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LimeService - Your online survey service - FREQ2 Oxygen for Health Centres Survey

FREQ2 Oxygen for Health Centres Survey

This survey is to gain information about health centres to enable the FREQ2 Foundation Australia to short list health centres for inclusion in a project to provide oxygen for paediatric wards.

Welcome from the FREQ2 Foundation and BAMA (Babies and Mothers Alive). Please take 20 minutes to complete this survey. It has been sent to around 60 health centres and hospitals in the south western Uganda. We will be choosing up to 20 centres to participate in a pilot project to provide affordable oxygen to children with respiratory diseases that is independent of a continuous electricity supply.

Add in link to plain description of technology.

Add in link to plain language statement of survey.

There are 29 questions in this survey.

Geography

This group of questions is about the location of your health centre or hospital.

1 What is the formal name of your health centre, clinic or hospital? *

Please write your answer here:

2 What is the level of your health facility?

*

🗳️ Choose one of the following answers
Please choose **only one** of the following:

- Hospital
- Health Centre IV
- Health Centre III
- Clinic
- Special Clinic

Other

3 What is the ownership of the health facility? *

🗳️ Choose one of the following answers
Please choose **only one** of the following:

- MOH (Ministry of Health)
- PNFP (Private Not For Profit)
- PFP (Private for Profit)

Other

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4 What county is your health facility located in? *

Please write your answer here:

5 What sub county is your health facility located in? *

Please write your answer here:

6 About how many minutes does it take to drive to the Mbarara Regional Referral Hospital from your health facility? ***!** Only numbers may be entered in this field.

Please write your answer here:

minutes

7 What is the email address of the centre? *

Please write your answer here:

If the centre does not have an email address, just answer "no email"

8 What is the name of Head of this health facility? *

Please write your answer here:

9 What is the email address of the Head of the facility? *

Please write your answer here:

If they have no email address, answer "no email"

10 What is the mobile phone number of the Head of the facility? *

Please write your answer here:

Answer "no mobile number" if the Head does not have a phone.

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11 What is the main source of power for the facility? *

Please write your answer here:

Power

These questions are about the electricity supply to your centre.

12 Is your centre connected to an electricity grid? *

Please choose **only one** of the following:

Yes

No

Other

Answer yes to this question if the centre receives electricity that is generated by a source not under your control such as ERT, UEDCL, or a local electricity company.

13 Does the facility have any other sources of power? Feel free to add a comment to clarify sources. Choose as many options as applicable. *

Please choose all that apply and provide a comment:

Back-up generator for Operating Theatre

Back-up generator for wards

Solar panels for lighting only

Solar panels all power and lights

Micro-hydro or some other local source

None of the above

Other:

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14 Is your main supply reliable in the short term? *

Please choose **only one** of the following:

- Very Good: Usually more than 23 hours a day
- Good: Average 20 hours a day
- OK: Average 16 hours a day
- Bad: Average 12 hours a day
- Terrible: Average <12 hours a day

15 For the worst two months of the year, how often do you have power cuts? *

Please choose **only one** of the following:

- Most days
- About twice per week
- About once per week
- About 2 times per month
- About once per month or less often

Just give you best estimate here.

16 For the worst two months of the year, how long are the power outages? Choose all options that apply to your centre. *

Please choose **all** that apply:

- Outages of less than 24 hours are common
- Outages of greater than 24 hours are common
- Outages of greater than 48 hours are common
- Outages of greater than 2 days are common
- Outages of greater than 7 days are common

Other:

Oxygen Availability

These questions are about the availability of oxygen in your centre.

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17 List the number of oxygen concentrators, large oxygen cylinders and pulse oximeters your health facility has in each category. *

	Total	Working and used in operating theatres	Working and used in wards	In need of repair or refill	Beyond repair or cannot be refilled
Oxygen Concentrators	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oxygen cylinders	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse Oximeters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your best estimate is all that is needed.

18 Where are oxygen cylinders refilled?

Please write your answer here:

19 How often are pulse oximeters used in the facility? *

Please choose **only one** of the following:

- Daily
 Several times per week
 About once per week
 Less than once per week
 Never

Make a comment on your choice here:

20 If your centre uses oxygen cylinders, how much does it cost to refill and transport the cylinders? Give your answer in UGS per cylinder.

Please write your answer here:

UGS

per cylinder

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Oxygen Need

These questions are about the need for oxygen in your centre.

21 How many paediatric patients (> 1 month and < 12 years old) and neonates (< 1 month old) are there in the following categories? *

	Average per month over last 12 months	Number in the worst month over the last 12 months
Number of paediatric patients treated each month	<input type="text"/>	<input type="text"/>
Number of paediatric patients referred INTO your centre FROM other centres	<input type="text"/>	<input type="text"/>
Number of paediatric patients referred OUT OF your centre TO other centres	<input type="text"/>	<input type="text"/>
Number of paediatric patients with pneumonia	<input type="text"/>	<input type="text"/>
Number of neonate patients (less than 1 month old)	<input type="text"/>	<input type="text"/>

22 How many paediatric beds does your centre have? *

Please write your answer here:

beds

If the number varies, just give a typical value.

Physical Infrastructure

These questions are about your buildings and grounds.

23 Does your centre have about 15 square metres of external free space within 30 metres of the paediatric ward? *

Please choose **only one** of the following:

Yes

No

Other

This is enough space to place a low pressure oxygen storage facility about the size of a large water tank if it is determined that the centre needs it.

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24 Does your centre have internal space of 3 square metres within 5 metres of a power outlet and 20 m of paediatric ward for an oxygen concentrator and backup cylinders. *

Please choose **only one** of the following:

- Yes
- Yes, but no power outlet
- No
- Other

Ideally this space would not be accessible to the public. A technician would need to access the space occasionally. Nursing staff would not need regular access.

25 Does your centre have average to good coverage by 3G phone signals? *

Please choose **only one** of the following:

- Yes
- No
- Don't know

26 Does your centre have an ambulance or ready access to a private vehicle for patient transport? *

Please choose **only one** of the following:

- Yes
- No
- Other

27 Does your centre either employ or have ready access to the following support staff? *

Please choose all that apply and provide a comment:

Biomedical Engineer

Electrician

Plumber

Handyman

Other

None of these

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Level of interest.

These questions are about the level of interest in participating in a pilot program to introduce new technology to supply a continuous supply of oxygen to your centre.

28 What is the level of interest in your centre being involved in being part of a pilot program to provide oxygen or cheaper oxygen to paediatric patients? Choose 1 for low or no interest and 5 for high interest. *

Please choose **only one** of the following:

- 1
 2
 3
 4
 5

29 What are the names and positions of the people who are interested in this initiative?

	Name	Position	Whats App number	Mobile phone number
The person who completed the survey	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The administrator who has a high level of interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The clinical person who has a high level of interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For this question, we are trying to find who would be local champions. This question is not mandatory. Only list people who have been asked about their willingness to be involved. If phone numbers are not available leave those fields blank.

Thank you for completing the survey. We will let you know later this year whether we have shortlisted your centre. If you need more information or want to provide feedback please contact grahamam@unimelb.edu.au

Submit your survey.

Thank you for completing this survey.