

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

## Module 1

# Service availability

Core+Additional questionnaire  
Core and additional questions

DECEMBER 2021



World Health  
Organization



# Harmonized health facility assessment (HHFA)

**Service availability questionnaire  
Core + Additional**

This is a working document that will be updated intermittently based on implementation experience and feedback from users. Users are invited to submit comments through the HHFA feedback form at: <https://feedback.hhfa.online>

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# HHFA overview

The Harmonized Health Facility Assessment (HHFA) is a comprehensive, standardized health facility survey that provides objective information on the availability of health facility services and the systems that facilities have in place to deliver the services at required standards of quality.

Availability and quality of health services are integral to achieving universal health coverage (UHC) and contribute to attaining the health-related Sustainable Development Goals (SDGs). HHFA data support health sector reviews and evidence-based decision-making for strengthening country health services. Developed through multi-stakeholder collaboration, the HHFA is based on global service standards and draws upon existing global facility survey instruments. The HHFA uses standardised indicators, questionnaires, data collection methodologies and data analysis tools. Standardization promotes alignment of facility survey approaches, enables comparability of results over time and across geographic areas, and can support capacity-building through consistent application of global standards.

## HHFA modules

The HHFA includes four modules: 1) service availability, 2) service readiness, 3) quality of care, and 4) management and finance.

A module represents a set of questions (in questionnaire format) related to a defined set of indicators in a specific disease, programme or service management area. The modular approach, with core and additional questions, enables countries to adapt the survey to their needs. HHFA questionnaires are provided in two formats: “stand-alone” and “combined”. Each HHFA module includes a set of stand-alone questionnaires that may be designated Core, Core+Additional and/or Supplementary. The Combined questionnaire contains questions from multiple modules, integrated and organized by service site or respondent to facilitate data collection at facility level.

**Figure. 1 HHFA modules and questionnaires**

Module 1 Service availability	Module 2 Service readiness	Module 3 Quality of care	Module 4 Management and finance
<ul style="list-style-type: none"> <li>Facility characteristics</li> <li>Staff</li> <li>Beds</li> <li>Availability of specific services</li> <li>Building structure</li> </ul>	Capacity to provide services according to defined standards: <ul style="list-style-type: none"> <li>Guidelines, trained staff, equipment, diagnostics, commodities</li> <li>Systems to support quality and safety</li> <li>Provider competency</li> </ul>	<ul style="list-style-type: none"> <li>Adherence to standards in patient care process</li> <li>Patient experience</li> </ul>	Practices to support continuous service availability and quality: <ul style="list-style-type: none"> <li>Management</li> <li>Finance</li> <li>Health information systems</li> <li>Quality assurance</li> <li>Health worker absenteeism</li> </ul>
Questionnaires	Questionnaires	Questionnaires	Questionnaires
<ul style="list-style-type: none"> <li>Availability: <b>Core</b></li> </ul>	<ul style="list-style-type: none"> <li>Readiness: <b>Core</b></li> </ul>	<ul style="list-style-type: none"> <li>Quality of care: <b>Additional/Supplementary - Record review*</b></li> </ul>	<ul style="list-style-type: none"> <li>Management and Finance: <b>Core</b></li> </ul>
<ul style="list-style-type: none"> <li>Availability: <b>Core+Additional</b></li> </ul>	<ul style="list-style-type: none"> <li>Readiness: <b>Additional/Supplementary - Provider competency†</b></li> </ul>	<ul style="list-style-type: none"> <li>Quality of care: <b>Additional/Supplementary - Patient experience†</b></li> </ul>	<ul style="list-style-type: none"> <li>Management and Finance: <b>Core+Additional</b></li> </ul>
<ul style="list-style-type: none"> <li>Availability: <b>Additional/Supplementary - Building structure</b></li> </ul>			<ul style="list-style-type: none"> <li>Management and Finance: <b>Additional/Supplementary - Health worker absenteeism†</b></li> </ul>
Combined questionnaire			

\*Available 2022 †Future development



## HHFA questionnaire content and structure

The content of a HHFA questionnaire is organized into sections and subsections that contain questions related to a specific service aspect or programme.

The paper questionnaire is typically structured into five columns:

Column 1: Mod/Ind  
Column 2: No.  
Column 3: Question  
Column 4: Result  
Column 5: Skip

Mod/Ind	No.	Question	Result	Skip
		<b>10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES</b>		
		<b>10.1. INFRASTRUCTURE</b>		
		<b>10.1.1. COMMUNICATIONS</b>		
		I would like to know about the infrastructure resources available in this facility as well as systems for final waste disposal and transportation that are used by this facility. If conditions are different in different sections of the facility, for example for outpatient and inpatient services, please provide the response for the highest level of infrastructure that is available for the facility.		
R_C / APG, MHL, MHM	2500	Does this facility have a means for communicating outside the facility such as a phone or radio that are supported by the facility?	YES, FUNCTIONAL..... 1 YES, NOT FUNCTIONAL..... 2 NO, ONLY PRIVATE PHONES..... 3 NO OUTSIDE COMMUNICATION ..... 4	
R_C / APH, MHL, MHM	2501	Does this facility have a functioning computer?	YES..... 1 NO ..... 2	
R_C / APH, MHL, MHM	2502	Is there access to email or internet within the facility today?  IF YES, CLARIFY IF THERE IS A FACILITY DEVICE THAT CAN BE USED FOR INTERNET ACCESS OR IF ACCESS IS ONLY THROUGH PRIVATE DEVICES.	YES, FACILITY DEVICE ..... 1 YES, ONLY PRIVATE DEVICES ..... 2 NO ..... 3	→ Q2504

- **Column 1 - Mod/Ind:** The first letter in Column 1 shows the module to which the question belongs: A for Availability, R for Readiness, M for Management and finance, or Q for Quality of care. The second letter (after the underscore symbol) denotes the kind of question: C for Core or A for Additional. After the backslash symbol, there may be one or more sets of three-letter codes. Each three-letter code represents the unique permanent identification (ID) code of an HHFA indicator for which this question is needed. This unique ID can be used to find the indicator(s) associated with the question in the HHFA indicator inventory platform.
- **Column 2 – No:** Column 2 contains the number of the HHFA question. There may be a single number per question, or a main number with sub-questions below it, e.g., Q2401 (main question), Q2401\_01 (sub-question).
- **Column 3 - Question:** Column 3 contains the question that is read to the respondent by the interviewer. It may also contain additional clarifying information (in non-capitalized font) that the interviewer reads to the respondent. This column may also include instructions (in CAPITALS) to the interviewer. (These instructions are not read to the respondent.)
- **Column 4 - Result:** Column 4 contains the response options. Different types of response options are used for different types of questions, e.g., pre-coded responses where one or more options are selected, fields requiring entry of a number or text, or combinations of these.
- **Column 5 - Skip:** This column contains arrows that instruct the interviewer to skip to a specific question or to other instructions, if necessary.

The questionnaires also contain sentences in red font that often include the term “COUNTRY ADAPT”. These sentences highlight questions that may need adaptation to the country context before the survey is finalized for country implementation.

Note that the HHFA paper questionnaires are used mainly to review questions during the country questionnaire adaptation process as part of HHFA planning. All the questionnaires have been programmed into the HHFA CSPro electronic data collection tool. Data collectors use this tool to collect the HHFA data on handheld devices such as mobile phones or tablets.

## HHFA resource package

WHO has developed a comprehensive package of downloadable resources and tools to support countries in adapting, planning, and implementing a HHFA. The HHFA resource package includes the following: Quick guide, Implementation guide, Indicator inventory platform, Questionnaires, CSPro electronic data collection tool, Data manager’s guide, Data analysis platform, and Training resources. The resource package is available at:

<https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction>

# Instrument

Mod/Ind	No.	Question	Result	Skip
		<b>1. COVER</b>		
		<b>1.1. COVER PAGE AND FACILITY IDENTIFIERS</b>		
		<b>1.1.1. FACILITY IDENTIFIERS</b>		
		<b>[COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]</b>		
ALL	100	Facility code	— — — — —	
ALL	101	Is this a supervisor validation check of a facility?	YES, SUPERVISOR VALIDATION ..... 1 NO, DATA COLLECTION FOR FACILITY SURVEY ..... 2	
ALL	102	Name of facility	_____	
ALL	103	Is this facility known by any other names?  IF YES, PLEASE SPECIFY	YES ..... 1 NO ..... 2 IF YES, SPECIFY: _____	
ALL	104	Location of facility	_____	
ALL	105	Name of region/province	NAME OF REGION/PROVINCE:  _____  REGION/PROVINCE CODE — —	
ALL	106	Name of district	NAME OF DISTRICT:  _____  DISTRICT CODE — —  <b>[COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]</b>	

Mod/Ind	No.	Question	Result	Skip																																
ALL / CYL, CYM, CXP, AAA, AOY	107	Interview date	<p style="text-align: center;"><b>FIRST VISIT(S)</b></p> <table border="1"> <thead> <tr> <th rowspan="2">VISIT NO.</th><th colspan="4">DATE</th><th rowspan="2">INTERVIEWER CODE</th><th rowspan="2">RESULT CODE*</th></tr> <tr> <th>DD</th><th>MM</th><th colspan="2">YYYY</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>*RESULT CODE            1 = INTERVIEW STARTED            2 = POSTPONED            3 = FACILITY CLOSED            4 = FACILITY DESTROYED            5 = FACILITY NOT FOUND            6 = OTHER</p> <p>COMPLETE GPS COORDINATES FOR RESULTS CODES 1 THROUGH 4.</p> <p style="text-align: center;"><b>FINAL VISIT</b></p> <p>DAY _____</p> <p>MONTH _____</p> <p>YEAR _____</p> <p>INTERVIEWER CODE _____</p> <p>RESULT CODE _____</p>	VISIT NO.	DATE				INTERVIEWER CODE	RESULT CODE*	DD	MM	YYYY		1							2							3							
VISIT NO.	DATE				INTERVIEWER CODE	RESULT CODE*																														
	DD	MM	YYYY																																	
1																																				
2																																				
3																																				
		<b>1.1.2. GEOGRAPHIC COORDINATES</b>																																		
ALL		<p>RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS</p> <p>SET DEFAULT SETTINGS FOR GPS:</p> <ol style="list-style-type: none"> <li>1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE</li> <li>2. SET COORDINATE FORMAT TO DECIMAL DEGREES</li> <li>3. SET DATUM TO WGS84</li> </ol> <p>MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY:</p> <ol style="list-style-type: none"> <li>4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION"</li> <li>5. WRITE ALTITUDE</li> <li>6. PRESS "MARK"</li> <li>7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER"</li> <li>8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"</li> <li>9. ENTER FACILITY CODE</li> <li>10. WAIT 5 MINUTES</li> <li>11. HIGHLIGHT "SAVE" AND PRESS "ENTER"</li> <li>12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"</li> <li>13. HIGHLIGHT YOUR WAYPOINT</li> <li>14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW.</li> </ol> <p>BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM</p>																																		
ALL	108	Waypoint name (facility number)	_____																																	
ALL	109	Altitude (m)	_____																																	
ALL	110	Latitude	<p>N/S.....(a)      —</p> <p>DEGREES.....(b)      — —</p> <p>DECIMAL.....(c)      — — — —</p>																																	

Mod/Ind	No.	Question	Result	Skip
ALL	111	Longitude	E/W.....(a) — DEGREES.....(b) ..... — — DECIMAL.....(c) ..... — — — — —	
		<b>1.1.3. CONSENT</b>		
		<p>The [survey manager and survey implementer] in close collaboration with the [other relevant entities] are working to collect information about the availability of key health services in different facilities. This information will be collected in selected primary health care and secondary referral facilities across the country. The survey is part of the [government's] ongoing efforts to understand what services are being offered and where they are being offered.</p> <p>The present study will be conducted across the country. The facilities included in the survey were selected randomly from a list of all facilities at the [subnational level]. The selection process was done in a manner that ensured equal opportunity for every facility in each [state] to be included in the sample.</p> <p>As the in-charge of this facility, we are asking you to help us to collect the information from the persons who are most knowledgeable about the services. For any questions we ask, if there is another person who is in a better position to provide details, please feel free to refer us to that person. We will want to speak with persons familiar with the various outpatient services, delivery services, and surgical services, if these are offered, so that we can correctly identify the components of these services that are offered in this facility. We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 10 minutes, depending on how busy each separate site is.</p> <p>Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with.</p> <p>The information on service availability will be shared with the Ministry of Health (MOH) and other relevant stakeholders who support the MOH, to provide information for planning purposes. No names of any respondents will be shared.</p> <p>In case you have any question(s) about this survey at any time, please feel free to contact any of the following people:</p> <p><b>[LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED]</b></p> <p>At this point do you have any questions about the study? Do I have your agreement to proceed?</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;"> <i>Signature of team leader indicating informed consent was read and agreed by the person in-charge/acting in-charge</i> </div> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;"> <i>Signature of facility staff authorizing data collection and position of the person providing authorization</i> </div> </div>		
ALL	112	Consent given by facility contact?	YES ..... 1 NO ..... 2	➔ END

Mod/Ind	No.	Question	Result	Skip
		<b>1.1.4. FACILITY CHARACTERISTICS</b>		
ALL / AAB, AAC	113	Type of facility [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	NATIONAL REFERRAL HOSPITAL..... 1 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL..... 2 DISTRICT HOSPITAL..... 3 OTHER GENERAL HOSPITAL..... 4 SPECIALTY HOSPITAL..... 5 COMPREHENSIVE HEALTH CENTRE/ POLY CLINIC..... 6 HEALTH CENTRE..... 7 CLINIC/DISPENSARY..... 8 HEALTH POST..... 9 MATERNAL/CHILD HEALTH CLINIC..... 10 OTHER..... 96 (SPECIFY)	
ALL	114	Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility. [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION]	GOVERNMENT/PUBLIC: MINISTRY OF HEALTH..... 1 LOCAL GOVERNMENT..... 2 GOVERNMENT (INSTITUTIONAL): MILITARY/POLICE/NATIONAL GUARD..... 3 UNIVERSITY..... 4 NGO/NOT-FOR-PROFIT..... 5 MISSION/FAITH-BASED..... 6 PRIVATE-FOR-PROFIT..... 7 OTHER..... 96 (SPECIFY)	
ALL	115	Are the managing authority and the ownership of the facility the same?	YES..... 1 NO..... 2	→Q117
ALL	116	Which of the responses best describes the ownership for this facility?	GOVERNMENT/PUBLIC: MINISTRY OF HEALTH..... 1 LOCAL GOVERNMENT..... 2 GOVERNMENT (INSTITUTIONAL): MILITARY/POLICE/NATIONAL GUARD..... 3 UNIVERSITY..... 4 NGO/NOT-FOR-PROFIT..... 5 MISSION/FAITH-BASED..... 6 PRIVATE-FOR-PROFIT..... 7 OTHER..... 96 (SPECIFY)	
ALL	117	RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN (FROM SURVEY LIST)	URBAN..... 1 RURAL..... 2 PERIURBAN..... 3	

Mod/Ind	No.	Question	Result	Skip
ALL / AAI, AAJ, AAK, AAM, AAZ, ABA, ABB, ABC, ABD, ABE, ABF, ABG, ABH, ABI, ABJ, ABK, AJK, AJL, AND, ANE, ANF, ANG, ANH, ANI, ANJ, ANK, ANL, CXV, CXW, CXX, CXY, CZH, CZI, CZJ, CZM, CZK, CZL, CZN, CZO, CZP, CZQ, CZR, CZS, CZT, CZX, CZY, CZZ, DAA, DAI, DAJ, DAK, DAL	118	Service levels available	OUTPATIENT ONLY ..... 1 INPATIENT ONLY ..... 2 BOTH OUT AND INPATIENT ..... 3	

Mod/Ind	No.	Question	Result				Skip				
		<b>2. CLIENT SERVICES</b> NOTE: PROGRAMMERS AND SURVEY MANAGERS, SKIP Q200–Q601 IF BOTH SERVICE AVAILABILITY AND SERVICE READINESS QUESTIONNAIRES ARE BEING IMPLEMENTED AS QUESTIONS ARE DUPLICATED									
		<b>2.1. SERVICES PROVIDED BY FACILITY</b>									
		<b>2.1.1. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT (RMNCAH)</b>									
A_C	200	I want to ask about specific services which may be offered on an outpatient basis only, on an inpatient basis only, or both as out- and inpatient services. If the service is not offered at all, please say this.	OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT	SERVICE NOT OFFERED					
A_C / AJP	01	Paediatric preventive and curative – integrated management of childhood illness (IMCI) care	1	2	3	4					
A_C / AJQ	02	Adolescent health services	1	2	3	4					
A_C / AJR	03	Family planning	1	2	3	4					
A_C / AJS	04	Antenatal care (ANC)	1	2	3	4 → 07					
A_C / AJT	05	Prevention of mother-to-child transmission (PMTCT)	1	2	3	4					
A_C / AJU	06	Intermittent preventive treatment of malaria in pregnancy (IPTp)	1	2	3	4					
A_C / AJV	07	Any delivery/childbirth services	1	2	3	4 → 10					
A_C / AJW	08	Basic emergency obstetric and newborn care (BEmONC) services	1	2	3	4					
A_C / AJX	09	Comprehensive emergency obstetric and newborn care (CEmONC)	1	2	3	4					
A_C / AJY	10	Any newborn care services	1	2	3	4 → 13					
A_C / AJZ	11	Care for the healthy newborn	1	2	3	4					
A_C / AKA	12	Care for the small and sick newborn	1	2	3	4					
A_C / AKB	13	Postpartum care	1	2	3	4					
A_C / AKC	14	Post-abortion care	1	2	3	4					
A_C	201	<b>2.1.2. IMMUNIZATION</b>									
A_C / AKD	01	Any immunization services	1	2	3	4 → Q202					
A_C / AKE	02	Infant (< 1 year) immunizations	1	2	3	4					
A_C / AKE, AKF	03	Adolescent/adult immunizations	1	2	3	4					
A_C	202	<b>2.1.3. COMMUNICABLE DISEASES</b>									
A_C / AKG	01	Malaria diagnosis and treatment	1	2	3	4					
A_C / AKH	02	Any services for neglected tropical diseases (NTDs)	1	2	3	4 → 12					

Mod/Ind	No.	Question	Result				Skip
A_C / AKI	03	Lymphoedema (from any source)	1	2	3	4	
A_C / AKJ	04	Soil transmitted helminth (roundworm, hookworm, whipworm)	1	2	3	4	
A_C / AKK	05	Schistosomiasis	1	2	3	4	
A_C / AKL	06	Trachoma	1	2	3	4	
A_C / AKM	07	Onchocerciasis (ONCO)	1	2	3	4	
A_C / AKN	08	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1	2	3	4	
A_C / AKO	09	Dengue	1	2	3	4	
A_C / AKP	10	Guinea-worm disease (Dracunculiasis)	1	2	3	4	
A_C / AKQ	11	Visceral leishmaniasis	1	2	3	4	
A_C / AKR	12	Services for outbreaks (e.g. Ebola, Zika, dengue)	1	2	3	4	
A_C / AKS	13	Any services for human immunodeficiency virus (HIV) diagnosis and treatment	1	2	3	4 → 19	
A_C / AKT	14	HIV testing	1	2	3	4	
A_C / AKU	15	HIV care and support	1	2	3	4	
A_C / AKV	16	Antiretroviral therapy (ART) for life-long HIV treatment	1	2	3	4	
A_C / AKW	17	Any paediatric HIV services	1	2	3	4	
A_C / AKX	18	Occupational health services for HIV	1	2	3	4	
A_C / AKY	19	Any tuberculosis (TB) services (diagnostic, prescription, case detection and follow-up)	1	2	3	4 → 22	
A_C / AKZ	20	TB diagnosis and treatment services	1	2	3	4	
A_C / ALA	21	TB patient follow-up services	1	2	3	4	
A_C / ALB	22	Any diagnostic or treatment services for sexually transmitted infections (STI)	1	2	3	4	
A_C	203	<b>2.1.4. NONCOMMUNICABLE DISEASES</b>					
A_C / ALC	01	Any services for chronic diseases	1	2	3	4 → 05	
A_C / ALD	02	Cardiovascular diseases	1	2	3	4	
A_C / ALE	03	Diabetes	1	2	3	4	
A_C / ALF	04	Chronic respiratory disease	1	2	3	4	
A_C / ALG	05	Any cancer services	1	2	3	4 → Q204	
A_C / ALH	06	Routine screening services for cervical cancer	1	2	3	4	



Mod/Ind	No.	Question	Result				Skip
A_C / ALI	07	Any diagnostic or treatment services for cervical cancer	1	2	3	4	
A_C / ALJ	08	Any diagnostic or treatment services for breast cancer	1	2	3	4	
A_C / ALK	09	Any diagnostic or treatment services for colorectal cancer	1	2	3	4	
A_C	204	<b>2.1.5. SPECIALTY MEDICAL SERVICES</b>					
A_C / AMD	01	Does this facility offer any specialty medical or health services?  By this I mean that there is a specialist doctor who provides the service and medical equipment for diagnosis and treatment.	1	2	3	4 → Q206	
A_A	205	<b>2.1.6. SPECIFIC SPECIALTY SERVICES</b>					
A_A / AME	01	Allergy and immunology	1	2	3	4	
A_A / AMF	02	Burn management	✕	2	✕	4	
A_A / AMG	03	Cardiology	1	2	3	4	
A_A / AMH	04	Critical care/intensive care medicine	✕	2	✕	4	
A_A / AMI	05	Dermatology	1	2	3	4	
A_A / AMJ	06	Emergency medicine	1	2	3	4	
A_A / AMK	07	Endocrinology	1	2	3	4	
A_A / AML	08	Gastroenterology	1	2	3	4	
A_A / AMM	09	Geriatric medicine	1	2	3	4	
A_A / AMN	10	Obstetrics	1	2	3	4	
A_A / AMO	11	Gynaecology	1	2	3	4	
A_A / AMP	12	Haematology	1	2	3	4	
A_A / AMQ	13	Hospice or palliative care medicine	1	2	3	4	
A_A / AMR	14	Infectious diseases	1	2	3	4	
A_A / AMS	15	Nephrology (kidney diseases)	1	2	3	4	
A_A / AMT	16	Neurology	1	2	3	4	
A_A / AMU	17	Oncology	1	2	3	4	
A_A / AMV	18	Ophthalmology	1	2	3	4	
A_A / AMW	19	Orthopaedics	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip
A_A / AMX	20	Otorhinolaryngology (ENT)	1	2	3	4	
A_A / AMY	21	Paediatrics	1	2	3	4	
A_A / AMZ	22	Physical/rehabilitation medicine	1	2	3	4	
A_A / ANA	23	Psychiatry/psychology/mental health	1	2	3	4	
A_A / ANB	24	Pulmonary medicine (respiratory illnesses)	1	2	3	4	
A_A / DGR	25	Rheumatology	1	2	3	4	
A_C	206	<b>2.1.7. SURGICAL SERVICES</b>					
A_C / ALR	01	Any minor or major surgical services	1	2	3	4 → Q207	
A_C / ALS	02	Minor surgical procedures	1	2	3	4	
A_C / ALT	03	Voluntary male medical circumcision (VMMC)	1	2	3	4	
A_C / ALU	04	Essential surgical procedures	1	2	3	4	
A_A / ALV	05	Specialty surgical procedures	1	2	3	4	
A_C / ALW	06	Anaesthesia services	1	2	3	4	
A_C / ALX	07	Paediatric essential surgical procedures	1	2	3	4	
A_C	207	<b>2.1.8. EMERGENCY SERVICES</b>					
A_C / ALY	01	Any emergency services as the first entry to the facility	1	2	3	4 → Q208	
A_C / ALZ	02	24-hour dedicated emergency unit	1	2	3	4 → Q208	
A_C / AMA	03	24-hour essential resuscitation procedures in a dedicated emergency unit	1	2	3	4	
A_C	208	<b>2.1.9. PALLIATIVE CARE</b>					
A_C / AMB	01	Any palliative care services	1	2	3	4	
A_C	209	<b>2.1.10. REHABILITATIVE CARE</b>					
A_C / AMC	01	Any rehabilitative care	1	2	3	4	
A_C	210	<b>2.1.11. SERVICES FOR VICTIMS OF VIOLENCE</b>					
A_C / ALN	01	Any services for victims of violence	1	2	3	4 → Q211	
A_C / ALO	02	Services for victims of intimate partner/gender-based violence	1	2	3	4	
A_C / ALP	03	Services for child maltreatment	1	2	3	4	
A_C / ALQ	04	Services for youth violence	1	2	3	4	

Mod/Ind	No.	Question	Result				Skip	
A_C	211	<b>2.1.12. MENTAL HEALTH SERVICES</b>						
A_C/ DGQ	01	Services for mental health	1	2	3	4		
A_C/ ALM	02	Services for neurological disorders	1	2	3	4		
		<b>2.2. CONTRACTED/OUTSOURCED CLIENT SERVICES</b>						
		<b>2.2.1. CLIENT SERVICES CONTRACTED</b>						
A_A	300	<p>Are any client services contracted out/outsourced by this facility?</p> <p>That is, has the facility entered into a formal contract for another body to manage and implement the services according to a written agreement?</p> <p>COMMON CONTRACTED SERVICES ARE LAUNDRY, PATIENT FOOD, LABORATORY, ETC.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>				→ Q500	
A_A		<p>Please specify which client services are contracted out by this facility and where the contracted services are provided:</p> <p>FOR EACH CONTRACTED SERVICE, RECORD THE NAME OF THE SERVICE AND THEN RECORD THE NUMBER FOR THE SERVICE (FROM Q200) ON THE LINES BELOW, IF APPLICABLE.</p>						
A_A	301	(A) CONTRACTED/OUTSOURCED SERVICE NAME	(B) WHERE CONTRACTED SERVICE ARE PROVIDED		(C) ADDITIONAL CONTRACTED CLIENT SERVICES?			
			THIS FACILITY GROUNDS	OFF FACILITY GROUNDS	YES	NO		
A_A	01	Contracted/outsourced service number 1 _____	1	2	1	2 → Q500		
A_A	02	Contracted/outsourced service number 2 _____	1	2	1	2 → Q500		
A_A	03	Contracted/outsourced service number 3 _____	1	2	1	2 → Q500		
A_A	04	Contracted/outsourced service number 4 _____	1	2	✕	✕		
		<b>2.3. FORMAL LINKAGES WITH SERVICES OUTSIDE THE FACILITY</b>						
		<b>2.3.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE</b>						
		<b>2.4. DIAGNOSTICS AND TREATMENT PROCEDURES</b>						
		NOTE: PROGRAMMERS AND SURVEY MANAGERS, SKIP Q500–Q601 IF BOTH SERVICE AVAILABILITY AND SERVICE READINESS QUESTIONNAIRES ARE BEING IMPLEMENTED AS QUESTIONS ARE DUPLICATED						
		<b>2.4.1. RADIOGRAPHIC AND TREATMENT PROCEDURES</b>						
		<p>Now I would like to know about specific diagnostic and treatment services that may be available for patients in this facility.</p> <p>PROVIDE EXAMPLES OF THE TYPES OF DIAGNOSTIC AND TREATMENT PROCEDURES YOU ARE INTERESTED IN FROM THE LIST BELOW AND ASK TO SPEAK WITH THE MOST KNOWLEDGEABLE PERSON FOR THESE PROCEDURES. THERE MAY BE MULTIPLE RESPONDENTS AND THE PROCEDURES MAY TAKE PLACE IN MULTIPLE SETTINGS. THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION. IF THE RESPONDENT IS NOT SURE, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.</p>						

Mod/Ind	No.	Question	Result			Skip
		For each item I mention please tell me if the diagnostic or treatment procedure is offered in this facility.	YES		NO	
			AVAILABLE NOW	NOT AVAILABLE NOW		
A_C	500	<b>IMAGING DIAGNOSTICS AND PROCEDURES</b>				
A_C / ANM	01	Ultrasound	1	2	3	
A_C / ANN	02	X-ray	1	2	3	
A_A / ANO	03	Mammography	1	2	3	
A_A / ANS	04	Fluoroscopy	1	2	3	
A_C / ANP	05	Computed tomography (CT) scan	1	2	3	
A_A / ANR	06	Angiography/catheterization	1	2	3	
A_A / ANQ	07	Magnetic resonance imaging (MRI)	1	2	3	
A_A / ANT	08	Nuclear medicine	1	2	3	
A_C	501	<b>OTHER DIAGNOSTICS</b>				
A_A / AOD	01	Colonoscopy	1	2	3	
A_A / AOB	02	Electro encephalogram (EEG)	1	2	3	
A_C / AOA	03	Electrocardiogram (ECG)	1	2	3	
A_C	502	<b>MEDICAL EQUIPMENT FOR TREATMENTS</b>				
A_A / DGS	01	Phototherapy machine (light therapy)	1	2	3	
A_C / ANU	02	Infant incubator	1	2	3	
A_C / ANX	03	Anaesthesia machine	1	2	3	
A_C / ANV	04	Defibrillator	1	2	3	
A_C / ANW	05	Ventilator	1	2	3	
A_A / ANZ	06	Radiotherapy machine	1	2	3	
A_A / AOC	07	Renal dialysis/haemodialysis machine	1	2	3	

Mod/Ind	No.	Question	Result			Skip
		<b>OTHER INTERVENTIONS FOR TREATMENTS</b>				
A_C	503	Does this facility offer any of the following interventions?	YES		NO	
			AVAILABLE NOW	NOT AVAILABLE NOW		
A_C / AOF	01	Blood transfusion	1	2	3	
A_C / AOE	02	Oxygen administration	1	2	3	
		<b>2.5. LABORATORY DIAGNOSTICS</b>				
		<b>2.5.1. LABORATORY DIAGNOSTICS</b>				
A_C	600	Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests? This includes sending a specimen outside for testing and receiving results back for action, as well as tests performed in a laboratory or in a service site.  IF YES, GO TO THE LABORATORY FOR RESPONSES. IF THERE IS NO LABORATORY, ASK THE RESPONDENT WHERE THE REPORTED TEST IS PERFORMED AND GO THERE TO VERIFY THE RESPONSE.	YES .....1 NO .....2			→Q700
A_C	601	For each of the following diagnostic tests, please tell me if the facility performs a test for the item, collects a specimen and sends it out for testing, but receives results back, or does not have diagnostic services for the item.	YES		NO	
			ONSITE	SEND SPECIMEN OUT AND RESULT IS RETURNED		
A_C		<b>SPECIFIC TESTING CAPACITY</b>				
A_C / AOG	01	General microscopy	1	2	3	
A_C / AOH	02	Culture and sensitivity	1	2	3	
A_C / AOI	03	Diagnostics for fungal infections	1	2	3	
A_C / AOJ	04	Malaria rapid test or blood smear	1	2	3	
A_C / AOK	05	Syphilis rapid test, venereal disease research laboratory (VDRL) or rapid plasma reagin (RPR)	1	2	3	
A_C / AOL	06	HIV rapid test or serum test	1	2	3	
A_C / AOM	07	Urine test for pregnancy	1	2	3	
A_C / AON	08	Urine protein test	1	2	3	
A_C / AOO	09	Urine glucose test	1	2	3	
A_C / AOP	10	Urine ketone test	1	2	3	



Mod/Ind	No.	Question	Result			Skip
A_C / AOQ	11	Full blood count	1	2	3	
A_C / AOR	12	Test for anaemia (haemoglobin or haematocrit)	1	2	3	
A_C / AOS	13	Renal function tests	1	2	3	
A_C / AOT	14	Liver function tests	1	2	3	
A_C / AOU	15	Serum electrolyte tests	1	2	3	
A_C / AOV	16	Blood glucose test	1	2	3	
A_C / AOW	17	Blood typing and grouping	1	2	3	
A_C / AOX	18	Tuberculosis diagnostic test	1	2	3	

Mod/Ind	No.	Question	Result	Skip
		<b>3. STAFFING AND STAFF MANAGEMENT</b>		
		<b>3.1. FACILITY STAFF NUMBERS AND OCCUPATION</b>		
		<b>3.1.1. STAFFING PLAN</b>		
		Now we are going to ask about staffing numbers and types of staff who work at this facility. I am interested in authorized staff of different occupations, vacancies, and staff who are currently employed, by occupation. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for them to provide this information.		
A_C	700	Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification?	YES ..... 1 NO ..... 2	➔ COMPLETE ALL COLUMNS ➔ COMPLETE COLUMNS C–E
		<p>I would like to know about personnel who work in this facility. These may be full-time, part-time, or seconded persons.</p> <p>First [COLUMN A], I would like to know about the professional qualification of personnel who work in this facility and numbers of personnel with this qualification who are officially authorized for this facility. READ EACH QUALIFICATION.</p> <p>Next [COLUMN B], I would like to know how many positions within each occupation have been vacant for more than 6 months in the past 12 months.</p> <p>I would then like to know about the numbers of personnel within each occupation who are currently assigned to, employed by, or seconded to this facility [COLUMN C]. Please count each staff member only once, on the basis of the highest technical or professional qualification, and not on the basis of their position.</p> <p>Of these persons, I would also like to know how many of the total number are part-time within this facility [COLUMN D]. Please include all staff who provide inpatient, outpatient and outreach services.</p> <p>Finally, I would like to know how many positions of the total number assigned are casual/contracted staff [COLUMN E].</p> <p>ONLY COUNT STAFF WHO ARE UNDER THE AUTHORITY OF THE FACILITY MANAGER.</p> <p>NOTE: PROGRAMMERS AND SURVEY MANAGERS, ONLY COLUMN C WILL BE COMPLETED IF THE AVAILABILITY CORE QUESTIONNAIRE IS BEING IMPLEMENTED. COLUMNS A-E WILL BE COMPLETED IF THE AVAILABILITY CORE+ADDITIONAL QUESTIONNAIRE IS BEING IMPLEMENTED.</p>		

Mod/Ind	No.	Question	Result					Skip
		<b>3.1.2. OCCUPATION/QUALIFICATION</b>						
		OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C	701	<b>PHYSICIAN PROFESSIONAL</b>						
A_C / AHM, AHQ, APB	01	Generalist medical practitioners/primary care medical doctors	— — —	— — —	— — —	— — —	— — —	
A_C / AHM, AHQ, APB	02	Specialist medical (non-surgical) physicians (e.g. cardiologist, obstetrician, paediatrician, radiologists, pathologists, etc.)	— — —	— — —	— — — 000 → Q704	— — —	— — —	
		<b>3.1.3. SPECIALIST PHYSICIANS</b>						
		FROM AMONG THE SPECIALIST PHYSICIANS (ASSIGNED/ EMPLOYED/ SECONDED) COUNTED IN THE PRIOR QUESTION, HOW MANY HAVE THE FOLLOWING QUALIFICATIONS?						
A_A	03	Cardiologist	— — —	— — —	— — —	— — —	— — —	
A_A	04	Critical care physician specialist	— — —	— — —	— — —	— — —	— — —	
A_A	05	Dermatologists	— — —	— — —	— — —	— — —	— — —	
A_A	06	Medical endocrinologist	— — —	— — —	— — —	— — —	— — —	
A_C	07	Internist	— — —	— — —	— — —	— — —	— — —	
A_A	08	Gastroenterologist	— — —	— — —	— — —	— — —	— — —	
A_A / AHU	09	Neonatologist	— — —	— — —	— — —	— — —	— — —	
A_A	10	Nephrologist	— — —	— — —	— — —	— — —	— — —	
A_A	11	Neurologist	— — —	— — —	— — —	— — —	— — —	
A_C / AHS	12	Obstetricians	— — —	— — —	— — —	— — —	— — —	
A_A	13	Oncologists (medical/clinical)	— — —	— — —	— — —	— — —	— — —	
A_A	14	Ophthalmologist	— — —	— — —	— — —	— — —	— — —	
A_A	15	Optometrist	— — —	— — —	— — —	— — —	— — —	
A_A	16	Palliative care specialist	— — —	— — —	— — —	— — —	— — —	
A_A	17	Pathologist	— — —	— — —	— — —	— — —	— — —	



Mod/Ind	No.	Question	Result					Skip
A_C / AHT	18	Paediatrician	— — — —	— — — —	— — — —	— — — —	— — — —	
A_C	19	Psychiatrist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	20	Psychiatrist child and adolescent	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	21	Public health physician	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	22	Radiologist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	23	Rehabilitation medicine specialists (occupational therapist, physiotherapist)	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	24	Rheumatologist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	702	Among the previously reported specialists, are there any paediatric specialists other than the paediatricians or neonatologists?	YES..... 1 NO ..... 2					→ Q704
A_A	703	For each of the following paediatric non-surgical specialists, please tell me the numbers available in this facility. THESE STAFF ARE A SUBSET OF THOSE REPORTED PREVIOUSLY.						
		OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_A	01	Neonatologist	×	×	— — — —	— — — —	×	
A_A	02	Cardiologist	×	×	— — — —	— — — —	×	
A_A	03	Endocrinologist	×	×	— — — —	— — — —	×	
A_A	04	Haematologist	×	×	— — — —	— — — —	×	
A_A	05	Nephrologist	×	×	— — — —	— — — —	×	
A_A	06	Neurologist	×	×	— — — —	— — — —	×	
A_A	07	Respiratory physician	×	×	— — — —	— — — —	×	
A_A	08	Radiologist	×	×	— — — —	— — — —	×	
A_A	09	Pathologist	×	×	— — — —	— — — —	×	
A_A	10	Oncologist	×	×	— — — —	— — — —	×	

Mod/Ind	No.	Question	Result					Skip	
		<b>3.1.4. STAFFING RELATED TO MAJOR SURGICAL PROCEDURES</b>							
A_C	704	Is this facility authorized to perform any major surgical procedures, or does the facility perform any surgical procedures, including only for emergencies?  IF YES, ASK ABOUT AVAILABILITY OF THE FOLLOWING STAFF RELATED TO SURGICAL SERVICES.	YES..... 1 NO ..... 2					→ Q708	
A_C	705	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)		
A_C / AHR, AHM, AHQ	01	Anaesthesiologist (physician specialist/ licensed)	— — —	— — —	— — — 000 → 03	— — —	— — —		
A_A	02	FROM AMONG ALL ANAESTHESIOLOGISTS  Qualified paediatric anaesthesiologists	×	×	— — —	— — —	— — —		
A_C, AHM, AHQ	03	General or specialist surgeons (either board certified/licensed, or not)	— — —	— — —	— — — 000 → Q708	— — —	— — —		
A_A	04	FROM AMONG ALL SURGEONS  Specialist surgeons (WITH NATIONALLY RECOGNIZED CERTIFICATION)	— — —	— — —	— — —	— — —	— — —		
A_C / AHX	05	FROM AMONG ALL SURGEONS  Board certified/ licensed surgeons	×	×	— — —	— — —	— — —		
A_A / AHW	06	FROM AMONG BOARD CERTIFIED SURGEONS COUNTED PREVIOUSLY  Board certified/ licensed paediatric surgeons	×	×	— — —	— — —	— — —		
		CHECK Q705_04_C: IF NO. OF SPECIALIST SURGEONS > 0 					IF NO. OF SPECIALIST SURGEONS = 0 		→ Q708
		PLEASE COMPLETE THE FOLLOWING DETAILS ON SPECIALIST SURGEONS FROM AMONG SURGEONS REPORTED PREVIOUSLY; A SPECIALIST HAS A NATIONALLY RECOGNIZED DEGREE/CERTIFICATION FOR THE SUBJECT.							

Mod/Ind	No.	Question	Result					Skip
A_A	07	Cardiothoracic surgeon	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	08	ENT surgeon	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	09	Neurosurgeon	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	10	Orthopaedic surgeon	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	11	Plastic surgeon	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	12	Urological surgeon	— — — —	— — — —	— — — —	— — — —	— — — —	
<b>3.1.5. OTHER PAEDIATRIC SURGICAL SPECIALTY STAFF</b>								
A_A	706	Among all surgical specialists reported previously, are there any paediatric surgical specialist physicians other than the paediatric anaesthetist reported previously?	YES..... 1 NO ..... 2					→ Q708
A_A	707	For each of the following paediatric surgical specialists, please tell me the numbers available in this facility. THESE SPECIALISTS ARE A SUBSET OF THE SURGICAL SPECIALISTS COUNTED IN THE PREVIOUS SECTIONS.						
		OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_A	01	Cardiac surgeon	×	×	— — —	— — —	×	
A_A	02	Dental surgeon	×	×	— — —	— — —	×	
A_A	03	Neurosurgeon	×	×	— — —	— — —	×	
A_A	04	Ophthalmic surgeon	×	×	— — —	— — —	×	
A_A	05	Orthopaedic surgeon	×	×	— — —	— — —	×	
A_A	06	Otorhinolaryngologist	×	×	— — —	— — —	×	
A_A	07	Plastic surgeon	×	×	— — —	— — —	×	
A_A	08	Urology surgeon	×	×	— — —	— — —	×	
		For each of the following paediatric non-surgical specialists, please tell me the numbers available in this facility.						
A_A	09	Neonatologist	×	×	— — —	— — —	×	
A_A	10	Cardiologist	×	×	— — —	— — —	×	

Mod/Ind	No.	Question	Result					Skip
A_A	11	Endocrinologist	X	X	— — —	— — —	X	
A_A	12	Haematologist	X	X	— — —	— — —	X	
A_A	13	Nephrologist	X	X	— — —	— — —	X	
A_A	14	Neurologist	X	X	— — —	— — —	X	
A_A	15	Pulmonologist	X	X	— — —	— — —	X	
A_A	16	Radiologist	X	X	— — —	— — —	X	
A_A	17	Pathologist	X	X	— — —	— — —	X	
A_A	18	Oncologist	X	X	— — —	— — —	X	
A_C	708	Does this facility have any other non-physician medical staff or professional nursing or midwifery staff?  IF YES, ASK ABOUT AVAILABILITY OF EACH OF THE FOLLOWING STAFF OCCUPATIONS.	YES..... 1 NO ..... 2					→ Q710
<b>3.1.6. OTHER NON-PHYSICIAN MEDICAL/NURSING PROFESSIONALS</b>								
A_C	709	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C / AHN, AHQ, APB	01	Non-physician paramedical practitioner or clinical officer	— — —	— — —	— — —	— — —	— — —	
A_C / AHO, AHQ, APB	02	Nursing professional	— — —	— — —	— — —	— — —	— — —	
A_C / AHP, AHQ, APB	03	Midwifery professional	— — —	— — —	— — —	— — —	— — —	
A_C / AHO, AHQ, APB	04	Nurse-midwife (dual trained) professional	— — —	— — —	— — —	— — —	— — —	
FROM AMONG NURSING/MIDWIFERY PROFESSIONALS WHO ARE REPORTED IN COLUMN C (ASSIGNED/ EMPLOYED/SECONDED) IN ANY OF THE PRIOR FOUR LINES, ASK THE NUMBERS WHO HAVE ADDITIONAL NATIONALLY RECOGNIZED QUALIFICATIONS FOR THE INDICATED SPECIALTY.								
A_A / AHV	05	Licensed nurse anaesthetist	— — —	— — —	— — —	— — —	— — —	
A_A	06	Surgical/operation room nurse	— — —	— — —	— — —	— — —	— — —	
A_A	07	Paediatric intensive care nurse	— — —	— — —	— — —	— — —	— — —	

Mod/Ind	No.	Question	Result					Skip
A_A	08	Neonatal nurse	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A	09	Psychiatric nurse	— — — —	— — — —	— — — —	— — — —	— — — —	
A_C	710	Does this facility have any other professional staff?  IF YES, ASK ABOUT AVAILABILITY OF EACH OF THE FOLLOWING STAFF OCCUPATIONS.	YES..... 1 NO ..... 2					→Q712
<b>3.1.7. ALLIED HEALTH PROFESSIONALS</b>								
A_C	711	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_C / AIA	01	Dentist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIB	02	Dietitian	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIE	03	Nutritionist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIC	04	Environmental and occupational health and hygiene professional	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AHY	05	Audiologist/ audiometrists	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIF	06	Occupational therapist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIG	07	Optometrist and ophthalmic optician	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIH	08	Physiotherapist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIJ	09	Prosthetist and orthotist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIK	10	Psychologist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / DGP	11	Social worker	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIN	12	Speech therapist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AIL	13	Respiratory technologist/ therapist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_C / AID	14	Laboratory technologist	— — — —	— — — —	— — — —	— — — —	— — — —	
A_A / AID	15	Other laboratory professionals not previously counted	— — — —	— — — —	— — — —	— — — —	— — — —	

Mod/Ind	No.	Question	Result					Skip
A_A / AII	16	Professional pharmacist not previously counted	— — —	— — —	— — —	— — —	— — —	
A_C / AHZ	17	Biomedical engineer	— — —	— — —	— — —	— — —	— — —	
A_C / AIO	18	Traditional and complementary medical professional	— — —	— — —	— — —	— — —	— — —	
A_A / AIP	19	Other health professional not previously counted	— — —	— — —	— — —	— — —	— — —	
<b>3.1.8. ALLIED HEALTH ASSOCIATES (NOT PREVIOUSLY REPORTED)</b>								
A_C	712	Does this facility have any health associates or technical staff?  IF YES, ASK ABOUT AVAILABILITY OF THE FOLLOWING STAFF OCCUPATIONS.	YES..... 1 NO ..... 2					→ Q714
A_C	713	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_A / AIQ	01	Radiographer	— — —	— — —	— — —	— — —	— — —	
A_A / AIR	02	Other medical imaging and therapeutic equipment operator	— — —	— — —	— — —	— — —	— — —	
A_A / AIS	03	Medical and pathology laboratory technicians	— — —	— — —	— — —	— — —	— — —	
A_A / AIU	04	Respiratory technician	— — —	— — —	— — —	— — —	— — —	
A_A / AIT	05	Technician for medical gases	— — —	— — —	— — —	— — —	— — —	
A_A / AIV	06	Other equipment technicians not counted previously	— — —	— — —	— — —	— — —	— — —	
A_A / AIW	07	Computer and/or network technicians/informatics specialists	— — —	— — —	— — —	— — —	— — —	
A_A / AIX	08	Pharmacy technician and pharmacy assistant	— — —	— — —	— — —	— — —	— — —	
A_A / AIY	09	Medical and dental prosthetic technicians and assistants	— — —	— — —	— — —	— — —	— — —	
A_A / AIZ	10	Dental assistant and therapist	— — —	— — —	— — —	— — —	— — —	
A_A / AJA	11	Commodity logistics specialists (e.g. for warehouse)	— — —	— — —	— — —	— — —	— — —	

Mod/Ind	No.	Question	Result					Skip
A_A / AJB	12	Medical records and health information technician	— — —	— — —	— — —	— — —	— — —	
A_A / AJC	13	Dispensing optician	— — —	— — —	— — —	— — —	— — —	
A_A / AJD	14	Physiotherapy technician and assistants	— — —	— — —	— — —	— — —	— — —	
A_A / AJE	15	Environmental and occupational health inspector and associates	— — —	— — —	— — —	— — —	— — —	
A_A / AJF	16	Ambulance worker/emergency medical technician	— — —	— — —	— — —	— — —	— — —	
A_C / AJG	17	Qualified health service manager	— — —	— — —	— — —	— — —	— — —	
A_C / AJH	18	Qualified commodity logistics manager	— — —	— — —	— — —	— — —	— — —	
A_A / AJJ	19	Other health associate professional (not elsewhere classified)	— — —	— — —	— — —	— — —	— — —	
<b>3.1.9. OTHER HEALTH/ALLIED HEALTH ASSOCIATES (NOT PREVIOUSLY REPORTED)</b>								
A_C	714	Does this facility have any other non-professional staff?  IF YES, ASK ABOUT AVAILABILITY OF THE FOLLOWING STAFF OCCUPATIONS.	YES..... 1 NO ..... 2					→ Q800
A_C	715	OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]	(A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C)	(B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS	(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME EMPLOYEES) (IF 0, SKIP TO NEXT ROW)	(D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C)	(E) TOTAL CASUAL/ CONTRACTED STAFF (FROM AMONG THOSE IN COL C)	
A_A	01	Medical assistant (non-professional)	— — —	— — —	— — —	— — —	— — —	
A_A	02	Nursing associate/nursing assistant	— — —	— — —	— — —	— — —	— — —	
A_A	03	Obstetrics/midwifery associate/midwife assistant	— — —	— — —	— — —	— — —	— — —	
A_A	04	Traditional and complementary medical associate professional/complementary medicine technician	— — —	— — —	— — —	— — —	— — —	
A_C / AJI	05	Community health worker	— — —	— — —	— — —	— — —	— — —	


Mod/Ind	No.	Question	Result					Skip
A_A	06	Other administrative/ clerical/managerial staff	— — —	— — —	— — —	— — —	— — —	
A_A	07	Other commodity logistics manager not captured earlier	— — —	— — —	— — —	— — —	— — —	
A_A	08	Staff with primary responsibility for facility/grounds/ equipment maintenance and repair	— — —	— — —	— — —	— — —	— — —	
A_A	09	Health care assistant/ nursing aide	— — —	— — —	— — —	— — —	— — —	
A_A	10	Home-based personal care worker or other home care aide	— — —	— — —	— — —	— — —	— — —	
A_A	11	Cleaners/ housekeeping staff	— — —	— — —	— — —	— — —	— — —	
A_A	12	Laundry/cooking staff	— — —	— — —	— — —	— — —	— — —	
A_A	13	All other staff not elsewhere classified	— — —	— — —	— — —	— — —	— — —	
<b>3.2. QUALIFICATIONS OF FACILITY MANAGERS</b>								
<b>3.2.1. QUALIFICATIONS</b>								
A_A	800	Do any of the following persons have a diploma or certificate in general management or health service management?  IF NOT SURE, ASK RESPONDENT TO CALL AND ASK THE PERSON(S) IN THE POSITION(S) LISTED BELOW. [COUNTRY ADAPT TO APPROPRIATE TITLES FOR SENIOR MANAGEMENT AT HOSPITALS]						
			YES	NO	NOT APPLICABLE	DON'T KNOW		
A_A	01	Facility director/medical superintendent	1	2	5	8		
A_A	02	Facility administrator or head of administration	1	2	5	8		
A_A	03	Medical director	1	2	5	8		
A_A	04	Nursing director	1	2	5	8		



Mod/Ind	No.	Question	Result	Skip																											
		<b>3.3. PROFESSIONAL GRADUATE VOLUNTEER STAFF</b>																													
		<b>3.3.1. OCCUPATION WORKING AS VOLUNTEERS</b>																													
A_A	900	Do any professional graduates work in this facility as volunteers?	YES ..... 1 NO ..... 2	→Q1000																											
A_A	901	Please indicate the average number of professional graduate volunteers of each occupation I mention who work in this facility in a normal month. [REVIEW OCCUPATION AND COUNTRY ADAPT TO WHAT IS COMMONLY FOUND]	<table border="1"> <thead> <tr> <th colspan="2">(A)</th><th>(B)</th></tr> <tr> <th>YES</th><th>NO</th><th>AVERAGE NUMBER OF PERSONS EACH MONTH</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </tbody> </table>	(A)		(B)	YES	NO	AVERAGE NUMBER OF PERSONS EACH MONTH																						
(A)		(B)																													
YES	NO	AVERAGE NUMBER OF PERSONS EACH MONTH																													
A_A	01	Doctors (generalist)	1 →B      2 →02	— — — —																											
A_A	02	Doctors (specialist)	1 →B      2 →03	— — — —																											
A_A	03	Nursing professionals	1 →B      2 →04	— — — —																											
A_A	04	Midwifery professionals	1 →B      2 →05	— — — —																											
A_A	05	Technicians (laboratory, pharmacy, equipment operators, biomedical equipment technicians and biomedical engineers)	1 →B      2 →06	— — — —																											
A_A	06	Other	1 →B (SPECIFY)	2 →Q1000      — — — —																											
		<b>3.4. PATIENT/STAFF RATIOS</b>																													
		<b>3.4.1. INPATIENT AND OUTPATIENT SERVICES</b>																													
A_A / AJL	1000	FACILITY PROVIDES INPATIENT SERVICES	YES ..... 1 NO ..... 2	→Q1100																											
A_A	1001	Among the professional nurses and midwives counted in the staff listing, how many are assigned to wards for inpatient care? IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.	PROFESSIONAL NURSES/MIDWIVES WHO PROVIDE CARE FOR INPATIENTS	— — —																											
A_A	1002	Among the medical staff counted in the staff listing how many routinely provide care for inpatients? IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.	MEDICAL STAFF WHO ROUTINELY PROVIDE CARE FOR INPATIENTS	— — —																											

Mod/Ind	No.	Question	Result	Skip
A_A	1003	<p>Among the professional nurses and midwives counted in the staff listing, how many are assigned to delivery services?</p> <p>IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.</p>	<p>PROFESSIONAL NURSES/MIDWIVES WHO PROVIDE DELIVERY SERVICES</p> <p>— — —</p>	
A_A	1004	<p>Among the medical staff counted in the staff listing how many routinely provide delivery services for inpatients?</p> <p>IF THE NUMBER VARIES, PROVIDE AN AVERAGE NUMBER.</p>	<p>MEDICAL STAFF WHO ROUTINELY PROVIDE DELIVERY SERVICES</p> <p>— — —</p>	

Mod/Ind	No.	Question	Result	Skip
		<b>4. FACILITY BEDS</b>		
		<b>4.1. GENERAL</b>		
		<b>4.1.1. NUMBER OF DEDICATED BEDS</b>		
		Now I would like to ask you questions on facility beds either for overnight care or for inpatient services. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.		
A_C / AAD, AAF, AAI, AOZ	1100	Excluding any beds/tables used for delivery, and excluding beds smaller than adult size (infant/paediatric) how many overnight/inpatient beds in total does this facility have, both for adults and children? This includes beds used for observation of emergency patients and intensive care beds.	NO. OF OVERNIGHT/INPATIENT BEDS — — — — NO BEDS FOR OVERNIGHT CARE.....0000	→Q1105
A_C / AAE, AAH, AAK, APA	1101	How many of the overnight/inpatient beds reported in the previous question are dedicated maternity beds?  THIS DOES NOT INCLUDE BEDS/TABLES USED FOR DELIVERY SERVICES.	NO. OF DEDICATED MATERNITY BEDS — — — — NO DEDICATED MATERNITY BEDS.....000	
A_C / AAG, AAJ	1102	In total, what is the official number of authorized inpatient beds, including dedicated maternity beds?  DO NOT INCLUDE SMALLER BEDS USED FOR INFANTS/PAEDIATRIC OR OVERNIGHT/EMERGENCY OBSERVATION BEDS IN THIS NUMBER.	NO. OF AUTHORIZED INPATIENT BEDS — — — — NO AUTHORIZED INPATIENT BEDS.....0000	→Q1104
A_A	1103	How many paediatric sized beds and infant cots does this facility have?  ASK SEPARATELY FOR PAEDIATRIC BEDS (SMALLER THAN ADULT SIZE) AND INFANT COTS/CRIBS.	(a) NO. OF PAEDIATRIC BEDS — — — — NO PAEDIATRIC BEDS.....000  (b) NO. OF INFANT COTS/CRIBS — — — — NO INFANT COTS/CRIBS.....000	
A_A	1104	How many of the overnight beds that are not authorized inpatient beds, are dedicated beds/gurneys for general emergency care?	NO. OF DEDICATED EMERGENCY BEDS — — — — NO DEDICATED EMERGENCY BEDS .....000	
A_A	1105	Are there any holding or observation beds that are different from those reported in the prior question?	YES .....1 NO .....2	→Q1200
A_A	1106	What is the total number of other observation/treatment beds?	NO. OF OTHER OBSERVATION/TREATMENT BEDS — — — —	
		<b>4.2. SPECIFIC WARDS AND BEDS FOR THE WARDS</b>		
		<b>4.2.1. NUMBER OF DEDICATED BEDS</b>		
A_C	1200	Now I would like to know about specific inpatient units or wards in this facility. First please tell me how many of each unit or ward type I mention currently are functioning in this facility. Please also tell me how many established beds in total are in each ward type that I mention. For example, if you have two medical wards, please tell me how many established beds in total there are in both medical wards.  IF THERE IS NO WARD OF THE TYPE I MENTION, CIRCLE "00" (NONE). DO NOT DOUBLE COUNT BEDS IN TWO DIFFERENT TYPES OF WARDS.  Please tell me how many units or wards of each type I ask about are functioning in this facility. Please also tell me how many established beds there are across all ICUs/wards.		
		Type of ward	(A) NUMBER OF UNITS	(B) NUMBER OF BEDS/COTS
A_A / AND, AAN, AAZ	01	Medical ward (adult)	NO. OF MEDICAL WARDS — —  NONE..... 00 →02	NO. OF MEDICAL BEDS — — — —

Mod/Ind	No.	Question	Result		Skip
A_A / ANE, AAO, ABA	02	Surgical ward (adult)	NO. OF SURGICAL WARDS — —	NO. OF SURGICAL BEDS — — —	
			NONE..... 00 →03		
A_A / AND, ANE, AAP, ABB	03	Combined medical/surgical ward (adult)	NO. OF COMBINED MEDICAL/SURGICAL WARDS — —	NO. OF COMBINED MEDICAL/SURGICAL BEDS — — —	
			NONE..... 00 →04		
A_A / ANF, AAQ, ABC	04	Paediatric medical ward	NO. OF PAEDIATRIC MEDICAL WARDS — —	NO. OF PAEDIATRIC MEDICAL BEDS — — —	
			NONE..... 00 →05		
A_A / ANG, AAR, ABD	05	Paediatric surgical ward	NO. OF PAEDIATRIC SURGICAL WARDS — —	NO. OF PAEDIATRIC SURGICAL BEDS — — —	
			NONE..... 00 →06		
A_A / ANF, ANG, AAS, ABE	06	Paediatric combined medical/surgical ward	NO. OF PAEDIATRIC COMBINED WARDS — —	NO. OF PAEDIATRIC COMBINED BEDS — — —	
			NONE..... 00 →07		
A_A / ANI, AAT, ABF	07	Obstetric/maternity ward	NO. OF OBSTETRIC/ MATERNITY WARDS — —	NO. OF OBSTETRIC/ MATERNITY BEDS — — —	
			NONE..... 00 →08		
A_A / ANI, AAU, ABG	08	Combined obstetric (delivery)/ gynaecology ward	NO. OF COMBINED OBSTETRIC (DELIVERY)/GYNAECOLOGY WARDS — —	NO. OF COMBINED OBSTETRIC (DELIVERY)/ GYNAECOLOGY BEDS — — —	
			NONE..... 00 →09		
A_A / ANJ, AAV, ABH	09	Newborn ward	NO. OF NEWBORN WARDS — —	NO. OF NEWBORN BEDS/COTS — — —	
			NONE..... 00 →10		
A_A / ANK, AAW, ABI	10	Mental health ward  [MAY INCLUDE NEUROLOGICAL HEALTH IF THE SERVICES ARE COMBINED]	NO. OF MENTAL HEALTH WARDS — —	NO. OF TOTAL MENTAL HEALTH BEDS — — —	
			NONE..... 00 →11		
A_A / ANL, AAX, ABJ	11	Neurological ward	NO. OF NEUROLOGICAL WARDS — —	NO. OF TOTAL NEUROLOGICAL HEALTH BEDS — — —	
			NONE.....00 →Q1201		
A_A	1201	Does the facility have any intensive care beds, including the neonatal intensive care cots/beds?	YES .....1 NO .....2		→Q1204
A_A	1202	For each type of ICU I mention, please tell me how many units of the type there are and how many beds there are in the units.	(A) NUMBER OF UNITS	(B) NUMBER OF BEDS/COTS	
A_A	01	Neonatal intensive care unit (NICU)	NO. OF NICU WARDS —	NO. OF NICU BEDS/COTS — —	
			NONE.....0 →02		
A_A	02	How many neonatal intensive care beds/cots are in a unit that is not the NICU and are not counted in (01)?		NO. OF NICU BEDS/ COTS OUTSIDE NICU — —	

Mod/Ind	No.	Question	Result			Skip	
A_A	03	Paediatric intensive care unit (PICU) (ALL TYPES)	NO. OF PAEDIATRIC INTENSIVE CARE UNITS	___	NO. OF PICU BEDS/COTS	___	___
			NONE.....0 →04				
A_A	04	Adult medical intensive care units	NO. OF ADULT MEDICAL INTENSIVE CARE UNITS	___	NO. OF ADULT MEDICAL INTENSIVE CARE BEDS	___	___
			NONE.....0 →05				
A_A	05	Adult surgical intensive care units	NO. OF ADULT SURGICAL INTENSIVE CARE UNITS	___	NO. OF ADULT SURGICAL INTENSIVE CARE BEDS	___	___
			NONE.....0 →06				
A_A	06	Adult combined medical/surgical ICU unit	NO. OF ADULT COMBINED MED/SURGICAL INTENSIVE CARE UNITS	___	NO. OF ADULT COMBINED MED/SURGICAL INTENSIVE CARE BEDS	___	___
			NONE.....0 →07				
A_A / AAY, ABK	07	Combined adult, paediatric intensive care unit	NO. OF ADULT/PAEDIATRIC COMBINED INTENSIVE CARE UNITS	___	NO. OF ADULT/PAEDIATRIC COMBINED INTENSIVE CARE BEDS	___	___
			NONE.....0 →08				
A_A	08	Other intensive care units No. 1 _____ (SPECIFY)	NO. OF OTHER INTENSIVE CARE UNITS NO. 1	___	NO. OF OTHER INTENSIVE CARE BEDS NO. 1	___	___
			NONE.....0 →Q1203				
A_A	09	Other intensive care units No. 2 _____ (SPECIFY)	NO. OF OTHER INTENSIVE CARE UNITS NO. 2	___	NO. OF OTHER INTENSIVE CARE BEDS NO. 2	___	___
			NONE.....0 →Q1203				
A_C / ANH	1203	Total intensive care units/beds/cots	NO. OF TOTAL INTENSIVE CARE UNITS	___	NO. OF TOTAL INTENSIVE CARE BEDS/COTS	___	___
			NONE.....0 →1204				
		<b>PATIENT ISOLATION BEDS</b>					
A_C / AAM	1204	Does this facility have specific units or dedicated rooms where patients requiring isolation are placed?	YES .....1 NO .....2			→Q1206	
A_C	1205	What types of isolation rooms or units does this facility have?  ASK FOR EACH OF THE FOLLOWING AND INDICATE NUMBER OF BEDS FOR EACH SITUATION.	(A) ISOLATION SITUATION EXISTS		(B) NUMBER OF BEDS		
			YES	NO			
A_C / BMB	01	Does the facility have a dedicated ward for tuberculosis patients?	1 →B	2 →02	___	___	
A_C / AAM	02	Does the facility have a dedicated inpatient ward for isolating illnesses other than tuberculosis?	1 →B	2 →03	___	___	
A_C / AAM	03	Does the facility have dedicated inpatient private rooms for isolation?	1 →B	2 →04	___	___	
A_C / BMB, AAM	04	Does the facility have a dedicated room in the outpatient service area for isolation?	1 →B	2 →05	___	___	

Mod/Ind	No.	Question	Result			Skip
A_C / AAM	05	Does the facility have a dedicated room in the emergency service area for isolation?	1 → B	2 → 06	— —	
A_C / AAM	06	Does the facility have rooms that can be used for isolation but that are not dedicated for this purpose?	1 → B	2 → Q1206	— —	
A_A	1206	Are there any other wards/ inpatient beds that have not previously been counted?	1 → B <hr/> (SPECIFY)	2 → Q2800	— —	

Mod/Ind	No.	Question	Result	Skip
		<b>10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES</b>		
		<b>10.4. FACILITY VEHICLES: NUMBERS AND STATUS</b>		
		<b>10.4.1. FACILITY VEHICLES: NUMBERS AND STATUS</b>		
A_A	2800	Does this facility have any vehicles, including ambulance, motorcycles and bicycles?	YES .....1 NO.....2	→ Q6500
A_A	2801	For each type of vehicle that I ask about, please tell me how many of this type of vehicle the facility currently owns, rents, or has full-time access to. Then please tell me among these vehicles, how many are functioning today.  THE NUMBER OF VEHICLES THE FACILITY HAS INCLUDES ALL VEHICLES PROVIDED TO THE FACILITY BY MANAGEMENT OR OTHER DONORS THAT SHOULD BE ON AN INVENTORY, WHETHER FUNCTIONAL OR NOT.	(A) TOTAL NUMBER  (B) TOTAL FUNCTIONING	
A_A	01	Any ambulance	— — NONE .....00 →04	
A_A	02	Ambulance for advanced patient transport equipped with intensive care equipment	— — NONE .....00 →03 DON'T KNOW .....98	
A_A	03	Ambulance for basic patient transport, equipped with a stretcher, resuscitation bag and intravenous (IV) support	— — NONE .....00 →04 DON'T KNOW .....98	
A_A	04	Staff transportation bus/vehicle	— — NONE .....00 →05	
A_A	05	Other car(s)	— — NONE .....00 →06	
A_A	06	Motorcycles	— — NONE .....00 →07	
A_A	07	Bicycles	— — NONE .....00 →08	
A_A	08	Other  (SPECIFY)	— — NONE .....00 →Q6500	

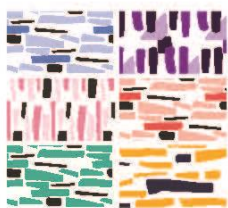
Mod/Ind	No.	Question	Result	Skip
		<b>18. SERVICES AND INFRASTRUCTURE</b>		
		<b>18.1. OUTPATIENT SERVICE CONDITIONS</b>		
		<b>NOTE: IF THE READINESS CORE QUESTIONNAIRE IS BEING IMPLEMENTED AS A STAND-ALONE SURVEY, THERE ARE ESSENTIAL INFRASTRUCTURE COMPONENTS THAT MUST BE COMPLETED FROM THE AVAILABILITY QUESTIONNAIRE. THESE INCLUDE: SECTION 3. STAFFING AND STAFF MANAGEMENT; SECTION 4. FACILITY BEDS; AND SECTION 10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES. YOU MAY CHOOSE TO IMPLEMENT THESE SECTIONS IN EITHER CORE OR CORE+ADDITIONAL FORM.</b>		
		<b>18.1.1. SERVICE AVAILABILITY</b>		
A_C, R_C / AJK, APS, APT, APU, AQP, AQQ, AQL, AQM, NBL, NBM	6500	Are any outpatient services offered?	YES.....1 NO ..... 2	→END
		ASK TO BE SHOWN THE OUTPATIENT SERVICE AREA IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE GENERAL OUTPATIENT SERVICE ORGANIZATION. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.  First, I would like to know the infrastructure conditions that exist for outpatient services.  IF OUTPATIENT SERVICES ARE OFFERED IN DIFFERENT BUILDINGS, PROVIDE THE RESPONSE THAT REFLECTS THAT SITUATION WHERE CURATIVE CARE SERVICES FOR ADULTS ARE PROVIDED.		
		I would like to know about the hours that this facility provides outpatient and emergency services and about specific outpatient services.		
A_C / AJM	6501	On average, how many hours per day is this facility open for non-emergency outpatient services?	4 HOURS OR FEWER .....1 5–8 HOURS .....2 9–16 HOURS .....3 17–23 HOURS .....4 24 HOURS ..... 5	
A_C / AJN, AJO	6502	On average, how many days per week is this facility open for non-emergency outpatient services?	DAYS PER WEEK OPEN FOR NON-EMERGENCY SERVICES ____	

PLEASE THANK THE RESPONDENT FOR COMPLETING THE QUESTIONNAIRE.



**INTERVIEWER'S NOTES**

**SUPERVISOR'S NOTES**



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