

FIELD MANUAL

For Data Collectors at the facility level

Uganda PEPFAR Health System Effects Study

23 April 2012



The Uganda PEPFAR Health System Effects Study, a collaborative effort of the:

Uganda Ministry of Health
U.S. Centers for Disease Control and Prevention
Makerere University
University of Washington

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23 April 2012

Welcome

Thank you so much for agreeing to participate in this very important study the effects of the considerable AIDS care funding in Uganda since 2005. While others have studied the effects of this funding on the burden of AIDS and the spread of the disease, we seek to study something else: What have been the effects on *the health system generally* of AIDS care funding? Did it improve the health system by strengthening overall capacity? Did it undermine the health system by creating an artificial focus on a single disease and drawing health workers away from the public sector? Or maybe it had no effect at all on the health system generally.

We will explore this question using several approaches and data sources. The purpose of this manual is to explain how we will collect data from 315 health facilities/units throughout Uganda. This manual has been amended from our district level training manual (September 2012) and follows much of the same format used in that document.

Rationale and Purpose of Study

The US Government's PEPFAR program has invested more than \$30 billion in the care, treatment and prevention of HIV AIDS. While many studies show benefit in controlling the epidemic, HIV / AIDS is but one of many illnesses that make up the total burden of illness in these countries. There are few studies that have looked at whether this large sum of money has benefited or harmed other aspects of the health system. For example, has the focus on HIV AIDS allowed for much of the health worker training to "spill over" and benefit patients with other diseases? Or, has the massive investment lead to a shifting of health care workers away from care of patients with non-HIV diseases. There are some key questions that are important in understanding how rapid scale-up of HIV services affect non-targeted services and the health system at different levels in Uganda. These are:

- 1) What is the trend in utilization of non-HIV health services in Uganda at both the district and national level during the period of initiation and scale-up of PEPFAR (July 2005- June 2011)?
- 2) Which health services improved and which did not and what are the reasons for such trends?
- 3) To what degree has HIV-focused programming and service scale-up affected non-HIV health services utilization at the district level? And,
- 4) What HIV-funded, systems-level interventions/ programs have had the greatest effects on utilization of non-HIV health services at an individual facility level?

The purpose of this study is to identify the influence of PEPFAR investments on the broader health system generally in recipient countries, using the case study of Uganda. Our objectives include:

- To describe the trends in utilization of non-HIV services at the national and district level in Uganda during the period 2005 – 2011.
- To determine the extent to which HIV program investments (inputs) are associated with non-HIV service utilization at the district level in Uganda.

- To determine the effectiveness of facility-level systems strengthening interventions (such as staff training, supply chain management) on coverage and quality of non-HIV services in Uganda.

Study Design

The methods for this survey will allow us to collect both qualitative and quantitative data from the facilities.

Population

The study will take us to 315 facilities throughout Uganda's 112 districts. We wanted to survey three HC III, two HC IV and one hospital in each of Uganda's original 56 districts. There is a list of all the facilities we are visiting in Appendix 26.

Data Sources

Our instruments and methods require data collection from:

1. Facility Questionnaire for the Facility Administrator (see Appendix 1)

The survey form for the Facility Administrator is several pages long, and includes both quantitative (numbered answer choices) and qualitative (text answers) questions.

2. HMIS forms:

- 1) HMIS 101: Health Unit Physical Inventory for six years (2005/06, 06/07, 07/08, 08/09, 09/10 and 2010/11)
 - 6 complete forms per facility
- 2) HMIS 105: Health Unit Monthly Report (2005/6, 2007/8 and 2010/11)
 - 12 months x 3 years = 36 forms per facility
- 3) HMIS 107: Health Unit Annual Report (2005/06, 06/07, 07/08, 08/09, 09/10 and 2010/11)
 - 6 complete forms per facility
- 4) HMIS 109: Health Unit Population Report (2005/2006, 06/07, 07/08, 08/09, 09/10 and 2010/11)
 - *Note: The 109 will only be used if the population is not documented on page 2, section 3.4 (A) of the 107 (total population in the service area).*
 - If the 107 does not contain this information, get an estimate of the population from the Facility Administrator or other knowledgeable person. Note this person's name and number on the exit checklist.
- 5) Pharmacy log: we will check the accuracy of the HMIS form by looking at the frequency of malaria stock-outs in the pharmacy log for the years 2005/06, 2008/09, 2010/11. See Appendix 24.

We will scan the whole 101, 105 and 107 forms while we are in the field. The variables we will enter at Makerere are described in Appendix 2. We will also be prepared to enter data in the field should there be a compelling reason to do so. *Note: The 109 should **only** be scanned if the 107 **does not** contain the total population in the service area.* Please see Appendix 19 for scanner instructions.

There are examples of all scanned forms in Appendix 3. The highlighted text identifies variables of interest.

Other data sources include the Uganda PEPFAR program's Monitoring and Evaluation of Emergency Plan Progress (MEEPs) data set, and the Uganda Bureau of Statistics (UBoS). You don't need to worry about these—they are being collected centrally.

Variables

The quantitative data all need to be collected in the form of **variables** that can be analyzed as frequency counts, in cross tabs with other variables, or in a regression analysis. There are many of them in this study! See Appendix 25 for the “data dictionary” that lists them all.

HMIS variables will be entered into “CSPro” program data entry sheets on the computer at Makerere (see a screen shot of the entry form in Appendix 4). Each **value** in a variable should be from the same source. Scanned forms will need to have variables extracted and entered into CSPro as well. *We will “double enter” our data so that we can find errors and correct them.* A CSPro instruction guide is Appendix 5.

We recognize some HMIS forms have changed over time, and therefore the values may come from slightly different locations on the form, or the variables may not exist for some years.

Analysis Plan

We are interested in finding associations between PEPFAR investments and improvements or reductions in health system quality or quantity of services. This will be done largely through statistical “regression analyses.”

Notifying facilities you are coming

We will courier a letter to each Facility Administrator and make a phone call prior to your arrival. If during the phone call we learn the Facility Administrator plans to be away, we will notify you of that information and whether there is a suitable substitute or whether you need to rearrange your schedule.

In some facilities, you will be welcomed whether or not they received notice, just by showing your credentials and the scanned letter from Dr. Runumi (see Appendix 6). In other facilities, there will be reluctance. In some places, you may need to leave your contact information and schedule a time to return. We will provide you with business cards to leave with the Facility Administrator should you need to arrange a return visit.

Rapport & attitude

Interviewers and respondents are complete strangers to one another – so what kind of relationship or ‘rapport’ can be developed and sustained in only a few hours? Why would any stranger want to answer our questions? These are busy people with lots to do, and answering our questions is a big FAVOR.

How to begin? The respondent’s first impression of you influences her/his willingness to participate in the interview. Be sure to present yourself professionally and with a friendly manner. Never be demanding, pushy or irritated. The respondent has every right to refuse to answer any question or even to participate at all.

Suggestions:

- 1. Make a good first impression.*

An impression is formed BEFORE you even speak to the respondent. Dress neatly and professionally. Be warm and genuine. Through practice, you’ll be able to memorize the introduction to the interview.

- 2. Consent process.*

There is a consent protocol, outlined separately.

3. *Interview the respondent in private.*

People tend to give different sorts of answers to sensitive questions if they are in a group or if even one person (other than the interviewer) is present.

4. *Probe.*

If the respondent is giving you short, quick answers that don't seem very thoughtful or complete, try to change direction a little. Ask, "why do you say that?"

5. *Get answers to questions if you don't know them*

If you are asked a question to which you don't know the answer, make a note of it, find the answer, and get back to the respondent.

6. *Don't mess up the office*

The HMIS has an important job in the facility. The focus person has many records and usually not good storage space for these books. You are asking for lots of materials from different years, and it will be a big mess pretty soon if you don't help keep things in order.

Scenario at the facility

As you enter a facility, this is the expected order of events:

1. Stop at the facility sign on the road and have the team get out of the vehicle. Start your ODK form. (see Appendix 7) When you get to the photo question on the smart phone, take a team photo (using the phone) at the sign. Ask the driver to take it. After sending the ODK form to the server turn the phone off.
2. Introduce yourselves to the Facility Administrator. Present the letter of introduction from Dr. Runumi. Please see page 10 of this document for a complete script.
3. Schedule a time (today) with the Facility Administrator to conduct his or her interview. If the Facility Administrator is not there, see if there is a suitable alternative person or schedule a time to return. Ask if one of you can start work with the HMIS clerk while the other conducts the Facility Administrator interview.
4. Admin Team Member: The admin team member is to interview the Facility Administrator, filling in answers on the interview form. Please write clearly the text answers to the open-ended questions, so that your team member at headquarters can read your writing! *Complete the consent form before the interview begins.*
5. Again, when you conduct the Facility Administrator interview, please be sure you first present the consent form and obtain his or her signature. Complete the paper interview form, writing clearly the answers to the questions that require text. You'll scan this form and send it to headquarters when you're done. Present the Facility Administrator the UW pen and give them the facility payment. It is very important that you to get a signed receipt for this amount (see Appendix 23).
6. Tech Team Member: Visit the HMIS clerk and explain the project and what you need. Ask for all the HMIS forms.
7. Set up your equipment in the clerk's office (or wherever they ask you to). Identify the plug in locations, set up the card table near the plugs, and set up the scanner and laptop in a way that best protects the equipment and ensures paper won't get mixed

up or lost. Try not to get in the way of the clerk's work and to help keep the forms in good order so they can be returned to the notebooks where they belong.

8. Connect to the internet and your files will upload automatically to the drop box. You will know the folder has been loaded with your documents when a green button appears on the folder.
9. Scan all the necessary documents (facility survey & HMIS files). Scan all the pages of a single year for a single form to create a separate file. Scan each form set TO THE APPROPRIATELY NAMED FACILITY FOLDER, *using the pre-named folder*. Browse to the file name. Place sticky notes on any forms that are missing facility names (team, facility, year, and month). Please see Appendix 19 for scanner instructions.
10. Methodically review your exit checklist and estimate your completion time.
11. Scan your completed checklist to send to your team member at headquarters. (If possible, stay connected to the internet the entire scanning time.)
12. Back up your files on DVDs.
13. Use your camera phone to take pictures of the offices and/or the people you worked with at the facility. If so, use the photography consent form Appendix 8.
14. Note any remaining issues that you will need to follow up in the ODK facility leave form on your phone and send it.
15. Thank everyone for their time and accommodation.

Schedule

- Training for data collectors will be held April 23 to April 27, 2012, 8 am to 5 pm each day, at the Fairway Hotel.
- We will be visiting local facilities on Thursday, April 26, 2012 to practice some of the techniques learned in the training.
- Data collection will begin on April 30th and should be completed in 4-6 months.

If you cannot commit to this schedule please let us know right away. Training is a requirement of team membership. We count on you to be available after the training as per the schedule. Some trips may require weekend travel.

Roles and responsibilities

Each team is comprised of three people: two who will travel, and one who will remain at headquarters to monitor the team, receive transmitted files and enter data.

As travel teams are comprised of only two people, there is really no team lead. One person has more of an administrative role and the other is the technical person. You can take turns switching roles each day if you like, or decide to always play the same role. The third team member will stay at headquarters and receive scans from the other team members.

Admin Field Travel Team Member

The Admin Member coordinates entry to the facility, conducts the survey with the Facility Administrator and ensures the logistical details of the visit are well organized.

- Confirm schedule of arrival with Facility Administrator
- Ask the driver to take a photo at the facility sign upon entry to the facility
- Complete the ODK smart phone entry form (date and time of arrival, GPS, etc) and send it to the ODK server
- Provide Dr. Runumi's introduction letter to Facility Administrator as we enter each facility.
- Ask the Facility Administrator to complete the facility payment receipt (Appendix 23)
- Conduct the Facility Administrator interview and completes the survey form
- Participate actively in data collection alongside the technical field team member
- Keep daily summary record regarding activities of the day and complete the ODK facility leave form
- Report daily to the team member at headquarters via phone (homework checklist item)
- Ensure a sufficient quantity and availability of supplies & blank questionnaires

Technical Field Travel Team Member

The Tech Member is primarily responsible for capturing the HMIS data.

- Ensure all completed materials are collected and properly labeled (facility name and date) and stored in the district envelopes
- Review all completed Facility Administrator questionnaires to ensure clarity and accuracy, then scan them
- Work with the HMIS focal person to find the forms we need, while respecting their space and order
- Communicate daily with the team member at headquarters regarding data transmission quality
- Scan HMIS forms listed on the checklist and also scan the checklist. Please see Appendix 19 for scanner instructions.
- Note where there is missing data and see if there are other sources
- Assemble all the materials for the day's work and store it in an A3 envelope labeled with this district and date: Facility Administrator paper questionnaire, any business cards collected, DVD of data backup, notes

Joint responsibilities

Field team members will work together to:

- Find places to stay each night;
- Interact with the driver;
- Problem solve

Headquarters Team Member (based at Makerere)

This person checks in with their team each afternoon to see how the day went and to ensure the safety and security of the team.

They are also responsible to:

- Provide a quality report each day (ASAP) to the data center manager and to the team (Appendix 9)
- Enter data from the scanned forms into CSPro data entry forms on screen (see Appendix 4 for the form and Appendix 5 for the instructions)
- When you are done with a facility, check them off on your paper list at your desk (use Appendix 26).
- When you finish entering the forms (eg. 101, 105, 107, 109, and facility questionnaire) **enter them again** following the instructions in Appendix 5. This is not optional!

Training

Facility data collection training is scheduled April 23-27, 2012, 8 am to 5 pm each day, at the Fairway Hotel.

There is an agenda for the 5-day training week in the Appendix 10.

All team members, including those in our substitute pool, will be paid approximately 100,000 Uganda Shillings per day (depending on the exchange rate) to participate in the 5-day April training, along with taxi fare of 50,000 per day. Lunch will be provided.

Note: On Thursday, April 26, 2012, we will be visiting facilities in order to practice the skills learned during the first three days of training. We will first meet at the Fairway Hotel.

By the end of this training, each participant will be able to:

1. Describe the purpose and objectives of the study
2. Identify data to be collected from the variety of sources
3. Demonstrate skill in collecting and recording complete, consistent and accurate data
4. Organize the logistical aspects of the study

The evaluation form for training week is in the Appendix 11.

Compensation

We budgeted to pay all team members a daily rate (100,000 UgSh) for your time. As there are no team “leaders,” compensation is the same for everyone. The recent exchange rates have not been favorable to us recently, and we are using US dollars in our budget. When the exchange rate is poor, the daily rate may go down, and when it is good, it will rise again. We are most sorry for this inconvenience. Those traveling to districts will receive an additional 100,000 for hotel and food. Note: we **do not want** receipts for these expenditures--it is a flat rate of reimbursement. On days when field travelers are in the field but not collecting data from facilities (weekends, holidays, travel days), you will be paid half the usual daily rate.

Those in the headquarters office will receive 20,000 UgSh for their taxi fare to and from the office at Mulago.

We will provide you with the equipment and supplies you need. We hope you will bring your own cell phone.

Accountability

The overall “principal investigator” for Uganda is Dr. , of the Makerere Medical School. He is the lead in charge of data collection. He leads a team that includes representatives from Makerere University, the Ministry of Health, the U.S. Centers for Disease Control the University of Washington in Seattle, USA.

The list of Research Project members at CDC, the Ministry, Makerere and UW is in the Appendix 12.

Who’s Who?

There is a list of all team members and their contact information in Appendix 12.

Logistics & Security

Each team member should provide the team leader and the project leader with emergency contact information (see form to fill out as an Appendix 13). We need to know whom to call in an emergency, and their telephone numbers. The roster of team members’ emergency contact information is also in Appendix 13.

We will issue cards to each participant of whom they can call in an emergency (see Appendix 14). Carry your contact list with you.

Each team should make contact with the Makerere designated project person each day. Report: Facility location today, hotel for the night, problems related to driver or vehicle, other problems, and highlights since the previous report.

Consent processes

We have a consent form for each Facility Administrator who will answer questions for our study. It is very important the Facility Administrator understand the purpose of the study, the sponsors of the study, and how we will use the information he or she provides us.

Here is a script for your conversation with the Facility Administrator:

“We are asking you to be in a research study and to access staff and data to assess the impact of PEPFAR funding on your facility or district. Our approval to conduct this study requires that we ask you to sign a consent form. The form includes information you will need to help you decide whether to be in the study or not. Participation is fully voluntary and anonymous. Please read the form carefully. You may ask questions about the purpose of the research, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not.”

Consent forms

The Facility Administrator signs the 3-page consent form for providing information in the Facility Administrator survey. See Appendix 15.

Arrangements To Ensure Confidentiality of all data

To ensure confidentiality, all completed paper documents we collect will be placed in individual sealed and labeled (by date and location) envelopes until they are carried off site and stored in our file boxes. Laptops containing data will be password protected.

Things we'll need

Each team will be supplied:

Supplies

- Tub for carrying supplies and materials
- Locking data and cash storage box
- Funds accounting materials: ledger book, receipt books, petty cash vouchers
- Office supplies: stapler, staples, staple remover (2), rubber thumb, tape, A4 paper, case for carrying blank questionnaires, plastic folders, clipboard, pens, pencils, DVDs (for backing up data), calculators, post-it notes
- Envelopes to store each day's completed materials, labeled with the facility names
- A field manual for each team member
- A notebook for taking field notes daily
- Name tags for each team member
- Map and list of facilities assigned to each team
- Contact phone number list and emergency information on each team member
- Business cards to leave with each Facility Administrator
- Sufficient numbers of paper copy survey questions for Facility Administrators
- Consent forms for each Facility Administrator (one to sign for us to keep, and a copy to leave behind)
- Letter of introduction from Dr. Runumi
- UW pen to give to the Facility Administrator
- Checklists
 - For facility office ENTRY
 - For facility office EXIT
 - For after-hours HOMEWORK
 - Laminated data transmission instructions
- A flashlight (torch)
- Water and food

Equipment

- Laptop computer and cords, in case
- Scanner and power cord, in case
- Smart phone with power cord
- Modem for internet access
- Inverter to power laptop and scanner
- Extension cords/ surge protector power plugs
- Adaptors for any foreign plugs
- Card table & chairs

Supplies & Equipment for training

- LCD projector/computer
- Project laptops and scanners

- Registration materials for attendees: sign in, name tags
- Name tents for tables
- Map of Uganda
- Flip chart and markers, tape for walls
- Pads with pens for each person
- Agenda for everyone, other handouts
- Sticky dots
- UW pens

Checklists

Entry to facility: do you have?

This entry checklist appears as Appendix 16, and will be available in your car tub.

1. Stop at facility sign to take team photo with date/time stamp and have a brief organizing meeting; start the ODK form on the smart phone at this point
2. Letters of introduction
3. Your equipment: laptop, scanner, phone, cords/power strip, inverter for battery, table/chairs
4. Water & food
5. Cash for Facility Administrator & receipt for her/him to sign
6. Facility payments and receipt to be signed
7. Questionnaire for Facility Administrator
8. Consent form for Facility Administrator
9. Pharmacy malaria drug stock out log sheet
10. Paper or notebook for field notes
11. Stapler/staples/staple remover
12. Pens, sticky notes
13. DVD for scanned HMIS forms and survey file backup
14. Modem for internet access
15. Instructions for transmitting data

Exit from facility: do you have?

This exit checklist appears as Appendix 17, and will be available in your car tub.

1. Signed consent form
2. Signed receipt from the Facility Administrator
3. Completed facility survey (scanned)
4. Drop box folder has a green check mark, verifying your upload was successful
5. Scanned Pharmacy malaria drug stock out log sheet
6. Scanned HMIS forms with FACILITY ID on them; details in Appendix 17
7. Look for data quality report from your headquarters team member and correct any problems before you leave the facility
8. Send ODK facility leave form

Homework Checklist: each evening

This homework checklist appears as Appendix 18, and will be available in your car tub.

1. Check your supplies to see if you need to make any additional copies of anything
2. Charge your laptop
3. Charge your phone
4. Discuss how things went today, and what lessons are learned
5. Check your headquarters team member about your data quality today and to report any issues
6. If there are schedule changes (need to re-visit a facility?) let your headquarters team member know
7. Buy food and water for the next day if needed
8. Get cash if needed
9. Discuss with your driver when to meet in the morning
10. Do you have maps and directions for where you are going tomorrow?

Back-up procedures

Field Teams: As you finish in the facility, insert a clean DVD disk into your computer, copy all your files from this facility to it, and burn it. Put the DVD into the envelope with the facility's name and date on it.

Headquarters back-up procedure: The headquarters data manager should back up the server, the master drop box folder and her compiled data folder every Tuesday morning, Wednesday evening and Friday evening onto a DVD and take it home or send it home with Sam. It's important to have an off-site copy of our very valuable data in case of fire or other disaster at headquarters.

File names

Files will be named beforehand and should not be changed in any way. The filename format needs to be consistent to ensure the efficient compiling and analyzing of the data.

Transmitting instructions

This is also available as a stand-alone sheet in the supply box.

Field Teams: As you finish in a facility, transmit your files to data headquarters as follows:

Connect your modem to the laptop and ensure you are connected to the internet. When you are connected, your files will automatically upload to the project dropbox.

Check in the late afternoon to review the data quality report.

Problems

Viruses?

You only have one computer with your team for all data entry and storage. It is vitally important that you do not acquire a virus on this computer. The way to do that is to NEVER insert a flash drive that has been used in someone else's computer. If you want to acquire files from someone else (the HMIS clerk for example), have that person email you the file(s).

If you do get a virus, call to headquarters and get assistance from Deo (772 5341 22). Flash drives are not allowed in data headquarters.

No electricity?

Use your inverter, to connect to the car battery.

Broken computer or scanner?

Big bummer. Call Deo. Kick a chair leg. See the instructions, see if that helps.

Lost phone?

Oops. Try dialing the number to see if it rings somewhere nearby. Call Aida to tell you the GPS location of your phone using the “Latitude” app—she can tell you the coordinates, which you can put into Google map. The smart phones are all members of the same “Latitude” group, pre-programmed in advance.

Car breakdown?

Sigh Heavily. Call your headquarters team member and report the problem and your location. The car company will need to resolve the issue, but the team needs to stay safe and dry.

Team member locations and travel schedule

There are six regions in the study, and each team is assigned a region.

We would like you to propose the first draft of a schedule, and then present it to one of the study organizers to agree that it is sufficiently efficient. Use the worksheet in Appendix 20.

The list of facilities in each region and their contact information is in Appendix 21.

Dissemination of results and recommendations

We hope to present the Facility Administrator and HMIS focal person in each facility with a report of the data they present us. In the future, we will transmit these data in the form of charts and figures via the email provided on the survey.

Results of the larger study will be analyzed and written in the form of

- 1) A full technical report to the Ministry and CDC
- 2) Journal articles for publication in academic journals
- 3) Presentations at conferences

Data Quality and Integrity Contract

During training week, each team member will be asked to sign a “data quality and integrity contract,” found as an Appendix 22.

High Level Approvals

SEE Appendix 6 “High level approval Runumi to facilities.jpg”

Appendices

1. Facility Questionnaire
2. Facility Data To Be Collected From HMIS Forms
3. Copies of HMIS forms (101, 105, 107, and 109)
4. Screen shot of our CSPro data entry form
5. CSPro data entry instructions
6. Dr. Runumi's letter of approval for study from the Ministry of Health
7. ODK user manual and list of variables to collect at facility entry and exit
8. Photography consent form
9. Quality assurance daily report form
10. Training agenda
11. Training evaluation
12. Roster of project organizers and data collection team members w/ID numbers
13. Emergency contact information entry form and compilation from all the teams
14. Emergency contact information card for your wallet
15. Consent form for Facility Administrator (3 pages, with stamps from UW & MUK)
16. Facility entry checklist
17. Facility exit checklist
18. Homework checklist
19. Scanner instructions
20. Schedule worksheet for team deployment
21. Contact information for facilities
22. Data quality and integrity contract
23. Receipt for facility payment
24. Log for collecting malaria stock-outs
25. Data Dictionary of all our variables
26. Selected Facilities list with map

**Uganda PEPFAR Health System Effects Study
FACILITY DATA COLLECTION
Training Schedule • April 23-27, 2012**

By the end of this training, each participant will be able to:

1. Describe the purpose and objectives of the study
2. Identify data to be collected from the variety of sources
3. Demonstrate skill in collecting and recording complete, consistent and accurate data
4. Organize the logistical aspects of the study

Monday, April 23

8:30	Registration	
9:00 am	Welcome How many were involved in District data collection? Who's new? Where did you grow up?	
9:30 am 10:00 am	Importance of HMIS Data & Overview of the MOH Resource Center and the role of Ministry in the project Introductions Housekeeping: Review of Schedule of Events and Expectations for Training -go through agenda for the training -be sure to get your picture taken: Haruna, Daniel & backups	
	-be sure to fill in your emergency contact information	
	-here is the evaluation form for each day: use it!	
10:30 10:45 11 am – 11:30	-here is the field manual, let's review what's in it. TEA BREAK POP QUIZ Project Background: What's PEPFAR? What's health system strengthening? Who are the organizations in this project, and how do they work together?	
11:30 to 12:30	What's happened on this project so far? (District data collection)—talk about what's happening with district data now Next phase of the Project: Why are we collecting facility data—what will that tell us that we don't know from District data? What's different about this process than district data collection? (2-person travel teams, 3 rd member back at Makerere entering data; no data entry in field; less data to collect; questionnaire should require only one respondent; many more places to visit, and some of them quite hard to reach)	

PEPFAR effects on the health system in Uganda, 2005-2011 – Appendix 10 – [23-Apr-12]

Understand team roles and assignments to territory
Ask the group: What went well with district data collection, what didn't

Ask the data crunchers: What do we hope will be different about the next round of data collection.

12:30 -1 pm	<p><i>Ethical Issues of Research</i></p> <ul style="list-style-type: none"> • Protection of Human Subjects • Human subjects review board approvals • Obligations are both moral and legal • Consent Forms provide documentation of the voluntary nature of participation • How we notified facilities that we are coming, with Dr. Runumi's letter 	
12:00 to 12:30 pm	Brief overview of the <i>HMIS forms</i> we need to collect in facilities (101, 105 and 107; perhaps 109, pharma log)	
1:00 pm	LUNCH	
2:00 pm	<p><i>Practice the Facility Questionnaire</i></p> <ul style="list-style-type: none"> • Break into pairs, one is the administrator, the other is the interviewer, see how it goes • Q&A with 10 minutes to go 	
3:00 pm	Hands on <i>computer practice</i> . Set up the computers and enter the questionnaire data using CSPro (skip scanning here)	
4:45 pm	Sign data <i>integrity contracts</i> Evaluation of the day and listing questions to answer tomorrow	

Things we need for this day:

Registration list to have people check in
 Quiz
 Field manuals for everyone
 Name tents
 Emergency contact information sheets
 Questionnaires
 Quizzes
 Computers with CSPro installed
 Integrity contracts to be signed and collected
 Evaluation forms

Tuesday, April 24

8 am	Introduction get-to-know-you question for everyone	
8:30	Quiz	
8:45 pm	<p><i>Schedule your visits</i> – Launch Week & Beyond</p> <ul style="list-style-type: none"> • Schedule and team assignments • Roles, responsibilities and communications • Planning data collection schedule <p>Break into teams to plan the first month’s schedule of facility visits, decide how or whether to rotate roles, get help from UW/Makerere people if there are sticky issues here. Note May 1 is a holiday.</p>	We’re all on deck for this—
10:30	TEA: set up scanners & get out phones	
10:45 am	<p><i>Entering a facility</i>—what is the protocol? Get out the entry checklist, go through it in your team Have someone come up and demonstrate the role play to include ODK; Meet and greet the administrator; schedule the questionnaire; get the HMIS forms scanned. Rate the performance using your checklist. Have another group practice it.</p>	Team members to lead
11:45	<p><i>Demonstrate</i> ODK use</p> <ul style="list-style-type: none"> • Break into small groups to practice ODK <p>Demonstrate scanner use</p> <ul style="list-style-type: none"> • Break into small groups to practice scanning 	F
1:00 pm	LUNCH	
2 pm	<p><i>Fishbowl interview:</i> We’ll choose volunteers to conduct fishbowl interviews with a volunteer facility administrator</p> <p>Protocols for informing him/her why we are here, gaining consent, administering the questionnaire</p>	Special guest:
4:00 pm	<p><i>Debrief the interview</i></p> <ul style="list-style-type: none"> • Feedback on administration of the Questionnaire • Feedback on HMIS Data Entry & ODK • Questions 	

tomorrow

4:45 ***Evaluation*** of the day and listing questions to answer

Registration list to have people check in

Quiz

Copies of worksheet for Schedule of team deployment

Maps on computer

Paper maps?

Entry packets for role play, including checklists(6)

Scanners

ODK phones

Evaluation forms

Thank you note for everyone to sign for Emmanuel

Wednesday, April 25

8 am	Introduction get-to-know-you question for everyone	
	Quiz	
8:30 am	<p>Logistics and Finance Review</p> <ul style="list-style-type: none"> • How much money do travelers get? How do they need to track their money? • Do they get paid for travel and rest days the same as data collection days? • How will compensation work for data entry personnel? • What is the productivity expectation? • What is the relationship with the driver company, and how do we resolve travel problems? • Do we check in each day? With whom? • Who tells us if we're doing a good job or need to make changes in our methods? • How do we manage our supplies, and restocking? <p>Q&A</p>	
		B & data team
12:30	Questionnaire and the data scanning & entry. Logistics for tomorrow's field trip	Prof.
1:00 pm	Each team draws a facility name from a hat	
2:00	More practice of data entry and questionnaire; discuss daily quality reports	& data team
3:45	Pack the boxes: we'll bring supplies—ask for their help in stocking them; demo the flashlights, inverters, other equipment	
4:45	Evaluation of the day and listing questions to answer tomorrow	

9:30 Divide into two groups to **practice** more on the

"

Things we need for this day:

Quiz

Emergency cards

Emergency information list

Computers, scanners, ODK phones

Materials for packing the boxes

Evaluations

Thursday, April 26

7 am	Meet at Fairway (!) for our field trip to demo facilities. Don't be late. 1. Mityana- 2. Kiwoko- 3. Nyenga- 4. Kisubi- 5. Naggalama- 6. Kasangati HCIV-	MUK: , teams UW: CDC: MOH:
9 or so	Arrive at facility and collect: ODK Facility questionnaire HMIS data Use checklists!	
5:00	Hope you're done! See you tomorrow.	

Things we need for this day:

Registration list to have people check in
PACKED BOXES! Facility packets
 Facility payment fees, receipts

Friday, April 27

9 am	Sign in for our last day of training	
	Quiz	
9:30	Open up computers, enter data gathered yesterday, generate a tab report of the data collected, complete data quality report on yesterday's work	
10:30	TEA BREAK	
10:45	Continue data entry as above	
12:00	Debrief the data collection from facilities yesterday: Problems Successes Changes to protocols or checklists?	
	Topics raised: <ul style="list-style-type: none"> • Using checklists • 101s are missing • Flash drives for electronic data: hazards of viruses • Setting scanner settings for better resolution • ODK upload troubleshooting • Daily activity form to Makerere with exit checklist • How to signal missing forms (on exit checklist) • Daily quality form FROM Makerere data entry team member • Recording observations • How to burn a DVD • How to scan soggy, torn, icky forms • Reviewing naming conventions and uploading • Sorting facility names to districts 	

	<ul style="list-style-type: none"> • New DHO contact list • What time will you leave on Sunday? 10 am at Anatomy to pick your box • Call your District HMIS person today for next week's visits • Questionnaire VIQs • Supplies to come: computer mouses, bck up kits for dead computers • They want water for the car 	
1:00 pm	LUNCH	
	<p>Pack your box for Monday! Make logistics arrangements for meeting your driver on Monday. Confirm the schedule you drafted day 1.</p>	
2:30	Last questions? Evaluations Adjourn when done!	All

Things we need for this day:

Registration list to have people check in
Trunks to pack for next week
Quality report forms
Computers
Evaluations

TIPS for hastening Questionnaire administration:

1. Get very familiar with your questionnaire so you know where to write things if they say them out of order
2. Practice and know your questions so you can say them naturally and quickly
3. Give questionnaire to your respondent so s/he can follow along
4. Review the topics list on the first page to set them up for what to expect and won't start telling you things out of order
5. Good listening so you don't repeat questions s/he's already answered.
6. Ask audibly and clearly so you don't need to repeat.
7. Set up your respondent to understand the three time periods and the concept of TREND: improved since 2005/06? Got worse? No change? Then you can shorthand the questioning.

Computers to the field:

NW2, Central2, NE1, SE2, West1, East1

Uganda PEPFAR Health System Effects Study
Daily Evaluation of Training

DATE: _____

What did you like about the training today?

What would you change about this training?

What do you hope we will cover tomorrow (or, if last day, what have we failed to cover)?

What other comments do you have about the training?

PEPFAR Effects Study Emergency Contact Information

ID	Team	Team Member	Address	Emergency Contact	Phone Number
12	Central				
22	NW				
10	Central				
1	NW				
5	NE				
2	NW				
3	NW				
7	E				
9	E				
21	SW				
16	W				
17	W				
13	SW				
14	SW				
6	NE				
15	E				
18	W				
4	NE				
8	Central				
11	Central				

Emergency Information Sheet

Please complete the following emergency contact information sheet before going into the field.

Your Name _____

Address _____

Who to contact in emergency _____

Phone number _____

When we have received your information, we will complete the following sheet:

Emergency Contact Information PEPFAR effects Study				
TEAM	Team member	Address	Emergency Contact	Phone number

Ministry of Health, Uganda
Centers for Disease Control
Makerere University
University of Washington

RECEIVED
Human Subjects Division

MAR 12 2012

UW

**MAKERERE UNIVERSITY, MINISTRY OF HEALTH, UGANDA, CENTERS FOR
DISEASE CONTROL AND UNIVERSITY OF WASHINGTON**

CONSENT FORM

**Impact of PEPFAR and Global HIV/AIDS Initiatives on Utilization of Non-HIV
Health Services in Uganda**

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Email: gzt9@cdc.gov

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SMS: 0772 40 0641
Email: emukooyo@yahoo.com

Please note that we cannot guarantee the confidentiality of email communications.

Researchers' statement

We are asking you to be in a research study. The purpose of this consent form is to
give you the information you will need to help you decide whether to be in the study
or not. Please read the form carefully. You may ask questions about the purpose of
the research, the possible risks and benefits, your rights as a volunteer, and
anything else about the research or this form that is not clear. When we have
answered all your questions, you can decide if you want to be in the study or not.

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Review Committee
page 1 of 3



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PURPOSE OF THE STUDY

The purpose of this study is to evaluate the how funding and other interventions have impacted the health systems in Uganda.

STUDY PROCEDURES

The study team will ask you and others a number of questions regarding the health facility. The survey can take anywhere from 10 to 90 minutes and only one aggregate survey is collected. The questions are related to the impact of PEPFAR and other interventions on the delivery of health services. The survey is not anonymous because many of the surveys may be asked within a group setting and are linked to a site. The survey does collect the name of the lead representatives of the site and the names of the sites themselves and as such is not completely anonymous. We will not include any names as part of the data analyses or reports but site specific data will be analyzed and may be reported. Because we may ask questions where more than one staff member is present in those situations your answers may not be fully anonymous. The form is linked to specific health facilities. You are free to not participate or not answer individual questions. If you wish to participate please sign below. If you do not wish to participate please let us know.

RISKS, STRESS, OR DISCOMFORT

The survey asks general questions regarding the delivery of health services. The questions are generally of a factual nature such as whether certain essential medications are available. Staff are free to not participate or not answer any questions. If participating as a group some participants may feel uncomfortable giving certain answers. Staff are free to not answer any questions staff do not wish to answer. No names or other identifying information is requesting or collected from staff.

ALTERNATIVES TO TAKING PART IN THIS STUDY

You are free to decline to participate in this study. There will not be any repercussions for not participating.

BENEFITS OF THE STUDY

A better understanding of how the health system in Uganda is functioning and the impact of certain interventions such as increased training or funding may improve the quality of care and also staff retention. No individual benefit will be provided to staff that participates.

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39805: Consent form for Facility Survey 3.10.2012



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OTHER INFORMATION

You may refuse to participate, and you are free to withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. You are also free to not participate or not answer specific questions without penalty or loss of benefits.

The data are anonymous as no identifying information, such as your name is requested.

Printed name of study staff obtaining consent Signature Date

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above. If I have questions about my rights as a research subject, I can contact the The Secretariat Makerere University College of Health Sciences Clinical Research Building Research Co-ordination Office P.O Box 7072 Kampala Uganda Tel: (+256) 0414 -533541 Email: rresearch9@gmail.com OR research@chs.mak.ac.ug or University of Washington, Human Subjects Division at +1 (206) 543-0098 (or by mail at Human Subjects Division, University of Washington Box 359470, Seattle, WA 98195-9470, USA).

I will receive a copy of this consent form.

Printed name of subject Signature of subject Date

Copies to: Researcher
 Subject



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Review Committee



Uganda Ministry of Health/Makerere/CDC/UW study on Effects of PEPFAR

Effects of PEPFAR and Global HIV/AIDS Initiatives on Utilization of Non-HIV Health Services in Uganda



Scanner instructions

We will be scanning several sets of forms from the health facilities.


Overview

After briefly describing the steps of scanning the forms I will describe the setup and operation to use the scanner. Once you have located the forms to scan place all pages of the form in one stack with the top of the page down and the front of the form down. When you push the blue button on the scanner it will capture both sides of the page in one pass. When the



scanner has finished capturing the images it will present a menu to you showing options for saving the file. Select the option Scan to Folder. A PDF file will then be saved with a filename you provide in a folder you indicate. Confirm that all pages have been captured in the file. You are now ready to scan the next form.

ScanSnap Manager Icon and Operations

All operations on the ScanSnap are managed in ScanSnap Manager.

Ordinarily, the [ScanSnap Manager] icon  is added to the taskbar at the lower right on the Windows desktop. The icon appears automatically on the taskbar when Windows starts.

The icon also indicates whether ScanSnap Manager is successfully communicating with the ScanSnap or not. The appearance of the icon changes according to the status of communication, as shown below.

Communication Status	Icon on the Taskbar
Communication is active	
Communication is not active	

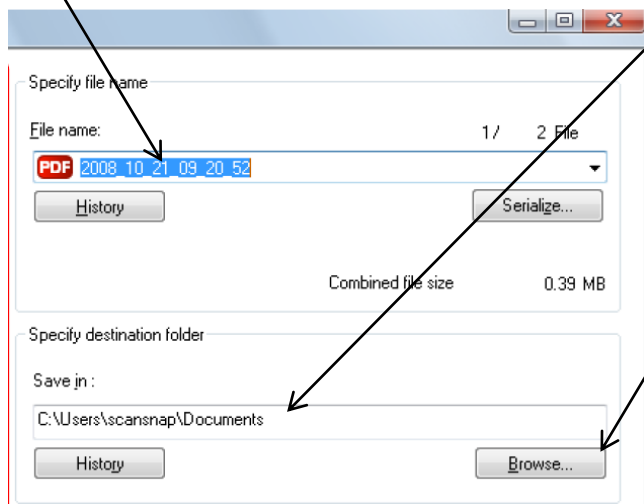
When the scanner is connected to the laptop, a power source, and is opened then the scanner icon will change from red to blue. The default settings for this scanner that control the quality of the image have already been made.

The forms that you will be scanning are made up of several pages. A separate PDF file is created from each set of forms you place in the scanner. So place only the pages for one year's (or month if the 105) form in the scanner at one time.

You will need to select the facility folder from dropbox with the name of the facility (e.g. C:\dropbox\facility). When the scanner has finished capturing the images it will present a menu to you showing options for saving the files. Select the option Scan to Folder. A dialog box will open where you will type in the name of the form. Name the form with this consistent format (see naming convention in the manual), and the software will add the .pdf extension. Confirm that the file has been created in the folder, all of the forms pages are present, and that the image quality is good. Then proceed to the next form set you need to scan.

Type in the name of the file here. Do not leave spaces in the file name.

Select the name of the folder here, or use the browse button to locate the folder.



Steps for scanning

1. Set up and turn on the scanner and laptop
2. Locate the forms to scan
3. Place pages for one year's form in the scanner (all pages for the month if the 105)
4. Press the blue button on the scanner to start the scan
5. Select Scan to Folder
6. Provide the file name
7. Browse to select the folder with the facility name
8. Confirm all pages of the form are in the resulting PDF file
9. Check that the scanned forms were uploaded to the study data center

Questions for the team

Who will provide support for the data collection teams?

Aida can provide the scanner manual scan1500m_ops-guide.pdf

To display the setup dialog box for the scanner press control-shift-space simultaneously.

Set file compression to 5, the highest level.

Set image quality: better, color mode: black-and-white, scanning side: duplex.

The small file setting also works well.

FACILITY QUESTIONNAIRE

Study of PEPFAR effects on the health system in Uganda, 2005-2011

This survey instrument is to be used in an oral interview with the facility administrator or designee.

Has the consent form been signed?

YES (proceed) or NO (do not proceed)

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Begin Facility Questionnaire

001 Start time of interview _____ : _____ (AM)(PM)

002 Date |__|__| / |__|__| / **2012**
 Day Month

1. Basic Identifier Data

101 Name of Interviewer _____

102 Interviewer Code _____

103 Name of Facility (use name from list or substitute name)

104 District Name _____

105 Subcounty _____

106 Parish _____

2. About Primary Respondent (senior person at the facility)

201	Full Name	Do not enter electronically
202	Phone Number	Do not enter electronically
203	Email	Do not enter electronically
204	Cadre (clinical or other degree e.g., clinical officer, RN)	
205	Job Title (current, highest level job)	
206	Years this person has worked in this facility (regardless of job title)	

Was this facility functional in each of these fiscal years?

207	2010/11	Y	N	Don't know
208	2007/08	Y	N	Don't know
209	2005/06	Y	N	Don't know

What was the Population in this health unit catchment area for these fiscal years?

2010/11	_____	2009/10	_____	2008/09	_____
2007/08	_____	2006/07	_____	2005/06	_____

For each year named, questions are for the fiscal period, July 1 through June 30.

210 We are interested in health worker absenteeism. How many doctors, nurses, clinical officers and/or midwives (total number) at this facility who should have been at work this morning are absent from work today?

Number ____ None Don't know

211 Which of these health programs are active now at this facility that are funded by a global health initiatives such as PEPFAR, DFID, or Global Fund?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	
Maternal and Child Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year it started: _____
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year it started: _____
TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year it started: _____
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year it started: _____

212 Can you name three significant interventions that happened in this facility since 2005 that improved the health system (or since this facility opened, if that was after 2005)?

213 Can you name three significant things that happened in this facility since 2005 that undermined the health system?

3. Health Workforce

Please tell us about the health workforce in this facility.

Workforce	2010/11	2007/08	2005/06
301- Did any staff working in this facility leave to take a position in an HIV-focused NGO organization? Number of staff.	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____
302- How many health workers left because they were transferred to another facility? Number of staff.	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____
303- How many health workers left for non-voluntary reasons? (illness, retirement, death, etc.) Number of staff.	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____
304- How many health workers left for study leave? Number of staff.	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____	0 = None 99 = Don't know How many doctors? ____ How many others? ____

305 Can you name one or two positive changes in the health workforce in this facility since 2005?

306 Can you name one or two negative things that happened with regard to health workforce in this facility since 2005?

Probe: What has been the role of any external funding or interventions in these changes?

307 Tell us about the loss or gain of staff related to the PEPFAR program.

4. Infrastructure and Equipment

Please tell us about the infrastructure and equipment in this facility.

Infrastructure	2010/11	2007/08	2005/06
401- Did this facility have its own phone?	Y N Don't know	Y N Don't know	Y N Don't know
402- Did this facility have routinely reliable electricity?	Y N Don't know	Y N Don't know	Y N Don't know
403- Did this facility have emergency transportation for patients needing to be transferred?	Y N Don't know	Y N Don't know	Y N Don't know
404- How many computers were working and on site?	0 = None Number=____ Don't know	0 = None Number=____ Don't know	0 = None Number=____ Don't know

Please tell us about significant infrastructure improvements in this facility. Circle all that apply.

Infrastructure	2010/11	2007/08	2005/06
405- Was there any renovation of facility infrastructure such as labs, theatres, admin block, wards, etc.? <i>Check all that apply.</i>	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operating theater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Admin block <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ward <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operating theater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Admin block <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ward <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operating theater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Admin block <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ward <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER
406- Was there a new addition to facility infrastructure? <i>Check all that apply.</i>	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operating theater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Admin block <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ward <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operating theater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Admin block <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ward <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operating theater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Admin block <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ward <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER

407 Can you name one or two positive changes to the infrastructure in this facility since 2005?

408 Can you name one or two negative things that happened with regard to infrastructure in this facility since 2005?

409 What would you say was the effect of PEPFAR on infrastructure in this facility?
 Did PEPFAR improve, detract from, or have no effect? Don't know.

Why and how?

5. Information Management

Please tell us about the information management systems in this facility.

Information Management	2010/11	2007/08	2005/06
501- For the person who had the most time to work on data management, how much time did they have to devote to this work?	Full time Half-time Less than half time No data manager Don't know	Full time Half-time Less than half time No data manager Don't know	Full time Half-time Less than half time No data manager Don't know
502- How was routine HMIS data transmitted to the district?	Electronic Paper Both Don't know	Electronic Paper Both Don't know	Electronic Paper Both Don't know
503- Did the staff in the HMIS unit have any training in data monitoring and evaluation? <i>Training is a course that was at least 8 hours and had clear learning objectives and performance measures for participants.</i>	Y N Don't know	Y N Don't know	Y N Don't know
504- Did staff review summary health care service statistics in this facility?	No Monthly Quarterly Annually Don't know	No Monthly Quarterly Annually Don't know	No Monthly Quarterly Annually Don't know
505- Were HMIS data used by this facility to improve health services?	Y N Don't know	Y N Don't know	Y N Don't know
506- If yes, please give an example and state the year in which this occurred.			

Please tell us about the facility's medical records system. Circle the correct answer.

Information Management	2010/11	2007/08	2005/06
507- How would you describe the medical records system in this facility?	Electronic Paper-based Both None Don't know	Electronic Paper-based Both None Don't know	Electronic Paper-based Both None Don't know
508- Was the facility's medical records system for HIV patients separate from other patient records?	Y N Don't know	Y N Don't know	Y N Don't know
509- Did patients carry their <u>non-HIV</u> medical records with them, or were they kept on site?	Patients carry Kept on site Both No records created Don't know	Patients carry Kept on site Both No records created Don't know	Patients carry Kept on site Both No records created Don't know
510- Did patients carry their <u>HIV</u> medical records with them, or were they kept on site?	Patients carry Kept on site Both No records created Don't know	Patients carry Kept on site Both No records created Don't know	Patients carry Kept on site Both No records created Don't know
511- For <u>HIV</u> patients, when clinicians in this facility see patients, what proportion of them have a medical record to inform the visit?	Hardly ever About 25% of patients About half About 75% of patients Almost all patients Don't know	Hardly ever About 25% of patients About half About 75% of patients Almost all patients Don't know	Hardly ever About 25% of patients About half About 75% of patients Almost all patients Don't know
512- For <u>non-HIV</u> patients, when clinicians in this facility see patients, what proportion of them have a medical record to inform the visit?	Hardly ever About 25% of patients About half About 75% of patients Almost all patients Don't know	Hardly ever About 25% of patients About half About 75% of patients Almost all patients Don't know	Hardly ever About 25% of patients About half About 75% of patients Almost all patients Don't know
513- Was there a shortage of supplies that made information management difficult? <i>Check all that apply.</i>	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No shortage of supplies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Storage cabinets <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Data forms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Log books <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stationery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No shortage of supplies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Storage cabinets <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Data forms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Log books <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stationery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	Y N Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No shortage of supplies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Storage cabinets <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Data forms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Log books <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stationery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other
514- Was there a change to the physical storage capacity for records?	Increased capacity Decreased capacity No change Don't know	Increased capacity Decreased capacity No change Don't know	Increased capacity Decreased capacity No change Don't know
515- Was there a copying facility on site?	Y N Don't know	Y N Don't know	Y N Don't know

516 Can you name one or two positive changes in the information management system in this facility since 2005?

517 Can you name one or two negative things that happened with regard to information management system in this facility since 2005?

518 What would you say was the effect of PEPFAR on information management in this facility? Did PEPFAR improve, detract from, or have no effect? Don't know.

Why and how?

6. Quality of & Access to Health Services

Please tell us about the quality monitoring and improvement systems in this facility.

Quality & Access	2010/11	2007/08	2005/06
601- Did this facility implement any formal quality improvement program? (By this we mean a formal review system or use of standards)	Y N Don't know	Y N Don't know	Y N Don't know
602- Did this facility have a quality improvement committee that met at least quarterly?	Y N Don't know	Y N Don't know	Y N Don't know
603- Did this facility have a functional infection control (IC) program? (Examples of a functional program include a system to identify facility-acquired infections, a standardized approach to investigation, a tracking system, and a person(s) responsible for this process)	Y N Don't know	Y N Don't know	Y N Don't know
604- Did this facility have an infection control (IC) program for only HIV patients? Or, did it have a program that covered all patients?	HIV All No IC Don't know	HIV All No IC Don't know	HIV All No IC Don't know

Infection Control Supplies	2010/11	2007/08	2005/06
605- Were sharp containers routinely available in this facility?	All of the time Most of the time Some of the time Rarely Never Don't know	All of the time Most of the time Some of the time Rarely Never Don't know	All of the time Most of the time Some of the time Rarely Never Don't know
606- Were gloves routinely available in this facility?	All of the time Most of the time Some of the time Rarely Never Don't know	All of the time Most of the time Some of the time Rarely Never Don't know	All of the time Most of the time Some of the time Rarely Never Don't know
607- Was post-exposure prophylaxis routinely available in this facility?	All of the time Most of the time Some of the time Rarely Never Don't know	All of the time Most of the time Some of the time Rarely Never Don't know	All of the time Most of the time Some of the time Rarely Never Don't know

Please tell us about the quality of and access to health services in this facility.

Quality & Access	2010/11	2007/08	2005/06
608- Compared to the previous year, was there a change in quality of care for <u>non-HIV</u> patients? (Changes could include things like a system to report quality problems, a routine review of patient complaints, changes in hand hygiene, use of guidelines, changes in patient outcomes, etc.)	Better No change Worse Don't know	Better No change Worse Don't know	Better No change Worse Don't know
609- Compared to the previous year, was there a change in access to care for <u>non-HIV</u> patients? (Changes could include things like the volume of patients each provider sees in a day, wait time, a transportation system to bring patients or refer them, staff training to improve utilization, etc.)	Better No change Worse Don't know	Better No change Worse Don't know	Better No change Worse Don't know
610- Did PEPFAR detract from primary care by diverting attention and resources away from other health problems?	Y N Don't know	Y N Don't know	Y N Don't know
611- How well was HIV care integrated with primary care in this facility?	Very well Sometimes Not very often Don't know	Very well Sometimes Not very often Don't know	Very well Sometimes Not very often Don't know
612- How often did the facility engage with the community for purposes of improving access to care or quality of services? (Examples of engagement include holding community meetings, surveying community opinion, having a community advisory group, etc.)	Extensively Somewhat Not at all Don't know	Extensively Somewhat Not at all Don't know	Extensively Somewhat Not at all Don't know

613 Can you name one or two positive changes in **quality of care** in this facility since 2005?

614 Can you name one or two negative things that happened with regard to **quality of care** in this facility since 2005?

615 What would you say was the effect of PEPFAR on **quality of care** in this facility?
Did PEPFAR improve, detract from, or have no effect? Don't know.

Why and how?

616 Can you name one or two positive changes in **access to care** in this facility since 2005?

617 Can you name one or two negative things that happened with regard to **access to care** in this facility since 2005?

618 What would you say was the effect of PEPFAR on **access to care** in this facility?
Did PEPFAR improve, detract from, or have no effect? Don't know.

Why and how?

7. Laboratory Questions

Please tell us about the availability of lab services in this facility.

Laboratory	2010/11	2007/08	2005/06
701 Did you have a lab in this facility? <i>If no for all years, skip to question 801.</i>	Y N Don't know	Y N Don't know	Y N Don't know
702 If yes, how many days a week was the lab open? <i>Enter the number of days</i>	____ days Don't know	____ days Don't know	____ days Don't know
703 How many people worked in the lab as their primary job? <i>Enter the number of people</i>	____ people Don't know	____ people Don't know	____ people Don't know
704 How many of the lab workers named above had <u>pre-service</u> laboratory training? <i>Enter the number of people</i>	____ people Don't know	____ people Don't know	____ people Don't know
705 Did the lab conduct CD4 cell counts?	Y N Don't know	Y N Don't know	Y N Don't know
706 Was there a separate lab reserved for <u>HIV-related</u> lab work?	Y N Don't know	Y N Don't know	Y N Don't know
707 Did the quantity or quality of lab equipment available in this facility improve or decline?	Improved Declined Don't know	Improved Declined Don't know	Improved Declined Don't know

708 Can you name one or two positive changes in lab services in this facility since 2005?

709 Can you name one or two negative things that happened with regard to lab services in this facility since 2005?

710 What was the effect of PEPFAR on laboratory services in this facility? *Check one.*
Did PEPFAR improve, detract from, or have no effect? Don't know.

711 Why and how?

712 Did PEPFAR create any parallel or redundant structures, such as separate labs for HIV patients in this facility? Please discuss how this helped or hurt the quality of patient care.

8. Management & Finance

Please tell us about the management and finances in this facility.

M & F Questions	2010/11	2007/08	2005/06
801 How much time did the in-charge have to devote to administrative duties?	Full time admin Half-time Less than half time No administrator Don't know	Full time admin Half-time Less than half time No administrator Don't know	Full time admin Half-time Less than half time No administrator Don't know
802 When did the current in-charge start his or her administrative job in this facility? YEAR: _____			
803 What was the in-charge person's highest level of education? <i>Circle the highest degree.</i>	O-level or below Certificate A-level Diploma Bachelor's degree Masters Doctorate MBCHB Other _____ Don't know	O-level or below Certificate A-level Diploma Bachelor's degree Masters Doctorate MBCHB Other _____ Don't know	O-level or below Certificate A-level Diploma Bachelor's degree Masters Doctorate MBCHB Other _____ Don't know

804 Can you name one or two positive changes in management and finance in this facility since 2005?

805 Can you name one or two negative things that happened with regard to management and finance in this facility since 2005?

806 What was the effect of PEPFAR on management and finance in this facility? *Check one.*

Did PEPFAR improve detract from, or have no effect? Don't know.

807 Why and how?

Probes: supportive supervision, time for administrative duties, retention and recruitment of qualified administrators, additional administrative burdens, additional financial resources, etc.

9. Training

Please tell us more about training offered to the workers in this facility since 2005.

We want to learn about training received by staff at this health facility. For these questions, we are defining training as being a course that was at least **three** days long and had clear learning objectives and performance measures for participants. This training could have been offered as continuing education or in-service training, on-the-job training, or distance-learning training.

Enter the number of staff who received training (using the definition above) in each year.

Training Questions	2010/11	2007/08	2005/06
901 Health Services Leadership & Management Training	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know
902 Planning (such as "strategic" or "long term" or "operational")	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know
903 Drugs & Supply Chain Management	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know
904 Quality Improvement / management & evaluation	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know
905 Health management information system (HMIS) training	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know
906 Infection control/ universal precautions for handling blood and other bodily fluids	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know
907 Integrated management of childhood illness (IMCI), the WHO protocol	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know
908 Other training(s)	# staff: ____ Don't know	# staff: ____ Don't know	# staff: ____ Don't know

10. Supply Chain Management & Pharmacy

Please tell us about supply chain management in this facility.

SCM Questions	2010/11	2007/08	2005/06
1001 Who was responsible for managing medicines and medical supplies in this facility? <i>Check one.</i>	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Dispenser <input type="checkbox"/> Facility in-Charge <input type="checkbox"/> Nurse <input type="checkbox"/> Supplies Officer <input type="checkbox"/> Store Assistant <input type="checkbox"/> Other <input type="checkbox"/> Don't Know	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Dispenser <input type="checkbox"/> Facility in-Charge <input type="checkbox"/> Nurse <input type="checkbox"/> Supplies Officer <input type="checkbox"/> Store Assistant <input type="checkbox"/> Other <input type="checkbox"/> Don't Know	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Dispenser <input type="checkbox"/> Facility in-Charge <input type="checkbox"/> Nurse <input type="checkbox"/> Supplies Officer <input type="checkbox"/> Store Assistant <input type="checkbox"/> Other <input type="checkbox"/> Don't Know
1002 What is the total time this person was available for managing pharmacy supplies (including dispensing medicines, managing the medicines supply, managing logistics data, etc.)?	Full time Half time Less than half time Did not have a manager Don't know	Full time Half time Less than half time Did not have a manager Don't know	Full time Half time Less than half time Did not have a manager Don't know
1003 Who managed HIV/AIDS medicines in this facility? <i>Check one.</i>	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Dispenser <input type="checkbox"/> Facility in-Charge <input type="checkbox"/> Nurse <input type="checkbox"/> Supplies Officer <input type="checkbox"/> Store Assistant <input type="checkbox"/> Other <input type="checkbox"/> Don't Know	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Dispenser <input type="checkbox"/> Facility in-Charge <input type="checkbox"/> Nurse <input type="checkbox"/> Supplies Officer <input type="checkbox"/> Store Assistant <input type="checkbox"/> Other <input type="checkbox"/> Don't Know	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Dispenser <input type="checkbox"/> Facility in-Charge <input type="checkbox"/> Nurse <input type="checkbox"/> Supplies Officer <input type="checkbox"/> Store Assistant <input type="checkbox"/> Other <input type="checkbox"/> Don't Know
1004 Did this facility have a separate HIV pharmacy?	Y N Don't know	Y N Don't know	Y N Don't know
1005 Was there a system for recording stock levels and dispensing data?	Paper-based Computerized Both None Don't know	Paper-based Computerized Both None Don't know	Paper-based Computerized Both None Don't know
1006 Was the storage capacity in this facility adequate for the medicines stored here?	Y N Don't know	Y N Don't know	Y N Don't know
1007 Was there a change to the physical storage capacity for supply chain management?	Increased capacity Decreased capacity No change Don't know	Increased capacity Decreased capacity No change Don't know	Increased capacity Decreased capacity No change Don't know

12. Conclusion

Please complete this section at the end of the interview.

1201 Time at the end of interview	_____ : _____ (AM)(PM)	
1202 Total time it took to conduct the this interview	_____ Hour(s) _____ Minutes	
1203 Was this survey checked by another team member? <i>Circle one.</i>	Y N Don't know	
1204 Comments on reliability and validity of the questionnaire. <i>Check the appropriate box and provide a brief explanation.</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Explain.

NOTES:

SCAN AND UPLOAD THIS QUESTIONNAIRE TO THE DROP BOX FOR THIS FACILITY!

Worksheet for Schedule of team deployment

EXAMPLE ILLUSTRATION and TWO-MONTH SCHEDULE

Central

Week	Day	Activity (facility, travel, or rest)
1 30 April 2012 <i>District: Kampala</i>	1 MONDAY	HC III ----- KAMPALA
	2 Tuesday	HC IV ----- KAMPALA
	3 Wednesday	CATCH UP
	4 Thursday	HC IV ----- KAMPALA
	5 Friday	HOSPITAL KAMPALA
	6 Saturday	REST
	7 Sunday	REST

Week	Day	Activity (facility, travel or rest)
2 7 May 2012 <i>District: Kampala/Mukono</i>	1 MONDAY	HC III ----- KAMPALA
	2 Tuesday	HC III ----- KAMPALA
	3 Wednesday	CATCH UP
	4 Thursday	TRAVEL
	5 Friday	HOSPITAL MUKONO
	6 Saturday	HC III ----- MUKONO
	7 Sunday	REST

Week	Day	Activity (facility, travel or rest)
3 14 May 2012 <i>District: Mukono</i>	1 MONDAY	HC III ----- MUKONO
	2 Tuesday	HC IV ----- MUKONO
	3 Wednesday	CATCH UP
	4 Thursday	HC IV ----- MUKONO
	5 Friday	HC III ----- MUKONO
	6 Saturday	TRAVEL
	7 Sunday	REST

NOTE: You are encouraged to use these tables as a guideline and to amend them as needed for your team to be successful. In each district, we will be surveying one hospital, two HC IVs and three HC IIIs. Please be mindful of this requirement. Some districts will require less travel and your team should use extra time to ensure that materials are up to date, equipment is operational and administrative tasks are complete. It is ok to schedule a 'catch up' day if you need to reorganize your supplies and rest the team. But, please be mindful that we are on a timeline and need to complete data collection in four to six months.

And now it's your turn.

Your assignment is to complete a draft of your own schedule for deployment to the facilities in your region. We hope you will map out a schedule that provides sufficient rest and time at home, while balanced with productivity. Please write your schedule for the first two months.

YOUR REGION: _____

MAY 2012

Week	Day	Activity (facility, travel or rest)
1 30 APRIL 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday (1 MAY 2012)	
	3 Wednesday	
	4 Thursday	
	5 Friday	
	6 Saturday	
	7 Sunday	

Week	Day	Activity (facility, travel or rest)
2 7 MAY 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday	
	3 Wednesday	
	4 Thursday	
	5 Friday	
	6 Saturday	
	7 Sunday	

Week	Day	Activity (facility, travel or rest)
3 14 MAY 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday (15 MAY 2012)	
	3 Wednesday	
	4 Thursday	
	5 Friday	
	6 Saturday	
	7 Sunday	

Week	Day	Activity (facility, travel or rest)
4 21 MAY 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday	
	3 Wednesday	
	4 Thursday	
	5 Friday	
	6 Saturday	
	7 Sunday	

Week	Day	Activity (facility, travel or rest)
5 28 MAY 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday	
	3 Wednesday	
	4 Thursday	
	5 Friday (1 JUNE 2012)	
	6 Saturday	
	7 Sunday	

JUNE 2012

Week	Day	Activity (facility, travel or rest)
6 4 JUNE 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday	
	3 Wednesday	
	4 Thursday	
	5 Friday	
	6 Saturday	
	7 Sunday	

Week	Day	Activity (facility, travel or rest)
7 11 JUNE 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday	
	3 Wednesday	
	4 Thursday	
	5 Friday (15 JUNE 2012)	
	6 Saturday	
	7 Sunday	

Week	Day	Activity (facility, travel or rest)
8 18 JUNE 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday	
	3 Wednesday	
	4 Thursday	
	5 Friday	
	6 Saturday	
	7 Sunday	

Week	Day	Activity (facility, travel or rest)
9 25 JUNE 2012 <i>District:</i>	1 MONDAY	
	2 Tuesday	
	3 Wednesday	
	4 Thursday	
	5 Friday	
	6 Saturday	
	7 Sunday (1 JULY 2012)	

BRAINSTORMING

Please write ideas and/or issues to consider in planning for future months.

Data Quality and Integrity Contract

Uganda PEPFAR Health System Effects Study

For field team data collectors

To maintain the integrity and data quality of the study, I commit to honestly administering the data collection procedures as required by the study, and to honestly reporting my observations. I also promise to uphold the ethical standards required by our human subjects approval offices (Uganda National Council of Science and Technology, Makerere University, and the University of Washington) by maintaining the confidentiality and privacy of respondents as well as by getting written and/or informed consent from respondents prior to interviews and observations (as applicable).

I also commit to supporting data quality and control efforts throughout the study by keeping all the data collection questionnaires in a secure place, transmitting data on a daily basis to study headquarters, and creating data back ups each day.

I also understand the importance of collecting all the required data, and pledge to search for and collect all the data elements on our lists.

I understand that our work is creating new scientific knowledge about health systems and how to strengthen them, and I am enthusiastic about participating in the project.

Name: _____

Signature: _____

24

Pharmacy log data abstraction form

001 Date |__|__| / |__|__| / **2012**
 DAY MONTH

102 Name of Data gatherer _____

103 Data gatherer person's Code _____

104 Name of Facility (use name and number from list)

105 Role of facility person who assisted with finding these data (circle):

- Pharmacist Dispenser Facility in-Charge Nurse
 Supplies Officer Store Assistant Other Don't Know

Stock Out Log on First-line malaria drugs for adults

2005-2006	Number of times out of stock this month	Comment
What was the first-line adult malaria treatment drug(s) for this year?		
July 2005		
August		
September		
October		
November		
December		
January 2006		
February		
March		
April		
May		
June		

Go to next pages to find 2007/2008, and 2010/2011 forms.

Stock Out Log on First-line malaria drugs for adults
Page 2 of 3.

2007-2008	Number of times out of stock this month	Comment
What was the first-line adult malaria treatment drug(s) for this year?		
July 2007		
August		
September		
October		
November		
December		
January 2008		
February		
March		
April		
May		
June		

Go to next pages to find 2010/2011 form.

Stock Out Log on First-line malaria drugs for adults
Page 3 of 3.

2010-2011	Number of times out of stock this month	Comment
What was the first-line adult malaria treatment drug(s) for this year?		
July 2010		
August		
September		
October		
November		
December		
January 2011		
February		
March		
April		
May		
June		

You're done!

HMIS 101: HEALTH UNIT PHYSICAL INVENTORY Page 1

Date of Inventory _____ Page ____ of pages ____ In-Charge Name _____ Title _____ Signature _____
 Witness Name _____ Title _____ Signature _____

1. GENERAL INFORMATION

1. Health Facility Inventory

Name of Unit/Health Unit Code						
Level (Circle appropriate)	II	III	IV	V	VI	VII
Ownership						
District						
HSD						
Sub-County						
Parish						

Ownership Key: A = GoU, B = PNFP, C = Private

2. WATER AND SANITATION FOR THE HEALTH UNIT

2.1 Water Supply that the Health Unit depends on:

Water Source	Availability	Distance from unit (km)	Condition
1. Unprotected spring	x		
2. Protected Spring	x		
3. Borehole	x		
4. Piped	x		
5. Rainwater harvesting	x		

2.2 Sanitation facilities

Facility	Availability	Number	Condition
1. Pit Latrine Stances/Staff	x		
2. Pit Latrines Stances /Patients	x		
3. Medical waste pit			
4. Placenta pit			
5. Rubbish pit			
6. Incinerator			
7. Water borne toilets	x		
8. Hand washing facilities next to the toilets/ latrines for the Health Unit	x		

Availability Key: 1 = Available, 0 = Not Available

Condition Key: A: Functional and in good condition, B: Functional but needs repair, C: Not functional but repairable D: Not functional and not repairable

HMIS 101: HEALTH UNIT PHYSICAL INVENTORY Page 2

3. ENERGY

	Grid (UEDCL/ UMEME)	Generator				Gas Availability	Solar/ PV system			Kerosene	Charcoal	Firewood
		Availability	Fuel	Rating (KVA)	Condition		No. of panels	Size in watts for @ panel	Condition			
Lighting	OPD	.	.									
	Maternity	.	.									
	Male Ward	.	.									
	Female Ward	.	.									
	Children's Ward	.	.									
	Theatre	.	.									
	Laboratory	.	.									
	Doctors House											
	Clinical Officers House											
	Nurses houses											
Energy for Utilities (Tick against the energy available)	Other Houses											
	Vaccine fridge											
	Blood Bank											
	General Purpose Fridge											
	Sterilization											
	Cooking											
	Water Provision											
	Water Heating											
	Computer (s)	.	.									
	Landline phones	.	.									
Radio calls												

Availability Key: 1 = Available , 0 = Not available. Generator fuel: P = Petrol, D = Diesel, F – Functional, N – Not functional

Condition Key: A: Functional and in good condition, B: Functional but needs repair, C: Not functional but repairable D: Not functional and not repairable

HMIS 101: HEALTH UNIT PHYSICAL INVENTORY Page 3

4. BUILDINGS

Type of Building	Available (Tick)		Floor Area L x W (in M ²)	Year of construction	Year of last rehabilitation	Roof				Walls				Floor			
						Type	Leakages	Frame	Score	Type	Cracks	Plumb	Score	Type	Cracks	Surface	Score
1. OPD	Yes	No															
2. Maternity	Yes	No															
3. General wards (indicate number)	No. of Beds for Males	x															
	No. of Beds for Female	x															
	Child beds	x															
4. Operating theatre	Yes	No															
5. Mortuary	Yes	No															
6. Staff houses with: (specify number)	One roomed house	x															
	Two roomed house	x															
	House with 2 bedrooms	x															
	House with 3 bedrooms	x															
6. Others (specify)																	

Condition key for buildings:

Roof		Walls		Floor	
Type	A: Galvanised Iron sheets or roofing tiles B: Grass thatched C: No roof	Type	A: Stone, concrete blocks or burnt clay bricks jointed with cement and sand (mortar) B: soil/clay brick with mud joints or wooden walls C: Mud and wattle	Type	A: Terrazzo or cement (screed) or tiles finish B: Concrete slab not finished C: others
Leakages	A: No leakages B: Leaks at few points but roof covering sound C: leaks at many point and roof covering un sound D: No roof	Cracking	A: No significant crack B: Minor cracks not going through the wall C: Major cracks and wide going through the wall	Cracking	A: No significant crack B: Minor cracks visibly not deep (<50mm deep) C: Major and wide cracks visibly deep
Frame (Timber or Steel frames)	A: No defect B: Weak structure needs replacement of some members (attacked by beetles, termites, warped or rotten timber) C: Very weak with most of the roof members having defects stated above in B	Plumbness	A: Visibly plumb (upright) B: Visibly not plumb (leaning or bent)		

HMIS 105: HEALTH UNIT MONTHLY REPORT Page 1

Health Unit _____ Level ___ Code _____ District _____ HSD _____ Month _____ 20__

1. OPD ATTENDANCE AND LABORATORY TESTS TOTALS FOR THE MONTH

OUTPATIENT ATTENDANCE

Category	0-4 years		5 and over	
	Male	Female	Male	Female
New attendance				
Re-attendance				
Total Attendance				
Referrals to unit				
Referrals from unit				

LABORATORY TESTS

Category	No. of tests done		No. Positive	
	0-4 yrs	5 yrs & >	0-4 yrs	5 yrs & >
Malaria blood smear				
TB sputum				
Syphilis screening				
Pap smear				
Other Lab. Tests				

2. OUTPATIENT DIAGNOSES

Diagnosis	0-4 years		5 and over	
	Male	Female	Male	Female
Epidemic-Prone Diseases				
01 Acute flaccid paralysis				
02 Cholera				
03 Dysentery				
04 Guinea worm				
05 Meningitis (meningococcal)				
06 Measles				
07 Tetanus (neonatal)(0 -28 days age)				
08 Plague				
09 Rabies				
10 Yellow Fever				
11 Other Viral Haemorrhagic Fevers				
12 Other emerging infectious disease (Specify)				
Maternal and Perinatal Diseases				
35 Abortions				
36 Malaria in pregnancy				
37 High blood pressure in pregnancy				
38 Obstructed labour				
39 Haemorrhage related to pregnancy (APH &/or PPH)				
40 Perinatal conditions (in new borns 0 - 28 days)				
Non-communicable diseases				
41 Anaemia				
42 Asthma				
43 Oral Diseases and Conditions				
44 Diabetes mellitus				
45 Gastro-Intestinal disorders (non-Infective)				
46 Hypertension				
47 Anxiety disorders				
48 Mania				
49 Depression				
50 Schizophrenia				
51 Alcohol and Drug abuse				
52 Childhood Mental Disorders				

Diagnosis	0-4 yrs		5 and over	
	Male	Female	Male	Female
Other Infectious/Communicable Diseases				
13 AIDS				
14 Diarrhea- Acute				
15 Diarrhea- Persistent				
16 ENT conditions				
17 Eye conditions				
18 Sexually Transmitted Infection (STI)				
19 Urinary Tract Infections (UTI)				
20 Intestinal Worms				
21 Leprosy				
22 Malaria				
23 Other types of meningitis				
24 No pneumonia - Cough or cold				
25 Pneumonia				
26 Schistosomiasis				
27 Onchocerciasis				
28 Skin Diseases				
29 Tuberculosis (New cases)				
30 Typhoid Fever				
31 Tetanus (over 28 days age)				
32 Sleeping sickness				
33 Pelvic Inflammatory Disease (PID)				
34 Deaths in OPD				
More Non-communicable diseases				
53 Epilepsy				
54 Other forms of mental illness				
55 Other cardiovascular diseases				
56 Severe Malnutrition (Marasmus, Kwashiorkor and Marasmic-kwash)				
57 Low weight for age				
58 Injuries- Road traffic Accidents				
59 Injuries= (Trauma due to other causes)-				
60 Animal/ snakes bites				
61 Other diagnoses (priority diseases for District)				
All others				
Total Diagnoses				

HMIS 105: HEALTH UNIT MONTHLY REPORT Page 2

3. MCH AND FP ACTIVITIES

ANTENATAL/POSTNATAL CLINIC

Category	Number
New ANC attendance	
ANC re-attendance 4 th visit	
Referrals to unit	
Referrals from unit	
First dose IPT (IPT1)	
Second dose IPT (IPT2)	
Postnatal visits	
Vit A supplementation (postnatal)	

MATERNITY

Category	Number
Admissions	
Referrals to unit	
Referrals from unit	
Deliveries in unit	
Deliveries HIV positive in unit	
Deliveries HIV positive who swallowed ARVs	
Live births in unit	
Babies born with low birth weight (< 2 . 5 kg)	
Live births to HIV positive mothers	
Babies (born to HIV positive mothers) given ARVs	
Still births in unit	
Birth Asphyxia	
Maternal deaths	
Deliveries by private practitioners	
Deliveries with TBA	

TETANUS IMMUNISATION

Pregnant women TT vaccine	Number	
Dose 1		
Dose 2		
Dose 3		
Dose 4		
Dose 5		
Non-pregnant women TT vaccine	Number	
Dose 1		
Dose 2		
Dose 3		
Dose 4		
Dose 5		
CHILD IMMUNISATION	Under 1	1-4 years
BCG		
Polio 0		
Polio 1		
Polio 2		
Polio 3		
DPT-HepB+Hib 1		
DPT-HepB+Hib 2		
DPT-HepB+Hib 3		
Measles		
DPT-HepB+Hib doses wasted		

CHILD HEALTH

Category	0 - 4 yrs		5 - 14 yrs	
Vit A supplem 1 st Dose in the year				
Vit A supplem 2 nd Dose in the year				
Dewormed 1 st dose in the year				
Dewormed 2 nd dose in the year				
Weight below bottom line at Measles vaccination				
Total weighed at Measles vaccination				
No of children treated with HOMAPAK				
No of children who received HOMAPAK within 24 hours				
Number of under 5 children who slept under a Net the previous night (as per HOMAPAK)				

FAMILY PLANNING USERS

Method	New Users	Revisits
Oral : Lo-Femenal		
Oral: Microgynon		
Oral: Ovrette		
Oral: Others		
Condoms		
IUDs (Copper T)		
Injectable		
Other methods		
Total family planning users		

No of first-visit clients (of the year) for this month

CONTRACEPTIVES DISPENSED

Category	Number Dispensed at Unit	Number Dispensed by CORPs
Oral : Lo-Femenal		
Oral: Microgynon		
Oral: Ovrette		
Oral: Others		
Condoms		
IUDs (Copper T)		
Injectable		
Others:		

FROM THE OPERATING THEATRE

Category	Number
Female Sterilisation (tubal ligation)	
Male Sterilisation (vasectomy)	
Implant new users	
Implant revisits	
Implant removals	

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4. HCT, PMTCT and ART

PMTCT SERVICES	
Pregnant women tested for HIV	
Pregnant women positive for HIV	
Pregnant women given ARVs for prophylaxis (PMTCT)	
Pregnant women given ARVs for treatment	

HCT SERVICES						
Category	No. of individuals < 5 years		No. of individuals 5 - <18 years		No. of individuals 18 years and above	
	Male	Female	Male	Female	Male	Female
HIV counseled						
HIV tested (from lab register)						
Received HIV results						
HIV positive (from lab register)						
HIV positive cases with confirmed TB						
HIV positive cases started on CTX (Cotrimoxazole) prophylaxis						

ART SERVICES						
Category	No. of individuals < 5 years		No. of individuals 5 - <18 years		No. of individuals 18 years and above	
	Male	Female	Male	Female	Male	Female
Eligible for ART						
Started on ART						

5. ESSENTIAL DRUGS, VACCINES AND CONTRACEPTIVES

Tick if the drug, vaccine or contraceptive was out of stock at the health, at any time during the previous month. Out of stock means that there was NONE left anywhere in your health unit.

HSSP indicator Item	Tick if out of stock	Tick to indicate duration of stock-out (in order for the HSD and DHT to follow up the issue)	
		Stock-out < 1 week	Stock-out > 1 week
First Line drug for Malaria *	x		
Quinine			
Cotrimoxazole tabs	x		
ORS sachets			
Measles Vaccine			
Fansidar			
Depo-Provera			
HIV testing kits	Screening		
	Confirmatory		
	Tie-breaker		

Add the name of other drugs, vaccines, contraceptives or supplies that suffered a stock out during the month							
		Stock-out < 1 week	Stock-out > 1 week			Stock-out < 1 week	Stock-out > 1 week
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

* This refers to the drug recommended in the National policy at the time

6. OUTREACH ACTIVITIES

	Category	Number
EPI outreaches	Outreach activities planned for the month	
	Outreach activities actually conducted in the month	
HCT outreaches	Outreach activities planned for the month	
	Outreach activities actually conducted in the month	
Other outreaches	Outreach activities planned for the month	
	Outreach activities actually conducted in the month	

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7. Financial Summary

	Budget line	Funds requested	Funds received	Funds spent
1	PHC Wage			
2	PHC Non-Wage Recurrent			
3	PHC (NGO)			
4	PHC Development			
5	Local Governments			
6	Credit Lines (Drugs)			
7	Donor projects			
8	Others specify			
9				
10				
11				
	TOTAL			

8. Management:

Item	Number of meetings or activities	
	Held last month	Planned for the month
Staff meeting	x	
Meeting of Health Unit Management Committee	x	
Village Health Committee meetings attended by representative of the health unit		
Parish Health Committee meetings attended by representative of the health unit		
LC III or LC V Committee meetings attended by a representative of the health unit		
Support Supervision visits by the District/HSD Health Team	x	

9. List of staff members who didn't receive salary last month.

Name	Cadre	Computer No.	Comment
1. X			
2. X			
3. X			
4. X			
5. X			
6. X			
7. X			
8. X			
9. X			
10. X			
11. X			
12. X			

Enter total count (number) of staff who didn't receive salary last month.

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10. Comments

11. Monthly Monitoring

Remember to plot cumulative graphs for the indicators listed below. Graphs are found in the Health Unit Database. Copies should be displayed in the health unit.

Category	Is the graph on target? (tick)		Is the graph on target? (tick)
DPT 3 vaccination <1		FP new acceptors	
Measles vaccination <1		OPD total new cases	
New antenatal attendance		New malaria cases (channel graph)	
Deliveries in the health unit		New diarrhea cases (channel graph)	

Use these graphs to document your answers to the questions asked in the Quarterly Report.

Date of Report: _____

In - Charge Name _____ Title _____ Signature _____

Witness Name _____ Title _____ Signature _____
(For the Financial section)

.....(HSD use below this line).....

Date received		
Received by 7th of next month	Yes	No
Checked by (signature)		
Date processed		

Comments by HSD:

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Financial Year: _____ Health Unit _____ Level _____ Health Unit Code _____
 Sub-county _____ HSD _____ District _____
 Postal Address of the Health Unit _____
 Contact Telephone number of the Health Unit (Land line and mobile) _____
 Title of in-charge of the Health Unit _____

1. Authority: GOVERNMENT NGO PRIVATE Circle what is applicable

2. Managing Agency/Owner (e.g Catholic Medical Bureau, Orthodox Church, MoH, etc):

3. The list of parishes in your service area and the corresponding number of villages and population counts will be provided by your DHT. Once this information is provided, complete the rest of the table.

VHC: Village Health Committee Act CHWs: Active Community Health Workers Trained TBAs: Trained TBAs

Name of parish	Number Villages	Population	Number Active VHC	Number Act CHWs	Number Trained TBAs	Number Community Drug distributors (HOMAPAK)	Number of under 5 children who slept under a Net the previous night
Totals	Number parishes =						

3.3 Briefly describe the NGO projects in the above parishes that have been implemented during the last financial year.

3.4 TARGET AND COVERAGE ESTIMATION

Estimation of the target populations in the service area.

Total population in the service area: (A)

Total population for the Facility is key information. If this is missing, than please get the population from the Health Unit Population Report HMIS 109. If the HMIS 109 is missing for does not have population then get this from a knowledgeable source.

Women in childbearing age in the service area:
 (A) x 0.202 = (B)

Number of pregnancies in the service area:
 (A) x 0.05 = (C)

Number of births in the service area:
 (A) x 0.0485 = (D)

Number of children under one year in the service area:
 (A) x 0.043 = (E)

Number of children under five years in the service area:
 (A) x 0.202 = (F)

Suspected tuberculosis in the service area:
 (A) x 0.003 = (G)

People under 15 years of age:
 (A) x 0.46 = (H)

4. SERVICES CURRENTLY PROVIDED: (Fill Y for yes and N for No NA for not applicable)

4.1 CURATIVE/ CLINICAL SERVICES

Out patient diagnosis and treatment (OPD)	<input type="checkbox"/>	TB Treatment	<input type="checkbox"/>
Treatment of mental health conditions	<input type="checkbox"/>	Care for Injuries	<input type="checkbox"/>
Functional Laboratory for TB diagnosis	<input type="checkbox"/>	Dental /oral care	<input checked="" type="checkbox"/>
Functional Laboratory for Malaria diagnosis	<input type="checkbox"/>	STI treatment	<input type="checkbox"/>
Treatment of severe Malaria	<input type="checkbox"/>	IMCI	<input type="checkbox"/>
Anti Retro Viral Therapy	<input type="checkbox"/>		

4.2 PREVENTIVE SERVICES

School health	<input type="checkbox"/>	Prevention of STI/HIV	<input type="checkbox"/>
Environmental Health and Sanitation	<input type="checkbox"/>	Epidemics and disaster prevention	<input type="checkbox"/>
Childhood Immunizations	<input type="checkbox"/>	Tetanus Immunization in pregnancy	<input type="checkbox"/>
Growth monitoring	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
HCT: HIV counseling	<input type="checkbox"/>	Adolescent Counseling	<input type="checkbox"/>

4.3 SURVEILLANCE FOR SPECIAL DISEASES

AFP/Poliomyelitis	<input type="checkbox"/>	Neonatal tetanus	<input type="checkbox"/>
Leprosy	<input type="checkbox"/>	Weekly epidemiological surveillance	<input type="checkbox"/>
Measles	<input type="checkbox"/>	Injuries	<input type="checkbox"/>

4.4 Health education and promotion

List five main activities in health education and promotion in the year?

4.5 MATERNAL AND CHILD HEALTH

Maternity services	<input type="checkbox"/>	13 Steps to successful Infant feeding	<input type="checkbox"/>
Antenatal care	<input type="checkbox"/>	Family Planning Services	<input type="checkbox"/>
Intermittent presumptive treatment	<input type="checkbox"/>	PMTCT	<input type="checkbox"/>

4.6 IN PATIENT SERVICES (Indicate Yes if available, No if not available)

Yes No

4.7 REHABILITATION SERVICES

Care for people with disabilities

5.0 OUT REACH SERVICES

Number of out reaches conducted in the last 12 months _____
 Number of out reaches planned in the last 12 months _____

6.0. SUPPORT AND MANAGEMENT FUNCTIONS

Was your Health facility supervised by the DHMT in the last 12 months?	<input checked="" type="checkbox"/>
Do you have written copies of the reports/plans of action from supervision?	<input type="checkbox"/>
Do you have financial guidelines for spending PHC conditional grants?	<input type="checkbox"/>
Are there any Fees for Service (user) charges?	<input type="checkbox"/>
Are user fees for your facility clearly displayed for all clients to see?	<input type="checkbox"/>
Is there a functional Health Unit Management Committee (HUMC)?	<input type="checkbox"/>

6.1 OTHER SERVICES PROVIDED: Specify each

7.0 CURRENT STAFFING LEVELS

Total number of staff in the Health Unit-----

a.) Indicate in the table number of staff by cadre:

Cadre	Number	Cadre	Number
Anaesthetic Assistant		Registered Nurse	
Anaesthetic Officer		Registered Nurse/Midwife	
Clinical Officer		Registered Comprehensive Nurse	
ENT Clinical Officer		Registered Psychiatric Nurse	
Verno-demart. Clinical Officer		Nursing Aide/Assistant	
Leprosy Assistant		Dispenser	
Ophthalmic Clinical Officer		Pharmacist	
Orthopaedic Officer		Assistant Health Educator	
Degree Nurse		Assistant Health Visitor	
Physiotherapist		Assistant Field Officer Entomology	
Psychiatric Clinical Officer		Health Assistant	
Dental Surgeon		Health Educator	
Public Health Dental Assistant		Health Inspector	
Laboratory Assistant		Public Health Nurse	
Laboratory Technician		Dental Technician	
Laboratory Technologist		Dental Technologist	
Radiographer		Occupational Therapist	
Medical Officer (General)		Orthopaedic Technician	
Medical Officer (Specialist)		Orthopaedic Technologist	
Enrolled Midwife		Hospital Administrator	
Registered Midwife		Personnel Officer	
Enrolled Nurse		Non-medical Support Staff	
Enrolled/Midwife		Records' Assistant	
Enrolled Psychiatric Nurse		Health-related Professional	
Theatre Assistant		Non-medical skilled staff	

b) Indicate in the table number of staff by Post:

Post	Number	Post	Number
<i>1. Medical Officers</i>		Occupational Therapist	
Principal Medical Officer		Orthopedic Officer	
Medical Officers, special grade (community)		Health Educationist/Educator	
Senior Medical Officer		Assistant Health Educator	
Medical Officer		Anaesthetic Officer	
<i>2. Dental</i>		Anaesthetic Attendant/(Theater Attendant?)	
Dental Surgeon		Senior Laboratory Technologist	
Public Health Dental Officer		Laboratory Technologist	
Dental Attendant		Laboratory Technician	
<i>3. Pharmacy</i>		Laboratory Assistant	
Pharmacist		<i>6. Administrative and other staff</i>	
Dispensers		Senior Hospital Administrator	
<i>4. Nursing</i>		Hospital Administrator	
Principal Nursing Officer		Personnel Officer	
Senior Nursing Officer		Medical Social Worker	
Nursing Officer (Nursing)		Nutritionist	
Nursing Officer (Midwifery)		Supplies Officer	
Nursing Officer (Psychiatry)		Steno-Secretary	
Public Health Nurse		Office Typist	
Enrolled Psychiatric Nurse		Stores Assistant	
Enrolled Nurse		Health Information Assistant (Records Assistant)	
Enrolled Midwives		Senior Accounts Assistant	
Nursing Assistant		Accounts Assistant	
<i>5. Allied Health Professional</i>		<i>7. Support Staff</i>	
Senior Clinical Officer		Cold Chain Assistant	
Clinical Officer		Darkroom Attendant	
Psychiatric Clinical Officer		Mortuary Attendant	
Ophthalmic Clinical Officer		Drivers	
Health Inspector		Cooks	
Health Assistant		Guards/Askari	
Medical Entomology Officer		Artisan	
Radiographers		Porters	
Physiotherapist			

8. OPD ATTENDANCE AND LABORATORY TESTS TOTALS FOR THE YEAR

OUTPATIENT ATTENDANCE

Category	0-4 years		5 and over	
	Male	Female	Male	Female
New attendance				
Re-attendance				
Total Attendance	X	X	X	X
Referrals to unit (all ages)				
Referrals from unit (all ages)				

LABORATORY TESTS

Category	Number of tests done		Number Positive	
	Male	Female	Male	Female
Malaria blood smear	X	X	X	X
TB sputum	X	X	X	X
Syphilis screening	X	X	X	X
Pap smear				
Other Lab. Tests				

OUTPATIENT DIAGNOSES

Diagnosis	0-4 years		5 and over	
	Male	Female	Male	Female
Epidemic-Prone Diseases				
01 Acute flaccid paralysis				
02 Cholera				
03 Dysentery				
04 Guinea worm				
05 Meningitis (meningococcal)				
06 Measles				
07 Tetanus (neonatal)(0 –28 days age)				
08 Plague				
09 Rabies				
10 Yellow Fever				
11 Other Viral Haemorrhagic Fevers				
12 Other emerging infectious disease (Specify)				
Maternal and Perinatal Diseases				
35 Abortions				
36 Malaria in pregnancy				
37 High blood pressure in pregnancy				
38 Obstructed labour				
39 Haemorrhage related to pregnancy (APH &/or PPH)				
40 Perinatal conditions (in new borns 0 – 28 days)				
Non-communicable diseases				
41 Anaemia				
42 Asthma				
43 Oral Diseases and Conditions				
44 Diabetes mellitus				
45 Gastro-Intestinal disorders (non- Infective)				
46 Hypertension				
47 Anxiety disorders	X	X	X	X
48 Mania				
49 Depression	X	X	X	X
50 Schizophrenia				
51 Alcohol and Drug abuse				
52 Childhood Mental Disorders	X	X	X	X

Diagnosis	0-4 yrs		5 and over	
	Male	Female	Male	Female
Other Infectious/Communicable Diseases				
13 AIDS				
14 Diarrhea- Acute				
15 Diarrhea- Persistent				
16 ENT conditions				
17 Eye conditions				
18 Sexually Transmitted Infection (STI)				
19 Urinary Tract Infections (UTI)				
20 Intestinal Worms				
21 Leprosy				
22 Malaria				
23 Other types of meningitis				
24 No pneumonia - Cough or cold				
25 Pneumonia				
26 Schistosomiasis				
27 Onchocerciasis				
28 Skin Diseases				
29 Tuberculosis (New cases)	X	X	X	X
30 Typhoid Fever				
31 Tetanus (over 28 days age)				
32 Sleeping sickness				
33 Pelvic Inflammatory Disease (PID)				
34 Deaths in OPD				
More Non-communicable diseases				
53 Epilepsy				
54 Other forms of mental illness				
55 Other cardiovascular diseases				
56 Severe Malnutrition (Marasmus, Kwashiorkor and Marasmic-kwash)				
57 Low weight for age				
58 Injuries- Road traffic Accidents				
59 Injuries= (Trauma due to other causes)-				
60 Animal/ snakes bites				
61 Other diagnoses (priority diseases for District)				
All others				
Total Diagnoses				

9. MCH AND FP ACTIVITIES

ANTENATAL/POSTNATAL CLINIC

Category	Number
New ANC attendance	
ANC re-attendance 4 th visit	X
Referrals to unit	
Referrals from unit	
First dose IPT (IPT1)	
Second dose IPT (IPT2)	X
Postnatal visits	
Vit A supplementation (postnatal)	

MATERNITY

Category	Number
Admissions	
Referrals to unit	
Referrals from unit	
Deliveries in unit	X
Deliveries HIV positive in unit	
Deliveries HIV positive who swallowed ARVs	
Live births in unit	
Babies born with low birth weight (< 2 . 5 kg)	
Live births to HIV positive mothers	
Babies (born to HIV positive mothers) given ARVs	
Still births in unit	
Birth Asphyxia	
Maternal deaths	X
Deliveries by private practitioners	
Deliveries with TBA	

TETANUS IMMUNISATION

Pregnant women TT vaccine	Number
Dose 1	x
Dose 2	x
Dose 3	
Dose 4	
Dose 5	
Non-pregnant women TT vaccine	Number
Dose 1	
Dose 2	
Dose 3	
Dose 4	
Dose 5	

CHILD IMMUNISATION

	Under 1	1-4 years
BCG		
Polio 0		
Polio 1		
Polio 2		
Polio 3		
DPT-HepB+Hib 1		
DPT-HepB+Hib 2		
DPT-HepB+Hib 3	x	x
Measles	x	x
DPT-HepB+Hib doses wasted		

CHILD HEALTH

Category	0 - 4 yrs		5 - 14 yrs	
Vit A supplem 1 st Dose in the year				
Vit A supplem 2 nd Dose in the year				
Dewormed 1 st dose in the year	X	X	X	X
Dewormed 2 nd dose in the year				
Weight below bottom line				
Total weighed				
No of children treated with HOMAK				
No of children who received HOMAPAK within 24 hours				

FAMILY PLANNING USERS

Method	New Users	Revisits
Oral : Lo-Femenal		
Oral: Microgynon		
Oral: Ovrette		
Oral: Others		
Condoms		
IUDs (Copper T)		
Injectable	X	
Natural		
Other methods		
Total family planning users	X	

No of first-visit clients (of the year) for this month

CONTRACEPTIVES DISPENSED

	Number Dispensed at Unit	Number Dispensed by CORPs
Oral : Lo-Femenal		
Oral: Microgynon		
Oral: Ovrette		
Oral: Others		
Condoms		
IUDs (Copper T)		
Injectable		
Others:		

FROM THE OPERATING THEATRE

Category	Number
Female Sterilisation (tubal ligation)	
Male Sterilisation (vasectomy)	
Implant new users	
Implant revisits	
Implant removals	

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10. PMTCT, HCT and ART

PMTCT SERVICES

Pregnant women tested for HIV

Pregnant women positive for HIV

Pregnant women given ARVs for prophylaxis

Pregnant women given ARVs for treatment

HCT SERVICES						
	No. of individuals < 5 years		No. of individuals 5 - <18 years		No. of individuals 18 years and above	
	Male	Female	Male	Female	Male	Female
HIV counseled						
HIV tested						
Received HIV results						
HIV positive						
HIV positive cases with confirmed TB						
HIV positive cases started on CTX (Cotrimoxazole) prophylaxis						

ART SERVICES						
	No. of individuals < 5 years		No. of individuals 5 - <18 years		No. of individuals 18 years and above	
	Male	Female	Male	Female	Male	Female
Eligible for ART						
Started on ART						

11. Percent referrals from OPD and ANC

	Total Number A	Number referred B	Percent referred (B / A) x 100
OPD New Cases			
ANC New Attendance			

12. WORKLOAD ANALYSIS

Services provided	# contacts A	# clinic-days B	Contacts per clinic C = A / B	Conversion of clinic/week to number of clinic days
OPD (total new cases + re-attendance)				1/week = 52/year
ANC (total new clients + re-attendance)				2/week = 104/year
Immunization (BCG + all doses DPT + measles, both age groups)				3/week = 156/year
Family Planning (new users and revisits)				4/week = 208/year
Total contacts (sum A) ÷ E			Use 300	5/week = 260/year
				6/week = 312/year
				7/week = 365/year

= Average contact per working day

1. FINANCIAL SUMMARY

Funding source	Budget	Amount received	Total spent
PHC Wage:			
PHC Non-Wage Recurrent:			
PHC Development:			
PHC (NGO):			
Local Governments:			
Credit Lines (Drugs):	x	x	x
Donor projects:	x	x	x
Others specify:			
Total	x	x	x

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14. INPATIENT TOTALS FOR THE YEAR

CENSUS INFORMATION:

List of wards	(A) Beds	(B) Admissions	(C) Deaths	(D) Patient days	(E) Average Length of Stay =D/B	(F) Average Occupancy =D/No. of Days in the year	(G) Bed Occupancy =Fx100/A
Total	x	x	x				

REFERRALS IN THE REPORTING HEALTH UNITS

Item	Year Total
Total admissions	x
Number Inpatients referred from health units	x
Number Inpatients referred to health units	x

SURGICAL PROCEDURES

MAJOR SURGICAL PROCEDURES

Procedure	Number
Caesarian sections	x
Laparotomy	
Tracheostomy	
Evacuations	
Internal fixation	
Burr hole	
Thoracotomy	
Other Major	
Total Number Major Operations	

MINOR SURGICAL PROCEDURES

Procedure	Number
Dental extractions	
Herniorrhaphy	
Debridement and care of wounds and skin grafting	
Incision and drainage of abscesses	
Plastic/ reconstructive surgery	
Ocular surgery	
ENT surgical procedures	
Other Minor	
Total Number Minor Operations	

UTILIZATION OF SPECIAL SERVICES

Service	Number
Blood transfusions (units)	
Other Transfusions(units)	

SELECTED LIST OF CHARGES: HOSPITALIZATION, SURGICAL INTERVENTIONS ETC.

Description	Charges
Hospital one day 1 st week	
Caesarian section	
Normal delivery	
Pap smear	
Female sterilization	
Blood transfusion	
Blood slide malaria	
Chest x-ray	

15. INPATIENT TOTALS: MORBIDITY AND MORTALITY FOR THE YEAR

TOP 5 Causes of Morbidity during the Financial Year for Children under 5 years old		# of new diagnoses previous Financial Year	TOP 5 Causes of Morbidity during the Financial Year for persons 5 years and older		# of new Diagnoses previous Financial Year
Disease/Condition	# of new Diagnoses		Disease/Condition	# of new Diagnoses	
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
Total rest of Diagnoses			Total rest of Diagnoses		
Total all Diagnoses			Total all Diagnoses		

TOP 5 Causes of Mortality during the Financial Year for Children under 5 years old			(C) (C)=(B)/(A) x100 Case Fatality Rate (CFR)	TOP 5 Causes of Mortality during the Financial Year for persons 5 years and older			(F) (F)=(E)/(D) x100 Case Fatality Rate (CFR)
Disease/Condition	(A) # of new cases	(B) # of new Deaths		Disease/Condition	(D) # of new cases	(E) # of new Deaths	
1.				1.			
2.				2.			
3.				3.			
4.				4.			
5.				5.			
Total rest of Diagnoses				Total rest of Diagnoses			
Total all Diagnoses				Total all Diagnoses			

16. TOTAL NUMBER OF ADMISSIONS AND DEATHS BY DIAGNOSES IN THE HEALTH UNIT

Diagnosis	Under five years old				Five years and older			
	Number		Deaths		Number		Deaths	
	M	F	M	F	M	F	M	F
Notifiable Diseases								
Acute flaccid paralysis								
Cholera								
Dysentery								
Guinea worm								
Meningitis (meningococcal)								
Measles								
Tetanus (neonatal) (0 to 28 days age)								
Plague								
Rabies								
Yellow Fever								
Viral Haemorrhagic fever								
Other emerging infectious disease (Specify)								
Other Infectious /communicable diseases								
AIDS								
Diarrhoea – Acute								
Diarrhoea- Persistent								
Genital Infections								
Hepatitis								
Leprosy								
Malaria								
Onchocerciasis								
Osteomyelitis								
Pelvic Inflammatory Disease								
Peritonitis								
Pneumonia								
Pyrexia of unknown origin (PUO)								
Respiratory infections (other)								
Schistosomiasis								
Septicemia								
Tuberculosis								
Typhoid Fever								
Urinary Tract Infections								
Tetanus (over 28 days age)								
Sleeping sickness								
Other types of meningitis								
Maternal & Perinatal diseases								
Abortions								
Malaria in pregnancy								
High blood pressure in pregnancy								
Obstructed labour								
Haemorrhage related to pregnancy (APH or PPH)								
Sepsis related to pregnancy								
Other Complications of pregnancy								
Perinatal conditions (in new borns 0 – 28 days)								
Non communicable diseases								
Anaemia								
Asthma								
Oral Diseases and conditions								
Diabetes mellitus								
Endocrine and metabolic disorders (other)								
Gastro-Intestinal disorders (non Infective)								
Hypertension								

Diagnosis	Under five years old				Five years and older			
	Number		Deaths		Number		Deaths	
	M	F	M	F	M	F	M	F
Cardiovascular diseases (other)								
Anxiety disorders								
Mania								
Depression								
Schizophrenia								
Alcohol and Drug Abuse								
Childhood Mental Disorders								
Epilepsy								
Other forms of Mental illness								
Nervous system disorders								
Severe Malnutrition (Kwashiorkor)								
Severe Malnutrition (Marasmus)								
Severe Malnutrition (Marasmic-kwash)								
Injuries- Road traffic Accidents								
Injuries= (Trauma due to other causes)-								
Animal/ snakes bites								
Poisoning								
Liver Cirrhosis								
Liver diseases (other)								
Hernias								
Diseases of the appendix								
Diseases of the skin								
Musculo skeletal and connective tissue diseases								
Genito urinary system diseases (non infective)								
Congenital malformations and chromosome abnormalities								
Complications of medical and surgical care								
Benign neoplasm's (all types)								
Cancer of the cervix								
Cancer of the breast								
Malignant neoplasm of the digestive organs								
Malignant neoplasm of the lungs								
Cancer of the prostate								
Kaposi and other skin cancers								
Malignant neoplasm of Haemopoetic tissue								
Other malignant neoplasm								
Cutaneous ulcers								
Medical Emergencies								
Cerebro-vascular events								
Cardiac arrest								
Gastro-intestinal bleeding								
Respiratory distress								
Acute renal failure								
Acute sepsis								
Other diagnoses (specify Priority diseases for District)								
All others								
Total Diagnoses								

Name of In charge _____ Signature _____ Date of Report: _____

 (HSD use below this line)

Date received		
Received by 7th of August	Yes	No
Checked by (signature)		
Date processed		

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Financial Year _____

Health unit _____ (Code _____)

District _____ HSD _____ Sub county _____ Parish _____



- The list of parishes in your service area and the corresponding number of villages and population counts will be provided by your DHT. Once this information is provided, complete the rest of the table.**

VHC: Village Health Committee Act CHWs: Active Community Health Workers Trained TBAs: Trained TBAs

Name of parish	Number Villages	Population	Number Active VHC	Number Act CHWs	Number Trained TBAs	Number Community Drug distributors (HOMAPAK)
Totals	Number parishes =					

- Briefly describe the NGO projects in the above parishes currently under way or due to be implemented during the current calendar year:

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3. TARGET AND COVERAGE ESTIMATION

Estimation of the target populations in the service area.

- Total population in the service area: x (A)
- Women in childbearing age in the service area: (A) x 0.202 = (B)
- Number of pregnancies in the service area: (A) x 0.05 = (C)
- Number of births in the service area: (A) x 0.0485 = (D)
- Number of children under one year in the service area: (A) x 0.043 = (E)
- Number of children under five years in the service area: (A) x 0.202 = (F)
- Suspected tuberculosis in the service area: (A) x 0.003 = (G)
- People under 15 years of age: (A) x 0.46 = (H)

4. Estimating target attendance.

(This should be checked by the Incharge BEFORE the report is submitted).

Programme / attendance	(I) Attendance last year	(J) Target attendance this year *	"Coverage" if target number reached	
			Formula	"Coverage" (K)
ANC new clients			(J) x 100 / (C)	
Deliveries (in the Health Unit)			(J) x 100 / (C)	
Children dewormed			(J) x 100 / (H)	
BCG -under 1 year			(J) x 100 / (I)	
DPT 3 - under 1 year			(J) x 100 / (I)	
Measles - under 1 year			(J) x 100 / (I)	
FP First visits of year (clients)			(J) x 100 / (B)	
OPD new cases (0-4 years)			(J) x 100 / (F)	
OPD new cases (5 years and older)			(J) x 100 / (A - F)	
TB new cases			(J) x 100 / (G)	

* "Target attendances this year" is the number you want to achieve.

In-Charge Name _____ Signature _____
 DHT Member Name _____ Signature _____

----- District use below this line -----

Appendix 4 Data Entry Screen Shot to illustrate how data entry looks

CSPRO First Page of Facility Questionnaire

CSEntry - (Apl File = facility7.ent , Data File = entryflow7facility.dat)

File Mode Edit Navigation View Options Help

Case: yuma 00044

QUESTIONNAIRE

DISTRICTNAME... : yuma
 FACILITYNUMBER : 44

001 Start time of interview 08.40 AMPM 1
 002 Day | Month 04 09
 102 Interviewer Code 103
 103 Name of Facility (use name from list or substitute facility name)
 Yuma Clinic
 204 Primary respondent cadre Medical Officer
 205 Job title
 206 Years worked in facility
 Was this facility functional in each of these fiscal years?
 207 2010/11
 208 2007/08
 209 2005/06
 210 How Many doctors, nurses, clinical officers, and midwives are absent from work at this facility today?

District name: yuma
 Facility Number: 00044

Facility Questionnaire Page 6

CSEntry - (Apl File = facility7.ent , Data File = entryflow7facility.dat)

File Mode Edit Navigation View Options Help

Case: yuma 00044

QUESTPG6

DISTRICTNAME... : yuma
 FACILITYNUMBER : 44

QUESTPG6

Information Management

Information Management	2010/11	2007/08	2005/06
507 How would you describe the medical records system in this facility?	1	3	2
508 Was the facility's medical records system for HIV patients separate from other patient records?	1	1	2
509 Did patients carry their non-HIV medical records with them, or were they kept on site?	2	3	1
510 Did patients carry their HIV medical records with them, or were they kept on site?	2		
511 For HIV patients, when clinicians in this facility see patients, what proportion of them bring their records to inform the visit?			
512 For non-HIV patients, when clinicians in this facility see patients, what proportion of them bring their records to inform the visit?			
513 Was there a shortage of supplies that made information management difficult?			
No shortage of supplies			
Storage cabinets			
Data forms			
Log books			
Stationery			
Other			
514 Was there a change to the physical storage capacity for records?			

511 HIV info

- 1 Hardly ever
- 2 About 25% of patients
- 3 About half
- 4 About 75% of patients
- 5 Almost all patients
- 9 Don't know, Missing

Appendix 5

CSPro Data Entry Instructions

Uganda PEPFAR Health System Effects Study

Description of Data Entry

Contents

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Begin Adding Records.....	3
Save Partial Case.....	3
Complete Partial Cases.....	3
Finalizing A Facility Record	3
The file Tree	4
Verification	5
Navigation.....	5

Folders and filenames

I have created a new folder structure in dropbox for the facility data collection.

This is very similar to the folder structure used for the district data collection. Districts are distributed differently across the teams than for the district data collection. The facilities have unique numbers to help identify facilities with the same name. There are 4 form types used in the facility data collection, Facility Questionnaire, Annual HMIS 107, 101, and monthly HMIS 105. Each of these 4 file types has a scan form filename ending with .pdf. There is also one facility data entry file with a .dat filename ending that will contain all data for one facility.

Filenames, are data, not just a name.

In dropbox, I made folders for each region, district, and facility, with the first file of each form type in the facility folder. Below for example is, “\WEST6\RAKAI\RAKAI\RAKAI107q.pdf” this is the WEST6 region, RAKAI district, RAKAI facility, and the RAKAI107 facility questionnaire scan file. This file name is actually part of the data entry system. Use the facility filenames provided in these folders, which are the same as the facility names on the list of facilities included in the appendix.

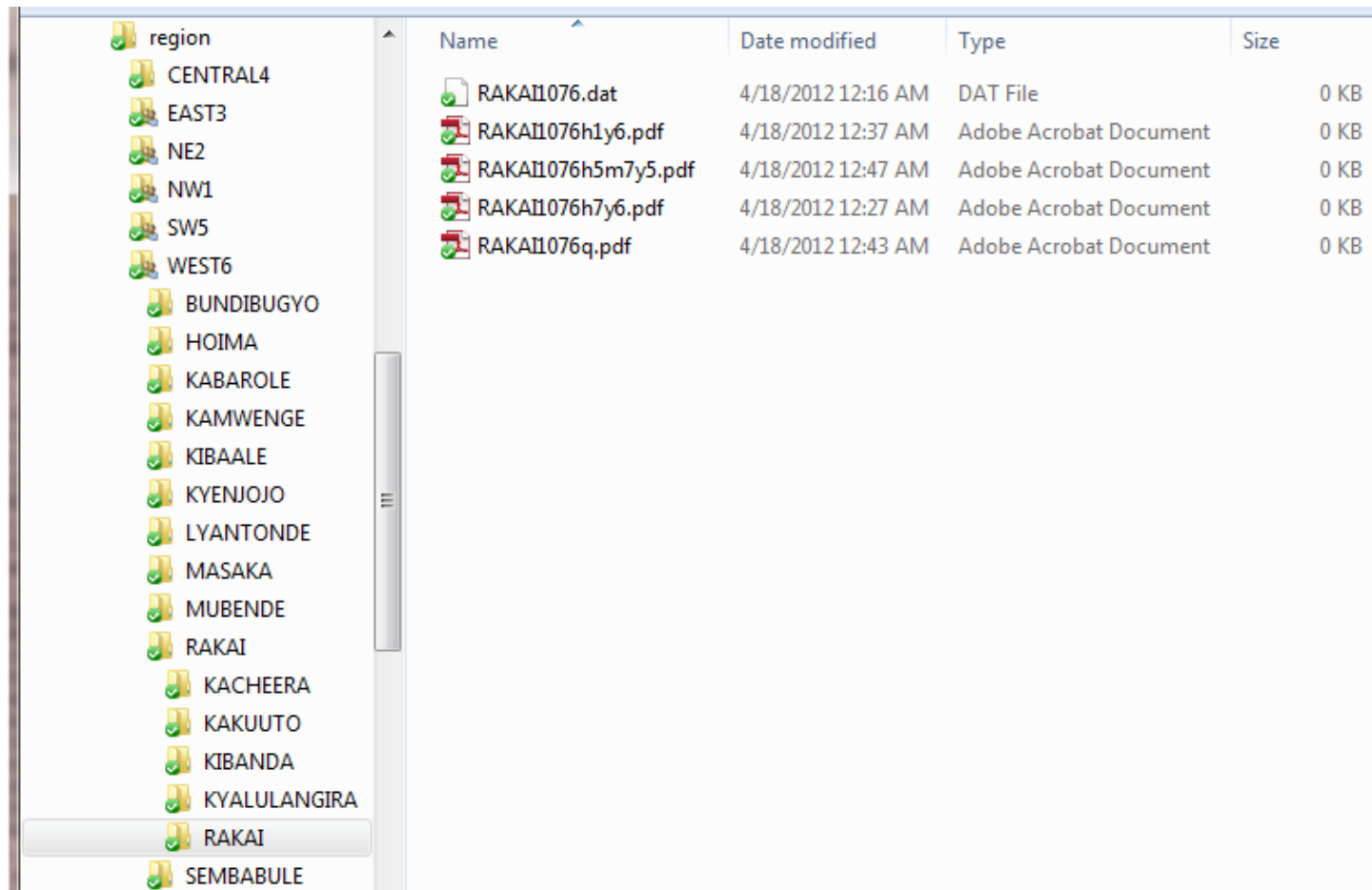
Use these original file names for all scanned forms and simply change the date information as appropriate. If the name of the facility has changed since this MOH data set was created in 2008 then use the new facility name and keep the unique facility ID number that was listed with the original facility name. The first scanned file for the HMIS 107 will be RAKAI107h5m7y5.pdf. This is composed of the facility name RAKAI, the unique facility ID number 107, the type of form h5 stands for HMIS 105, m7 stands for month 7, and y5 is for 2005.

While the month is needed to uniquely identify HMIS 105 monthly reports only the year is needed to identify HMIS forms 107 and 101 annual reports, while only a q is needed to identify the questionnaire.

When you open CSPro to do data entry you will be asked for the data file to receive the information you are entering. Navigate to this folder and click on the file, e.g. RAKAI107.dat, so that the correct file name is used and the data is stored in the correct folder.

The data entry person from the team will have access to the scanned forms and enter them soon after they are uploaded to dropbox. It is important to ensure you have a functioning data modem and that it is on while you are scanning at the facility. If the modem is not functioning from this facility where you are scanning than it is necessary for you to find a location as soon as possible after scanning to upload the data into dropbox.

Folder structure and filenames



CSPro software


The **Census and Survey Processing System 4.1 (CSPro)** is a Windows based free software package for entering, editing, tabulating, and disseminating data from surveys. We will be using one module of this software, Data Entry.

When CSPro was installed on your computer an icon was placed on your desktop.

CSPro has extensive pull-down menus as well as a long list of shortcut keys you can use to complete data entry.


To open data entry.

Click on the CSPro Data Entry Application

1. File menu Open Data File; or click the open file icon  on the toolbar.
2. Select the data file you want to open. This is the .dat file from the facility folder.

You will be requested for an Operator ID number. The number you can use for this is in the roster of team members in the appendix.

Begin Adding Records


Press Ctrl A; or from the Mode menu, select Add, or click on the add case icon  on the toolbar to begin adding cases to the END of the data file. Esc or Ctrl S will exit the Add mode. A case is one facility, there will only be one case in each facility data set. The case is composed of all forms for one facility. The terms case, facility, and record, all refer to the data for one facility.

After you enter the district name and the facility ID number it will be used for all records in the facility database, you only will need to enter this information one time.

Save Partial Case

To save any time during data entry, after entering the district name and facility unique ID, you can use the shortcut key Ctrl s, to save your record. If you have not completed all forms for the facility then a dialog box will open with several options; Partial, Finish, Discard, Cancel, and Help. Partial simply means that you can return to this record to enter more data later. Choosing Partial will save the case, remembering the field your cursor was last on and returning you to this field when Add is resumed. After you have saved a record you can open a different facility data set by using the shortcut Ctrl d keys and navigating to the folder where data set is located.

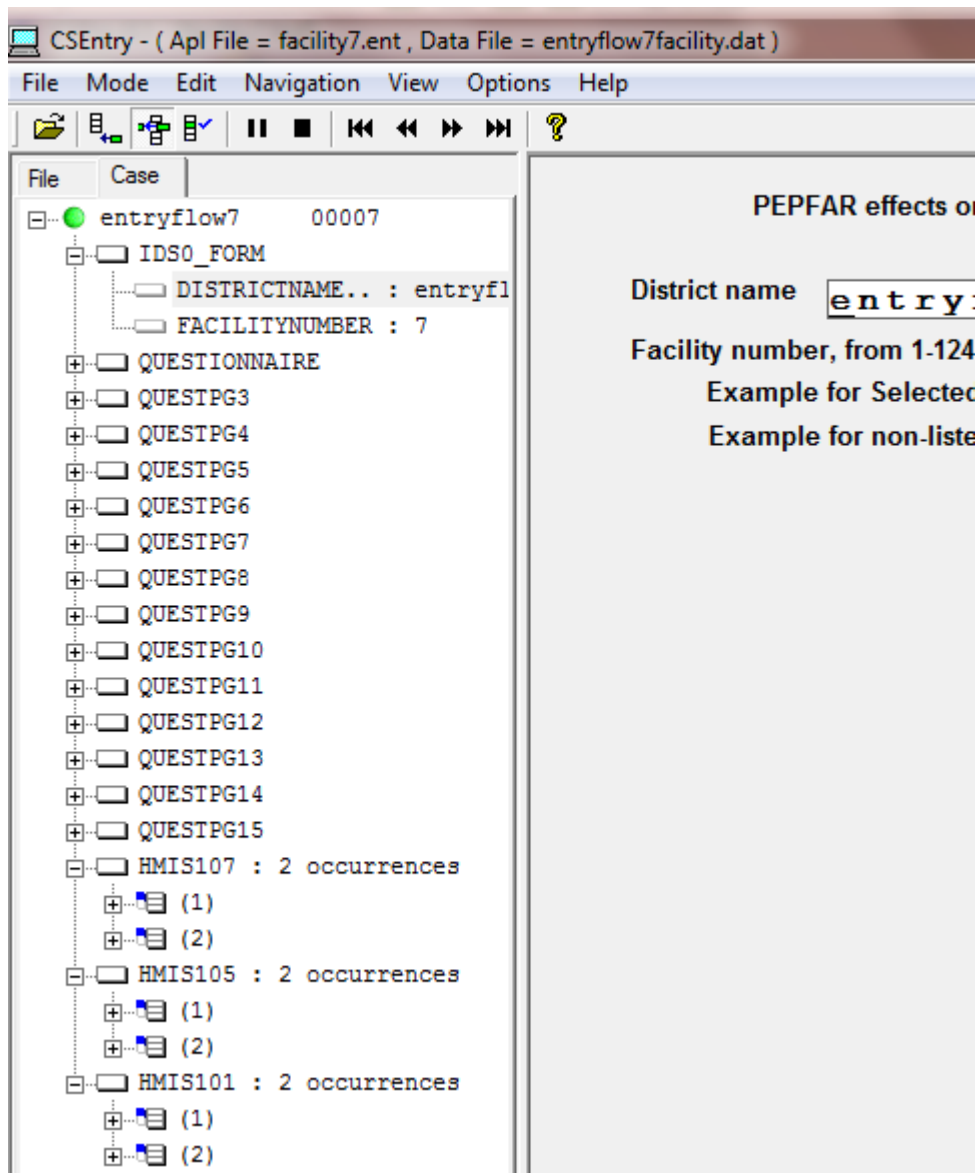
Complete Partial Cases

Partially added cases are marked with  in the File Tree. Pressing Ctrl B toggles the tree between showing all the cases, or only the partially completed cases. To reload a partially added case, select it in the File Tree and press Enter, or double-click it with the mouse. When you complete all six annual HMIS 107 forms the cursor will move on to the next type of form. To move to the next type of form when you have not entered all six HMIS 107 you can use the shortcut key Ctrl /.

Finalizing A Facility Record

Finalizing a record is required before the verification pass can begin. You can save and make a record final by pressing the F12 key. If you later discover that you have additional forms to add to this facility record you can use the modify mode for this.

The file Tree



In this file tree you can see one line for each page of the facility questionnaire, for example QUESTPG10. In other lines you can see HMIS107 : 2 occurrences. This indicates that this data set contains two HMIS 107's, also shown are two HMIS 105's and two HMIS 101. By clicking on the plus symbol next to any of these lines if variable names and the data entered for each of them will be displayed.

Verification

The verification software facilitates the second entry of data to ensure accuracy and improve our analysis to address the study goals. During the verification pass all fields on the form start out blank. Each time you enter data into a field, the system compares the value you entered with the original value in the data file.

- A. If the values match, the cursor moves to the next field.
- B. If the values do not match, then re-enter the data. If this 2nd value matches the original value the cursor moves to the next field keeping the original value.
- C. If the 2nd value matches the 1st value you entered then the value you entered twice replaces the original value.
- D. If the 2nd value you enter does not match the original value or the 1st value verification for the field is restarted.

Resolution	Original value	Verify 1 st	Verify 2 nd	Final	
A	0	0		0	1 st verify match
B	0	1	0	0	2 nd verify match
C	0	2	2	2	Both 1 st and 2 nd verify do not match original
D	0	3	2		Starts field verify again

You can see the values in the data set at any time by pressing the Ctrl F2 keys. Pressing Ctrl F2 keys again resumes verification.

Navigation

You can click on any field on the screen, you can also click on any variable name in the file tree on the left panel of your screen to go to that location. You may also find the following keys useful.

Keys	Function
Ctrl /	Move to next form type (e.g. HMIS 101, Facility Survey)
/	Move to next form of this type
PgUp	Previous Screen
PgDn	Next Screen
Up arrow	Previous field
Down arrow, or Enter	Next field
Ctrl M	Modify a record
Ctrl F	Find record
Navigation menu	First, Next, Previous, Last case
Ctrl S	Save and exit the record
Ctrl A	Add facility record
Edit menu	Delete case
Mode Menu, Pause	Temporarily pause data entry
Mode Menu, Verify	Verify, second data entry
Esc	Escape key stops data entry
Alt F4	Save and close the record from modify mode
F12	Save and close the record from add mode

Telephone: General Lines: 340874 /
231563 / 9
Permanent Secretary's Office: 256 – 41 –
340872
Fax: 256 – 41 – 231584
E-mail: ps@health.go.ug
Website: www.health.go.ug



Ministry of Health
P. O. Box 7272
Kampala
Uganda

FOR ALL CORRESPONDENCE

Tuesday, March 20, 2012

The Facility Manager or Medical Superintendent

_____ Hospital,

Uganda

Dear Colleague,

**RE: REQUEST FOR PARTICIPATION IN PUBLIC HEALTH EVALUATION (PHE)
FACILITY STUDY (733692)**

This is to request for your full participation in this facility based study.

Study Title: Impact of PEPFAR and Global HIV/AIDS Initiatives (GHIs) on Non-HIV Services and Systems in Uganda: A Rapid Assessment Using Uganda's Health Management Information System

Background to the study: The Ministry of Health Uganda in collaboration with the CDC's health systems team in Atlanta, USA, CDC Uganda, and USAID Uganda is conducting a study to assess the district-level health systems impact of PEPFAR and GHIs on Non-HIV Services and Systems.

Uganda had received more than \$1 billion through PEPFAR and other GHIs for the care, treatment and prevention of HIV AIDS in Uganda. While many studies show benefit in controlling the epidemic, HIV/ AIDS is but one of many illnesses that make up the total burden of illness in these countries. There are few studies that have looked at whether disease-specific (or "vertical") programs such as PEPFAR, benefit or harm other aspects of the country's health care system. For example, has the focus on HIV AIDS allowed for much of the health worker training conducted to "spill over" and benefit patients with other diseases? Or, more negatively, has the massive investment led to a shifting of health care workers away from care of patients with non-HIV diseases?



Appendix 7 - ODK User Manual and data elements

Uganda Ministry of Health / Makerere / CDC / UW

Study on Effects of PEPFAR

ODK Field Data Reporting

Some data will be captured on Android phones using OKD software and sent to the team server.

Data teams will collect

Facility Arrival

- Team number
- Admin team member name
- Facility name
- Today's date
- Time arrived at health facility
- Amount of time spent traveling to the facility today
- Other team members present
- Picture of the facility sign with team
- Health facility location GPS
- Condition of traffic getting to this facility
- Condition of roads getting to the facility
- Vehicle and driver performance
- Notes

Facility Leave

- Team number
- Facility name
- Date leaving facility
- Time leaving health facility
- Was the facility manager or designee expecting a visit today
- How difficult was it to locate the facility administrator or designee
- What was the level of cooperation and assistance from the administrator or designee
- Please rate the help the team received for locating the HMIS forms
- Rate the level of the organization of the HMIS forms storage
- How many days have you visited this health facility
- Was electricity available to operate your equipment
- What was the quality of your Internet service
- Did you have problems with any of the study team equipment
- Is follow-up needed at this facility to complete data collection
- Notes

Data collection on the phone



Some data will be collected on phones. We use ODK Collect that collects information on your phone and allows you to send the data to an online server. The server is ODK Aggregate and the name of our server is ughealthservice. ODK Collect allows data collection even without an internet connection or mobile carrier service at the time of data collection the data is saved in the phone.

The phones can be charged by plugging them into the charger or the laptop.

Several buttons on the phone are used often.

Home – this button will bring you back to this Home screen regardless of what program you are using.

Menu – provides to settings and options related to the program you are using.

Back – takes you to the previous screen.

Data Entry Exercise

ODK Collect has been installed on your phone and the icon put on the home page. Turn on your phone and tap the ODK Collect icon to open ODK Collect. You will see the ODK Collect home screen, which lists five options: Fill Blank Form, Edit Saved Form, Send Finalized Form, Get Blank Form, and Delete Saved Form.

Small group exercise for data entry and sending data to server

From the ODK opening screen – select Fill Blank Form

- Select FacilityArrival1 – answer the questions
- After the last question check Mark Data as Finished – Save Form and Exit
- This will return you to the ODK opening screen – select Send Finalized Form
- Check the form to upload – select Send Selected (this may take a minute or two)
- You should see Upload Results confirming the form was sent successfully

Setting the phone options to work with ODK

Phone settings for using ODK with our form include; GPS to on, Wi-Fi off, Mobile Network on, Data Sync off. Also, unplug the phone from the laptop before sending data.

GPS settings can be accessed through the Menu button from the Home screen.

Menu – Settings – Location

- turn on Use wireless networks (check is Blue when on)
- turn on Use GPS satellites

Wi-Fi settings can be accessed through the Menu button from the Home screen

Menu – Settings – Wireless and networks

- turn off Wi-Fi (check is Gray when off)
- turn on Mobile Network (check is Blue when on)

Data Sync settings can be accessed through the Menu button from the Home screen

Menu – Settings – Accounts & sync

- turn off Background data (check is Gray when off)
- turn off Auto-sync
- turn off Google
- turn off News
- turn off Weather
- turn off any other accounts listed on this page

Setting the phone to point to our server

Use these settings so your phone knows the address of our ODK server. This is the server to download forms from and send data to.

1. Open the ODK Collect application. You will see the home screen.
2. Select the "Menu" button.
3. Click the "Change Settings" option that appears
4. Change the "Server" to <http://>
5. Change "Username" to one of the addresses below e.g.
6. Change "Password" to "" (*all lower case letters*).

- The team email accounts are as follows:
 - @gmail.com
 - @gmail.com
 - @gmail.com
 - @gmail.com
 - @gmail.com
 - @gmail.com

Note: As mentioned in point five, the username does not require the team's full email address.

Now, any forms you download or data submissions you send will go to the team server.

Downloading a form

Open the ODK Collect application

Select Get Blank Form

Select the check button next to FacilityArrival1 or the form you want to download

Select Get Selected, the form will be downloaded to your phone

Notes:

- The phone must be unplugged from the laptop for ODK Collect to function.
- Phones without time in their data plan cannot send data using Mobile Network.
- If you turn on Wi-Fi and turn off Mobile Network you can upload the form data using Wi-Fi even if you do not have data plan time. You must be at a Wi-Fi hotspot for this to work.
- If ODK crashes several times, then *remove the phone battery without turning off the phone* and then replace the battery and restart the phone.
 - This will clear the current processes and restart ODK clean.

Consent form to be signed by people who have their photographs taken

The undersigned does hereby authorize

Uganda PEPFAR Health System Effects Study

to photograph

Name (please print)

The undersigned authorizes the study team members to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication.

The undersigned releases and forever discharges the study partners from any and all claims and demands arising out of or in connection with the use of said photographs / images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

Signature of Subject

Date

Appendix 9

Quality Assurance Daily Report Form

DATE: _____

From: Headquarters Team Member: _____

Team: (NE, NW, SE, SW, W, Central) *Check box*

To: Field Team and Flavia

Here are our comments on your data collection today (checkbox):

- Complete number of forms: Good Fair Poor
- Complete pages in the forms: Good Fair Poor
- Quality of image: Good Fair Poor
- Handwriting quality for survey: Good Fair Poor
- Placed in proper location: Yes Review with Team
- Timeliness: Good Fair Poor
- Files named properly: Yes Review with Team

- Complete report of missing documents and key variables from Form 107 and Facility Questionnaire and send to the field team and Flavia.

25 April 2012

Uganda PEPFAR Health Systems Effects Study

1. Responsibilities and payments

- How much money do travelers get? How do you need to track their money?
A: Travelers will sign for UgSh 200,000 per day for the days you spend the day collecting data or traveling between facilities to collect data. You will sign for UgSh100,000 for the days you are traveling, resting or on holiday/weekend **WHILE YOU ARE IN THE FIELD.**
 - For example, on Sunday NW team travels to Gulu. You get 100,000 per person.
 - On Monday you collect data from Gulu Hospital. You get 200,000 per person.
 - On Tuesday it is a holiday, and you travel to the next facility. You are in the field. You get 100,000.
 - On Wednesday you collect data from Facility X, you get 200,000.
 - On Thursday you finish at Facility X and spend the rest of the day traveling to Facility Y, you get 200,000.
 - On Friday, you collect data from Facility Y.
 - On Saturday, you travel to Facility Z. You get 100,000.
 - On Sunday you rest. 100,000.
 - On Monday, you collect data from Facility A. 200,000
 - Tuesday is a holiday, 100,000.

2. How do you get paid?

A: The day or the day before you leave, go see Evelyn. You will sign for 75% of the money you expect to earn for your days in the field. The signing sheets will ask how many work days and how many travel/rest/holidays (half-pay days). You will get cash.

3. What receipts do you need to bring back?

1. Facility administrator receipt for 100,000 for each facility
2. Phone time receipts
3. Fuel receipts
4. NOT hotel or meal receipts

4. What is the productivity expectation?

A: We hope you will be able to finish 4 facilities per week on average. Some weeks it will be 5, some weeks with terrible luck you might do fewer than 4. Our goal would be to finish by end July or mid August.

5. What is the relationship with the driver company, and how do we resolve travel problems?

A: Call Aida if you have problems with the driver. If you have an emergency and can't reach Aida, call the driver companies listed on the roster in the manual.

6. Do we check in each day? With whom?

A: Check in each day with your data entry team member, who will report to Aida and Flavia that all is well or that you need something.

7. Who tells us if we're doing a good job or need to make changes in our methods?

A: Your data entry team member is tracking your data quality and has a daily report to complete, which goes to Flavia, who reports to Dr. Sam.

8. How do we manage our supplies, and restocking?

A. Aida will help you with this. If you run out of materials in the field, you will need to find a copy machine or purchase supplies. Keep your receipts. Try to keep a clean original for copying purposes.

9. Can we switch roles from fieldwork to data entry?

A: We recognize this is a long and tiring project. We will allow teams to switch roles (data entry or field work), as long as it is in the best interests of the project. The data entry person must be reasonably skilled and speedy, and the field person must do that job well, too. Experience builds competence, so lots of switching may not serve the project. If you want to switch AFTER THE FIRST WEEKS, you can work that out within your team, and then go to Aida or Sam for final approval.

10. Expectations of data entry people

Data entry people are to report each morning you are expected to work at 9 am at Makarere Anatomy Building and sign in with Flavia. Flavia will have a book where you can sign in each day.

Data entry people will be paid 100,000 for eight hours of work (9 am to 5, with one hour—only—for lunch). Work means data entry, not phone chatting or running errands or visiting or doing someone else's work.

Data entry people will receive 20,000 for transport each day.

Data entry people may arrange **in advance** to work a half day for 50,000, with 10,000 for transport.

Data entry people will be paid every other Friday (that is, every two weeks on a Friday) for the time worked the previous two weeks.

We have limited data entry stations, so we need to know in advance what schedule you intend, so that we can plan to keep the stations full at all times.

CSPro has the capacity to generate reports about number of keystrokes per hour per day and times worked. We hope not to have to, but we can look at that information if necessary.

11. Equipment responsibility

This project is very reliant on lots of expensive equipment. You need to safeguard your tools, as your work depends on it! If you need to have something repaired, we have a small budget for this. Talk to Aida to make arrangements.

12. Expectations of everyone

This project is not funded generously. We are all operating on a shoestring. Even the principals at the UW and Makerere are working many more hours than you are being paid for. We cannot afford to pay for time NOT worked. So *please* everyone, help us to finish this important project by using your time effectively.

13. When will we be done?

When we have collected data from all 315 facilities. We hope this will be end of July or mid-August. It may take longer, but that all depends on you, on the rains, on good luck, and so on. You'll have a better idea in about 3 weeks how long this seems to be taking and can help us project!

14. Termination

Your teams are very reliant on you to play your role. If you cannot go on a scheduled field visit or enter data for the shift, you need to give two days' notice, minimum! Not showing up is a terrible problem for everyone else! People who are chronic no-shows or chronically late will need to be terminated from the project. We need everyone we have, so don't make us fire anyone!