

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 1

Service availability

Core+Additional questionnaire
Core and additional questions

VERSION 2.1
JUNE 2023



World Health
Organization

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

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Acknowledgements

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

Overall guidance for the development of the initial version HHFA modules was provided by the Health Data Collaborative Facility Surveys Working Group. Kathryn O'Neill, Amani Siyam and Kavitha Viswanathan coordinated the development of the initial version. Wendy Venter coordinated the revisions of the modules, and 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 Eman Aly, Yolanda Barbera, Sandro Colombo, Benson Droti, Nancy Fronczak, Sherrell Goggin, Fern Greenwell, Geoff Greenwell, Jaya Gupta, Heidi Johnston, Shannon King, Hillary Kipruto, Benito Koubemba, Davy Audrey Liboko Gnekabassa, Geoffrey Lutwama, Boniface Muganda, Timothy Robertson, Ashley Sheffel, and Moussa Traore. Technical inputs concerning guidelines, service standards, measurement methods and indicators were provided by multiple WHO technical programmes and regional offices as well as other agencies within the health sector.

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HHFA overview

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

Availability and quality of health services are integral to achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs). HHFA data can support health sector reviews and evidence-based decision-making for strengthening country health services. Developed through multistakeholder collaboration, the HHFA builds on previous and existing global facility survey instruments, is based on global service standards, and uses standardized indicators, questionnaires, data collection methodologies and data analysis tools.

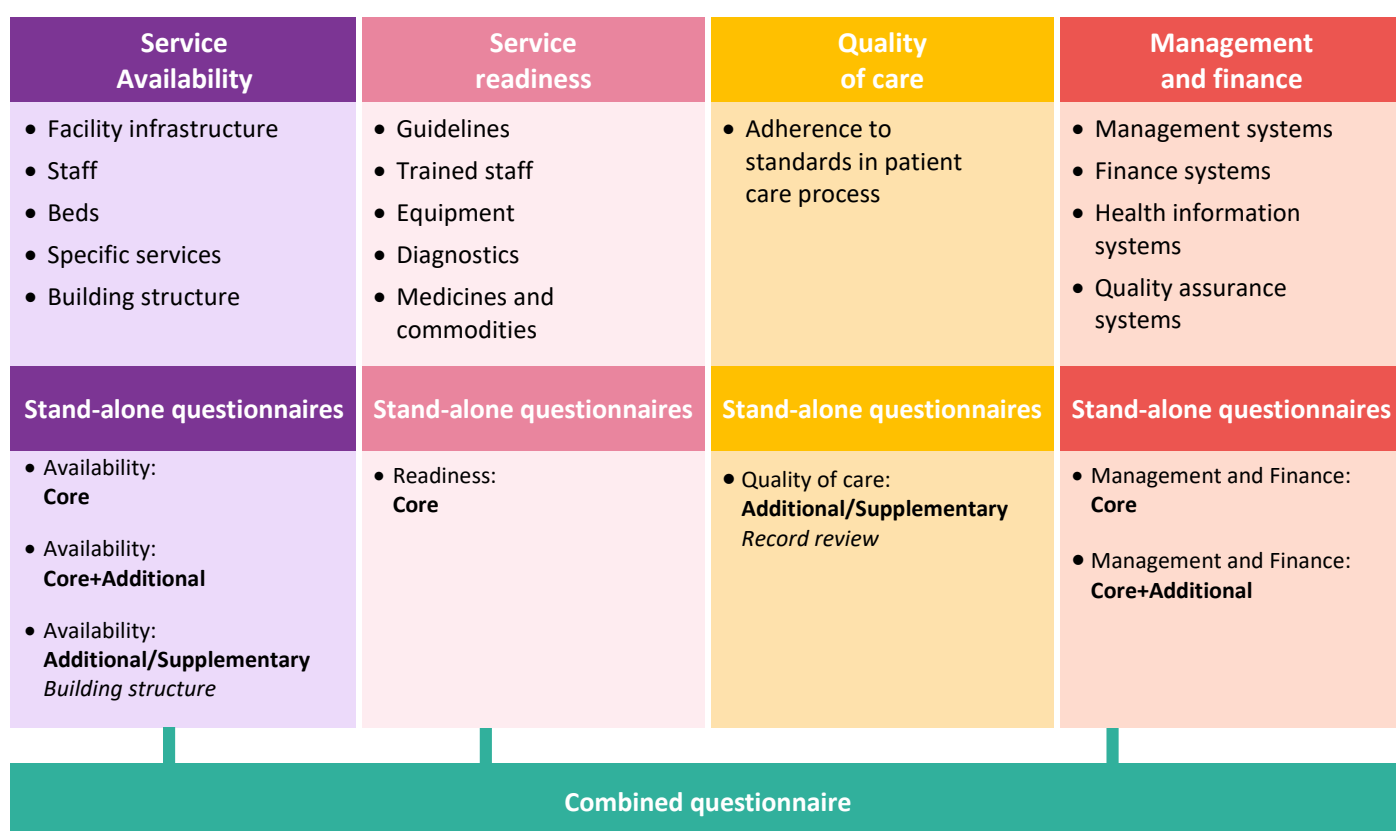
HHFA content

The HHFA covers all key facility services and facility-level management systems. The HHFA content is organized into **four modules**: service availability; service readiness; quality of care; and management and finance.

A module represents a set of questions (in questionnaire format) for a main topic area. Countries may choose to implement any single module or a combination of modules. Core questions represent the recommended minimum information, while optional additional questions provide further details. All questions must be linked to defined indicators. Various questionnaire options are available (refer to Fig. 1).

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 to facilitate data collection. The questionnaires can also be adapted to country needs. All the HHFA questionnaires are programmed into the HHFA Census and Survey Processing System (CSPro) electronic data collection tool. Data collectors use this tool to collect the HHFA data on handheld devices such as mobile phones or tablets.

Fig. 1 HHFA modules and questionnaires



HHFA resource package

The HHFA resource package is a comprehensive set of downloadable tools and guidance to support countries in planning and implementing an HHFA. The resource package includes: HHFA Indicator inventory platform, Questionnaires, CSPro tool, Data analysis platform, Comprehensive guide, Quick guide, Data manager guide, Training resources, and Global archive. The HHFA resource package is available at:

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

HHFA questionnaire structure

An 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

Column 2: No.

Column 3: QUESTION

Column 4: RESPONSE

Column 5: SKIP

| SECTION 17. SERVICES FOR SPECIAL NEEDS | | | | |
|--|------|---|---|---------|
| Mod. | No. | QUESTION | RESPONSE | SKIP |
| | | 17.1. PALLIATIVE CARE | | |
| | | 17.1.1. SERVICE AVAILABILITY | | |
| R_C | 1700 | Does this facility offer any palliative care services? | YES 1 NO 2 | → Q1706 |
| R_C | 1701 | Which of the following palliative health services are offered in this facility: | YES NO | |
| R_C | 01 | Inpatient palliative care | 1 2 | |
| R_C | 02 | Outpatient palliative care | 1 2 | |
| R_C | 03 | Home care for palliative care | 1 2 | |
| R_C | 04 | Linkages with other organizations providing home-based palliative care | 1 2 | |
| | 1702 | ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PALLIATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PALLIATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. | | |
| | | SUPPORT FOR QUALITY SERVICES | | |
| R_C | 1703 | Are national guidelines for palliative care services available in this service site today? [COUNTRY ADAPT – NAME OF DOCUMENT AND VERSION] IF YES, ASK: May I see the guidelines? | YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3 | |

- **Column 1 - Mod:** 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.
- **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., Q1701 (main question), Q1701_01 (sub-question). (Note that for some rows, the number corresponds to an instruction rather than a question, e.g. Q1702.)
- **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 capitalized instructions are not read to the respondent.)
- **Column 4 - RESPONSE:** 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, to the end of a section, or to other instructions, if necessary.

The questionnaires also contain sentences in capitalized red font that include the term “**COUNTRY ADAPT**”. These sentences highlight questions that may need adaptation to the country context before the questionnaire 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. The CSPro tool is then adapted based on the final country-adapted questionnaire.

Sample HHFA consent form [COUNTRY ADAPT]

The [survey manager and survey implementer] in close collaboration with the [other relevant entities] are conducting a survey to collect information about the availability of key services in health facilities. This information will be collected in selected primary health care facilities and hospitals across the country. The survey is part of the [government's] ongoing efforts to understand what services are being offered, where they are being offered and how they are being offered. Information obtained through the survey will be used to support improvements in health services in [country name].

The survey will be conducted across the country on a sample of health facilities. The facilities included in the survey were selected randomly from a list of all facilities.

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, surgical services, and emergency services, if these are offered, so that we can correctly identify the components of these services that are offered in this facility. We will also need to speak with persons familiar with the laboratory and pharmacy, as well as facility management aspects such as governance, finance, human resources, and health information systems. [TEAM LEADER SHOWS QUESTIONNAIRE TABLE OF CONTENTS] We will also ask the persons to show us specific areas of the facility, as well as specific documents and items of equipment and medicines.

We anticipate that the time required from an individual respondent to complete data collection from a service site may take from 5 to 30 minutes, depending on how busy each separate site is.

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 about which you do not feel comfortable.

The information obtained from this survey will be shared with the Ministry of Health (MOH) and other relevant stakeholders who support the MOH, to provide information for planning purposes. The names of respondents will not be shared.

In case you have any question(s) about this survey at any time, please feel free to contact any of the following people:

[LIST NAMES AND PHONE NUMBERS OF SURVEY MANAGEMENT PERSONS WHO CAN BE CONTACTED]

At this point, do you have any questions about the survey? Do I have your agreement to proceed?

Signature of team leader indicating informed consent was read and agreed by the person in-charge/acting in-charge

Signature of facility staff authorizing data collection and position of the person providing authorization

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| Module | No. | Question | Response | Skip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|------|---|--|-----------|------------------|--------------|--|--|------------------|--------------|----|----|------|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| | | 1. FACILITY IDENTIFIERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1.1. FACILITY IDENTIFIERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | [COUNTRY ADAPT QUESTIONS 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 VALIDATION1 NO, DATA COLLECTION FOR FACILITY SURVEY2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 103 | Address or description of facility location | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 104 | Name and code of region/province | NAME _____ REGION/PROVINCE CODE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 105 | Name and code of district | NAME _____ 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] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 106 | RECORD FACILITY LOCATION: URBAN OR RURAL OR PERIURBAN | URBAN1 RURAL2 PERIURBAN3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 107 | Interview dates and result | <p style="text-align: center;">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 = FACILITY LOCATED AND OPEN 2 = FACILITY LOCATED, BUT NOT OPEN TODAY 3 = FACILITY PERMANENTLY CLOSED 4 = FACILITY DESTROYED 5 = FACILITY NOT FOUND 6 = OTHER COMPLETE GPS COORDINATES FOR RESULTS CODES 1 THROUGH 6.</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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 109 | RECORD THE GPS READING ACCORDING TO THE INSTRUCTIONS SET DEFAULT SETTINGS FOR GPS: 1. SET COORDINATE SYSTEM TO LATITUDE/LONGITUDE 2. SET COORDINATE FORMAT TO DECIMAL DEGREES 3. SET DATUM TO WGS84 MOVE TO MAIN ENTRANCE OF THE BUILDING. STAND WITHIN 30 M OF MAIN ENTRANCE WITH VIEW OF SKY: 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. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL | 110 | Waypoint name (facility number) | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Module | No. | Question | Response | Skip |
|--------------------------------------|-------|---|---|-------|
| ALL | 111 | Elevation (m) | — — — — — | |
| ALL | 112 | Latitude | N/S.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — — — | |
| ALL | 113 | Longitude | E/W.....(a) — DEGREES.....(b) — — DECIMAL.....(c) — — — — — | |
| ALL | 114 | Consent given by facility contact? | YES.....1 NO2 | → END |
| 1.2. FACILITY CHARACTERISTICS | | | | |
| ALL | i114A | LET THE FACILITY IN-CHARGE KNOW THAT YOU WILL START BY ASKING A FEW QUESTIONS ABOUT THE CHARACTERISTICS OF THE FACILITY. | | |
| ALL | 115 | What is the type of facility? [COUNTRY ADAPT LIST AND CATEGORIES PRIOR TO IMPLEMENTATION] | NATIONAL REFERRAL HOSPITAL01 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL.....02 DISTRICT HOSPITAL.....03 OTHER GENERAL HOSPITAL04 SPECIALTY HOSPITAL05 COMPREHENSIVE HEALTH CENTRE/POLY CLINIC.....06 HEALTH CENTRE07 CLINIC/DISPENSARY.....08 HEALTH POST.....09 MATERNAL/CHILD HEALTH CLINIC.....10 OTHER.....96 (SPECIFY) | |
| ALL | 116 | 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.....1 NGO/PRIVATE NOT-FOR-PROFIT.....2 PRIVATE-FOR-PROFIT.....3 MISSION/FAITH-BASED.....4 PARASTATAL (MILITARY/POLICE/NATIONAL GUARD)5 UNIVERSITY.....6 OTHER.....7 (SPECIFY) | |
| ALL | 117 | What service levels are available? | OUTPATIENT ONLY1 INPATIENT ONLY.....2 BOTH OUT AND INPATIENT3 | |

| Module | No. | Question | Response | | | | Skip | | | | |
|--------|-----|--|-----------------|----------------|-------------------------|---------------------|------|--|--|--|--|
| | | 2. CLIENT SERVICES | | | | | | | | | |
| | | NOTE: PROGRAMMERS AND SURVEY MANAGERS, SKIP Q200–Q214 IF BOTH SERVICE AVAILABILITY AND SERVICE READINESS QUESTIONNAIRES ARE BEING IMPLEMENTED AS QUESTIONS ARE DUPLICATED | | | | | | | | | |
| | | 2.1. SERVICES PROVIDED BY FACILITY | | | | | | | | | |
| A_C | 200 | I want to ask about specific services which may be offered on an outpatient basis only, on an inpatient basis only, or both as out- and inpatient services. If the service is not offered at all, please say this. | OUTPATIENT ONLY | INPATIENT ONLY | BOTH OUT- AND INPATIENT | SERVICE NOT OFFERED | | | | | |
| | 201 | 2.1.1. COMMUNICABLE DISEASES [COUNTRY ADAPT] | | | | | | | | | |
| A_C | 01 | Malaria diagnosis and/or treatment | 1 | 2 | 3 | 4 | | | | | |
| A_C | 02 | Any services for neglected tropical diseases (NTDs) | 1 | 2 | 3 | 4 → 12 | | | | | |
| A_C | 03 | Lymphoedema resulting from NTDs | 1 | 2 | 3 | 4 | | | | | |
| A_C | 04 | Soil transmitted helminths (roundworm, hookworm, whipworm) | 1 | 2 | 3 | 4 | | | | | |
| A_C | 05 | Schistosomiasis | 1 | 2 | 3 | 4 | | | | | |
| A_C | 06 | Trachoma | 1 | 2 | 3 | 4 | | | | | |
| A_C | 07 | Onchocerciasis (ONCO) | 1 | 2 | 3 | 4 | | | | | |
| A_C | 08 | Lymphatic filariasis (LF) including hydrocele or lymphoedema | 1 | 2 | 3 | 4 | | | | | |
| A_C | 09 | Dengue | 1 | 2 | 3 | 4 | | | | | |
| A_C | 10 | Guinea-worm disease (Dracunculiasis) | 1 | 2 | 3 | 4 | | | | | |
| A_C | 11 | Visceral leishmaniasis | 1 | 2 | 3 | 4 | | | | | |
| A_C | 12 | Any diagnostic and/or treatment services for sexually transmitted infections (STI), other than HIV | 1 | 2 | 3 | 4 | | | | | |
| | 202 | 2.1.2. NONCOMMUNICABLE DISEASES | | | | | | | | | |
| A_C | 01 | Any services for chronic noncommunicable diseases (NCDs) | 1 | 2 | 3 | 4 → 27 | | | | | |
| A_C | 02 | Any services for diabetes | 1 | 2 | 3 | 4 → 06 | | | | | |
| A_C | 03 | Diagnosis of diabetes | 1 | 2 | 3 | 4 | | | | | |
| A_C | 04 | Treatment for diabetes | 1 | 2 | 3 | 4 | | | | | |
| A_C | 05 | Counselling on selfcare for diabetes | 1 | 2 | 3 | 4 | | | | | |
| A_C | 06 | Any services for cardiovascular diseases (e.g. hypertension, angina) | 1 | 2 | 3 | 4 → 10 | | | | | |
| A_C | 07 | Diagnosis of cardiovascular diseases, e.g. hypertension | 1 | 2 | 3 | 4 | | | | | |
| A_C | 08 | Treatment for cardiovascular diseases, e.g. hypertension | 1 | 2 | 3 | 4 | | | | | |
| A_C | 09 | Counselling on selfcare for cardiovascular diseases, e.g. hypertension | 1 | 2 | 3 | 4 | | | | | |
| A_C | 10 | Any services for chronic respiratory disease (e.g. asthma) | 1 | 2 | 3 | 4 → 14 | | | | | |
| A_C | 11 | Diagnosis of chronic respiratory disease | 1 | 2 | 3 | 4 | | | | | |
| A_C | 12 | Treatment for chronic respiratory disease | 1 | 2 | 3 | 4 | | | | | |
| A_C | 13 | Counselling on selfcare for chronic respiratory disease | 1 | 2 | 3 | 4 | | | | | |
| A_C | 14 | Any cancer services | 1 | 2 | 3 | 4 → 27 | | | | | |

| Module | No. | Question | Response | | | | Skip |
|--------|-----|---|----------|---|---|----------------|------|
| A_C | 15 | Any services for cervical cancer (screening, diagnosis, and/or treatment) | 1 | 2 | 3 | 4 → 18 | |
| A_C | 16 | Screening and/or diagnosis for cervical cancer | 1 | 2 | 3 | 4 | |
| A_C | 17 | Treatment for cervical cancer | 1 | 2 | 3 | 4 | |
| A_C | 18 | Any services for breast cancer (screening, diagnosis and/or treatment) | 1 | 2 | 3 | 4 → 21 | |
| A_C | 19 | Screening and/or diagnosis for breast cancer | 1 | 2 | 3 | 4 | |
| A_C | 20 | Treatment for breast cancer | 1 | 2 | 3 | 4 | |
| A_C | 21 | Any services for colorectal cancer (screening, diagnosis and/or treatment) | 1 | 2 | 3 | 4 → 24 | |
| A_C | 22 | Screening and/or diagnosis for colorectal cancer | 1 | 2 | 3 | 4 | |
| A_C | 23 | Treatment for colorectal cancer | 1 | 2 | 3 | 4 | |
| A_C | 24 | Any services for prostate cancer? (screening, diagnosis and/or treatment) | 1 | 2 | 3 | 4 → 27 | |
| A_C | 25 | Screening and/or diagnosis for prostate cancer | 1 | 2 | 3 | 4 | |
| A_C | 26 | Treatment for prostate cancer | 1 | 2 | 3 | 4 | |
| A_C | 27 | Any services for mental disorders | 1 | 2 | 3 | 4 → 31 | |
| A_C | 28 | Diagnosis of mental disorders | 1 | 2 | 3 | 4 | |
| A_C | 29 | Treatment for mental disorders | 1 | 2 | 3 | 4 | |
| A_C | 30 | Counselling for mental disorders | 1 | 2 | 3 | 4 | |
| A_C | 31 | Any services for neurological disorders | 1 | 2 | 3 | 4 → Q203_01 | |
| A_C | 32 | Diagnosis of neurological disorders | 1 | 2 | 3 | 4 | |
| A_C | 33 | Treatment for neurological disorders | 1 | 2 | 3 | 4 | |
| A_C | 34 | Counselling on selfcare for neurological disorders | 1 | 2 | 3 | 4 | |
| | 203 | 2.1.3. SPECIAL NEEDS | | | | | |
| A_C | 01 | Any palliative care services | 1 | 2 | 3 | 4 | |
| A_C | 02 | Any rehabilitative care or physiotherapy services | 1 | 2 | 3 | 4 | |
| A_C | 03 | Any services for survivors of violence | 1 | 2 | 3 | 4 → Q204_01 | |
| A_C | 04 | Services for survivors of rape and/or intimate partner violence | 1 | 2 | 3 | 4 | |
| A_C | 05 | Services for children affected by maltreatment | 1 | 2 | 3 | 4 | |
| | 204 | 2.1.4. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH) | | | | | |
| A_C | 01 | Any family planning services | 1 | 2 | 3 | 4 | |
| A_C | 02 | Any antenatal care (ANC) services | 1 | 2 | 3 | 4 | |
| A_C | 03 | Any services for prevention of mother-to-child transmission (PMTCT) | 1 | 2 | 3 | 4 | |
| A_C | 04 | Any postpartum care services | 1 | 2 | 3 | 4 | |
| A_C | 05 | Any newborn care services | 1 | 2 | 3 | 4 → 08 | |
| A_C | 06 | Care for the healthy newborn | 1 | 2 | 3 | 4 | |

| Module | No. | Question | Response | | | | Skip |
|--------|-----|--|----------|---|---|----------------|------|
| A_C | 07 | Care for the small or sick newborn | 1 | 2 | 3 | 4 | |
| A_C | 08 | Any abortion care services | 1 | 2 | 3 | 4 → 11 | |
| A_C | 09 | Management of incomplete abortion | 1 | 2 | 3 | 4 | |
| A_C | 10 | Induced abortion services | 1 | 2 | 3 | 4 | |
| A_C | 11 | Any preventive and/or curative care services for children under 5 | 1 | 2 | 3 | 4 → 13 | |
| A_C | 12 | Treatment of child malnutrition/undernutrition | 1 | 2 | 3 | 4 | |
| A_C | 13 | Any adolescent health services | 1 | 2 | 3 | 4 | |
| A_C | 14 | Any immunization services | 1 | 2 | 3 | 4 → 18 | |
| A_C | 15 | Infant (< 1 year) immunizations | 1 | 2 | 3 | 4 | |
| A_C | 16 | Child (1-5 years) immunizations | 1 | 2 | 3 | 4 | |
| A_C | 17 | Adolescent/adult immunizations | 1 | 2 | 3 | 4 | |
| A_C | 18 | Any delivery/childbirth services | 1 | 2 | 3 | 4 → Q205_01 | |
| A_C | 19 | Basic emergency obstetric and newborn care (BEmONC) services | 1 | 2 | 3 | 4 | |
| A_C | 20 | Comprehensive emergency obstetric and newborn care (CEmONC) services | 1 | 2 | 3 | 4 | |
| | 205 | 2.1.5. HIV | | | | | |
| A_C | 01 | Any services for human immunodeficiency virus (HIV) diagnosis and/or treatment | 1 | 2 | 3 | 4 → Q206_01 | |
| A_C | 02 | HIV testing services | 1 | 2 | 3 | 4 | |
| A_C | 03 | HIV care and support services | 1 | 2 | 3 | 4 | |
| A_C | 04 | Antiretroviral therapy (ART) for life-long HIV treatment | 1 | 2 | 3 | 4 | |
| A_C | 05 | Any paediatric HIV services (0-14 Years) | 1 | 2 | 3 | 4 | |
| | 206 | 2.1.6. TUBERCULOSIS | | | | | |
| A_C | 01 | Any tuberculosis (TB) services (including case detection, diagnosis, prescribing treatment, patient clinical follow-up, patient follow-up for treatment adherence, and/or periodic resupply of individual patient medicines. | 1 | 2 | 3 | 4 → Q207_01 | |
| A_C | 02 | Any services for drug-resistant TB | 1 | 2 | 3 | 4 | |
| A_C | 03 | TB testing and diagnosis services (onsite) | 1 | 2 | 3 | 4 | |
| A_C | 04 | TB treatment services (prescribing treatment and/or periodic resupply of individual patient medicines) | 1 | 2 | 3 | 4 | |
| A_C | 05 | TB patient follow-up services | 1 | 2 | 3 | 4 | |
| | 207 | 2.1.7. SURGICAL SERVICES | | | | | |
| A_C | 01 | Any minor or major surgical procedures | 1 | 2 | 3 | 4 → Q208_01 | |
| A_C | 02 | Any minor surgical procedures | 1 | 2 | 3 | 4 | |
| A_C | 03 | Voluntary male medical circumcision (VMMC) | 1 | 2 | 3 | 4 | |
| A_C | 04 | Any major surgical procedures | 1 | 2 | 3 | 4 → Q208_01 | |

| Module | No. | Question | Response | | | | Skip |
|--------|------|--|----------|---|----|----------|------|
| A_C | 05 | Caesarean section | 1 | 2 | 3 | 4 | |
| A_C | 06 | Reduction and fixation of open long-bone fractures | 1 | 2 | 3 | 4 | |
| A_C | 07 | Laparotomy | 1 | 2 | 3 | 4 | |
| A_C | 08 | Any specialist surgical procedures | 1 | 2 | 3 | 4 | |
| | 208 | 2.1.8. EMERGENCY SERVICES | | | | | |
| A_C | 01 | Any emergency services for patients who arrive from outside this facility seeking emergency care | 1 | 2 | 3 | 4 → Q209 | |
| A_C | 02 | Emergency services in a dedicated emergency unit | 1 | 2 | 3 | 4 | |
| A_C | 03 | 24-hour emergency services | 1 | 2 | 3 | 4 | |
| | | 2.2. DIAGNOSTIC AND TREATMENT SERVICES | | | | | |
| A_C | i209 | <p>Now I would like to know about specific diagnostic and treatment services that may be available for patients in this facility.</p> <p>PROVIDE EXAMPLES OF THE TYPES OF DIAGNOSTIC AND TREATMENT PROCEDURES YOU ARE INTERESTED IN FROM THE LIST BELOW AND ASK TO SPEAK WITH THE MOST KNOWLEDGEABLE PERSON FOR THESE PROCEDURES. THERE MAY BE MULTIPLE RESPONDENTS AND THE PROCEDURES MAY TAKE PLACE IN MULTIPLE SETTINGS. THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION. IF THE RESPONDENT IS NOT SURE, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.</p> | | | | | |
| A_C | 210 | For each item I mention please tell me if the diagnostic or treatment procedure is offered in this facility. | YES | | NO | | |
| | | IMAGING DIAGNOSTICS AND PROCEDURES | | | | | |
| A_C | 01 | Ultrasound | 1 | | 2 | | |
| A_C | 02 | X-ray | 1 | | 2 | | |
| A_C | 03 | Mammography | 1 | | 2 | | |
| A_C | 04 | Fluoroscopy | 1 | | 2 | | |
| A_C | 05 | Computed tomography (CT) scan | 1 | | 2 | | |
| A_A | 06 | Angiography/catheterization | 1 | | 2 | | |
| A_C | 07 | Magnetic resonance imaging (MRI) | 1 | | 2 | | |
| A_A | 08 | Nuclear medicine | 1 | | 2 | | |
| | | OTHER DIAGNOSTIC PROCEDURES | | | | | |
| A_C | 09 | Colonoscopy | 1 | | 2 | | |
| A_C | 10 | Colposcopy | 1 | | 2 | | |
| A_A | 11 | Electro encephalogram (EEG) | 1 | | 2 | | |
| A_C | 12 | Electrocardiogram (ECG) | 1 | | 2 | | |
| | | SELECTED TREATMENT PROCEDURES | | | | | |
| A_C | 13 | Phototherapy (light therapy) | 1 | | 2 | | |
| A_C | 14 | Infant incubator services | 1 | | 2 | | |
| A_C | 15 | Defibrillation | 1 | | 2 | | |
| A_C | 16 | Mechanical ventilation (using a ventilator) | 1 | | 2 | | |
| A_A | 17 | Radiotherapy | 1 | | 2 | | |

| Module | No. | Question | Response | | | Skip | | | | | | | | | |
|--------|---------------------------------------|---|--|----|---|------------------|--|----|--------|---------------------------------------|--|--|--|--|--|
| A_A | 18 | Renal dialysis/haemodialysis | 1 | 2 | | | | | | | | | | | |
| A_C | 19 | Blood transfusion | 1 | 2 | | | | | | | | | | | |
| A_C | 20 | Oxygen administration | 1 | 2 | | | | | | | | | | | |
| | | 2.3. LABORATORY DIAGNOSTICS | | | | | | | | | | | | | |
| A_C | 211 | Does this facility conduct any diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests? This includes tests performed in a laboratory or in a service site in this facility, as well as sending a specimen outside for testing and receiving the results back. IF YES, GO TO THE LABORATORY FOR RESPONSES. IF THERE IS NO LABORATORY, ASK THE RESPONDENT WHERE THE REPORTED TEST IS PERFORMED AND GO THERE TO VERIFY THE RESPONSE. | YES 1 NO 2 | | | → END OF SECTION | | | | | | | | | |
| A_C | 212 | I would like to know if the following test is available today in this facility. | YES | NO | | | | | | | | | | | |
| | | RAPID AND HANDHELD TESTS | | | | | | | | | | | | | |
| A_C | 01 | Malaria RDT | 1 | 2 | | | | | | | | | | | |
| A_C | 02 | HIV RDT | 1 | 2 | | | | | | | | | | | |
| A_C | 03 | Syphilis RDT | 1 | 2 | | | | | | | | | | | |
| A_C | 04 | Urine dipstick for pregnancy | 1 | 2 | | | | | | | | | | | |
| A_C | 05 | Urine dipstick for protein | 1 | 2 | | | | | | | | | | | |
| A_C | 06 | Urine dipstick for glucose | 1 | 2 | | | | | | | | | | | |
| A_C | 07 | Urine dipstick for ketone | 1 | 2 | | | | | | | | | | | |
| A_C | 08 | Urine dipstick for bilirubin | 1 | 2 | | | | | | | | | | | |
| A_C | 09 | Hepatitis B RDT | 1 | 2 | | | | | | | | | | | |
| A_C | 10 | Hepatitis C RDT | 1 | 2 | | | | | | | | | | | |
| A_C | 11 | COVID 19 RDT | 1 | 2 | | | | | | | | | | | |
| A_C | 12 | Handheld test for blood glucose (glucometer) | 1 | 2 | | | | | | | | | | | |
| | | OTHER LABORATORY TESTS | | | | | | | | | | | | | |
| A_C | 213 | Does this facility perform any other diagnostic testing apart from rapid and handheld tests? | YES 1 NO 2 | | | → END OF SECTION | | | | | | | | | |
| A_C | 214 | Now I would like to know if the following diagnostics are available either onsite at any location in this facility, if a specimen is sent out but results are returned, or whether the facility does not offer the test. | <table border="1"> <thead> <tr> <th colspan="2">YES</th><th>NO</th></tr> <tr> <th>ONSITE</th><th>SPECIMEN SENT OUT AND RESULT RETURNED</th><th></th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td></tr> </tbody> </table> | | | YES | | NO | ONSITE | SPECIMEN SENT OUT AND RESULT RETURNED | | | | | |
| YES | | NO | | | | | | | | | | | | | |
| ONSITE | SPECIMEN SENT OUT AND RESULT RETURNED | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | HAEMATOLOGY | | | | | | | | | | | | | |
| A_C | 01 | Test for anaemia (haemoglobin or haematocrit) | 1 | 2 | 3 | | | | | | | | | | |
| A_C | 02 | Complete blood count | 1 | 2 | 3 | | | | | | | | | | |
| A_C | 03 | Blood coagulation test INR | 1 | 2 | 3 | | | | | | | | | | |
| A_C | 04 | Blood coagulation test PTT | 1 | 2 | 3 | | | | | | | | | | |
| | | BLOOD CHEMISTRY | | | | | | | | | | | | | |
| A_C | 05 | Serum electrolyte tests | 1 | 2 | 3 | | | | | | | | | | |

| Module | No. | Question | Response | | | Skip |
|--------|-----|--|----------|---|---|------|
| A_C | 06 | Blood glucose test | 1 | 2 | 3 | |
| A_C | 07 | HbA1C test | 1 | 2 | 3 | |
| A_C | 08 | Renal function tests | 1 | 2 | 3 | |
| A_C | 09 | Liver function tests | 1 | 2 | 3 | |
| A_C | 10 | Total cholesterol | 1 | 2 | 3 | |
| A_C | 11 | Lipid profile | 1 | 2 | 3 | |
| A_C | 12 | Blood pH and gasses | 1 | 2 | 3 | |
| A_C | 13 | Cardiac marker test (CK or troponin) | 1 | 2 | 3 | |
| A_C | 14 | Thyroid stimulating hormone (TSH) | 1 | 2 | 3 | |
| | | MICROBIOLOGY, MYCOLOGY AND PARASITOLOGY | | | | |
| A_C | 15 | Microscopy-wet mount | 1 | 2 | 3 | |
| A_C | 16 | Microscopy-Gram stain | 1 | 2 | 3 | |
| A_C | 17 | Culture (any specimen) | 1 | 2 | 3 | |
| A_C | 18 | Any antimicrobial sensitivity testing | 1 | 2 | 3 | |
| | | BLOOD TRANSFUSION | | | | |
| A_C | 19 | Blood typing and grouping | 1 | 2 | 3 | |
| | | DISEASE-SPECIFIC DIAGNOSTICS | | | | |
| A_C | 20 | VDRL test | 1 | 2 | 3 | |
| A_C | 21 | HIV viral load | 1 | 2 | 3 | |
| A_C | 22 | CD4 count | 1 | 2 | 3 | |
| A_C | 23 | Cryptococcal antigen test | 1 | 2 | 3 | |
| A_C | 24 | Tuberculosis sputum microscopy | 1 | 2 | 3 | |
| A_C | 25 | Xpert MTB/RIF for tuberculosis | 1 | 2 | 3 | |
| A_C | 26 | Malaria smear | 1 | 2 | 3 | |
| A_C | 27 | HPV test (Cervista) | 1 | 2 | 3 | |
| A_C | 28 | COVID 19 PCR | 1 | 2 | 3 | |

| Module | No. | Question | Response | Skip |
|--------|------|---|---------------------------|------|
| | | 3. HEALTH WORKFORCE | | |
| | | 3.1. FACILITY STAFF NUMBERS AND OCCUPATION | | |
| | | 3.1.1. STAFFING PLAN | | |
| A_C | i300 | Now we are going to ask about staffing numbers and types of staff who work at this facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for them to provide this information. | | |
| A_C | 301 | Does this facility have a staffing plan, with authorized allocated numbers of staff, by qualification? | YES 1 NO 2 | |
| A_C | i302 | <p>I would like to know about personnel who work in this facility. These may be full-time, part-time, or seconded persons.</p> <p>A_A First [COLUMN A], I would like to know about the professional qualification of personnel who work in this facility and numbers of personnel with this qualification who are officially authorized for this facility. READ EACH QUALIFICATION.</p> <p>A_A Next [COLUMN B], I would like to know how many positions within each occupation have been vacant for more than 6 months in the past 12 months.</p> <p>A_C I would then like to know about the numbers of personnel within each occupation who are currently assigned to, employed by, or seconded to this facility [COLUMN C]. Please count each staff member only once, on the basis of the highest technical or professional qualification, and not on the basis of their position.</p> <p>A_A Of these persons, I would also like to know how many of the total number are part-time within this facility [COLUMN D]. Please include all staff who provide inpatient, outpatient and outreach services.</p> <p>A_C Finally, I would like to know how many positions of the total number of assigned staff are female [COLUMN E].</p> <p>ONLY COUNT STAFF WHO ARE UNDER THE AUTHORITY OF THE FACILITY MANAGER.</p> <p>NOTE: PROGRAMMERS AND SURVEY MANAGERS, ONLY COLUMNS C AND E WILL BE COMPLETED IF THE AVAILABILITY CORE QUESTIONNAIRE IS BEING IMPLEMENTED. COLUMNS A-E WILL BE COMPLETED IF THE AVAILABILITY CORE+ADDITIONAL QUESTIONNAIRE IS BEING IMPLEMENTED. COUNTRY ADAPT OR EXPAND SUBGROUPS OF STAFF.</p> | | |

| Module | No. | Question | Response | | | | | Skip |
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| | | 3.1.2. MEDICAL DOCTORS | | | | | | |
| | 303 | OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS] | A_A (A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C) | A_A (B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS | A_C (C) TOTAL STAFF ASSIGNED, EMPLOYED, or SECONDED (INCLUDING PART-TIME STAFF) (IF 0, SKIP TO NEXT ROW) | A_A (D) TOTAL PART-TIME (FROM AMONG THOSE IN COL C) | A_C (E) TOTAL FEMALE STAFF (FROM AMONG THOSE IN COL C) | |
| | | GENERALIST MEDICAL PRACTITIONERS/DOCTORS | | | | | | |
| A_C | 304 | Total generalist medical practitioners | — — — | — — — | — — — If 000 → Q306 | — — — | — — — | |
| | 305 | Subgroups of generalist medical practitioners | | | | | | |
| A_C | 01 | Medical officer (general)/general practitioner (non-specialist) | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| A_C | 02 | Family medicine specialist | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| A_C | 03 | Other generalist medical doctors not classified elsewhere | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| | | SPECIALIST MEDICAL PRACTITIONERS/DOCTORS | | | | | | |
| A_C | 306 | Total specialist medical practitioners | — — — | — — — | — — — If 000 → Q308 | — — — | — — — | |
| | 307 | Subgroups of specialist medical practitioners | | | | | | |
| A_C | 01 | Medical group of specialists (e.g. internal medicine specialist, cardiologist, etc.) | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| A_C | 02 | Paediatricians | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| A_C | 03 | Obstetricians and gynaecologists | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| A_C | 04 | Psychiatrists | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| A_C | 05 | Surgical group of specialists (e.g. general surgeon, orthopaedic surgeon, etc. Specialist anaesthetists are also included here) | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| A_C | 06 | Other specialists not elsewhere classified | — — — | — — — | — — — | — — — | <u>N/A</u> | |
| | 308 | 3.1.3 PARAMEDICAL, NURSING AND MIDWIFERY PROFESSIONALS | | | | | | |
| A_C | 01 | Paramedical practitioner (e.g. clinical officer) | — — — | — — — | — — — | — — — | — — — | |
| A_C | 02 | Nursing professional | — — — | — — — | — — — | — — — | — — — | |
| A_C | 03 | Midwifery professional | — — — | — — — | — — — | — — — | — — — | |
| A_C | 04 | Nurse-midwife (dual trained) professional | — — — | — — — | — — — | — — — | — — — | |
| | 309 | 3.1.4. OTHER HEALTH PROFESSIONALS | | | | | | |
| A_C | 01 | Dentist | — — — | — — — | — — — | — — — | — — — | |
| A_C | 02 | Pharmacist | — — — | — — — | — — — | — — — | — — — | |

| Module | No. | Question | Response | | | | | Skip |
|---|-----|---|---|---|--|--|-----|--------|
| A_C | 03 | Dietitian/Nutritionist | — — — | — — — | — — — | — — — | N/A | |
| A_C | 04 | Environmental and occupational health and hygiene professional | — — — | — — — | — — — | — — — | N/A | |
| A_C | 05 | Audiologist/Speech therapist | — — — | — — — | — — — | — — — | N/A | |
| A_C | 06 | Occupational therapist | — — — | — — — | — — — | — — — | N/A | |
| A_C | 07 | Optometrist/ophthalmic optician | — — — | — — — | — — — | — — — | N/A | |
| A_C | 08 | Physiotherapist | — — — | — — — | — — — | — — — | N/A | |
| A_C | 09 | Health professionals not elsewhere classified | — — — | — — — | — — — | — — — | N/A | |
| 3.1.5. HEALTH ASSOCIATE PROFESSIONALS | | | | | | | | |
| A_C | 310 | OCCUPATION/ QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS] | (A) OFFICIAL AUTHORIZED/ ALLOCATED NUMBERS OF STAFF FOR EACH OCCUPATION (IF 0, SKIP TO COL C) | (B) TOTAL ALLOCATED POSITIONS VACANT FOR MORE THAN 6 MONTHS IN THE PAST 12 MONTHS | (C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART- TIME STAFF) (IF 0, SKIP TO NEXT ROW) | (D) TOTAL PART- TIME (FROM AMONG THOSE IN COL C) | | |
| A_C | 01 | Radiographer/other medical imaging technician | — — — | — — — | — — — | — — — | | |
| A_C | 02 | Medical and pathology laboratory technician | — — — | — — — | — — — | — — — | | |
| A_C | 03 | Pharmacy technician/ pharmacy assistant | — — — | — — — | — — — | — — — | | |
| A_C | 04 | Medical and dental prosthetic technicians and assistants | — — — | — — — | — — — | — — — | | |
| A_C | 05 | Medical records and health information technician | — — — | — — — | — — — | — — — | | |
| A_C | 06 | Other health associate professional (not elsewhere classified) | — — — | — — — | — — — | — — — | | |
| 3.2. QUALIFICATIONS OF FACILITY MANAGERS | | | | | | | | |
| A_A | 311 | Do any of the following persons have a diploma or certificate in general management or health service management? IF NOT SURE, ASK RESPONDENT TO CALL AND ASK THE PERSON(S) IN THE POSITION(S) LISTED BELOW. [COUNTRY ADAPT TO APPROPRIATE TITLES FOR SENIOR MANAGEMENT AT HOSPITALS] | YES | NO | NOT APPLICABLE | DON'T KNOW | | |
| A_A | 01 | Facility director/medical superintendent | 1 | 2 | 5 | 8 | | |
| A_A | 02 | Facility administrator or head of administration | 1 | 2 | 5 | 8 | | |
| A_A | 03 | Medical director | 1 | 2 | 5 | 8 | | |
| A_A | 04 | Nursing director | 1 | 2 | 5 | 8 | | |
| 3.3. PROFESSIONAL GRADUATE VOLUNTEER STAFF | | | | | | | | |
| A_A | 312 | Do any professional graduates work in this facility as volunteers? | YES.....1 NO2 | | | | | → Q314 |
| A_A | 313 | Please indicate the average number of professional graduate volunteers of each | (A) | | (B) | | | |

| Module | No. | Question | Response | | | Skip |
|----------------------------------|-----|---|--|----------|--------------------------------------|------------------|
| | | occupation I mention who work in this facility in a normal month. [REVIEW OCCUPATION AND COUNTRY ADAPT TO WHAT IS COMMONLY FOUND] | YES | NO | AVERAGE NUMBER OF PERSONS EACH MONTH | |
| A_A | 01 | Doctors (generalist) | 1 → B | 2 → 02 | — — — — | |
| A_A | 02 | Doctors (specialist) | 1 → B | 2 → 03 | — — — — | |
| A_A | 03 | Nursing and/or midwifery professionals | 1 → B | 2 → 04 | — — — — | |
| A_A | 04 | Other | 1 → B _____ (SPECIFY) | 2 → Q314 | — — — — | |
| 3.4. VISITING SPECIALISTS | | | | | | |
| A_C | 314 | Does this facility ever receive visits from external specialists ("visiting specialists") who conduct consultations, patient reviews and/or surgery at this facility? | YES.....1 NO2 | | | → END OF SECTION |
| A_C | 315 | On average, how often does this facility receive a visit from a visiting specialist? | EVERY DAY/WEEK 1 EVERY MONTH 2 EVERY 1–3 MONTHS..... 3 LESS OFTEN THAN EVERY 3 MONTHS 4 DON'T KNOW 8 | | | |

| Module | No. | Question | Response | Skip |
|--------|------|---|--|------------------|
| | | 4. FACILITY BEDS AND ISOLATION UNITS | | |
| | | 4.1 FACILITY BEDS | | |
| A_C | i400 | Now I would like to ask about facility beds used for overnight care or for inpatient care. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them. | | |
| A_C | 401 | Does this facility have any adult-size inpatient beds? (This includes beds for overnight observation of patients in the emergency unit, as well as intensive care unit beds. This excludes delivery beds/tables, surgical tables, recovery trolleys, emergency room stretchers, beds for same-day care, beds smaller than adult size (infant cots and paediatric-size beds), and beds in wards that were closed for any reason.) | YES 1 NO.....2 | → Q405 |
| A_C | 402 | What is the total official number of authorized adult-size inpatient beds (official bed capacity) of this facility? (Use the same inclusion and exclusion criteria as in the previous question) | NO. OF AUTHORIZED ADULT INPATIENT BEDS — — — — ZERO AUTHORIZED ADULT INPATIENT BEDS.....0000 DON'T KNOW.....9998 | |
| A_C | 403 | What is the total number of actual adult-size overnight/inpatient beds in this facility? | NO. OF ACTUAL ADULT OVERNIGHT/INPATIENT BEDS — — — — ZERO ADULT BEDS FOR OVERNIGHT/INPATIENT CARE .. 0000 | → Q405 |
| A_C | 404 | Of the total adult-size overnight/inpatient beds reported in the previous question, how many of the following dedicated bed types does this facility have: | NO. OF DEDICATED BEDS ZERO DEDICATED BEDS | |
| A_C | 01 | Maternity beds (excluding delivery beds/tables) | — — — 000 | |
| A_C | 02 | Surgical beds | — — — 000 | |
| A_C | 03 | Psychiatric beds | — — — 000 | |
| A_C | 04 | Emergency unit beds | — — — 000 | |
| A_C | 05 | Intensive care unit (ICU) beds | — — — 000 | |
| A_C | 06 | High-dependency beds (for more frequent care than in general wards, but less than in ICU) | — — — 000 | |
| A_C | 405 | What is the total number of actual paediatric-size overnight/inpatient beds (smaller than adult-size beds) and infant cots in this facility (excluding neonatal cots)? | NO. OF PAEDIATRIC BEDS/COTS — — — ZERO PAEDIATRIC BEDS/COTS.....000 | → Q407 |
| A_C | 406 | Of the total paediatric-size beds and infant cots reported in the previous question, how many are dedicated paediatric ICU beds/cots? | NO. OF PAEDIATRIC ICU BEDS/COTS — — — ZERO PAEDIATRIC ICU BEDS/COTS.....000 | |
| A_C | 407 | What is the total number of actual neonatal cots in this facility? | NO. OF NEONATAL COTS — — — ZERO NEONATAL COTS000 | → Q409 |
| A_C | 408 | Of the total neonatal cots reported in the previous question, how many are dedicated neonatal ICU cots? | NO. OF NEONATAL ICU COTS — — — ZERO NEONATAL ICU COTS.....000 | |
| | | 4.2 PATIENT ISOLATION ROOMS AND BEDS | | |
| A_C | 409 | Does this facility have any specific units or dedicated rooms where patients requiring isolation are placed? | YES1 NO.....2 | → END OF SECTION |
| A_C | 410 | What types of isolation rooms or units does this facility have? ASK FOR EACH OF THE FOLLOWING AND INDICATE NUMBER OF BEDS FOR EACH SITUATION. | (A) ISOLATION SITUATION EXISTS YES NO (B) NUMBER OF BEDS | |
| A_C | 01 | Dedicated inpatient room/ward/unit for isolation | 1 → B 2 → 02 — — | |
| A_C | 02 | Dedicated room in the outpatient service area for isolation | 1 → B 2 → 03 — — | |

| Module | No. | Question | Response | | | Skip |
|--------|-----|--|--|---------|-----|------|
| A_C | 03 | Dedicated room in the emergency service area for isolation | 1 →B | 2 →04 | — — | |
| A_C | 04 | Room that can be used for isolation but that is not dedicated for this purpose | 1 →B | 2 →Q411 | — — | |
| A_C | 411 | Is the number of isolation rooms and beds in this facility considered adequate to meet potential future needs? | YES1 NO2 DON'T KNOW8 | | | |

| Module | No | Question | Response | Skip |
|----------|-------|---|--|------------------|
| | | 13. OUTPATIENT SERVICE CONDITIONS | | |
| | | 13.1. SERVICE AVAILABILITY | | |
| A_C | 1300 | Are any outpatient services offered? | YES..... 1 NO 2 | ➔ END OF SECTION |
| A_C, R_C | i1301 | ASK TO BE SHOWN THE GENERAL OUTPATIENT SERVICE SITE IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE GENERAL OUTPATIENT SERVICE ORGANIZATION. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. First, I would like to know about the hours that this facility provides outpatient services and the infrastructure conditions that exist for outpatient services. IF OUTPATIENT SERVICES ARE OFFERED IN DIFFERENT BUILDINGS, PROVIDE THE RESPONSE THAT REFLECTS WHERE GENERAL CURATIVE CARE SERVICES FOR ADULTS ARE PROVIDED. | | |
| A_C | 1302 | On average, how many hours per day is this facility open for outpatient services (i.e. non-emergency services)? | 4 HOURS OR FEWER 1 5–8 HOURS 2 9–16 HOURS 3 17–23 HOURS 4 24 HOURS 5 | |
| A_C | 1304 | On average, how many days per week is this facility open for non-emergency outpatient services? | DAYS PER WEEK OPEN FOR NON-EMERGENCY SERVICES ____ | |

| Module | No. | Question | Response | Skip |
|--------|------|---|--|------|
| | | 21. IMMUNIZATION SERVICES | | |
| | | 21.1. SERVICE AVAILABILITY | | |
| A_C | 2101 | How often does this facility offer all infant and child immunization services at the facility? | DAILY 1 WEEKLY 2 MONTHLY 3 QUARTERLY 4 NEVER 5 OTHER 6 (SPECIFY) | |
| A_C | 2102 | How often does this facility offer all infant and child immunization services as outreach to other locations? | DAILY 1 WEEKLY 2 MONTHLY 3 QUARTERLY 4 NEVER 5 OTHER 6 (SPECIFY) | |



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