

GHANA: PUBLIC EXPENDITURE TRACKING SURVEYS (2007)
QUESTIONNAIRE FOR
TEACHING/SPECIALIZED HOSPITALS

Section 0. IDENTIFICATION PARTICULARS

	Name	Code
0.1. Region		
0.2. District		
0.3. Facility Name		
0.4. Facility type: 1=Teaching hospital, 2=Specialized Hospital		
0.5. Urban/Rural, Urban=1 Rural=2		

<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=Chief Executive Officer
 2=Specialist in charge
 3=Director of Administration
 4=Director of Finance
 5=Director of Medical Services
 6=Director of Human Resources
 7=Director of Nursing
 8=Other (specify).....

- C. For how many years have you been in charge of/working at this facility?
 Years Months

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

Section 1. General Information

		2005	2006
1.7	Number of doctors in your facility		
1.8	Number of medical assistants in your facility		
1.9	Number of nurses in your facility (including nurses away for training)		
1.10	Number of medical technicians in your facility		
1.11	Number of consulting rooms in your facility		
1.16	Number of beds		

Section 1. General Information

1.17a	Total number of out patients		
1.17b	<i>Of whom number of females</i>		
1.18a	Total number of in patients		
1.18b	<i>Of whom number of females</i>		
1.19	Bed occupancy rate (percent)		
1.20	Average stay of in patients		
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		

Section 2A Cash Income/Receipts

2.1	Did you receive financial release for item 2 (Administration) 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 financial release for item 3 (Service) 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				

2.3	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	Total		

Section 2B Expenditure Returns between January 2006 and December 2006

Respondents: person who knows facility budget				
2.4	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: ¢
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: ¢
2.5	Item 2 Administrative costs			
A	Utilities			
B	Cleaning			
C	Office Consumables			
D	Printing & Publication			
E	Rent			
F	T & T			
G	Maintenance & Repairs			
H	Financial charges			
I	Other Allowances			
2.5	Item 3 Service Activity			
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>
	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										

3.3D: 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 section**

		<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 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 Yes1 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)

Section5: Enumerator's questions

Not be read to the respondent. Fill in right after interview

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

6. Comment

<i>Questionnaire has been approved for data entry</i>	
SIGNATURE	SIGNATURE
SUPERVISOR'S NAME	INTERVIEWER'S NAME