

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 4

Management and finance

Core questionnaire
Core questions only

DECEMBER 2021



World Health
Organization

Harmonized health facility assessment (HHFA)

Management and Finance questionnaire Core



**World Health
Organization**

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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The Harmonized Health Facility Assessment (HHFA) modules and resource package are a key deliverable of the Health Data Collaborative (HDC) Facility Surveys Working Group. The modules provide a harmonized approach to health facility assessments/surveys, building on existing internationally tested health facility assessment tools, such as the United States Agency for International Development (USAID) Service Provision Assessment (SPA), the World Bank Service Delivery Indicators (SDI), and the WHO Service Availability and Readiness Assessment (SARA), as well as consolidating best practices and lessons learned through implementation in many countries.

Overall guidance for the development of the HHFA modules was provided by the HDC Facility Surveys Working Group. Amani Siyam, Kavitha Viswanathan and Kathryn O'Neill coordinated the development of the modules. Wendy Venter coordinated the development of the HHFA resource package with technical support from the Johns Hopkins Bloomberg School of Public Health. Substantial technical contributions to the resource package were made by Nancy Fronczak, Sherrell Goggin, Jaya Gupta, Shannon King, Boniface Muganda, Timothy Roberton, and Ashley Sheffel. Technical inputs concerning guidelines, service standards, measurement methods and indicators were provided by multiple WHO technical programmes and regional offices as well as other agencies within the health sector.

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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.

Fig. 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"> Facility characteristics Staff Beds Availability of specific services Building structure 	Capacity to provide services according to defined standards: <ul style="list-style-type: none"> Guidelines, trained staff, equipment, diagnostics, commodities Systems to support quality and safety Provider competency 	<ul style="list-style-type: none"> Adherence to standards in patient care process Patient experience 	Practices to support continuous service availability and quality: <ul style="list-style-type: none"> Management Finance Health information systems Quality assurance Health worker absenteeism
Questionnaires	Questionnaires	Questionnaires	Questionnaires
<ul style="list-style-type: none"> Availability: Core 	<ul style="list-style-type: none"> Readiness: Core 	<ul style="list-style-type: none"> Quality of care: Additional/Supplementary - Record review* 	<ul style="list-style-type: none"> Management and Finance: Core
<ul style="list-style-type: none"> Availability: Core+Additional 	<ul style="list-style-type: none"> Readiness: Additional/Supplementary - Provider competency† 	<ul style="list-style-type: none"> Quality of care: Additional/Supplementary - Patient experience† 	<ul style="list-style-type: none"> Management and Finance: Core+Additional
<ul style="list-style-type: none"> Availability: Additional/Supplementary - Building structure 			<ul style="list-style-type: none"> Management and Finance: Additional/Supplementary - Health worker absenteeism†
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
		10. FACILITY-LEVEL RESOURCES AND SAFETY PRACTICES		
		10.1. INFRASTRUCTURE		
		10.1.1. COMMUNICATIONS		
		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
		1. COVER		
		1.1. COVER PAGE AND FACILITY IDENTIFIERS		
		1.1.1. FACILITY IDENTIFIERS		
		[COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]		
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 — — [COUNTRY ADAPT NUMBERING FOR REGIONS, DISTRICTS AND FACILITIES BASED ON THE SYSTEM USED IN THE COUNTRY OR THE SYSTEM AGREED UPON FOR THE SURVEY]	

Mod/Ind	No.	Question	Result	Skip																																
ALL / CYL, CYM, CXP, AAA, AOY	107	Interview date	<p style="text-align: center;">FIRST VISIT(S)</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;">FINAL VISIT</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																																				
1.1.2. GEOGRAPHIC COORDINATES																																				
ALL		<p>RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS</p> <p>SET DEFAULT SETTINGS FOR GPS:</p> <ol style="list-style-type: none"> 1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE 2. SET COORDINATE FORMAT TO DECIMAL DEGREES 3. SET DATUM TO WGS84 <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"> 4. TURN GPS MACHINE ON AND WAIT UNTIL SATELLITE PAGE CHANGES TO "POSITION" 5. WRITE ALTITUDE 6. PRESS "MARK" 7. HIGHLIGHT "AVERAGE" AND PRESS "ENTER" 8. HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER" 9. ENTER FACILITY CODE 10. WAIT 5 MINUTES 11. HIGHLIGHT "SAVE" AND PRESS "ENTER" 12. PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER" 13. HIGHLIGHT YOUR WAYPOINT 14. COPY INFORMATION FROM WAYPOINT LIST PAGE ON THE FORM BELOW. <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) — — — — —	
		1.1.3. CONSENT		
		<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>[LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED]</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
		1.1.4. FACILITY CHARACTERISTICS		
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
		2. CLIENT SERVICES NOTE: PROGRAMMERS AND SURVEY MANAGERS, SKIP Q200–Q601 IF BOTH SERVICE AVAILABILITY AND SERVICE READINESS QUESTIONNAIRES ARE BEING IMPLEMENTED AS QUESTIONS ARE DUPLICATED		
		2.3. FORMAL LINKAGES WITH SERVICES OUTSIDE THE FACILITY		
		2.3.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE		
M_C	400	Does this facility have formal linkages with providers of traditional, complementary or other integrative types of medicine (TCI)? This may be facility wide, or service specific.	YES.....1 NO2	
		2.3.2. COMMUNITY LINKAGES		
M_C / CRP	402	Does this facility have any formal systems for linking with community health workers?	YES.....1 NO2	

Mod/Ind	No.	Question	Result	Skip
		5. GOVERNANCE AND MANAGEMENT		
		5.1. GOVERNANCE AND MANAGEMENT SYSTEMS AND PRACTICES		
		5.1.1. GOVERNANCE AND MANAGEMENT SYSTEMS		
		Now I would like to ask you questions related to governance and routine systems implemented by this facility. 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.		
M_C / CRM	1305	<p>Does this facility have a core management team or a management committee that is responsible for oversight of the day-to-day functioning of the facility?</p> <p>PROBE TO ENSURE THAT THE MANAGEMENT TEAM IDENTIFIED ADDRESSES DAY-TO-DAY MANAGEMENT ISSUES. IN SMALL FACILITIES THIS RESPONSIBILITY MAY BE FILLED BY A STAFF MEETING.</p> <p>[COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A MANAGEMENT TEAM OR COMMITTEE IN FACILITIES]</p>	<p>YES 1</p> <p>NO..... 2</p>	→ Q1809
M_C / CRO	1306	Is there any routine system for including community representation for some aspects of the management team or committee work? By routine system, I mean community participation is sought for either all or only specified meetings of the management team or community meetings are held at set intervals.	<p>YES 1</p> <p>NO..... 2</p>	
M_C / CRM	1307	When was the most recent management team or management committee meeting?	<p>WITHIN PAST 1 MONTH 1</p> <p>WITHIN PAST 2–3 MONTHS 2</p> <p>WITHIN PAST 4–6 MONTHS 3</p> <p>MORE THAN 6 MONTHS 4</p> <p>DON'T KNOW 8</p>	

Mod/Ind	No.	Question	Result	Skip
		7. SYSTEMS AND PRACTICES TO SUPPORT STAFF		
		7.3. PERSONNEL MANAGEMENT AND SUPERVISION		
		7.3.2. EXTERNAL SUPERVISION		
M_C / CVU	1809	Does this facility receive any external supervision, such as from district, regional or national offices?	YES.....1 NO2	→ Q1900
M_C / CVU	1810	When was the last time a supervisor from outside this facility came here on a supervisory visit? DO NOT INCLUDE VISITS WHERE GUESTS WERE BROUGHT OR THAT WERE FOR SUPPLIES ONLY.	THIS MONTH1 WITHIN PAST 2–3 MONTHS2 MORE THAN 3 MONTHS AGO3 DON'T KNOW8	→ Q1900 → Q1900
		SUPERVISION ACTIVITY		
M_C / CVU	1812	Is there any documentation from external supervisory visits during the past 3 months? IF YES, ASK TO SEE DOCUMENTATION.	YES, OBSERVED.....1 REPORTED, NOT SEEN2 NO3	

Mod/Ind	No.	Question	Result	Skip																																			
		8. MONITORING AND IMPLEMENTATION OF SYSTEMS FOR QUALITY																																					
		8.1. EXTERNAL ASSESSMENTS AGAINST STANDARDS																																					
		8.1.1. EXTERNAL ASSESSMENTS																																					
		I would like to talk with the person most familiar with activities related to quality improvement and quality assurance for this facility.																																					
M_C / CXI	1900	Does this facility participate in any periodic external assessment of conditions in the facility against standards, where a resulting score or status is provided? This might be accreditation or certification, or some other indication of the result of the assessment.	YES.....1 NO2 DON'T KNOW8	→ Q2000 → Q2000																																			
M_C	1901	Which of the following external processes are used for certifying the facility or a specific service for meeting standards? IF RESPONDENT DOES NOT KNOW, ASK TO CALL SOMEONE WHO WILL KNOW. [COUNTRY ADAPT LIST]	<table border="1"> <thead> <tr> <th colspan="3">(A) CERTIFICATION STATUS</th><th colspan="2">(B) LEVELS WHERE PROCESS IS APPLIED</th></tr> <tr> <th>CURRENTLY CERTIFIED</th><th>PROCESS USED, BUT NOT CURRENTLY CERTIFIED</th><th>PROCESS NOT USED</th><th>FACILITY WIDE</th><th>SERVICE SPECIFIC</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3 → 02</td><td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td><td>3 → 03</td><td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td><td>3 → 04</td><td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td><td>3 → 05</td><td>1</td><td>2</td></tr> <tr> <td>1</td><td>2</td><td>3 → Q1902</td><td>1</td><td>2</td></tr> </tbody> </table>	(A) CERTIFICATION STATUS			(B) LEVELS WHERE PROCESS IS APPLIED		CURRENTLY CERTIFIED	PROCESS USED, BUT NOT CURRENTLY CERTIFIED	PROCESS NOT USED	FACILITY WIDE	SERVICE SPECIFIC	1	2	3 → 02	1	2	1	2	3 → 03	1	2	1	2	3 → 04	1	2	1	2	3 → 05	1	2	1	2	3 → Q1902	1	2	
(A) CERTIFICATION STATUS			(B) LEVELS WHERE PROCESS IS APPLIED																																				
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1	2	3 → 04	1	2																																			
1	2	3 → 05	1	2																																			
1	2	3 → Q1902	1	2																																			
M_C / CXJ, CXK	01	Accreditation	1 2 3 → 02	1 2																																			
M_C / CXL, CXM	02	Licensed or registered with government authority	1 2 3 → 03	1 2																																			
M_C / CXN, CXO	03	National external quality assurance (NEQA)	1 2 3 → 04	1 2																																			
M_C	04	Service specific certification (SPECIFY SERVICE)	1 2 3 → 05	1 2																																			
M_C	05	OTHER (SPECIFY)	1 2 3 → Q1902	1 2																																			
M_C / CXP	1902	When was the most recent accreditation or certification process completed? IF MORE THAN ONE SYSTEM IS IN USE, RECORD THE DATE FOR THE MOST RECENT. IF RESPONDENT IS UNCERTAIN OF MONTH, BUT KNOWS YEAR, PROBE FOR A BEST ESTIMATE.	(a) MONTH — — DON'T KNOW98 (b) YEAR — — — — DON'T KNOW9998																																				
		8.2. QUALITY ASSURANCE/IMPROVEMENT																																					
		8.2.1. QUALITY ASSURANCE/IMPROVEMENT																																					
		Now I would like to talk with the person most familiar with activities related to quality improvement and quality assurance (QA) for this facility.																																					
M_C / CXQ, CXT	2000	Does this facility routinely carry out quality assurance activities for any service areas? By this I mean some formal review system or comparison of work or systems to a standard?	YES.....1 NO2	→ Q2100																																			
M_C	2001	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY1 ONLY SPECIFIC SERVICES2																																				
M_C / CXR	2002	Does this facility have a quality assurance committee?	YES.....1 NO2	→ Q2004																																			
M_C / CXR	2003	When was the most recent time the quality assurance committee met?	WITHIN PAST 1 MONTH1 2–3 MONTHS AGO2 4–6 MONTHS AGO3 MORE THAN 6 MONTHS AGO4 DON'T KNOW8																																				

Mod/Ind	No.	Question	Result	Skip
M_C / CXS	2004	Is there any documentation that shows quality assurance information being reviewed? This may be by a QA committee or other management group. IF YES, ASK: May I see the documentation?	YES, DOCUMENTATION OBSERVED1 YES, DOCUMENTATION REPORTED, NOT SEEN2 NO3	
		8.3. SYSTEMS AND INDICATORS FOR MONITORING QUALITY OF INPATIENT CARE		
		8.3.1. CASE REVIEWS		
M_C / CXV, CXW, CXZ, CYA, CYC, CYD, CYE	2100	Does this facility have inpatient services?	YES1 NO2	→ Q2125
		Now I would like to know about any patient case reviews or reviews of deaths for patients in this facility. 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.		
M_C / CXV	2101	Does this facility routinely carry out formal case reviews for patients who have not died, where individual patient management is reviewed for quality and potential for improved case management?	YES1 NO2	→ Q2104
M_C	2102	How frequently are formal case reviews carried out?	AT LEAST WEEKLY1 AT LEAST MONTHLY2 AT LEAST QUARTERLY3 NO SPECIFIED TIMING4	
M_C	2103	During the previous 3 complete months was there any case management review for a paediatric case, that is for a child under 5 years of age?	YES1 NO2	
M_C / CXW	2104	Does this facility conduct death reviews for some proportion of deaths?	YES1 NO2 NEVER HAD A DEATH3	→ Q2107 → Q2107
M_C	2105	Are the results of the death reviews recorded?	YES1 NO2	
M_C	2106	Do these reviews routinely include paediatric patients who are below 5 years of age if there is a death?	YES1 NO2 NEVER HAD A PAEDIATRIC DEATH3	
		8.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS		
M_C / CXZ	2107	Does this facility have a system for identifying and monitoring adverse events, such as patient falls or infections?	YES1 NO2	→ Q2109
M_C	2108	I would like to see written guidelines for how monitoring of adverse events is to be conducted. Please show me any documentation related to each of the items I mention.	YES, DOCUMENTATION OBSERVED YES, DOCUMENTATION REPORTED, NOT SEEN NO DOCUMENTATION	
M_C / CXZ	01	Which events are considered adverse and required to be reported.	1 2 3	
M_C / CXZ	02	When and how to submit reports of adverse events.	1 2 3	
M_C / CXZ	03	Who is responsible for submitting reports of adverse events.	1 2 3	
M_C / CXZ	04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems.	1 2 3	
M_C / CXZ	05	Notes or reports that show evidence of review and plan of action for the reports about adverse events.	1 2 3	

Mod/Ind	No.	Question	Result	Skip
M_C / CYA	2109	Are health care associated infections (HCAI) (nosocomial infections) either reportable adverse events or are nosocomial infections monitored?	YES.....1 NO2	→ Q2113
M_C / CYA	2110	Are there written guidelines that define nosocomial infections and the process for reporting them? IF YES ASK: May I see the guidelines?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
M_C / CYA	2111	Is there any report or record that shows nosocomial infections reported over the past 6 months? THIS MAY BE A SEPARATE RECORD OR MAY BE INCLUDED IN REPORTS WITH OTHER ADVERSE EVENTS. IF YES, ASK: May I see the records?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
M_C / CYA	2112	Is a system in place for monitoring of health care associated infections (HCAI) (nosocomial infections) in high-risk settings such as intensive care and neonatal care units?	YES.....1 NO2	
8.3.3. SYSTEMS FOR MONITORING QUALITY OF CARE FOR SURGICAL SERVICES				
M_C / CYC, CYD, CYE	2113	Does the facility have inpatient surgical services?	YES.....1 NO2	→ Q2125
SURGICAL PATIENT CASE REVIEWS				
M_C / CYC	2114	How often does the hospital hold a mortality and morbidity conference related to surgery?	AT LEAST WEEKLY.....1 AT LEAST MONTHLY2 AT LEAST QUARTERLY.....3 NO SPECIFIED TIMING4 NONE CONDUCTED5	→ Q2120
M_C / CYC	2115	Are the results of the mortality or morbidity conference related to surgery recorded? IF YES, ASK: May I see a copy of the most recent documentation of this conference?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	→ Q2117 → Q2117
M_C	2116	When was the most recent mortality and morbidity conference related to surgery for which documentation was observed?	WITHIN PAST WEEK.....1 WITHIN PAST MONTH2 WITHIN PAST 3 MONTHS.....3 MORE THAN 3 MONTHS AGO4	
M_C	2117	How often does the hospital hold a mortality and morbidity conference related to children's surgery?	AT LEAST WEEKLY.....1 AT LEAST MONTHLY2 AT LEAST QUARTERLY.....3 NO SPECIFIED TIMING4 NONE CONDUCTED5 NO PAEDIATRIC SURGERY6	→ Q2120 → Q2120
M_C	2118	Are the results of the mortality or morbidity conference related to children's surgery recorded? IF YES, ASK: May I see a copy of the most recent documentation of this conference where children's surgery was discussed?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	→ Q2120 → Q2120
M_C	2119	When was the most recent mortality and morbidity conference related to children's surgery for which documentation was observed?	WITHIN PAST WEEK.....1 WITHIN PAST MONTH2 WITHIN PAST 3 MONTHS.....3 MORE THAN 3 MONTHS AGO4	

Mod/Ind	No.	Question	Result	Skip
		SYSTEMS FOR MONITORING SURGICAL ADVERSE EVENTS		
M_C / CYD, CYE	2120	Does this facility have a system for identifying and monitoring adverse events related to surgery, such as infections and deaths?	YES.....1 NO2	→ Q2125
M_C / CYD	2121	Are there any written guidelines or instructions for reporting on adverse events related to surgery? IF YES, ASK TO SEE THE DOCUMENT.	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3 DON'T KNOW8	→ Q2123 → Q2123 → Q2123
M_C	2122	ASK THE RESPONDENT TO SHOW WHERE IN THE DOCUMENT THE FOLLOWING INFORMATION DESCRIBED	YES, DOCUMENTATION OBSERVED YES, DOCUMENTATION REPORTED, NOT SEEN NO DOCUMENTATION	
M_C / CYD	01	Which events are considered adverse and required to be reported.	1 2 3	
M_C / CYD	02	When and how to submit reports of adverse events.	1 2 3	
M_C / CYD	03	Who is responsible for submitting reports of adverse events.	1 2 3	
M_C / CYD	04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems.	1 2 3	
M_C / CYD	05	Notes or reports that show evidence of review and plan of action for the reports about adverse events.	1 2 3	
M_C / CYE	2123	Does this facility have a system for identifying and monitoring post-operative infections?	YES.....1 NO2	→ Q2125
M_C	2124	I would like to see written guidelines for how monitoring of adverse surgical events, including postoperative infections, is to be conducted. Please show me any documentation related to each of the items I mention.	YES, DOCUMENTATION OBSERVED YES, DOCUMENTATION REPORTED, NOT SEEN NO DOCUMENTATION	
M_C / CYE	01	Definition of postoperative infection	1 2 3	
M_C / CYE	02	When and how to submit reports of postoperative infection	1 2 3	
M_C / CYE	03	Who is responsible for submitting reports of postoperative infection	1 2 3	
M_C / CYE	04	Review process for reports on postoperative infection includes recommendations for actions to address problems	1 2 3	
M_C / CYE	05	Notes or reports that show evidence of review and plan of action for the reports about postoperative infection	1 2 3	
		8.3.4. SYSTEM TO ELICIT CLIENT OPINION		
M_C / CYB	2125	Does this facility have any system for determining clients' opinions or receiving feedback about the health facility or its services?	YES.....1 NO2	→ Q2200
M_C / CYB	2126	Is there a routine procedure for reviewing or reporting on clients' opinions? IF YES, ASK TO SEE ANY NOTES OR REPORTS THAT RELATE TO CLIENT OPINION.	YES, DOCUMENTATION OBSERVED1 YES, DOCUMENTATION REPORTED, NOT SEEN2 NO3	

Mod/Ind	No.	Question	Result	Skip								
		8.4. REVIEW OF INFORMATION										
		8.4.1. REVIEW										
M_C / CYX	2200	At the facility level, is there a routine process for reviewing data on facility services, outcomes, or patient feedback?	YES.....1 NO2	→ Q2300								
M_C	2201	IF YES, ASK TO SEE ANY DOCUMENTATION RELEVANT TO THE TOPIC MENTIONED AND CHECK THE MOST RECENT DATE FOR WHICH THE INFORMATION IS AVAILABLE.	<table border="1"> <thead> <tr> <th colspan="2">DOCUMENTATION OBSERVED</th><th>ROUTINE REVIEW REPORTED, NO DOCUMENTATION OBSERVED</th><th>INFORMATION NOT ROUTINELY REVIEWED</th></tr> <tr> <th>CURRENT WITHIN THE PAST 3 MONTHS</th><th>MOST RECENT DATA > 3 MONTHS AGO</th><th></th><th></th></tr> </thead> </table>	DOCUMENTATION OBSERVED		ROUTINE REVIEW REPORTED, NO DOCUMENTATION OBSERVED	INFORMATION NOT ROUTINELY REVIEWED	CURRENT WITHIN THE PAST 3 MONTHS	MOST RECENT DATA > 3 MONTHS AGO			
DOCUMENTATION OBSERVED		ROUTINE REVIEW REPORTED, NO DOCUMENTATION OBSERVED	INFORMATION NOT ROUTINELY REVIEWED									
CURRENT WITHIN THE PAST 3 MONTHS	MOST RECENT DATA > 3 MONTHS AGO											
M_C / CYX	01	Information from routine HMIS reports (e.g. numbers of patients, numbers by diagnoses)	1	2	3	4						
M_C / CYX	02	Information from special reports such as quality indicators	1	2	3	4						
M_C / CYX	03	Information from patient surveys	1	2	3	4						
M_C / CYX	04	Information from staff surveys	1	2	3	4						
M_C / CYZ	05	Any tables or reports that present immunization data	1	2	3	4						
M_C / CYZ	06	Any tables or reports that present data other than for immunization	1	2	3	4						
M_C / CYZ	07	Any graphic presentation of immunization data	1	2	3	4						
M_C / CYZ	08	Any graphic presentation of data other than for immunization	1	2	3	4						
M_C	09	Other information source routinely reviewed	1 (SPECIFY)	2 (SPECIFY)	3 (SPECIFY)	4						

Mod/Ind	No.	Question	Result	Skip
		9. PATIENT SAFETY		
		9.1. DISASTER PLANNING, FACILITY SAFETY AND SECURITY		
		9.1.1. DISASTER PLANNING, FACILITY SAFETY AND SECURITY		
		Now I want to ask you about facility safety and securing plans and practices.		
M_C	2300	Does this facility have a “no smoking” policy for facility grounds?	YES.....1 NO2	
M_C	2301	Does this facility have any written disaster or facility safety plans? These might include fire, epidemics, or events with large numbers of trauma victims.	YES.....1 NO2	→Q2400
M_C / CXD	2302	Does this facility have a written fire safety plan?	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	→Q2304
M_C / CXG	2303	When was the most recent drill or in-service education for staff to practice following the fire safety plan?	WITHIN PAST 6 MONTHS.....1 WITHIN PAST 7–12 MONTHS.....2 WITHIN PAST 13–24 MONTHS.....3 MORE THAN 24 MONTHS AGO.....4 NO5 DON'T KNOW8	
M_C / CXE	2304	Does this facility have a specific written emergency response plan for outbreaks, such as Ebola, meningitis, SARS/ COVID-19, cholera, etc.? THIS MAY BE A PART OF A COMPREHENSIVE EMERGENCY RESPONSE PLAN.	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	→Q2306
M_C / CXG	2305	When was the most recent drill or in-service education for staff on how to follow the emergency response plan for outbreaks(s)?	WITHIN PAST 6 MONTHS.....1 WITHIN PAST 7–12 MONTHS.....2 WITHIN PAST 13–24 MONTHS.....3 MORE THAN 24 MONTHS AGO.....4 NO5 DON'T KNOW8	
M_C	2306	Other than for fire or outbreaks does this facility have a written emergency response plan for any other emergencies?	YES.....1 NO2	→Q2400
M_C	2307	Which other types of emergency response have a written plan? THE TOPIC MAY BE COVERED IN ONE COMPREHENSIVE EMERGENCY RESPONSE PLAN, OR IN SEPARATE EMERGENCY RESPONSE PLANS.	YES NO	
M_C / CXF	01	Natural disasters such as earthquakes or floods	1	2
M_C / CXF	02	Non-natural disasters – war	1	2
M_C / CXF	03	Other non-natural disaster with massive civilian trauma such as transportation accidents or events resulting in massive casualties	1	2
M_C	04	Other	1 (SPECIFY)	2

Mod/Ind	No.	Question	Result	Skip
M_C / CXG	2308	When was the most recent drill or in-service education for other natural or non-natural disasters with massive casualties?	WITHIN PAST 6 MONTHS.....1 WITHIN PAST 7–12 MONTHS.....2 WITHIN PAST 13–24 MONTHS.....3 MORE THAN 24 MONTHS AGO.....4 NO5 DON'T KNOW8	
		9.2. MONITORING AND REINFORCING THE CORE COMPONENTS OF INFECTION PREVENTION AND CONTROL (IPC)		
		9.2.1. MONITORING AND REINFORCING THE CORE COMPONENTS OF INFECTION PREVENTION AND CONTROL (IPC)		
M_C / CYL	2400	Does this facility implement a systematic process for assessing infection prevention and control (IPC) using a specified framework for the assessment such as the WHO Infection Prevention and Control Assessment Framework (IPCAF) or an equivalent?	YES.....1 NO2	→Q2404
M_C	2401	What is the framework for the assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED.	YES, OBSERVED REPORTED, NOT SEEN NOT USED	
M_C / CYL	01	The WHO Infection Prevention and Control Assessment Framework (IPCAF)	1 2 3	
M_C / CYL	02	Other	1 2 3 _____ (SPECIFY) (SPECIFY)	
M_C / CYL	2402	When was the most recent IPC assessment?	(a) MONTH _____ DON'T KNOW98 (b) YEAR _____ DON'T KNOW9998	
M_C	2403	What was the interpretation of the most recent score?	INADEQUATE1 BASIC2 INTERMEDIATE3 ADVANCED4 DON'T KNOW8	
M_C / CYM	2404	Does this facility implement a systematic process for assessing hand hygiene promotion and practices such as the WHO Hand Hygiene and Safety Assessment Framework (HHSF) or an equivalent?	YES.....1 NO2	→Q2408
M_C	2405	What is the framework for the hand hygiene assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED.	YES, OBSERVED REPORTED, NOT SEEN NOT USED	
M_C / CYM	01	The WHO Hand Hygiene and Safety Assessment Framework (HHSF)	1 2 3	
M_C	02	Other	1 2 3 _____ (SPECIFY) (SPECIFY)	
M_C / CYM	2406	When was the most recent hand hygiene promotion and practices assessment?	(a) MONTH _____ DON'T KNOW98 (b) YEAR _____ DON'T KNOW9998	

Mod/Ind	No.	Question	Result	Skip
M_C	2407	What was the interpretation of the most recent score?	INADEQUATE1 BASIC2 INTERMEDIATE3 ADVANCED4 DON'T KNOW8	
		Now I want to ask questions about facility management practices for infection prevention and control (IPC). If there is another person who is more familiar with these practices, please call them so we receive the most accurate information.		
M_C / CWM	2408	Does this facility have IPC guidelines? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
M_C / CWN	2409	Does this facility have any guidelines for isolation? IF YES, ASK: May I see the guidelines? THESE MAY BE A PART OF GUIDELINES THAT COVER OTHER TOPICS.	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
M_C / CWO	2410	Does this facility have any guidelines for respiratory transmission-based precautions? IF YES, ASK: May I see the guidelines? THESE MAY BE A PART OF GUIDELINES THAT COVER OTHER TOPICS.	YES, OBSERVED.....1 YES, REPORTED, NOT SEEN.....2 NO3	
M_C	2411	Now I will ask a few questions to clarify the infection prevention and control (IPC) structure for this facility. For each item I ask for, please tell me if this is applicable in this facility.	YES NO DON'T KNOW	
M_C / CWR	01	Technical IPC committee	1 2 8	
M_C / CWS	02	Multidisciplinary meetings where IPC results are reported/reviewed	1 2 8	
M_C	2412	Are there any full- or part-time staff assigned to IPC monitoring activities?	YES.....1 NO2	→ Q2900
M_C / CWQ	01	NUMBER OF FULL-TIME IPC STAFF	(a) — —	
M_C	02	NUMBER OF PART-TIME IPC STAFF	(b) — —	
M_C / CWP	2413	Have any of the persons responsible for IPC monitoring been trained in an IPC control course? IF YES, CLARIFY IF ALL STAFF WITH SPECIFIC IPC RESPONSIBILITIES ONLY SOME ARE IPC CERTIFIED. IF RESPONDENT IS UNCERTAIN ASK TO CALL SOMEONE WHO WOULD KNOW.	YES, ALL 1 YES SOME, NOT ALL..... 2 NO 3	
M_C	2414	What is the qualification of the person responsible for IPC? This may be the committee chair, or the person assigned for IPC.	DOCTOR..... 1 CLINICAL OFFICER..... 2 NURSING/MIDWIFERY STAFF 3 OTHER 6 _____ (SPECIFY)	

Mod/Ind	No.	Question	Result	Skip
M_C / CWT	2415	When was the most recent meeting of the IPC committee or with the person responsible for IPC? This might be a technical IPC meeting or an interdisciplinary meeting where IPC findings were discussed.	WITHIN PAST 1 MONTH 1 2–3 MONTHS AGO..... 2 4–6 MONTHS AGO..... 3 MORE THAN 6 MONTHS AGO..... 4 DON'T KNOW 8	

Mod/Ind	No.	Question	Result	Skip												
		11. FACILITY VEHICLES, INFRASTRUCTURE AND EQUIPMENT: MAINTENANCE AND REPAIR														
		11.1. FACILITY VEHICLES, INFRASTRUCTURE AND EQUIPMENT: MAINTENANCE AND REPAIR														
		11.1.1. VEHICLE MAINTENANCE														
M_C / CSL	2900	Does this facility follow a routine maintenance schedule for any vehicles? By routine maintenance, I mean the maintenance is carried out on a fixed schedule regardless of whether there is a problem or not.	YES 1 NO 2 FACILITY HAS NO VEHICLES 5													
		11.1.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE AND REPAIR														
M_C / CSN	2903	Is preventive/corrective maintenance ever carried out for any facility infrastructure systems such as electrical, water, sanitation, sewerage or ventilation or equipment used for these systems?	YES 1 NO 2	→ Q3004												
M_C	2904	For each of the systems I ask about, please tell me if preventive/ corrective maintenance is carried out routinely, sometimes, but not routine, or never. By preventive maintenance, I mean the service is carried out even when there is no problem with the system.	<table border="1"> <thead> <tr> <th colspan="4">PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT</th> </tr> <tr> <th>ROUTINELY</th><th>SOMETIMES, NOT ROUTINELY</th><th>NEVER</th><th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	1	2	3	5	
PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT																
ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE													
1	2	3	5													
M_C / CSO	01	Electric system	1 2 3 5													
M_C / DGL	04	Water system	1 2 3 5													
M_C / DGM	06	Sanitation and sewage system(s)	1 2 3 5													
M_C / DGN	08	Ventilation system	1 2 3 5													
M_C	2906	Is there a contract for maintenance and/or repair for any infrastructure systems or equipment? IF RESPONDENT IS UNCERTAIN PROBE FOR PERSON WHO WOULD KNOW RESPONSE, SUCH AS BIOMEDICAL ENGINEER.	YES 1 NO 2	→ Q3004												
M_C	2907	For which of the following infrastructure systems or equipment is there a contract for maintenance and repair [COUNTRY ADAPT]	<table border="1"> <thead> <tr> <th colspan="3">CONTRACT FOR LAB EQUIPMENT MAINTENANCE AND REPAIR</th> </tr> <tr> <th>YES, CONTRACT INCLUDES PARTS</th><th>YES, PARTS PURCHASED SEPARATELY</th><th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td> </tr> </tbody> </table>	CONTRACT FOR LAB EQUIPMENT MAINTENANCE AND REPAIR			YES, CONTRACT INCLUDES PARTS	YES, PARTS PURCHASED SEPARATELY	NO	1	2	3				
CONTRACT FOR LAB EQUIPMENT MAINTENANCE AND REPAIR																
YES, CONTRACT INCLUDES PARTS	YES, PARTS PURCHASED SEPARATELY	NO														
1	2	3														
M_C	01	Generator	1 2 3													
M_C	02	Solar power system	1 2 3													
M_C	03	[COUNTRY SPECIFIC] _____	1 2 3													
M_C	04	[COUNTRY SPECIFIC] _____	1 2 3													

Mod/Ind	No.	Question	Result	Skip
		12. HEALTH FINANCING AND ACCOUNTING		
		12.1. BUDGET AND RESOURCES		
		12.1.1. BUDGET AND RESOURCE AVAILABILITY		
		Now I have some questions about this facility's sources of funding and budget. If I ask something where another person can provide the exact information, please call that person or we can go to their office to get the information. ASK TO SPEAK WITH THE PERSON WHO IS MOST FAMILIAR WITH THE BUDGET FOR THE FACILITY. THIS MAY BE A SPECIAL FINANCE PERSON, THE IN-CHARGE, OR THE FACILITY ADMINISTRATOR, OR ALL OF THESE.		
		CURRENT BUDGET INFORMATION		
M_C	3004	I would like to know information on your current budget. May I speak with the person most familiar with your current budget?	AGREED TO PROVIDE INFORMATION1 REFUSED TO PROVIDE INFORMATION2 FACILITY HAS NO OFFICIAL BUDGET3 FACILITY DOES NOT KNOW THEIR CURRENT BUDGET8	→Q3009 →Q3009 →Q3009
M_C / CSU	3005	What is your officially allocated recurrent budget for this year, excluding salaries? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT _____ DON'T KNOW9999998	
M_C	3006	What is your officially allocated budget for salaries for this year? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT _____ NO BUDGET FOR SALARIES 0000000 DON'T KNOW 9999998	
		BUDGET AND FINANCIAL RESOURCES FOR MOST RECENT COMPLETED BUDGET YEAR		
		Now I want to ask you about the facility resources for the most recent completed financial or budget year.		
M_C	3009	I would like to know how much funding was received during the past completed financial year from your managing authority. If you do not have this information, please introduce me to the person who would know about funds received.	AGREED TO PROVIDE INFORMATION1 REFUSED TO PROVIDE INFORMATION2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY8	→Q3200 →Q3200
M_C / CSW	3015	What percentage of your recurrent budget did you receive for the past complete financial year?	PERCENTAGE RECEIVED _____ NONE000 DON'T KNOW998	
		12.3. CHARGING AND COSTS FOR SERVICES		
		12.3.1. CHARGES FOR PRIMARY HEALTH CARE SERVICES		
M_C	3200	Please tell me if this facility charges patients for any of the following services. IF YES, ASK: What is the average charge per patient?	(A) YES NO NOT APPLICABLE (B) AVERAGE CHARGE PER PATIENT IN LOCAL CURRENCY	
M_C / CTF	01	Outpatient consultation services for adults	1 →B 2 →02 5 →02 _____	
M_C / CTG	02	Outpatient consultation services for children	1 →B 2 →03 5 →03 _____	
M_C / CTH	03	Any routine child immunizations	1 →B 2 →04 5 →04 _____	
M_C / CTI	04	Any contraceptive commodities	1 →B 2 →08 5 →08 _____	


Mod/Ind	No.	Question	Result				Skip
M_C / CTJ	05	Pills or injections	1 →B	2 →06	5 →06	— — — —	
M_C / CTK	06	Implant	1 →B	2 →07	5 →07	— — — —	
M_C / CTL	07	Intrauterine device (IUD) insertion	1 →B	2 →08	5 →08	— — — —	
M_C / CTM	08	HIV diagnostic tests	1 →B	2 →09	5 →09	— — — —	
M_C / CTN	09	Malaria rapid diagnostic test	1 →B	2 →Q3300	5 →Q3300	— — — —	
12.4. ACCOUNTABILITY FOR FUNDS RECEIVED							
12.4.1. FINANCIAL AUDITS							
M_C / CTO	3300	Does this facility receive an annual external audit of facility accounts?	YES..... 1 NO 2				
USER FEES							
M_C / CTE, CTR, CTS, CTT	3302	Does this facility charge user fees for any outpatient or inpatient services?	YES..... 1 NO 2				→Q3600
M_C / CTA, CTB	3303	Does this facility charge user fees for any outpatient services?	YES..... 1 NO USER FEES CHARGED..... 2 NO OUTPATIENT SERVICES..... 3				→Q3305 →Q3305
M_C / CTB	3304	Are the user fees for outpatient services posted anywhere so that patients can see them? IF YES, ASK: Please show me anywhere fees for outpatients are posted.	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3				
M_C / CTC, CTD	3305	Does this facility charge user fees for any inpatient services?	YES..... 1 NO USER FEES CHARGED..... 2 NO INPATIENT SERVICES 3				→Q3307 →Q3307
M_C / CTD	3306	Are the user fees for inpatient services posted anywhere so that patients can see them? IF YES, ASK: Please show me anywhere fees for inpatients are posted.	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3				
M_C / CTE	3307	Is there a written policy or guidelines for exemptions or discounts for any user fees? IF YES, ASK TO SEE THE DOCUMENT.	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3				

Mod/Ind	No.	Question	Result	Skip
		13. INFORMATION SOURCES AND SYSTEMS		
		13.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS		
		13.2.1. UNIQUE PATIENT IDENTIFIERS		
M_C / CZO	3600	Does this facility use unique patient ID numbers for inpatients? That is, whenever the patient receives services in this facility, the same identification number is used for that person?	YES1 NO2 NO INPATIENT SERVICES3	→ Q3602 → Q3602
M_C / CZO	3601	Is the same unique patient ID maintained for the same patient for at least 5 years?	YES1 NO2	
M_C / CZI	3602	Does this facility use unique patient ID numbers for outpatients? That is, whenever the patient receives services in this facility the same identification number is used for that person?	YES1 NO2 NO OUTPATIENT SERVICES3	→ Q3604 → Q3604
M_C / CZI	3603	Is the same unique patient ID maintained for the same patient for at least 5 years?	YES1 NO2	
M_C / CZP	3604	Is the same unique patient ID maintained for the patient for both in- and outpatient services?	YES1 NO2 BOTH INPATIENT AND OUTPATIENT SERVICES NOT OFFERED3	
		13.2.2. INDIVIDUAL PATIENT RECORDS FOR INPATIENTS		
M_C / CZQ, CZR, CZS, CZT	3605	Does this facility use individual patient charts or records for inpatients? IF YES, CLARIFY IF THE FORMAT FOR INPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY3 NO INDIVIDUAL PATIENT RECORDS FOR INPATIENTS4 NO INPATIENT SERVICES5	→ Q3608 → Q3816 → Q3816
M_C / CZN, CZR	3606	Does this facility utilize a standardized set of electronic data entry screens to comprise a complete medical chart or record for each inpatient?	YES1 NO2	
M_C	3607	What kind of software is used for the individual inpatient patient electronic medical record system? [COUNTRY ADAPT]	YES NO	
M_C	01	Open medical records systems (MRS)	1 2	
M_C	02	[COUNTRY SPECIFIC] _____	1 2	
M_C	03	[COUNTRY SPECIFIC] _____	1 2	
M_C	04	Other _____ (SPECIFY)	1 2	
M_C / CZN, CZS	3608	Does this facility utilize a standardized set of paper forms to comprise a complete medical chart or record for each inpatient?	YES1 NO2 NO PAPER RECORDS5	→ Q3816 → Q3816
M_C / CZT	3609	Has there been a stock out of the official inpatient medical record form in the past 6 months?	YES1 NO2	

Mod/Ind	No.	Question	Result	Skip
		14. FACILITY STATISTICS REPORTING SYSTEMS		
		14.1. ADMISSION AND DISCHARGE RECORDS		
		14.1.3. REPORTS SUBMITTED EXTERNALLY		
M_C / CZA, CZB, CZC, CZD	3816	Does this facility submit any reports externally?	YES 1 NO 2	→ Q3900
M_C / CZA	3818	How often are routine summary statistics on patient services and diagnoses submitted externally?	WEEKLY 1 MONTHLY 2 QUARTERLY 3 ANNUALLY 4 NEVER 5 OTHER 6 (SPECIFY)	
		14.2. DATA QUALITY		
		14.2.1. DATA QUALITY		
M_C / CYV	3900	Is there any routine and systematic process within the facility for checking the quality of data compiled for reports?	YES 1 NO 2	→ Q4000
M_C / CYW	3901	Is there a written policy for data quality checking or written guideline for how to carry out data quality checking? IF YES, ASK TO SEE A COPY OF THE POLICY OR METHODOLOGY GUIDELINES.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
		14.3. HMIS STAFF		
		14.3.1. HMIS STAFF		
M_C / CYT	4000	Does this facility have a designated person, such as a health information officer or person with any other background, who is dedicated full time with the responsibility for recording or collating health services data in this facility?	YES 1 NO 2	
M_C / CYU	4001	What is the professional qualification of the person who has final responsibility for compiling and reporting on health services data in this facility? This may be the full-time person described above, or a person who compiles reports along with other responsibilities.	HEALTH INFORMATION OFFICER/DATA MANAGER 1 OTHER TECHNICAL STAFF WITH DATA TRAINING 2 OTHER NON-TECHNICAL STAFF WITH SPECIAL DATA TRAINING 3 OTHER TECHNICAL STAFF WITH NO DATA TRAINING 4 OTHER NON-TECHNICAL STAFF WITH NO SPECIAL DATA TRAINING 5 NO ONE 95 OTHER 96 (SPECIFY)	

Mod/Ind	No.	Question	Result	Skip
		18. SERVICES AND INFRASTRUCTURE		
		18.15. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES		
		18.15.1. ORGANIZATION AND INFRASTRUCTURE OF EMERGENCY SERVICES		
		Now I want to ask about different services and resources available in this facility for patients who arrive from outside this facility seeking emergency care, regardless of whether the patients walk in or whether they arrive by ambulance or other type of vehicle.		
R_C, M_C / ALY, AMJ, APS, APT, APU, CIJ, CIT, CIU, CIV, CIW, CIX, CIY, CIZ, CIA, CIB, CIC, CID, CIE, CIF, CIG, CIH, CII, CIJ, CIK, CIL, CIM, CIN, CIO, CIP, CIQ, CIR, CIS, CIT, CIU, CIV, CIW, CIX, CIY, CIZ, CKA, LXA, LXB, LXC, LXD, LXL, LXM, CKC, CKD, CKE, CKB, CKF, CKG, CKH, CKI, CKJ, CKK, CKL, CKM, CKN, CKO, CKP, CKQ, CKW, CKX, CKU, CKV, CKR, CLF, CKS, CLG, CKT, CKY, CLE, CKZ, CLC, CLA, CLB, CLD, CLH, CLI, CLJ, CLK, CLL, KGL, KGM, CLM, CLN, CLO, CLP, CLQ, CLR, CLS, CLT, CLU, CLV, CLW, CLX, CLY, CLZ, LFL, LFM, CMA, CMB, CMC, CMD, CME, CMF, CMG, CMH, CMI, CMJ, CMK, CML, CMM, CMN, CMO, CMP, CMQ, LFN, LFO, LFY, LFZ, CMR, CMS, CMT, CMU, CMV, CMW, CMX, CMY, CMZ, CNA, CNB, CNC, CND, CNE, CNF, CNG, CNH, CNI, CNJ, CNK, KKN, KKO, KKY, KKZ, CNP, CNM, CNN, CNL, CNO, CNQ, CNR, CNS, CNW, CNT, CNU, CNV, CNX, CNY, CNZ, LMN, LMO, LMP, LMY, LMZ, COE, COF, COG, COH, KJN, KJO, KJY, KJZ, COI, COJ, COK, COL, COM, CON, COO, LSL, LSM, COP, COQ, COR, COS, COT, COU, COV, LKA, LKB, LKL, LKM, COW, COX, COY, COZ, CPD, CPA, CPB, CPC, CPE, CPF, CPG, CPH, CPI, CPI, CPK, CPL, CPM, LHN, LHO, LHY, LHZ, CPN, CPO, CPP, CPQ, CPR, CPS, CPT, CPU, CPV, CPW, CPX, CPY, CPZ, JVA, JVB, JVL, JVM, CQA	12100	Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment.	YES1 NO2	→ Q12300
		18.15.9. SUPPORT FOR QUALITY EMERGENCY UNIT SERVICES		
M_C	12174	Are there meetings specifically to review emergency cases for quality improvement? This may be meetings to review data, morbidity or mortality conferences that include patients from the emergency unit, or preventable death panels.	YES, SPECIFIC FOR EMERGENCY UNIT PATIENTS1 YES, NOT SPECIFIC TO EMERGENCY UNIT PATIENTS BUT AS PART OF FACILITY CASE REVIEW PROCESS2 NO3	→ Q12300

Mod/Ind	No.	Question	Result	Skip	
M_C	12175	<p>Is there a routine system for tracking implementation of quality improvement or corrective actions after reviews of unit data or case reviews for emergency unit services?</p> <p>IF YES, ASK TO SEE EVIDENCE OF MONITORING TO FOLLOW-UP ON ACTIONS.</p>	<p>YES, OBSERVED1</p> <p>YES, REPORTED, NOT SEEN2</p> <p>NO3</p>		

Mod/Ind	No.	Question	Result	Skip
		20. LABORATORY		
		20.1. LABORATORY		
		20.1.1. LABORATORY ORGANIZATION AND SYSTEMS		
R_C, M_C / ARM, ARN, ARO, ARP, ARQ, CYS, ARW, ARX, ARV, ARU, ARR, ARS, ART, MJL, MJM, CYN, CYO, CYP, CYQ, CYR	12300	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 the results back for action, and tests performed in a laboratory or in a service site.	YES 1 NO LABORATORY DIAGNOSTIC TESTS PERFORMED 2	
		20.1.7. LABORATORY QUALITY CONTROLS		
M_C / CYN	12361	Is there an established external quality assessment mechanism for any of the laboratory tests conducted? IF YES, ASK: Is this a routine system?	YES, ROUTINE 1 YES, NOT ROUTINE BUT SOMETIMES 2 NO 3	→ Q12549
M_C / CYN	12362	For which of the following tests does this facility have a system for routine external quality assessment checks:	YES NO NOT APPLICABLE	
M_C / CYN	01	HIV serology (e.g. ELISA)	1 2 5	
M_C / CYN	02	Blood chemistries	1 2 5	
M_C / CYN	03	TB sputum test	1 2 5	
M_C / CYN	04	CD4 testing	1 2 5	
M_C / CYN	05	Other _____ (SPECIFY)	1 _____ (SPECIFY) 2 	

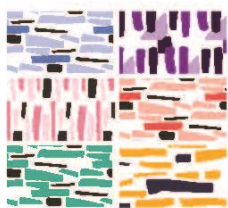
Mod/Ind	No.	Question	Result	Skip
		22. PHARMACEUTICAL COMMODITIES		
		22.1. PHARMACEUTICAL COMMODITIES		
		22.1.2. MAIN PHARMACEUTICAL COMMODITY STORAGE		
M_C	12549	Are there written policies and procedures for identifying and managing medicine-use problems, including: monitoring adverse reactions, prescription monitoring and medicine utilization? IF YES, ASK: May I see any written instructions for reporting on adverse reactions or pharmacovigilance (PV) guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3	→Q12552
M_C	12550	Which of the following medicine-use problems are monitored in this facility:	YES, MONITORED NO, NOT MONITORED	
M_C / CYI	01	Adverse reactions	1 2	
M_C / CYG	02	Prescription practices for specific types of medicines such as pain medicine or antibiotics	1 2	
M_C / CYF	03	General prescription practices, such as numbers and combinations of medicines prescribed	1 2	
M_C / CYH	04	Medicine utilization, such as comparing medicine use to types of patients being treated	1 2	
M_C	05	Other (SPECIFY)	1 2	
		22.1.3. PHARMACEUTICAL COMMODITY MANAGEMENT		
		Now I would like to go to where pharmaceutical commodities are stored to learn more about stock management practices.		
		SUPPORT FOR QUALITY PHARMACY PRACTICES		
M_C	12552	Does the pharmacy have any of the following documentation for policies or guidelines: IF YES, ASK TO SEE THE DOCUMENTS.	YES, OBSERVED YES, REPORTED, NOT SEEN NO	
M_C / CYI	01	Guidelines/ protocols for pharmacovigilance (PV), that include guidelines for reporting on adverse reactions	1 2 3	
M_C / CYI	02	Guidelines for monitoring, documenting, and reporting on adverse reactions	1 2 3	
M_C	03	Guidelines for monitoring prescription practices at any level IF YES, ASK FOR EVIDENCE OF MONITORING FOR THE SPECIFIC PRESCRIPTION PRACTICES LISTED BELOW.	1 2 3 →END	

Mod/Ind	No.	Question	Result			Skip
M_C / CYG	04	Guidelines for monitoring prescription practices for specific types of medicines, such as pain medicine or antibiotics	1	2	3	
M_C / CYF	05	Guidelines for monitoring general prescription practices, such as numbers and combinations of medicines prescribed	1	2	3	
M_C / CYF	06	Guidelines for monitoring medicine utilization, such as comparing medicine use with types of patients being treated	1	2	3	

PLEASE THANK THE RESPONDENT FOR COMPLETING THE QUESTIONNAIRE.

INTERVIEWER'S NOTES

SUPERVISOR'S NOTES



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