



THE REPUBLIC OF UGANDA

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	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	
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	Date
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_	_ _ / _ _ / 2 0 1 3

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 parenteral 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		_ _ _ _	

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	____ ____
45.	How many of the inpatient toilets (latrines) are there? [PLEASE INCLUDE ALL TYPES]	Number			____ ____ ____
46.	What is the condition of the inpatient toilets (latrines)	<i>New = 1; Very Old =2, Nearly full=3</i>			(observational) _____
47.	How many of the inpatient toilets (latrines) are currently functioning? [PLEASE INCLUDE ALL TYPES]	Number			____ ____ ____
48.	Are all toilets (latrines) easily accessible by people with disabilities?	[Yes = 1; No = 2]			____
49.	Are there separate toilets for ladies and gentlemen?	[Yes = 1; No = 2]			____

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	____
51.	Does this facility have a functioning cellular telephone or a private cellular phone that is supported by the facility?	Yes = 1 No = 2	____
52.	Does this facility have a functioning shortwave radio for radio calls?	Yes = 1 No = 2	____
53.	Does this facility have a functioning computer?	Yes = 1; No = 2	____
54.	Is there access to email or internet within the facility today?	Yes = 1 ; No = 2	____

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	____
56.	How many days have you had fuel in the last 30 days?	Number of days	____ ____
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	____
58.	Do you have a maternity waiting center where women can stay prior to giving birth?	Yes = 1 No =2	____

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

PRIORITY MEDICINES FOR MOTHERS

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

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

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="checkbox"/>
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="checkbox"/>
106.	Does this facility monitor the temperature of the refrigerator for storage of vaccines?	Yes = 1 No = 2	<input type="checkbox"/>
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="checkbox"/>
108.	Are expired medicines stored separately from non-expired ones?	Yes = 1 No = 2	<input type="checkbox"/>
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