

HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 4

Management and finance

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.

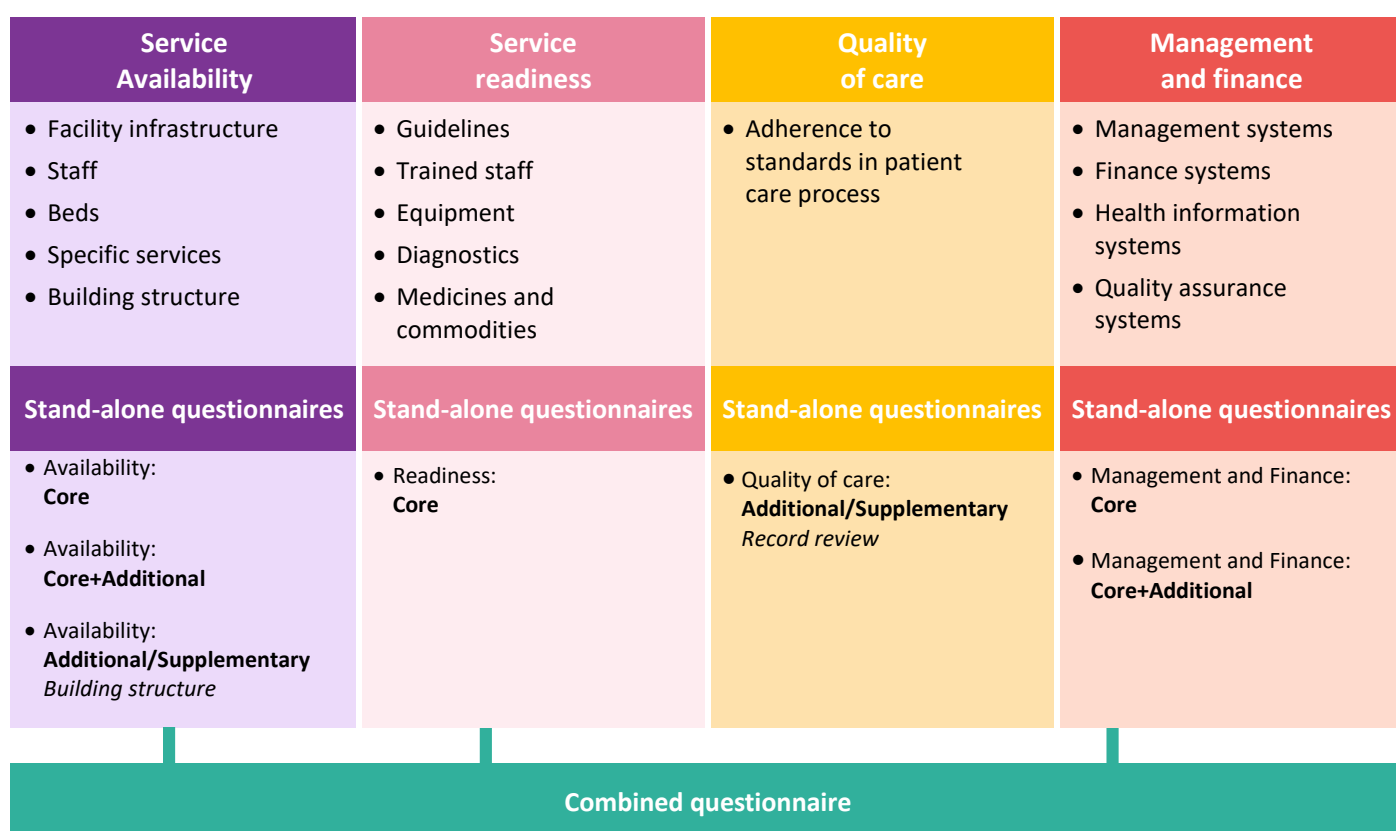
HHFA content

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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| | | 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 |
|--------|------|---|---|------------------|
| | | 5. GOVERNANCE AND MANAGEMENT | | |
| | | 5.1. GOVERNANCE AND MANAGEMENT SYSTEMS AND PRACTICES | | |
| M_C | i500 | Now I would like to ask about governance and management 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 | 501 | Does this facility have a governing board or governing committee that is responsible for facility oversight (but not the day-to-day functioning of the facility)? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A FACILITY GOVERNING BOARD] | YES 1 NO 2 | → Q505 |
| M_A | 502 | Does the governing board include at least one community member? | YES 1 NO 2 | |
| M_A | 503 | How often does the governing board meet? | AT LEAST MONTHLY 1 AT LEAST EVERY 3 MONTHS 2 AT LEAST EVERY 6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 DON'T KNOW 8 | |
| M_A | 504 | When was the most recent board meeting? | WITHIN THE PAST 1 MONTH 1 2–3 MONTHS AGO 2 4–6 MONTHS AGO 3 7–12 MONTHS AGO 4 MORE THAN 12 MONTHS AGO 5 DON'T KNOW 8 | |
| M_C | 505 | 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 | → Q512 |
| M_C | 506 | How often does the management committee meet? | AT LEAST MONTHLY 1 AT LEAST EVERY 3 MONTHS 2 AT LEAST EVERY 6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 DON'T KNOW 8 | |
| M_C | 507 | When was the most recent management committee meeting? | WITHIN THE PAST 1 MONTH 1 2–3 MONTHS AGO 2 4–6 MONTHS AGO 3 MORE THAN 6 MONTHS AGO 4 DON'T KNOW 8 | → Q512 → Q512 |
| M_C | 508 | Does this facility have a written operational 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 YES, REPORTED, NOT SEEN 3 NO 4 | → Q510 |
| M_C | 509 | How often does the management committee refer to this plan to inform decisions on facility management? | AT EVERY MANAGEMENT COMMITTEE MEETING 1 AT SOME MANAGEMENT COMMITTEE MEETINGS 2 NEVER 3 | |
| M_C | 510 | Is there any routine system for including community representation for some aspects of the management committee work? By routine system, I mean community participation is sought for some or all management committee meetings, or specific community meetings are held at set intervals. | YES 1 NO 2 | |
| M_A | 512 | Does this facility have a finance committee? | YES 1 NO 2 | → Q515 |
| M_A | 513 | How often does the finance committee meet? | AT LEAST MONTHLY 1 AT LEAST EVERY 3 MONTHS 2 AT LEAST EVERY 6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 DON'T KNOW 8 | |
| M_A | 514 | When was the most recent finance committee meeting? | WITHIN THE PAST 1 MONTH 1 2–3 MONTHS AGO 2 4–6 MONTHS AGO 3 | |

| Module | No. | Question | Response | Skip | | | | | | | | | | | | |
|---|--|--|--|---|------------|--|--------------------------------|----------------|----------------|--|--|---------------|-----|----|------------|--|
| | | | MORE THAN 6 MONTHS AGO..... 4 DON'T KNOW 8 | | | | | | | | | | | | | |
| M_A | 515 | Does this facility have a procurement committee for medicines, consumable commodities, medical equipment, and/or services? [COUNTRY ADAPT QUESTION TO THE COMMON NAME USED FOR A PROCUREMENT COMMITTEE IN A FACILITY] | YES..... 1 NO 2 NEVER PROCURE THESE ITEMS..... 5 | → Q518 → Q518 | | | | | | | | | | | | |
| M_A | 516 | How often does the procurement committee meet? | AT LEAST MONTHLY..... 1 AT LEAST EVERY 3 MONTHS 2 AT LEAST EVERY 6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 DON'T KNOW 8 | | | | | | | | | | | | | |
| M_A | 517 | When was the most recent procurement committee meeting? | WITHIN THE PAST 1 MONTH 1 2–3 MONTHS AGO..... 2 4–6 MONTHS AGO..... 3 MORE THAN 6 MONTHS 4 DON'T KNOW 8 | | | | | | | | | | | | | |
| M_A | 518 | Now I would like to know about written procedures for procurement. For each item that I ask about, please show me the item and tell me whether it has been updated in the last 5 years. | <table border="1"> <thead> <tr> <th colspan="3">(A) AVAILABLE</th> <th colspan="3">(B) UPDATED IN LAST 5 YEARS</th> </tr> <tr> <th>OBSERVED</th> <th>REPORTED BUT NOT SEEN</th> <th>NOT AVAILABLE</th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> </table> | (A) AVAILABLE | | | (B) UPDATED IN LAST 5 YEARS | | | OBSERVED | REPORTED BUT NOT SEEN | NOT AVAILABLE | YES | NO | DON'T KNOW | |
| (A) AVAILABLE | | | (B) UPDATED IN LAST 5 YEARS | | | | | | | | | | | | | |
| OBSERVED | REPORTED BUT NOT SEEN | NOT AVAILABLE | YES | NO | DON'T KNOW | | | | | | | | | | | |
| M_A | 01 | Medicines procurement procedures | 1 → B 2 → B 3 → 02 4 5 8 | | | | | | | | | | | | | |
| M_A | 02 | Medical equipment procurement procedures | 1 → B 2 → B 3 → 03 4 5 8 | | | | | | | | | | | | | |
| M_A | 03 | Consumable commodities and/or services procurement procedures | 1 → B 2 → B 3 → Q519 4 5 8 | | | | | | | | | | | | | |
| | | 5.2. SUPPORT SERVICES FOR ROUTINE FACILITY FUNCTIONING | | | | | | | | | | | | | | |
| M_A | i519 | I would like to know more about specific support services available in this facility. By support services, I mean services that support the functioning of the facility, but that are not related directly to client services. [COUNTRY ADAPT NAMES OF TYPES OF SUPPORT SERVICES] | | | | | | | | | | | | | | |
| M_A | 520 | Which of the following support services are available within this facility? FOR EACH AVAILABLE SERVICE, ASK: Who manages this service? Is it managed by the facility or the district/region? Is it a contracted service? | <table border="1"> <thead> <tr> <th colspan="3">SUPPORT SERVICE AVAILABLE AND MANAGED BY:</th> <th rowspan="2">SUPPORT SERVICE NOT AVAILABLE</th> <th rowspan="2">NOT APPLICABLE</th> </tr> <tr> <th>FACILITY STAFF</th> <th>EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF</th> <th>HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY (E.G. DISTRICT)</th> </tr> </thead> </table> | SUPPORT SERVICE AVAILABLE AND MANAGED BY: | | | SUPPORT SERVICE NOT AVAILABLE | NOT APPLICABLE | FACILITY STAFF | EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF | HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY (E.G. DISTRICT) | | | | | |
| SUPPORT SERVICE AVAILABLE AND MANAGED BY: | | | SUPPORT SERVICE NOT AVAILABLE | NOT APPLICABLE | | | | | | | | | | | | |
| FACILITY STAFF | EXTERNAL CONTRACTOR OR EXTERNALLY CONTRACTED STAFF | HIGHER LEVEL AFFILIATED MANAGEMENT OUTSIDE OF FACILITY (E.G. DISTRICT) | | | | | | | | | | | | | | |
| M_A | 01 | Human resources services | 1 2 3 4 5 | | | | | | | | | | | | | |
| M_A | 02 | Finance/accounting services | 1 2 3 4 5 | | | | | | | | | | | | | |
| M_A | 03 | Social services | 1 2 3 4 5 | | | | | | | | | | | | | |
| M_A | 04 | Building maintenance services | 1 2 3 4 5 | | | | | | | | | | | | | |
| M_A | 05 | Cleaning/housekeeping/laundry services | 1 2 3 4 5 | | | | | | | | | | | | | |
| M_A | 06 | Patient food services/patient kitchen | 1 2 3 4 5 | | | | | | | | | | | | | |
| M_A | 07 | Mortuary | 1 2 3 4 5 | | | | | | | | | | | | | |
| M_A | 08 | General administration unit that manages any of the services listed above | 1 2 3 4 5 | | | | | | | | | | | | | |
| | | 5.4. FORMAL LINKAGES WITH SERVICES OUTSIDE | | | | | | | | | | | | | | |
| | | 5.4.1. LINKAGES WITH TRADITIONAL, COMPLEMENTARY AND INTEGRATIVE (TCI) MEDICINE | | | | | | | | | | | | | | |
| M_C | 537 | 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 NO 2 | → Q539 | | | | | | | | | | | | |

| Module | No. | Question | Response | | Skip |
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| M_A | 538 | 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 | 1 <hr/> (SPECIFY) | 2 | |
| | | 5.4.2. COMMUNITY LINKAGES | | | |
| M_C | 539 | Does this facility have any formal systems for linking with community health workers? | YES.....1 NO2 | | ➔ END OF SECTION |
| M_A | 540 | 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 | |

| Module | No. | Question | Response | | | | Skip |
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| | | 6. SYSTEMS TO SUPPORT STAFF | | | | | |
| | | 6.1. STAFF BENEFITS | | | | | |
| M_A | 600 | I am 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. IF YES, ASK: Does the system for providing each benefit function adequately? [COUNTRY ADAPT]: | YES, FUNCTIONS ADEQUATELY | YES, BUT FUNCTIONS INADEQUATELY | NO | DON'T KNOW | |
| M_A | 01 | Living quarters or subsidized living quarters for staff | 1 | 2 | 3 | 8 | |
| M_A | 02 | Staff cafeteria or canteen | 1 | 2 | 3 | 8 | |
| M_A | 03 | On-call rooms for staff on night duty | 1 | 2 | 3 | 8 | |
| M_A | 04 | Uniform allowances or uniforms provided | 1 | 2 | 3 | 8 | |
| M_A | 05 | Transportation for staff | 1 | 2 | 3 | 8 | |
| M_A | 601 | Does this facility provide any other services for staff safety, such as: READ LIST [COUNTRY ADAPT: REVISE LIST IN THE CONTEXT OF COMMON OCCUPATIONAL HEALTH SERVICES IN THE COUNTRY] | YES | NO | NOT APPLICABLE | | |
| M_A | 01 | Surveillance of the factors that might affect the health of the workers (e.g. radiation exposure, needle stick injuries) | 1 | 2 | 5 | | |
| M_A | 02 | Pre-employment, periodic and special medical examinations including, where necessary, biological and radiological examinations? | 1 | 2 | 5 | | |
| | | 6.2. TRAINING PROVIDED BY FACILITY | | | | | |
| M_A | 602 | Does this facility have a programme for continuous in-service medical education/ professional development for any facility staff? IF YES, PLEASE ASK: How often are routine in-service education sessions conducted? | YES, AT LEAST MONTHLY 1 YES, AT LEAST EVERY 2–3 MONTHS 2 YES, EVERY 4–6 MONTHS..... 3 YES, EVERY 7–12 MONTHS..... 4 YES, LESS OFTEN THAN ANNUALLY OR NO SET TIME..... 5 NO 6 | | | | |
| M_A | 603 | Does this facility maintain a written or computerized record of staff who received training? IF YES, ASK: May I see the training records? | YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | |
| | | 6.3. PERSONNEL MANAGEMENT AND SUPERVISION | | | | | |
| | | 6.3.1. STAFFING STRUCTURES | | | | | |
| M_A | 604 | How often does this facility receive visits from relevant authorities to verify the licence and other relevant credentials for any staff? | EVERY YEAR 1 LESS OFTEN THAN EVERY YEAR..... 2 HAVE NEVER RECEIVED A VISIT OF THIS TYPE..... 3 | | | | |
| M_A | 605 | Does this facility have a written management structure or an organogram that details reporting levels and relationships? | YES..... 1 NO 2 | | | | |
| M_A | 606 | Does this facility have written job descriptions? IF YES, ASK: Are there job descriptions for all positions or only for some positions? | YES, ALL POSITIONS 1 YES, SOME, BUT NOT ALL POSITIONS 2 NO 3 NOT APPLICABLE (JOB DESCRIPTION DEFINED AT HIGHER ADMINISTRATIVE LEVEL) 4 | | | | |
| M_A | 607 | Does this facility have a routine system for evaluating staff performance? IF YES, ASK: May I see a copy of an evaluation form? | YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | → Q609 |
| M_A | 608 | How often are staff evaluations performed? | ANNUALLY OR MORE FREQUENTLY 1 EVERY 2 YEARS..... 2 NO FIXED TIME INTERVAL..... 3 | | | | |
| M_A | 609 | Is there any process for identifying and recognizing or rewarding staff for good performance? | YES..... 1 NO 2 | | | | |

| Module | No. | Question | Response | Skip |
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| | | 6.3.2. EXTERNAL SUPERVISION | | |
| M_C | 610 | Does this facility receive any external supervision, such as from district, regional or national offices? | YES..... 1 NO 2 | ➔ END OF SECTION |
| M_C | 611 | 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. | WITHIN THE PAST 1 MONTH 1 2–3 MONTHS AGO 2 4-12 MONTHS AGO 3 MORE THAN 12 MONTHS AGO 4 DON'T KNOW 8 | ➔ END OF SECTION ➔ END OF SECTION |
| M_A | 612 | During supervisory visit(s) in the past 12 months, did the supervisor(s) do any of the following: | YES, ALWAYS YES, SOMETIMES NO DON'T KNOW | |
| M_A | 01 | Use a checklist | 1 2 3 8 | |
| M_A | 02 | Meet with health care providers to discuss their work | 1 2 3 8 | |
| M_A | 03 | Observe outpatient consultations | 1 2 3 8 | |
| M_C | 613 | Is there any documentation showing feedback from external supervisory visits during the past 12 months? IF YES, ASK: May I see the documentation? | YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN 2 NO 3 | |

| Module | No. | Question | Response | Skip | | | | | | | | | |
|----------------------|---|--|--|----------------------|--|--|---------------------|---|------------------|---|---|---|--|
| | | 7. SYSTEMS FOR MONITORING SERVICE QUALITY | | | | | | | | | | | |
| | | 7.1. EXTERNAL ASSESSMENTS AGAINST STANDARDS | | | | | | | | | | | |
| M_C | i700 | I would like to talk with the person most familiar with activities related to quality improvement and quality assurance for this facility. | | | | | | | | | | | |
| M_C | 701 | 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 NO 2 DON'T KNOW 8 | → Q704 → Q704 | | | | | | | | | |
| M_C | 702 | Which of the following external assessment 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">CERTIFICATION STATUS</th></tr> <tr> <th>CURRENTLY CERTIFIED</th><th>PROCESS USED, BUT NOT CURRENTLY CERTIFIED</th><th>PROCESS NOT USED</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td></tr> </tbody> </table> | CERTIFICATION STATUS | | | CURRENTLY CERTIFIED | PROCESS USED, BUT NOT CURRENTLY CERTIFIED | PROCESS NOT USED | 1 | 2 | 3 | |
| CERTIFICATION STATUS | | | | | | | | | | | | | |
| CURRENTLY CERTIFIED | PROCESS USED, BUT NOT CURRENTLY CERTIFIED | PROCESS NOT USED | | | | | | | | | | | |
| 1 | 2 | 3 | | | | | | | | | | | |
| M_C | 01 | Accreditation – facility-wide | 1 2 3 | | | | | | | | | | |
| M_C | 02 | Licensed or registered with government authority – facility-wide | 1 2 3 | | | | | | | | | | |
| M_C | 03 | National external quality assurance (NEQA) – facility-wide | 1 2 3 | | | | | | | | | | |
| M_C | 04 | Service specific certification <hr/> (SPECIFY SERVICE) | 1 2 3 | | | | | | | | | | |
| M_C | 05 | OTHER <hr/> (SPECIFY) | 1 2 3 | | | | | | | | | | |
| M_C | 703 | 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. | YEAR _____ DON'T KNOW 9998 | | | | | | | | | | |
| | | 7.2. QUALITY ASSURANCE/IMPROVEMENT | | | | | | | | | | | |
| M_C | i704 | Now I would like to ask about internal processes related to quality improvement and quality assurance (QA) for this facility. | | | | | | | | | | | |
| M_C | 705 | 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 NO 2 | → Q714 | | | | | | | | | |
| M_C | 706 | Is this system implemented throughout the facility or only in specific services? | THROUGHOUT FACILITY 1 ONLY SPECIFIC SERVICES 2 | | | | | | | | | | |
| M_C | 707 | Does this facility have a quality assurance committee? | YES 1 NO 2 | → Q710 | | | | | | | | | |
| M_C | 708 | How often does the quality assurance committee meet? | AT LEAST MONTHLY 1 AT LEAST EVERY 3 MONTHS 2 AT LEAST EVERY 6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 DON'T KNOW 8 | | | | | | | | | | |
| M_C | 709 | When was the most recent quality assurance committee meeting? | WITHIN THE 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_C | 710 | Is there any documentation showing that quality assurance information is reviewed? This may be documentation produced by a QA committee or other management group (e.g. report by a committee or minutes of a meeting). IF YES, ASK: May I see the documentation? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | | | | | | | |
| M_C | 711 | Does this facility have a focal person for quality improvement and patient safety? | YES 1 NO 2 | | | | | | | | | | |

| Module | No. | Question | Response | Skip |
|--------|------|---|--|----------------|
| M_C | 712 | Have you or any staff in this facility received training on quality improvement and/or patient safety in the past 2 years? | YES 1 NO 2 | |
| M_C | 713 | Does this facility receive any support from external partners in implementing quality assurance or improvement systems and activities? | YES 1 NO 2 DON'T KNOW 8 | |
| | | 7.3. SYSTEMS FOR MONITORING QUALITY OF INPATIENT CARE | | |
| | | 7.3.1. CASE REVIEWS AND DEATH REVIEWS | | |
| M_C | 714 | Does this facility have inpatient services? | YES 1 NO 2 | →Q728 |
| M_C | i715 | Now I would like to know about any case reviews and 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 | 716 | 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 improvement? | YES 1 NO 2 | →Q719 |
| M_C | 717 | How often are formal case reviews carried out? | AT LEAST WEEKLY 1 AT LEAST MONTHLY 2 AT LEAST QUARTERLY 3 NO SPECIFIED TIMING 4 | |
| M_C | 718 | Was any formal case review carried out during the past 3 complete months? | YES 1 NO 2 | |
| M_C | 719 | Does this facility conduct formal death reviews for any deaths that occur in the facility? | YES 1 NO 2 NEVER HAD A DEATH 3 | →Q722 →Q722 |
| M_C | 720 | Does this facility conduct formal death reviews for any of the following deaths that occur in the facility? | YES | NO |
| M_C | 01 | Maternal death | 1 | 2 |
| M_C | 02 | Neonatal death | 1 | 2 |
| M_C | 03 | Death within 24 hours of a surgical procedure | 1 | 2 |
| M_C | 721 | Was any formal death review carried out during the past 3 complete months? | YES 1 NO 2 | |
| | | 7.3.2. SYSTEMS FOR MONITORING ADVERSE EVENTS FOR INPATIENTS | | |
| M_C | 722 | Does this facility have a system for monitoring adverse events, such as patient falls or infections? | YES 1 NO 2 | →Q726 |
| M_C | 723 | Are there any written guidelines for identifying, reporting and/or monitoring of adverse events available in this facility today? IF YES, ASK: May I see the guidelines? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | |
| M_C | 724 | Does this facility have a system for monitoring adverse events specifically related to surgery, such as infections and deaths after a surgical procedure? | YES 1 NO 2 | →Q726 |
| M_C | 725 | Are there any guidelines for identifying, reporting and/or monitoring adverse events related to surgery available in this facility today? IF YES, ASK: May I see the guidelines? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | |
| M_C | 726 | Are health care associated infections (HCAI) (nosocomial infections) reported and/or monitored by this facility? | YES 1 NO 2 | →Q728 |
| M_C | 727 | Are there any guidelines for identifying, reporting and/or monitoring nosocomial infections available in this facility today? IF YES, ASK: May I see the guidelines? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | |
| | | 7.3.3. OUTCOME INDICATORS FOR FACILITY SERVICES | | |

| Module | No. | Question | Response | | | | | | | Skip |
|---|------|--|--|----------|-----------------------------------|-------------------------|-------------------|--------------------|------------|------|
| M_A | i728 | 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 services and patient follow-up services. I would like to speak with the person most familiar with quality indicators. | | | | | | | | |
| M_A | 729 | I would like to know if this facility monitors any of the following indicators related to patient outcomes and the frequency of data compilation. [COUNTRY ADAPT] | (A) INDICATOR MONITORED | | (B) DATA COMPILATION FREQUENCY | | | | | |
| | | | YES | NO | AT LEAST EVERY 3 MONTHS | AT LEAST EVERY 6 MONTHS | AT LEAST ANNUALLY | LESS THAN ANNUALLY | DON'T KNOW | |
| M_A | 01 | Deaths prior to discharge among patients who had a procedure in a surgical theatre | 1 → B | 2 → 02 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 02 | Percentage of all surgical cases with postoperative sepsis | 1 → B | 2 → 03 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 03 | Deaths within 30 days of admission for any identified diagnoses | 1 | 2 → 06 | X | X | X | X | X | |
| M_A | 04 | Deaths within 30 days of admission for myocardial infarction | 1 → B | 2 → 05 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 05 | Deaths within 30 days of admission for stroke | 1 → B | 2 → 06 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 06 | Unplanned and unexpected hospital re-admissions for any conditions | 1 | 2 → 11 | X | X | X | X | X | |
| M_A | 07 | Re-admission for acute myocardial infarction | 1 → B | 2 → 08 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 08 | Re-admission for pneumonia | 1 → B | 2 → 09 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 09 | Re-admission for asthma | 1 → B | 2 → 10 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 10 | Re-admission for diabetes | 1 → B | 2 → 11 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 11 | Avoidable admissions (Admissions for any conditions where quality outpatient follow-up can reduce the need for hospitalization) | 1 | 2 → Q730 | X | X | X | X | X | |
| M_A | 12 | Admission for congestive heart failure | 1 → B | 2 → 13 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 13 | Admission for COPD or asthma | 1 → B | 2 → 14 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 14 | Admission for diabetes | 1 → B | 2 → 15 | 1 | 2 | 3 | 4 | 8 | |
| M_A | 15 | Admission for hypertension | 1 → B | 2 → Q730 | 1 | 2 | 3 | 4 | 8 | |
| 7.3.4. SYSTEMS TO ELICIT CLIENT OPINION (OUTPATIENT AND/OR INPATIENT SERVICES) | | | | | | | | | | |
| M_C | 730 | Does this facility have any system for determining client opinions or receiving feedback about the health facility or its services (e.g. suggestion box, client satisfaction survey, online feedback)? | YES 1 NO 2 | | | | → Q733 | | | |
| M_C | 731 | Is there a routine procedure for reviewing or reporting on client opinions? IF YES, ASK: May I see any notes or reports that relate to client opinion? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | → Q733 | | | |

| Module | No. | Question | Response | Skip |
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| M_C | 732 | How often is client feedback reviewed? | AT LEAST MONTHLY 1 AT LEAST EVERY 3 MONTHS 2 AT LEAST EVERY 6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 DON'T KNOW 8 | |
| | | 7.4. SYSTEMS FOR MONITORING AND IMPLEMENTING INFECTION PREVENTION AND CONTROL (IPC) | | |
| M_C | 733 | 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 NO 2 | → Q737 |
| M_C | 734 | What is the framework for the assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED. | <div>OBSERVED</div> <div>REPORTED, NOT SEEN</div> <div>NOT USED</div> | |
| M_C | 01 | The WHO Infection Prevention and Control Assessment Framework (IPCAF) | <div>1</div> <div>2</div> <div>3</div> | |
| M_C | 02 | Other | <div>1</div> <div>2</div> <div>3</div> <div>(SPECIFY)</div> <div>(SPECIFY)</div> | |
| M_C | 735 | When was the most recent IPC assessment? | YEAR — — — — DON'T KNOW 9998 | |
| M_C | 736 | What was the interpretation of the most recent score? | INADEQUATE 1 BASIC 2 INTERMEDIATE 3 ADVANCED 4 DON'T KNOW 8 | |
| M_C | 737 | 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 NO 2 | → Q741 |
| M_C | 738 | What is the framework for the hand hygiene assessment? ASK TO SEE DOCUMENTATION OF THE FRAMEWORK THAT IS USED. | <div>OBSERVED</div> <div>REPORTED, NOT SEEN</div> <div>NOT USED</div> | |
| M_C | 01 | The WHO Hand Hygiene and Safety Assessment Framework (HHSAF) | <div>1</div> <div>2</div> <div>3</div> | |
| M_C | 02 | Other | <div>1</div> <div>2</div> <div>3</div> <div>(SPECIFY)</div> <div>(SPECIFY)</div> | |
| M_C | 739 | When was the most recent hand hygiene promotion and practices assessment? | YEAR — — — — DON'T KNOW 9998 | |
| M_C | 740 | What was the interpretation of the most recent score? | INADEQUATE 1 BASIC 2 INTERMEDIATE 3 ADVANCED 4 DON'T KNOW 8 | |
| M_C | i741 | Now I want to ask questions about facility management practices for 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 | 742 | Does this facility have IPC guidelines? IF YES, ASK: May I see the guidelines? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | |
| M_C | 743 | 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 NO 3 | |

| Module | No. | Question | Response | | | | Skip |
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| M_C | 744 | Now I will ask about the infection prevention and control (IPC) management structure for this facility. For each item I ask about, please tell me if this is applicable in this facility. | YES | NO | DON'T KNOW | | |
| M_C | 01 | Technical IPC committee | 1 | 2 | 8 | | |
| M_C | 02 | Multidisciplinary meetings where IPC results are reported/reviewed | 1 | 2 | 8 | | |
| M_C | 745 | Are there any full- or part-time staff assigned to IPC monitoring activities? | YES 1 NO 2 | | | | → Q749 |
| M_C | 746 | Have any of the persons responsible for IPC monitoring been trained in an IPC control course in the last 2 years? IF YES, CLARIFY IF ALL STAFF RESPONSIBLE FOR IPC MONITORING HAVE BEEN TRAINED OR ONLY SOME. IF RESPONDENT IS UNCERTAIN ASK TO CALL SOMEONE WHO WOULD KNOW. | YES, ALL 1 YES, SOME, NOT ALL 2 NO 3 | | | | |
| M_C | 747 | 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 THE 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 | 748 | Are there any minutes or notes on the meeting, or a report of IPC findings? IF YES, ASK: May I see documentation from the most recent meeting or report? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | |
| M_A | 749 | 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 | 750 | Does this facility have guidelines or protocols for cleaning the facility such as for the floors, counters and beds? IF YES, ASK: May I see the guidelines? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | |
| M_A | 751 | 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 | | | | |

| Module | No. | Question | Response | Skip | | | | | | | | | | | | |
|---|--------------------------|--|--|---|--|--|--|-----------|--------------------------|-------|----------------|---|---|---|---|--|
| | | 8. INFRASTRUCTURE AND EQUIPMENT MAINTENANCE | | | | | | | | | | | | | | |
| | | 8.1. VEHICLE MAINTENANCE | | | | | | | | | | | | | | |
| M_C | 800 | 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 | → Q802 → Q802 | | | | | | | | | | | | |
| M_C | 801 | Does this facility adhere to vehicle maintenance schedules? | YES, ROUTINELY 1 YES, SOMETIMES BUT NOT ROUTINELY 2 NEVER..... 3 | | | | | | | | | | | | | |
| | | 8.2. FACILITY INFRASTRUCTURE SYSTEM MAINTENANCE | | | | | | | | | | | | | | |
| M_C | i802 | I am now going to ask about maintenance of selected equipment and systems. | | | | | | | | | | | | | | |
| M_C | 803 | Is preventive or 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 | → Q807 | | | | | | | | | | | | |
| M_C | 804 | Is there a schedule for preventive or corrective maintenance for any of these facility infrastructure systems? IF YES, ASK TO SEE THE SCHEDULE FOR ANY ONE OF THESE SYSTEMS. | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | | | | | | | | | | |
| M_C | 805 | Please tell me if preventive and/or corrective maintenance is carried out routinely, sometimes but not routinely, or never, for the following systems. By preventive maintenance, I mean the service is carried out even when there is no problem with the system. | <table border="1"> <thead> <tr> <th colspan="4">PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT</th></tr> <tr> <th>ROUTINELY</th><th>SOMETIMES, NOT ROUTINELY</th><th>NEVER</th><th>NOT APPLICABLE</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>5</td></tr> </tbody> </table> | PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT | | | | ROUTINELY | SOMETIMES, NOT ROUTINELY | NEVER | NOT APPLICABLE | 1 | 2 | 3 | 5 | |
| PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT | | | | | | | | | | | | | | | | |
| ROUTINELY | SOMETIMES, NOT ROUTINELY | NEVER | NOT APPLICABLE | | | | | | | | | | | | | |
| 1 | 2 | 3 | 5 | | | | | | | | | | | | | |
| M_C | 01 | Electricity system | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 02 | Water system | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 03 | Sanitation/sewage system(s) | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 04 | Incinerator | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 05 | Ventilation or air-conditioning system | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 06 | Central oxygen system | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 07 | Communications systems (loudspeakers) | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 08 | Fire extinguishers | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 09 | Computers | 1 2 3 5 | | | | | | | | | | | | | |
| M_C | 806 | Who carries out the preventive or corrective maintenance for any of these systems or equipment? | YES NO | | | | | | | | | | | | | |
| M_C | 01 | Facility designated maintenance staff | 1 2 | | | | | | | | | | | | | |
| M_C | 02 | Technicians from district or regional offices | 1 2 | | | | | | | | | | | | | |
| M_C | 03 | External contractors | 1 2 | | | | | | | | | | | | | |
| M_C | 04 | Other | 1 2 (SPECIFY) | | | | | | | | | | | | | |
| | | 8.3. MEDICAL EQUIPMENT MAINTENANCE | | | | | | | | | | | | | | |
| M_C | 807 | Is inspection, testing and/or preventive maintenance ever carried out for any medical, sterilization, or laboratory equipment in this facility? | YES 1 NO 2 | → END OF SECTION | | | | | | | | | | | | |

| Module | No. | Question | Response | | | | Skip |
|--------|-----|---|---|-----------------------------|-------|-------------------|------|
| M_C | 808 | Is there a schedule for inspection, testing and/or preventive maintenance for any medical, sterilization, or laboratory equipment as guided by the manufacturer's recommendations? IF YES, ASK: May I see the schedule for any major piece of equipment? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | | | | |
| M_C | 809 | Please tell me if preventive and/or corrective maintenance is carried out routinely, sometimes but not routinely, or never, for the following items. | PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT | | | | |
| | | | ROUTINELY | SOMETIMES, NOT ROUTINELY | NEVER | NOT APPLICABLE | |
| M_C | 01 | Oxygen tanks or concentrators | 1 | 2 | 3 | 5 | |
| M_C | 02 | Ventilators | 1 | 2 | 3 | 5 | |
| M_C | 03 | Refrigerators for vaccines, medicines, blood | 1 | 2 | 3 | 5 | |
| M_C | 04 | Infant incubators | 1 | 2 | 3 | 5 | |
| M_C | 05 | Electric autoclave | 1 | 2 | 3 | 5 | |
| M_C | 06 | Electric dry heat sterilizer | 1 | 2 | 3 | 5 | |
| M_C | 07 | Haematology analyser | 1 | 2 | 3 | 5 | |
| M_C | 08 | Blood chemistry analyser | 1 | 2 | 3 | 5 | |
| M_C | 09 | X-ray machine | 1 | 2 | 3 | 5 | |
| M_C | 10 | CT scan | 1 | 2 | 3 | 5 | |
| M_C | 11 | Ultrasound | 1 | 2 | 3 | 5 | |
| M_C | 810 | Who carries out the preventive and corrective maintenance for any of the sterilization, medical, or diagnostic equipment? | YES | | NO | | |
| M_C | 01 | Facility designated maintenance staff | 1 | | 2 | | |
| M_C | 02 | Technicians from district or regional offices | 1 | | 2 | | |
| M_C | 03 | External contractors | 1 | | 2 | | |
| M_C | 04 | Other | 1 | | 2 | | |
| | | | SPECIFY | | | | |
| M_C | 811 | Does this facility have a system for routine inspection, maintenance and replacement for small medical equipment such as stethoscopes, sphygmomanometer, and suction machines? | YES, ALL KEY EQUIPMENT 1 YES, SOME EQUIPMENT 2 NO 3 | | | | |

| Module | No. | Question | Response | Skip |
|--------|------|--|--|----------------|
| | | 9. HEALTH FINANCING AND ACCOUNTING | | |
| | | 9.1. BUDGET AND RESOURCES | | |
| | | 9.1.1. BUDGET AND RESOURCE AVAILABILITY AND MANAGEMENT | | |
| M_C | i900 | 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_C | 901 | Is there a written inventory for major equipment? IF YES, ASK: Is the inventory computerized or is it manual (paper-based), or are both systems used? | YES, COMPUTERIZED 1 YES, MANUAL/PAPER-BASED 2 YES, BOTH COMPUTERIZED AND PAPER-BASED 3 NO 4 DON'T KNOW 8 | |
| M_C | 902 | Is this facility directly responsible for management of any funds to support facility functioning? By this I mean: does the facility have authority to use specified funds to support facility functioning? | YES 1 NO 2 | →Q905 |
| M_A | 903 | Does this facility maintain a bank account of its own? | YES 1 NO 2 | |
| M_A | 904 | Does this facility have autonomy to manage funds related to any of the following: By autonomy, I mean: Are defined facility staff/committees authorized to use funds from facility funding sources without prior authorization from an administrative level higher than the facility? | YES NO DON'T KNOW | |
| M_A | 01 | Hiring of staff for official, approved positions | 1 2 8 | |
| M_A | 02 | Hiring of temporary or "casual" staff (e.g. daily workers) | 1 2 8 | |
| M_A | 03 | Contracts with external providers for support services (e.g. building maintenance, cleaning, equipment repair, transport, etc.) | 1 2 8 | |
| M_A | 04 | Purchase of medicines and medical commodities | 1 2 8 | |
| M_A | 05 | Purchase of medical equipment | 1 2 8 | |
| M_A | 06 | Purchase of non-medical equipment and/or commodities | 1 2 8 | |
| M_A | 07 | Payments for routine utilities (e.g. electricity, water, telephone, internet) | 1 2 8 | |
| M_A | 08 | Funds received from patient payments/fees for services | 1 2 8 | |
| M_A | 09 | Flexibility to use and/or re-allocate funds across budget lines to meet evolving financial needs | 1 2 8 | |
| | | BUDGET INFORMATION FOR CURRENT BUDGET YEAR | | |
| M_C | 905 | Does this facility have a budgeted annual work plan (AWP) for the current financial/budget year? IF YES, ASK: May I see a copy of the budgeted work plan? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 DON'T KNOW 8 | |
| M_C | 906 | Is there an official allocated budget for this facility for the current financial year? IF YES, ASK: May I see a copy of the allocated budget? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 DON'T KNOW 8 | →Q909 →Q909 |
| M_C | 907 | What percentage of the total official allocated budget for the current financial year has this facility received as of today? | PERCENTAGE RECEIVED — — — NONE 000 DON'T KNOW 998 | |
| M_C | 908 | What percentage of the official allocated recurrent budget (excluding salaries) for the current financial year has this facility received as of today? | PERCENTAGE RECEIVED — — — NONE 000 DON'T KNOW 998 | |

| Module | No. | Question | Response | Skip |
|--------|------|--|---|----------------------------|
| | | BUDGET INFORMATION FOR MOST RECENT COMPLETED BUDGET YEAR | | |
| M_C | i909 | Now I want to ask you about the facility resources for the most recent completed financial or budget year. | | |
| M_C | 910 | Was there an official allocated budget for this facility for the last completed financial year? IF YES, ASK: May I see a copy of the allocated budget? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO 3 DON'T KNOW 8 | → Q915 → Q915 |
| M_C | 911 | What percentage of the total official allocated budget did this facility receive for the last completed financial year? | PERCENTAGE RECEIVED — — — NONE 000 DON'T KNOW 998 | |
| M_C | 912 | What percentage of the official allocated recurrent budget (excluding salaries) did this facility receive for the last completed financial year? | PERCENTAGE RECEIVED — — — NONE 000 DON'T KNOW 998 | |
| M_C | 913 | What percentage of the disbursed budget for the last complete financial year was utilized (execution rate)? | PERCENTAGE UTILIZED — — — NONE 000 DON'T KNOW 998 | |
| M_C | 914 | Over the last completed financial year, did this facility experience any delays in receiving disbursements of allocated funds? | ALWAYS DELAYED 1 FREQUENTLY DELAYED..... 2 SOMETIMES DELAYED 3 NEVER DELAYED 4 DON'T KNOW 8 | |
| | | 9.1.2. BUDGET LINE ITEMS FOR FACILITY MANAGEMENT AND MAINTENANCE | | |
| M_A | i915 | 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 | 916 | RESPONDENT AGREES TO PROVIDE INFORMATION ON BUDGET LINE ITEMS. | YES 1 NO 2 DON'T KNOW 8 NOT APPLICABLE 5 | → Q918 → Q918 → Q918 |
| M_A | 917 | Which of the following items have budget lines: | YES NO NOT APPLICABLE | |
| M_A | 01 | Building and/or grounds maintenance and/or preventive maintenance | 1 2 5 | |
| M_A | 02 | Routine equipment maintenance and repair for medical equipment such as laboratory machines, X-ray machines, etc. | 1 2 5 | |
| M_A | 03 | Procurement of replacement parts for laboratory equipment | 1 2 5 | |
| M_A | 04 | Procurement of medicines and medical commodities | 1 2 5 | |
| M_A | 05 | Transportation of medicines and medical commodities from the supplier or warehouse to the facility | 1 2 5 | |
| M_A | 06 | Quality improvement activities | 1 2 5 | |
| | | 9.1.3. SOURCES OF FUNDING | | |
| M_A | 918 | What percentage of patients who receive inpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE. | PERCENTAGE — — — NONE 000 NO INPATIENT SERVICES 995 | |
| M_A | 919 | What percentage of patients who receive outpatient services in this facility have any type of health insurance? IF UNCERTAIN, PROBE FOR AN ESTIMATE. | PERCENTAGE — — — NONE 000 NO OUTPATIENT SERVICES..... 995 | |
| M_A | 920 | During the last completed financial year, did this facility receive funds from any sources other than its managing authority? | YES 1 NO 2 DON'T KNOW 8 | → Q923 → Q923 |
| M_A | 921 | RESPONDENT AGREES TO PROVIDE INFORMATION ON FUNDING FROM MANAGING AUTHORITY AND ANY ADDITIONAL FUNDING SOURCES | YES 1 NO 2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE 8 | → Q923 → Q923 |


| Module | No. | Question | Response | | | Skip |
|---|------|---|--|----------------------------|----------------|------|
| M_A | 922 | During the last completed financial year, what percentage of its total budget did this facility receive from the following sources? | PERCENTAGE | INFORMATION NOT AVAILABLE | NOT APPLICABLE | |
| M_A | 01 | Managing authority | — — — | 998 | 995 | |
| M_A | 02 | Central government (other than managing authority) | — — — | 998 | 995 | |
| M_A | 03 | Local government (other than managing authority) | — — — | 998 | 995 | |
| M_A | 04 | Social insurance (mandatory insurance) | — — — | 998 | 995 | |
| M_A | 05 | Private insurance (voluntary insurance) | — — — | 998 | 995 | |
| M_A | 06 | Community sources | — — — | 998 | 995 | |
| M_A | 07 | User fees | — — — | 998 | 995 | |
| M_A | 08 | Nongovernment organizations (NGO)/faith-based organizations (FBO) | — — — | 998 | 995 | |
| M_A | 09 | Donors/partners other than NGO/FBO | — — — | 998 | 995 | |
| M_A | 10 | Other | — — — (SPECIFY) | 998 | 995 | |
| 9.2. EXPENDITURES | | | | | | |
| M_A | i923 | Would you please provide the percentages related to total facility expenditure in each of the following categories for the last completed financial or budget year? If you do not know the exact percentages, please provide estimates. | | | | |
| M_A | 924 | RESPONDENT AGREES TO PROVIDE INFORMATION ON EXPENDITURE PERCENTAGES | YES 1 NO 2 FACILITY DOES NOT HAVE THIS INFORMATION AVAILABLE 8 NOT APPLICABLE 5 | → Q926 → Q926 → Q926 | | |
| M_A | 925 | What is the percentage of the total facility expenditure in each of the following categories for the last completed financial year: | PERCENTAGE | DON'T KNOW | NOT APPLICABLE | |
| M_A | 01 | Medicines and medical commodities | — — — | 998 | 995 | |
| M_A | 02 | Salaries | — — — | 998 | 995 | |
| M_A | 03 | Other recurrent expenditures | — — — | 998 | 995 | |
| 9.3. CHARGING AND COSTS FOR SERVICES | | | | | | |
| M_C | 926 | Does this facility charge user fees for any outpatient or inpatient services? | YES 1 NO 2 | → Q935 | | |
| M_C | 927 | Does this facility charge user fees for any outpatient services? | YES 1 NO USER FEES CHARGED 2 NO OUTPATIENT SERVICES 5 | → Q929 → Q929 | | |
| M_C | 928 | 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 | 929 | Does this facility charge user fees for any inpatient services? | YES 1 NO USER FEES CHARGED 2 NO INPATIENT SERVICES 5 | → Q931 → Q931 | | |
| M_C | 930 | 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 | 931 | Is there a written policy or guidelines for exemptions or discounts for any user fees? IF YES, ASK: May I see the document? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 | → Q933 | | |
| M_C | 932 | Do the exemptions apply also to non-national users, e.g. refugees, migrants | YES 1 NO 2 DON'T KNOW 8 | | | |

| Module | No. | Question | Response | | | Skip |
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| M_C | 933 | Please tell me if this facility charges patients for any of the following services. | YES | NO | NOT APPLICABLE | |
| M_C | 01 | Outpatient consultation services for adults | 1 | 2 | 5 | |
| M_C | 02 | Outpatient consultation services for children | 1 | 2 | 5 | |
| M_C | 03 | Any routine child immunizations | 1 | 2 | 5 | |
| M_C | 04 | Any contraceptive commodities | 1 | 2 | 5 | |
| M_C | 05 | HIV diagnostic test | 1 | 2 | 5 | |
| M_C | 06 | Malaria rapid diagnostic test (RDT) | 1 | 2 | 5 | |
| M_C | 07 | TB diagnostic test | 1 | 2 | 5 | |
| M_C | 08 | Delivery | 1 | 2 | 5 | |
| M_C | 09 | Caesarean section | 1 | 2 | 5 | |
| M_C | 10 | Management of incomplete abortion | 1 | 2 | 5 | |
| M_C | 11 | Induced abortion services | 1 | 2 | 5 | |
| M_C | 12 | All outpatient medicines | 1 | 2 | 5 | |
| M_C | 13 | Some outpatient medicines | 1 | 2 | 5 | |
| M_C | 14 | All inpatient medicines | 1 | 2 | 5 | |
| M_C | 15 | Some inpatient medicines | 1 | 2→Q935 | 5→Q935 | |
| M_A | 934 | Does the facility have a system to facilitate financial access (e.g., financial sliding scale, voucher system) to any of the following services? | YES | | NO | |
| M_A | 01 | Management of incomplete abortion | 1 | | 2 | |
| M_A | 02 | Induced abortion services | 1 | | 2 | |
| 9.4. ACCOUNTABILITY FOR FUNDS RECEIVED | | | | | | |
| M_C | 935 | Does this facility receive an annual external audit of facility accounts? IF YES, ASK: May I see the audit report? | YES, EXTERNAL AUDIT REPORT OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3 | | | |
| M_C | 936 | Does this facility carry out an annual internal audit of facility accounts? IF YES, ASK: May I see the audit report? | YES, INTERNAL AUDIT REPORT OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3 | | | |
| ACCOUNTABILITY SYSTEMS FOR CASH | | | | | | |
| M_A | 937 | Does this facility manage cash from any source? | YES 1 NO 2 DON'T KNOW 8 | | | →END OF SECTION →END OF SECTION |
| M_A | 938 | Does this facility have a system for documenting cash received? IF YES, ASK: May I see the document? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3 DON'T KNOW 8 | | | |
| M_A | 939 | Does this facility have a system for documenting cash disbursed? IF YES, ASK: May I see the document? | YES, OBSERVED 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3 DON'T KNOW 8 | | | |

| Module | No. | Question | Response | Skip |
|--------|------|--|---|--------------------|
| | | 10. DATA SOURCES AND SYSTEMS | | |
| | | 10.1. CATCHMENT AREA AND REGISTERED PATIENT POPULATIONS | | |
| M_A | 1000 | Does this facility have a specified catchment area, i.e. a defined geographic area for which the facility has direct responsibility to serve? | YES 1 NO 2 DON'T KNOW 8 | → Q1007 → Q1007 |
| M_A | 1001 | What is the estimated number of people living in the catchment area for the current calendar year? | CATCHMENT POPULATION — — — — — DON'T KNOW 9999998 | → Q1007 |
| M_A | 1002 | What is the basis for the facility catchment population number? | OFFICIAL NUMBER BASED ON GOVERNMENT CENSUS 1 PHYSICAL COUNT (OTHER THAN OFFICIAL CENSUS) 2 OTHER 6 (SPECIFY) DON'T KNOW 8 | |
| M_A | 1003 | What is the estimated number of pregnant women living in the catchment area for the current calendar year? | PREGNANT WOMEN — — — — — DON'T KNOW 9999998 | |
| M_A | 1004 | What is the estimated number of children under one year living in the catchment area for the current calendar year? | CHILDREN UNDER ONE YEAR — — — — — DON'T KNOW 9999998 | |
| M_A | 1005 | What is the estimated number of children under five years living in the catchment area for the current calendar year? | CHILDREN UNDER FIVE YEARS — — — — — DON'T KNOW 9999998 | |
| M_A | 1006 | Does this facility maintain a list, register or "panel" of patients that are specifically registered to receive care at this facility, or with a team of providers or a specific provider within this facility? | YES, THERE IS A LIST THAT INCLUDES ALL PATIENTS 1 YES, LIST(S) EXIST FOR SELECTED PATIENT GROUPS 2 NO 3 | |
| | | 10.2. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR INPATIENTS | | |
| M_C | 1007 | Does this facility provide any inpatient services? | YES 1 NO 2 | → Q1019 |
| | | 10.2.1. UNIQUE PATIENT IDENTIFIERS FOR INPATIENTS | | |
| M_C | 1008 | Does this facility use unique patient ID numbers for inpatients? i.e. whenever the patient receives services in this facility, is the same identification number used for that person? | YES 1 NO 2 | → Q1011 |
| M_C | 1009 | Is the same unique patient ID for inpatients maintained for the same patient for at least 5 years? | YES 1 NO 2 | |
| M_C | 1010 | Is the same unique patient ID maintained for the patient for both in- and outpatient services? | YES 1 NO 2 OUTPATIENT SERVICES NOT OFFERED 5 | |
| | | 10.2.2. INDIVIDUAL PATIENT RECORDS FOR INPATIENTS | | |
| M_C | 1011 | Does this facility use any system of standardized charts/files/medical records to capture information on individual inpatients that is used by clinicians to manage the patient? AN INDIVIDUAL PATIENT RECORD MAY CONTAIN COMPREHENSIVE INFORMATION ABOUT THE PATIENT ACROSS ALL PROGRAMMES, OR ONLY ABOUT A SPECIFIC PROGRAMME, E.G. HIV IF YES, CLARIFY IF THE FORMAT FOR INPATIENT RECORDS IS ELECTRONIC OR PAPER, OR BOTH. | YES, BOTH PAPER AND ELECTRONIC 1 YES, PAPER ONLY 2 YES, ELECTRONIC ONLY 3 NO INDIVIDUAL PATIENT RECORDS FOR INPATIENTS 4 | → Q1013 → Q1019 |

| Module | No. | Question | Response | | Skip |
|--|------|--|--|----|---------|
| M_C | 1012 | What kind of software is used for the individual inpatient electronic medical record system? [COUNTRY ADAPT] | YES | NO | |
| M_C | 01 | [COUNTRY SPECIFIC]_____ | 1 | 2 | |
| M_C | 02 | [COUNTRY SPECIFIC]_____ | 1 | 2 | |
| M_C | 03 | [COUNTRY SPECIFIC]_____ | 1 | 2 | |
| M_C | 04 | Other | 1 _____ (SPECIFY) | 2 | |
| M_A | 1013 | Is a patient given access to their individual inpatient records upon request? | YES.....1 NO.....2 | | |
| M_C | 1014 | Does this facility use any system of registers to capture minimum individual information on inpatients? (Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis) | YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY.....3 NO INPATIENT REGISTERS.....5 | | |
| 10.2.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR INPATIENTS | | | | | |
| M_C | 1015 | Does this facility store any individual inpatient charts/files/records? | YES.....1 NO.....2 | | → Q1019 |
| M_C | 1016 | How quickly are individual inpatient files/records retrieved from storage when needed? | ALWAYS RETRIEVED QUICKLY1 RETRIEVAL SOMETIMES DELAYED.....2 RETRIEVAL FREQUENTLY DELAYED OR RECORDS LOST3 DON'T KNOW8 | | |
| M_C | 1017 | Which of the following methods to store individual inpatient files/records does this facility use? | YES | NO | |
| M_C | 01 | Paper files stored in room dedicated for this purpose | 1 | 2 | |
| M_C | 02 | Paper files stored in room also used for other purposes, e.g. supervisor's office, consultation room | 1 | 2 | |
| M_C | 03 | Contents of paper files entered into electronic system | 1 | 2 | |
| M_C | 04 | Electronic files stored on local facility server | 1 | 2 | |
| M_C | 05 | Electronic files stored on external server | 1 | 2 | |
| M_C | 06 | Other | 1 _____ (SPECIFY) | 2 | |
| M_A | 1018 | Does this facility have a designated person(s) in charge of filing and retrieving inpatient medical records? | YES.....1 NO.....2 | | |
| 10.3. INDIVIDUAL PATIENT RECORDS/CHARTS AND IDENTIFIERS FOR OUTPATIENTS | | | | | |
| M_C | 1019 | Does this facility provide any outpatient services? | YES.....1 NO.....2 | | → Q1031 |
| 10.3.1. UNIQUE PATIENT IDENTIFIERS FOR OUTPATIENTS | | | | | |
| M_C | 1020 | Does this facility use unique patient ID numbers for outpatients? i.e. whenever the patient receives services in this facility the same identification number is used for that person? | YES.....1 NO.....2 | | → Q1022 |
| M_C | 1021 | Is the same unique patient ID for outpatients maintained for the same patient for at least 5 years? | YES.....1 NO.....2 | | |

| Module | No. | Question | Response | Skip |
|--------|------|--|---|------------------|
| | | 10.3.2. INDIVIDUAL PATIENT RECORDS/CHARTS FOR OUTPATIENTS | | |
| M_C | 1022 | Does this facility use any system of standardized charts/files/medical records to capture comprehensive information on individual outpatients that is used by clinicians to manage the patient? 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 OUTPATIENTS.....4 | →Q1024 →Q1031 |
| M_A | 1023 | What kind of software is used for the individual outpatient electronic medical record system? [COUNTRY ADAPT] | YES NO | |
| M_A | 01 | [COUNTRY SPECIFY] | 1 2 | |
| M_A | 02 | [COUNTRY SPECIFY] | 1 2 | |
| M_A | 03 | [COUNTRY SPECIFY] | 1 2 | |
| M_A | 04 | Other | 1 (SPECIFY) 2 | |
| M_A | 1024 | Is a patient given access to their individual outpatient records upon request? | YES1 NO2 | |
| M_C | 1025 | Does this facility use any system of registers to capture minimum individual information on outpatients? (Minimum information may include: patient name, date of birth, date of admission/discharge, diagnosis) | YES, BOTH PAPER AND ELECTRONIC1 YES, PAPER ONLY2 YES, ELECTRONIC ONLY3 NO OUTPATIENT REGISTERS4 | |
| | | 10.3.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS | | |
| M_C | 1026 | Does this facility store any individual outpatient charts/files/records? | YES1 NO2 | →Q1030 |
| M_C | 1027 | How quickly are individual outpatient files/records retrieved from storage when needed? | ALWAYS RETRIEVED QUICKLY1 RETRIEVAL SOMETIMES DELAYED2 RETRIEVAL FREQUENTLY DELAYED OR RECORDS LOST3 DON'T KNOW8 | |
| M_C | 1028 | Which of the methods to store individual outpatient files/records does this facility use? READ EACH ITEM | YES NO | |
| M_C | 01 | Paper files stored in room dedicated for this purpose | 1 2 | |
| M_C | 02 | Paper files stored in room also used for other purposes, e.g. supervisor's office, consultation room | 1 2 | |
| M_C | 03 | Contents of paper files entered into electronic system | 1 2 | |
| M_C | 04 | Electronic files stored on local facility server | 1 2 | |
| M_C | 05 | Electronic files stored on external server | 1 2 | |
| M_C | 06 | Other | 1 (SPECIFY) 2 | |
| M_A | 1029 | Does this facility have a designated person(s) in charge of filing and retrieving outpatient medical records? | YES1 NO2 | |
| | | 10.3.4. USE OF SINGLE COMPREHENSIVE INDIVIDUAL PATIENT RECORDS | | |

| Module | No. | Question | Response | Skip |
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| M_A | 1030 | Does this facility use single, comprehensive patient records that provide a longitudinal health history of patients across time and for all health conditions? (MAY BE PAPER OR ELECTRONIC OR BOTH) | YES, INPATIENT RECORD ONLY1 YES, OUTPATIENT RECORD ONLY2 YES, BOTH INPATIENT AND OUTPATIENT RECORDS, BUT SEPARATELY3 YES, INPATIENT AND OUTPATIENT INFORMATION IN A SINGLE INDIVIDUAL PATIENT RECORD4 NO.....5 NOT APPLICABLE.....6 | |
| | | 10.4. COMPUTERIZED INFORMATION | | |
| M_C | 1031 | Does this facility maintain electronic/computerized databases for any specific types of information or groups of patients or departments? | YES, ALL PATIENT AND SERVICE INFORMATION MAINTAINED IN COMPUTERIZED DATABASES.....1 YES, SOME INFORMATION MAINTAINED IN COMPUTERIZED DATABASES2 NO.....3 | → END OF SECTION |
| M_A | 1032 | Which types of information are maintained in computerized databases? READ EACH ITEM. | YES NO NOT APPLICABLE | |
| 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/records for patients receiving antiretroviral therapy (ART) | 1 2 5 | |
| M_A | 04 | Charts/records for tuberculosis (TB) patients | 1 2 5 | |
| M_A | 05 | Charts/records for 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 such as diabetes) | 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 5 | |
| M_A | 13 | Other | 1 (SPECIFY) 2  | |
| M_C | 1033 | How often are electronic databases with individual patient information backed up? | DAILY1 WEEKLY.....2 EVERY 2–3 WEEKS.....3 MONTHLY4 LESS OFTEN THAN MONTHLY.....5 (SPECIFY) NO ROUTINE BACKUP6 | |
| M_C | 1034 | Are electronic databases used in this facility password-protected? | YES, ALL.....1 YES, SOME.....2 NO.....3 | |


| Module | No. | Question | Response | Skip |
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| | | 11. FACILITY DATA REPORTING SYSTEMS | | |
| | | 11.1. DATA REPORTING AND MANAGEMENT | | |
| | | 11.1.1. REPORTS SUBMITTED EXTERNALLY | | |
| M_C | 1100 | Does this facility submit any data reports externally/to the next reporting level? | YES1 NO2 | → Q1109 |
| M_A | 1101 | Which system does this facility use to transmit selected data on patient services and diagnoses to the next reporting level? | PAPER REPORTS ONLY1 PAPER AND ELECTRONIC REPORTS2 ELECTRONIC REPORTS ONLY3 OTHER6 (SPECIFY) | |
| M_A | 1102 | Are data 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 (or other subnational level health office) | 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 2 8 (SPECIFY) | |
| M_C | 1103 | How often are routine summary data reports on patient services and diagnoses submitted externally/to the next reporting level? | WEEKLY1 MONTHLY2 QUARTERLY3 ANNUALLY4 NEVER5 OTHER6 (SPECIFY) | |
| M_C | 1104 | How often are routine summary data reports on notifiable diseases submitted externally/to the next reporting level? | WEEKLY1 MONTHLY2 QUARTERLY3 ANNUALLY4 NEVER5 OTHER6 (SPECIFY) | |
| | | 11.1.2. STORAGE OF DATA REPORTS | | |
| M_C | 1105 | Does this facility store copies of any routine summary data reports that were submitted externally? | YES1 NO2 DON'T KNOW8 | → Q1109 → Q1109 |
| M_C | 1106 | Which of the following systems does this facility use to store copies of routine summary data reports submitted externally? | YES NO | |
| M_C | 01 | Paper reports stored in room dedicated for this purpose | 1 2 | |
| M_C | 02 | Paper reports stored in room also used for other purposes, e.g. supervisor's office, consultation room | 1 2 | |
| M_C | 03 | Contents of paper reports entered into electronic system | 1 2 | |
| M_C | 04 | Electronic files stored on local facility server or facility computer | 1 2 | |
| M_C | 05 | Electronic files stored on external server | 1 2 | |
| M_C | 06 | Other | 1 2 (SPECIFY) | |

| Module | No. | Question | Response | | | | Skip |
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| M_A | 1107 | May I see a copy of the three most recent routine summary data reports on patient services and diagnoses that were submitted externally? INDICATE IF EACH REPORT IS OBSERVED AND IF IT CORRESPONDS TO THE SCHEDULED REPORTING PERIOD. | (A) REPORT OBSERVED | | (B) REPORT CORRESPONDS TO EXPECTED REPORTING PERIOD | | |
| | | | YES | NO | YES | NO | |
| M_A | 01 | Last submitted report | 1→B | 2→02 | 1 | 2 | |
| M_A | 02 | Second last submitted report | 1→B | 2→03 | 1 | 2 | |
| M_A | 03 | Third last submitted report | 1→B | 2→Q1108 | 1 | 2 | |
| M_A | 1108 | May I see a copy of the three most recent routine summary data reports on notifiable diseases that were submitted externally? INDICATE IF EACH REPORT IS OBSERVED AND IF IT CORRESPONDS TO THE SCHEDULED REPORTING PERIOD. | (A) REPORT OBSERVED | | (B) REPORT CORRESPONDS TO EXPECTED REPORTING PERIOD | | |
| | | | YES | NO | YES | NO | |
| M_A | 01 | Last submitted report | 1→B | 2→02 | 1 | 2 | |
| M_A | 02 | Second last submitted report | 1→B | 2→03 | 1 | 2 | |
| M_A | 03 | Third last submitted report | 1→B | 2→Q1109 | 1 | 2 | |
| | | 11.1.3. DATA QUALITY | | | | | |
| M_C | 1109 | Is there any routine system/process within this facility for checking the quality of data compiled for routine summary reports? | YES1 NO2 | | | | →Q1115 |
| M_C | 1110 | Is there a written policy for data quality checking or written guidelines for how to carry out data quality checking? IF YES, ASK: May I see a copy of the policy or guidelines? | YES, OBSERVED1 YES, REPORTED, NOT SEEN.....2 NO3 | | | | |
| M_C | 1111 | Is there any written documentation of the findings from the routine data quality checking system? IF YES, ASK: May I see a copy of any documentation of results from routine data quality checks? | YES, OBSERVED1 YES, REPORTED, NOT SEEN.....2 NO3 | | | | →Q1115 |
| M_C | 1112 | How frequently are the results of routine data quality checking system documented in a report or form? | MONTHLY1 QUARTERLY2 SEMI-ANNUALLY3 ANNUALLY4 NO SET TIMES.....5 | | | | |
| M_C | 1113 | Is there a systematic process for addressing data quality problems identified through the routine data quality checking system? | YES1 NO2 | | | | |
| M_C | 1114 | When was the last time that an external reviewer visited this facility to verify the quality of routine facility data? | WITHIN THE PAST 6 MONTHS1 7-12 MONTHS AGO2 13-24 MONTHS AGO3 MORE THAN 24 MONTHS AGO4 EXTERNAL CHECK HAS NEVER BEEN CONDUCTED5 DON'T KNOW8 | | | | |
| | | 11.1.4. HEALTH INFORMATION MANAGEMENT | | | | | |
| M_C | 1115 | 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? | YES1 NO2 | | | | |
| M_C | 1116 | Have you or any other staff in this facility received training on analysis and use of routine facility data in the past 2 years? | YES1 NO2 | | | | |

| Module | No. | Question | Response | Skip |
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| M_C | 1117 | How often does this facility hold meetings to review routine facility data? (This may include facility management meetings where data review is included.) | WEEKLY1 MONTHLY2 QUARTERLY3 ANNUALLY4 NEVER5 OTHER6 (SPECIFY) | |
| M_C | 1118 | How often do facility staff use routine facility data to inform processes such as planning, procurement, and advocacy? | OFTEN1 SOMETIMES2 NEVER3 | |
| | | 11.2. REPORTING SYSTEMS FOR MORBIDITY AND MORTALITY | | |
| | | 11.2.1. REPORTING MORBIDITY | | |
| M_C | 1119 | Does this facility offer inpatient services? | YES1 NO2 | → Q1122 |
| M_C | 1120 | Does this facility use a standardized coding system for reporting morbidity (diagnoses) of inpatients? PROBE: FOR EXAMPLE, ICD CODES | YES1 NO2 | → Q1122 |
| M_C | 1121 | Which coding system does this facility use for inpatient morbidity reporting? | ICD111 ICD102 ICD93 NATIONALLY DEVELOPED CODING SYSTEM4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES)5 OTHER6 (SPECIFY) | |
| M_C | 1122 | Does this facility offer outpatients services? | YES1 NO2 | → Q1128 |
| M_C | 1123 | Does this facility use a standardized coding system for reporting morbidity (diagnoses) of outpatients? PROBE: FOR EXAMPLE, ICD CODES | YES1 NO2 | → Q1128 |
| M_C | 1124 | Which coding system does this facility use for outpatient morbidity reporting? | ICD111 ICD102 ICD93 NATIONALLY DEVELOPED CODING SYSTEM4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES)5 OTHER6 (SPECIFY) | → Q1127 → Q1127 → Q1127 |
| M_C | 1125 | Did the person(s) who assigns the ICD codes receive any formal coding training in the past 2 years? | YES1 NO2 | |
| M_A | 1126 | For which of the following purposes are ICD codes used in this facility? | YES NO | |
| M_A | 01 | Billing | 1 2 | |
| M_A | 02 | Disease surveillance | 1 2 | |
| M_A | 03 | Insurance | 1 2 | |
| M_A | 04 | Other | 1 2 (SPECIFY) | |
| M_A | 1127 | Does this facility use any other standardized international coding systems for reporting health status, disability, and/or health care interventions? | YES, INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF)1 YES, INTERNATIONAL CLASSIFICATION OF HEALTH INTERVENTIONS (ICHI)2 YES, OTHER3 (SPECIFY) NO4 | |

| Module | No. | Question | Response | Skip |
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| | | 11.2.2. REPORTING MORTALITY | | |
| | | REPORTING CAUSE OF DEATH AND COMPLETING DEATH CERTIFICATE | | |
| M_A | 1128 | Is any person in this facility authorized to determine cause of death? | YES1 NO2 | → Q1133 |
| M_A | 1129 | Have any of the persons authorized to determine the cause of death received any formal training on how to determine cause of death? | YES, IN PAST 2 YEARS1 YES, MORE THAN 2 YEARS AGO.....2 NO3 DON'T KNOW8 | |
| M_A | 1130 | Is the international form of medical certificate of cause of death (ICCD) used as the death certificate in this facility? IF NO, ASK: Is it used at all for any deaths? | YES, ALL DEATHS1 YES, SOME DEATHS2 NO3 | → Q1132 |
| M_A | 1131 | Is any other printed form used as a medical certificate of cause of death? IF YES, ASK: Is the printed form a facility-specific form, an official MOH or government form, or another type of form? | YES, FACILITY SPECIFIC1 YES, MOH/GOVERNMENT PROVIDED2 YES, OTHER3 (SPECIFY) NO4 | → Q1133 |
| M_A | 1132 | Have any of the persons authorized to fill in the death certificate received any formal training on how to fill in a death certificate? | YES, IN PAST 2 YEARS1 YES, MORE THAN 2 YEARS AGO.....2 NO3 DON'T KNOW8 | |
| | | CODING OF CAUSE OF DEATH | | |
| M_C | 1133 | Does this facility use a standardized coding system for reporting certified causes of death? PROBE: FOR EXAMPLE, ICD CODES | YES1 NO2 NOT APPLICABLE5 | → END OF SECTION → END OF SECTION |
| M_C | 1134 | Which coding system does this facility use for reporting certified causes of death? | ICD11.....1 ICD10.....2 ICD9.....3 NATIONALLY DEVELOPED CODING SYSTEM4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES)5 OTHER6 (SPECIFY) | |
| M_A | 1135 | Has the person coding causes of death received any training on coding causes of death using ICD? | YES, IN PAST 2 YEARS1 YES, MORE THAN 2 YEARS AGO.....2 NO3 DON'T KNOW8 | |
| M_A | 1136 | Are the ICD rules for selecting the underlying causes of death applied? | YES1 NO2 DON'T KNOW8 | |

| Module | No. | Question | Response | Skip |
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| | | 26. EMERGENCY (AMBULANCE OR WALK-IN) SERVICES | | |
| M_C | i2600 | 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. | | |
| | | 26.1. SERVICE AVAILABILITY | | |
| M_C | 2601 | Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment. | YES 1 NO 2 | ➔END OF SECTION |
| M_C | 2665 | 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 service site, or preventable death panels. | YES, SPECIFIC FOR EMERGENCY SERVICE PATIENTS..... 1 YES, NOT SPECIFIC TO EMERGENCY SERVICE PATIENTS BUT AS PART OF FACILITY CASE REVIEW PROCESS 2 NO..... 3 | ➔END OF SECTION |
| M_C | 2666 | Is there a routine system for tracking implementation of quality improvement or corrective actions after reviews of data or case reviews for emergency services? IF YES, ASK TO SEE EVIDENCE OF MONITORING TO FOLLOW-UP ON ACTIONS. | YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3 | |

| Module | No. | Question | Response | Skip |
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| | | 29. LABORATORY SERVICES | | |
| | | 29.1. SERVICE AVAILABILITY | | |
| M_C | 2900 | 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 at this facility, as well as sending a specimen outside for testing and receiving the results back. | YES 1 NO LABORATORY DIAGNOSTIC TESTS PERFORMED 2 | → END OF SECTION |
| R_C, M_C | i2901 | ASK TO BE SHOWN THE MAIN LABORATORY IN THE FACILITY OR THE LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT LABORATORY TESTS CONDUCTED BY THIS FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. I am interested in learning about any diagnostic tests conducted by this facility or about tests where the facility collects specimens that are sent elsewhere for testing where the results are returned to this facility for use. The questions I ask may apply to a special laboratory service site, or sometimes may refer to service sites where diagnostic tests are conducted or where specimens are collected and sent outside the facility for testing. | | |
| | | 29.3. RAPID AND HANDHELD DIAGNOSTICS, EQUIPMENT AND COMMODITIES | | |
| | | LABORATORY EQUIPMENT AND COMMODITIES | | |
| M_C | 2924 | 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 | → END OF SECTION |
| M_C | 2925 | For which of the following tests does this facility have a system for routine external quality assessment checks: | YES NO NOT APPLICABLE | |
| M_C | 01 | HIV serology (e.g. ELISA) | 1 2 5 | |
| M_C | 02 | Blood chemistries | 1 2 5 | |
| M_C | 03 | TB sputum test | 1 2 5 | |
| M_C | 04 | CD4 testing | 1 2 5 | |
| M_C | 05 | Other _____ (SPECIFY) | 1 2  | |

| Module | No. | Question | Response | | | Skip |
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| | | 31. PHARMACEUTICAL COMMODITIES | | | | |
| | | 31.1. MAIN STORAGE SITE FOR PHARMACEUTICALS | | | | |
| | | 31.1.1. MEDICINES AVAILABILITY | | | | |
| R_C, M_C | i3101 | ASK TO BE SHOWN THE MAIN STORAGE SITE FOR PHARMACEUTICALS. I would like to know if the following medicines are available in this facility today. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify. I will also be asking about stock outs for some specific medicines. | | | | |
| | | 31.1.3. SUPPORT FOR QUALITY SERVICES | | | | |
| M_C | i3142 | I would like to know if the following documents are available in this service site today. | | | | |
| M_C | 3143 | For each document that I will ask about, please show it to me. | OBSERVED | REPORTED, NOT SEEN | NOT AVAILABLE | |
| M_C | 03 | Guidelines/protocols for pharmacovigilance (PV), that include guidelines for reporting on adverse reactions | 1 | 2 | 3 | |
| M_C | 04 | Guidelines for monitoring prescription practices at any level | 1 | 2 | 3 | |
| M_C | 05 | Written policies and procedures for identifying and managing medicine-use problems, including: monitoring adverse reactions, prescription monitoring and medicine utilization | 1 | 2 | 3 | |
| M_C | 3144 | Which of the following medicine-use problems are monitored in this facility: | YES | | NO | |
| M_C | 01 | Adverse reactions | 1 | | 2 | |
| M_C | 02 | Prescription practices for specific types of medicines such as pain medicine or antibiotics | 1 | | 2 | |
| M_C | 03 | General prescription practices, such as numbers and combinations of medicines prescribed | 1 | | 2 | |
| M_C | 04 | Medicine utilization, such as comparing medicine use to types of patients being treated | 1 | | 2 | |
| M_C | 05 | Other _____ (SPECIFY) | 1 | | 2 | |



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