

HEALTH WORKERS' PRACTICES AND PERFORMANCE OF HEALTHCARE PROJECTS IN KAYUNGA DISTRICT, UGANDA

Survey Questionnaire

The study aims to assess health worker practices' effects and develop evidence-based strategies to enhance project performance, ultimately promoting the health and well-being of the local population. The objectives include evaluating surveillance and vaccine management practices, identifying improvement strategies, and examining the relationship between policy support and project performance.

Section A: Demographic Information

No.	Question	1	2	3	4	5
1	What is your age?	<input type="checkbox"/> Under 25	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> ≥55
2	How many years have you worked in the healthcare sector?	<input type="checkbox"/> <1 year	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 4-6 years	<input type="checkbox"/> 7-9 years	<input type="checkbox"/> ≥10 years
3	What is your highest level of education?	<input type="checkbox"/> Certificate	<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate
4	What is your current position/role?	<input type="checkbox"/> Nurse	<input type="checkbox"/> Doctor	<input type="checkbox"/> CHW	<input type="checkbox"/> Health Administrator	<input type="checkbox"/> Other (Please specify)
5	What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		

Section B: This section will be used to understand Surveillance Practices and challenges in the health facilities

No.	Question	1	2	3	4	5
6	How frequently do you engage in health surveillance activities?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Rarely/Never
7	How would you rate the effectiveness of the current health surveillance practices in identifying health issues in the community?	<input type="checkbox"/> Very Effective	<input type="checkbox"/> Effective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Ineffective	<input type="checkbox"/> Very Ineffective
8	How often do you use digital tools for health surveillance?	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
9	Do you receive regular training on health surveillance practices?	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
10	Rate the reliability of the data collected through current surveillance practices.	<input type="checkbox"/> Very Reliable	<input type="checkbox"/> Reliable	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Very Unreliable
11	How timely is the reporting of health surveillance data in your facility?	<input type="checkbox"/> Very Timely	<input type="checkbox"/> Timely	<input type="checkbox"/> Neutral	<input type="checkbox"/> Untimely	<input type="checkbox"/> Very Untimely
12	How well do you think the community understands and	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Neutral	<input type="checkbox"/> Poorly	<input type="checkbox"/> Very Poorly

	cooperates with health surveillance activities?					
13	Do you feel the current surveillance system allows quick and effective responses to health issues?	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
14	Do you conduct active surveillance at the health facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
15	Do you conduct surveillance data analysis at your health facility?	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
16	How often do you conduct surveillance data analysis at your facility?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Every day	
For Questions 17-21 Select all that apply for multiple-choice questions:						
17	What types of surveillance activities are you involved in? (Select all that apply)	<input type="checkbox"/> Disease outbreak monitoring	<input type="checkbox"/> Health data collection and reporting	<input type="checkbox"/> Community health assessments	<input type="checkbox"/> Routine health inspections	<input type="checkbox"/> Other (Please specify)
18	What challenges do you face in conducting health surveillance? (Select all that apply)	<input type="checkbox"/> Lack of resources	<input type="checkbox"/> Inadequate training	<input type="checkbox"/> Insufficient staff	<input type="checkbox"/> Poor data management systems	<input type="checkbox"/> Limited community cooperation
19	What health issues are most commonly identified through surveillance activities in your area? (Select all that apply)	<input type="checkbox"/> Infectious diseases	<input type="checkbox"/> non-communicable diseases	<input type="checkbox"/> Environmental health issues	<input type="checkbox"/> Maternal and child health issues	<input type="checkbox"/> Other (Please specify)
20	When do you report surveillance data collected at your facility? (Select all that apply)	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
21	What improvements would you suggest for the health surveillance practices in your district? (Select all that apply)	<input type="checkbox"/> Increase Funding and Resources	<input type="checkbox"/> Enhance Training Programs	<input type="checkbox"/> Improve Data Management Systems	<input type="checkbox"/> Strengthen Community Engagement	<input type="checkbox"/> Other (Please specify)
22	Do you conduct surveillance data analysis at your health facility?	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
23	How often do you conduct surveillance data analysis at your facility?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Every day	
24	When do you report surveillance data collected at your	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	

	facility? (Select all that apply)					
25	Which tool is used to report weekly surveillance data at the national level?	<input type="checkbox"/> HMIS 105	<input type="checkbox"/> HMIS 108	<input type="checkbox"/> HMIS 033b	<input type="checkbox"/> HMIS 060	
26	What improvements would you suggest for the health surveillance practices in your district?	<input type="checkbox"/> Increase Funding and Resources	<input type="checkbox"/> Enhance Training Programs	<input type="checkbox"/> Improve Data Management Systems	<input type="checkbox"/> Strengthen Community Engagement	<input type="checkbox"/> Other (Please specify)

Section C: This section will be used to understand Vaccine Management Practices and challenges in health facilities

No.	Question	1	2	3	4	5
1	How often do you participate in vaccine management activities?	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Rarely/Never
2	What is your cadre?	<input type="checkbox"/> Midwife	<input type="checkbox"/> Nurse	<input type="checkbox"/> Clinician	<input type="checkbox"/> Other (specify)	
3	In which capacity do you work here at the health facility?	<input type="checkbox"/> In EPI	<input type="checkbox"/> In charge of the facility	<input type="checkbox"/> Health facility Surveillance focal person	<input type="checkbox"/> Health information assistant	<input type="checkbox"/> Other (Specify)
4	How long have you worked in vaccine management at this facility?	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> More than 5 years			
5	Have you ever received training on vaccine management practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
6	If yes, when was the last time you were trained or mentored on vaccine management?	<input type="checkbox"/> Less than a year ago	<input type="checkbox"/> 1 year ago	<input type="checkbox"/> Two or more years ago	<input type="checkbox"/> Never	
7	How adequate did you find the training provided for vaccine management?	<input type="checkbox"/> Very Adequate	<input type="checkbox"/> Adequate	<input type="checkbox"/> Neutral	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Very Inadequate
8	How often do you use digital tools (e.g., electronic health records, and inventory management systems) for vaccine management?	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
9	Rate the effectiveness of the current vaccine management practices in ensuring vaccine safety and potency.	<input type="checkbox"/> Very Effective	<input type="checkbox"/> Effective	<input type="checkbox"/> Neutral	<input type="checkbox"/> Ineffective	<input type="checkbox"/> Very Ineffective
10	How often do you take vaccine refrigerator temperature readings?	<input type="checkbox"/> Daily	<input type="checkbox"/> Twice a day	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	
11	What is the temperature monitoring in the last month?	<input type="checkbox"/> Regular	<input type="checkbox"/> Irregular	<input type="checkbox"/> Not working	<input type="checkbox"/> Other (Specify)	
12	Is there an updated reach every district micro plan in the health facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

13	Is there an immunization schedule/session plan for routine immunization?	<input type="checkbox"/> RI given and schedule posted	<input type="checkbox"/> RI given but not posted	<input type="checkbox"/> RI Not in the facility		
14	Does the facility have a vaccine monitoring chart?	<input type="checkbox"/> Have updated chart	<input type="checkbox"/> The chart updated wrongly	<input type="checkbox"/> Have chart but not updated	<input type="checkbox"/> Charts available but not used	
15	What is the vaccine status in the refrigerator?	<input type="checkbox"/> Expired vaccines found in the fridge	<input type="checkbox"/> VVM at discarding point	<input type="checkbox"/> Vaccines in good condition	<input type="checkbox"/> Open freeze-dried vaccines	
16	Do you know VVM reading, shake test and multi-dose vial policy? Explain	<input type="checkbox"/> Knows VVM reading	<input type="checkbox"/> Knows shake test	<input type="checkbox"/> multi-dose vial policy	<input type="checkbox"/> Does not know any of the above	
17	Do you have access to necessary resources (e.g., refrigerators, transport) to manage vaccines effectively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
18	How reliable is the current cold chain system in your facility?	<input type="checkbox"/> Very Reliable	<input type="checkbox"/> Reliable	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unreliable	<input type="checkbox"/> Very Unreliable
19	How timely is the reporting of vaccine inventory and usage data in your facility?	<input type="checkbox"/> Very Timely	<input type="checkbox"/> Timely	<input type="checkbox"/> Neutral	<input type="checkbox"/> Untimely	<input type="checkbox"/> Very Untimely
20	Do you feel that the current vaccine management system allows for quick and effective responses to vaccine-related issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
21	How well do you think the community understands the importance of vaccines and cooperates with vaccination programs?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Neutral	<input type="checkbox"/> Poorly	<input type="checkbox"/> Very Poorly
For Questions 22 and 23, Select all that apply for multiple-choice questions						
22	What types of vaccines are most commonly managed in your facility? (Select all that apply)	<input type="checkbox"/> Childhood vaccines	<input type="checkbox"/> Influenza vaccines	<input type="checkbox"/> COVID-19 vaccines	<input type="checkbox"/> Travel vaccines	<input type="checkbox"/> Other (Please specify)
23	How often are vaccine management data shared with other health facilities or authorities?	<input type="checkbox"/> Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

These questions will help determine the practical strategies crucial in health project performance

SN	Practical Strategies to Improve Performance of Health Projects	SA	A	NS	D	SD
PS1	Training on the practical implementation of health projects in Kayunga district has undergone	5	4	3	2	1
PS2	Frequent involvement in the planning stage of health projects in the facility	5	4	3	2	1
PS3	Current strategies for project management effectively lead to desired health outcomes	5	4	3	2	1

PS4	Challenges are faced in effectively implementing health projects	5	4	3	2	1
PS5	Contentment with the communication channels for project updates and progress reports	5	4	3	2	1
PS6	Greater community involvement in health projects in the district is perceived as necessary	5	4	3	2	1
PS7	Issues related to resource allocation for health projects in the facility are often encountered	5	4	3	2	1
PS8	Specific training needs, if fulfilled, could enhance the execution of health projects in the district	5	4	3	2	1
PS9	Current monitoring and evaluation systems contribute significantly to the success of health projects in the district	5	4	3	2	1
PS10	Current strategies in place effectively ensure the sustainability of health projects in Kayunga district	5	4	3	2	1

PH1	There has been an improvement in the health outcome measures in Kayunga district over the past year	5	4	3	2	1
PH2	Contentment with the quality of care provided to patients in the health facilities of Kayunga district.	5	4	3	2	1
PH3	Satisfaction levels among patients have risen in the health facilities of Kayunga district.	5	4	3	2	1
PH4	Health projects in Kayunga district are both cost-effective and efficient in utilizing resources.	5	4	3	2	1
PH5	Health projects implemented in the Kayunga district have led to better health outcomes for the local population.	5	4	3	2	1
PH6	Overall quality of care provided by the health facilities in Kayunga district is satisfactory.	5	4	3	2	1
PH7	Improvements in patient satisfaction levels with the services offered in the Kayunga district have been observed	5	4	3	2	1
PH8	Health projects in Kayunga district are cost-effective considering the resources utilized	5	4	3	2	1
PH9	Significant impact of health projects on the health outcome measures in Kayunga district has been observed.	5	4	3	2	1
PH10	The cost-effectiveness and efficiency of health projects in Kayunga district are assessed in comparison to similar projects in neighboring districts	5	4	3	2	1