

REPUBLIC OF GHANA
STATISTICAL SERVICE

GHANA LIVING STANDARDS SURVEY

QUESTIONNAIRE FOR HEALTH AND FAMILY PLANNING SERVICES

NOVEMBER 1989

REGION: _____ REGION No.: _____

TEAM No. ☐

NAME OF FACILITY: _____

FACILITY No. ☐

LOCATION: _____

TYPE OF FACILITY: CLINIC _____ 1 ☐

HEALTH POST/CENTER _____ 2

MATERNITY HOME _____ 3

HOSPITAL _____ 4

OTHER (SPECIFY) _____ 5

TO BE COMPLETED IN OFFICE: CLUSTERS FOR WHICH FACILITY IS NEAREST:

NAME: _____ CLUSTER No.: ☐ DISTANCE: ☐

NAME: _____ CLUSTER No.: ☐ DISTANCE: ☐

NAME: _____ CLUSTER No.: ☐ DISTANCE: ☐

NAME: _____ CLUSTER No.: ☐ DISTANCE: ☐

NAME: _____ CLUSTER No.: ☐ DISTANCE: ☐

TIME STARTED: _____ TIME COMPLETED: _____

INTERVIEWER NO.: _____

	2	3	1	77	14	42	13	
	CLINIC	85	Post	Mat.H	Hosp.	Other		
Public	30	74	1	19	7	131		
Private	49	2	13	14	4	82		
Quasi	5	0	0	8	0	13		
Other	1	1	0	1	2	5		

QUESTIONNAIRE FOR HEALTH AND FAMILY PLANNING SERVICES

NAME OF HEAD OF FACILITY _____ POSITION _____

NAME OF RESPONDENT _____ POSITION _____

I. CHARACTERISTICS OF THE FACILITY1. Is this facility public or private? ☐

PUBLIC.....1 QUASI-PUBLIC.....3
 PRIVATE.....2 OTHER (SPECIFY).....4

2. In what year was this facility built? 19 ☐3. In what year did services begin? 19 ☐4. Does this building have electricity? ☐

YES.....1
 NO.....2 (* 7)

5. Is the current from an Electric Company or a generator? ☐

COMPANY.....1 (* 7)
 GENERATOR.....2

6. Is there enough fuel to supply the generator? ☐

ALWAYS.....1 SOMETIMES.....3
 USUALLY.....2 NEVER.....4

7. Does this facility have a refridgerator? ☐

YES.....1
 NO.....2 (* 10)

REGION No.:_____ FACILITY No.:_____

8. Does the refridgerator run on
electricity or kerosene?

☐

ELECTRICITY.....1
KEROSENE.....2
BOTH.....3
SOLAR POWER.....4

9. Is the refridgerator working today?

☐

YES.....1
NO.....2

10. What is the main source of water for
this facility?

☐

PUBLIC WATER SYSTEM.....1	LAKE, RIVER.....4
WELL W/PUMP.....2	RAINWATER.....5
OPEN WELL.....3	OTHER (SPECIFY)....6

11. Is housing provided by this facility for
of the employees of the facility?

☐

YES.....1
NO.....2 (= 15)

12. How many of the employees have housing
provided by this facility?

☐

NUMBER

13. Is there any electricity in the employee
housing?

☐

YES.....1
NO.....2
SOME BUT NOT ALL...3

14. What is the main source of water
for this housing?

☐

PUBLIC WATER SYSTEM.....1	LAKE, RIVER.....4
WELL W/PUMP.....2	RAINWATER.....5
OPEN WELL.....3	OTHER (SPECIFY)....6

REGION No.:____ FACILITY No.:____

15. Is there an operating room in the facility? ☐

YES.....1

NO.....2

16. Is there a laboratory to do tests? ☐

YES.....1

NO.....2 (* Section II)

NO LAB BUT DOES MINOR TESTS...3

17. Must the clients pay for lab work (blood tests, stool tests, pregnancy tests etc)? ☐

YES.....1

NO.....2 (* Section II)

18. How much must they pay for:

a stool test?..... AMOUNT:

a blood test?..... AMOUNT:
(Haemoglobin)

a pregnancy test?..... AMOUNT:

a urine test?..... AMOUNT:

a skin slip test?..... AMOUNT:

other test (SPECIFY)?.... AMOUNT:

GO TO SECTION II

II. SERVICES

REGION No. FACILITY No.

1. How I would like to know what services are offered by your facility. Do you offer....	2. On which days of the week and for how many hours each day do you offer this service? WRITE THE NUMBER OF HOURS FOR EACH DAY OF THE WEEK. (IF NOT OPEN, WRITE "0")	3. Must the clients pay for this service? YES.....1 NO.....2 (* NEXT SERVICE)	4. How much must they pay?	
			CONSULTATION.....1 IMMUNIZATION.....2 DAY.....3 PER ILLNESS.....4 PER BIRTH.....5 LOWE TIME CHARGE.....6 OTHER.....7 AMOUNT UNIT	
	SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY			
a. Out patient consultations?				
b. Deliveries?				
c. Prenatal consultations?				
d. Postnatal consultations?				
e. Well-baby clinic? (Weighing)				
f. Programs for malnourished children?				
g. Other services? specify:				

III. IMMUNIZATIONS

REGION No. _____

FACILITY No. _____

1. Do you offer immunization services here?

YES.....1

NO.....2 (* SECTION IV)

	12. Do you usually offer ...[]... here? YES.....1 NO.....2 (* NEXT)	13. Do you have ...[]... in stock today? YES.....1 NO.....2	14. How much must clients pay for the complete vaccine? ALL DOSES [AMOUNT]
a. BCG			
b. DPT			
c. Tetanus (alone)			
d. Measles			
e. Yellow fever			
f. Meningitis			
g. Polio			
h. Other? (Specify)			

IV PERSONNEL

RESIDN No. _____

FACILITY No. _____

COMPLETE ALL CELLS; IF THE ANSWER IS ZERO, WRITE 0	1. How many ... work in this facility? NUMBER	2. How many ... are working this moment? NUMBER	3. How many ... worked in the past 24 hours? NUMBER
a. Medical doctors			
b. Pharmacists			
c. Dentists			
d. Medical assistants			
e. State nurses (SRN/GRN/EN)			
f. Other nurses			
g. Midwives or Nurse/Midwives			
h. Family planning workers			
i. Orderlies			
j. Drivers			
k. Administrators			
l. labourers			
m. Other personnel? (Specify)			

REGION No.:_____ FACILITY No.:_____

V. BEDS

1. How many beds are in this facility? _____

(IF ANSWER IS "0", = 7)

2. How many of these beds are not usable? _____

3. How many beds were occupied last night? _____

4. How many patients were on admission here last night ? (NEWBORNS EXCLUDED) _____

5. Must inpatients pay for their lodging? (excluding food) _____

YES.....1

NO.....2 (= 7)

6. How much must they pay per night? AMOUNT: _____

7. Are there private beds or rooms in this facility for which patients must pay? _____

YES.....1

NO.....2 (= SECTION VI)

8. How much must one pay for a private bed or room per night? AMOUNT: _____

9. Does this facility provide food for in-patients? _____

YES.....1

NO.....2 (= SECTION VI)

10. How much must they pay for food per day? (IF FREE WRITE 0) AMOUNT: _____

VI. EQUIPMENT

REGION No.: _____ FACILITY NO.: _____

1. Does this facility have any vehicles? ☐

YES.....1

NO.....2 (* 4)

COMPLETE ALL CELLS; IF THE ANSWER IS ZERO, WRITE 0	12. How many ... do you have in this service? NUMBER	13. How many ... are in working condition today? NUMBER
a. Light vehicles, cars/jeeps/4 WD		
b. Buses		
c. Ambulances		
d. Motorcycles/ Mopeds		
e. Bicycles		
f. Other vehicles		

4. Does this health facility have air conditioners? _____

YES.....1

NO.....2 (* 5)

5. Do the air conditioners work? _____

YES.....1

NO.....2

SOME.....3

6. Does this health facility have fans? _____

YES.....1

NO.....2 (* SECTION VII)

7. Are the fans in working order? _____

YES.....1

NO.....2

SOME.....3

VII. DRUG SUPPLY

REGION No.: _____

FACILITY No.: _____

1. Are the following drugs in stock today?	12. How is this usually dispensed?	13. How much do clients have to pay for ...?	14. How much time did your last stock of ... last before it was depleted?
YES....1 -----> NO.....2 ----->	BY COURSE...1 PACKET...4 BY TABLETS...2 OTHER...3 BOTTLE.....3	COURSE...1 BOTTLE..3 TABLETS..2 PACKET..4 OTHER (SPECIFY).....5 PRICE UNIT WEEKS	
a. Chloroquine tablets? 150 mg			
b. Chloroquine syrup? 80 mg/5 ml			
c. Chloroquine injection? 40 mg/ml			
d. Any other kind of Anti-Malarial drug?			
e. Paracetamol tablets? 500 mg			
f. Aspirin tablets 300mg (Acetylsalicylic Acid)?			
g. Vitamin B 12?			
h. Rehydration salts?			
i. Mercurochrome?			
j. Cough Mixture?			
k. Bandages/dressing?			
l. Ampicillin?			
m. Other antibiotics?			
n. Anti-parasite drugs?			

DRUG SUPPLY CONTINUED

REGION No.: _____

FACILITY No.: _____

1. Are the following drugs in stock today?	12. How is this usually dispensed?	13. How much do clients have to pay for ...?	14. How much time did your last stock of ... last before it was depleted?
YES....1 _____ NO.....2 _____	BY COURSE...1 PACKET...4 BY TABLETS...2 OTHER...5 BOTTLE.....3	COURSE...1 BOTTLE..3 TABLETS..2 PACKET..4 PRICE UNIT	WEEKS
c. Iron - Folic Acid?		:	
		:	
p. Multivite?		:	
		:	
q. Diazepam? (Valium)		:	
		:	

REGION No.:_____ FACILITY No.:_____

5. When did you last replenish your stock of drugs?

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

6. How often are your stocks replenished?

ANSWER: Every
NO. UNIT

UNIT

DAY.....1
WEEK.....2
MONTH...3

7. When do you expect to get your next stock of drugs?

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

8. During what time of day do you receive the most patients?

ONE ANSWER

MORNING.....1
NOON.....2
AFTERNOON.....3
EVENING.....4
NIGHT.....5

9. During what days of the week do you have the most clients ?

ONE ANSWER

WEEK DAYS.....1	THURSDAY.....6
WEEKENDS.....2	FRIDAY.....7
MONDAY.....3	SATURDAY.....8
TUESDAY.....4	SUNDAY.....9
WEDNESDAY.....5	MARKET DAY..10

REGION No.:_____ FACILITY No.:_____

10. During which months do you have the most clients?

FIRST

UP TO THREE ANSWERS.
LEAVE BLANK IF LESS THAN 3

SECOND

THIRD

JANUARY.....1
FEBRUARY.....2
MARCH.....3
APRIL.....4
MAY.....5
JUNE.....6

JULY.....7
AUGUST.....8
SEPTEMBER..9
OCTOBER...10
NOVEMBER..11
DECEMBER..12

11.

	Do you extend credit to ...{ }.
	YES.....1 NO.....2
a. clients?	
b. friends?	
c. neighbours?	
d. relatives?	
e. paupers?	
f. MOH staff?	
g. other (specify)	

REGION No.: _____ FACILITY No.: _____

12. Do ...[]...have to pay for drugs or consultation?

YES.....1

NO.....2

	PAUPERS	MENTALLY ILL	BLIND	NON STAFF	PUBLIC OFFICIALS	OTHER SPECIFY
DRUGS						
CONSULTATION FEES						

13. Does this facility offer
Family Planning services?

☐

YES.....1 (GO TO SECTION VIII)

NO.....2

INTERVIEWER: COUNT THE NUMBER OF PEOPLE WAITING IN THE OUT-
PATIENT WAITING AREA AND NOTE HERE

☐

IF ANSWER TO Q. 13 IS "NO", THIS IS THE END OF THE QUESTIONNAIRE
FOR THIS FACILITY.

REGION No.:_____ FACILITY No.:_____

VIII. FAMILY PLANNING

HOURS OF OPERATION/SERVICES OFFERED

1. On which days of the week, and for how many hours each day do you offer services?

WRITE THE NUMBER OF HOURS FOR EACH DAY OF THE WEEK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

2. How many days a month do you offer Family Planning Services?

3. Do clients have to pay for Family Planning consultations (excluding the price of contraceptives themselves)?

YES.....1

NO.....2 (* 5)

4. How much must a client pay for a Family Planning consultation (excluding the price of the contraceptives themselves)?

AMOUNT

REGION No.: ____ FACILITY No.: ____

5. Does this facility offer ...[]... YES...1 ----- NO....2 (* NEXT)	6. Do you have ...[]... in stock today YES.....1 NO.....2	7. Must clients pay for ...[]... YES...1 NO...2 (* NEXT ITEM)	8. How much must clients pay for ...[]... (FOR ONE UNIT) <u>AMOUNT</u>
CONDOMS?			
SPERNICIDE? (Specify)			
CONTRACEPTIVE PILLS? (Specify)			
IUD?			
DIAPHRAGM?			
CONTRACEPTIVE INJECTION? (DEPO-PROVERA)			
OTHER? (Specify)			

9. When did you receive your last supply
of contraceptives?

MONTH _____

YEAR _____

10. When do you expect to get your next
supply of contraceptives?

MONTH _____

YEAR _____

REGION No.:_____ FACILITY No.:_____

FAMILY PLANNING PERSONNEL

11. How many staff members offer Family Planning services?

NUMBER

12. INSTRUCTIONS TO INTERVIEWER:

ASK ABOUT EACH PERSON OFFERING FAMILY PLANNING SERVICES.
COMPLETE A LINE FOR EACH PERSON. THE TOTAL LINES SHOULD
EQUAL THE No. OF PERSONS IN QUESTION 11.

12 a.	TYPE OF FAMILY PLANNING WORKER	b. SEX	c. AGE	d. NUMBER OF CHILDREN OF FAMILY PLANNING WORKER
	----- >	MALE.....1 FEMALE...2	----- ->	
Worker No.	MEDICAL DOCTOR...1 MIDWIFE.....2 NURSE.....3 OTHER (SPECIFY)...4			
1				
2				
3				
4				
5				

13. Does this Family Planning facility have any person who is qualified to insert IUDs?

YES.....1

NO.....2 (* 17)

14. What are the qualifications of this person?

MEDICAL DOCTOR.....1
MEDICAL ASSISTANT.....2
MIDWIFE.....3
NURSE/MIDWIFE.....4
OTHER (SPECIFY).....5

REGION No.:_____ FACILITY No.:_____

15. How many days a week does this person perform IUD insertions?

☐

16. What is the sex of this person?

☐

MALE.....1
FEMALE...2

17. During what time of day do you receive the most family planning clients?

☐

ONE ANSWER MORNING.....1
NOON.....2
AFTERNOON.....3
EVENING.....4
NIGHT.....5

18. During what days of the week do you have the most family planning clients?

☐

ONE ANSWER WEEK DAYS....1 THURSDAY.....6
WEEKENDS.....2 FRIDAY.....7
MONDAY.....3 SATURDAY.....8
TUESDAY.....4 SUNDAY.....9
WEDNESDAY....5 MARKET DAY..10

19. During which months do you have the most family planning clients?

FIRST

☐

UP TO THREE ANSWERS.
LEAVE BLANK IF LESS THAN 3

SECOND

☐

JANUARY.....1 JULY.....7
FEBRUARY.....2 AUGUST.....8
MARCH.....3 SEPTEMBER..9
APRIL.....4 OCTOBER...10
MAY.....5 NOVEMBER..11
JUNE.....6 DECEMBER..12

THIRD

☐

20. How many Family Planning clients or consultations has this facility had in the past calendar month?

☐

No.

☐

MONTH

REGION No.:_____ FACILITY No.:_____

21. Was Q. 20 answered from memory or
from records?

☐

MEMORY.....1
RECORDS.....2

THANK YOU

END OF QUESTIONNAIRE

Notes on the Health and Family Planning Questionnaire and
Drugstore Questionnaire

Issues to consider regarding the two (2) questionnaires used in
the survey covering the impact of price, quality, and
availability of health care on the demand for services in Ghana

(Dates of survey period: November 8, 1989 - December 23, 1989)

Two questionnaires were developed with the help and cooperation of World Bank and Ghana Statistical Service (GSS) personnel, Ghana Ministry of Health physicians, and a WHO consultant. The questionnaires were considered part of the Ghana Living Standards Survey materials, and were designed to relate their findings to data previously collected from sample households in the second year of the GLSS.

The longer questionnaire (18 pages), covered health and family planning services; the shorter (9 pages), covered drug sources other than health facilities such as drugstores, pharmacies, and market vendors.

In general, the ideal situation would be to have hard copies of the actual completed questionnaires at hand to see where problems actually arose in data collection. The alternative here involves using notes from the field-tests and comments about the environmental context made by survey staff with field experience.

The three most problematic regions of Ghana as far as difficulties of interpretation of the questionnaires are concerned (particularly the drugstores questionnaire), are the Northern, Upper East and Upper West regions.

Lifestyles of people in the three above-mentioned regions is distinct from the rest of the country, and access to drugs (the nearest source to any particular cluster outside of hospital-dispensed medication) tends to be from the same source for large areas. Since vendors tend to travel from market to market in each region, this often results in having one vendor serving most clusters in an ecological zone or region. Fewer vendors of drugs results in fewer questionnaires per region, and the chance that the range of information will be compromised by the limitations set by the fact that the sample is much smaller than the rest of the country.

Counterbalancing this potential problem was the fact that data collection in those regions was undertaken by an extremely competent field supervisor who was aware of the particular challenges, since he had faced them before.

Questionnaire for Health and Family Planning Services

This questionnaire is quite straightforward, being divided into 8 sections, with a pre-coded format and skip patterns.

Page 1: concerning the precoded information on the type of

facility: note that the designations clinic/health post/health centre, etc., are largely arbitrary. Health posts can be bigger than health centers (some regions are more liberal with the term "health centre" than others). Bed state is a superior indicator.

Section I. Characteristics of the facility

Q.2. The year in which the facility was built will be inaccurate a lot of the time. Field testing established that people providing information often did not know the actual date the facility was built. In many cases records were unavailable.

Section VI. Equipment

Note that vehicles are not always used for the purpose that it is assumed they should be used for. That is, a vehicle's name does not necessarily denote its function in this context. For example, in Ghana, ambulances are not primarily used to move patients, but more for the collection of medical supplies and to move corpses.

Section VII. Drug Supply

Q.1. - Q.4.

The list of drugs (from items a to q) was limited to a few of the essential drugs used throughout Ghana today. It was designed to be representative, and emphasize areas of heavy use, but many drugs were omitted for lack of space.

Replenishment of drug stock was considered to mean usual replacement of drugs by the facility. There was some discussion of this issue during questionnaire development because field testing established that often supplies are replenished before a zero-state is reached, especially if a particular drug becomes available in an area where drug supply is unpredictable.

Q.9. (During what days of the week do you have the most clients?):

"Market days" was added as an option because for many areas, people come to health facilities as part of a convenient pattern related to market-day practices. For some regions in Ghana, market day is on an established week-day(s) [in parts of the South of Ghana]; for other regions, however, it moves backwards or forwards through the days of the week (in the North). If the results show many choices of the market-day option, this ecological (contextual) factor should be taken into account.

Section VIII. Family Planning

Q.5. - Q.8. concerning contraceptives: for spermicide and the pill, only one type of each was selected to be representative of the range in a facility. There may have been more than one type of each in a facility, but field tests demonstrated the need to

limit the selection, and interviewers were instructed to select one brand (and specify its name and size/duration). Prices tend to be similar across a particular type of contraceptive, so the information, though limited, could still be useful.

Q. 12.c. and 12.d. (age and number of children of family planning worker):

Answers here will often be suspect because, in many cases, the respondent was/is not sufficiently conversant with the family details of personnel listed and will guess both the staff member's age, and number of children he/she has.

Questionnaire for Drugstores, pharmacies and drug vendors

This questionnaire was also quite straightforward, being divided into 5 sections, with a pre-coded format and skip patterns.

Section IV. Vaccines and contraceptive supplies

The same condition was established for this section of the drug questionnaire as was for the health and family planning questionnaire. A single example of a spermicide and contraceptive pill were selected at each source for price and availability.

Section V. Drug supply

Q.1 - Q.3. concerning the replenishment of drugs:

As in the case of the health and family planning questionnaire, replenishment of drug stock was considered to mean usual replacement of drugs by the drug store, or vendor.

Q.4 - Q.7. The same conditions applied to the list of drugs surveyed in drug stores as did for those surveyed in health facilities. That is, the list (note: same list as in health facilities questionnaire) had to be limited, but an attempt was made to represent or emphasize essential drugs.

Q.9. (During what days of the week do you have the most clients?):

The option "pay day" was added to this question. Field testing established that quite often in urban areas especially, drug stores would have many more clients on pay days than on other days. It appears that both market days and pay days are significant in the use of health facilities and drug/medication purchases in Ghana.

Other than the issues raised above, the questionnaires appear to be reasonably straight-forward. As stated earlier, the ideal situation would be to have the actual completed questionnaires

available to see what comments, if any, the interviewers have added to the precoded answers given.

Please contact me if there are any further issues that I can help to clarify with respect to the questionnaires.