

# GHANA: PUBLIC EXPENDITURE TRACKING SURVEYS (2007)

## QUESTIONNAIRE FOR

### HOSPITALS/POLYCLINICS/HEALTH CENTRES/CLINICS/CHPS ZONES

#### Section 0. IDENTIFICATION PARTICULARS

	Name	Code
0.1. Region		
0.2. District		
0.3. Facility Name		
0.4. Facility type: 1=health centre, 2=health clinic, 3=CHPS, 4=District Hosp, 5=Regional Hosp, 6= Polyclinics,		
0.5. Urban/Rural, Urban=1 Rural=2		
0.6. Operating Authority (see code below)		

*Code for question 6: Government=1, Mission (Christian/Islam)=2, PPAG=3, GRMA=4, Private=5, Quasi-government=6*

<i>Time interview starts</i>		E.g. (15:40 hrs)
<i>Time interview ends</i>		E.g. (17:00 hrs)

#### 0.7 Characteristics of respondent

*This section deals with information on the respondent.*

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

B. What is your job title at this facility?  
 1=Medical Officer (including doctors with specialised training)  
 2=Hospital Administrator  
 3=Medical assistant  
 4=Public health nurse  
 5=Professional midwife  
 6=Professional nurse (including nurses with specialised training)  
 7=Midwife assistant  
 8=Auxiliary nurse  
 9=Pharmacist  
 10=Dispensing technician  
 11=Lab technician  
 12=Nutrition officer  
 13=Ward assistant   
 14=Environment health officer  
 15=Other (specify).....

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

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

## Section 1. General Information on facility

		2005	2006
1.1	Population in your catchment area		
1.2	Radius (in kilometers of the longest distance) of your catchment area		
1.3	Number of running vehicles in the facility		
1.4	Number of running motorcycles in the facility		
1.5	Number of running bicycles in the facility		
1.6	Does your facility have (.....) Yes=1, No=2.		
A	National grid electricity supply		
B	Electricity generator		
C	Solar power		
1.7	Number of doctors in your facility (at post and on annual leave)		
1.8	Number of medical assistants in your facility(at post and on annual leave)		
1.9	Number of nurses in your facility (including nurses away for training)		
1.10	Number of medical technicians in your facility (x-ray, lab, field technician etc.)		
1.11	Number of consulting rooms in your facility		
1.12	Do you have a pharmacy/dispensary? Yes=1, no=2		
1.13	Do you have a medical laboratory? Yes=1, no=2		
1.14	Number of operation theatres? (if none, write zero)		
1.15	Number of refrigerators/freezers (if none, write zero)		
1.16	Number of beds		

**Section 1. General Information (services provided)**

		2005	2006
1.17a	Total number of out patients		
1.17b	<i>Of whom number of females</i>		
1.18a	Total number of in patients ( <b>enter N/A if not applicable</b> )		
1.18b	<i>Of whom number of females (enter N/A if not applicable)</i>		
1.19	Bed occupancy rate (percent) ( <b>enter N/A if not applicable</b> )		
1.20	Average stay of in-patients ( <b>enter N/A if not applicable</b> )		
1.21	Do you provide family planning services in your facility? Yes=1, No=2 >> Q1.23		
1.22a	Total number of people you have provided family planning services		
1.22b	Of whom total number of men		
1.23	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		
1.24	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 Exemptions		
I	Accident and Emergency Services		
J	Other (specify)		
1.25	Total number of patients whom you have referred to a higher level of health facility		

## Section 2A Cash Income/Receipts

2.1	Did you receive financial release for item 2: Administrative cost	Yes=1 No=2	Date received 1-31	From 1=GHS HQ, 2=GHS regional, 3=DHMT 4=MOFEP/ CAGD	Cheque=1 Direct deposit=2 Cash=3	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 financial release for item 3: Service Activity	Yes=1 No=2	Date received 1-31	From 1=GHS HQ, 2=GHS regional, 3=DHMT 4=MOFEP/ CAGD	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					

2.3	What is the value of IGF for the following months:	Total Value of IGF ¢	Of which contributed by NHIS
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	<b>Total</b>		

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

Respondents: person who knows facility budget				
	Did you spend IGF on the following items between January and December 2006	Yes=1 No=2	Payment method: Cheque=1 Cash=2 Direct deposit=3 Mixed=4	Total value: ¢
2.4				
A	Personal salaries/wages (temporary staff at post)			
B	Personal allowance			
C	Staff bonus			
D	T&T			
E	Drugs			
F	Office Consumables (Stationery, first Aid, etc.)			
G	Maintenance and repairs			
H	Utility bills			
I	Fuel bills (non T&T)			
J	In-service training			
K	Accommodation (rent)			
L	Cleaning			
M	Other expenditures (specify)			

### GOG Expenditure Returns within government Items 2 and 3

	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	Total value: ¢
<b>2.5</b>	<b>Item 2 Administrative costs</b>			
A	Utilities			
B	Cleaning			
C	Office Consumables			
D	Printing & Publication			
E	Rent			
F	T & T			
G	Maintenance & Repairs			
H	Financial charges			
I	Other Allowances			
<b>2.5</b>	<b>Item 3 Service Activity</b>			
A	Training & Conference cost			
B	Consultancy			
C	Materials & Consumables			
D	Printing & Publications			
E	Rent of Plant & Equipment			
F	T & T			

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

3.1 Have you received **Anti Snake Serum** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

**Section 3 Selected drugs and supplies received between January 2006 and December 2006, continued**

3.2 Have you received **Anti Rabies Vaccine** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		a	b	c	d	e	f	g	h	i	j
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										



**Section 3 Selected drugs and supplies received between January 2006 and December 2006, continued**

3.3A: Have you received **Psychiatric Drugs (Diazepam)** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

3.3B: Have you received **Psychiatric Drugs (Chlorpromazine)** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
Months		Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

3.3C: Have you received **Psychiatric Drugs (Benztropine)** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
				Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
	Months	Quantity	Unit				Quantity	Unit			
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 spent in 2006										

3.3D: Have you received **Psychiatric Drugs (Diphenhydramine)** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

**Section 3 Selected drugs and supplies received between January 2006 and December 2006, continued**

3.4A: Have you received **TB Drugs (Streptomycine)** from governments/private sources 1=yes, 2=no  **if no, >> next item**

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

3.4B: Have you received **TB Drugs (Isoniazid)** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

3.4C: Have you received **TB Drugs (Rifampicin)** from governments/private sources 1=yes, 2=no  if no, >> next item

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

**Section 3 Selected drugs and supplies received between January 2006 and December 2006, continued**

3.5 Have you received **Condoms (male)** from governments/private sources 1=yes, 2=no  **if no, >> next item**

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										



**Section 3 Selected drugs and supplies received between January 2006 and December 2006, continued**

3.6 Have you received **Depos Provera** from governments/private sources 1=yes, 2=no  **if no, >> next item**

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

**Section 3 Selected drugs and supplies received between January 2006 and December 2006, continued**

3.7 Have you received **Cotton Wool** from governments/private sources 1=yes, 2=no  **if no, >> next question**

		<i>First Batch</i>					<i>Second Batch</i>				
		<i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>
	Months	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs	Quantity	Unit	Source CMS=1 RMS=2 DMS=3 Donor=4 Private=5	Dates received 1-31	Total costs
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 spent in 2006										

3.8. Does this facility undertake outreach programme(s)?

1=Yes; 2=No

**If no, >> Section 4**

**3.9 Outreach Receipts/Expenditure (2006)**

Source of funds	Amount Received ¢	Amount spent ¢
IGF		
GOG		
Donor(s)		
Other		
Total		
Of total how much used for allowances		

**SECTION 4: OTHER INFORMATION**

Code	During year 2006	4.1	4.2	4.3	4.4	4.5	4.6
		Did the health facility receive cash support from any of the following organizations Yes=1 No=2	Was there any repairs/rehabilitation carried out in the facility by ..... Yes ....1 No.... 2	Did the facility receive any medical equipment from.... Yes 1 No...2	Did the facility receive any furniture from.... Yes 1 No...2	Any other support?  Yes...1, Specify No.....2	What kind of support? (see codes below)
A	District/Metropolitan Assembly						
B	Community						
C	NGOs						
D	Religious org/ Churches (Faith Based org.)						
E	Local Benefactors						
F	Ghanaians living abroad						
G	Others (specify)						

Codes for Q4.6 Materials=1, Labour services=2, Materials and Labour=3, Other =4 (specify)

4.7 Are there many people who fall sick in your catchment area who do not come to your facility?  
 Yes =1 No =2 >> Q4.9

4.8 If yes to Q4.7, then rank the three most important reasons

Reasons		Most important	Second important	Third important
		1	2	3
A	Long distance to facilities			
B	Inability to pay for user fees			
C	Inability to pay for drugs			
D	Unavailability of health care equipment			
E	Prefer private medical care			
F	Prefer traditional method			
G	Other (specify)			

4.9 What is your perception of the quality of the health facility?

Good.....1 Average..... 2 Bad.....3

4.10 What is your perception of the quality of services you provide?

Good.....1 Average..... 2 Bad.....3

4.11 What do you think has happened to the following over the last 5 Years? (Select one per item)

Response		Improved	Worsened	No Change	Don't know
		1	2	3	4
A	No. of health care personnel in the facility				
B	State of repair of the health facility				
C	Availability of Health care equipment				
D	Availability of Drugs				
E	Availability of other medical supplies				
F	Availability of finances				

4.12 What is your opinion on the Government's role in the provision of basic health care: in other words which of the following can best help more people have access to quality Health care? (Select three choices only)

Response		Most important	Second important	Third important
		1	2	3
A	Give more assistance to the needy families			
B	Build more health facilities			
C	Expand the existing facilities			
D	Provide health insurance scheme			
E	Improve the standard of current facilities			
F	Other (specify)			

4.13 Rank the three most important choices that the government can do to best improve the quality of health care

Response		Most important	Second important	Third important
		1	2	3
A	Increase the number of qualified health personnel			
B	Improve conditions in health facilities			
C	Reduce over crowding in hospitals			
D	Increase health care personnel's pay			
E	Pay health care personnel regularly and timely			
F	Improve the working conditions of health personnel			
G	Other (specify)			

- 4.14 Over the last 5 years what has been the state of geographical access to your facility?
- 1 Improved
  - 2 Remained the Same
  - 3 Declined
  - 4 Don't Know

- 4.15 Over the last 5 Years has the ability of patients to pay for your services improved?
- 1 Yes improved
  - 2 No remained the same
  - 3 No declined
  - 4 Don't Know

**Section 5: Facility Characteristics**

5.1. I would like to ask you about the usual hours of operation of this facility.

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

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

5.2. What is the facility's main source of water?

- 1=Piped into dwelling/compound
- 2=Public standpipe
- 3=Private outside standpipe/tap
- 4=Sachet/bottled water
- 5=Borehole
- 6=Protected well
- 7=Unprotected well
- 8= River/Stream
- 9=Rainwater/Spring
- 10=Dugout/Pond/Dam
- 11=Water truck/tanker
- 12=Other (specify).....

5.3. Is this water source available on site?

- 1=Yes; 2=No

5.4. Does the normal source of water for this facility vary seasonally?

- 1=Yes; 2=No;

5.5. How does water gets into the examination or consultation room?

- 1=Piped
- 2=Bucket/basin/veronica bucket
- 3=Polytank
- 4=Other (specify)

5.6. Does the facility have an official telephone?

- 1=Yes; 2=No >> 5.8

5.7. What is the telephone number?

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

1=Yes; 2=No

5.9. Are there provisions for staff at this facility to regularly watch news and health programmes on TV?

1=Yes; 2=No

5.10. What is the **main** method for disposal of solid medical waste in this facility?

1=Collected

2= Dumped in pit (not burnt)

3=Burnt in pit

4=Incinerator

5=Other (specify).....

5.11. What is the **main** method for disposal of liquid medical waste in this facility?

1=Sewerage system

2=Open drain

3=Buried

4=Other (specify).....

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

<i>Service</i>	<i>Distance (km)</i>
a. Telephone (Public)	
b. Postal service	
c. District Office	
d. Regional Office	

## Section 6. Enumerator's questions

### TO BE FILLED IN BY ENUMERATOR SOON AFTER INTERVIEW

Code	Question			Comments
6.1	How many times did you visit this facility in order to complete this questionnaire?	number		
	<b>Condition of facility</b>			
6.2	a. facility building	1 = good condition 2 = in need of repair		
	b. environment/surrounding	1 = clean 2 = dirty		

