



# Civil Society Budget Advocacy Group

## HEALTH CENTER VERIFICATION AND SERVICE DELIVERY MONITORING TOOL

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### Introduction

My name is ....., and I am here to collect data for the BASP project on behalf of CSBAG. With support from the Royal Danish Embassy (RDE), CSBAG is implementing the "Strengthening Budget Accountability Systems and Practices (BASP)" project in eight local government districts: Adjumani, Yumbe, Madi Okollo, Abim, Nabilatuk, Kanungu, Rubanda, and Budaka, as well as at the national level. The BASP project, running from June 2024 to May 2028, aims to empower CSOs and citizens to influence government fiscal priorities and enhance structured collaboration with the government.

CSBAG is collecting data on Health centers to establish the state of service delivery and key advocacy issues for engagement at both district and national levels. This questionnaire will collect information on the current situation in Health facilities in the target communities, and the findings will enable CSBAG to suggest ways to improve project delivery.

As a key stakeholder, you have been identified as a potential respondent for this study, and your participation is highly appreciated.

### PRELIMINARY INFORMATION

|  |  |
|--|--|
| <b>Name of Health Centre being monitored</b> |  |
| <b>Village/Zone</b>                          |  |
| <b>Parish</b>                                |  |
| <b>Sub county/Town council</b>               |  |
| <b>District</b>                              |  |

### A. GRADE OF HEALTH CENTER

| Level of Health Center (Tick where appropriate) |        |       |
|---|--------|-------|
| HC II   | HC III | HC IV |
|   |        |       |

**B. HEALTH WORKERS POPULATION**

| Description  | Male | Female | Total |
|--|------|--------|-------|
| Number of medical staff on payroll   |      |        |       |
| Number of non-medical staff on payroll   |      |        |       |
| Number of medical staff on payroll present at the date of monitoring (confirm with the register)     |      |        |       |
| Number of non-medical staff on payroll present at the date of monitoring (confirm with the register) |      |        |       |

b) What is the profession of the health facility In charge (e.g. senior Clinical Officer)?.....

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**C. PATIENT POPULATION IN CURRENT QUARTER**

|                           | Female | Male | Total Patient Population | Total PWD |
|---------------------------|--------|------|--------------------------|-----------|
| In patient in the Quarter |        |      |                          |           |
| Outpatient in the Quarter |        |      |                          |           |

*Please validate information with Human Resource staff register or personnel files resident at the HC.*

**D. HEALTH CENTER BUDGET**

|  |            |           |
|--|------------|-----------|
| 1. Is the Budget for the Health Centre displayed                         | <b>Yes</b> | <b>No</b> |
|  |            |           |
| 2. If yes, where is it displayed? (E.g. noticeboard, In-Charge’s office) |            |           |

|   |                                       |
|---|---------------------------------------|
| 3. State the Financial Year /period of displayed budget               |                                       |
| 4. State the latest disbursement amount received by the Health Centre |                                       |
| 5. State date when these funds were received                          | <b>Day..... Month/...../Year.....</b> |

**E. MEDICAL SUPPLIES CONSIGNMENT FROM NATIONAL MEDICAL STORES**

1. Did the HC receive medical supplies Consignment from National Medical Stores in this quarter?

a) Yes ..... b) No .....

2. If yes, did they match with your requisitions?

a) Yes..... b) No.....

3. If No, give comments.....

4. Please provide date as per the last delivery note.....

5. In which month did the last consignment of drugs get finished?  
.....

6. How long did it take for the health center to get new drug supplies that last time you had drug stock out.....

7. Is the available medical equipment functional?

Yes..... No.....

8. If no, list the non-functional equipment

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## F. HEALTH UNIT MANAGEMENT COMMITTEE

|  |             |  |               |  |
|--|-------------|--|---------------|--|
| 1. Does the Health Center have a Health Unit Management Committee  | <b>YES</b>  |  | <b>NO</b>     |  |
| 2. If yes, what is the composition of the Health Unit Management Committee by sex  | <b>Male</b> |  | <b>Female</b> |  |
| 3. State date when Health Unit Management Committee assumed office   |             |  |               |  |
| 4. How often does the committee hold meetings  |             |  |               |  |
| 5. Does the Health Unit Management Committee Play a role in reviewing and approving Health centre expenditure (Confirm with minutes) | <b>YES</b>  |  | <b>NO</b>     |  |

## G. HYGIENE AND SANITATION

## H.

|   |                       |                                       |   |  |
|---|-----------------------|---------------------------------------|---|--|
| 1. How many latrine stances at the facility are for staff?                          |                       |                                       |   |  |
| <b>MALE</b>   | <b>FEMALE</b>         | <b>UNISEX</b>                         |   |  |
|   |                       |                                       |   |  |
| 2. How many latrine stances at the facility are for patients?                       |                       |                                       |   |  |
| <b>MALE</b>   | <b>FEMALE</b>         | <b>UNISEX</b>                         |   |  |
|   |                       |                                       |   |  |
| 3. Does the health facility have a handwashing facility installed                   | <b>YES</b>            | <b>NO</b>                             |   |  |
| 4. Does the facility have a Specialized latrine facility for PWDs (Tick)            | <b>YES</b>            | <b>NO</b>                             |   |  |
| 5. Does the facility have a functional water source within a distance of 500metres? | <b>YES</b>            | <b>NO</b>                             |   |  |
| <b>If Yes, Provide details below:</b>   |                       |                                       |   |  |
| <b>Water Source</b>   | <b>Total Facility</b> | <b>No. of functional water source</b> | <b>No. of non-functional water source</b> |  |

|                                  |  |  |  |  |
|----------------------------------|--|--|--|--|
| Borehole                         |  |  |  |  |
| NWSC/ Water Tap                  |  |  |  |  |
| Water Harvesting Facility (Tank) |  |  |  |  |
| No Water Source                  |  |  |  |  |
| Others specify...                |  |  |  |  |

**I. AVAILABILITY AND STATE OF OTHER HC FACILITIES**

| <b>Facility</b>                        | <b>Available (Yes/No)</b> | <b>Quantity</b> | <b>Functional</b> | <b>Non-Functional</b> |
|--|---------------------------|-----------------|-------------------|-----------------------|
| Staffing Accommodation (Housing units) |                           |                 |                   |                       |
| Beds (Maternity)                       |                           |                 |                   |                       |
| Beds for PWDS                          |                           |                 |                   |                       |
| Beds in Other wards....                |                           |                 |                   |                       |
| Placenta pit                           |                           |                 |                   |                       |
| Ambulance                              |                           |                 |                   |                       |
| Mortuary                               |                           |                 |                   |                       |
| Laboratory                             |                           |                 |                   |                       |
| Ultrasound scan                        |                           |                 |                   |                       |
| Cold Chain Storage Facilities          |                           |                 |                   |                       |
| Electricity /Solar                     |                           |                 |                   |                       |
| Generator                              |                           |                 |                   |                       |

|   |  |  |  |  |
|---|--|--|--|--|
| Theatre   |  |  |  |  |
| Garbage pits  |  |  |  |  |
| Incinerator   |  |  |  |  |
| Separate Wards for<br>(Maternity,<br>Children, men,<br>females etc) |  |  |  |  |

**A. SECURITY AND SAFETY (Tick where appropriate)**

|   | Yes | No |
|---|-----|----|
| 1. Is the Health Centre fenced?   |     |    |
| 2. Does the Health Centre have a watchman/security guard at all times                     |     |    |
| 3. Does the Health Centre have fire extinguishers strategically placed and duly serviced? |     |    |
| 4. Is the Health Centre land surveyed and titled?   |     |    |
| 5. Does the Health Centre have a lightening conductor?                                    |     |    |

**J. GENERAL OBSERVATIONS ON THE STATE OF SERVICE DELIVERY**

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|   |
|---|
| Signature & stamp of the In charge: _____ |
| Name and Title of Respondent: _____       |

Date: \_\_\_\_\_

Name of the PBC who monitored.....

Date of monitoring.....