

GHANA: PUBLIC EXPENDITURE TRACKING SURVEYS (2007)
QUESTIONNAIRE FOR
DISTRICT HEALTH DIRECTORS

Section 0. IDENTIFICATION PARTICULARS

	Name	Code
0.1. Region		
0.2. District		
0.3. Facility		

<i>Time interview starts</i>	
<i>Time interview ends</i>	

E.g. (15:40 hrs)

E.g. (17:00 hrs)

0.4 Characteristics of respondent

This section deals with information on the respondent.

Name of health officer.....

A. Are you in charge of this district?
 1=Yes; 2=No

B. What is your job title?

- 1=Health Director
- 2=Health Administrator
- 3=Medical assistant
- 4=Public Health Officer
- 5=Public health nurse
- 6=Midwife
- 7=Nurse (including nurses with specialised training)
- 8=Pharmacist
- 9=other (specify).....

C. For how long have you been working in this capacity?
 Years months

D. Sex of Respondent?
 1=Male
 2=Female

Section 1A General Information (Public)

1	RESPONDENT: District Director of Health		
		2005	2006
1.0	Number of Population in your district		
1.1	Number of health facilities in the district		
1.2	Number of health facilities in the district with national grid electricity supply		
1.3	Number of health facilities in the district with electricity generators in working conditions		
1.4	Number of health facilities in the district with solar power in working conditions		
1.5	Number of health facilities in the district with vaccine refrigerators in working conditions		
1.6	Number of health facilities with pharmacies/dispensaries		
1.7	Total number of doctors in the district		
1.8	Total number of medical assistants in the district		
1.9	Total number of nurses in the district		
1.10	Total number of community nurses in the district		
1.11	Total number of doctors in health centres/clinics/CHPS		
1.12	Total number of medical assistants in health centres/clinics/ CHPS		
1.13	Total number of nurses in health centres/clinics/ CHPS		
1.14	Total number of in-patients admitted by hospitals in the district		
1.15	Total number of out-patients in district hospitals		
1.16	Total number of out-patients in health centres/clinics/ CHPS		

1.17 Transportation

<i>Number of</i>	District office	District hospitals	Health centres	Health clinics/CHPS
Running vehicles*				
Running motorcycles				
Running bicycles				

*In running conditions for 6 months or more in a year

Section 1B. General Information (Private)

1	RESPONDENT: District Director of Health		
		2005	2006
1.1	Number of health facilities in the district		
1.2	Number of health facilities in the district with national grid electricity supply		
1.3	Number of health facilities in the district with electricity generators in working conditions		
1.4	Number of health facilities in the district with solar power in working conditions		
1.5	Number of health facilities in the district with vaccine refrigerators in working conditions		
1.6	Number of health facilities with pharmacies/dispensaries		
1.7	Total number of doctors in the district		
1.8	Total number of medical assistants in the district		
1.9	Total number of nurses in the district		
1.10	Total number of community nurses in the district		
1.11	Total number of doctors in health centres/clinics		
1.12	Total number of medical assistants in health centres/clinics		
1.13	Total number of nurses in health centres/clinics		
1.14	Total number of in-patients admitted by hospitals in the district		
1.15	Total number of out-patients in district hospitals		
1.16	Total number of out-patients in health centres/clinics		

Section 1C. General Information, services provided by public health providers

		2005	2006
1.18	Do you provide family planning services in your district? Yes=1, No=2 >> Q1.20		
1.19a	Total number of people you have provided family planning services		
1.19b	Of whom total number of men		
1.20	Number of immunizations that you have provided in:		
A	BCG		
B	Measles		
C	DPT 3/PENTA 3		
D	Oral Polio (OPV 3)		
E	Yellow fever		
F	Number of treated bed nets distributed		
1.21	Total number of people whom you have provided free public health services (other than immunizations mentioned above)		
A	Paupers		
B	Children under 5		
C	Aged (70+)		
D	CSM		
E	HIV/AIDS		
F	Guinea worm		
G	TB		
H	Maternal Delivery Exemption		
I	Other		
J	Total number of in-service training sessions that you provided		
K	Total number of medical staff that you have provided training		

Section 2A Cash Income/Receipts

2.1	Did you receive funds for item 2 (Administrative activities) in:	Yes=1 No=2	Date received 1-31	Cheque=1 Direct deposit=2	Amount ¢
A	January, 2006				
B	February, 2006				
C	March, 2006				
D	April, 2006				
E	May, 2006				
F	June, 2006				
G	July, 2006				
H	August, 2006				
I	September, 2006				
J	October, 2006				
K	November, 2006				
L	December, 2006				

2.2	Did you receive funds for item 3 (Service Activities) in:	Yes=1 No=2	Date received 1-31	Cheque=1 Direct deposit=2	Amount ¢
A	January, 2006				
B	February, 2006				
C	March, 2006				
D	April, 2006				
E	May, 2006				
F	June, 2006				
G	July, 2006				
H	August, 2006				
I	September, 2006				
J	October, 2006				
K	November, 2006				
L	December, 2006				

Section 2B: Expenditure Returns between January 2006 and December 2006

<i>GOG Expenditure Returns for Items 2 spent within DHO</i>						
	Did you spend money on any of the following items between January 2006 and December 2006	Yes=1 No=2>> next item	Payment method: Cheque=1 Cash=2 Direct deposit=3 Mixed=4	Freq	Unit 1=weekly 2=monthly 3=quarterly 4=yearly	Amount (€)
2.3	Item 2 Administrative costs					
A	Utilities					
B	Office Cleaning					
C	Office Consumables					
D	Printing and Publication					
E	Rent					
F	T & T					
G	Maintenance and Repairs					
H	Financial charges					
I	Other Allowances					

Section 2C Disbursement of Item 2 (Administrative Funds) to sub-district clinics

Item 2 (Administrative Funds)					
	Did you disburse Item 2 in the following month:	Yes=1 No=2>> next month	Number of clinics	Cheque =1 Cash =2 Direct deposit=3	Amount (€)
2.4					
A	January 2006				
B	February, 2006				
C	March, 2006				
D	April, 2006				
E	May, 2006				
F	June, 2006				
G	July, 2006				
H	August, 2006				
I	September, 2006				
J	October, 2006				
K	November, 2006				
L	December, 2006				
M	Total disbursed: January to December 2006				

PLEASE PROVIDE ELECTRONIC/HARD COPY OF THE FOLLOWING INFORMATION

Items 2 (Administrative Funds)				
Facility name	Facility ID	Dates disbursed dd/mm/yy	Cheque =1 Cash =2 Direct deposit=3	Amount (¢)

Section 2D Disbursement of Item 3 (Service Funds)

<i>GOG Expenditure Returns for Items 3 spent within DHO</i>						
	Did you spend money on any of the following items between January 2006 and December 2006	Yes=1 No=2	Payment method: Cheque=1 Cash=2 Direct deposit=3 Mixed=4	Freq	Unit 1=weekly 2=monthly 3=quarterly 4=yearly	Amount (¢)
2.5	Item 3 Service					
A	Training and Conference cost					
B	Consultancy					
C	Materials and Consumables					
D	Printing and Publications					
E	Rent of Plant and equipment					
F	T & T					

Section 2E Disbursement of Item 3 (Service Funds) to sub-district clinics

Item 3 (Service Funds)					
2.6	Did you disburse Item 3 in the following month:	Yes=1 No=2	Number of clinics	Cheque =1 Cash =2 Direct deposit=3	¢
A	January 2006				
B	February, 2006				
C	March, 2006				
D	April, 2006				
E	May, 2006				
F	June, 2006				
G	July, 2006				
H	August, 2006				
I	September, 2006				
J	October, 2006				
K	November, 2006				
L	December, 2006				
M	Total disbursed: January to December 2006				

Section 3 Selected drugs and supplies received between January and December 2006

3.1 Did you receive **Anti Snake Serum** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.2 Did you receive **Anti Rabies Vaccine** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.3A: Did you receive **Psychiatric Drugs (Diazepam)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.3B: Did you receive **Psychiatric Drugs (Chlorpromazine)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.3C: Did you receive **Psychiatric Drugs (Benztropine)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.3D: Did you receive **Psychiatric Drugs (Diphenhydramine)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.4A: Did you receive **TB Drugs (Streptomycin)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.4B: Did you receive **TB Drugs (Isoniazid)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.4C: Did you receive **TB Drugs (Rifampicin)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.5 Did you receive **Condoms (Male)** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUREMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.6 Did you receive **Depos Provera** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUEMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

3.7 Did you receive **Cotton Wool** in the following month:

		f	g	h	i
	Months	Quantity	Unit	Source: (see code below)	Dates received 1-31
1	January, 2006				
2	February, 2006				
3	March, 2006				
4	April, 2006				
5	May, 2006				
6	June, 2006				
7	July, 2006				
8	August, 2006				
9	September, 2006				
10	October, 2006				
11	November, 2006				
12	December, 2006				
13	Total spent in 2006				

1=PROCUEMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

PLEASE PROVIDE ELECTRONIC/HARD COPY OF THE DISTRIBUTION LIST FOR EACH
DRUG/MATERIAL LISTED ABOVE (January to December 2006)

IN THE FOLLOWING FORMAT

Distribution list for Anti Snake Serum				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Anti Rabies Vaccine				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Psychiatric Drugs (Diazepam)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Psychiatric Drugs (Chlorpromazine)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Psychiatric Drugs (Benztropine)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Psychiatric Drugs (Diphenhydramine)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for TB Drugs (streptomycine)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for TB Drugs (Isoniazid)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for TB Drugs (Rifampicin)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Codoms (male)				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Depos Provera				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

Distribution list for Cotton Wool				
List of facilities Name	District/facility ID	Quantity	Unit	Dates dispatched dd/mm/yy

3.8. Does this office undertake outreach programmes?

1=Yes; 2=No

3.9 Outreach Receipts/Expenditure for 2006

Source of funds	Amount Received ¢	Amount spent ¢
IGF		
GOG		
Donor		
Other		
Total		
Of total how much used for allowances	N/A	

