMPORTANT:** Enter '0' if there is no supply and only use 'NA' when there are no records. Check carefully. There should be NO EMPTY CELLS.

a **Sample code:**

	MONTH	Jan., 2000		Feb., 2000		Mar., 2000	
		NID/DID	Regular	NID/DID	Regular	NID/DID	Regular
		(1)	(2)	(3)	(4)	(5)	(6)
b	BCG:						
c	Polio:						
d	Measles:						
e	Tetanus toxoid:						
f	DPT:						

	MONTH	April., 2000		May., 2000		June., 2000	
		NID/DID	Regular	NID/DID	Regular	NID/DID	Regular
		(1)	(2)	(3)	(4)	(5)	(6)
g	BCG:						
h	Polio:						
i	Measles:						
j	Tetanus toxoid:						
k	DPT:						

**Table 6: Patient data**

For the last three months of 1999/2000 fiscal year, record the number of patients from the monthly submissions made by the facility, in accordance with the categories below.

Note: Total OPD excludes referrals. Total OPD should be equal to "new cases (children)" plus "new cases (adults)" plus "re-attendance". Check. If data for other months that those stated in the table are entered, these months must be entered in parentheses in the same cell as the number, e.g. 254(Dec, 1999).

IMPORTANT: Enter '0' if there is no supply and only use 'NA' when there are no records. Check carefully. There should be NO EMPTY CELLS.

a Sample code:

MONTH	April, 2000	May, 2000	June, 2000
Total OPD			
	(1)	(2)	(3)
b New cases (children)			
c New cases (adults)			
d Re-attendance			
e Deliveries			
f In-patient days			

**Table 7: Vaccinations carried out by facility**

*For the last three months of the 1999/2000 fiscal year, record the number of vaccinations reported to have been carried out at the facility according to the monthly submissions from the facility. Use the categories of vaccinations listed in the table.*

*If data for other months than those stated in the table are entered, these months must be entered in parentheses in the same cell as the number, e.g. 254(Dec, 1999).*

*IMPORTANT: Enter '0' if there is no supply and only use 'NA' when there are no records. Check carefully. There should be NO EMPTY CELLS.*

*a* **Sample code:**

<b>MONTH</b>	<i>April, 2000</i>	<i>May, 2000</i>	<i>June, 2000</i>
	(1)	(2)	(3)
<i>b</i> BCG:			
<i>c</i> Polio:			
<i>d</i> Measles:			
<i>e</i> Tetanus toxoid:			
<i>f</i> DPT:			