HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 4

Management and finance

Core questionnaire
Core questions only

VERSION 2.0
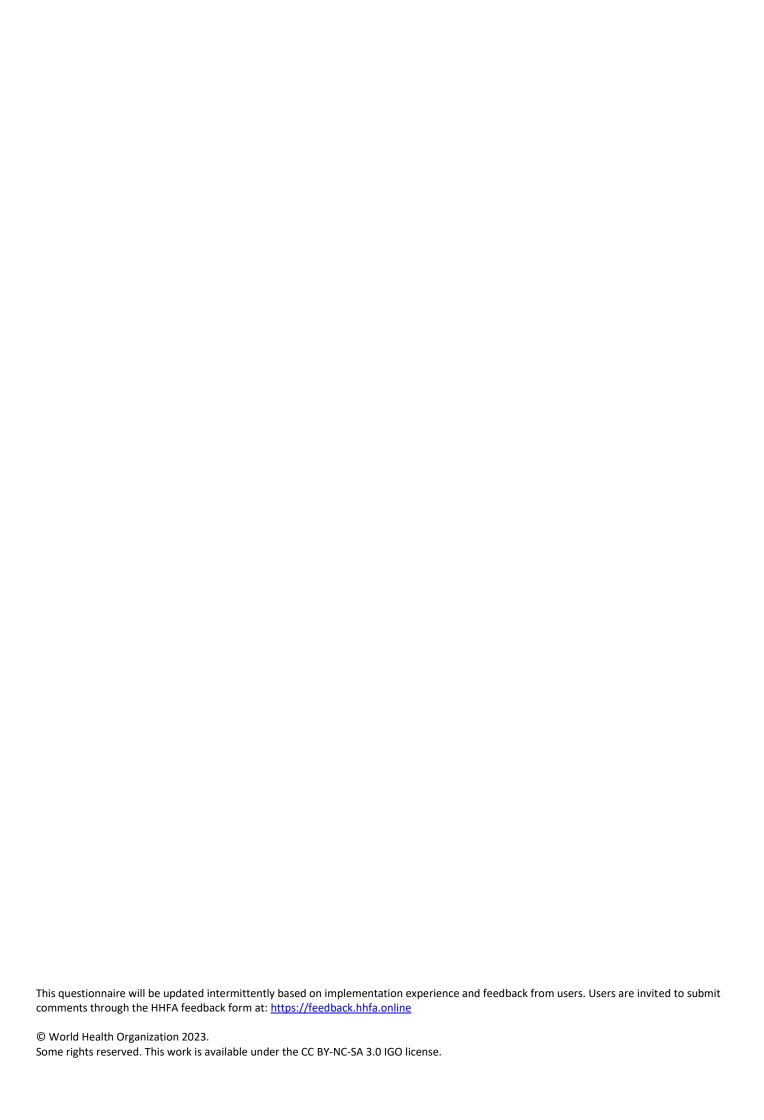JUNE 2023

World Health
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Harmonized health facility assessment (HHFA)

Management & finance questionnaire

Core questions

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Acknowledgements

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

Service Availability	Service readiness	Quality of care	Management and finance
• Facility infrastructure • Staff • Beds • Specific services • Building structure	• Guidelines • Trained staff • Equipment • Diagnostics • Medicines and commodities	• Adherence to standards in patient care process	• Management systems • Finance systems • Health information systems • Quality assurance systems
Stand-alone questionnaires	**Stand-alone questionnaires**	**Stand-alone questionnaires**	**Stand-alone questionnaires**
• Availability: **Core** • Availability: **Core+Additional** • Availability: **Additional/Supplementary** *Building structure*	• Readiness: **Core**	• Quality of care: **Additional/Supplementary** *Record review*	• Management and Finance: **Core** • Management and Finance: **Core+Additional**
Combined questionnaire			

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

Mod.	No.	QUESTION	RESPONSE		SKIP
		SECTION 17. SERVICES FOR SPECIAL NEEDS			
		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?

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Signature of team leader indicating informed consent was   *Signature of facility staff authorizing data collection and*
read and agreed by the person in-charge/acting in-charge   *position of the person providing authorization*

Contents

Detailed contents

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 VALIDATION ....1 NO, DATA COLLECTION FOR FACILITY SURVEY 2	
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	URBAN ....1 RURAL...2 PERIURBAN 3	
ALL	107	Interview dates and result	VISIT(S)	

*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.

VISIT NO.	DATE			INTER-VIEWER CODE	RESULT CODE*
	DD	MM	YYYY		
1					
2					
3					

Module	No.	Question	Response	Skip
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 NO ……………………………………………………………………………………2	→ 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 HOSPITAL ……………………………………………01 REGIONAL (PROVINCIAL) REFERRAL HOSPITAL.…………………………02 DISTRICT HOSPITAL.………………………………………………………………03 OTHER GENERAL HOSPITAL ………………………………………………………04 SPECIALTY HOSPITAL ……………………………………………………………05 COMPREHENSIVE HEALTH CENTRE/POLY CLINIC…………………………06 HEALTH CENTRE ……………………………………………………………………07 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 ONLY ……………………………………………………………1 INPATIENT ONLY.…………………………………………………………………2 BOTH OUT AND INPATIENT ……………………………………………………3	

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_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	➔Q537
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	➔Q537 ➔Q537
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	
		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	
		5.4.2. COMMUNITY LINKAGES		
M_C	539	Does this facility have any formal systems for linking with community health workers?	YES..1 NO 2	

Module	No.	Question	Response	Skip
		6. SYSTEMS TO SUPPORT STAFF		
		6.3. PERSONNEL MANAGEMENT AND SUPERVISION		
		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_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

Module	No.	Question	CERTIFICATION STATUS			Skip
			CURRENTLY CERTIFIED	PROCESS USED, BUT NOT CURRENTLY CERTIFIED	PROCESS NOT USED	
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]				
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 _____ (SPECIFY SERVICE)	1	2	3	
M_C	05	OTHER _____ (SPECIFY)	1	2	3	

Module	No.	Question	Response	Skip
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		➔Q730
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

Module	No.	Question	YES	NO	Skip
M_C	720	Does this facility conduct formal death reviews for any of the following deaths that occur in the facility?			
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	

Module	No.	Question	Response		Skip
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		➔Q730
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
		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
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.	OBSERVED	REPORTED, NOT SEEN	NOT USED	
M_C	01	The WHO Infection Prevention and Control Assessment Framework (IPCAF)	1	2	3	
M_C	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
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.	OBSERVED	REPORTED, NOT SEEN	NOT USED	
M_C	01	The WHO Hand Hygiene and Safety Assessment Framework (HHSAF)	1	2	3	
M_C	02	Other	1 _____ (SPECIFY)	2 _____ (SPECIFY)	3	
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			

Module	No.	Question	Response			Skip
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			
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			➔ END OF SECTION
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			

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	

Module	No.	Question	PREVENTIVE AND CORRECTIVE MAINTENANCE CARRIED OUT				Skip
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.	ROUTINELY	SOMETIMES, NOT ROUTINELY	NEVER	NOT APPLICABLE	
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	

Module	No.	Question	YES	NO	Skip
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 _____ (SPECIFY)	2	

Module	No.	Question	Response	Skip
		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 _____ SPECIFY		2		
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	
		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	
		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	➔Q926 ➔Q926
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	
		9.3. 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?	YES, OBSERVED ....1 YES, REPORTED, NOT SEEN..2	

Module	No.	Question	Response			Skip
		IF YES, ASK: Please show me anywhere fees for outpatients are posted.	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			
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	5	
		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			

Module	No.	Question	Response			Skip
		10. DATA SOURCES AND SYSTEMS				
		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			➔Q1014 ➔Q1019
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_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 ELECTRONIC ....1 YES, PAPER ONLY ....2 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 QUICKLY ....1 RETRIEVAL SOMETIMES DELAYED...2 RETRIEVAL FREQUENTLY DELAYED OR RECORDS LOST ....3 DON'T KNOW..8			
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		

Module	No.	Question	Response		Skip
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	
		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		
		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 ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY..3 NO INDIVIDUAL PATIENT RECORDS FOR OUTPATIENTS............4		➜Q1031
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 ELECTRONIC ....1 YES, PAPER ONLY ....2 YES, ELECTRONIC ONLY..3 NO OUTPATIENT REGISTERS 4		
		10.3.3. STORAGE OF INDIVIDUAL PATIENT CHARTS/RECORDS FOR OUTPATIENTS			
M_C	1026	Does this facility store any individual outpatient charts/files/records?	YES ....1 NO..2		➜Q1031
M_C	1027	How quickly are individual outpatient files/records retrieved from storage when needed?	ALWAYS RETRIEVED QUICKLY ....1 RETRIEVAL SOMETIMES DELAYED ....2 RETRIEVAL FREQUENTLY DELAYE OR RECORDS LOST ....3 DON'T KNOW..8		
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	

Module	No.	Question	Response	Skip
		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 DATABASES ....2 NO...3	➔ END OF SECTION
M_C	1033	How often are electronic databases with individual patient information backed up?	DAILY ....1 WEEKLY...2 EVERY 2–3 WEEKS...3 MONTHLY ....4 LESS OFTEN THAN MONTHLY..5 _____ (SPECIFY) NO ROUTINE BACKUP 6	
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
		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?	YES ....1 NO 2		➔Q1109
M_C	1103	How often are routine summary data reports on patient services and diagnoses submitted externally/to the next reporting level?	WEEKLY ....1 MONTHLY..2 QUARTERLY ....3 ANNUALLY..4 NEVER ....5 OTHER..6 _____ (SPECIFY)		
M_C	1104	How often are routine summary data reports on notifiable diseases submitted externally/to the next reporting level?	WEEKLY ....1 MONTHLY..2 QUARTERLY ....3 ANNUALLY..4 NEVER ....5 OTHER..6 _____ (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?	YES ....1 NO ....2 DON'T KNOW 8		➔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 _____ (SPECIFY)	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?	YES ....1 NO 2		➔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, OBSERVED ....1 YES, REPORTED, NOT SEEN......................................2 NO 3		
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, OBSERVED ....1 YES, REPORTED, NOT SEEN......................................2 NO 3		➔Q1115
M_C	1112	How frequently are the results of routine data quality checking system documented in a report or form?	MONTHLY..1 QUARTERLY ....2 SEMI-ANNUALLY ....3 ANNUALLY..4 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?	YES ....1 NO 2		

Module	No.	Question	Response	Skip
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 MONTHS ....1 7-12 MONTHS AGO ....2 13-24 MONTHS AGO ....3 MORE THAN 24 MONTHS AGO ....4 EXTERNAL CHECK HAS NEVER BEEN CONDUCTED ....5 DON'T KNOW 8	
		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?	YES ....1 NO...2	
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?	YES ....1 NO...2	
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.)	WEEKLY ....1 MONTHLY..2 QUARTERLY ....3 ANNUALLY...4 NEVER ....5 OTHER ....6 _____ (SPECIFY)	
M_C	1118	How often do facility staff use routine facility data to inform processes such as planning, procurement, and advocacy?	OFTEN ....1 SOMETIMES ....2 NEVER 3	
		11.2. REPORTING SYSTEMS FOR MORBIDITY AND MORTALITY		
		11.2.1. REPORTING MORBIDITY		
M_C	1119	Does this facility offer inpatient services?	YES ....1 NO...2	➔Q1122
M_C	1120	Does this facility use a standardized coding system for reporting morbidity (diagnoses) of inpatients? PROBE: FOR EXAMPLE, ICD CODES	YES ....1 NO...2	➔Q1122
M_C	1121	Which coding system does this facility use for inpatient morbidity reporting?	ICD11..1 ICD10..2 ICD9..3 NATIONALLY DEVELOPED CODING SYSTEM ....4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) ....5 OTHER ....6 _____ (SPECIFY)	
M_C	1122	Does this facility offer outpatients services?	YES ....1 NO...2	➔Q1133
M_C	1123	Does this facility use a standardized coding system for reporting morbidity (diagnoses) of outpatients? PROBE: FOR EXAMPLE, ICD CODES	YES ....1 NO...2	➔Q1133
M_C	1124	Which coding system does this facility use for outpatient morbidity reporting?	ICD11..1 ICD10..2 ICD9..3 NATIONALLY DEVELOPED CODING SYSTEM ....4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) ....5 OTHER ....6 _____ (SPECIFY)	➔Q1133 ➔Q1133 ➔Q1133
M_C	1125	Did the person(s) who assigns the ICD codes receive any formal coding training in the past 2 years?	YES ....1 NO...2	

Module	No.	Question	Response	Skip
		11.2.2. REPORTING MORTALITY		
		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	YES ....1 NO ....2 NOT APPLICABLE 5	➔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 SYSTEM ....4 STANDARD LIST OF DIAGNOSES (WITHOUT CODES) ....5 OTHER ....6 _____ (SPECIFY)	

Module	No.	Question	Response	Skip
		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
		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
		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	

World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland

hhfa@who.int