

Uganda Health Facility Survey Questionnaire

Complete one questionnaire per facility

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

Sample Code:		XXX
Date :		Day (E.g. 31):
		Month (E.g. 07):
		Year (E.g. 1998):
Time at interview start		E.g. (1540 hrs)
Time at end of interview		E.g. (1700 hrs)

Information for enumerator

Carefully explain to the respondent the contents of the section entitled 'Information to respondent'.

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 '1999/2000 fiscal year' refers to the financial year, which began on 1st July 1999 and ended on 30th June 2000.

Use the following **codes for unanswered questions**:

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

These codes are also replicated in the header of every page in the questionnaire.

Do **not** read out to the respondent the questions addressed to the enumerator at the end of the questionnaire. These questions provide additional information about the facility.

Ensure that **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 after you have left the facility. **You aim should be to make the respondent feel at ease.**

Information to respondent

Read out the following:

This is a **joint survey** from Ministry of Health, Ministry of Finance, Economic Planning & Development, and the World Bank.

This survey covers some **130 health facilities** all over Uganda.

The aim of this survey is to **improve the situation faced by health facilities**.

To do this, we wish to identify the **different conditions facing health facilities** and affecting their **capacity to deliver services**.

We would therefore also like to look at the **daily patient records**.

The survey consists of three parts:

- a. An **exit poll**, which aims to determine the **type of illnesses** which patients take to this facility.
- b. A **structured interview** to identify the **conditions facing the facility** and affecting its **capacity to deliver services**.
- c. **Data collection** on patients as part of **disease surveillance**.

We would like to **share the final report** with you. Would you like a copy?

Section 1: Characteristics of respondent

This section deals with information on the respondent.

1 Are you the incharge at 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?

1=Clinical Officer/Medical Assistant

2=Enrolled Midwife

3=Registered Midwife

4=Enrolled Nurse

5=Registered Nurse

6=Registered Nurse

7=Nursing aide

8=Health assistant

9=Dental assistant

10=Laboratory assistant

11=Other (specify)

a.

No blanks or 'NA' allowed except in empty alternatives.

3 For how many years have you been in charge at this facility?

No blanks or 'NA' allowed.

4 What is your name?

No blanks or 'NA' allowed.

5 What is the respondent's gender?

1=Male

2=Female

Note: Do not ask this; verify by observation.

No blanks or 'NA' allowed.

Section 2: Characteristics of the health facility

This section aims to establish the characteristics of the 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.

6 Name of health facility

7 Specify the location of the facility in accordance with the categories below:

a. Region

b. District

c. Municipality/County

d. Sub-county/Town council/Division

e. Parish/Ward

f. Village/Zone/Cell

8 Postal address

a.

b.

c.

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listed

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Section 2: Characteristics of the health facility (continued)

9 Is this facility a dispensary or a DMU? (as per status of 99/00 fiscal year)

1=Dispensary

2=Dispensary with maternity unit (DMU)

**Terminate interview if the facility is not one of the above.
No blanks or 'NA' allowed.**

10 In the new "HC classification", what is the level of this facility?

1=HC1

2=HC2

3=HC3

4=HC4

5=Other (specify)

a.

Blanks and 'NA' not allowed (except for empty alternatives). If respondent does not know, use DK.

11 Who owns this health facility?

1=Government owned

2=Private for-profit

3=Private non-profit (Catholic Medical Services)

4=Private non-profit (Protestant Medical Bureau)

5=Private non-profit (Muslim Medical Bureau)

6=Seventh Day Adventist (SAD)

7=Other NGO (specify)

a.

8=Other (specify)

a.

Blanks and 'NA' not allowed (except for empty alternatives). If respondent does not know, use DK.

12 Which year was this facility established?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

13 Has this facility been renovated since its establishment?

1=Yes; 2=No

If no, please skip to question number

**16
Blanks and 'NA' not allowed (except for empty alternatives). If respondent does not know, use DK.**

14 What year this facility last renovated?

Blanks and 'NA' not allowed (except if answer to previous ques was no). If respondent does not know, use DK.

15 Who was the main financier of the renovation?

1=This facility

2=District

3=Health sub-district

4=Sub-county

5=Central government

6=Donors, NGOs, or other benefactor (specify)

a.

Ensure that the main financier is listed.

Blanks and 'NA' not allowed (except for empty alternatives). If respondent does not know, use DK.

16 I would like to ask you about the usual hours of operation of this fac

Enter the times in 24 hour time units (E.g. 0900, 1430)

		Break for lunch	Open after lunch	Close for the day
Time	Open			
a. Weekdays				
b. Saturdays				
c. Sundays				

Code

(1)

(2)

(3)

(4)

Enter 'NA' only if the facility is not open. A facility open 24hrs has opening hours 00.00 and closing hours 00.00 and no break for lunch.

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Section 2: Characteristics of the health facility (continued)

- 17 On average, how many times a month do you have to open the facility outside the usual opening hours (eg. For deliveries or emergencies)?

Check reply; be cautious if it is a high number.

- 18 Rank in order of importance the problems facing this facility:

a. Problem No. 1:

b. Problem No. 2:

c. Problem No. 3:

Write down the most important problem first, then the second most important problem, etc.

- 19 What is the catchment population for this facility?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 20 Do your patients have other facilities where they can get health care similar to the care you provide here?

1=Yes; No=2

If no, please skip to question number

23

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 21 We would like to record information about the other facilities in this facility's catchment area.

Type	How many are there in total ?	How many are owned by GOU ?	How many are owned by private (for-profit) ?	How many are owned by NGOs ?	How far away (in kilometers) from here is the	Who owns the closest facility? (see codes below)
<i>Cell codes</i>	(1)	(2)	(3)	(4)	(5)	(6)
a. Aide posts/sub-dispensaries						
b. Dispensaries/DMUs						
c. Health centers/hospitals						
d. Clinics						
e. Drug shops/pharmacies						
f. Traditional Birth Attendants						

Read out each category of facility (a.-f.). No blanks or 'NA' allowed in the first column. 'NA' only allowed in columns 2-6 if "0" was entered in the first column of that row.

Enter '0' if the distance is less than 1 km.

Codes: 1=GOU; 2=Private for-profit; 3=Private non-profit (eg.NGO)

Section 2: Characteristics of the health facility (continued)

- 22 Please identify if you are able the name and location of the nearest private for-profit DMU or dispensary:

a. Name of health facility

b. Municipality/County

c. Sub-county/Town council/Division

d. Parish/Ward

e. Village

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 23 What is the facility's main source of water?

1=Piped water

2=Borehole

3=Protected spring

4=Unprotected spring

5=Harvested rainwater

6=Buy water

7=Other (specify)

a.

Blanks and 'NA' not allowed (except for empty alternatives). If respondent does not know, use DK.

- 24 Does the facility have an official telephone?

1=Yes; 2=No

If no, please skip to question number

26

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 25 What is the telephone number?

Blanks not allowed. 'NA' only allowed if answer to previous question was no.

- 26 Are there provisions for the staff at this facility to regularly read newspapers?

1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use

- 27 Are there provisions for staff at this facility to regularly listen to news and health programmes on the radio?

1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use

- 28 What is the main method you use to dispose of medical waste?

1=Public waste collection

2=Pit where waste is dumped (not burnt)

3=Pit where waste is burnt

4=Incinerator

5=Other (specify)

e.

Let respondent answer without first reading out options. Blanks not allowed. 'NA' only allowed for empty alternatives. Use 'DK' only if respondent does not know.

- 29 What is the distance (in kilometers) from the facility to each of the following services?

Service	Distance (km)
a. Telephone	
b. Postal service	
c. Source of newspapers	
d. Radio	
e. District headquarters (LC5)	
f. Health sub-district headquarters	
g. Sub-county headquarters (LC3)	
h. Village headquarters (LC1)	

Read out all options and fill in all fields. No blanks or 'NA' allowed. Enter '0' if the service is available at the facility or below a one kilometer radius of the facility. Otherwise enter the distance in kilometers)

DK.

DK.

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ved.

Section 2: Characteristics of the health facility (continued)

Organisation

- 30 Does the health facility have a Health Unit Management Committee (HUMC) or governing board?

1=Yes; 2=No

If no, please skip to question number

37

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 31 What is the gender composition of the HUMC/board?

Number of men:

Number of women:

No blanks allowed. 'NA' only allowed if answer to previous question was no. Use 'DK' if respondent does not know.

- 32 How many times did the HUMC/board meet during the 99/00 fiscal year?

No blanks allowed. 'NA' only allowed if answer to previous question was no. Use 'DK' if respondent does not know.

- 33 What are the main issues that are dealt with at HUMC/board meetings?

Focus of staff meetings	1=Yes; 2=No
a. Drug supply	
b. Allowances/remuneration	
c. Transport	
d. Staff issues (eg. housing, attendance, etc.)	
e. Physical condition of facility	
f. Relations with district	
g. Mobilising donor and other support	
h. Utilisation of user charges	
i. Other (Specify)	
j.	

Let respondent answer without reading out options. More than one answer is allowed. For unmentioned options, enter '2'. No blanks allowed. 'NA' only allowed if answer to question 30 was no and for empty alternatives.

- 34 How do HUMC/board members get onto this committee? Are members:

Method	1=Yes; 2=No
a. Appointed by district (LC5)	
b. Appointed by sub-county (LC3)	
c. Appointed by village (LC1)	
d. Locally elected	
e. Volunteers	
f. Pre-qualified automatically by virtue of their job	
g. Other (Specify)	
h.	

Read out all options. More than one answer is allowed. No blanks allowed. 'NA' only allowed if answer to question 30 was no, and for empty alternatives.

- 35 Do the members of the HUMC/board use this facility themselves?

1=Yes; 2=No

No blanks allowed. 'NA' only allowed if answer to previous question was no. Use 'DK' if respondent does not know.

- 36 Which of the following groups are represented on the HUMC/board?

Represented	1=Yes; 2=No
a. In-charge	
b. Other facility staff	
c. District officials (LC5)	
d. District politicians	
e. Health sub-district officials	
f. County officials (LC4)	
g. Sub-county officials (LC3)	
h. Parish officials (LC2)	
i. Village officials (LC1)	
j. Community representatives	
k. Religious leaders	
l. Teachers representatives	
m. Other (specify)	
n.	

Read through the list. No blanks allowed. 'NA' only allowed if answer to question 30 was no, or for empty alternatives. Use 'DK' if responder not know.

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Section 2: Characteristics of the health facility (continued)

Services

37 Does this facility do outreach?

1=Yes; 2=No

If no, please skip to question number 41

Blanks and 'NA' not allowed. If respondent does not know, use DK.

38 To how many locations does this facility provide outreach services?

No blanks allowed. 'NA' only allowed if answer to previous question was no. Use 'DK' if respondent does not know.

38 How many times a week does this facility provide outreach to each of those locations, and how many staff go?

Location name (specify)	No. of times per month	No. of staff per outreach
Cellcode	(1)	(2)
a.		
b.		
c.		
d.		
e.		
f.		
g.		

NA' only allowed if the answer to question 37 is no. No blanks allowed. Use 'DK' if respondent does not know. Make sure the number of list locations is the same as in question 38. If a location name is unknown to the respondent, use 'DK'.

39 List the **type** of staff members which participate in outreach

Staff member	1=Yes; 2=No
a. In-charge	
b. Midwife	
c. Nurse	
d. Dental assistant	
e. Nursing aide	
f. Community health worker	
g. Traditional birth attendants (TBA)	
h. Assistant health visitor	
i. Vaccinator	
j. Other (specify)	
k.	

NA' only allowed if the answer to question 37 is no, or for empty alternatives. No blanks allowed. Use 'DK' if respondent does not know. Make sure the number of list locations is the same as in question 38. If a location name is unknown to the respondent, use 'DK'.

Section 2: Characteristics of the health facility (continued)

40 Which of the following services are provided at the facility and when?

If not all days, indicate which days:

Service category		Provision? 1=Yes; 2=No	Services provided 7 days a week? Yes=1; 2=No	Mon	Tue.	Wed	Thur.	Fri.	Sat.	Sun.
Cell code		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8)
a. Outpatient care										
b. Inpatient care										
c. Preventative care	i. Health education (excl. OPD)									
	ii. Immunisations									
	iii. Antenatal care									
	iv. Family planning									
d. Medical care										
e. Eye care										
f. Mental health care										
g. Dental health										
h. Minor surgery										
i. Deliveries										
j. Laboratory										
k. Training of	i. Nursing aides									
	ii. Community health workers									

Fill in this table one row at a time. No blanks or 'NA's allowed in column 1. In column 2, no blanks allowed and 'NA' only if column 1 implies that the question is not applicable. In the unlikely event that the respondent does not know, use 'DK'. Fill out columns 3-8 only if columns 1-2 indicate that some services are only provided some days, otherwise leave blank.

Section 3: Inputs

Staff inputs

We want to ask you about your staff inputs. We would like to collect information on the paid staff with our data sheets after this interview. However, presently we would like to inquire about any unpaid staff.

- 41 Does anybody at this facility work for free, i.e. without any pay?

1=Yes; 2=No

If no, please skip to question number

44

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 42 How many people work here for free?

	No.
a. Full time	
b. Part time	

No blanks allowed. 'NA' only allowed if answer to previous question was no. Use 'DK' if respondent does not know.

- 43 Please indicate the nature of the work undertaken by those who work for free

Type of work	1=Yes; 2=No
a. Cleaner/sweeper/porter	
b. Nursing aide	
c. Medical/health related	
d. Other (specify)	
e.	

Let respondent answer without reading out options. 'NA' only allowed if answer to question 41 is no. Use 'DK' if respondent does not know.

- 44 How many formal staff meetings were held to discuss staff issues during the 1999/2000 fiscal year?

If answer is "0", please skip to question number

46

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 45 Are such staff meetings usually held

1=Regularly

2=Irregularly

Blanks not allowed. 'NA' only allowed if answer to question 44 was "0". If respondent does not know, use 'DK'.

- 46 Did any staff attend training courses during the 1999/2000 fiscal year?

1=Yes; 2=No

If no, please skip to question number

48

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 47 How many staff attended training courses in the following categories during the 1999/2000 fiscal year?

Category	No.
a. Medical	
b. Management	
c. Record keeping	
d. Other (specify)	
e.	

Read out and fill in all fields. No blanks allowed. 'NA' only allowed if answer to question 46 was no, or for empty alternative.

- 48 How many new staff were recruited or transferred to this facility during the 1999/2000 fiscal year?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 49 How many staff were dismissed during the 1999/2000 fiscal year?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 50 How many staff quit during the 1999/2000 fiscal year?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Section 3: Inputs (continued)

- 51 How many staff retired, were transferred from, or for any other reason ceased to work at this facility during the 1999/2000 fiscal year?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 52 What is the average length of delays (in weeks) in staff salaries (excluding salaries paid from user fees)?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Drugs

- 53 Does the facility receive **free drugs supplies**, either through the kit-based system or supplementary to this system?

1=Yes; 2=No

If no, please skip to question number

59

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 54 How many essential drug kits did the facility receive during the 1999/2000 fiscal year?

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 55 Where do free drug kits, supplementary drugs, and other free drugs come from?

Source	1=Yes; 2=No
a.District (LC5)	
b.Health sub-district	
c.County (LC4)	
d.Sub-county (LC3)	
e.Parish (LC2)	
f.Village (LC1)	
g.Donors	
h. NGO	
i. Medical bureau	
j. Other (specify)	
k.	

Let respondent answer without reading out options. Enter 'NA' (in all cells) only if the answer to question 53 is no, or for empty alternative. No blanks allowed. Use 'DK' if respondent does not know.

- 56 Do you ever run out of free supplies of drugs?

1=Yes; 2=No

If no, please skip to question number:

58

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 57 How long did it **usually** take last fiscal year before you ran out of free drugs and how long (in weeks) did stock-outs of free drugs typically last?

Drug	Typical time <u>until</u> stock-out	Typical <u>duration</u> of stock-out duration
a. Chloroquine (tablets)		
b. Chloroquine (injectable)		
c. Paracetamol (Panadol)		
d. Co-trimoxazole (Septrin)		
e. Procaine Penicillin fortified		
f. Oral Rehydration Salts (ORS)		
g. Ergometrine		

No blanks allowed. 'NA' only allowed if answer to question 56 is no OR if no drug was received. Enter "0" if there was no stock-out. Enter 'DK' if respondent does not know.

- 58 Did the facility ever resort to buying its own drugs during the 1999/2000 financial year?

1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Vaccines

- 59 Did the facility receive **vaccines** for which it **did not pay** **for** during the 1999/2000 fiscal year?

1=Yes; 2=No

If no, please skip to question number

63

No blank cells and 'NA' not allowed. Note: It is possible that the facility received vaccines even if it did not carry out any vaccinations.

Check with question 40.c.ii.

Section 3: Inputs (continued)

- 60 Which of the following vaccines did the facility receive for free, and from whom?

Key vaccine	1=Yes; 2=No	Source (see codes below)
Cell code	(1)	(3)
a.BCG		
b. Polio		
c.Measels		
d.Tetanus toxoid		
e.DPT		

1=District (LC5)

4=NGOs

2=Health sub-district

5=Medical Bureau

3=Donors

6=Other (specify)

Read out each line. No blanks allowed. 'NA' (in all cells) only if answer to previous question was no, or for empty alternatives. Use 'DK' if

- 61 Did the facility run out of supplies of these vaccines during the 1999/2000 fiscal year?

1=Yes; 2=No

If no, please skip to question number

63

No blanks allowed. 'NA' (in all cells) only if answer to question 59 was no. Use 'DK' if respondent does not know.

- 62 How long did it usually take last fiscal year before you ran out of free vaccines and how long (in weeks) did stock-outs of free vaccines typically

Vaccine	Typical time <u>until</u> stock-out	Typical <u>duration</u> of stock-out duration
a. BCG		
b. Polio		
c. Measels		
d. Tetanus Toxoid (TT)		
e. DPT		

No blanks allowed. 'NA' only allowed if answer to question 59 is no OR if no vaccine was received. Enter "0" if there was no stock-out. Enter 'DK' if respondent does not know.

- 63 Did the facility ever resort to buying its own vaccines?

1=Yes; 2=No

No blanks allowed. 'NA' only allowed if answer to question 59 was no. Use 'DK' if respondent does not know.

Medical consumables

- 64 Excluding what is in the drug kits, did the facility receive any supplementary medical consumables for which it did not pay during the 1999/2000 fiscal year? (Medical consumables are bandages, cotton wool, needles, syringes, etc.)

1=Yes; 2=No

If no, please skip to question number

68

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 65 Which of the following supplementary medical consumables did the facility receive during the 1999/2000 fiscal year, and if so from whom?

Key medical consumables	1=Yes; 2=No	Source (see codes below)	No. units	Indicate units
Cell code	(1)	(2)	(3)	(4)
a. Bandages				
b. Cotton wool				
c. Syringes				
d. Gloves				

1=District (LC5)

4=Village (LC1)

7=Other (specify)

2=Health sub-district

5=Donors

3=Sub-county (LC3)

6=NGO

Read out each line. No blanks allowed. 'NA' only allowed if answer to previous question was no, or for empty alternative. Use 'DK' if respondent does not know.

Use comparable units. Derive comparable units if necessary.

- 66 Did the facility run out of free medical consumables during the 1999/2000 fiscal year?

1=Yes; 2=No

If no, please skip to question number

68

No blanks allowed. 'NA' only allowed if answer to question 64 was no. Use 'DK' if respondent does not know.

Section 3: Inputs (continued)

- 67 Last fiscal year, how many weeks did it **usually** take before you ran out of free medical consumables and how many weeks did stock-outs last?

Medical consumable	Typical time <u>until</u> stock-out	Typical <u>duration</u> of stock-out duration
a. Bandages		
b. Cotton wool		
c. Syringes		
d. Gloves		

No blanks allowed. 'NA' only allowed if answer to question 64 was no, or if there was no supply. Enter "0" if there was no stock-out. Use 'DK' if respondent does not know.

68

Did the facility ever resort to buying its own medical consumables?
1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Contraceptives

- 69 Did the facility receive any **free** contraceptives during the 1999/2000 fiscal year?

1=Yes; 2=No

If no, please skip to question number

73

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 70 Which of the following contraceptives did the facility receive for free during the 1999/2000 fiscal year, and if so from whom?

Key contraceptive	Source (see codes below)	No. units	Indicate units
Cell code	(2)	(3)	(4)
a. Pill			
b. Injectable			
c. Intra-uterine device (IUD)			
d. Norplant			
e. Condom			
f. Foam			

1=District (LC5)

4=Village (LC1)

7=Other (specify)

2=Health sub-district

5=Donors

3=Sub-county (LC3)

6=NGO

Read out each line. No blanks allowed. 'NA' only allowed if answer to previous question was no, or for empty alternative. Use 'DK' if respondent does not know.

Use comparable units. Derive comparable units if necessary.

- 71 Did the facility run out of free contraceptives during the 1999/2000 fiscal year?

1=Yes; 2=No

If no, please skip to question number

73

No blanks allowed. 'NA' only allowed if answer to question 69 was no. Use 'DK' if respondent does not know.

Section 3: Inputs (continued)

- 72 How long did it take before you ran out of free contraceptives and how long (in weeks) did stock-outs of free contraceptives typically last?

Contraceptives	Typical time <u>until</u> stock-out	Typical <u>duration</u> of stock-out duration
a. Pill		
b. Injectable		
c. IUD		
d. Norplant		
e. Condom		
f. Foam		

No blanks allowed. 'NA' only allowed if answer to question 69 was no, or if there was no supply. Enter "0" if there was no stock-out. Use 'DK' if respondent does not know.

- 73 Did the facility ever buy its own contraceptives during the 1999/2000 financial year?
1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Non-medical consumables

- 74 Did this facility receive any **free non-medical consumables** during the 1999/2000 fiscal year? Non-medical consumables include kerosene, fuel, stationary, etc.)
1=Yes; 2=No

If no, please skip to question number

78

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 75 Which free non-medical consumables did the facility receive, and from whom?

Key non-medical consumable	1=Yes; 2=No	Source (see codes below)	No. units	Type of units
Cell code	(1)	(2)	(3)	(3)
a. Fuel for transport				
b. Kerosene				
c. Utilities				
d. Uniforms				
e. Detergents				

1=District (LC5)

4=Village (LC1)

9=Other (specify)

2=Health sub-district

5=Donors

3=Sub-county (LC3)

6=NGO

Read out each line. No blanks allowed. 'NA' only allowed if answer to previous question was no, or for empty alternative. Use 'DK' if respondent does not know.

Use comparable units. Derive comparable units if necessary.

- 76 Did the facility run out of any free non-medical consumables during the 1999/2000 fiscal year?

1=Yes; 2=No

If no, please skip to question number

79

No blanks allowed. 'NA' only allowed if answer to question 74 was no. Use 'DK' if respondent does not know.

- 77 How long did it **usually** take last fiscal year before you ran out of free non-medical consumables and how long (in weeks) did stock-outs of these items typically last?

Drug	Typical time <u>until</u> stock-out	Typical <u>duration</u> of stock-out duration
a. Fuel for transport		
b. Kerosene		
c. Utilities		
d. Uniforms		
e. Detergents		

No blanks allowed. 'NA' only allowed if answer to question 74 was no, or if there was no supply. Enter "0" if there was no stock-out. Use 'DK' if respondent does not know.

Section 3: Inputs (continued)

78 Did the facility ever resort to buying its own non-medical consumables?

1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Capital inputs

79 Does this facility have any means of transportation?

1=Yes; 2=No

If no, please skip to question number

82

Blanks and 'NA' not allowed. If respondent does not know, use DK.

80 What are the means of transportation of this facility?

Means	1=Yes; 2=No	No.
a. Truck		
b. Minibus		
c. Car		
d. Motorcycle		
e. Bicycle		
f. Other (specify)		
g.		

Read out and fill in all fields. No blanks allowed. 'NA' (all cells) applies only if answer to question 79 was no, for empty alternatives, or in the second column if the facility does not have this type. Use 'DK' if respondent does not know.

81 May we please have your permission to count the rooms of this facility and to measure the area covered by the buildings?

Permission granted to?	1=Yes; 2=No
a. Count rooms	
b. Measure buildings	

If yes, please remember to answer question numbers

151

and

152

Blanks and 'NA' not allowed.

82 How many functioning items of furniture of the types listed below does the facility have?

Furniture	No. of items
a. Labour beds	
b. Admission beds	
c. Examination beds	
d. Chairs	
e. Benches	
f. Dental chairs	
g. Tables	
h. Desks	
i. Medicine cupboard/store	

Blanks and 'NA' not allowed. If respondent does not know, use DK.

83 How many functioning items of equipment of the type listed below does the facility have?

Equipment	No. of items
a. Sterilisation equipment	
b. Refrigeration equipment	
c. Weighing scales	
d. Height measurement	
e. Blood pressure machine	
f. Microscope	
g. Sets of protective clothing	

Blanks and 'NA' not allowed. If respondent does not know, use DK.

84 How many pieces of bedding of the following types does the facility have?

Item	No. of items
a. Bedsheets	
b. Blankets/becovers	
c. Pillows	
d. Pillow cases	
e. Mattresses	

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Section 4: Outputs

This section aims to determine the number of patients treated at this health facility, including patients referred to the facility from outreach operations.

85 Does the facility keep **daily** patient records?

1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use DK.

86 What months during the 1999/2000 fiscal year did epidemics (outbreaks) occur?

Month	1=Yes; 2=No	If yes, no. of outbreaks?
Cellcode	(1)	(2)
a. July 1999		
b. August 1999		
c. September		
d. October 1999		
e. Nov. 1999		
f. December 1999		
g. January 2000		
h. February 2000		
i. March 2000		
j. April 2000		
k. May 2000		
l. June 2000		

Definition: Epidemics (outbreaks) are exceptional increases in disease incidence, not just seasonal variation.

Blanks not allowed. Use 'NA' only if answer in column 1 is "2". If respondent does not know, use DK.

87 How many patients did the facility refer during the 1999/2000 fiscal year?

If no patients were referred, please skip to question number

90

Blanks and 'NA' not allowed. If respondent does not know, use DK.

88 What is the main reason for referring patients?

Reason	1=Yes; 2=No
a. More suitable facilities (e.g. equipment, knowledge)	
b. Greater capacity (e.g. more beds, more nurses)	
c. Severity of illness	
d. Other (specify)	
e.	

No blanks allowed. 'NA' (in all cells) only if answer to question 87 was "0", or for empty alternatives. Use 'DK' if respondent does not know.

89 When you refer, where do you usually refer patients to?

Name of facility (enter name)	Ownership (1=GOU; 2=Private for-profit; 3=NGO)	Type (see codes below)
Cell code	(1)	(2)
a.		
b.		
c.		
d.		

1=Aide post/sub-dispensary

3=Health center/hospital

2=Dispensary/DMU

4=Clinic

No blanks allowed. 'NA' (in all cells) only if answer to question 87 was "0". Use 'DK' if respondent does not know.

90 Do patients have privacy during examinations?

1=Yes; 2=No

Blanks and 'NA' not allowed. If respondent does not know, use DK.

Section 5: Financing

- 91 Does this facility pay any taxes to the following institutions? If so, how much was paid during the 1999/2000 fiscal year?

Institution	1=Yes; 2=No	Amount (Ug. Shs.)
Cellcode	(1)	(2)
a. District (LC5)		
b. Health sub-district		
c. County (LC4)		
d. Sub-county (LC3)		
e. Parish (LC2)		
f. Village (LC1)		
g. Others (specify)		
h.		
i.		
j.		
k.		

No blanks allowed. No 'NA' allowed in first column (apart from empty alternatives). 'NA' only allowed in second column if the facility does not pay to the institution. Ensure that the amount is in Uganda Shillings.

- 92 Apart from user fees, did this facility receive any **money** to run this unit during the 1999/2000 fiscal year (including allowances)?

1=Yes; 2=No

If no, please skip to question number

99

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 93 How much money did you receive from the following institutions during the 1999/2000 fiscal year?

Source of money	Ug. Shs.
a. District (LC5) (eg. Delegated funds)	
b. Health sub-district	
c. County (LC4)	
d. Sub-county (LC3)	
e. Parish (LC2)	
f. Village (LC1)	
g. Donors	
h. NGO	
i. Other (specify)	
j.	

No blanks allowed. Enter '0' where no money was received. 'NA' only permitted if answer to previous question was no, or for empty alternatives. Use 'DK' if respondent did not know. If information not in Uganda shillings (e.g. in percent), convert to Uganda shillings.

- 94 Was the facility free to choose how it spent this money?

1=Yes; 2=No

No blanks allowed. 'NA' only permitted if answer to question 92 was no. Use 'DK' if respondent did not know.

- 95 How much money was spent on the following items during the 1999/2000 fiscal year?

Expenditure category	Ug. Shs.
a. Allowances	
b. Wages for staff recruited by facility	
c. Drugs and other medical expenses	
d. Fuel and other non-medical expenses	
e. Transport	
f. Purchase of equipment and other capital	
g. Other (specify)	
h.	

No blanks allowed. Enter '0' where no money was received. 'NA' only permitted if answer to previous question was no, or for empty alternatives. Use 'DK' if respondent did not know. If information not in Uganda shillings (e.g. in percent), convert to Uganda shillings.

Section 5: Financing (continued)

Outreach allowances

- 96 Were allowances received for **outreach** during the 1999/2000 fiscal year? If so, how much was received per month?

Recipient	1=Yes; 2=No	Uganda Shillings per month
Cellcode	(1)	(2)
a. Facility		
b. Employees		

No blanks allowed. 'NA' only permitted if in the second column if the answer in first column is "2". Use 'DK' if respondent did not know. If employees did not receive outreach allowances, please skip to question number

99

- 97 What is the value (in Ug. Shs.) of the allowance paid by the facility to each health worker per month?
- Blanks not allowed. 'NA' only allowed if the answer in the first column of question 96 is "2". If respondent does not know, use DK. Convert to monthly amounts if respondent answers with different time period.**

- 98 What is the source of financing for outreach allowances?

Source of allowances	1=Yes; 2=No
a. District (LC5)	
b. Health sub-district	
c. Sub-county (LC3)	
d. Village (LC1)	
e. Donors	
f. Facility's own user fees	
g. NGO	
h. Other (specify)	
i. <input type="text"/>	

Blanks not allowed. 'NA' only allowed if the answer in the first column of question 96 is "2", or for empty alternatives. If respondent does not know, use DK.

User charges

- 99 Does the facility charge user-fees for **any** of its services?
- 1=Yes; 2=No
- If no, please skip to question number:**

120

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 100 Does this facility keep records of revenues from user fees?
- 1=Yes; 2=No
- No blanks allowed. 'NA' only permitted if answer to question 99 was no. Use 'DK' if respondent did not know.**

- 101 What share (%) of total revenue from user fees is retained at facilities?
- No blanks allowed. 'NA' only permitted if answer to question 99 was no. Use 'DK' if respondent did not know.**

- 102 Who **mainly** sets the rates of user charges?

Authority	1=Yes; 2=No
a. In-charge	
b. HUMC	
c. District	
d. Health sub-district	
e. Ministry of Health	
f. Other (Specify)	
g. <input type="text"/>	

Let respondent answer without reading out options. No blanks allowed. 'NA' only allowed if answer to question 99 is no, or for empty alternatives. Use 'DK' if respondent does not know.

- 103 Does the facility ever charge its patients **fees by broad category of service**? (E.g. fee per consultation, fee per Immunisation, fee per antenatal, fee per medical care, etc.)
- 1=Yes; 2=No
- If no, please skip to question number**
- No blanks allowed. 'NA' only allowed if answer to question 99 is no. Use 'DK' if respondent does not know.**

109

Section 5: Financing (continued)

- 104 By which categories of service does the facility charge its patients and how much does it charge for the service?

Broad category of service	Does facility charge by this category? 1=Yes; 2=No	Charge per service (Ug. Shs.)
Cellcode	(1)	(2)
a. OPD (new)		
b. OPD (reattendance)		
c. Bed per day		
d. Minor surgery		
e. Health education		
f. Immunisation		
g. Antenatal care		
h. Family planning		
i. Medical care		
j. Eye care		
k. Mental health care		
l. Dental health care		
m. Delivery		

NA' (all cells) only if answer to question 99 was no. Otherwise, no 'NA' or blanks allowed in first column. 'NA' only allowed in column 2 if (i) service not provided; or (ii) category not charged. Compare service charged with service provided (question 40) to ensure consistency. Check: All facilities which charge user fees (ie. Answer to question 99 is yes) should either have fees based on ailments (no blanks in this table) or fees based on category (no blanks in question 110) or both (no blanks in both this table and question 110). Facilities which charge user fees should not have blanks in both this table and question 110.

- 105 Does the charge for delivery include medication? (E.g. Ergometrine?)

1=Yes; 2=No

No blanks allowed. 'NA' only allowed if answer to question 99 is no. Use 'DK' if respondent does not know.

- 106 What is the charge for the following laboratory tests?

Laboratory service	Ug. Shs.
a. Bloodslide (malaria)	
b. Sputum (tuberculosis)	
c. Stool	

No blanks allowed. 'NA' only allowed if answer to question 99 is no, or if service not provided. Use 'DK' if respondent does not know.

- 107 Out of every 100 suspected malaria patients, how many malaria bloodslides do you make?

If service is not provided, enter 'NA'. Use 'DK' if respondent does not know. If the facility makes slides, check with question 40 to ensure that there are laboratory services.

- 108 Out of every 100 suspected worm cases, how many stool tests do you undertake?

If service is not provided, enter 'NA'. Use 'DK' if respondent does not know. If the facility makes slides, check with question 40 to ensure that there are laboratory services.

- 109 Does the facility ever charge its patients a **fixed fee per ailment**? (E.g. fixed fee for malaria treatment, fixed fee for treatment of upper respiratory diseases, fixed fee for trauma treatment, etc.)

1=Yes; 2=No

If no, please skip to question number 112. No blanks allowed. 'NA' only allowed if answer to question 99 is no. Use 'DK' if respondent does not know.

- 110 What do you charge for treatment of the following ailments?

Ailment	Ug. Shs.
a. Malaria	
b. Upper respiratory diseases	
c. Intestinal worms	
d. Trauma	
e. Diarrhoeal diseases	

No blanks allowed. 'NA' only allowed if answer to question 99 is no, or if answer to question 109 is no, or if the ailment is not treated (for some reason). Ask respondent to recall numbers; only use 'DK' if respondent does not know. Check: All facilities which charge user fees (ie. Answer to question 99 is yes) should either have fees based on ailments (no blanks in this table) or fees based on category (no blanks in question 104) or both (no blanks in both this table and question 104). Facilities which charge user fees should not have blanks in both this table and question 104.

- 111 List any ailments for which the facility deliberately does **not** charge:

Ailment	1=Yes; 2=No
a. TB	
b. Trypanosomiasis	
c. Guinea Worms	
d. Leprosy	
e.	
f.	

No blanks allowed. 'NA' only allowed if answer to question 99 is no, or if question 109 is no, or if ailment not treated (for some reason). Use

Section 5: Financing (continued)

- 112 Does the facility ever charge its patients **for drugs**?
(E.g. Shillings per tablet of Chloroquine, Shillings per Paracetamol tablet, etc.)

1=Yes; 2=No

If no, please skip to question number

115

No blanks allowed. 'NA' only allowed if answer to question 99 is no. Use 'DK' if respondent does not know.

- 113 What do you charge for the following drugs?

Drug	Ug. Shs.
a. Chloroquine (tablets)	
b. Chloroquine (injectable)	
c. Paracetamol (Panadol)	
d. Co-trimoxazole (Septrin)	
e. Procaine Penicillin fortified (injectable)	
f. Oral Rehydration Salts	
g. Ergometrine	

NA' only allowed if answer to question 112 is no. No blanks allowed. Use 'DK' if respondent does not know. Ensure comparability of units. Note that ergometrine is usually charged as part of the delivery fee. Ask what it would cost alone. Where the charge is zero/no charge, enter '0'.

- 114 What is the **average** dosage you sell of the following drugs?

Drug	Adult dose	Under five dose	Units
a. Chloroquine tablets			
b. Co-trimoxazole (Septrin)			
c. Procaine Penicillin fortified (PPf)			
d. Paracetamol (Panadol)			
e. Ergometrine			

NA' only allowed if answer to question 112 is no. No blanks allowed. Use 'DK' if respondent does not know. Ensure comparability of units. Note that ergometrine is usually charged as part of the delivery fee. Ask what it would cost alone. Where the charge is zero/no charge, enter '0'.

- 115 Are any of the following groups of patients given exemption from paying or don't pay charges?

Patient group	1=Yes; 2=No
a. Patients with chronic diseases (e.g. TB)	
b. The elderly	
c. The very poor	
d. Facility staff	
e. Relatives of staff members	
f. Local government officials	
g. Relatives of local government officials	
h. Local government politicians	
i. Relatives of local government politicians	
j. Members of the management committee	
k. Others (Specify)	
l.	

No blanks allowed. 'NA' only if answer to question 99 is no.

- 116 For every 100 patients, how many are typically either exempted or don't pay charges?

No blanks allowed. 'NA' only if answer to question 99 is no.

- 117 Does the health facility do a budget for how to spend user fees or does it spend it as it arrives?

	1=Yes; 2=No
a. Budget	
b. Spend as funds arrive	
c. Other (specify)	
d.	

No blanks allowed. 'NA' only allowed for empty alternative, or if answer to question 99 is no.

If no budgets are made, skip to question number

119

Section 5: Financing (continued)

118 Is the budget formally verified and approved by anyone?

Authority	1=Yes; 2=No
a.District (LC5)	
b.Health sub-district	
c.County (LC4)	
d.Sub-county (LC3)	
e.Parish (LC2)	
f.Village (LC1)	
g.Donors	
h.NGO	
i. HUMC	
j.Community representatives	
k.Other (specify)	
l.	

Let respondent answer without reading out options. No blanks allowed. 'NA' only if answer to question 99 is no, or for empty alternatives. For unmentioned options, enter '2'. Use 'DK' if respondent does not know.

119 How did the facility spend the money it raised from user charges during the 1999/2000 fiscal year?

Expenditure category	Percent(%)
a. Allowances	
b. Wages for staff hired by facility	
c. Drugs and other medical expenses	
d. Fuel and other non-medical expenses	
e. Transport	
f. Purchase of equipment and other capital	
g. Put in the bank	
h. Other (specify)	
i.	

Let respondent answer without reading out options. No blanks allowed. 'NA' only if answer to question 99 is no, or for empty alternatives. For unmentioned options, enter '2'. Ensure that numbers add to 100%. Use 'DK' if respondent does not know.

NGOs, donors, and charitable institutions

120 Did the facility receive any **money** (not loans) during the 1999/2000 fiscal year from donors, NGOs and other benefactors, including fundraising organised by this facility or others?

1=Yes; 2=No

If no, please skip to question number

123

No 'NA' allowed. No blanks allowed.

121 How much free money (in Ug. Shs.) did the facility receive during the 1999/2000 fiscal year from donors, NGOs and other benefactors, including fundraising organised by this facility or others?

No blank allowed. 'NA' only if answer to question 120 is no. Use 'DK' if respondent does not know.

122 How did the facility spend the money it received from these sources?

Expenditure category	Percent (%)
a. Allowances	
b. Wages for staff hired by facility	
c. Drugs and other medical expenses	
d. Fuel and other non-medical expenses	
e. Transport	
f. Purchase of equipment and other capital	
g. Other (specify)	
h.	

Let respondent answer without reading out options. No blanks allowed. 'NA' only if answer to question 120 is no, or for empty alternatives. Ensure that numbers add to 100%. Use 'DK' if respondent does not know.

Section 5: Financing (continued)

- 123 How much **in kind** support of the type listed below did the facility receive during the 1999/2000 fiscal year from donors, NGOs, and other benefactors?

Support	No. items	Value (Ug. Shs.)
Cellcode	(1)	(2)
a. Non-medical consumables		
b. Means of transport		
c. Furniture and equipment		
d. Drugs, vaccines & medicine		
e. Building and construction		

Let respondent answer without reading out options. More than one answer is allowed. 'NA' only allowed if in-kind support is not received. No blanks allowed. Use 'DK' if respondent does not know.

- 124 How much in kind personel support did the facility receive during the 1999/2000 fiscal year from donors, NGOs, and other benefactors?

Support	No. days per month
a. Doctor	
b. Midwife	
c. Nurse	

Read out options. More than one answer is allowed. 'NA' only allowed if in-kind support is not received. No blanks allowed. Use 'DK' if respondent does not know.

Other income

- 125 Does the facility sell drugs and other goods over the counter (i.e. Items sold **not** in connection with treatment)
- 1=Yes; 2=No

If no, skip to question number

127

Blanks and 'NA' not allowed. If respondent does not know, use DK.

- 126 What was the value (in Ug. Shs.) of over-the-counter sales of drugs and other goods for the 1999/2000 fiscal
- Blanks not allowed. 'NA' only allowed if the answer to question 125 was no. If respondent does not know, use DK.**

Section 6: Accountability and institutional support

This section examines the accountability systems in place at the facility as well as exploring the institutional support mechanisms in place to assist the facility in addressing its problems, if any.

- 127 When did the facility last receive an official support-supervision visit from the following institutions?

	Month (E.g. 09)	Year	Typical fr of visit codes
Cell code	(2)	(3)	(2)
a. District (LC5)			
b. Health sub-district			
c. Sub-county (LC3)			
d. Village (LC1)			
e. Medical Bureau			

1=Monthl
2=Quarte
3=Semi-a
4=Annual
5=Other (

Use 'NA' only if there has never been a visit from the relevant institution. No blanks allowed. Use 'DK' if respondent does not Enter month as a number, e.g. 10 for October.

- 128 Is the performance of health staff **formally** assessed?
1=Yes; 2=No

If no, please skip to question number:

130

Blanks and 'NA' not allowed. If respondent does not know, use

frequency
is (use
below)
2)

ly
erly
annually
lly
(Specify)
a.

know.

--

DK.

Section 6: Accountability and institutional support (continued)

- 129 How often is the staff assessed?
- 1=Monthly
2=Quarterly
3=Semi-annually
4=Annually
5=Other (Specify)
- a.

NA' only allowed if the answer to the previous question was no, or for empty alternative. Blanks not allowed. Use 'DK' if respondent does not know.

- 130 Does the facility have a bank account?
- 1=Yes; 2=No

Blank and 'NA' not allowed. If respondent does not know, use DK.

- 131 Who is in charge of safekeeping drugs at this facility?
- 1=In-charge
2=Clinical officer/Medical assistant
3=Other medical staff
4=Administrative/management staff
5=Other (specify)
- a.

Blank and 'NA' not allowed, except 'NA' for empty alternative. If respondent does not know, use DK.

- 132 Who is mainly responsible for procurement of new equipment?
- 1=In-charge
2=District (LC5)
3=Health sub-district
4=Sub-county (LC3)
5=Village (LC1)
6=Medical Bureau
7=Other (specify)
- a.

Blank and 'NA' not allowed, except 'NA' for empty alternative. If respondent does not know, use DK.

- 133 You listed some problems in question number **18**
Do you ever report these problems to higher authorities?
1=Yes; 2=No
If no, please skip to question number **138**

Blank and 'NA' not allowed. If respondent does not know, use DK.

- 134 Which level of authority does the facility report to?

Authority	1=Yes; 2=No
a.District (LC5)	
b.Health sub-district	
c.Sub-county (LC3)	
d.Village (LC1)	
e. Medical Bureau	

Let respondent answer without reading out options. No blanks allowed. 'NA' only if answer to question 133 is no. Use 'DK' if respondent does not know.

- 135 How frequently does the facility report such problems?
- 1=Monthly
2=Quarterly
3=Annually
4=Never
5=Other (Eg. As they arrive - specify)

a.

Let respondent answer without reading out options. No blanks allowed. 'NA' only if answer to question 133 is no, or for empty alternative. Use 'DK' if respondent does not know.

- 136 Does the facility ever receive feedback from these reports?
- 1=Yes, often and regularly
2=Yes, seldomly but regularly
3=Yes, seldomly and irregularly
4=Never
If '4', please skip to question number **138**
No blank allowed. 'NA' only if answer to question 133 is no. Use 'DK' if respondent does not know.

DK.

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ie 'DK'

Section 6: Accountability and institutional support (continued)

137 Is the feedback useful in terms of solving these problems?

1=Yes; 2=No

No blank allowed. 'NA' only if answer to question 133 is no, or question 136 is no. Use 'DK' if respondent does not know.

138 Are the facility's revenues and expenditures subjected to an annual audit?

1=Yes, often and regularly

2=Yes, seldomly but regularly

3=Yes, seldomly and irregularly

4=Never

If '4', please skip to question number

140

No blank or 'NA' allowed. Use 'DK' if respondent does not know.

139 When was the last annual audit?

a. Month (E.g. 07)

b. Year (E.g. 1998)

NA' only allowed if answer to question 138 is '4'. Enter month as a number, e.g. 3 as March.

Information on Enumerator

NOTE: Not to be read out to respondent.

140 Name of responsible enumerator

No 'NA' or blanks or 'DK' allowed in this question.

141 Date of interview

a. Day(E.g. 31) b. Month (E.g. 07) c. Year (E.g. 1998)

No 'NA' or blanks or 'DK' allowed in this question.

142 Was the in-charge present at the facility when you arrived?

1=Yes; 2=No

If yes, please skip to question number

144

No 'NA' or blanks or 'DK' allowed in this question.

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

NA' only allowed if in-charge was present at arrival at facility.

No blanks or 'DK' allowed in this question.

144 Was a patient register available and did you sense that the **patient register** accurately reflects the numbers of patients who visit the facility?

	1=Yes; 2=No
a. Register available?	
b. Accurate?	

If answer to 144.b was yes, please proceed to question number 146

No 'NA' or blanks or 'DK' allowed in this question.

145 Do you think patient records

1=Overstate the number of actual patients

2=Understate the number of actual patients

3=Records not available

3=Other (Specify)

NA' only allowed if records were sensed to be not accurate. Blanks or 'DK' not allowed in this question.

146

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

No 'NA' or blanks or 'DK' allowed in this question.

147 What is the condition of the floor?

1=Clean, good state of repair

2=Average

3=Dirty, poor state of repair

No 'NA' or blanks or 'DK' allowed in this question.

148 What is the condition of the walls?

1=Clean, good state of repair

2=Average

3=Dirty, poor state of repair

No 'NA' or blanks or 'DK' allowed in this question.

149 What is the condition of the furniture?

1=Clean, good state of repair

2=Average

3=Dirty, poor state of repair

No 'NA' or blanks or 'DK' allowed in this question.

150 What is the smell in the facility?

1=Clean, disinfected

2=Average

3=Unclean, musty, dirty

No 'NA' or blanks or 'DK' allowed in this question.

151 How many rooms does this facility have?

No 'NA' or blanks or 'DK' allowed in this question.

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

No 'NA' or blanks or 'DK' allowed in this question.

Remember to measure the area of facility using a tape measure.

