STRICTLY CONFIDENTIAL

TANZANIA SERVICE DELIVERY INDICATORS (SDI) SURVEY
Health Questionnaires
2014

INTRODUCTION

My name is…………………………….., and my colleague's name is …… …………………………..We are from REPOA.
REPOA is working with The Ministry of Health and Social Welfare, PMO RALG, and The World Bank to collect information and statistics about service delivery, and is part of the government's on-going efforts to improve utilization of resources and quality of services. Your health facility was randomly selected to be part of this study.

Permission for this survey has been obtained from the Ministry of Health (*show letter*).
All information provided will be confidential. No information will be attributed to you personally or to your facility

We will spend the day at your facility in order to complete the four modules of the questionnaire. The survey covers infrastructure, equipment, drugs, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or point us to your colleagues who are responsible for these activities.
Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with. Although we will ask for the names of participants, we want to assure you that adequete steps to ensure that each individual's identity is protected have been put in place. No information will be traced to you in any way because data will be kept and processed anonymously.
Do you have any questions ?

Permission			
Q1.	**Do you agree to be interviewed ?**	Yes = 1 No = 2 *If Yes (1) → Module 1, Section A*	|__|
Q2.	**If refused, what is the reason for refusal ?**		
Interviewer signature and date		**Signature**	**Date**
Observations			

I WOULD LIKE TO START BY ASKING YOU A FEW QUESTIONS ABOUT THE FACILITY'S CHARACTERISTICS.

DURING THIS TIME, IF YOU DON'T MIND, MY COLLEAGUE WILL COLLECT GENERAL HEALTH WORKER INFORMATION AND SELECT UP TO 10 TO BE INTERVIEWED.

Module 1: Facility Questionnaire
Section A: Basic Information

Facility Information (Fill in before arriving to the Health Facility)			
Q3.	Region	Arusha = 1 ; DSM = 2 ; Dodoma = 3 ; Geita = 4 ; Iringa = 5 ; Kagera = 6 ; Katavi = 7 ; Kigoma = 8 ; Kilimanjaro = 9 ; Lindi = 10 ; Manyara = 11 ; Mara = 12 ; Mbeya = 13 ; Morogoro = 14 ; Mtwara = 15 ; Mwanza = 16 ; Njombe = 17 ; Pwani = 18 ; Rukwa = 19 ; Ruvuma = 20 ; Simiyu = 21 ; Singida = 22 ; Shinyanga = 23 ; Tabora = 24 ; Tanga = 25	|__|__|
Q4.	District	Number (see code)	|__|__|__|
Q4a.	Ward	Name	_____
Q4b.	Village/street	Name	_____
Q5.	Health Facility Name	Name	_____
Q5a.	Health Facility Registration Number		|__|__|__|__|__|__|__|
Q6.	Health Facility Survey Code	Number (see code)	|__|__|__|
Q7.	Is the facility rural, urban or semi-urban ?	Rural = 1 Urban =2 Semi-Urban = 3	|__|
Q8.	GPS Position	S|__|__|°|__|__|.|__|__|__|"	E |__|__|°|__|__|.|__|__|__|"
Enumerator Information			
First announced visit			
Q10.	Date of 1st visit	Day/Month/Year (e.g. 24 / 04 / 2014)	|__|__|/|__|__|/| 2 | 0 | 1 | 4|
Q11.	Enumerator completing module	Name _____	Code |__|__|__|

Q12.	**Survey start time for 1st visit**	Time in 24hr. format (e.g. 07:30)	|__|__|:|__|__|
Q13.	**Survey end time for 1st visit**	Time in 24hr. format (e.g. 07:30)	|__|__|:|__|__|

Second announced visit

Q14.	**Date of 2nd announced visit**	Day/Month/Year (e.g. 28 / 04 / 2014)		|__|__|/|__|__|/| 2	0	1	4	
Q15.	**Enumerators doing 2nd announced visit**	Name/Code	_____/|__|__|__|	Name/Code	_____/|__|__|__||
Q16.	**Survey start time for 2nd announced visit**	Time in 24hr. format (e.g. 09:00)			|__|__|:|__|__|
Q17.	**Departure time for 2nd announced visit**	Time in 24hr. format (e.g. 09:45)			|__|__|:|__|__|

TO BE COMPLETED BY SUPERVISOR

		Survey Result	Result	Date	
Q18.	**Verification by supervisor**	Questionnaire completed = 1 Facility closed = 3 Incomplete questionnaire = 2 Refused = 4	|__|	|__|__|/|__|__|/| 2	0	1	4		Name_____ _____ Code|__|__|
Q18 a.	**Data entered**	Yes = 1 No = 2	|__|		Name_____ _____ Code|__|__|

Module 1: Questionnaire
Section B: General Information

Enumerator: Search for the most senior member of staff at the facility i.e. the director or "in-charge"

General Information

Q1.	**Please tell me your name?**	Name		
Q2.	**Please, can we have your cell phone number?** Yes = 1, No = 2	|__| If 1, write the number	→	|__|__||__|__||__|__||__|__||__|__|
Q3.	**What is your position in this facility ?**	Responsible for the facility = 1 Jointly responsible for the facility=2 Head of department = 3	Supervisor = 4 Medical personnel = 5 Administrative personnel = 6 Other (specify) = 9	|__| _____
Q4.	**Who owns this facility ?**	Government (Public) = 1 NGO non profit =2	Faith based non profit = 3 Community = 4 Private for profit = 5	|__|
Q5.	**Who mainly pays the salaries of staff at this facility? (in terms of numbers of people paid)**	State budget = 1 Local budget = 2 Own income = 3	Non profit/NGO =4 Non profit/Faith based = 5 Other (specify) = 9	|__|
Q6.	**Who mainly pays for medical supplies for this facility?**	State budget = 1 Local budget = 2 Own income = 3	Non profit/NGO =4 Non profit/Faith based = 5 Other (specify) = 9	|__|
Q7.	**Who mainly pays for running costs for this facility?**	State budget = 1 Local budget = 2 Own income = 3	Non profit/NGO =4 Non profit/Faith based = 5 Other (specify) = 9	|__| _____
Q8.	**What is the type of health facility?**		Dispensary = 1 Health Centre = 2 District Hospital = 3 Other (specify) = 9	|__|__| _____
Q9.	**How do you get to the District headquarters ?**	Car = 1 Moto (both Bajaji and Boda boda) = 2	Bicycle =3 By foot =4 Resides at the headquarters = 5	|__|

| Q10. | Using this method of transport, what is the approximate traveling time from this facility to the District headquarters? | | Hours/Minutes (e.g. 01h16) NB: 00h00 if Q9=5 | |__|__|h|__|__| |

Service Delivery

Q11.	How many days per week is this facility open ? Number (1-7)	|__|	Q12.	How many hours per day (on average) does this facility offer outpatient consultation ?	|__|__|h|__|__|
Q13.	How many outpatient visits have you had at this facility in the past 3 months ? (Jan/Feb/Mar) *(Ask to See record)* 👁 Number	__||__|__|__|	Q14.	Does this facility hospitalize patients ? Yes = 1 ; No = 2 → **Q17.**	|__|
Q15.	How many inpatients have you had at this facility in the past three months? (Jan/Feb/Mar) *(Ask to see record)* 👁 Number	|__|__|__|	Q16.	How many in-patient bed-days have you had during the past 3 months? (Jan/Feb/Mar) *(Ask to See record)* 👁 Number	|__|__|__|
Q17.	How many beds are available for hospitalization ? (Number)	|__|__|__|	Q18.	How many beds in TOTAL are available for patients at your facility? (Number) *Note :* **Q17.=Q18.+Q19.+Q20.**	|__|__|__|
Q19.	Of these beds, how many are for maternity ? (Number)	|__|__|__|	Q20.	Of these beds, how many are for observation? (Number)	|__|__|__|

Maternity

Q21.	Do women give birth at this facility ? Yes = 1; No = 2 → Q36.	|__|		
Q22.	Does this facility have a maternity waiting home (first stage room) where women can stay prior to giving birth? Yes = 1; No = 2 **Observe** 👁	|__|	Q23.	Does this facility have a maternity delivery room (second stage room)? Yes = 1; No = 2 **Observe** 👁	|__|

Obstetric and Neonatal care
Yes = 1; No = 2

Q24.	Does this facility offer administration of parenteral antibiotics ?	|__|	Q25.	Does this facility offer administration of parenteral ocytocics ?	|__|
Q26.	Does this facility offer administration of parenteral anticonvulsants ?	|__|	Q27.	Does this facility offer manual extraction of placenta ?	|__|
Q28.	Does this facility offer manual exctraction of products of conception ?	|__|	Q29.	Does this facility offer instrumental delivery (ventouse, forceps) ?	|__|

Q30.	Does this facility offer neonatal resuscitation with a bag and mask ?	|__|	Q31.	Does this facility offer blood transfusion ?	|__|
Q32.	Does this facility offer Caesarean section ? If No (2) → Q34	|__|			
Q33.	How many Caesareans were performed in the past 3 months ? (Jan/Feb/Mar) (*Ask to see record*) 👁 Number	|__|__|__|	Q34.	How many successful deliveries took place at this facility in the past 3 months? (Jan/Feb/Mar) (*Ask to see record*) 👁 Number	|__|__|__|
Q35.	How many mothers died during delivery in the past 3 months ? (Jan/Feb/Mar) (*Ask to see record*) 👁 Number	|__|__|__|	Q36.	How many deliveries were referred to another facility in the past 3 months ? (Jan/Feb/Mar) (*Ask to see record*) 👁 Number	|__|__|__|
Q37.	Does this facility ever transfer mothers for EMERGENCY Caesarean section ? Yes = 1, No = 2→ Section C	|__|	Q38.	If yes, consider the last time a woman was transferred from this facility to another facility for emergency Caesarean section. From the moment the decision was made to transfer her, how long was it until the patient arrived at the other facility ?	|__|__|h|__|__|

Module 1:
Section C: 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

Q1.	**What is the <u>main</u> source of electricity for the facility?**	No power supply = 1 Tanesco, Mains = 2 Generator = 3 *If no power supply (1)→***Q6.**	Batteries (car) =4 Solar panel = 5 Other (specify) = 9	|__|
Q2.	**Over the last 3 months, have you experienced any power interruptions of <u>this source</u> of more than two hours ?**		Yes=1 No=2 *If no (2) →***Q5.**	|__|
Q3.	**How long was the longest interruption ?**		In hours and minutes Note : 3 and a half hours = 03h30	|__|__|h|__|__|
Q4.	**Over the past 2 weeks, how many days was electricity from this source interrupted for more than 2 hours at a time?**			|__|__|
Q5.	**Does this facility have a second source of electricity ?** *Mark all options mentioned*	Mains = 1 Generator = 2 Batteries =3	Solar panel =4 None = 5 Other (specify) = 9	|__|

Water and Sanitation

Q6.	**What is the main source of water for this facility ?**	No source of water =01 Running water=02 Public tap/standpipe =03 Borehole well = 04 Protected dug well = 05 Non-protected dug well =06 Protected source = 07 Non protected source = 08 Rain water = 09	Bottled water = 10 Carts topped with a small tank/drum= 11 Tanker = 12 Surface water = 13 Other (specify) = 14 *If none (1) →***Q10.**	|__|__|
Q7.	**Over the last 3 months, have you experienced water supply interruptions of <u>this source</u> of more than two hours?**		Yes = 1 No = 2 → Q10	|__|

Q8.	How long was the longest interruption ?	In hours and minutes Note : 3 and a half hours = 03h30	|__|__|h|__|__|
Q9.	Over the past 2 weeks, how many days was water from this source interrupted for more than 2 hours at a time ?		|__|__|
Q10.	On average, how much time does it take to go by foot to and from the main source of water ? (including waiting time)	*Note : return trip, including waiting time at the water source.* Hours/Minutes (e.g. 01h30)	|__|h|__|__|
Q11.	What type of toilet (latrine) is available for use by outpatients?	No toilet/ bush = 01 Non-functioning toilet = 02 Uncovered pit latrine without slab = 03 Uncovered pit latrine with slab = 04 Covered pit latrine without slab = 05 Covered pit latrine with slab = 06 VIP latrine = 07 Composting toilet = 08 Flush toilet (but no water) = 09 Flush toilet (with water)=10 Other =99 (specify) *If No functioning toilet/bush (1) or Non-functioning toilet (2)* →**Q14.**	|__|__| _____
Q12.	How many of the mentioned (outpatient) toilets (latrines) are there? *(Observe)* 👁	Number	|__|__|__|
Q13.	How many of the mentioned (outpatient) toilets (latrines) are <u>currently functioning</u>? *(Observe)* 👁	Number	|__|__|__|
Q13a.	What is the overall hygiene condition of outpatient toilets? (Observe)	Extremely clean and well maintained = 01 Reasonably Clean and Maintained = 02 Not Very Clean or Maintained = 03	|__|__|
Q13b	Are there separate toilets for male and female outpatients? (observe)	Yes =01 No = 02	

Complete **Q14.** to **Q16.** if the facility hospitalizes patients (Module 1, Section B, **Error! Reference source not found.** =Yes) or if the facility has beds for patients who are hospitalized, in maternity or under observation. If not, pass to Q16c		
Q14.	**What type of toilets (latrines) are available for patients who are inpatients (hospitalized, in maternity or under observation)?** *(Observe)* 👁 **[Enumerator:** *Record those only exclusively meant for inpatient use]*	No toilet/bush = 1→Q16c Non-functioning toilet = 2→Q16c Uncovered pit latrine without slab = 3 Uncovered pit latrine with slab = 4 Covered pit latrine without slab = 5 Covered pit latrine with slab = 6 VIP latrine = 7 Composting toilet = 8 Flush toilet (but no water) = 9 Flush toilet (with water)=10 Other =99 (specify) |__|__|
Q15.	**How many of the mentioned toilets (latrines) that are only for inpatients are there?** *(Observe)* 👁	Number |__|__|__|
Q16.	**How many of the mentioned toilets that are only for inpatients are currently functioning ?** *(Observe)* 👁	Number |__|__|__|
Q16a.	**What is the overall hygiene condition of inpatient toilets?** *(Observe)* 👁	Extremely clean and well maintained = 1 Reasonably Clean and Maintained = 2 Not Very Clean or Maintained = 3 |__|
Q16b.	**Are there separate toilets for male and female inpatients?** *(Observe)* 👁	Yes =1 No = 2 |__|
Q16c.	**Is there at least one toilet (latrine) catering for people with disabilities?** *(Observe)* 👁	Yes =1 No = 2 |__|
Q16d.	**Are there functional (soap and water) hand washing facilities for patients near or in the toilets (latrines)?** *(Observe)* 👁	Yes =1 No = 2 |__|

Waste Management								
	Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades. PROBE TO ARRIVE AT CORRECT RESPONSE.							
Q17.	**What method does this facility use in the final disposal of Sharps** **"STATE ALL THAT APPLY"** Yes = 1 No = 2	**Open Burning (within the facility ground)**						
		a	Flat ground - no protection	|___|	b	Pit or protected ground		|___|
		Dump without burning (within the facility ground)						
		c	Flat ground - no protection	|___|	d	Covered pit or pit latrine		|___|
		e	Open-pit - no protection	|___|	f	Protected ground or pit		|___|
		Remove off-site						
		g	Stored in covered container		h	Stored in other protected environment		|___|
		i	Stored unprotected	|___|	j	Other (specify) _____		|___|
		k	Facility never has sharp waste	|___|	l	Burn incinerator		|___|
		Burn Incinerator (within the facility ground)						
		m	2-chamber industrial (800-1000+° C)	|___|	n	1-chamber drum/brick		|___|
Q18.	Ask to see the place used by the facility for disposal of sharps waste and indicate the condition observed. If sharps waste is disposed offsite, observed where waste is stored prior to collection for offsite disposal.	NO WASTE VISIBLE = 1 WASTE VISIBLE BUT PROTECTED AREA = 2 WASTE VISIBLE, **NOT** PROTECTED = 3 WASTE SITE NOT INSPECTED = 4 |___|						
Q19.	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages. PROBE TO ARRIVE AT CORRECT RESPONSE.							
Q20.	**How does this facility finally dispose of medical waste other than sharps boxes?** **"STATE ALL THAT APPLY"** Yes = 1 No = 2	**Open Burning (within the facility ground)**						
		a	Flat ground - no protection	|___|	b	Pit or protected ground		|___|
		Dump without burning (within the facility ground)						
		c	Flat ground - no protection		d	Covered pit or pit latrine		|___|
		e	Open-pit - no protection	|___|	f	Protected ground or pit		|___|
		Remove off-site						
		g	Stored in covered container		h	Stored in other protected environment		|___|
		i	Stored unprotected	|___|	j	Other (specify)		|___|

		k	Facility never has medical waste	|___|	l	Burn incinerator	|___|
		continues	**Burn Incinerator (within the facility ground)**				
		m	2-chamber industrial (800-1000+° C)	|___|	n	1-chamber drum/brick	|___|

If ALL of 17.m, 17.n, 20.m, 20.n = 2 →Q23

Q21	**Is the incinerator functional today?**	Yes = 1, No = 2	|___|
Q22	**Is the power source for the incinerator available today?**	Yes = 1, No = 2	|___|
Q23.	**Ask to see the place used by the facility for disposal of medical waste and indicate the condition observed. If medical waste is disposed offsite, observe where waste is stored prior to collection for offsite disposal.**	NO WASTE VISIBLE = 1 WASTE VISIBLE BUT PROTECTED AREA = 2 WASTE VISIBLE, **NOT** PROTECTED = 3 WASTE SITE NOT INSPECTED = 4	|___|
Q24.	**Does this facility have any guidelines on health care waste management?** IF YES, ASK TO SEE THE GUIDELINES.	Yes - guideline observed = 1 👁 Yes – guideline not observed=2 No =3	|___|
Q25.	**Have you or any provider(s) received training in health care waste management practices in the past two years?**	Yes = 1 No =2	|___|

	Communication (OBSERVE FUNCTIONING) 👁 At this facility are the following available?		Available Yes (observed) = 1 Yes (not observed) =2 No = 3	Functioning Yes (observed) = 1 Yes (not observed) = 2 No = 3
Q26.	Fixed telephone line		|__|	|__|
Q27.	Mobile telephone belonging to the facility		|__|	|__|
Q28.	Mobile telephone belonging to an individual but calls paid for by the facility		|__|	|__|
Q29.	Mobile telephone belonging to an individual and paid for by the individual but used by the facility		|__|	|__|
Q30.	Computer belonging to the facility		|__|	|__|
Q31.	Computer belonging to an individual		|__|	|__|
Q32.	Short wave radio		|__|	|__|
Q33.	Internet access		|__|	|__|

Emergency Transportation and Ambulance Services

Q34.	Does the facility have the following arrangement for emergency transport? [READ OUT] Yes = 1, No = 2	a	Ambulance owned by the facility	|__|
		b	Ambulance available on call	|__|
		c	Official vehicle (not an ambulance) owned by facility	|__|
		d	Official vehicle (not an ambulance) available on call	|__|
		e	Private vehicle (not ambulance) available on call	|__|
		f	Self-arranged by patient	|__|
		g	Any other (Specify)	|__|

IF THERE IS NO AMBULANCE OR OFFICIAL VEHICLE i.e. if answered 'No' to A-D above, →Section D

Q35.	Is fuel for the ambulance or other vehicle available today?	Yes = 1 No =2	|__|
Q36.	What was the purpose of the last trip that the vehicle or ambulance made?	To transport a patient = 1 To pick up medicines and supplies= 2 To transport a health worker to another post = 3 Other (specify) = 9 Don't know = -8	|__| _____ _____

Module 1:
Section D: 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] 👁

Basic Equipment

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

If A =3 → next item 👁		(A) **Available** Yes (observed) =1 Yes (not observed) =2 No = 3	(B) **Functioning** Yes (observed) =1 Yes (not observed) =2 No = 3			(A) **Available** Yes (observed) =1 Yes (not observed) =2 No = 3	(B) **Functioning** Yes (observed) =1 Yes (not observed) =2 No = 3
Q1.	**Adult weighing scale**	|__|	|__|	**Q2.**	**Thermometer**	|__|	|__|
Q3.	**Child weighing scale** (250g gradation)	|__|	|__|	**Q4.**	**Stethoscope**	|__|	|__|
Q5.	**Infant weighing scale** (100g gradation)	|__|	|__|	**Q6.**	**Sphygmomanometer**	|__|	|__|
Q7.	**Bag and mask for neontal resuscitation**	|__|	|__|	**Q8.**	**Insturment to clear upper airways of neonate**	|__|	|__|

Sterilization equipment

Which of the following items are available? [If available, ask to verify functioning]

If A =3 → next item 👁		(A) **Available** Yes (observed) =1 Yes (not observed) =2 No = 3	(B) **Functioning** Yes (observed) =1 Yes (not observed) =2 No = 3			(A) **Available** Yes (observed) =1 Yes (not observed) =2 No = 3	(B) **Functioning** Yes (observed) =1 Yes (not observed) =2 No = 3
Q9.	**Autoclave** (pressure and wet heat)	|__|	|__|	**Q10.**	**Electric boiler or steamer** (no pressure)	|__|	|__|
Q11.	**Electric dry heat sterilizer**	|__|	|__|	**Q12.**	**Non-electric pot for boiling/steam or Heat source from non-electric equipment** (stove or cooker)	|__|	|__|

Module 1:
Section E: Drugs and Consumables

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 pharmacist/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.

 Observe

Enumerator read to the Pharmacist/Pharmacy Technician: 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 is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

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→next item Never available = 5→next item Not recommended at this level = 6→next item	*PROBE FURTHER IF RESPONSE IS "NOT AVAILABLE TODAY"*

Core medications		Available (see code above)	Form Stated=1 Other = 2			Available (see code above)	Form Stated=1 Other = 2
Q1.	**Amoxicillin** (tablets/capsules)	|__|	|__|	Q2.	**Ceftriaxone** (powder for iv injection)	|__|	|__|
Q3.	**Ciprofloxacin** (tablets/capsules)	|__|	|__|	Q4.	**Diclofenac** (tablets/capsules)	|__|	|__|
Q5.	**Atenolol** (tablets/capsules)	|__|	|__|	Q6.	**Captopril** (tablets/capsules)	|__|	|__|
Q7.	**Simvastatin** (tablets/capsules)	|__|	|__|	Q8.	**Glibenclamide** (tablets/capsules)	|__|	|__|
Q9.	**Oral hypoglycaemic (Diabetes)** (SEE LIST BELOW)	|__|	|__|	Q10.	**Insulin for subcutaneous injection**	|__|	|__|
Q11.	**Salbutamol** (aerosol)	|__|	|__|	Q12.	**Omeprazole** (tablets/capsules)	|__|	|__|
Q13.	**Diazepam** (tablets/capsules)	|__|	|__|	Q14.	**Amitriptyline** (tablets/capsules)	|__|	|__|
Q15.	**Rifampicin** (alone or part of combination pill)	|__|	|__|	Q16.	**Isoniazid** (alone or part of combination pill)	|__|	|__|
Q17.	**Pyrazinamide** (alone or part of combination pill)	|__|	|__|	Q18.	**Ethambutol** (alone or part of combination pill)	|__|	|__|

Essential Medications for mothers

Q19.	**Oxytocin(Syntocinon)** (injectable)	|__|	|__|	Q20.	**Calcium Gluconate** (injectable)	|__|	|__|
Q21.	**Magnesium sulphate** (injectable)	|__|	|__|	Q22.	**Sodium Chloride (Saline Solution/NaCl)** (injectable solution 0.9%)	|__|	|__|
Q23.	**Misoprostol (Mifepristone)** (tablets/capsules)	|__|	|__|	Q24.	**Ampicillin** (powder for injection)	|__|	|__|
Q25.	**Gentamicin** (injectable)	|__|	|__|	Q26.	**Metronidazole** (injectable)	|__|	|__|
Q27.	**Azithromycin** (tablets/capsules OR oral liquid)	|__|	|__|	Q28.	**Cefixime** (tablets/capsules)	|__|	|__|
Q29.	**Benzathine benzyl penicillin** (powder for injection)	|__|	|__|	Q30.	**Betamethasone or Dexamethasone** (Injectable)	|__|	|__|
Q31.	**Nifedipine** (tablets/capsules)	|__|	|__|				
Q32.	**Oral contraceptive pill (OCP)**	|__|	|__|	Q33.	**Medroxyprogesterone acetate (Depo-Provera)** (injectable)	|__|	|__|
Q34.	**Ferrous salt** (oral liquid OR tablet)	|__|	|__|	Q35.	**Ferrous salt and foclic acid** (tablets/capsules)	|__|	|__|
Q36.	**Folic Acid** (tablets/capsules)	|__|	|__|	Q37.	**Sulfadoxine/pyrimethamine (Fansidar)** (tablets/capsules)	|__|	|__|

Essential medications for children

Q38.	**Paracetamol** (oral liquid)	|__|	|__|	Q39.	**Morphine** (Granules OR injection)	|__|	|__|
Q40.	**Amoxicillin** (oral liquid)	|__|	|__|	Q41.	**Trimethoprim + Sulfamethoxazole (=Cotrimoxazole)** (oral liquid)	|__|	|__|
Q42.	**Benzylpenicillin** (powder for injection)	|__|	|__|	Q43.	**Oral Rehydration Solution (ORS)** Packet	|__|	|__|

Q44.	**Vitamin A** (tablets/capsules)	|__|	|__|	**Q45.**	**Zinc** (tablets/capsules)	|__|	|__|
Q46.	**Artemisinin Combination Therapy (ACT) = ALU** Arthemether + luméfantrine tablets/capsules **OR** Artesunate + amodiaquine tablets/capsules **OR** Artesunate + mefloquine tablets/capsules	|__|	|__|	**Q47.**	**Artesunate** (for injection)	|__|	|__|
Q48.	**Albendazole** (tablets/capsules)	|__|	|__|	**Q49.**	**Mebendazole** (tablets/capsules)	|__|	|__|
Q49a.	**Do you have Standard Treatment Guidelines available?**			Yes (at facility) = 1 Yes (at home) = 2 → Q50 No = 3 → Q50		|__|
Q49b	**Please show me these Standard Treatment Guidelines** 👁			Observed = 1 Not observed = 2		|__|

Consumables and other products 👁 Observe Yes = 1, No = 2

Q50.	**Disposable gloves**	|__|	**Q51.**	**Condoms (male)**	|__|
Q51a	**Condoms (female)**	|__|	**Q52.**	**Malaria rapid diagnostic test**	|__|
Q52a	**HIV test kit**	|__|	**Q52b**	**Glucometer**	|__|
Q52c	**Tuberculosis Test Kit (ZN stain, Tubercullin Test)**	|__|	**Q53**	**Impregnated bed net**	|__|
Q53a	**Tape measure**	|__|	**Q53b**	**Length board**	|__|

Oral hypoglycaemics. Accept any of the following :
First[1] or second[2] generation Sulphonureas, Biguanides,[3] Alpha-glucose inhibitors[4] or Thiazolidinediones[5].

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[1]Chlorpropamide (125-500mg PO OD max. 500mg/day should be started if response to dietary modification is inadequate), Tolbutamide (500-3,000mg/day in 2-3divided doses), Tolazamide (100-1,000mg/day in 1-2 divided doses).

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.**

Q54.	**Does this facility provide immunization services or vaccinations?**	*Yes = 1* *No = 2 → Module 2A*	
Q55.	**Are vaccines stored at this facility?**	*Yes = 1 → Q57 (below)* *No = 2 → Q74*	|__|
Q57.	**Does the facility have a working refrigerator?** ***Observe funtioning*** 👁 *Fucntioning = 2-8 degrees Centigrade.*	Yes and observed = 1 Not functioing = 3 Yes but not observed = 2 Non available =4 *If not fucntioning (3) →* **Q61.** *If not available (4) →* **Q61.**	|__|
Q58.	**Write the temperature of the refrigerator** **(Use thermometer)**	Temperature in degrees Celsius	|__|__|
Q59.	**Is there evidence of regular temperature monitoring ?** ***Observe*** 👁 *Look for a check sheet with at least daily annotation of observed temperature with at least one entry for today or yesterday*	Yes and observed = 1 Yes but not observed= 2 No = 3	|__|
Q60.	**What is the power source for the refrigerator ?**	Tanesco, Mains = 1 Gas =5 Generator = 2 Solar panel = 6 Batteries (car)=3 Other (specify) = 9 Petrol =4	|__|

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

	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	
Q61.	**Measles vaccine and diluent**	|__|	Q62.	**Polio vaccine (OPV) (live attenuated)**	|__|
Q63.	**Diphteria + pertussis + tetanus vaccine (DPT/Trivalent)**	|__|	Q64.	**DTP-Hib+HepB (pentavalent)**	|__|
Q65.	**Pneumococcal (PCV 10) vaccine**	|__|	Q66.	**BCG vaccine and diluent**	|__|

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[2]Glibenclamide, Glipizide (5-40mg/day in 1-2 divided doses), Glimepiride (1-8mg/day in one dose).
[3]Metformin (500-2,550mg/day in 2-3 divided doses), Glyburide (1-8mg/day in one dose).
[4]Acarbose (75-300mg/day in 3 divided doses), Miglito (75-300mg/day in 3 divided doses).
[5]Pioglitazone (15-45mg/day in 1 dose), Rosiglitazone (4-8mg/day in 1-2 does).

Q67.	**Hepatitis B**	|__|	Q68.	**Anti tetanus**	|__|

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. 👁.

Yes and observed = 1	Yes but not observed = 2	No = 3

Q69.	**Disposable syringes with disposable needles**	|__|	Q70.	**Vaccine carrier(s)**	|__|
Q71.	**Auto-disable syringes**	|__|	Q72.	**Set of ice packs for vaccine carriers** (<u>Note</u>: 4-5 ice packs make one set)	|__|
Q73.	**Sharps container (Safety Boxes)**	|__|			
Q74.	**If there is no storage at the facility, are this facility's vaccines stored at another facility (and picked up when vaccine services are being provided)?**		Yes = 1 No = 2		|__|

Module 2 : Staff Roster
Section A : Announced visit

Q1.	Health Facility Name		Name	_____
Q2.	Health Facility Registration Number			|__|__|__|__|__|__|__|
Q3.	Health Facility Survey Code		Number (see code)	|__|__|__|
Q4.	Date	Day/Month/Year (e.g. 24 / 04 / 2014)		|__|__|/|__|__|/| 2 | 0 | 1 | 4|
Q5.	Enumerator completing this module	Name		Code |__|__|__|
Q6.	Module 2A start time	Time in 24hr. format (e.g. 07:30)		|__|__|:|__|__|
Q7.	Module 2A end time	Time in 24hr. format (e.g. 07:30)		|__|__|:|__|__|

TO BE COMPLETED BY SUPERVISOR

		Survey Result	Result	Date	Supervisor
Q8.	Verification by supervisor	Questionnaire completed = 1 Facility closed = 3 Incomplete questionnaire = 2 Refused = 4	|__|	|__|__|/|__|__|/| 2 | 0 | 1 | 4 |	Name_____ _____ _Code|__|__|
Q9.	Data entered	Yes = 1 No = 2	|__|		Name_____ _____ _Code|__|__|

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		
Q1.	What is the total number of personnel working in this facility ?	|__|__|__|
Q2.	How many are health workers (medical staff) ?	|__|__|__|
Q3.	How many are non-medical staff? Note Q2 + Q3 should = Q1	|__|__|__|

Q4.	Q5.		Q6.	Q7.	Q8.	Q9.	Q10.	Q11.	Q12.	Q13.	Q14.	Q15.	Q16.
Nº	**Family Name(s), Given Name(s)** *(ONLY health workers)*		Post	Function	**Highest Level of Education**	**Highest Level of medical training**	Sex	Age	Does (__) regularly perform outpatient consultations (at least once per week) ?	Is (__) currently in the facility ?	Reason for absence	Selected for…	
												Mod 2B	Mod 3
	Family Name	Given Name	See codes	See codes	See codes	See codes	M = 1 F =2		Yes = 1 No = 2	Yes=1 →Q15 No=2	See codes	Yes = 1 No = 2	
1	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
2	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
3	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
4	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
5	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
6	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
7	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
8	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
9	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
10	|_____|_____|		|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|

11	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
12	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
13	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
14	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
15	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
16	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
17	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
18	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
19	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
20	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
21	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
22	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
23	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
24	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
25	|_____|	|__|	|__|__|	|__|	|__|	|__|	|__|__|	|__|	|__|	|__|	|__|	|__|
26	|_____|	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
27	|_____|	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
28	|_____|	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
29	|_____|	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
30	|_____|	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|
31	|_____|	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|

32	|_____|_____|	|_|	|_|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|
33	|_____|_____|	|_|	|_|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|
34	|_____|_____|	|_|	|_|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|
35	|_____|_____|	|_|	|_|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|	|_|_|	|_|	|_|
36	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
37	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
38	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
39	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
40	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
41	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
42	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
43	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
44	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
45	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
46	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
47	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
48	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
49	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|
50	|_____|_____|	|_|	|_|_|	|_|	|_|	|_|	|_|_|	|_|	|_|	|_|	|_|	|_|

Post	Function	Reason for absence	Current activity
Director=1	Physician/Medical Doctor (Specialist) = 1	Sickness/maternity = 1	Consultation/visiting patient =1
Deputy/assistant director=2	Physician/Medical Doctor(Generalist) = 2	Training/seminar/meeting = 2	Discussion with colleagues/staff meeting =2
Head of service=3	Medical Officer = 3	Official mission = 3	Paperwork/reports =3
Supervisor=4	Assistant Medical Officer= 4	Authorised absence (permission/leave) = 4	Laboratory/investigations/X-ray =4
Agent=5	Clinical Officer= 5	On call (pre on call, post on call) = 5	Looking for information/teaching =5
Other=9	Assistant Clinical Officer = 6	Internship = 6	Other =9
	Nurse/Nurse Midwife =7	Non-authorised absence = 7	
	Lab/Pharmacy = 8	Collecting salary = 8	
	Public Health Worker (Officer)= 9	On strike = 9	
	Medical Attendant/ Nurse Assistant= 10	Outreach = 10	
	Maternity and Child Health (MCH) Aide = 11	Other (specify) _____= 99	
	Rural Medical Aides = 12		
	Other (specify) _____=99		

Highest level of education	Highest level of medical training
Primary school = 1	No medical training (on the job training) = 1
Secondary school (O level) = 2	
Secondary school (A level) = 3	Certificate = 2
College (certificate, diploma or advanced diploma) = 4	Diploma = 3
	Advanced Diploma = 4
Degree = 5	
Masters = 6	Degree = 5
Doctorate = 7	Masters =6
Other = 9	Doctorate =7
	Other = 9

Organizing case simulations

Sequence of selection	Family Name(s) and Given Name(s)	Line number in Module 2A	Availability (circle those possible)	Order of visit
1	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
2	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
3	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
4	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
5	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
6	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
7	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
8	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
9	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
10	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
11	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
12	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|
13	|_____|_____|	|__|__|	Morning Lunch Afternoon All day	|__|__|

OBSERVATIONS:

INSERT RANDOM SELECTION SHEET FOR MODULE 2B
INSERT RANDOM SELECTION SHEET FOR MODULE 3

		Module 2 : Staff Roster Section B : Surprise (Unannounced) visit		
Q1.	**Health Facility Name**	Name		_____ __
Q2.	**Health Facility Registration Number**			|__|__|__|__|__|__|__|
Q3.	**Health Facility Survey Code**	Number (see code)		|__|__|__|
Q4.	**Date of Surprise visit**	Day/Month/Year (e.g. 24 / 04 / 2014)		|__|__|/|__|__|/| 2 | 0 | 1 | 4|
Q5.	**Enumerators doing Surprise visit**	Name/Code of enumerator completing this Module	_____/|__|__|__|	Name/Code of other enumerator	_____/|__|__|__|
Q6.	**Survey start time for Surprise visit**	Time in 24hr. format (e.g. 07:30)		|__|__|:|__|__|
Q7	**Survey end time for Surprise visit**	Time in 24hr. format (e.g. 07:30)		|__|__|:|__|__|

TO BE COMPLETED BY SUPERVISOR					
		Survey Result	**Result**	**Date**	**Supervisor**
Q8.	**Verification by supervisor**	Questionnaire completed = 1 Facility closed = 3 Incomplete questionnaire = 2 Refused = 4	|__|	|__|__|/|__|__|/| 2 | 0 | 1 | 4 |	Name_____ _____ _Code|__|__|
Q9.	**Data entered**	Yes = 1 No = 2	|__|		Name_____ _____ _Code|__|__|

Enumerator: Record the 10 randomly selected health workers 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 . 👁 All

Q1.	Q2.		Q3.	Q4.	Q5.	Q6.	Q7.	Q8.	Q9.	Q10.	Q11.	Q12.	Q13.	Q14.
	Family Name(s) and Given Name(s)		Serial No. in Roster 2A	Post	Function	Highest Level of education	Highest Level of medical training	Year started working as a health worker	Sex	Age	Is (__) currently in the facility ? 👁	Reason for absence	Current activity 👁	Did you experience a delay in receiving your last salary?
	Family Name	Given Name		See code	See code	See code	See code	YYYY	M=1 F=2		Yes = 1→Q13 No = 2	See code	See code	See code
1	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
2	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
3	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
4	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
5	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
6	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
7	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
8	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
9	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|
10	|_____|_____|		|__|__|	|__|	|__|__|	|__|	|__|		|__|	|__|__|	|__|	|__|__|	|__|	|__|

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.

TANZANIA SERVICE DELIVERY INDICATOR (TSDI)

HEALTH QUESTIONAIRE

Module H4 – Public Expenditure Tracking

The World Bank

POLICY RESEARCH
REPOA
FOR DEVELOPMENT

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

Facility Information			
Q4.	**District**	Number (see code)	|__|__|__|
Q5.	**Ward**		|__|__|__|
Q6.	**Village/Street**	Number (see code)	|__|__|
Q7.	**Health facility name**	Name	_____
Q8.	**Health facility code**	Number (see code)	|__|__|__|__|__|
Q9.	**Is the facility rural, urban or semi urban?**	Rural = 1 Urban =2 Semi Urban = 3	|__|
Q10.	**GPS Position**	Circle one: N/ S |__|__| °|__|__|'|__|__|.|__|__|"	E |__|__| °|__|__|'|__|__|.|__|__|"

Enumerator Information			

First Visit

Q11.	**Date of 1st visit**	Day/Month/Year (e.g. 15 /04/2014)	|__|__|/|__|__|/| 2 | 0 | 1 | 4 |
Q12.	**Enumerators doing 1st visit**	Name/Code _____	/|__|__||__|__|
Q13.	**Arrival time for 1st visit**	Time in 24 hr. format (e.g. 07:30)	|__|__|:|__|__|
Q 14.	**Departure time for 1st visit**	Time in 24 hr. format (e.g. 13:30)	|__|__|:|__|__|

Second Visit

Q15.	**Date of 2nd visit**	Day/Month/Year (e.g. 15 /04/2014)	|__|__|/|__|__|/| 2 | 0 | 1 | 4 |
Q16.	**Enumerators doing 2nd visit**	Name/Code _____/|__|__||__|__|	Name/Code _____/|__|__||__|__|

Supervision Information			

		Survey Result	Result	Date
Q17.	**Verification by supervisor**	Questionnaire completed = 1 Facility closed = 3 Incomplete questionnaire = 2 Refused = 4	|__|	|__|__|/|__|__|/| 2 | 0 | 1 | 4 |

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total

Module 2: Public Expenditure Tracking Survey
Section A: General

Revenue Sources

Please indicate the sources and amount of revenue for your facility during the fiscal year 2012/2013. Record 0 if no revenue received in that quarter. Please let us first start with financial (cash) resources.

	Source	Date [dd/mm/yy]	Amount [TZS]	Date [dd/mm/yy]	Amount [TZS]	Date [dd/mm/yy]	Amount [TZS]	Date [dd/mm/yy]	Amount [TZS]	Amount [TZS]
		a.	b.	c.	d.	e.	f.	g.	h.	i.
Q1.	Central Government Funds									
Q2.	National Health Insurance									
Q3.	TIKA									
Q4.	Community Health Fund (CHF)									
Q5.	Local Governments									
Q6a.	Drugs from MSD									
Q6b.	User Fees Other Than Drugs									
Q7.	Donor Projects									
Q8.	NGOs									
Q9.	Other Cash Receipts (specify)_____									

Module 3: Public Expenditure Tracking Survey Section B: General									
Revenue Sources									
	PLEASE LET US NOW PROCEED WITH NON-FINANCIAL OR IN-KIND RESOURCES THE FACILITY RECEIVED IN **2012/13.**								
Q10.	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 → **Q17**				____			
	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** [TZS]	Code	Estimated **Value** [TZS]	Code	Estimated **Value** [TZS]	Code	Estimated **Value** [TZS]	Total Estimated **Value** [TZS]
		a.	**b.**	**c.**	**d.**	**e.**	**f.**	**g.**	**h.**	**i.**
Q11.	Government Source # 1	|__|		|__|		|__|		|__|		
Q12.	Government Source #2	|__|		|__|		|__|		|__|		
Q13.	Government Source # 3	|__|		|__|		|__|		|__|		
Q14.	Non-Government Source #1	|__|		|__|		|__|		|__|		
Q15.	Non-Government Source #2	|__|		|__|		|__|		|__|		
Q16.	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 C: General

Expenditure Categories

I would like now to ask you about your total expenditure for each quarter of the financial year 2012/13.
How much did the facility spend on [_____] during Quarter [__]

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total FY 2012/13
		a.	b.	c.	d.	e.
Q17.	Employment Costs	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q18.	Administration costs	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q19.	Property Costs	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q20.	Supplies and services	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q21.	Medical costs	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q22.	Transport Costs	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q23.	Governance costs	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q24.	Capital Development	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q25.	**All Other Expenditure**	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|
Q26.	Total Expenditure	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|	|_|_|_|_|_|_|

		Question	Unit	Response
		I WOULD LIKE NOW TO ASK SOME QUESTIONS ABOUT YOUR ANNUAL WORK/ACTION PLANNING PROCESS		
Q27.		Do you have work plans for the fiscal year 2013/14? **[ask to see the document]**	Yes = 1 No = 2→**Q 29**	|__|
Q28.		Was the Health Facility Governing committee involved in developing the work plan?	Yes = 1 No = 2	|__|
Q29.		Do you have an Annual Implementation Plan (AIP)? **[ask to see the document]**	Yes = 1 No = 2→ **Q 36**	|__|
Q30.		Did you submit AIP for approval?	**Yes CHMT = 1** **Yes, Regional Secretariat = 2** **Yes, MoHSW=3** **Yes, MoF=4** **No=5→Q 36**	|__|
Q31.		When did the facility submit the AIP for approval?	Date [DD/MM/YY] Write "99" for each segment which is not known	|__|__|/|__|__|/|__|__|
Q32.		Did the facility receive written approval from the MoHSW/HD for the AIP?	Yes = 1 No = 2→ **Q 36**	|__|
Q33.		When did the facility receive written approval from the MoHSW/HD Council Health Management District Health Team for the AIP?	Date [DD/MM/YY] "999" do not know"	|__|__|/|__|__|/|__|__| |__||__||__|
Q34.		Was there a delay in receiving AIP approval from the MoHSW/HD?	Yes = 1 No = 2 → **Q36**	|__|
Q35.		What was the main cause for this delay?	Delay in submission of AIP by facility = 1 DHO not approving AIP = 2	|__|

THANK YOU. CAN WE NOW PROCEED WITH SOME QUESTIONS ON FINANCIAL MANAGEMENT				
Q36.	Which financial management tools did you receive from the National/district or other Levels?			
	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	|__|
Q37.	Have you submitted the financial report for the last quarter? **[ask to see transmittal evidence]**		Yes = 1 →**Q 39** No = 2	|__|
Q38.	What was the reason for not submitting the financial report?		Report not ready = 1 Bank reconciliation not Report not done = 3 approved by the Other (specify) = 4 HFMC = 2	|__| _____
Q39.	Do you have a staff member responsible for financial accounting?		Yes = 1 No = 2→ **Q 41**	|__|
Q40.	Who is responsible for financial accounting?		In charge = 1 District accountant = 4 Treasurer = 2 Facility Accountant=5 Chairman = 3 Other (specify)= 6	|__| _____
Q41.	How often were you visited by the Ministry of Health/District accountant/ health sub district person/other authorities in the last fiscal year (2012/2013)?		Bi-quarterly = 3 Monthly = 1 Half yearly = 4 Quarterly = 2 Yearly=5 Never = 6	|__|
Q42.	Do you share your financial information with your community?		Yes = 1 ; No = 2 → **Q 44**	|__|
Q43.	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)	|__| _____
Q44.	Did the facility receive a supervision (administrative) visit from the CHMT/RHMT in the last fiscal year (2012/2013)??		Yes = 1 ; No = 2 →**Q 47**	|__|
Q45.	If yes, how often?		Monthly = 1 Every semester = 3 Quarterly = 2 Yearly = 4	|__|

| Q46. | If yes, did they leave a written feedback? | Yes = 1
No = 2 | |___| | |

	Question	Code	Response
Health Facility Governing Committees and Expenditure management			
Q47.	How many Bank accounts do you operate in this facility?	Number	|___|
Q48.	Does the facility have a Health Facility Governing Committee (HFGC)?	Yes = 1 No = 2 → **Q 55**	|___|
Q49.	If yes, how many members does the committee currently have?	Number	|___|___|
Q50.	How were the committee representatives chosen?	Appointed by local leadership = 1 Selected through the Minister's advice = 3 Election process = 2 By community members = 4	|___|
Q51.	What is the Frequency of the HFMC/HMC meetings?	Monthly = 1 Bi-annual = 3 Quarterly = 2 Annually = 4	|___|
Q52.	Are the minutes available for all the meetings? **[ask to see a copy]**	Yes = 1 No = 2	|___|
Q53.	Are any of the current members of the committee trained/inducted on expenditure management?	Yes = 1 No = 2 → **Q 55**	|___|
Q54.	How many members of the committee were trained?	Number	|___|___|

					Exists	Is Operational
					1.	**2.**
Q55.	Which of these sub-committees are in existence and operational?	a.	Finance Committee	Yes = 1 No = 2	|___|	|___|
		b.	Procurement committee		|___|	|___|
		c.	Audit committee		|___|	|___|
		d.	Disciplinary Committee		|___|	|___|
		e.	Quality Assurance Committee		|___|	|___|
		f.	Other (specify)_____		|___|	|___|

Module 2: Public Expenditure Tracking Survey : Section D: User fees					
Q56.	Does this facility charge for user fees?		Yes = 1 ; No = 2→ **Q 58**		|__|
Q57.	Are user fees/charges displayed (**[Ask to see the boards]**		Yes Observed = 1 ; Yes not observed = 2; No=3		|__|

I WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW MUCH (IN TZS) THE FACILITY CHARGES FOR DIFFERENT SERVICES. [Ask to see the boards or fee structure]

Q58.	**Are user fees charged for the following services?**	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	**Amount paid (TZS)**	**Are user fees charged for the following services?**	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	**Amount paid (TZS)**
		1.	**2.**		**1.**	**2.**
a.	General Consultation	|__|	|__|__|__|__|__|	b. Specialist Consultation	|__|	|__|__|__|__|__|
c.	Ultra sound examination	|__|	|__|__|__|__|__|	d. FP - IUDs	|__|	|__|__|__|__|__|
e.	FP - Progrestogen- Only Pill (POP)	|__|	|__|__|__|__|__|	f. Laboratory: Malaria Test	|__|	|__|__|__|__|__|
g.	Laboratory: Random blood sugar	|__|	|__|__|__|__|__|	h. Treatment- uncomplicated 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) _____	|__|	|__|__|__|__|__|

	In your facility, is the following group [___] exempt from paying user fees?			Yes = 1 ; No = 2	
Q59.	**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)	|__|_____
Q60.	What was the approximate value for Waivers/Exemptions during the 2012/2013 financial year?			Amount in TZS	|__|__|__|__|__|__|

Module 2: Public Expenditure Tracking Survey: Section E:Medical Supplies Distribution

	Question	Unit	Response
Essential Medical Supplies (EMS)			
Q61.	Is this facility a push or a pull facility?	Push = 1➔Q67; Pull = 2 ; Both = 3	|__|
Q62a.	Do you have any means of knowing the list of drugs available at MSD?	Yes =1; No = 2	|__|
Q62b.	Does the facility have the latest National Standard Treatment Guidelines?	Yes, Observed = 1; Yes, Not Observed = 2; No = 3	|__|
Q63.	What was the date for the last delivery of EHMS? **[Ask to see records]**	Date [DD/MM/YY]	|__|__|/|__|__|/|__|__|
Q64.	What was the date on which the order that corresponded to the last delivery was placed? **[Ask to see records]**	Date [DD/MM/YY]	|__|__|/|__|__|/|__|__|
Q65.	Were the drugs delivered on time?	Yes = 1 ; No = 2	|__|
Q66.	Were the drugs supplied according to your order?	Yes exactly =1; Yes under supplied =2 Yes over supplied = 3 ; No. was not supplied=4	|__|
Q67.	Was the last delivery of EMS verified and signed off by HFMC?	Yes = 1, No = 2	|__|
Q68.	Was the community informed of the last EHMS delivery?	Yes = 1, No = 2 ➔ Q 69	|__|
Q68.	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	|__| _____
Q69.	Did the facility procure any out of stock items in the last quarter?	Yes = 1; No = 2	|__|
Q70.	In the last quarter, did the facility purchase any EHMS locally?	Yes = 1 ; No = 2	|__|
Q71.	Did any Essential Medicines in the facility expire during the last quarter?	Yes = 1 ; No = 2	|__|
Q72.	Are stock control cards present and updated for the latest delivery?**[Ask to see the cards]**	Yes fully =1 ; Yes partially= 2 No = 3	|__|
Q73.	How many staff in your health facility are involved in EHMS management?	Number	|__|__|
Q74.	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	|__|__|
Q75.	In the last fiscal year (2012/2013) did you receive any supervision on EHMS?	Monthly = 1 Bi-quarterly = 3 Quarterly = 2 Half yearly = 4 Yearly = 5 Never=6	|__|

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