

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 4

Management and finance

Core+Additional questionnaire
Core and additional questions

DECEMBER 2021



World Health
Organization

Harmonized health facility assessment (HHFA)

**Management and Finance questionnaire
Core + Additional**



**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>

© World Health Organization 2021.

Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license.

Contents

Acknowledgements.....	6
HHFA overview.....	7
Instrument	9
1. COVER	9
1.1. COVER PAGE AND FACILITY IDENTIFIERS	9
1.1.1. FACILITY IDENTIFIERS	9
1.1.2. GEOGRAPHIC COORDINATES	10
1.1.3. CONSENT	11
1.1.4. FACILITY CHARACTERISTICS	12
2. CLIENT SERVICES.....	14
2.3. FORMAL LINKAGES WITH SERVICES OUTSIDE THE FACILITY	14
2.3.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE	14
2.3.2. COMMUNITY LINKAGES	14
5. GOVERNANCE AND MANAGEMENT	16
5.1. GOVERNANCE AND MANAGEMENT SYSTEMS AND PRACTICES	16
5.1.1. GOVERNANCE AND MANAGEMENT SYSTEMS	16
6. SUPPORT SERVICES.....	18
6.1. SUPPORT SERVICES FOR ROUTINE FACILITY FUNCTIONING	18
6.1.1. SUPPORT SERVICES AVAILABILITY AND MANAGEMENT	18
6.2. SUPPORT SERVICES FOR INPATIENTS	18
6.2.1. SUPPORT SERVICES AVAILABILITY	18
7. SYSTEMS AND PRACTICES TO SUPPORT STAFF	20
7.1. STAFF BENEFITS AND ISSUES	20
7.1.1. BENEFITS	20
7.1.2. ISSUES	21
7.2. TRAINING PROVIDED BY FACILITY	21
7.2.1. IN-SERVICE TRAINING FOR STAFF	21
7.2.2. TRAINING FOR EXTERNAL STAFF AND STUDENTS	22
7.3. PERSONNEL MANAGEMENT AND SUPERVISION	22
7.3.1. STAFFING STRUCTURES.....	22
7.3.2. EXTERNAL SUPERVISION	23
8. MONITORING AND IMPLEMENTATION OF SYSTEMS FOR QUALITY	26
8.1. EXTERNAL ASSESSMENTS AGAINST STANDARDS	26
8.1.1. EXTERNAL ASSESSMENTS.....	26
8.2. QUALITY ASSURANCE/IMPROVEMENT	26
8.2.1. QUALITY ASSURANCE/IMPROVEMENT	26
8.3. SYSTEMS AND INDICATORS FOR MONITORING QUALITY OF INPATIENT CARE	28
8.3.1. CASE REVIEWS	28
8.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS.....	28
8.3.3. SYSTEMS FOR MONITORING QUALITY OF CARE FOR SURGICAL SERVICES	29
8.3.4. SYSTEM TO ELICIT CLIENT OPINION	31
8.4. REVIEW OF INFORMATION	31
8.4.1. REVIEW	31
9. PATIENT SAFETY	32
9.1. DISASTER PLANNING, FACILITY SAFETY AND SECURITY	32

9.1.1. DISASTER PLANNING, FACILITY SAFETY AND SECURITY	32
9.2. MONITORING AND REINFORCING THE CORE COMPONENTS OF INFECTION PREVENTION AND CONTROL (IPC)	33
9.2.1. MONITORING AND REINFORCING THE CORE COMPONENTS OF INFECTION PREVENTION AND CONTROL (IPC).....	33
11. FACILITY VEHICLES, INFRASTRUCTURE AND EQUIPMENT: MAINTENANCE AND REPAIR	37
11.1. FACILITY VEHICLES, INFRASTRUCTURE AND EQUIPMENT: MAINTENANCE AND REPAIR	37
11.1.1. VEHICLE MAINTENANCE	37
11.1.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE AND REPAIR	37
11.1.3. INFECTION PREVENTION, MEDICAL AND DIAGNOSTIC EQUIPMENT MAINTENANCE AND REPAIR	39
12. HEALTH FINANCING AND ACCOUNTING	41
12.1. BUDGET AND RESOURCES	41
12.1.1. BUDGET AND RESOURCE AVAILABILITY	41
12.1.2. LINE ITEMS FOR MANAGEMENT AND FACILITY MAINTENANCE RELATED ACTIVITIES.....	42
12.1.3. SOURCES OF FUNDING OTHER THAN MANAGING AUTHORITY	43
12.2. EXPENDITURES	44
12.2.1. EXPENDITURES FOR ROUTINE FACILITY ACTIVITIES	44
12.2.2. EXPENDITURES FOR CONTRACTED SERVICES.....	45
12.3. CHARGING AND COSTS FOR SERVICES	46
12.3.1. CHARGES FOR PRIMARY HEALTH CARE SERVICES.....	46
12.4. ACCOUNTABILITY FOR FUNDS RECEIVED	46
12.4.1. FINANCIAL AUDITS	46
12.5. SERVICE SPECIFIC FINANCING INFORMATION	48
12.5.1. NEGLECTED TROPICAL DISEASES (NTDs)	48
12.5.2. CHRONIC DISEASES	48
12.5.3. SURGICAL SERVICES	48
13. INFORMATION SOURCES AND SYSTEMS	51
13.1. CATCHMENT AREA INFORMATION	51
13.1.1. CATCHMENT AREA INFORMATION	51
13.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS	51
13.2.1. UNIQUE PATIENT IDENTIFIERS	51
13.2.2. INDIVIDUAL PATIENT RECORDS FOR INPATIENTS	52
13.2.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR INPATIENTS	52
13.2.4. INDIVIDUAL PATIENT RECORDS/CHARTS FOR OUTPATIENTS	53
13.2.5. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS.....	53
13.3. COMPUTERIZED INFORMATION	54
13.3.1. COMPUTERIZED INFORMATION	54
14. FACILITY STATISTICS REPORTING SYSTEMS	56
14.1. ADMISSION AND DISCHARGE RECORDS	56
14.1.1. ADMISSION AND DISCHARGE RECORDS	56
14.1.2. DATA COMPILATION METHODS.....	57
14.1.3. REPORTS SUBMITTED EXTERNALLY.....	58
14.1.4. STORAGE OF PAPER-BASED HMIS REPORT AND SOURCE DATA DOCUMENTS	59
14.2. DATA QUALITY	61
14.2.1. DATA QUALITY	61
14.3. HMIS STAFF	61
14.3.1. HMIS STAFF	61
15. IMPLEMENTATION OF INTERNATIONAL CLASSIFICATION OF DISEASES (ICD).....	63
15.1. USAGE OF ICD CODES	63
15.1.1. USAGE OF ICD CODES	63
15.1.2. USAGE OF ICD CODES FOR MORBIDITY.....	63
15.2. REPORTING MORTALITY	65
15.2.1. DETERMINING CAUSE OF DEATH	65

15.2.2. ICD CLASSIFICATION OF CAUSE OF DEATH.....	67
16. KEY HOSPITAL INFORMATION AND SERVICE STATISTICS	69
16.1. INPATIENT UTILIZATION INFORMATION	69
16.1.1. INPATIENT UTILIZATION INFORMATION	69
16.2. INPATIENT SERVICE STATISTICS	69
16.2.1. INPATIENT SERVICE STATISTICS	69
16.3. SERVICE SPECIFIC INFORMATION FOR OUT/INPATIENT SERVICES	71
16.3.1. SURGERY	71
16.3.2. DELIVERY AND NEWBORN SERVICES	74
16.3.3. POST-ABORTION CARE SERVICE STATISTICS	76
16.3.4. EMERGENCY UNIT INFORMATION	76
16.3.5. OUTPATIENT SERVICE STATISTICS	77
16.3.6. NEGLECTED TROPICAL DISEASES (NTDs)	77
16.3.7. CANCER SERVICES	78
16.3.8. OUTCOME INDICATORS FOR PATIENTS UNDER CANCER TREATMENT	79
16.3.9. OUTPATIENT MATERNAL AND NEWBORN POSTNATAL CARE (PNC) SERVICES.....	80
16.3.10. QUALITY OF CARE INDICATORS FOR IMMUNIZATION SERVICES	81
16.3.11. INDICATORS FOR SURGICAL SERVICES	81
16.3.12. MONITORING EFFICIENCY FOR ELECTIVE SURGICAL PROCEDURES	82
16.3.13. RESEARCH ON SURGICAL ISSUES	83
16.3.14. OUTCOME INDICATORS FOR FACILITY SERVICES	83
18. SERVICES AND INFRASTRUCTURE.....	86
18.4. SERVICES FOR SPECIAL NEEDS	86
18.4.4. SERVICES FOR VICTIMS OF VIOLENCE	86
18.15. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES	86
18.15.1. ORGANIZATION AND INFRASTRUCTURE OF EMERGENCY SERVICES	86
20. LABORATORY.....	88
20.1. LABORATORY	88
20.1.1. LABORATORY ORGANIZATION AND SYSTEMS.....	88
20.1.7. LABORATORY QUALITY CONTROLS	88
22. PHARMACEUTICAL COMMODITIES	89
22.1. PHARMACEUTICAL COMMODITIES	89
22.1.2. MAIN PHARMACEUTICAL COMMODITY STORAGE.....	89
22.1.3. PHARMACEUTICAL COMMODITY MANAGEMENT	89
23. MEDICINE PRICE DATA.....	91
23.1. MEDICINE PRICE DATA	91
23.1.1. MEDICINE PRICE DATA	91

Acknowledgements

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.

The ministries of health of Kenya, Malawi and Burkina Faso are gratefully acknowledged for testing the implementation of the HHFA modules.

The HHFA modules and resource package were produced with the support of grants from Bloomberg Philanthropies Data for Health Initiative; Gavi, the Vaccine Alliance; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the Kingdom of Saudi Arabia; and the Norwegian Agency for Development Cooperation (Norad).

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	→ Q402
M_A	401	How are these linkages implemented? ASK IF EACH OF THE FOLLOWING IS APPLICABLE FOR THIS FACILITY.	YES NO	
M_A	01	TCI providers are routinely represented in management committees	1 2	
M_A	02	There are facility staff with specific responsibility for linkages and communication between the facility and TCI providers	1 2	
M_A	03	There are service-specific TCI linkages	1 2	
M_A	04	Other (SPECIFY)	1 2	
		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	→ Q1300
M_A	403	For each activity that I mention, please tell me whether this is a part of the linkages the facility has with community health workers (CHWs).	YES NO	
M_A	01	Does the facility manage any CHWs?	1 2	
M_A	02	Does the facility provide supplies, receive reports, or train CHWs who are not managed by the facility?	1 2	
M_A	03	Does the facility refer patients to CHWs or receive referrals from CHWs?	1 2	
M_A	404	Which of the following services does the facility have a link with in the community?	YES NO	
M_A	01	HIV	1 2	
M_A	02	TB	1 2	
M_A	03	Malaria	1 2	
M_A	04	Maternal health	1 2	
M_A	05	Community treatment of childhood illnesses services	1 2	
M_A	06	Follow-up of patients with chronic illnesses	1 2	

Mod/Ind	No.	Question	Result		Skip
M_A	07	Activities for prevention or control of any of the neglected tropical illness, such as lymphoedema, soil-transmitted infections, schistosomiasis, trachoma, onchocerciasis or lymphatic filariasis	1	2	
M_A	08	Other	1 _____ (SPECIFY)	2	

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_A / CRL	1300	Does this facility have a governing board or governing committee that is responsible for facility oversight and not day-to-day management of the facility? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A FACILITY GOVERNING BOARD]	YES 1 NO 2	→Q1303
M_A	1301	Does the board include at least one community member?	YES 1 NO 2	
M_A / CRL	1302	When was the most recent time the board met?	WITHIN PAST 1 MONTH 1 WITHIN PAST 2–3 MONTHS 2 WITHIN PAST 4–6 MONTHS 3 WITHIN PAST 7–12 MONTHS 4 MORE THAN 12 MONTHS AGO 5 DON'T KNOW 8	
M_A	1303	Does this facility have a written strategic or management plan? IF YES, ASK TO SEE A COPY AND NOTE THE TIME PERIOD THE PLAN COVERS.	YES, OBSERVED AND COVERS CURRENT YEAR 1 YES, OBSERVED AND COVERS PRIOR YEARS BUT NOT CURRENT YEAR 2 REPORTED, NOT SEEN 3 NO 4	→Q1305
M_A	1304	Does the plan specify improving health care quality as a priority?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
M_C / CRM	1305	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? 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. [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A MANAGEMENT TEAM OR COMMITTEE IN FACILITIES]	YES 1 NO 2	→Q1310
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.	YES 1 NO 2	
M_C / CRM	1307	When was the most recent management team or management committee meeting?	WITHIN PAST 1 MONTH 1 WITHIN PAST 2–3 MONTHS 2 WITHIN PAST 4–6 MONTHS 3 MORE THAN 6 MONTHS 4 DON'T KNOW 8	→Q1310 →Q1310
M_A / CRN	1308	Are there any written notes or minutes from the most recent management committee meeting? IF YES, ASK TO SEE THE DOCUMENT.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→Q1310 →Q1310

Mod/Ind	No.	Question	Result		Skip
M_A	1309	REVIEW NOTES/DOCUMENTS TO IDENTIFY WHICH OF THE FOLLOWING TOPICS WAS DISCUSSED DURING THE MEETING.	ITEMS DOCUMENTED		
			YES	NO	
M_A / CRU	01	Staff issues/staff numbers/workload	1	2	
M_A / CRV	02	Data/HMIS/statistics based on services	1	2	
M_A / CRW	03	Commodity supplies (pharmaceuticals, consumables) ordering/stock management issues	1	2	
M_A / CRX	04	Finance/budget/financial management	1	2	
M_A / CRQ	1310	Is there a finance committee that functions on its own or is a subset of another management committees?	YES 1 NO 2		→ Q1312
M_A / CRQ	1311	When was the most recent finance committee meeting?	WITHIN PAST 1 MONTH 1 WITHIN PAST 2–3 MONTHS 2 WITHIN PAST 4–6 MONTHS 3 MORE THAN 6 MONTHS 4 DON'T KNOW 8		
M_A / CRR	1312	Is there a procurement committee for consumable commodities and services that functions on its own or is a subset of another management committee? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A PROCUREMENT COMMITTEE IN A FACILITY]	YES 1 NO 2 NEVER PROCURE CONSUMABLES 5		→ Q1315 → Q1315
M_A / CRR	1313	Are there written guidelines for procurement procedures for consumable commodities and services?	YES 1 NO 2		
M_A / CRR	1314	When was the most recent procurement committee meeting for consumable commodities and services?	WITHIN PAST 1 MONTH 1 WITHIN PAST 2–3 MONTHS 2 WITHIN PAST 4–6 MONTHS 3 MORE THAN 6 MONTHS 4 DON'T KNOW 8		
M_A / CRS	1315	Is there a procurement committee for medical equipment that functions on its own or is a subset of another management committee? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A PROCUREMENT COMMITTEE IN A FACILITY]	YES 1 NO 2 NEVER PROCURE MEDICAL EQUIPMENT 5		→ Q1318 → Q1318
M_A / CRS	1316	Are there written guidelines for procurement procedures for medical equipment?	YES 1 NO 2		
M_A / CRS	1317	When was the most recent procurement committee meeting for medical equipment?	WITHIN PAST 1 MONTH 1 WITHIN PAST 2–3 MONTHS 2 WITHIN PAST 4–6 MONTHS 3 MORE THAN 6 MONTHS 4 DON'T KNOW 8		
M_A / CRT	1318	Is there a procurement committee for drugs and therapeutics that functions on its own or is a subset of another management committee?	YES 1 NO 2 NEVER PROCURE DRUGS 5		→ Q1400 → Q1400
M_A / CRT	1319	Are there written guidelines for procurement of drugs and therapeutics?	YES 1 NO 2		
M_A / CRT	1320	When was the most recent procurement committee meeting for drugs and therapeutics?	WITHIN PAST 1 MONTH 1 WITHIN PAST 2–3 MONTHS 2 WITHIN PAST 4–6 MONTHS 3 MORE THAN 6 MONTHS 4 DON'T KNOW 8		

Mod/Ind	No.	Question	Result				Skip				
		6. SUPPORT SERVICES									
		6.1. SUPPORT SERVICES FOR ROUTINE FACILITY FUNCTIONING									
		6.1.1. SUPPORT SERVICES AVAILABILITY AND MANAGEMENT									
		<p>I would like to know more about the support services that function as specific units in this facility. By support service that functions as a specific unit I am talking about services that support the functioning of the facility, but that are not related directly to client services and where the service unit has a specific and stated mission and its own personnel, including an assigned in-charge of the service. [COUNTRY ADAPT NAMES OF TYPES OF UNITS]</p>									
M_A	1400	<p>Which of the following support services function as units within this facility?</p> <p>FOR EACH AVAILABLE SERVICE ASK: Who manages this service? Is it managed by the facility? Is it a contracted service? Is it managed by a higher level affiliated manager such as the district management, from outside of the facility?</p> <p>IF THE SERVICE EXISTS BUT NOT AS A SPECIFIC UNIT, CIRCLE "4".</p>	<p>SUPPORT SERVICE AVAILABLE AND MANAGED BY:</p> <table border="1"> <thead> <tr> <th>FACILITY STAFF</th><th>EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF</th><th>HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY</th></tr> </thead> </table>			FACILITY STAFF	EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF	HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY	SUPPORT SERVICE UNIT NOT AVAILABLE		
FACILITY STAFF	EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF	HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY									
M_A / CRV	01	Human resources services	1	2	3	4					
M_A / CRZ	02	Finance/accounting services	1	2	3	4					
M_A / CSA	03	Social services	1	2	3	4					
M_A / CSB	04	Staff transportation services	1	2	3	4					
M_A / CSC	05	Facility motor pool/vehicle management services (staff transportation may be included in this unit or might be separate)	1	2	3	4					
M_A / CSD	06	Staff housing/hostel services	1	2	3	4					
M_A / CSE	07	Canteen/food services for facility staff	1	2	3	4					
M_A / CSF	08	Building maintenance services	1	2	3	4					
M_A / CSG	09	Cleaning/housekeeping services	1	2	3	4					
M_A / CSH	10	Laundry services	1	2	3	4					
M_A / CSI	11	Patient food services/patient kitchen	1	2	3	4					
M_A / CSJ	12	Mortuary	1	2	3	4					
M_A / CSK	13	General administration unit that manages any of the units listed above	1	2	3	4					
		6.2. SUPPORT SERVICES FOR INPATIENTS									
		6.2.1. SUPPORT SERVICES AVAILABILITY									

Mod/Ind	No.	Question	Result			Skip
M_A	1500	Does this facility have any system to support family of inpatients to reduce the inconvenience or cost related to staying with the inpatient?	YES.....1 NO2 NO INPATIENT SERVICES3			→Q1600 →Q1600
M_A	1501	For each type of assistance, I mention, please tell me if this applies to all persons staying with patients, only those in need, or if it is not a practice in this facility.	ALL PARENTS/ CAREGIVERS	NEEDY PARENTS/ CAREGIVERS	NOT AVAILABLE	
M_A	01	Does the facility provide extra beds for accompanying relatives to stay in the ward or unit?	1	2	3	
M_A	02	Space is available for them to sleep on facility grounds	1	2	3	
M_A	03	A place is available on facility grounds where they can cook	1	2	3	
M_A	04	There is a site where safe drinking water is available	1	2	3	
M_A	05	There is a site where food can be purchased	1	2	3	
M_A	06	A place is available on facility grounds where they can do laundry	1	2	3	
M_A	07	A place is available on facility grounds where they can bathe/shower	1	2	3	
M_A	08	Facility funds are available to help with any costs	1	2	3	
M_A	09	Staff provide financial assistance in an informal manner	1	2	3	
M_A	10	Other	1 <hr/> (SPECIFY)	2 <hr/> (SPECIFY)	3	

Mod/Ind	No.	Question	Result			Skip			
		7. SYSTEMS AND PRACTICES TO SUPPORT STAFF							
		7.1. STAFF BENEFITS AND ISSUES							
		7.1.1. BENEFITS							
M_A	1600	I'm going to read you a list of benefits for staff that are sometimes provided by facilities to support staff. Please tell me if this facility routinely offers the following benefits or services: [REVISE LIST BELOW IN THE CONTEXT OF COMMON STAFF BENEFITS IN THE COUNTRY]	YES	NO	DON'T KNOW				
M_A / CWE	01	Living quarters or subsidized living quarters for doctors?	1	2	8				
M_A / CWF	02	Living quarters or subsidized living quarters for nursing or midwifery staff?	1	2	8				
M_A / CWG	03	Staff cafeteria or canteen?	1	2	8				
M_A / CWH	04	On-call rooms for sleeping when on night duty?	1	2	8				
M_A / CWI	05	Duty subsidy for nights and holidays?	1	2	8				
M_A / CWJ	06	Uniform allowances or uniforms provided?	1	2	8				
M_A / CWK	07	Transportation for all staff?	1	2	8				
M_A / CWL	08	Transportation for some staff?	1	2	8				
M_A	09	Other?	1 (SPECIFY)	2 (SPECIFY)	8				
M_A	1601	Does this facility provide any other services for staff safety, such as: [READ LIST] [REVISE LIST IN THE CONTEXT OF COMMON OCCUPATIONAL HEALTH SERVICES IN THE COUNTRY]	YES		NO				
M_A / CVZ	01	Surveillance of the factors that might affect the health of the workers (e.g. radiation exposure)?	1	2					
M_A / CWA	02	Supervision of personal protective equipment and of its use?	1	2					
M_A / CWB	03	Surveillance of the cleanliness of facilities available for the welfare of workers such as kitchens or canteens?	1	2					
M_A / CWC	04	Pre-employment, periodic and special medical examinations including, where necessary, biological and radiological examinations?	1	2					
M_A / CWD	05	Advice to individual workers at their request regarding any disorders that may occur or be aggravated in the course of work?	1	2					
M_A	06	Other?	1 (SPECIFY)	2					

Mod/Ind	No.	Question	Result	Skip
		7.1.2. ISSUES		
M_A	1602	<p>Now I'm going to read you a list of common staffing issues for health facilities. Please tell me if this is a major issue or not a major issue affecting the ability to meet staffing needs for this facility.</p> <p>THIS QUESTION SHOULD BE ASKED OF THE RESPONDENT FOR THE STAFF BENEFITS. THIS MAY BE THE INCHARGE OR MAY BE A PERSONNEL OFFICER. [ADAPT IF THERE ARE OTHER COMMON STAFFING ISSUES]</p>	<div>YES, MAJOR ISSUE</div> <div>NO, NOT MAJOR ISSUE</div>	
M_A	01	Staff salaries often late	1	2
M_A	02	Staff private practices interfere with work	1	2
M_A	03	Loss of staff due to AIDS-related deaths	1	2
M_A	04	Loss of staff due to other illness	1	2
M_A	05	The location is remote so staff do not want to come	1	2
M_A	06	Difficult to find living quarters	1	2
M_A	07	Other	<div>1</div> <div>(SPECIFY)</div>	2
		7.2. TRAINING PROVIDED BY FACILITY		
		7.2.1. IN-SERVICE TRAINING FOR STAFF		
M_A / CVX	1700	<p>Does this facility have a routine system for continuous education/professional development for nursing or midwifery staff? By routine I mean the in-service education is carried out at a set time interval and the schedule is shared so that units can plan to send staff if the training is relevant.</p> <p>IF YES, PLEASE ASK: How often are routine in-service education sessions for nursing or midwifery staff conducted?</p>	<p>YES, AT LEAST MONTHLY 1</p> <p>YES, AT LEAST EVERY 2–3 MONTHS..... 2</p> <p>YES, EVERY 4–6 MONTHS 3</p> <p>YES, EVERY 7–12 MONTHS 4</p> <p>YES, LESS OFTEN THAN ANNUALLY OR NO SET TIME 5</p> <p>NO 6</p>	
M_A / CVY	1701	<p>Does this facility have a routine system for continuous medical education (CME)/professional development for physicians or clinical officers? By routine I mean the in-service education is carried out at a set time interval and the schedule is shared so that physicians or clinical officers can attend if relevant.</p> <p>IF YES, PLEASE ASK: How often are routine in-service education sessions for physicians or clinical officers conducted?</p>	<p>YES, AT LEAST MONTHLY 1</p> <p>YES, AT LEAST EVERY 2–3 MONTHS..... 2</p> <p>YES, EVERY 4–6 MONTHS 3</p> <p>YES, EVERY 7–12 MONTHS 4</p> <p>YES, LESS OFTEN THAN ANNUALLY OR NO SET TIME 5</p> <p>NO 6</p>	

Mod/Ind	No.	Question	Result	Skip																																		
M_A	1702	Does this facility maintain a written or computerized record for staff who receive training? IF YES, ASK: Is a record maintained for onsite training only, for offsite training only, or for both on and offsite training?	YES, FOR ONSITE TRAINING.....1 YES, FOR OFFSITE TRAINING.....2 YES, FOR BOTH ON AND OFFSITE TRAINING3 NO4	→Q1704																																		
M_A	1703	ASK TO SEE THE TRAINING RECORDS THAT ARE APPLICABLE.	YES, OBSERVED FOR ONSITE TRAINING.....1 YES, OBSERVED FOR OFFSITE TRAINING.....2 YES, OBSERVED FOR BOTH ON AND OFFSITE TRAINING ...3 NO4																																			
7.2.2. TRAINING FOR EXTERNAL STAFF AND STUDENTS																																						
M_A	1704	Does this facility provide training for service providers from other facilities? THIS WOULD USUALLY BE IN-SERVICE TRAINING.	YES.....1 NO2																																			
M_A	1705	Is this facility a training site for any type of student health workers?	YES.....1 NO2	→Q1800																																		
M_A	1706	For each occupation that I mention, please estimate the number of different student health workers who annually routinely receive training in this facility and the current number. IF THERE ARE NOT STUDENTS-IN-TRAINING IN ANY OF THE CATEGORIES LISTED BELOW, PLEASE WRITE "0000".	<table border="1"> <thead> <tr> <th colspan="2">(A) ANY STUDENTS OF THIS OCCUPATION</th> <th rowspan="2">(B) ACTUAL/ ESTIMATED NUMBER OF DIFFERENT STUDENT HEALTH WORKERS WHO RECEIVED TRAINING IN THIS FACILITY DURING THE PAST 12 MONTHS</th> <th rowspan="2">(C) ESTIMATED NUMBER OF STUDENT HEALTH WORKERS CURRENTLY RECEIVING TRAINING</th> </tr> <tr> <th>YES</th><th>NO</th> </tr> </thead> <tbody> <tr> <td>1 →B</td><td>2 →02</td><td>— — — —</td><td>— — — —</td></tr> <tr> <td>1 →B</td><td>2 →03</td><td>— — — —</td><td>— — — —</td></tr> <tr> <td>1 →B</td><td>2 →04</td><td>— — — —</td><td>— — — —</td></tr> <tr> <td>1 →B</td><td>2 →05</td><td>— — — —</td><td>— — — —</td></tr> <tr> <td>1 →B</td><td>2 →06</td><td>— — — —</td><td>— — — —</td></tr> <tr> <td>1 →B</td><td>2 →07</td><td>— — — —</td><td>— — — —</td></tr> <tr> <td>1 →B</td><td>2 →Q1800</td><td>— — — —</td><td>— — — —</td></tr> </tbody> </table>	(A) ANY STUDENTS OF THIS OCCUPATION		(B) ACTUAL/ ESTIMATED NUMBER OF DIFFERENT STUDENT HEALTH WORKERS WHO RECEIVED TRAINING IN THIS FACILITY DURING THE PAST 12 MONTHS	(C) ESTIMATED NUMBER OF STUDENT HEALTH WORKERS CURRENTLY RECEIVING TRAINING	YES	NO	1 →B	2 →02	— — — —	— — — —	1 →B	2 →03	— — — —	— — — —	1 →B	2 →04	— — — —	— — — —	1 →B	2 →05	— — — —	— — — —	1 →B	2 →06	— — — —	— — — —	1 →B	2 →07	— — — —	— — — —	1 →B	2 →Q1800	— — — —	— — — —	
(A) ANY STUDENTS OF THIS OCCUPATION		(B) ACTUAL/ ESTIMATED NUMBER OF DIFFERENT STUDENT HEALTH WORKERS WHO RECEIVED TRAINING IN THIS FACILITY DURING THE PAST 12 MONTHS	(C) ESTIMATED NUMBER OF STUDENT HEALTH WORKERS CURRENTLY RECEIVING TRAINING																																			
YES	NO																																					
1 →B	2 →02	— — — —	— — — —																																			
1 →B	2 →03	— — — —	— — — —																																			
1 →B	2 →04	— — — —	— — — —																																			
1 →B	2 →05	— — — —	— — — —																																			
1 →B	2 →06	— — — —	— — — —																																			
1 →B	2 →07	— — — —	— — — —																																			
1 →B	2 →Q1800	— — — —	— — — —																																			
M_A	01	Medical students	1 →B 2 →02	— — — —																																		
M_A	02	Nursing students	1 →B 2 →03	— — — —																																		
M_A	03	Midwifery student	1 →B 2 →04	— — — —																																		
M_A	04	Pharmacists	1 →B 2 →05	— — — —																																		
M_A	05	Other professionals SPECIFY TYPES OF OTHER PROFESSIONALS: _____	1 →B 2 →06	— — — —																																		
M_A	06	Technicians (laboratory, pharmacy, medical equipment operators)	1 →B 2 →07	— — — —																																		
M_A	07	Associate professional or any other students	1 →B 2 →Q1800	— — — —																																		
7.3. PERSONNEL MANAGEMENT AND SUPERVISION																																						
7.3.1. STAFFING STRUCTURES																																						
M_A / CVS	1800	Does this facility have a system for routinely verifying the licence and other relevant credentials for any staff?	YES.....1 NO2	→Q1802																																		

Mod/Ind	No.	Question	Result			Skip
M_A	1801	For which of the following categories of staff are licences and credentials routinely verified?	YES	NO		
M_A	01	Medical staff	1	2		
M_A	02	Nursing/midwifery staff	1	2		
M_A	03	Other licensed personnel (e.g. physical therapy, dentists)	1	2		
M_A / AAL	1802	Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification?	YES.....1 NO2			
M_A / AWP	1803	Does this facility have a written management structure or an organogram that details reporting relationships?	YES.....1 NO2			
M_A / CHZ	1804	Does this facility have written job descriptions? IF YES ASK: Are there job descriptions for all positions or only for some positions?	YES, ALL POSITIONS1 YES, SOME, NOT ALL POSITIONS2 NO3			
M_A / CVT	1805	Does this facility have a routine system for evaluating staff? IF YES, ASK TO SEE A COPY OF AN EVALUATION FORM.	YES, OBSERVED.....1 REPORTED, NOT SEEN2 NO3			→Q1807
M_A / CVT	1806	How frequently are staff evaluations performed?	ANNUALLY OR MORE FREQUENT1 EVERY 2 YEARS2 NO FIXED TIME INTERVAL3			
M_A	1807	Is there any process for identifying and recognizing or rewarding staff for good performance?	YES.....1 NO2			→Q1809
M_A	1808	Does the facility use any of the following methods for recognizing or rewarding staff for good performance? IF YES, CLARIFY IF THE METHOD IS ROUTINELY PRACTISED OR OCCASIONALLY PRACTISED.	ROUTINELY PRACTISED	PRACTISED OCCASIONALLY	NOT PRACTISED	
M_A	01	Bonus payment	1	2	3	
M_A	02	Facility posts name/picture in recognition of good work	1	2	3	
M_A	03	Facility uses other mechanism to recognize or reward staff for good performance	1 (SPECIFY)	2 (SPECIFY)	3	
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

Mod/Ind	No.	Question	Result			Skip
		SUPERVISION ACTIVITY				
M_A	1811	Now I would like to ask you some questions about the last supervisor's visit and the content of the supervision. During the last visit, did the supervisor do any of the following:				
			YES	NO	DON'T KNOW	
M_A	01	Use a checklist?	1	2	8	
M_A / CVW	02	Meet with health workers or discuss their work with providers of health services?	1	2	8	
M_A	03	Observe outpatient consultations?	1	2	8	
M_A		Discuss any of the following:				
M_A / CVW	04	Management or service problems the facility is encountering?	1	2	8	
M_A / CVW	05	Service quality (e.g. observe services, discuss guidelines and protocols)?	1	2	8	
M_A	06	Staff availability or training (staffing)?	1	2	8	
M_A	07	Special activities that are upcoming?	1	2	8	
M_A		Check any of the following types of records:				
M_A	08	Attendance and leave records?	1	2	8	
M_A	09	Staff training records?	1	2	8	
M_A	10	Medicine stocks, records, storage conditions (pharmacy)?	1	2	8	
M_A	11	Health workers activity reports?	1	2	8	
M_A	12	Financial records?	1	2	8	
M_A	13	Data (e.g. completeness, quality, and timely reporting)?	1	2	8	
M_C / CVW	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			→ Q1900 → Q1900

Mod/Ind	No.	Question	Result			Skip
M_A	1813	SCAN ANY DOCUMENTATION AND NOTE THE TYPE OF TOPIC MENTIONED AND IF THERE IS A SPECIFIC RECOMMENDATION (“MUST DO BETTER” IS GENERAL, AND NOT SPECIFIC). RECORD WHAT IS OBSERVED FOR NOTES FROM ANY EXTERNAL SUPERVISION VISITS THE PAST 3 MONTHS.	DOCUMENTATION OBSERVED		NO DOCUMENTATION	
			SPECIFIC RECOMMENDATION TO RESOLVE ANY ISSUES RECORDED	ITEMS DOCUMENTED BUT NO SPECIFIC RECOMMENDATIONS		
M_A	01	Supervisory checklist was left with facility	1	2	3	
M_A	02	Item related to facility management such as finance, staff, resources, infrastructure, HMIS data reports, management records, general facility activities) are recorded.	1	2	3	
M_A	03	Item related to specific service(s) or topics relevant to quality of care (resources specific to a service, observation of provider practice, discussion of case management, adherence to guidelines, indicators for quality).	1	2	3	

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																																				
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																																			
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	→ Q2007																																			
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	
M_A / CXT	2005	Is there any documentation that shows improvement was achieved as a result of actions on any quality assurance findings?	YES, DOCUMENTATION OBSERVED1 YES, DOCUMENTATION REPORTED, NOT SEEN2 NO3	→ Q2007
M_A / CXT	2006	Please describe any actions that have been taken based on results of quality assurance activities.	(a) _____ (SPECIFY) (b) APPROPRIATE EXAMPLE PROVIDED1 NO APPROPRIATE EXAMPLE PROVIDED2	
M_A / CXT	2007	Other than the quality assurance system described previously are there any other types of quality improvement practices in this facility?	YES.....1 NO2	→ Q2011
M_A	2008	Which other types of quality improvement systems function in this facility?	YES NO	
M_A	01	Quality/work improvement team that is multidisciplinary	1 2	
M_A	02	Quality/work improvement teams (WITs) that are departmental specific	1 2	
M_A	03	Continuous quality improvement practices	1 2	
M_A	04	Other	1 2 _____ (SPECIFY)	
M_A / CXT	2009	Is there any documentation that shows information from quality improvement activities other than the quality assurance activities reported previously being reviewed? IF YES, ASK: May I see the documentation?	YES, DOCUMENTATION OBSERVED1 YES, DOCUMENTATION REPORTED, NOT SEEN2 NO3	→ Q2011
M_A / CXT	2010	Please describe any actions that have been taken based on results of quality improvement activities. DO NOT USE EXAMPLES PROVIDED FOR QUALITY ASSURANCE ACTIVITIES.	(a) _____ (SPECIFY) (b) APPROPRIATE EXAMPLE PROVIDED1 NO APPROPRIATE EXAMPLE PROVIDED2	
M_A	2011	Does this facility receive any support from external partners in implementing quality assurance or improvement systems and activities? IF YES, IDENTIFY THE SOURCE.	YES.....1 NO2	→ Q2100

Mod/Ind	No.	Question	Result	Skip		
M_A	2012	Which of the following external partners provide support in implementing quality improvement systems and activities? CHECK FOR EACH OF THE FOLLOWING AND, IF NEEDED, PROVIDE INFORMATION ON ADDITIONAL PARTNERS.	<table border="1"> <thead> <tr> <th>YES</th><th>NO</th></tr> </thead> </table>	YES	NO	
YES	NO					
M_A	01	COUNTRY SPECIFIC RESPONSE	1	2		
M_A	02	COUNTRY SPECIFIC RESPONSE	1	2		
M_A	03	Other	1 <hr/> (SPECIFY)	2		
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		

Mod/Ind	No.	Question	Result			Skip
			YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	
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.				
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	
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			

Mod/Ind	No.	Question	Result	Skip																		
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																			
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	<table border="1"> <thead> <tr> <th>YES, DOCUMENTATION OBSERVED</th><th>YES, DOCUMENTATION REPORTED, NOT SEEN</th><th>NO DOCUMENTATION</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> <tr> <td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION																				
1	2	3																				
1	2	3																				
1	2	3																				
1	2	3																				
1	2	3																				
M_C / CYD	01	Which events are considered adverse and required to be reported.																				
M_C / CYD	02	When and how to submit reports of adverse events.																				
M_C / CYD	03	Who is responsible for submitting reports of adverse events.																				
M_C / CYD	04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems.																				
M_C / CYD	05	Notes or reports that show evidence of review and plan of action for the reports about adverse events.																				
M_C / CYE	2123	Does this facility have a system for identifying and monitoring post-operative infections?	YES.....1 NO2	→ Q2125																		

Mod/Ind	No.	Question	Result			Skip			
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						
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.	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	2	3	4			
			(SPECIFY)	(SPECIFY)	(SPECIFY)				

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 AGO4 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 AGO4 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 AGO4 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?	INADEQUATE.....1 BASIC.....2 INTERMEDIATE.....3 ADVANCED.....4 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 (HHSAF) 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 (HHSAF)	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	→Q2418
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				
M_A / CWT	2416	Are there any minutes or notes on the meeting, or a report of IPC findings? IF YES, ASK TO SEE DOCUMENTATION FROM THE MOST RECENT MEETING OR REPORT.	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3				→ Q2418 → Q2418
M_A	2417	INDICATE THE DATE RANGE FOR THE OBSERVED NOTES/REPORT.	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				
M_A	2418	How frequently do health care workers receive training regarding hand hygiene in your facility?	NEVER	AT LEAST ONCE	REGULARLY OFFERED (AT LEAST ANNUALLY)	MANDATORY WHEN COMMENCING EMPLOYMENT, THEN AT LEAST ANNUALLY	
M_A	01	Medical staff	1	2	3	4	
M_A	02	Nursing/midwifery staff	1	2	3	4	
M_A	03	Other patient service providers (e.g. technicians)	1	2	3	4	
M_A	04	Auxiliary staff (e.g. managerial, cleaners)	1	2	3	4	
M_A / APV, APW, CWU	2419	Does this facility have guidelines or protocols for cleaning the facility such as for the floors, counters and beds? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO 3				→ Q2422
M_A	2420	DO THE GUIDELINES COVER ANY OF THE FOLLOWING PRACTICES?	YES	NO	NOT APPLICABLE		
M_A / APV, CWV	01	Step-by-step techniques for specific tasks, such as cleaning a floor, cleaning a sink, cleaning a spillage of blood or body fluids	1	2	X		
M_A / APV, CWW	02	Cleaning roster or schedule specifying who is responsible for cleaning tasks	1	2	X		
M_A / APV, CWX	03	Cleaning roster or schedule specifying frequency that cleaning tasks should be performed	1	2	X		
M_A / APV, CWY	04	Process/requirements for training cleaning staff	1	2	X		

Mod/Ind	No.	Question	Result			Skip
M_A	2421	INDICATE WHICH OF THE FOLLOWING CLEANING TASKS ARE SPECIFICALLY ADDRESSED IN THE PROTOCOLS.	YES	NO	NOT APPLICABLE	
M_A / CWZ	01	Cleaning floors (frequency and process)	1	2	X	
M_A	02	Cleaning patient beds (frequency and process)	1	2	5	
M_A / CXA	03	Cleaning counters/tables (frequency and process)	1	2	X	
M_A / CXB	04	Cleaning toilets (frequency and process)	1	2	X	
M_A / CXC	2422	Have all staff responsible for cleaning received training?	YES, ALL HAVE BEEN TRAINED 1 NO, SOME BUT NOT ALL HAVE BEEN TRAINED 2 NO, NONE HAVE BEEN TRAINED 3			

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	→ Q2902 → Q2902
M_A	2901	For each type of vehicle, I mention, please tell me if there is a routine maintenance schedule or not.	ROUTINE MAINTENANCE SCHEDULE EXISTS YES NO NOT APPLICABLE	
M_A	01	Ambulance	1 2 5	
M_A	02	Staff transportation bus or vehicle	1 2 5	
M_A	03	Other car(s)	1 2 5	
M_A	04	Motorcycles	1 2 5	
M_A	05	Bicycles	1 2 5	
M_A	06	Other	1 _____ (SPECIFY) 2 5	
		11.1.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE AND REPAIR		
M_A / CSM	2902	Does this facility have designated maintenance personnel for facility infrastructure systems such as electricity or water systems?	YES 1 NO 2	
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	→ Q2908
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.	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT ROUTINELY SOMETIMES, NOT ROUTINELY NEVER NOT APPLICABLE	
M_C / CSO	01	Electric system	1 2 3 5	
M_A / CSP	02	Generator	1 2 3 5	
M_A / CSQ	03	Solar power system	1 2 3 5	
M_C / DGL	04	Water system	1 2 3 5	
M_A	05	Water pump	1 2 3 5	

Mod/Ind	No.	Question	Result				Skip		
M_C / DGM	06	Sanitation and sewage system(s)	1	2	3	5			
M_A	07	Incinerator	1	2	3	5			
M_C / DGN	08	Ventilation system	1	2	3	5			
M_A	09	Air conditioning system	1	2	3	5			
M_A	10	Central oxygen systems	1	2	3	5			
M_C	11	Communications systems (loudspeakers)	1	2	3	5			
M_A	12	Fire extinguishers	1	2	3	5			
M_A	13	Computers	1	2	3	5			
M_A	14	Other	1 (SPECIFY)	2 (SPECIFY)	3	5			
M_A	2905	Who carries out the preventive or corrective maintenance for any of these systems or equipment?	YES		NO				
M_A	01	Facility biomedical engineer	1		2				
M_A	02	Facility designated maintenance staff	1		2				
M_A	03	Other trained facility staff who are not designated maintenance staff	1		2				
M_A	04	Technicians from district or regional offices	1		2				
M_A	05	Private technicians	1		2				
M_A	06	Other	1		2				
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				→ Q2908		
M_C	2907	For which of the following infrastructure systems or equipment is there a contract for maintenance and repair [COUNTRY ADAPT]	CONTRACT FOR LAB EQUIPMENT MAINTENANCE AND REPAIR						
			YES, CONTRACT INCLUDES PARTS	YES, PARTS PURCHASED SEPARATELY	NO				
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												
		11.1.3. INFECTION PREVENTION, MEDICAL AND DIAGNOSTIC EQUIPMENT MAINTENANCE AND REPAIR														
M_A / CSR	2908	Is there a schedule for inspection, testing and preventive maintenance for any medical, sterilization, or laboratory equipment as guided by the manufacturer's recommendations? IF YES, ASK TO SEE THE SCHEDULE FOR ANY MAJOR PIECE OF EQUIPMENT.	YES, OBSERVED SCHEDULE..... 1 YES, SCHEDULE REPORTED, NOT SEEN..... 2 NO 3	→Q2914												
M_A	2909	Please tell me if preventive and corrective maintenance is carried out routinely, sometimes but not routinely, or never for the following equipment items.	<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></td><td></td><td></td><td></td> </tr> </tbody> </table>	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE					
PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT																
ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE													
M_A	01	Oxygen tanks or concentrators	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	02	Ventilators	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	03	Refrigerators for vaccines, medicines, blood	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	04	Infant incubators	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	05	Electric autoclave	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	06	Electric dry heat sterilizer	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	2910	Please tell me if preventive and corrective maintenance is carried out routinely, sometimes but not routinely, or never for the following laboratory and diagnostic equipment items.	<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></td><td></td><td></td><td></td> </tr> </tbody> </table>	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE					
PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT																
ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE													
M_A	01	Haematology analyser	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	02	Blood chemistry analyser	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	03	X-ray machine	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	04	CT scan	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	05	Ultrasound	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	06	[COUNTRY SPECIFIC] _____	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	07	[COUNTRY SPECIFIC] _____	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> </tbody> </table>	1	2	3	5									
1	2	3	5													
M_A	08	Other	<table border="1"> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td> </tr> <tr> <td>(SPECIFY)</td><td>(SPECIFY)</td><td></td><td></td> </tr> </tbody> </table>	1	2	3	5	(SPECIFY)	(SPECIFY)							
1	2	3	5													
(SPECIFY)	(SPECIFY)															
M_A	2911	Who carries out the preventive and corrective maintenance for any of the sterilization, medical, or diagnostic equipment?	<table border="1"> <thead> <tr> <th>YES</th><th>NO</th> </tr> </thead> <tbody> <tr> <td></td><td></td> </tr> </tbody> </table>	YES	NO											
YES	NO															
M_A	01	Facility biomedical engineer	<table border="1"> <tbody> <tr> <td>1</td><td>2</td> </tr> </tbody> </table>	1	2											
1	2															
M_A	02	Facility designated maintenance staff	<table border="1"> <tbody> <tr> <td>1</td><td>2</td> </tr> </tbody> </table>	1	2											
1	2															

Mod/Ind	No.	Question	Result			Skip
M_A	03	Other trained facility staff who are not designated maintenance staff	1	2		
M_A	04	Technicians from district or regional offices	1	2		
M_A	05	Private technicians	1	2		
M_A	06	Other	1 <hr/> (SPECIFY)	2		
M_A	2912	Is there a contract for maintenance and/or repair for any medical, diagnostic, or laboratory equipment? IF RESPONDENT IS UNCERTAIN PROBE FOR PERSON WHO WOULD KNOW RESPONSE, SUCH AS BIOMEDICAL ENGINEER.	YES 1 NO 2			→ Q2914
M_A	2913	For which of the following medical, diagnostic, or laboratory machines is there a contract for maintenance and repair? [COUNTRY ADAPT]	CONTRACT FOR LAB EQUIPMENT MAINTENANCE AND REPAIR			
			YES, CONTRACT INCLUDES PARTS	YES, PARTS PURCHASED SEPARATELY	NO	
M_A	01	Ventilator	1	2	3	
M_A	02	Haematology analyser	1	2	3	
M_A	03	Blood chemistry analyser	1	2	3	
M_A	04	X-ray machine	1	2	3	
M_A	05	CT scan	1	2	3	
M_A	06	[COUNTRY SPECIFIC] _____	1	2	3	
M_A	07	[COUNTRY SPECIFIC] _____	1	2	3	
M_A	2914	Does this facility have a system for routine inspection and maintenance for small medical equipment such as stethoscopes, sphygmomanometer, and suction machines?	YES, ALL KEY EQUIPMENT 1 YES, SOME EQUIPMENT 2 NO 3			
M_A	2915	Are sphygmomanometers ever recalibrated? IF YES, ASK: Is recalibration for sphygmomanometers conducted routinely at least once a year?	YES, ANNUALLY 1 YES, LESS OFTEN THAN ANNUALLY 2 NO 3			
M_A / CSS	2916	Does this facility have a process for repairing or replacing small medical equipment such as stethoscopes, sphygmomanometers, and suction machines?	YES 1 NO 2			

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.		
M_A / CTP	3000	Is there a written inventory for equipment? IF YES, ASK: Is the inventory computerized or is it manual, that is, paper-based, or are both systems used?	YES, COMPUTERIZED1 YES, MANUAL/PAPER-BASED2 YES, BOTH COMPUTERIZED AND PAPER-BASED3 NO4	→Q3002
M_A / CTQ	3001	Are there written guidelines that provide criteria, such as cost or other criteria, for which equipment must be listed on the inventory?	YES1 NO2 DON'T KNOW8	
		CURRENT BUDGET INFORMATION		
M_A / CST	3002	Does this facility have a budgeted annual work plan (AWP) for the current year? IF YES, ASK: May I see a copy of the budgeted work plan?	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	→Q3004
M_A	3003	What percentage of the AWP budget has been received to date?	PERCENTAGE RECEIVED — — — NONE000 DON'T KNOW998	
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	
M_A	3007	What is your officially allocated budget for capital expenditures this year? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT — — — — — NO BUDGET FOR CAPITAL EXPENDITURES0000000 DON'T KNOW9999998	
M_A / CSV	3008	What percentage of your recurrent budget, excluding salaries, for this year have you received as of today?	PERCENTAGE RECEIVED — — — NONE000 DON'T KNOW998	

Mod/Ind	No.	Question	Result			Skip
		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 INFORMATION.....1 REFUSED TO PROVIDE INFORMATION2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY8			→ Q3016 → Q3016
M_A	3010	What is the start date for the most recently completed financial year?	START MONTH — — START YEAR — — — —			
M_A	3011	What is the end date for the most recently completed financial year?	START MONTH — — START YEAR — — — —			
M_A	3012	How much funding did you receive from your managing authority during the past completed financial year for recurrent costs, excluding salaries? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT — — — — — — — — NONE.....0000000 DON'T KNOW9999998			
M_A	3013	How much funding did you receive from your managing authority during the past completed financial year for recurrent salary costs? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT — — — — — — — — NONE.....0000000 DON'T KNOW9999998			
M_A	3014	How much funding did you receive from your managing authority during the past completed financial year for capital expenditures? PROVIDE ANSWER IN [LOCAL CURRENCY, ADJUST NUMBER SPACES ACCORDINGLY]	AMOUNT — — — — — — — — NONE.....0000000 DON'T KNOW9999998			
M_C / CSW	3015	What percentage of your recurrent budget did you receive for the past complete financial year?	PERCENTAGE RECEIVED — — — NONE.....000 DON'T KNOW998			
12.1.2. LINE ITEMS FOR MANAGEMENT AND FACILITY MAINTENANCE RELATED ACTIVITIES						
		Now I would like to know about resources for various management and facility maintenance needs. When I ask about a budget line item, I mean there is a specific amount of money set aside for the service or management activity that I ask about. If funding for the issue comes from miscellaneous or petty cash funds, there is not a budget line item. Will you please provide the information about which of the items I ask about have specific budget line items?				
M_A	3016	RESPONDENT AGREES TO PROVIDE INFORMATION ON BUDGET LINE ITEMS.	YES.....1 NO2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY8			→ Q3018 → Q3018
M_A	3017	Which of the following items have budget lines:	YES	NO	NOT APPLICABLE	
M_A / CSX	01	Grounds maintenance	1	2	✕	
M_A / CSY	02	Building infrastructure repair and maintenance	1	2	✕	
M_A	03	Preventive maintenance for infrastructure equipment such as for vehicles, generator or for infrastructure utilities such as plumbing or air conditioning	1	2	✕	

Mod/Ind	No.	Question	Result			Skip
M_A	04	Combined budget line item(s) for building and/or grounds maintenance and/or preventive maintenance	1	2	X	
M_A / CSZ	05	Routine equipment maintenance and repair for medical equipment such as laboratory machines, X-ray machines, or other of this type of equipment	1	2	5	
M_A	06	Procurement of replacement parts for laboratory equipment	1	2	5	
M_A	07	Procurement of pharmaceutical commodities	1	2	X	
M_A	08	Transportation of pharmaceutical commodities from the supplier or warehouse to the facility	1	2	5	
M_A / CXU	09	Quality improvement activities	1	2	5	
12.1.3. SOURCES OF FUNDING OTHER THAN MANAGING AUTHORITY						
INSURANCE						
M_A	3018	What percentage of patients who receive inpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	NONE.....1 1–25%2 26–50%3 51–75%4 76–99%5 100%6 NO INPATIENT SERVICES7			
M_A	3019	What percentage of patients who receive outpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE.	NONE.....1 1–25%2 26–50%3 51–75%4 76–99%5 100%6 NO OUTPATIENT SERVICES.....7			
M_A	3020	Nationally, does government-sponsored health insurance or financing for paediatric patients exist?	YES.....1 NO2			
NON-INSURANCE FUNDING SOURCES						
M_A	3021	During the past complete financial year did this facility receive funds from any sources other than its managing authority?	YES.....1 NO2 DON'T KNOW8			→ Q3024 → Q3024
M_A	3022	RESPONDENT AGREES TO PROVIDE INFORMATION ON FUNDING RECEIVED IN ADDITION TO FUNDS FROM MANAGING AUTHORITY.	YES.....1 NO2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY8			→ Q3024 → Q3024
M_A	3023	How much funding in addition to your officially allocated budget did you receive from the following sources during the past financial year ? PROVIDE ANSWER IN [LOCAL CURRENCY]	AMOUNT [ADJUST SPACES TO RATIONAL NUMBER FOR LOCAL CURRENCY RESPONSES]			
M_A	01	Ministry of health	— — — — — — — —	9999998	9999995	
M_A	02	Other public ministries	— — — — — — — —	9999998	9999995	
M_A	03	Local government	— — — — — — — —	9999998	9999995	
M_A	04	Social insurance (mandatory insurance)	— — — — — — — —	9999998	9999995	

Mod/Ind	No.	Question	Result			Skip
M_A	05	Private insurance (voluntary)	— — — — — — — —	9999998	9999995	
M_A	06	Community programmes	— — — — — — — —	9999998	9999995	
M_A	07	User fees	— — — — — — — —	9999998	9999995	
M_A	08	Nongovernment organizations (NGOs)/faith-based organizations (FBO)	— — — — — — — —	9999998	9999995	
M_A	09	Donors other than NGO/FBO	— — — — — — — —	9999998	9999995	
M_A	10	Other _____ (SPECIFY)	— — — — — — — —	9999998	9999995	
GOODS IN KIND						
M_A	3024	Has your facility received any goods or staff “in kind” during the past complete financial year, from donors other than your managing authority? PROVIDE EXAMPLES FROM THE LIST BELOW IF THEY ARE UNCERTAIN.	YES.....1 NO2			→ Q3100
M_A	3025	Please tell me if your facility received any of the following items in kind during the past complete financial year? READ ALL OPTIONS AND MARK YES OR NO. IF UNCERTAIN, ASK TO SPEAK WITH SOMEONE WHO MIGHT KNOW.	ITEM RECEIVED			
			YES	NO	DON'T KNOW	
M_A	01	Antiretroviral drugs	1	2	8	
M_A	02	Other drugs	1	2	8	
M_A	03	Registers/report forms	1	2	8	
M_A	04	Client exam equipment	1	2	8	
M_A	05	Laboratory equipment	1	2	8	
M_A	06	Vehicle/motorcycle/bike	1	2	8	
M_A	07	Full-time staff	1	2	8	
M_A	08	Part-time/occasional staff	1	2	8	
M_A	09	Other	1	2	8	
		(SPECIFY)				
12.2. EXPENDITURES						
12.2.1. EXPENDITURES FOR ROUTINE FACILITY ACTIVITIES						
		Would you please provide the total facility expenditure in each of the following categories for the past financial or budget year? If you do not know the exact amounts, please provide estimates, based on rough percentages of the total expenditures.				
M_A	3100	RESPONDENT AGREES TO PROVIDE INFORMATION ON EXPENDITURES	YES.....1 NO2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE TODAY8			→ Q3102 → Q3102

Mod/Ind	No.	Question	Result	Skip
M_A	3101	What is the total facility expenditure in each of the following categories for the past financial or budget year: PROVIDE ANSWER IN [LOCAL CURRENCY]	AMOUNT [ADJUST SPACES TO RATIONAL NUMBER FOR LOCAL CURRENCY RESPONSES]	DON'T KNOW NOT APPLICABLE
M_A	01	Medicines and consumable health supplies	— — — — — — — —	9999998 9999995
M_A	02	Salaries	— — — — — — — —	9999998 9999995
M_A	03	Routine maintenance, electricity, water, telephone, fax, and internet	— — — — — — — —	9999998 9999995
M_A	04	Purchase of medical equipment	— — — — — — — —	9999998 9999995
M_A	05	Purchase of software systems for information management, such as ICD coding and financial systems	— — — — — — — —	9999998 9999995
M_A	06	Patient food	— — — — — — — —	9999998 9999995
M_A	07	Any other expenditures _____ (SPECIFY)	— — — — — — — —	9999998 9999995
12.2.2. EXPENDITURES FOR CONTRACTED SERVICES				
M_A	3102	Were any support services contracted out in the most recent complete financial year?	YES..... 1 NO 2	→Q3200
M_A	3103	Were any of the following services contracted out during the most recent complete financial year?	YES NO	
M_A	01	Security	1 2	
M_A	02	Patient food	1 2	
M_A	03	Cleaning	1 2	
M_A	04	Laundry	1 2	
M_A	05	Laboratory	1 2	
M_A	06	Staff	1 2	
M_A	07	Other (list all other contracted services)	1 _____ (SPECIFY)	2
M_A	3104	What was the total expenditure in the past financial year for the contracted services listed above?	— — — — — — — — NONE..... 0000000 DON'T KNOW 9999998	

Mod/Ind	No.	Question	Result	Skip
		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	— — — —
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	
M_A	3301	Does this facility carry out an annual internal 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	→ Q3310
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

Mod/Ind	No.	Question	Result	Skip
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	
M_A / CTR	3308	Please show me the records that show funds received by the facility from user fees. NOTE IF RECORD IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY 1 OBSERVED, NOT UPDATED..... 2 REPORTED, NOT SEEN 3 NO RECORD AVAILABLE..... 4	
M_A / CTS	3309	Please show me the records that show user fee funds disbursed by the facility. NOTE IF RECORD IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY 1 OBSERVED, NOT UPDATED..... 2 REPORTED, NOT SEEN 3 NO RECORD AVAILABLE..... 4	
		OTHER FUNDS RECEIVED		
M_A / CTR, CTS, CTT	3310	Does this facility manage cash from any source other than user fees? This includes from insurance or the managing authority.	YES..... 1 NO 2	→Q3314
M_A / CTR	3311	Is there a record maintained for cash managed by the facility from sources other than user fees? IF YES, ASK TO SEE THE RECORD AND NOTE IF IT IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY 1 OBSERVED, NOT UPDATED..... 2 REPORTED, NOT SEEN 3 NO RECORD AVAILABLE..... 4	
M_A / CTS	3312	Is there a record maintained for cash funds disbursed by the facility from sources other than user fees? IF YES, ASK TO SEE THE RECORD AND NOTE IF IT IS UP TO DATE OR NOT.	OBSERVED, UP TO DATE AS OF PRIOR WORKING DAY 1 OBSERVED, NOT UPDATED..... 2 REPORTED, NOT SEEN 3 NO RECORD AVAILABLE..... 4	→Q3314 →Q3314 →Q3314
M_A / CTT	3313	ASK TO BALANCE THE AMOUNT OF CASH ON HAND WITH THE AMOUNT IN THE EXPENDITURE REGISTER. IT IS OK TO USE TODAY'S RECEIPTS TO BALANCE IF NEEDED. IF A MATHS ERROR ACCOUNTS FOR NON-RECONCILIATION, AND IT IS [COUNTRY SPECIFIC ALLOWABLE ERROR MARGIN], ASK THE STAFF TO CORRECT THE MATHS AND ACCEPT THIS AS RECONCILED.	AMOUNTS RECONCILE 1 AMOUNTS NOT RECONCILED..... 2 NEVER HAVE CASH 5 UNABLE TO CHECK 8	
M_A	3314	Does this facility write cheques from a bank account with funds from insurance or the managing authority?	YES..... 1 NO 2	→Q3400
M_A	3315	May I see the chequebook and the most recent bank statement? OBSERVE IF THE CHEQUEBOOK IS MAINTAINED AND UP TO DATE (AT MINIMUM WITH THE MOST RECENT BANK STATEMENT) WITH RECIPIENT OF CHEQUES AND AMOUNT IDENTIFIED.	OBSERVED, UP TO DATE 1 OBSERVED, NOT UPDATED..... 2 REPORTED, NOT SEEN 3 CHEQUEBOOK NOT AVAILABLE 4	


Mod/Ind	No.	Question	Result	Skip
		12.5. SERVICE SPECIFIC FINANCING INFORMATION		
		12.5.1. NEGLECTED TROPICAL DISEASES (NTDs)		
M_A	3400	Does this facility offer diagnosis and treatment for any other tropical diseases commonly called “neglected tropical diseases” such as lymphoedema, soil transmitted diseases, schistosomiasis, trachoma, onchocerciasis (ONCO), lymphatic filariasis (LF), dengue, guinea worm or visceral leishmaniasis?	YES..... 1 NO 2	→Q3404
M_A	3401	Is there any funding specific to any neglected tropical diseases? IF YES, ASK THE SOURCE OF THE FUNDING.	YES, GOVERNMENT FUNDING 1 YES, NONGOVERNMENT FUNDING 2 YES, BOTH GOVERNMENT AND NONGOVERNMENT FUNDING 3 NO FUNDING SPECIFIC TO ANY NTDs..... 4	→Q3404
M_A	3402	Is there a budget line item for any programmes related to neglected tropical diseases, that may include lymphoedema, soil transmitted infections, schistosomiasis, trachoma, onchocerciasis or lymphatic filariasis, guinea worm or visceral leishmaniasis?	YES, ONE-LINE ITEM FOR THE GROUP OF ILLNESSES 1 YES, LINE ITEMS FOR SEPARATE NTDs..... 2 NO 3	→Q3404 →Q3404
M_A	3403	For which of the following diseases is there a specific line item?	YES	NO
M_A	01	Line item specific to lymphoedema	1	2
M_A	02	Line item specific to soil transmitted helminths	1	2
M_A	03	Line item specific to schistosomiasis	1	2
M_A	04	Line item specific to trachoma	1	2
M_A	05	Line item specific to onchocerciasis	1	2
M_A	06	Line item specific to lymphatic filariasis (LF)	1	2
M_A	07	Guinea worm	1	2
M_A	08	Visceral leishmaniasis	1	2
		12.5.2. CHRONIC DISEASES		
M_A	3404	Does this facility offer diagnosis or management of chronic diseases such as diabetes, cardiovascular disease, chronic respiratory disease?	YES..... 1 NO 2	→Q3406
M_A	3405	Do patients with chronic diseases pay for the common medicines prescribed for treatment, such as for treatment of hypertension or diabetes? IF YES, PROBE FOR THE MOST ACCURATE DESCRIPTION OF THE SYSTEM FOR PROVIDING DRUGS FOR CHRONIC.	<i>DRUGS PROVIDED BY FACILITY:</i> PATIENT PAYS FULL PRICE 1 COST FOR COMMON NCD DRUGS ARE SUBSIDIZED BUT PATIENT PAYS A PORTION..... 2 DRUGS ARE FREE FOR NCD PATIENTS..... 3 PATIENT PROCURES FROM OUTSIDE FACILITY 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
		12.5.3. SURGICAL SERVICES		
M_A	3406	Does this facility provide any major surgical services?	YES..... 1 NO 2	→Q3500

Mod/Ind	No.	Question	Result	Skip
M_A	3407	What percentage of the annual hospital budget is allotted to surgery and anaesthesia? IF UNCERTAIN, PROBE FOR THE BEST ESTIMATE PRIOR TO RECORDING “DON’T KNOW”.	NONE.....0 1–25%.....1 26–50%.....2 51–75%.....3 76–99%.....4 100%5 DON’T KNOW8	
		OUT-OF-POCKET COST TO PATIENTS RELATED TO SURGICAL SERVICES		
M_A	3408	What is the average out-of-pocket cost [LOCAL CURRENCY] to a patient for each of the following items?	OUT-OF-POCKET COST [LOCAL CURRENCY] DON’T KNOW NOT APPLICABLE	
M_A	01	C-section	— — — — — 999998 999995	
M_A	02	Open fracture repair	— — — — — 999998 999995	
M_A	03	Laparotomy	— — — — — 999998 999995	
M_A	04	Complete blood count	— — — — — 999998 999995	
M_A	05	Chest X-ray	— — — — — 999998 999995	
M_A	06	Lodging per day for patient	— — — — — 999998 999995	
M_A	07	Lodging per day for family/companion	— — — — — 999998 999995	
M_A	08	Patient and family transportation per surgery/hospital stay	— — — — — 999998 999995	
M_A	09	Surgery-associated medication per surgery/hospital stay	— — — — — 999998 999995	
M_A	10	Other necessities (e.g. laundry/ food) per surgery/hospital stay	— — — — — 999998 999995	
		GENERAL PAEDIATRIC SURGICAL SERVICES		
M_A	3409	Does this facility provide any major surgical procedures for paediatric patients?	YES.....1 NO2	→ Q3500
M_A	3410	What is the annual hospital budget allotted to children’s surgery and anaesthesia? [LOCAL CURRENCY]	BUDGET — — — — — DON’T KNOW999998 NO ALLOCATION.....999995	
M_A	3411	What percentage of the hospital budget is allocated to children’s surgery and anaesthesia?	NONE.....0 1–25%.....1 26–50%.....2 51–75%.....3 76–99%.....4 100%5 DON’T KNOW8	



Mod/Ind	No.	Question	Result			Skip
		CHARGES FOR PAEDIATRIC RELATED SURGICAL PROCEDURES				
M_A	3412	Please provide an estimate of the cost for each of the following paediatric surgeries. This means the cost that a patient with no third-party assistance (e.g. insurance or subsidy) would pay for a routine procedure and average stay in the hospital assuming no complications.	OUT-OF-POCKET COST [LOCAL CURRENCY]	DON'T KNOW	NOT APPLICABLE	
M_A	01	Paediatric hernia repair	— — — — — —	999998	999995	
M_A	02	Paediatric open fracture repair	— — — — — —	999998	999995	
M_A	03	Paediatric laparotomy	— — — — — —	999998	999995	
M_A	04	Repair of Hirschsprung's disease/ anorectal malformation	— — — — — —	999998	999995	

Mod/Ind	No.	Question	Result	Skip
		13. INFORMATION SOURCES AND SYSTEMS		
		13.1. CATCHMENT AREA INFORMATION		
		13.1.1. CATCHMENT AREA INFORMATION		
M_A	3500	Does this facility have a specified catchment area, i.e. a defined geographic area for which the facility has direct responsibility for serving?	YES1 NO2 DON'T KNOW8	→ Q3600 → Q3600
M_A	3501	How many people live in the catchment area for this facility?	CATCHMENT POPULATION — — — — — DON'T KNOW999998	→ Q3600
M_A	3502	What is the basis for the catchment population number?	GOVERNMENT CENSUS1 PHYSICAL COUNT (OTHER THAN CENSUS)2 OTHER6 (SPECIFY) DON'T KNOW8	
M_A	3503	How many households are represented by this catchment population?	NUMBER OF HOUSEHOLDS — — — — — DON'T KNOW99998	
M_A	3504	Do you know the number of under 5 years old children in the catchment area?	YES1 NO2	→ Q3506
M_A	3505	What is the basis for the number of under 5 years old children?	PERCENTAGE BASED ON CENSUS POPULATION1 PHYSICAL COUNT (OTHER THAN CENSUS)2 OTHER6 (SPECIFY) DON'T KNOW8	
M_A	3506	Do you know the number of pregnant women in the catchment area?	YES1 NO2	→ Q3600
M_A	3507	What is the basis for the number of pregnant women?	PERCENTAGE BASED ON CENSUS POPULATION1 PHYSICAL COUNT (OTHER THAN CENSUS)2 OTHER6 (SPECIFY) DON'T KNOW8	
		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	

Mod/Ind	No.	Question	Result	Skip
		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 → Q3615 → Q3615
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	1 2 (SPECIFY)	
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	→ Q3610 → Q3615
M_C / CZT	3609	Has there been a stock out of the official inpatient medical record form in the past 6 months?	YES1 NO2	
		13.2.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR INPATIENTS		
M_A	3610	Please tell me where medical charts or records for discharged patients are stored. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) ONLY USED FOR MEDICAL RECORDS...1 ROOM WITH MEDICAL RECORDS THAT IS ALSO USED FOR OTHER PURPOSES.....2 NO SPECIFIC LOCATION FOR DISCHARGE PATIENT CHARTS/RECORDS.....3	→ Q3615
M_A	3611	Please show me where inpatient medical charts or records for discharged patients are kept. OBSERVE THE CONDITIONS WHERE MEDICAL RECORDS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS.	YES NO	
M_A	01	ARE THE CHARTS/RECORDS OFF THE FLOOR?	1 2	
M_A	02	ARE THE CHARTS/RECORDS ON SHELVES OR IN FILE DRAWERS?	1 2	
M_A	03	ARE THE CHARTS/RECORDS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1 2	
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)	1 2	

Mod/Ind	No.	Question	Result			Skip
M_A	3612	LOOK AT THE CHARTS/RECORDS STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO		
M_A	01	Can all the rooms or cabinets and drawers where charts and records are stored be locked?	1	2		
M_A	02	Is there limited access to the storage areas?	1	2		
M_A	03	Is there adequate space for safe storage and organizations of patient charts and records?	1	2		
M_A	3613	Please show me where inpatient medical charts or records for discharged patients are kept. OBSERVE THE CONDITIONS WHERE MEDICAL RECORDS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS.	YES	NO	N/A	
M_A	01	OBSERVE IF ALL DOORS ARE SOLID	1	2		
M_A	02	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1	2	5	
M_A	3614	Does this facility have a designated person(s) in charge of filing and retrieving inpatient medical records?	YES, DESIGNATED PERSON(S)1 NO, NO DESIGNATED PERSON(S)2			
13.2.4. INDIVIDUAL PATIENT RECORDS/CHARTS FOR OUTPATIENTS						
M_A / CZJ, CZM, CZK, CZL	3615	Does this facility use individual patient charts or records for outpatients? IF YES, CLARIFY IF THE FORMAT FOR OUTPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH.	YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY3 NO INDIVIDUAL PATIENT RECORDS FOR OUTPATIENTS4 NO OUTPATIENT SERVICES5			→ Q3618 → Q3700 → Q3700
M_A / CZH, CZM	3616	Does this facility utilize standardized electronic data entry screens to comprise a complete medical chart or record for each outpatient?	YES1 NO2			
M_A	3617	What kind of software is used for the individual outpatient electronic medical record system? [COUNTRY ADAPT]	YES	NO		
M_A	01	Open medical records systems (MRS)	1	2		
M_A	02	[COUNTRY SPECIFY SYSTEM]	1	2		
M_A	03	[COUNTRY SPECIFY SYSTEM]	1	2		
M_A	04	Other	1 <hr/> (SPECIFY)	2		
M_A / CZH, CZK	3618	Does this facility utilize a standardized set of paper forms to comprise a complete medical chart or record for each outpatient?	YES1 NO2 NO PAPER RECORDS5			→ Q3620 → Q3700
M_A / CZL	3619	Has there been a stock out of the official outpatient medical record form in the past 6 months?	YES1 NO2			
13.2.5. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS						
M_A	3620	Are paper-based medical charts or records for outpatients stored in the same location where inpatient records are stored?	YES1 NO2			→ Q3700

Mod/Ind	No.	Question	Result	Skip
M_A	3621	Please tell me where medical charts or records for outpatients are stored. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) ONLY USED FOR MEDICAL RECORDS...1 ROOM WITH MEDICAL RECORDS THAT IS ALSO USED FOR OTHER PURPOSES.....2 NO SPECIFIC LOCATION FOR OUTPATIENT CHARTS/RECORDS.....3	→Q3700
M_A	3622	Please show me where medical charts or records for outpatients are kept. OBSERVE THE CONDITIONS WHERE OUTPATIENT MEDICAL RECORDS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS.	YES NO	
M_A	01	ARE THE CHARTS/RECORDS OFF THE FLOOR?	1 2	
M_A	02	ARE THE CHARTS/RECORDS ON SHELVES OR IN FILE DRAWERS?	1 2	
M_A	03	ARE THE CHARTS/RECORDS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1 2	
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)	1 2	
M_A	3623	LOOK AT THE CHARTS/RECORDS STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES NO N/A	
M_A	01	Can all the rooms or cabinets and drawers where charts and records are stored be locked?	1 2 X	
M_A	02	Is there limited access to the storage areas?	1 2 X	
M_A	03	Is there adequate space for safe storage and organizations of patient charts and records?	1 2 X	
M_A	04	OBSERVE IF ALL DOORS ARE SOLID	1 2 X	
M_A	05	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1 2 5	
M_A	3624	Does this facility have a designated person(s) in charge of filing and retrieving outpatient medical records?	YES, DESIGNATED PERSON(S)1 NO, NO DESIGNATED PERSON(S)2	
		13.3. COMPUTERIZED INFORMATION		
		13.3.1. COMPUTERIZED INFORMATION		
M_A	3700	Does this facility maintain computerized databases for any specific types of information or groups of patients or departments?	YES, ALL PATIENT AND SERVICE INFORMATION ARE COMPUTERIZED1 YES, SOME COMPUTERIZED/DATABASES2 NO3	→Q3702 →Q3800
M_A	3701	Which types of information are maintained on electronic or computer databases? READ EACH ITEM.	YES NO N/A	
M_A	01	All inpatient individual charts/records	1 2 5	
M_A	02	All outpatient individual charts/records	1 2 5	
M_A	03	Charts and records for patients receiving antiretroviral therapy (ART)	1 2 5	
M_A	04	Charts and records for tuberculosis (TB) patients	1 2 5	

Mod/Ind	No.	Question	Result			Skip
M_A	05	Charts and records for delivery and maternity patients	1	2	5	
M_A	06	Other special service data where routine patient follow-up is required (e.g. patients with chronic illnesses)	1	2	5	
M_A	07	Morbidity information for inpatients	1	2	5	
M_A	08	Morbidity information for outpatients	1	2	5	
M_A	09	Mortality information	1	2	5	
M_A	10	Laboratory information	1	2	5	
M_A	11	Pharmaceutical information	1	2	5	
M_A	12	Inventory/supply information for any items	1	2		
M_A	13	Other	1 <hr/> (SPECIFY)	2		
M_A	3702	How often are electronic databases with individual patient information backed up?	DAILY.....1 WEEKLY.....2 EVERY 2–3 WEEKS.....3 MONTHLY.....4 LESS OFTEN THAN MONTHLY.....5 <hr/> (SPECIFY) NO ROUTINE BACKUP6			
M_A	3703	Are all files with individual patient information password protected?	YES.....1 NO.....2			
M_A	3704	Are all files with other service or financial information password protected?	YES.....1 NO.....2			
M_A	3705	Can this facility submit required data for reports in electronic form?	YES.....1 NO.....2			
M_A	3706	Will this facility be willing to share computer databases on admissions, discharges, and deaths (with client identifiers removed), with international or national researchers or organizations?	YES, UPON REQUEST – NO ADDITIONAL FORMAL APPROVAL PROCESS REQUIRED.....1 YES, BUT MUST PASS FORMAL APPROVAL PROCESS.....2 <hr/> (SPECIFY) NO.....3			

Mod/Ind	No.	Question	Result	Skip
		14. FACILITY STATISTICS REPORTING SYSTEMS		
		14.1. ADMISSION AND DISCHARGE RECORDS		
		14.1.1. ADMISSION AND DISCHARGE RECORDS		
M_A	3800	Does the facility offer inpatient services?	YES1 NO.....2	→ Q3813
		Now I have some questions about routine reporting and compiling of inpatient reports and statistics for this facility. 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 MOST FAMILIAR WITH THE HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) OR FOR SOMEONE TO TAKE YOU AROUND TO THE DIFFERENT MOST KNOWLEDGEABLE PERSONS FOR EACH SUBJECT.		
M_A	3801	Does this facility keep records on admissions?	YES1 NO.....2	→ Q3807
M_A	3802	What type of system is used for maintaining admissions records? Is a computer used, is it a manual system, or are both computer and manual systems used?	BOTH COMPUTER AND MANUAL1 COMPUTER ONLY.....2 MANUAL ONLY.....3	→ Q3805
M_A	3803	How often are the admissions data entered into the database? RECORD THE ACTUAL PRACTICE IF ACTUAL PRACTICE AND PLANNED FREQUENCY ARE DIFFERENT.	DAILY.....1 WEEKLY.....2 EVERY 2–3 WEEKS.....3 MONTHLY4 LESS OFTEN THAN MONTHLY5 (SPECIFY) NO ROUTINE TIMING.....6	
M_A	3804	Does this facility routinely back up the database for patient admissions data? IF YES, ASK: How frequently is the patient admissions database routinely backed up? RECORD THE ACTUAL PRACTICE IF ACTUAL PRACTICE AND PLANNED FREQUENCY ARE DIFFERENT.	DAILY.....1 WEEKLY.....2 EVERY 2–3 WEEKS.....3 MONTHLY4 LESS OFTEN THAN MONTHLY5 (SPECIFY) NO ROUTINE BACKUP6	
M_A	3805	What is the primary source document used by this facility for reporting on admissions? READ EACH RESPONSE AND CIRCLE THE NUMBER FOR THE BEST RESPONSE.	NO REPORTS ON ADMISSIONS.....1 PAPER-BASED PATIENT ADMISSION FORMS OR ADMISSION REGISTERS2 ADMISSIONS COMPUTER DATABASE.....3 PAPER-BASED REPORTS MANUALLY COMPILED BY EACH WARD/UNIT/DEPARTMENT AND SUBMITTED DAILY TO DESIGNATED PERSON(S) FOR HMIS REPORTING4 PAPER-BASED REPORTS MANUALLY COMPILED BY EACH WARD/UNIT/DEPARTMENT AND SUBMITTED LESS FREQUENTLY THAN DAILY TO DESIGNATED PERSON(S) FOR HMIS REPORTING5 PAPER-BASED REPORTS MANUALLY COMPILED BY HMIS STAFF OR CLERKS, BASED ON INFORMATION FROM DIFFERENT WARD/UNIT/DEPARTMENT REGISTERS.....6 OTHER.....96 (SPECIFY)	→ Q3807
M_A	3806	Are the primary source data for admissions available for review for data quality checks?	YES1 NO.....2	
M_A	3807	Does this facility keep records on discharges?	YES1 NO.....2	→ Q3813

Mod/Ind	No.	Question	Result	Skip
M_A	3808	What type of system is used for maintaining discharge records? Is a computer used, is it a manual system, or are both computer and manual systems used?	BOTH COMPUTER AND MANUAL1 COMPUTER ONLY.....2 MANUAL ONLY.....3	→Q3811
M_A	3809	How often are the discharge data entered into the database?	DAILY.....1 WEEKLY.....2 EVERY 2–3 WEEKS.....3 MONTHLY4 LESS OFTEN THAN MONTHLY5 (SPECIFY) NO ROUTINE TIMING6	
M_A	3810	Does this facility routinely back up the database for patient discharge data? IF YES, ASK: How frequently is the patient discharge database routinely backed up?	DAILY.....1 WEEKLY.....2 EVERY 2–3 WEEKS.....3 MONTHLY4 LESS OFTEN THAN MONTHLY5 (SPECIFY) NO ROUTINE BACKUP6	
M_A	3811	What is the primary source document used by this facility for reporting on discharge diagnoses?	NO REPORT ON DISCHARGE DIAGNOSES.....1 PAPER-BASED PATIENT DISCHARGE FORM OR REGISTER2 DISCHARGE COMPUTER DATABASE.....3 PAPER-BASED REPORTS MANUALLY COMPILED BY EACH WARD/UNIT/DEPARTMENT AND SUBMITTED TO DESIGNATED PERSON(S) FOR HMIS REPORTS, BASED ON PHYSICIAN DIAGNOSIS IN DISCHARGE NOTE IN PATIENT CHART/RECORD.....4 PAPER-BASED REPORTS MANUALLY COMPILED BY HMIS STAFF, BASED ON PHYSICIAN DIAGNOSIS IN DISCHARGE NOTE IN PATIENT CHART/RECORD5 HMIS OR CLERICAL STAFF MANUALLY REVIEW DISCHARGED PATIENT CHARTS/RECORDS AND ASSIGN DISCHARGE DIAGNOSES IF THE PHYSICIAN DID NOT PROVIDE ONE, AND THEN COMPILE REPORT (EITHER MANUALLY OR ELECTRONICALLY)6 OTHER.....96 (SPECIFY)	→Q3813
M_A	3812	Are the primary source data for discharges available for review for data quality checks?	YES1 NO.....2	
14.1.2. DATA COMPILATION METHODS				
M_A	3813	Does this facility compile reports either for internal use or to submit externally?	YES1 NO.....2	→Q3816
M_A	3814	Which of the following systems for recording patient services or resources are used in this facility as source data for reports?	YES	NO
M_A	01	Paper-based outpatient service registers	1	2
M_A	02	Other paper-based unit/ward/department patient information registers	1	2
M_A	03	Other paper-based forms (e.g. tally sheets)	1	2
M_A	04	Computerized databases for any patient services or patient information	1	2
M_A	05	Computerized databases for any resources (e.g. finance, inventory, commodities)	1	2

Mod/Ind	No.	Question	Result			Skip
M_A	06	Individual patient records (electronic or paper)	1	2		
M_A	3815	How are numbers for reports compiled?	YES	NO		
M_A	01	Ward/unit/department compiles report from paper-based sources and submits to HMIS for facility report	1	2		
M_A	02	Service/unit enters data into electronic database and compiles report from electronic database and submits report (printed or electronic) to HMIS for facility report	1	2		
M_A	03	HMIS staff go to service/unit and manually compile the information for that service/unit and then bring to HMIS for facility report	1	2		
M_A	04	Other	1 (SPECIFY)	2		
14.1.3. REPORTS SUBMITTED EXTERNALLY						
M_C / CZA, CZB, CZC, CZD	3816	Does this facility submit any reports externally?	YES1 NO.....2			→ Q3826
M_A	3817	Are reports ever submitted by this facility to any of the following entities?	YES	NO	DON'T KNOW	
M_A	01	Central Ministry of Health	1	2	8	
M_A	02	District health office (DHO)	1	2	8	
M_A	03	Specific technical programme offices (e.g. TB, HIV, malaria)	1	2	8	
M_A	04	Donors or implementing partners	1	2	8	
M_A	05	Nongovernmental managing authority	1	2	8	
M_A	06	Other institutions	1 (SPECIFY)	2	8	
M_C / CZA	3818	How often are routine summary statistics on patient services and diagnoses submitted externally?	WEEKLY.....1 MONTHLY2 QUARTERLY.....3 ANNUALLY4 NEVER5 OTHER.....6 (SPECIFY)			→ Q3822
M_A	3819	How many days after the closing date for a reporting period is the routine report required to be submitted?	DAYS AFTER THE END OF THE REPORTING PERIOD	— — —		
M_A / CZB	3820	Ask to see a copy of the most recent three routine summary statistics reports submitted externally. INDICATE THE NUMBER OF REPORTS THAT WERE OBSERVED.	ONE REPORT OBSERVED1 TWO REPORTS OBSERVED2 THREE REPORTS OBSERVED3 NO REPORTS OBSERVED4			→ Q3822
M_A / CZC	3821	ASK TO SEE EVIDENCE OF WHEN THE OBSERVED REPORTS WERE SUBMITTED AND INDICATE THE NUMBER OF OBSERVED REPORTS THAT WERE SUBMITTED ON TIME.	ONE OBSERVED ON TIME1 TWO OBSERVED ON TIME2 THREE OBSERVED ON TIME3 DATE OF SUBMISSION NOT AVAILABLE OR REPORTS NOT SUBMITTED ON TIME4			

Mod/Ind	No.	Question	Result	Skip
M_A	3822	How often are routine summary statistics on notifiable diseases submitted externally?	WEEKLY.....1 MONTHLY2 QUARTERLY.....3 ANNUALLY4 NEVER5 OTHER.....6 (SPECIFY)	→Q3826
M_A	3823	How many days after the closing date for a reporting period is the report on notifiable diseases required to be submitted?	DAYS AFTER THE END OF THE REPORTING PERIOD — — —	
M_A / CZE	3824	Ask to see a copy of the most recent three notifiable disease summary statistics reports submitted externally. INDICATE THE NUMBER OF REPORTS THAT WERE OBSERVED.	ONE REPORT OBSERVED1 TWO REPORTS OBSERVED2 THREE REPORTS OBSERVED3 NO REPORTS OBSERVED4	→Q3826
M_A / CZF	3825	ASK TO SEE EVIDENCE OF WHEN THE OBSERVED REPORTS WERE SUBMITTED AND INDICATE THE NUMBER OF OBSERVED REPORTS THAT WERE SUBMITTED ON TIME.	ONE OBSERVED ON TIME1 TWO OBSERVED ON TIME2 THREE OBSERVED ON TIME3 DATE OF SUBMISSION NOT AVAILABLE OR REPORTS NOT SUBMITTED ON TIME4	
14.1.4. STORAGE OF PAPER-BASED HMIS REPORT AND SOURCE DATA DOCUMENTS				
M_A	3826	Does this facility store copies of paper-based routine reports that are submitted externally? IF YES, CLARIFY IF THE REPORTS ARE STORED IN THE SAME LOCATION WHERE IN OR OUTPATIENT CHARTS/RECORDS ARE STORED.	YES, SAME LOCATION AS IN OR OUTPATIENT CHARTS/RECORDS1 YES, DIFFERENT LOCATION FROM PATIENT CHARTS/RECORDS2 NO PAPER-BASED ROUTINE REPORTS STORED3	→Q3830 →Q3830
M_A	3827	Please tell me where copies of paper-based routine reports for this facility that are submitted externally are stored. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) OR CABINETS USED ONLY FOR COMPILED REPORTS AND/OR SOURCE REGISTERS/ RECORDS.....1 ROOM/CABINET FOR REPORTS THAT IS ALSO USED FOR OTHER, NON-DATA RELATED, PURPOSES.....2 NO SPECIFIC ROOMS/CABINET FOR REPORTS3	→Q3830
M_A	3828	May I see where the paper-based routine reports are kept? OBSERVE THE CONDITIONS WHERE REPORTS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS.	YES NO	
M_A	01	ARE THE DOCUMENTS OFF THE FLOOR?	1 2	
M_A	02	ARE THE DOCUMENTS ON SHELVES OR IN FILE DRAWERS?	1 2	
M_A	03	ARE THE DOCUMENTS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1 2	
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)	1 2	

Mod/Ind	No.	Question	Result			Skip
M_A	3829	LOOK AT THE HMIS REPORTS AND DOCUMENTS STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO	N/A	
M_A	01	Can all the rooms or cabinets and drawers where documents are stored be locked?	1	2	X	
M_A	02	Is there limited access to the storage areas?	1	2	X	
M_A	03	Is there adequate space for safe storage and organizations of HMIS records and reports?	1	2	X	
M_A	04	OBSERVE IF ALL DOORS ARE SOLID	1	2	X	
M_A	05	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1	2	5	
M_A	3830	Does this facility store paper-based source data registers and documents when they are no longer being used, such as when they are full or they are changed for the new year? IF YES, CLARIFY IF THE SOURCE DATA DOCUMENTS ARE STORED IN THE SAME LOCATION WHERE IN- OR OUTPATIENT CHARTS/RECORDS OR COMPILED REPORTS ARE STORED.	YES, SAME SITE AS PATIENT CHARTS/RECORDS OR COMPILED REPORTS.....1 YES, DIFFERENT SITE2 NO SOURCE DATA DOCUMENTS STORED3			→ Q3900 → Q3900
M_A	3831	Please tell me where source data registers and documents are kept. MARK THE RESPONSE THAT BEST DESCRIBES THE STORAGE SITUATION.	RECORDS ROOM(S) OR CABINETS USED ONLY FOR SOURCE DATA REGISTERS1 ROOM/CABINET FOR SOURCE DATA REGISTERS THAT IS ALSO USED FOR NON-DATA RELATED PURPOSES2 NO SPECIFIC ROOMS/CABINET FOR SOURCE DATA3			→ Q3900
M_A	3832	May I see where the source data and registers are kept? OBSERVE THE CONDITIONS WHERE SOURCE DATA REGISTERS AND RECORDS ARE KEPT WHEN THEY ARE COMPLETED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING CONDITIONS.	YES	NO		
M_A	01	ARE THE DOCUMENTS OFF THE FLOOR?	1	2		
M_A	02	ARE THE DOCUMENTS ON SHELVES OR IN FILE DRAWERS?	1	2		
M_A	03	ARE THE DOCUMENTS AT RISK OF WATER DAMAGE FROM LEAKS OR OTHER SOURCES?	1	2		
M_A	04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.?)	1	2		
M_A	3833	LOOK AT THE SOURCE DOCUMENT AND DATA STORAGE AREA AND VERIFY ITEM WITH RESPONDENT.	YES	NO	N/A	
M_A	01	Can all the rooms or cabinets and drawers where documents are stored be locked?	1	2	X	
M_A	02	Is there limited access to the storage areas?	1	2	X	
M_A	03	Is there adequate space for safe storage and organization of HMIS records and reports?	1	2	X	
M_A	04	OBSERVE IF ALL DOORS ARE SOLID	1	2	X	
M_A	05	OBSERVE IF WINDOWS HAVE BARS OR SHUTTERS	1	2	5	

Mod/Ind	No.	Question	Result	Skip
		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	
M_A	3902	Are any of the following measures routinely carried out in this facility for checking data quality?	YES NO DON'T KNOW	
M_A	01	Comparing source data with reported data.	1 2 8	
M_A	02	Double checking addition or copying numbers from unit source documents, by facility staff within a unit or department.	1 2 8	
M_A	03	Double checking addition or copying numbers from unit source documents, by facility staff from outside a unit or department.	1 2 8	
M_A	04	Checking summarized data for consistency or identification of unlikely numbers based on rational expectations considering prior data.	1 2 8	
M_A	05	Supervisor checking registers for completeness.	1 2 8	
M_A	06	Unit staff or managers trained in completing client data and reporting forms.	1 2 8	
M_A	07	Person external to the facility carries out any of the above.	1 2 8	
M_A	3903	Is there any written documentation of the findings from the routine data quality system being implemented? This does not refer to data quality assessments conducted less frequently than annually. IF YES, ASK: May I see a copy of any documentation of results from routine data quality checks?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ Q4000
M_A	3904	How frequently are the results of data quality checking documented in a report or form?	MONTHLY 1 QUARTERLY 2 SEMI-ANNUALLY 3 ANNUALLY 4 NO SET TIMES 5	
		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	

Mod/Ind	No.	Question	Result	Skip																															
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 TRAINING2 OTHER NON-TECHNICAL STAFF WITH SPECIAL DATA TRAINING3 OTHER TECHNICAL STAFF WITH NO DATA TRAINING4 OTHER NON-TECHNICAL STAFF WITH NO SPECIAL DATA TRAINING5 NO ONE.....95 OTHER.....96 <hr/> (SPECIFY)																																
M_A	4002	How many full-time staff work with health information and reporting?	NUMBER OF FULL-TIME HMIS STAFF — — — NO FULL-TIME HMIS STAFF.....00	→ Q4100																															
		For each of the full-time health information staff within the occupation I mention, please tell me the highest level of training held among any of these staff. For example, does any staff member within the occupation have a bachelor or higher degree in statistics, has any staff member within the occupation completed a short-term course, or has any staff member received in-service training?																																	
M_A	4003	<table border="1"> <thead> <tr> <th>OCCUPATION OF HMIS STAFF</th><th>OCCUPATION NOT AVAILABLE IN FACILITY</th><th>STATISTICS DEGREE (BSc OR HIGHER)</th><th>SHORT-TERM COURSE</th><th>IN-SERVICE TRAINING ONLY</th><th>NONE OR ON-THE-JOB TRAINING ONLY</th><th>DIPLOMA IN HMIS RELATED PROGRAMME</th></tr> </thead> <tbody> <tr> <td>01</td><td>Health information officers</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>02</td><td>Medical records clerks</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>03</td><td>Data entry, other clerks, etc.</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> </tbody> </table>	OCCUPATION OF HMIS STAFF	OCCUPATION NOT AVAILABLE IN FACILITY	STATISTICS DEGREE (BSc OR HIGHER)	SHORT-TERM COURSE	IN-SERVICE TRAINING ONLY	NONE OR ON-THE-JOB TRAINING ONLY	DIPLOMA IN HMIS RELATED PROGRAMME	01	Health information officers	1	2	3	4	5	6	02	Medical records clerks	1	2	3	4	5	6	03	Data entry, other clerks, etc.	1	2	3	4	5	6		
OCCUPATION OF HMIS STAFF	OCCUPATION NOT AVAILABLE IN FACILITY	STATISTICS DEGREE (BSc OR HIGHER)	SHORT-TERM COURSE	IN-SERVICE TRAINING ONLY	NONE OR ON-THE-JOB TRAINING ONLY	DIPLOMA IN HMIS RELATED PROGRAMME																													
01	Health information officers	1	2	3	4	5	6																												
02	Medical records clerks	1	2	3	4	5	6																												
03	Data entry, other clerks, etc.	1	2	3	4	5	6																												
M_A	01	Health information officers	1	2	3	4	5	6																											
M_A	02	Medical records clerks	1	2	3	4	5	6																											
M_A	03	Data entry, other clerks, etc.	1	2	3	4	5	6																											

Mod/Ind	No.	Question	Result	Skip
		15. IMPLEMENTATION OF INTERNATIONAL CLASSIFICATION OF DISEASES (ICD)		
		15.1. USAGE OF ICD CODES		
		15.1.1. USAGE OF ICD CODES		
M_A	4100	Are ICD codes used for any purpose in this facility?	YES1 NO.....2	→Q4102
M_A	4101	For which of the following purposes is the ICD used in your facility?	YES NO	
M_A	01	Medical records	1 2	
M_A	02	Billing	1 2	
M_A	03	Disease surveillance	1 2	
M_A	04	Insurance	1 2	
M_A	05	Surveys	1 2	
M_A	06	Other	1 (SPECIFY)	2
		15.1.2. USAGE OF ICD CODES FOR MORBIDITY		
M_A	4102	Who compiles the morbidity statistics for this facility?	DOCTOR1 OTHER HEALTH PROFESSIONAL2 MEDICAL RECORDS/DATA PERSON.....3 MULTIPLE STAFF4 AUTOMATED/COMPUTERIZED5 OTHER.....6 (SPECIFY) NO MORBIDITY STATISTICS COMPILED FOR THIS FACILITY7	→Q4104 →Q4200
M_A	4103	Has the person that compiles the morbidity statistics received any formal ICD training?	YES1 NO.....2 ICD CODING NOT USED FOR MORBIDITY3	
M_A	4104	Does this facility compile morbidity statistics on outpatients? That is, statistics on the diagnoses for outpatients? IF YES, ASK IF THIS IS COMPULSORY OR NOT.	YES, COMPULSORY1 YES, BUT NOT COMPULSORY2 NO MORBIDITY STATISTICS COMPILED FOR OUTPATIENTS3 NO OUTPATIENT SERVICES4	→Q4107 →Q4107
M_A	4105	Are the outpatient cases recorded individually with diagnoses and age and sex in the source data?	YES, DIAGNOSIS, AGE AND SEX1 YES, DIAGNOSIS AND AGE2 YES, DIAGNOSIS AND SEX3 YES, DIAGNOSIS ONLY4 NO.....5	
M_A	4106	Who among the following list is authorized to assign the morbidity diagnosis for outpatients?	YES NO	
M_A	01	Doctor treating the patient	1 2	
M_A	02	Doctor other than the one treating the patient	1 2	
M_A	03	Other health professional in contact with the patient	1 2	
M_A	04	Other health professional not in contact with the patient	1 2	

Mod/Ind	No.	Question	Result	Skip
M_A	05	Non-health professional	1 2	
M_A	06	Other	1 2 (SPECIFY)	
M_A	4107	Does this facility compile morbidity statistics of facility inpatients? That is statistics on inpatient diagnoses? IF YES, ASK: Is preparing morbidity statistics on inpatients required, that is compulsory, or not required, that is, not compulsory?	YES, COMPULSORY1 YES, BUT NOT COMPULSORY2 NO INPATIENT MORBIDITY STATISTICS COMPILED.....3 NO INPATIENT SERVICES.....4	→Q4110 →Q4110
M_A	4108	Are the inpatient cases recorded individually with diagnoses and age and sex in the source data?	YES, DIAGNOSIS, AGE AND SEX1 YES, DIAGNOSIS AND AGE.....2 YES, DIAGNOSIS AND SEX3 YES, DIAGNOSIS ONLY4 NO.....5	
M_A	4109	Who among the following list is authorized to assign the morbidity diagnosis for inpatients?	YES NO	
M_A	01	Doctor treating the patient	1 2	
M_A	02	Doctor other than the one treating the patient	1 2	
M_A	03	Other health professional in contact with the patient	1 2	
M_A	04	Other health professional not in contact with the patient	1 2	
M_A	05	Non-health professional	1 2	
M_A	06	Other	1 2 (SPECIFY)	
M_A	4110	Does this facility have separate cancer reporting?	YES1 NO SEPARATE CANCER REPORTING2 NO CANCER SERVICES5	→Q4213 →Q4213
M_A	4111	Are different types of cancer routinely reported? IF YES, ASK: Are all types of cancer routinely reported or only some types?	YES, ALL.....1 YES, SOME.....2 NO, CANCER IS REPORTED UNDER ONE MORBIDITY CATEGORY3	
M_A	4112	Are the cancer diagnoses coded with ICD?	YES1 NO.....2	
M_A	4113	Is ICD classification used for coding patient morbidity for either inpatients or outpatients?	YES, OUTPATIENTS ONLY1 YES, INPATIENTS ONLY.....2 YES, BOTH OUT AND INPATIENTS3 NO.....4	→Q4200
M_A	4114	Who assigns the ICD code for the majority (i.e. at least 80%) of the cases for morbidity?	DOCTOR1 OTHER HEALTH PROFESSIONAL2 MEDICAL RECORDS/DATA PERSON.....3 MULTIPLE STAFF4 AUTOMATED/COMPUTERIZED5 OTHER.....6 (SPECIFY)	→Q4116
M_A	4115	Did the person(s) who assigns the ICD codes receive any formal ICD training?	YES1 NO.....2	
M_A	4116	Which ICD version is used?	ICD-101 OTHER.....6 (SPECIFY)	

Mod/Ind	No.	Question	Result	Skip
M_A	4117	Is the ICD coding for morbidity carried out to 3-character categories, to 3- and 4-character categories, or is there another level of detail used for coding?	3-CHARACTER CATEGORIES ONLY.....1 3- AND 4-CHARACTER CATEGORIES.....2 OTHER.....6 (SPECIFY)	
M_A	4118	What is the format of the ICD coding materials used in morbidity coding?	BOTH PRINT AND ELECTRONIC.....1 PRINT BOOKS ONLY2 ELECTRONIC VERSION ONLY3 OTHER.....6 (SPECIFY)	
M_A	4119	Are updates to ICD applied?	YES1 NO.....2 DON'T KNOW8	
15.2. REPORTING MORTALITY				
15.2.1. DETERMINING CAUSE OF DEATH				
M_A / CZX, CZY, CZZ	4200	Has this facility had any patient deaths in the past 12 months?	YES1 NO.....2	→Q4300
M_A	4201	Is any of the following information recorded for the individual who died? IF YES, ASK: Is the information always recorded, sometimes recorded or never recorded for individual death cases?	ALWAYS RECORDED SOMETIMES RECORDED NEVER RECORDED	
M_A	01	Cause of death for the individual	1 2 3	
M_A	02	Age of the individual	1 2 3	
M_A	03	Age of the individual by age groupings	1 2 3	
M_A	04	Sex of the individual	1 2 3	
M_A	05	Name of the individual	1 2 3	
M_A	4202	In which of the following locations is information on individual deaths recorded in this facility? READ EACH AND INDICATE EACH THAT APPLIES.	YES NO	
M_A	01	In different ward or unit registers	1 2	
M_A	02	In a central facility register or database	1 2	
M_A	03	On death certificates kept in a central location in the facility	1 2	
M_A	4203	Are deaths ever reported to authorities outside of this facility?	YES1 NO.....2	→Q4209
M_A	4204	Which of the following information is ever reported to an outside authority?	YES NO	
M_A / CZX	01	Number of deaths	1 2	
M_A / CZY	02	Causes of death	1 2	
M_A	03	Ages of deceased	1 2	
M_A	04	Age of deceased by age grouping	1 2	

Mod/Ind	No.	Question	Result		Skip
M_A	05	Sex of deceased	1	2	
M_A	06	Names of deceased	1	2	
M_A	07	Numbers of individual death cases	1	2	
M_A	4205	Which entities outside the facility receive information on the total numbers of deaths? READ EACH AND INDICATE EACH THAT APPLIES.	YES	NO	
M_A	01	External managers, recipients of routine HMIS reports	1	2	
M_A	02	To the civil registry	1	2	
M_A	03	To the local police authority	1	2	
M_A	04	To the local health authority	1	2	
M_A	05	Other	1 <hr/> (SPECIFY)	2	
M_A	4206	Is information on individual deaths reported outside the facility?	YES 1 NO 2		→ Q4209
M_A	4207	To which of the following entities is information on individual deaths reported outside the facility? READ EACH AND INDICATE EACH THAT APPLIES.	YES	NO	
M_A	01	External managers, recipients of routine HMIS reports	1	2	
M_A	02	The civil registry	1	2	
M_A	03	The local police authority	1	2	
M_A	04	The local health authority	1	2	
M_A	05	Other	1 <hr/> (SPECIFY)	2	
M_A	4208	What proportion of summary or individual deaths that you report externally include the cause of death? IF UNCERTAIN, PROVIDE A ROUGH ESTIMATE.	NONE 0 < 50% 1 50–59% 2 60–69% 3 70–79% 4 80–89% 5 90%+ 6		
M_A	4209	Which of the following occupations of staff are authorized to determine the official cause of death?	YES	NO	
M_A	01	Doctor that treated the patient	1	2	
M_A	02	Doctor that did not treat the patient such as the doctor on duty at the time of death	1	2	
M_A	03	Other health professional in contact with the patient	1	2	
M_A	04	Other health professional not in contact with the patient	1	2	
M_A	05	Non health professional	1	2	

Mod/Ind	No.	Question	Result	Skip
M_A	06	Other	<div>1</div> <div>(SPECIFY)</div> <div>2</div>	
M_A	4210	Have any of the persons authorized to determine the cause of death received any formal training on how to determine cause of death?	YES1 NO.....2 DON'T KNOW8	
M_A	4211	Is the international form of medical certificate of cause of death used for all deaths?	YES1 SOME, NOT ALL DEATHS2 NO.....3	→Q4213
		IF NO, ASK: Is it used at all for any deaths?		
M_A	4212	Is another printed form used to record cause of death?	YES, FACILITY SPECIFIC1 YES, MOH/GOVERNMENT PROVIDED2 YES, OTHER6 <div>(SPECIFY)</div> NO.....7	→Q4215
		IF YES, ASK: Is the printed death certificate a hospital specific form, an official MOH or government form, or another type of form?		
		ASK ABOUT SPECIFIC COUNTRY FORM IF ONE EXISTS.		
M_A	4213	Which of the following occupations of staff are authorized to fill in the death certification or other official form?	<div>YES</div> <div>NO</div>	
M_A	01	Doctor that treated the patient	<div>1</div> <div>2</div>	
M_A	02	Doctor that did not treat the patient such as the doctor on duty at the time of death	<div>1</div> <div>2</div>	
M_A	03	Other health professional in contact with the patient	<div>1</div> <div>2</div>	
M_A	04	Other health professional not in contact with the patient	<div>1</div> <div>2</div>	
M_A	05	Non-health professional	<div>1</div> <div>2</div>	
M_A	06	Other	<div>1</div> <div>(SPECIFY)</div> <div>2</div>	
M_A	4214	Have any of the persons authorized to fill the death certificate received any formal training on how to fill in a death certificate?	YES1 NO.....2 DON'T KNOW8	
M_A	4215	What is the primary source document being used by this facility for reporting on deaths?	NO REPORTS ON DEATHS1 PATIENT DISCHARGE FORM OR REGISTER (PAPER-BASED OR ELECTRONIC)2 DISCHARGE COMPUTER DATABASE3 REPORTS COMPILED BY EACH WARD/UNIT/ DEPARTMENT AND SUBMITTED TO DESIGNATED PERSON FOR HMIS REPORTS, BASED ON PHYSICIAN DISCHARGE NOTE IN PATIENT CHART/RECORD4 REPORTS COMPILED BY HMIS STAFF, BASED ON PHYSICIAN DISCHARGE NOTE IN PATIENT CHART/RECORD5 COMPILED REGISTER FOR PATIENT DEATHS6 INDIVIDUAL DEATH CERTIFICATES OR INDIVIDUAL PATIENT DEATH REPORTS7 OTHER96 <div>(SPECIFY)</div>	
15.2.2. ICD CLASSIFICATION OF CAUSE OF DEATH				
M_A / CZZ	4216	Is the ICD classification used for coding certified causes of death?	YES1 NO.....2	→Q4300

Mod/Ind	No.	Question	Result	Skip
M_A	4217	Is the ICD coding for mortality carried out to 3-character categories, to 3- and 4-character categories, or is there another level of detail used for coding?	3-CHARACTER CATEGORIES ONLY.....1 3- AND 4-CHARACTER CATEGORIES.....2 OTHER.....6 (SPECIFY)	
M_A	4218	What is the format of the ICD coding materials used in mortality coding?	BOTH PRINT AND ELECTRONIC1 PRINT BOOKS ONLY2 ELECTRONIC VERSION ONLY3 OTHER.....6 (SPECIFY)	
M_A	4219	Which of the following occupations of staff is authorized to assign the ICD code for the reported cause(s) of death?	YES NO	
M_A	01	Doctor that treated the patient	1 2	
M_A	02	Doctor that did not treat the patient such as the doctor on duty at the time of death	1 2	
M_A	03	Other health professional in contact with the patient	1 2	
M_A	04	Other health professional not in contact with the patient	1 2	
M_A	05	Non-health professional	1 2	
M_A	06	Other	1 2 (SPECIFY)	
M_A	4220	Has the person coding cause of death received formal ICD training?	YES1 NO.....2	
M_A	4221	Are multiple causes of death reported on the death certificate or form?	YES1 NO.....2	→ Q4300
M_A	4222	What is the qualification of the person who selects the underlying cause of death?	DOCTOR1 OTHER HEALTH PROFESSIONAL2 MEDICAL RECORDS/DATA PERSON.....3 OTHER.....6 (SPECIFY)	
M_A	4223	Has the person responsible for selecting the underlying cause of death received formal ICD training?	YES1 NO.....2	
M_A	4224	Are the ICD rules for selecting the underlying causes of death applied?	YES1 NO.....2 DON'T KNOW8	

Mod/Ind	No.	Question	Result	Skip
		16. KEY HOSPITAL INFORMATION AND SERVICE STATISTICS		
		16.1. INPATIENT UTILIZATION INFORMATION		
		16.1.1. INPATIENT UTILIZATION INFORMATION		
		I would like to collect information on utilization and service statistics for this facility. Please introduce me to the person most familiar with compiled reports for this facility.		
		IF OUTPATIENT AND INPATIENT STATISTICS ARE MANAGED BY DIFFERENT PERSONS, ASK FIRST TO GO TO WHERE INPATIENT COMPILED REPORTS ARE MAINTAINED.		
M_A	4300	Does any category of compiled service statistics provide information for paediatric patients?	YES..... 1 NO 2	→Q4302
M_A	4301	What ages are used for calculating paediatric patient statistics?	< 5 YEARS..... 1 < 15 YEARS..... 2 OTHER..... 6 (SPECIFY)	
M_A	4302	Does this facility offer inpatient services?	YES..... 1 NO 2	→Q4500
		ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT COMPILED STATISTICS FOR INPATIENT SERVICES AND EXPLAIN: Now I would like to collect some specific information on facility utilization and service statistics that are available in compiled reports.		
M_A	4303	What was the average bed occupancy rate for [THE LAST COMPLETE REPORTING USED FOR ANNUAL REPORTS IN THIS COUNTRY]?	OCCUPANCY RATE — — — • — DON'T KNOW 998	→Q4305
M_A	4304	Does the bed occupancy rate for [THE LAST COMPLETE REPORTING YEAR] use the officially designated number of beds or the actual number of beds available?	OFFICIALLY DESIGNATED NUMBER OF BEDS 1 ACTUAL NUMBER OF BEDS..... 2	
M_A	4305	What was the average bed occupancy rate for the past completed month ?	OCCUPANCY RATE — — — • — DON'T KNOW 998	→Q4307
M_A	4306	Does the bed occupancy rate calculation for the past completed month use the officially designated number of beds or the actual number of beds available?	OFFICIALLY DESIGNATED NUMBER OF BEDS 1 ACTUAL NUMBER OF BEDS..... 2	
M_A	4307	What was the average length of stay (ALOS) (days) for [THE LAST COMPLETE REPORTING YEAR]?	ALOS — — — • — DON'T KNOW 998	
M_A	4308	What was the average length of stay (ALOS) (days) for the past completed month ?	ALOS — — • — DON'T KNOW 98	
		16.2. INPATIENT SERVICE STATISTICS		
		16.2.1. INPATIENT SERVICE STATISTICS		
M_A / DAA	4400	Are statistics compiled on the numbers of clients, by discharge diagnosis? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC DISCHARGE DIAGNOSES ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC DIAGNOSES.	YES, ADULT AND PAEDIATRIC DIAGNOSES ARE REPORTED SEPARATELY.....1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC PATIENTS2 YES, ADULT AND PAEDIATRIC STATISTICS ARE COMBINED3 NO COMPILED STATISTICS BY DIAGNOSIS4	→Q4402 →Q4402 →Q4403

Mod/Ind	No.	Question	Result		Skip	
M_A	4401	<p>What were the five most frequent primary discharge diagnoses for paediatric patients for [THE LAST FISCAL YEAR]?</p> <p>COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS FOR DISCHARGE DIAGNOSES FOR PAEDIATRIC PATIENTS.</p> <p>NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.</p>	<div>(A) DISCHARGE DIAGNOSIS AVAILABLE</div> <div>YES NO</div>		<div>(B) RECORD DISCHARGE DIAGNOSIS</div>	
M_A	01	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 1	1 → B	2 → Q4402		
M_A	02	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 2	1 → B	2 → Q4402		
M_A	03	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 3	1 → B	2 → Q4402		
M_A	04	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 4	1 → B	2 → Q4402		
M_A	05	DISCHARGE DIAGNOSIS PAEDIATRIC NO. 5	1 → B	2 → Q4402		
M_A	4402	<p>What were the five most frequent primary discharge diagnoses for adults (or combined adult and paediatric patients) for [THE LAST FISCAL YEAR]?</p> <p>COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER REPORTS PROVIDING INFORMATION ON MOST FREQUENT DIAGNOSES FOR ADULTS (OR COMBINED ADULT/PAEDIATRIC DIAGNOSES).</p> <p>NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.</p>	<div>(A) DISCHARGE DIAGNOSIS AVAILABLE</div> <div>YES NO</div>		<div>(B) RECORD DISCHARGE DIAGNOSIS</div>	
M_A	01	DISCHARGE DIAGNOSIS ADULT NO. 1	1 → B	2 → Q4403		
M_A	02	DISCHARGE DIAGNOSIS ADULT NO. 2	1 → B	2 → Q4403		
M_A	03	DISCHARGE DIAGNOSIS ADULT NO. 3	1 → B	2 → Q4403		
M_A	04	DISCHARGE DIAGNOSIS ADULT NO. 4	1 → B	2 → Q4403		
M_A	05	DISCHARGE DIAGNOSIS ADULT NO. 5	1 → B	2 → Q4403		
		<p>Now I would like to see statistics for admissions for 12 completed months.</p> <p>IF THERE IS A COMPILED REPORT FOR THE MOST RECENT REPORTING YEAR THESE NUMBERS CAN BE USED. IF THERE IS NO RECENT COMPILED ANNUAL REPORT, MANUALLY COMPILE DATA FROM MONTHLY REPORTS FOR THE MOST RECENT 12 MONTHS. THEN CONFIRM THE NUMBER OF MONTHS INCLUDED IN THE COMPILED STATISTICS.</p>				

Mod/Ind	No.	Question	Result	Skip
M_A	4403	Are statistics compiled on the numbers of admissions? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC ADMISSIONS ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC ADMISSIONS.	YES, ADULT AND PAEDIATRIC ADMISSIONS ARE REPORTED SEPARATELY 1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC PATIENTS 2 YES, ADULT AND PAEDIATRIC ADMISSIONS ARE COMBINED 3 NO COMPILED ADMISSION STATISTICS 4	→Q4404_02 →Q4404_02 →Q4500
M_A	4404	Please tell me the number of admissions for the most recent 12 months for the following groups.	(A) NUMBER	(B) MONTHS OF DATA
M_A	01	Total admissions for paediatric patients	ADMISSIONS — — — — DON'T KNOW9998 →02	
M_A	02	Total admissions for adults (or combined adult and paediatric admissions) excluding admissions for deliveries	ADMISSIONS — — — — DON'T KNOW ..9998 →Q4500	
16.3. SERVICE SPECIFIC INFORMATION FOR OUT/INPATIENT SERVICES				
16.3.1. SURGERY				
MAJOR SURGERY				
M_A/ DAB, DAC, DAD, DAE, DAF, DAG	4500	Does this facility offer major surgical services?	YES..... 1 NO 2	→Q4507
M_A / DAB	4501	Are statistics compiled on numbers of patients having major surgical procedures performed? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC ADMISSIONS ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC SURGICAL INFORMATION.	YES, ADULT AND PAEDIATRIC SURGICAL STATISTICS ARE REPORTED SEPARATELY 1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC SURGICAL PATIENTS 2 YES, ADULT AND PAEDIATRIC STATISTICS ARE COMBINED 3 NO COMPILED STATISTICS ON NUMBERS OF MAJOR SURGICAL PROCEDURES 4	→Q4505 →Q4505 →Q4507
M_A	4502	What are the ages included in major surgery statistics for paediatric patients?	< 5 YEARS..... 1 < 15 YEARS..... 2 < 5 AND 5 – < 15 REPORTED 3 OTHER..... 6 (SPECIFY)	
M_A	4503	Please provide the statistics for the following surgeries for paediatric patients [THE LAST COMPLETE REPORTING YEAR]. COLLECT INFORMATION FROM ANNUAL REPORT. IF THERE IS NO RECENT COMPILED ANNUAL REPORT, MANUALLY COMPILE DATA FROM MONTHLY REPORTS FOR THE MOST RECENT 12 MONTHS. THEN CONFIRM THE NUMBER OF MONTHS INCLUDED IN THE COMPILED STATISTICS. IF THERE ARE TWO AGE CATEGORIES FOR PAEDIATRIC PATIENTS, COMBINE THE NUMBERS.	(A) NUMBER	(B) MONTHS OF DATA
M_A	01	Total major surgical procedures for paediatric patients	— — — — DON'T KNOW9998 →02	

Mod/Ind	No.	Question	Result		Skip	
M_A	02	Total major surgeries for paediatric patients that were non-elective	<div>— — — —</div> DON'T KNOW9998 →03			
M_A	03	Total major surgeries for paediatric patients conducted on an emergency basis	<div>— — — —</div> DON'T KNOW9998 →04			
M_A	04	Laparotomy for paediatric patients (< 15 YEARS IF AVAILABLE)	<div>— — — —</div> DON'T KNOW998 →05			
M_A	05	Open fracture repair for paediatric patients (< 15 YEARS IF AVAILABLE)	<div>— — — —</div> DON'T KNOW998 →06			
M_A	06	Neonatal colostomies (< 1 month)	<div>— — — —</div> DON'T KNOW9998 →Q4504			
M_A	4504	What were the five most frequent major surgical procedures performed for paediatric patients for [THE LAST COMPLETE REPORTING YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF PAEDIATRIC PATIENTS RECEIVING MAJOR SURGICAL PROCEDURES NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.	<div> (A) SURGICAL PROCEDURE INFORMATION AVAILABLE YES NO </div>		<div> (B) RECORD SURGICAL PROCEDURE </div>	
M_A	01	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 1	1 →B	2 →Q4505		
M_A	02	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 2	1 →B	2 →Q4505		
M_A	03	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 3	1 →B	2 →Q4505		
M_A	04	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 4	1 →B	2 →Q4505		
M_A	05	MAJOR SURGICAL PROCEDURE PAEDIATRIC NO. 5	1 →B	2 →Q4505		
M_A	4505	Please provide the statistics for the following surgeries for adults (or combined adult and paediatric patients) for [THE LAST COMPLETE REPORTING YEAR]. COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF SURGERIES.	<div> (A) NUMBER </div>		<div> (B) MONTHS OF DATA </div>	
M_A	01	Total major surgical procedures for adults	<div>— — — —</div> DON'T KNOW9998 →02			
M_A	02	Total major surgeries for adults that were non-elective	<div>— — — —</div> DON'T KNOW9998 →03			
M_A	03	Total major surgeries for adults that were conducted on an emergency basis	<div>— — — —</div> DON'T KNOW9998 →04			

Mod/Ind	No.	Question	Result		Skip
M_A	04	Total laparotomies	<div style="text-align: right;">— — — —</div> DON'T KNOW998 →05		
M_A	05	Open fracture repair for adults	<div style="text-align: right;">— — — —</div> DON'T KNOW998 →06		
M_A	06	Total caesarean section	<div style="text-align: right;">— — — —</div> DON'T KNOW998 →Q4506		
M_A	4506	What were the five most frequent major surgical procedures performed for adults (or combined adult and paediatric patients) for [THE LAST COMPLETE REPORTING YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF ADULT OR COMBINED ADULT AND PAEDIATRIC PATIENTS RECEIVING MAJOR SURGICAL PROCEDURES. NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITYDIAGNOSES MONITORED BY THE FACILITY.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (A) SURGICAL PROCEDURE INFORMATION AVAILABLE YES NO </div> <div style="width: 45%;"> (B) RECORD SURGICAL PROCEDURE </div> </div>		
M_A	01	MAJOR SURGICAL PROCEDURE ADULT NO. 1	1 →B	2 →Q4507	
M_A	02	MAJOR SURGICAL PROCEDURE ADULT NO. 2	1 →B	2 →Q4507	
M_A	03	MAJOR SURGICAL PROCEDURE ADULT NO. 3	1 →B	2 →Q4507	
M_A	04	MAJOR SURGICAL PROCEDURE ADULT NO. 4	1 →B	2 →Q4507	
M_A	05	MAJOR SURGICAL PROCEDURE ADULT NO. 5	1 →B	2 →Q4507	
		MINOR SURGERY			
M_A	4507	Are statistics compiled on numbers of clients having minor surgical procedures performed? IF YES, CLARIFY IF THE COMPILED STATISTICS ARE REPORTED SEPARATELY FOR ADULT AND PAEDIATRIC CASES, IF ADULTS AND PAEDIATRIC ADMISSIONS ARE COMBINED, OR IF THERE ARE NO REPORTS THAT INCLUDE PAEDIATRIC SURGICAL INFORMATION. IF NEEDED EXPLAIN THAT MINOR SURGICAL PROCEDURES ARE THOSE THAT DO NOT PENETRATE BODY CAVITIES AND USUALLY DO NOT AFFECT BODY SYSTEMS.	YES, ADULT AND PAEDIATRIC SURGICAL STATISTICS ARE REPORTED SEPARATELY..... 1 YES, REPORTS INCLUDE ONLY ADULTS – THERE ARE NO PAEDIATRIC SURGICAL PATIENTS 2 YES, ADULT AND PAEDIATRIC STATISTICS ARE COMBINED 3 NO COMPILED STATISTICS FOR MINOR SURGICAL PROCEDURES..... 4		→Q4508_02 →Q4508_02 →Q4510

Mod/Ind	No.	Question	Result		Skip
M_A	4508	Now I would like to see statistics for minor surgical procedures for the past 12 completed months. If these are compiled separately, I would like the numbers separately for paediatric patients and for adults. IF THERE IS A COMPILED REPORT FOR THE MOST RECENT REPORTING YEAR THESE NUMBERS CAN BE USED. IF THERE IS NO RECENT COMPILED ANNUAL REPORT, MANUALLY COMPILE DATA FROM MONTHLY REPORTS FOR THE MOST RECENT 12 MONTHS. THEN CONFIRM THE NUMBER OF MONTHS INCLUDED IN THE COMPILED STATISTICS.	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">(A) NUMBER</div> <div style="text-align: center;">(B) MONTHS OF DATA</div> </div>		
M_A	01	Total minor surgical procedures for paediatric patients? (15 YEARS IF DATA AVAILABLE)	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ____ _ DON'T KNOW9998 →02 NONE0000 </div> <div style="text-align: center;"> ____ _ </div> </div>		
M_A	02	Total minor surgical procedures for adults (OR ADULT AND PAEDIATRIC IF STATISTICS ARE COMBINED)	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ____ _ DON'T KNOW ..9998 →Q4509 NONE0000 </div> <div style="text-align: center;"> ____ _ </div> </div>		
M_A	4509	What were the five most frequent minor surgical procedures performed for adults (or combined adult and paediatric patients) for [THE LAST COMPLETE REPORTING YEAR]? COLLECT INFORMATION FROM ANNUAL REPORT OR OTHER SOURCE WITH ANNUAL COMPILED NUMBERS OF ADULT OR COMBINED ADULT AND PAEDIATRIC PATIENTS RECEIVING MINOR SURGICAL PROCEDURES. NOTE: THESE ARE FREQUENCIES AND MAY NOT NECESSARILY BE THE SAME AS PRIORITY DIAGNOSES MONITORED BY THE FACILITY.	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">(A) SURGICAL PROCEDURE INFORMATION AVAILABLE</div> <div style="text-align: center;">(B) RECORD SURGICAL PROCEDURE</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">YES</div> <div style="text-align: center;">NO</div> </div>		
M_A	01	MINOR SURGICAL PROCEDURE NO. 1	1 →B	2 →Q4510	
M_A	02	MINOR SURGICAL PROCEDURE NO. 2	1 →B	2 →Q4510	
M_A	03	MINOR SURGICAL PROCEDURE NO. 3	1 →B	2 →Q4510	
M_A	04	MINOR SURGICAL PROCEDURE NO. 4	1 →B	2 →Q4510	
M_A	05	MINOR SURGICAL PROCEDURE NO. 5	1 →B	2 →Q4510	
16.3.2. DELIVERY AND NEWBORN SERVICES					
M_A	4510	Does this facility offer delivery services?	YES..... 1 NO 2		→Q4512

Mod/Ind	No.	Question	Result	Skip		
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR DELIVERY AND NEWBORN SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.				
M_A	4511	Now I would like to see statistics for the following delivery and newborn care outcomes for the past 12 completed months. ASK FOR THE TOTAL NUMBER OF EACH OF THE FOLLOWING OUTCOMES IN THE PAST 12 MONTHS FOR WHICH COMPILED INFORMATION EXISTS. IF THERE IS NOT 12 MONTHS' INFORMATION AVAILABLE, COLLECT THE INFORMATION FOR THE NUMBER OF MONTHS THAT ARE AVAILABLE.	<table border="1"> <thead> <tr> <th>(A) NUMBER</th><th>(B) MONTHS OF DATA</th></tr> </thead> </table>	(A) NUMBER	(B) MONTHS OF DATA	
(A) NUMBER	(B) MONTHS OF DATA					
M_A	01	Deliveries (vaginal)	VAGINAL DELIVERIES — — — — NO COMPILED STATISTICS/ DON'T KNOW9998 →02	— —		
M_A	02	Deliveries (caesarean section)	C-SECTIONS — — — NO COMPILED STATISTICS/ DON'T KNOW998 →03 NO CAESAREAN SECTION SERVICES.....995 →03	— —		
M_A	03	Live births	LIVE BIRTHS — — — — NO COMPILED STATISTICS/ DON'T KNOW 9998 →04	— —		
M_A	04	Maternal deaths	MATERNAL DEATHS — — NO COMPILED STATISTICS/ DON'T KNOW98 →05 NO MATERNAL DEATHS.....95 →05	— —		
M_A	05	Stillbirths (fresh)	STILLBIRTHS — — — — NO COMPILED STATISTICS/ DON'T KNOW998 →06	— —		
M_A	06	Stillbirths (macerated)	STILLBIRTHS — — — NO COMPILED STATISTICS/ DON'T KNOW998 →07	— —		
M_A	07	Stillbirths (don't know fresh or macerated)	STILLBIRTHS — — — NO COMPILED STATISTICS/ DON'T KNOW998 →08	— —		
M_A	08	Neonatal deaths (live births died within first 28 days of life)	NEONATAL DEATHS — — — NO COMPILED STATISTICS/ DON'T KNOW998 →Q4512	— —		

Mod/Ind	No.	Question	Result	Skip
		16.3.3. POST-ABORTION CARE SERVICE STATISTICS		
M_A	4512	Does this facility offer post-abortion care (PAC) procedures as either an outpatient or inpatient service?	YES..... 1 NO 2	→Q4514
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR POST-ABORTION CARE SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.		
M_A	4513	Now I would like to see statistics for the following post-abortion care outcomes for the past 12 completed months. IF DATA ARE NOT COMPILED, GO TO SERVICE REGISTERS FOR THIS INFORMATION. USE THE MOST RECENT 12 COMPLETED MONTHS OR THE MOST RECENT COMPILED REPORTS FOR 12 MONTHS.	(A) NUMBER	(B) MONTHS OF DATA
M_A	01	How many outpatient PAC procedures were performed during the past 12 completed months?	OUTPATIENT PAC PROCEDURES — — — NONE000 DON'T KNOW998 →02	— —
M_A	02	How many outpatient PAC procedures are recorded as performed due to incomplete abortion during the past 12 completed months?	OUTPATIENT PAC FOR INCOMPLETE ABORTION — — — NONE000 DON'T KNOW998 →03	— —
M_A	03	How many inpatient PAC procedures were performed during the past 12 completed months?	INPATIENT PAC — — — NONE000 DON'T KNOW 998 →04	— —
M_A	04	How many inpatient PAC procedures are recorded as performed due to incomplete abortion during the past 12 completed months?	INPATIENT PAC FOR INCOMPLETE ABORTION — — — NONE000 DON'T KNOW998 →Q4514	— —
		16.3.4. EMERGENCY UNIT INFORMATION		
M_A	4514	Does this facility have a dedicated emergency unit?	YES..... 1 NO 2	→Q4517
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR EMERGENCY CARE SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.		
M_A	4515	Now I would like to see statistics for emergency unit patient visits for the three most recent reporting months. How many emergency unit patient visits were there in each of the last three most recent reporting months?	(A) MOST RECENT REPORTING MONTH — — — DON'T KNOW 998	(B) SECOND MOST RECENT REPORTING MONTH — — — DON'T KNOW 998
M_A	4516	How many emergency service patient visits were there in the past full year? USE THE MOST RECENT 12 COMPLETED MONTHS OR THE MOST RECENT COMPILED REPORTS FOR 12 MONTHS.	(C) THIRD MOST RECENT REPORTING MONTH — — — DON'T KNOW 998	(a) TOTAL EMERGENCY SERVICE PATIENT VISITS PAST YEAR — — — — DON'T KNOW998 →Q4517 (b) NUMBER OF MONTHS INCLUDED IN EMERGENCY SERVICE STATISTICS — —

Mod/Ind	No.	Question	Result	Skip
M_A	02	Any soil transmitted helminths (hook or pin worm, round worms)	_____ → C DON'T KNOW 9998 → B NOT APPLICABLE 9995 → 03	_____ → C DON'T KNOW 9998 → 03 — —
M_A	03	Schistosomiasis	_____ → C DON'T KNOW 9998 → B NOT APPLICABLE 9995 → 04	_____ → C DON'T KNOW 9998 → 04 — —
M_A	04	Trachoma	_____ → C DON'T KNOW 9998 → B NOT APPLICABLE 9995 → 05	_____ → C DON'T KNOW 9998 → 05 — —
M_A	05	Onchocerciasis	_____ → C DON'T KNOW 9998 → B NOT APPLICABLE 9995 → 06	_____ → C DON'T KNOW 9998 → 06 — —
M_A	06	Lymphatic filariasis	_____ → C DON'T KNOW 9998 → B NOT APPLICABLE 9995 → 07	_____ → C DON'T KNOW 9998 → 07 — —
M_A	07	Dengue	_____ → C DON'T KNOW 9998 → B NOT APPLICABLE 9995 → Q4521	_____ → C DON'T KNOW 9998 → Q4521 — —
M_A	4521	Were there any deaths reported for dengue patients in the past 12 months?	YES 1 NO 2	→ Q4523
M_A	4522	What was the dengue case fatality rate for the past 12 months (or the most recent annual compiled report within the past 12 months)?	PERCENTAGE — — — DON'T KNOW 998	
		CHECK COMPILED REPORTS OR SERVICE REGISTER FOR THE PAST 12 COMPLETED MONTHS.	(A) NUMBER OF INDIVIDUAL PATIENTS RECEIVING SERVICES [EACH PATIENT IS RECORDED ONCE] (B) NUMBER OF VISITS FOR THE SERVICE [MAY INCLUDE MULTIPLE VISITS FROM ONE PATIENT] (C) MONTHS OF DATA	
M_A	4523	Visceral leishmaniasis	_____ → C DON'T KNOW 9998 → B NOT APPLICABLE ... 9995 → Q4526	_____ → C DON'T KNOW ... 9998 → Q4524 — —
M_A	4524	Were there any deaths reported for visceral leishmaniasis patients in the past 12 months?	YES 1 NO 2	→ Q4526
M_A	4525	What was the visceral leishmaniasis case fatality rate for the most recent year for which data are compiled?	PERCENTAGE — — — DON'T KNOW 998	
16.3.7. CANCER SERVICES				
M_A / DAH	4526	Are any cancer screening, diagnostic or treatment services for cancer offered?	YES 1 NO 2	→ Q4531
M_A	4527	Are there any sources for compiled cancer service data, such as HMIS reports, or sources where the data can be readily collated, such as cancer specific registers for patient services or laboratory test results?	YES 1 NO, CANCER PATIENT INFORMATION ONLY IN GENERAL REGISTERS 2 NO 3	
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR DIFFERENT CANCER RELATED SCREENING SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.		

Mod/Ind	No.	Question	Result	Skip
M_A	4528	Now I would like to see statistics for the following cancer related services for the past 12 completed months. CHECK REGISTERS OR HMIS REPORTS FOR THE PAST 12 COMPLETED MONTHS AND RECORD THE INDICATED INFORMATION	(A) NUMBER OF CASES IN PAST 12 MONTHS	(B) NUMBER OF MONTHS DATA ARE REPORTED FOR
M_A	01	Number of colonoscopies performed	____ ____ ____ ____ →B DON'T KNOW9998 →02 NOT APPLICABLE9995 →02	— —
M_A	02	Number of mammograms performed	____ ____ ____ ____ →B DON'T KNOW9998 →03 NOT APPLICABLE9995 →03	— —
M_A	03	Number of biopsy procedures performed for any cancer	____ ____ ____ ____ →B DON'T KNOW9998 →04 NOT APPLICABLE9995 →04	— —
M_A	04	Number of PAP/HPV tests performed with results returned	____ ____ ____ ____ →B DON'T KNOW9998 →05 NOT APPLICABLE9995 →05	— —
M_A	05	Number of PAP/HPV tests with abnormal results, among those performed in prior question	____ ____ ____ ____ →B DON'T KNOW9998 →06 NOT APPLICABLE9995 →06	— —
M_A	06	Number of VIA/VILLI tests performed with results available	____ ____ ____ ____ →B DON'T KNOW9998 →07 NOT APPLICABLE9995 →07	— —
M_A	07	Number of VIA/VILLI tests with abnormal results, among those performed in prior question	____ ____ ____ ____ →B DON'T KNOW9998 →08 NOT APPLICABLE9995 →08	— —
M_A	08	Number of cancer patients (all types of cancer) currently under treatment	____ ____ ____ ____ →B DON'T KNOW9998 →09 NOT APPLICABLE9995 →09	— —
M_A	09	Number of hospital admissions for any type of cancer	____ ____ ____ ____ →B DON'T KNOW9998 →Q4529 NOT APPLICABLE9995 →Q4529	— —
16.3.8. OUTCOME INDICATORS FOR PATIENTS UNDER CANCER TREATMENT				
M_A / DAH	4529	Does this facility monitor outcome indicators for cancer services?	YES.....1 NO2	→Q4531
		EXPLAIN THAT YOU WOULD LIKE TO COLLECT SERVICE STATISTICS FOR DIFFERENT CANCER RELATED TREATMENT SERVICES. IF NOT AVAILABLE IN HMIS REPORTS, ASK WHERE THE INFORMATION CAN BE COLLECTED AND GO TO THAT SITE.		

Mod/Ind	No.	Question	Result				Skip	
			(A) INDICATOR MONITORED		(B) MOST RECENT RATE	(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT	(D) NUMBER OF PATIENTS IN COHORT	
			YES	NO				
M_A	4530	For each of the indicators I mention, please tell me if the facility monitors this, and if applicable, show the rate for the most recent reporting year. GO TO THE BEST LOCATION FOR COLLECTING THE INDICATED INFORMATION.						
M_A	01	Mortality for patients under treatment for breast cancer [COUNTRY ADAPT]	1 → B	2 → 02	— — — — DON'T KNOW 998 → 02	— —	— — — —	
M_A	02	Mortality for patients under treatment for cervical cancer [COUNTRY ADAPT]	1 → B	2 → 03	— — — — DON'T KNOW 998 → 03	— —	— — — —	
M_A	03	Mortality for patients under treatment for colon cancer [COUNTRY ADAPT]	1 → B	2 → Q4531	— — — — DON'T KNOW . 998 → Q4531	— —	— — — —	
16.3.9. OUTPATIENT MATERNAL AND NEWBORN POSTNATAL CARE (PNC) SERVICES								
M_A	4531	Does this facility routinely provide postpartum or newborn care as an outpatient service for women and infants coming from home?			YES 1 NO 2			→ Q4538
		GO TO WHERE THE PNC INFORMATION CAN BE FOUND. I would like to know about the number of women and infants who were first-visit PNC clients in the prior completed month.						
M_A	4532	Is there a register or HMIS report where routine maternal PNC client visit (days postpartum and visit number) information is recorded? IF YES, ASK TO SEE THE REGISTER.			YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			→ Q4535 → Q4535
M_A	4533	During the most recent complete month, how many outpatient maternal PNC first visits occurred?			— — — — DON'T KNOW 9998			→ Q4535
M_A	4534	During the most recent complete month, how many of the maternal PNC first visits took place within the first 2 days postpartum THE DAY OF BIRTH IS DAY 0.			— — — — DON'T KNOW 9998			
M_A	4535	Is there a register where routine newborn care visit (days after birth and visit number) information is recorded? IF YES, ASK TO SEE THE REGISTER.			YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			→ Q4538 → Q4538
M_A	4536	During the most recent complete month, how many newborn PNC first visits are recorded?			— — — — DON'T KNOW 9998			→ Q4538
M_A	4537	During the most recent complete month, how many of the newborn PNC first visits took place within the first 2 days postpartum THE DAY OF BIRTH IS DAY 0.			— — — — DON'T KNOW 9998			

Mod/Ind	No.	Question	Result	Skip												
		16.3.10. QUALITY OF CARE INDICATORS FOR IMMUNIZATION SERVICES														
		ASK WHERE INDICATORS FOR QUALITY OF IMMUNIZATION SERVICES CAN BE FOUND AND GO THERE TO COLLECT THE INFORMATION.														
M_A / CYJ	4538	Does this facility monitor any indicators for quality of immunization services?	YES 1 NO 2	→ Q4542												
M_A / CYK	4539	Does the facility have guidelines for reporting adverse events that occur after immunization (adverse events following immunization (AEFI) to any authority? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3													
M_A	4540	Has this facility reported and AEFI in the past 12 months? IF YES, ASK TO SEE A REPORT.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3													
M_A / CZG	4541	Does this facility report vaccine-preventable diseases to any authority? IF YES, CLARIFY IF THIS IS ONLY INCLUDED IN ROUTINE HMIS REPORTS OR IF THIS IS A SPECIAL HMIS REPORT.	YES, ROUTINE HMIS REPORT ONLY 1 YES, SPECIAL HMIS REPORT 2 NO 3													
		16.3.11. INDICATORS FOR SURGICAL SERVICES														
M_A / DAC, DAD, DAE, DAF, DAG	4542	Does this facility monitor any specific indicators for surgical services?	YES 1 NO 2 NO SURGICAL SERVICES 3	→ Q4549 → Q4552												
		ASK THE BEST PLACE TO FIND INDICATOR INFORMATION FOR SURGICAL SERVICES, INCLUDING ADVERSE EVENTS AND DEATHS. GO TO WHERE THE INFORMATION IS KEPT. THIS WILL OFTEN BE IN THE HMIS UNIT OR MAY BE IN AN OFFICE OF SURGICAL MANAGERS.														
M_A	4543	How often are the data compiled to calculate post-operative mortality rates that are monitored?	EVERY ____ DAYS NO POST-OPERATIVE MORTALITY MONITORED..... 995	→ Q4545												
M_A	4544	For each of the surgical indicators for quality that I mention, please tell me if this facility monitors this, and, if yes, please show me any documentation that shows indicator data are compiled for monitoring.	<table border="1"> <thead> <tr> <th colspan="2">(A) INDICATOR MONITORED</th> <th rowspan="2">(B) MOST RECENT RATE</th> <th rowspan="2">(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT</th> <th rowspan="2">(D) NUMBER OF PATIENTS IN COHORT</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	(A) INDICATOR MONITORED		(B) MOST RECENT RATE	(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT	(D) NUMBER OF PATIENTS IN COHORT	YES	NO						
(A) INDICATOR MONITORED		(B) MOST RECENT RATE	(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT	(D) NUMBER OF PATIENTS IN COHORT												
YES	NO															
		MORTALITY RELATED TO SURGERY														
M_A / DAC	01	Deaths prior to discharge among patients who had a procedure in a surgical theatre?	<table border="1"> <tr> <td>1</td> <td>2 → 02</td> <td>____ _ DON'T KNOW 998 → 02</td> <td>____ _</td> <td>____ _</td> </tr> </table>	1	2 → 02	____ _ DON'T KNOW 998 → 02	____ _	____ _								
1	2 → 02	____ _ DON'T KNOW 998 → 02	____ _	____ _												
M_A	02	Deaths prior to discharge among < 15-year-old patients who had a procedure in a surgical theatre	<table border="1"> <tr> <td>1</td> <td>2 → Q4545</td> <td>____ _ DON'T KNOW998 → Q4545</td> <td>____ _</td> <td>____ _</td> </tr> </table>	1	2 → Q4545	____ _ DON'T KNOW998 → Q4545	____ _	____ _								
1	2 → Q4545	____ _ DON'T KNOW998 → Q4545	____ _	____ _												

Mod/Ind	No.	Question	Result				Skip
M_A	4545	How often are the data compiled to calculate the patient outcome indicators that are monitored, such as post-operative infection or other complications?	EVERY ____ DAYS NO INDICATORS OF SURGICAL PATIENT COMPLICATIONS MONITORED 995				→Q4547
M_A	4546	For each of the surgical indicators for quality that I mention, please tell me if this facility monitors this, and, if yes, please show me any documentation that shows indicator data are compiled for monitoring.	(A) INDICATOR MONITORED YES NO	(B) MOST RECENT RATE	(C) NUMBER OF MONTHS COHORT WAS UNDER TREATMENT	(D) NUMBER OF PATIENTS IN COHORT	
POST-OPERATIVE COMPLICATIONS							
M_A / DAD	01	Post-operative surgical wound infection rate (SPECIFIC TO SURGICAL INCISION)	1	2 →02	_____ DON'T KNOW998 →02	_____ _____ _____	
M_A	02	Proportion of all surgical cases with postoperative sepsis	1	2 →03	_____ DON'T KNOW 998 →03	_____ _____ _____	
M_A / DAE	03	Proportion of all major surgical cases with post-operative pulmonary embolus	1	2 →04	_____ DON'T KNOW 998 →04	_____ _____ _____	
M_A / DAE	04	Proportion of all major surgical cases with deep vein thrombosis	1	2 →05	_____ DON'T KNOW 998 →05	_____ _____ _____	
M_A / DAF	05	Proportion of patients 65 or older with upper femur fracture who had surgery initiated within 2 calendar days of hospitalization?	1	2 →06	_____ DON'T KNOW 998 →06	_____ _____ _____	
M_A	06	Other surgical indicator _____ (SPECIFY)	1	2 →Q4547	_____ DON'T KNOW998 →Q4547	_____ _____ _____	
M_A	07	Other surgical indicator _____ (SPECIFY)	1	2 →Q4547	_____ DON'T KNOW998 →Q4547	_____ _____ _____	
16.3.12. MONITORING EFFICIENCY FOR ELECTIVE SURGICAL PROCEDURES							
M_A / DAG	4547	Does the facility monitor and report on the average inpatient waiting time for elective, that is, non-urgent surgeries such as cataracts or knee replacements? IF YES, ASK TO SEE DOCUMENTATION OF AVERAGE INPATIENT WAITING TIME FOR ANY ELECTIVE SURGERIES.	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN 2 NO 3				→Q4549


Mod/Ind	No.	Question	Result	Skip																														
M_A	4548	What was the average inpatient waiting time for the most recent report specifying average length of stay (ALOS) for the following surgeries?	PRE-OPERATIVE ALOS																															
M_A	01	SURGERY 1 (E.G. CATARACT SURGERY) [COUNTRY ADAPT SURGERY TYPE]	ALOS (DAYS) — — — • — NOT APPLICABLE995 DON'T KNOW998																															
M_A	02	SURGERY 2 (E.G. KNEE REPLACEMENT) [COUNTRY ADAPT SURGERY TYPE]	ALOS (DAYS) — — — • — NOT APPLICABLE995 DON'T KNOW998																															
M_A	03	SURGERY 3 [COUNTRY ADAPT SURGERY TYPE]	ALOS (DAYS) — — — • — NOT APPLICABLE995 DON'T KNOW998																															
16.3.13. RESEARCH ON SURGICAL ISSUES																																		
M_A	4549	Does this facility conduct any research for surgical services?	YES..... 1 NO 2	→Q4552																														
M_A	4550	How many ongoing research products involve children's surgery?	— — NONE 00																															
M_A	4551	How many ongoing research products involve child anaesthesia?	— — NONE 00																															
16.3.14. OUTCOME INDICATORS FOR FACILITY SERVICES																																		
ASK TO GO TO WHERE OUTCOME INDICATORS FOR FACILITY SERVICES ARE KEPT. THIS WILL OFTEN BE HMIS OR A MANAGER'S OFFICE.																																		
Now I want to ask you about outcome indicators that are sometimes monitored as indicators of quality inpatient and patient follow-up services. I would like to speak with the person most familiar with quality indicators.																																		
DEATHS WITHIN 30 DAYS OF ADMISSION																																		
M_A / DAI	4552	Does this facility monitor deaths within 30 days of admission for any identified diagnoses?	YES..... 1 NO 2	→Q4554																														
M_A	4553	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:	<table border="1"> <thead> <tr> <th colspan="2">(A) INDICATOR MONITORED</th> <th rowspan="2">(B) MOST RECENT RATE</th> <th colspan="2">TIME PERIOD COVERED BY RATE</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>(C) NUMBER OF MONTHS</th> <th>(D) YEAR OF INFORMATION</th> </tr> </thead> <tbody> <tr> <td>M_A</td><td>01</td><td>Deaths within 30 days of admission for [DIAGNOSIS NO. 1 COUNTRY ADAPT]</td> <td>1</td> <td>2 →02</td> <td>— — — DON'T KNOW 998 →02</td> <td>— — — — —</td> </tr> <tr> <td>M_A</td><td>02</td><td>Deaths within 30 days of admission for [DIAGNOSIS NO. 2 COUNTRY ADAPT]</td> <td>1</td> <td>2 →03</td> <td>— — — DON'T KNOW 998 →03</td> <td>— — — — —</td> </tr> <tr> <td>M_A</td><td>03</td><td>Deaths within 30 days of admission for [DIAGNOSIS NO. 3 COUNTRY ADAPT]</td> <td>1</td> <td>2 →Q4554</td> <td>— — — DON'T KNOW ...998 →Q4554</td> <td>— — — — —</td> </tr> </tbody> </table>	(A) INDICATOR MONITORED		(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE		YES	NO	(C) NUMBER OF MONTHS	(D) YEAR OF INFORMATION	M_A	01	Deaths within 30 days of admission for [DIAGNOSIS NO. 1 COUNTRY ADAPT]	1	2 →02	— — — DON'T KNOW 998 →02	— — — — —	M_A	02	Deaths within 30 days of admission for [DIAGNOSIS NO. 2 COUNTRY ADAPT]	1	2 →03	— — — DON'T KNOW 998 →03	— — — — —	M_A	03	Deaths within 30 days of admission for [DIAGNOSIS NO. 3 COUNTRY ADAPT]	1	2 →Q4554	— — — DON'T KNOW ...998 →Q4554	— — — — —	
(A) INDICATOR MONITORED		(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE																															
YES	NO		(C) NUMBER OF MONTHS	(D) YEAR OF INFORMATION																														
M_A	01	Deaths within 30 days of admission for [DIAGNOSIS NO. 1 COUNTRY ADAPT]	1	2 →02	— — — DON'T KNOW 998 →02	— — — — —																												
M_A	02	Deaths within 30 days of admission for [DIAGNOSIS NO. 2 COUNTRY ADAPT]	1	2 →03	— — — DON'T KNOW 998 →03	— — — — —																												
M_A	03	Deaths within 30 days of admission for [DIAGNOSIS NO. 3 COUNTRY ADAPT]	1	2 →Q4554	— — — DON'T KNOW ...998 →Q4554	— — — — —																												
HOSPITAL RE-ADMISSIONS																																		
M_A / DAI	4554	Does this facility monitor unplanned and unexpected hospital re-admissions for any conditions?	YES..... 1 NO 2	→Q4556																														

Mod/Ind	No.	Question	Result		Skip
M_A	4555	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:	(A) INDICATOR MONITORED	(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE
			YES	NO	(C) NUMBER OF MONTHS
					(D) YEAR OF INFORMATION
M_A	01	CONDITION NO. 1 (E.G. RE-ADMISSIONS FOR ACUTE MYOCARDIAL INFARCTION [AMI]) [COUNTRY ADAPT]	1	2 →02	— — — — DON'T KNOW998 →02
M_A	02	CONDITION NO. 2 (E.G. RE-ADMISSIONS FOR PNEUMONIA) [COUNTRY ADAPT]	1	2 →03	— — — — DON'T KNOW998 →03
M_A	03	CONDITION NO. 3 (E.G. RE-ADMISSIONS FOR ASTHMA) [COUNTRY ADAPT]	1	2 →04	— — — — DON'T KNOW998 →04
M_A	04	CONDITION NO. 4 (E.G. RE-ADMISSIONS FOR DIABETES) [COUNTRY ADAPT]	1	2 →Q4556	— — — — DON'T KNOW ..998 →Q4556
		AVOIDABLE ADMISSIONS			
M_A / DAK	4556	Does this facility monitor admissions for conditions where quality outpatient follow-up can reduce the need for hospitalization (avoidable hospital admissions) for any conditions?	YES1 NO2		→Q4558
M_A	4557	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:	(A) INDICATOR MONITORED	(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE
			YES	NO	(C) NUMBER OF MONTHS
					(D) YEAR OF INFORMATION
M_A	01	CONDITION NO. 1 (E.G. CONGESTIVE HEART FAILURE) [COUNTRY ADAPT]	1	2 →02	— — — — DON'T KNOW 998 →02
M_A	02	CONDITION NO. 2 (E.G. CHRONIC OBSTRUCTIVE PULMONARY DISEASES [COPD]) [COUNTRY ADAPT]	1	2 →03	— — — — DON'T KNOW 998 →03
M_A	03	CONDITION NO. 3 (E.G. ASTHMA) [COUNTRY ADAPT]	1	2 →Q4558	— — — — DON'T KNOW .998 →Q4558
		CASE FATALITY RATES			
M_A / DAL	4558	Does this facility monitor case fatality rates for any conditions?	YES1 NO2		→Q8100
M_A	4558	ASK TO SEE THE FOLLOWING INFORMATION FOR EACH INDICATOR:	(A) INDICATOR MONITORED	(B) MOST RECENT RATE	TIME PERIOD COVERED BY RATE
			YES	NO	(C) NUMBER OF MONTHS
					(D) YEAR OF INFORMATION
M_A	01	Case fatality rates for HIV-infected patients	1	2 →02	— — — — DON'T KNOW 998 →02

Mod/Ind	No.	Question	Result				Skip	
M_A	02	Proportion of all facility deaths with HIV as a primary cause of death	1	2 →03	<div> <div>— — —</div> <div>DON'T KNOW 998 →03</div> </div>	<div> <div>— —</div> </div>	<div> <div>— — — —</div> </div>	
M_A	03	Case fatality rates for cancer [COUNTRY ADAPT FOR TYPE]	1	2 →04	<div> <div>— — —</div> <div>DON'T KNOW 998 →04</div> </div>	<div> <div>— —</div> </div>	<div> <div>— — — —</div> </div>	
M_A	04	Case fatality rates for DIAGNOSIS NO. 4 [COUNTRY ADAPT]	1	2 →05	<div> <div>— — —</div> <div>DON'T KNOW 998 →05</div> </div>	<div> <div>— —</div> </div>	<div> <div>— — — —</div> </div>	
M_A	05	Case fatality rates for DIAGNOSIS NO. 5 [COUNTRY ADAPT]	1	2 →06	<div> <div>— — —</div> <div>DON'T KNOW 998 →06</div> </div>	<div> <div>— —</div> </div>	<div> <div>— — — —</div> </div>	
M_A	06	Case fatality rates for DIAGNOSIS NO. 6 [COUNTRY ADAPT]	1	2 →Q4700	<div> <div>— — —</div> <div>DON'T KNOW 998 →Q4700</div> </div>	<div> <div>— —</div> </div>	<div> <div>— — — —</div> </div>	

Mod/Ind	No.	Question	Result	Skip
		18. SERVICES AND INFRASTRUCTURE		
		18.4. SERVICES FOR SPECIAL NEEDS		
		18.4.4. SERVICES FOR VICTIMS OF VIOLENCE		
		VICTIMS OF INTIMATE PARTNER VIOLENCE		
R_C, M_A / ALN, ALO, CAF, CAG, CAN, CAP, CAO, CAQ, CAR, CAS, CAT, CAU, CAV, CAW, CAX, CAY, CAZ, CBA, CBB, CBC, CBD, CBE, CBF, CBG, LTA, LTB, LTC, LTL, LTM, CBH, CBI, CBJ, CBK	8100	Does this facility offer any services for victims of intimate partner violence such as physical or sexual violence by a partner and for victims of rape or physical abuse?	YES..... 1 NO 2	→Q12100
M_A	8107	Is information on numbers of rape victims seeking services compiled?	YES.....1 NO2	→Q12100
M_A	8108	Is there any information compiled on numbers of rape victims who receive PEP?	YES.....1 NO2	→Q12100
M_A	8109	ASK TO SEE THE MOST RECENT COMPILED REPORT FOR RAPE VICTIMS AND RAPE VICTIMS RECEIVING PEP	(A) NUMBER OF RAPE VICTIMS __ __ __ INFORMATION NOT AVAILABLE998 (B) PROPORTION OF RAPE VICTIMS RECEIVING PEP __ __ __ INFORMATION NOT AVAILABLE998 (C) PROPORTION OF RAPE VICTIMS RECEIVING PEP WITHIN 72 HOURS OF RAPE __ __ __ INFORMATION NOT AVAILABLE998	
M_A	8110	IDENTIFY THE MOST RECENT 10 RAPE VICTIMS AND CHECK REGISTERS OR INDIVIDUAL PATIENT RECORDS FOR THE NUMBER WHO RECEIVED PEP.	(A) NUMBER OF RAPE VICTIMS __ __ __ INFORMATION NOT AVAILABLE998 (B) PROPORTION OF RAPE VICTIMS RECEIVING PEP __ __ __ INFORMATION NOT AVAILABLE998 (C) PROPORTION OF RAPE VICTIMS RECEIVING PEP WITHIN 72 HOURS OF RAPE __ __ __ INFORMATION NOT AVAILABLE998	
		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.		

Mod/Ind	No.	Question	Result	Skip
R_C, M_C / ALY, AMJ, APS, APT, APJ, CIJ, CIT, CIU, CIV, CIW, CIX, CIY, CIJ, CIA, CIB, CJC, CID, CJE, CJE, CIG, CIH, CII, CIJ, CIK, CIL, CIM, CIN, CIO, CIP, CIQ, CIR, CIS, CIT, CIU, CIV, CIW, CIX, CIY, CIJ, 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, 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, CNO, 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, CPJ, 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.	<p>YES..... 1</p> <p>NO 2</p>	→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.	<p>YES, SPECIFIC FOR EMERGENCY UNIT PATIENTS.....1</p> <p>YES, NOT SPECIFIC TO EMERGENCY UNIT PATIENTS BUT AS PART OF FACILITY CASE REVIEW PROCESS.....2</p> <p>NO3</p>	→Q12300
M_C	12175	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? IF YES, ASK TO SEE EVIDENCE OF MONITORING TO FOLLOW-UP ON ACTIONS.	<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 →Q12600	

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	

Mod/Ind	No.	Question					
		23. MEDICINE PRICE DATA					
		23.1. MEDICINE PRICE DATA					
		23.1.1. MEDICINE PRICE DATA					
		Now I would like to ask you questions related to medicine procurement and pricing.					
M_A	12600	CURRENCY USED TO PROCURE THE COMMODITIES				_____	
		[COUNTRY ADAPT: IF THIS IS DETERMINED NATIONALLY, SHOULD BE PREFILLED]					
M_A	12601	EXCHANGE RATE WITH US\$				_____	
		[COUNTRY ADAPT: IF THIS IS DETERMINED NATIONALLY, SHOULD BE PREFILLED.]					
M_A	12601a	Is this facility willing to share information on medicine pricing?				YES 1	→ END
						NO 2	
M_A	12602	(A) MEDICINE NAME, DOSAGE FORM, STRENGTH	(B) IS MEDICINE AVAILABLE?	(C) PROCUREMENT PRICE (FROM YOUR SUPPLIER)		(D) PRICES TO PATIENT (WHAT FACILITY CHARGES PATIENT)	
		PREFERRED DOSAGE 1 COUNTRY DOSE IF PREFERRED IS NOT AVAILABLE 6 (SPECIFY)		(C1) PACK OR CONTAINER SIZE (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(C2) PRICE FOR THIS PACK (LOCAL CURRENCY)	(D1) PACK SIZE PROVIDED TO PATIENT (E.G. 1 INHALER, NO. OF VIALS, TABLETS)	(D2) PRICE CHARGED TO PATIENT (LOCAL CURRENCY)
M_A / CTU, CUT	01	Amlodipine (capsule/tablet) 5 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 02 NEVER AVAILABLE 3 → 02	— — — —	— — — — —	— — — — —	— — — — —
M_A / CTV, CUU	02	Amoxicillin (dispersible capsules) 250 mg/5 mL 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 03 NEVER AVAILABLE 3 → 03	— — — —	— — — — —	— — — — —	— — — — —
M_A / CTW, CUV	03	Amoxicillin (capsule) 500 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 04 NEVER AVAILABLE 3 → 04	— — — —	— — — — —	— — — — —	— — — — —
M_A / CTX, CUW	04	Ampicillin (vial) 500 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 05 NEVER AVAILABLE 3 → 05	— — — —	— — — — —	— — — — —	— — — — —

Mod/Ind	No.	Question				
M_A / CTY, CUX	05	Aspirin (tablet) 100 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 06 NEVER AVAILABLE 3 → 06	— — — —	— — — — —	— — — — —
M_A / CTZ, CUY	06	Beclometasone inhaler 100 mcg/.1 mg dose 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 07 NEVER AVAILABLE 3 → 07	— — — —	— — — — —	— — — — —
M_A / CUA, CUZ	07	Carbamazepine (tablet) 200 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 08 NEVER AVAILABLE 3 → 08	— — — —	— — — — —	— — — — —
M_A / CUB, CVA	08	Carvedilol (tablet) 12.5 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 09 NEVER AVAILABLE 3 → 09	— — — —	— — — — —	— — — — —
M_A / CUC, CVB	09	Ceftriaxone (vial) 1 g 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 10 NEVER AVAILABLE 3 → 10	— — — —	— — — — —	— — — — —
M_A / CUD, CVC	10	Diazepam (vial) 10 mg/2 mL 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 11 NEVER AVAILABLE 3 → 11	— — — —	— — — — —	— — — — —
M_A / CUE, DGZ	11	Enalapril (capsule/tablet) 5 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 12 NEVER AVAILABLE 3 → 12	— — — —	— — — — —	— — — — —
M_A / CUF, CVE	12	Fluoxetine (capsule) 20 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 13 NEVER AVAILABLE 3 → 13	— — — —	— — — — —	— — — — —
M_A / CUG, CVF	13	Gentamicin (vial) 40 mg per 2 mL vial 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 14 NEVER AVAILABLE 3 → 14	— — — —	— — — — —	— — — — —

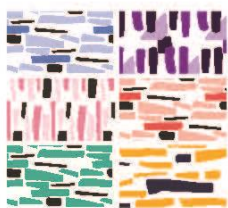
Mod/Ind	No.	Question				
M_A / CUH, CVG	14	Glibenclamide (tablet) 5 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 15 NEVER AVAILABLE 3 → 15	— — — —	— — — — —	— — — — —
M_A / CUI, CVH	15	Haloperidol (tablet) 5 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 16 NEVER AVAILABLE 3 → 16	— — — —	— — — — —	— — — — —
M_A / CUL, CVK	16	Magnesium sulfate (vial) 50% injection 10 mL 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 17 NEVER AVAILABLE 3 → 17	— — — —	— — — — —	— — — — —
M_A / CUJ, CVI	17	Hydrochlorothiazide tablet 25 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 18 NEVER AVAILABLE 3 → 18	— — — —	— — — — —	— — — — —
M_A / CUK, CVJ	18	Regular insulin (vial) 100 iu/mL 10 mL vial 1 Other type insulin 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 19 NEVER AVAILABLE 3 → 19	— — — —	— — — — —	— — — — —
M_A / CUM, CVL	19	Metformin (tablet) 500 mg 1 Other dose 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 20 NEVER AVAILABLE 3 → 20	— — — —	— — — — —	— — — — —
M_A / CUN, CVM	20	Omeprazole (tablet) 20 mg 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 21 NEVER AVAILABLE 3 → 21	— — — —	— — — — —	— — — — —
M_A / CUO, CVN	21	Oral rehydration salts (sachet) (to make 1 litre) 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 22 NEVER AVAILABLE 3 → 22	— — — —	— — — — —	— — — — —
M_A / CUP, CVO	22	Oxytocin (vial) 10 iu per ampoule/vial 1 Other formulation 6 _____ (SPECIFY)	YES 1 → C NOT TODAY 2 → 23 NEVER AVAILABLE 3 → 23	— — — —	— — — — —	— — — — —

Mod/Ind	No.	Question				
M_A / CUQ, CVP	23	Salbutamol (inhaler) 100 mcg/0.1 mg dose..... 1 Other formulation 6 _____ (SPECIFY)	YES1 →C NOT TODAY.....2 →24 NEVER AVAILABLE.....3 →24	____ _	____ _	____ _
M_A / CUR, CVQ	24	Simvastatin (capsule/tablet) 20 mg 1 Other formulation 6 _____ (SPECIFY)	YES1 →C NOT TODAY.....2 →25 NEVER AVAILABLE.....3 →25	____ _	____ _	____ _
M_A / CUS, CVR	25	Zinc sulfate (dispersible tablet) 20 mg dispersible Tablet 1 Other formulation 6 _____ (SPECIFY)	YES1 →C NOT TODAY.....2 →END NEVER AVAILABLE.....3 →END	____ _	____ _	____ _

PLEASE THANK THE RESPONDENT FOR COMPLETING THE QUESTIONNAIRE.

INTERVIEWER'S NOTES

SUPERVISOR'S NOTES



World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland
hhfa@who.int