HARMONIZED HEALTH FACILITY ASSESSMENT (HHFA)

Module 1

Service availability

Core questionnaire
Core questions only

VERSION 2.0
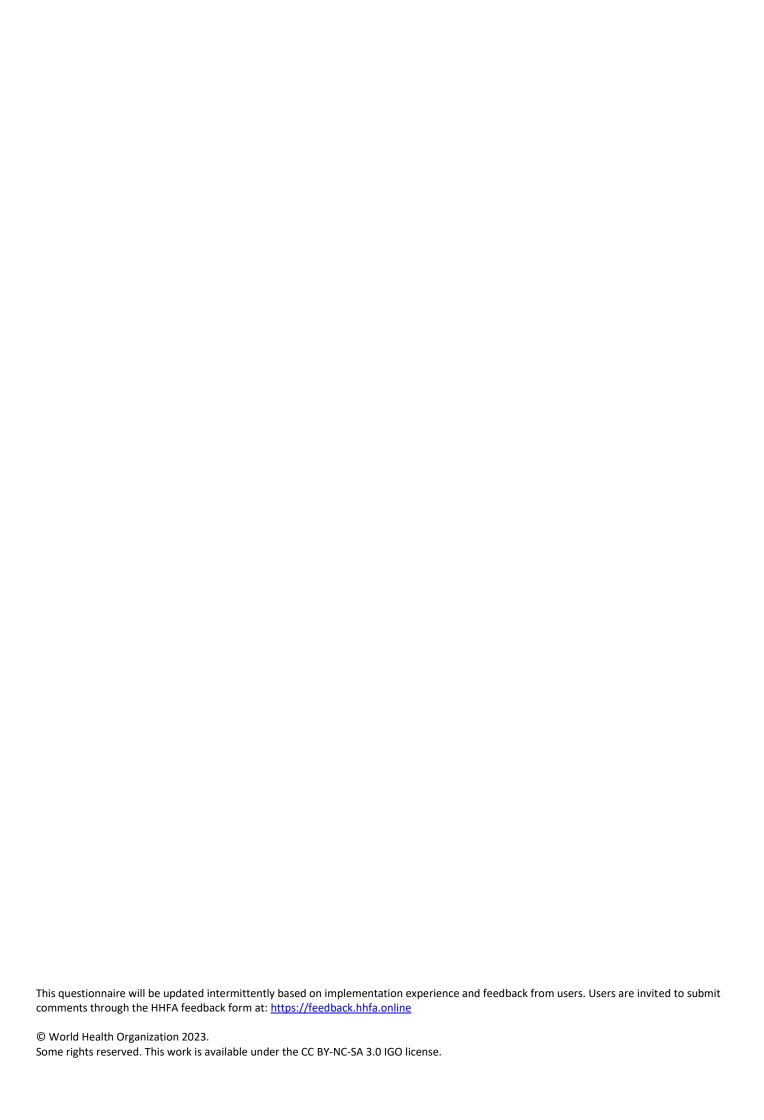JUNE 2023

World Health Organization

Harmonized health facility assessment (HHFA)

Availability questionnaire

Core and Additional questions

JUNE 2023

World Health Organization

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) (see table below) *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.	
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)	— — — — — — —	

Question 107 — VISIT(S) table:

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

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
		2. CLIENT SERVICES NOTE: PROGRAMMERS AND SURVEY MANAGERS, SKIP Q200–Q214 IF BOTH SERVICE AVAILABILITY AND SERVICE READINESS QUESTIONNAIRES ARE BEING IMPLEMENTED AS QUESTIONS ARE DUPLICATED					
		2.1. SERVICES PROVIDED BY FACILITY					
A_C	200	I want to ask about specific services which may be offered on an outpatient basis only, on an inpatient basis only, or both as out- and inpatient services. If the service is not offered at all, please say this.	OUTPATIENT ONLY	INPATIENT ONLY	BOTH OUT- AND INPATIENT	SERVICE NOT OFFERED	
	201	**2.1.1. COMMUNICABLE DISEASES** [COUNTRY ADAPT]					
A_C	01	Malaria diagnosis and/or treatment	1	2	3	4	
A_C	02	Any services for neglected tropical diseases (NTDs)	1	2	3	4 ➔12	
A_C	03	Lymphoedema resulting from NTDs	1	2	3	4	
A_C	04	Soil transmitted helminths (roundworm, hookworm, whipworm)	1	2	3	4	
A_C	05	Schistosomiasis	1	2	3	4	
A_C	06	Trachoma	1	2	3	4	
A_C	07	Onchocerciasis (ONCO)	1	2	3	4	
A_C	08	Lymphatic filariasis (LF) including hydrocele or lymphoedema	1	2	3	4	
A_C	09	Dengue	1	2	3	4	
A_C	10	Guinea-worm disease (Dracunculiasis)	1	2	3	4	
A_C	11	Visceral leishmaniasis	1	2	3	4	
A_C	12	Any diagnostic and/or treatment services for sexually transmitted infections (STI), other than HIV	1	2	3	4	
	202	**2.1.2. NONCOMMUNICABLE DISEASES**					
A_C	01	Any services for chronic noncommunicable diseases (NCDs)	1	2	3	4 ➔27	
A_C	02	Any services for diabetes	1	2	3	4 ➔06	
A_C	03	Diagnosis of diabetes	1	2	3	4	
A_C	04	Treatment for diabetes	1	2	3	4	
A_C	05	Counselling on selfcare for diabetes	1	2	3	4	
A_C	06	Any services for cardiovascular diseases (e.g. hypertension, angina)	1	2	3	4 ➔10	
A_C	07	Diagnosis of cardiovascular diseases, e.g. hypertension	1	2	3	4	
A_C	08	Treatment for cardiovascular diseases, e.g. hypertension	1	2	3	4	
A_C	09	Counselling on selfcare for cardiovascular diseases, e.g. hypertension	1	2	3	4	
A_C	10	Any services for chronic respiratory disease (e.g. asthma)	1	2	3	4 ➔14	
A_C	11	Diagnosis of chronic respiratory disease	1	2	3	4	
A_C	12	Treatment for chronic respiratory disease	1	2	3	4	
A_C	13	Counselling on selfcare for chronic respiratory disease	1	2	3	4	
A_C	14	Any cancer services	1	2	3	4 ➔27	

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

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

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

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

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

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

Module	No.	Question	Response			Skip
		3.1.2. MEDICAL DOCTORS				
	303	OCCUPATION/QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/QUALIFICATIONS ACCORDING TO NATIONAL NORMS]		A_C (C) TOTAL STAFF ASSIGNED, EMPLOYED, or SECONDED (INCLUDING PART-TIME STAFF) (IF 0, SKIP TO NEXT ROW)	A_C (E) TOTAL FEMALE STAFF (FROM AMONG THOSE IN COL C)	
		GENERALIST MEDICAL PRACTITIONERS/DOCTORS				
A_C	304	Total generalist medical practitioners		— — — If 000 ➔Q306	— — —	
	305	**Subgroups of generalist medical practitioners**				
A_C	01	Medical officer (general)/general practitioner (non-specialist)		— — —	N/A	
A_C	02	Family medicine specialist		— — —	N/A	
A_C	03	Other generalist medical doctors not classified elsewhere		— — —	N/A	
		SPECIALIST MEDICAL PRACTITIONERS/DOCTORS				
A_C	306	Total specialist medical practitioners		— — — If 000 ➔Q308	— — —	
	307	**Subgroups of specialist medical practitioners**				
A_C	01	Medical group of specialists (e.g. internal medicine specialist, cardiologist, etc.)		— — —	N/A	
A_C	02	Paediatricians		— — —	N/A	
A_C	03	Obstetricians and gynaecologists		— — —	N/A	
A_C	04	Psychiatrists		— — —	N/A	
A_C	05	Surgical group of specialists (e.g. general surgeon, orthopaedic surgeon, etc. Specialist anaesthetists are also included here)		— — —	N/A	
A_C	06	Other specialists not elsewhere classified		— — —	N/A	
	308	**3.1.3 PARAMEDICAL, NURSING AND MIDWIFERY PROFESSIONALS**				
A_C	01	Paramedical practitioner (e.g. clinical officer)		— — —	— — —	
A_C	02	Nursing professional		— — —	— — —	
A_C	03	Midwifery professional		— — —	— — —	
A_C	04	Nurse-midwife (dual trained) professional		— — —	— — —	
	309	**3.1.4. OTHER HEALTH PROFESSIONALS**				
A_C	01	Dentist		— — —	— — —	
A_C	02	Pharmacist		— — —	— — —	
A_C	03	Dietitian/Nutritionist		— — —	N/A	
A_C	04	Environmental and occupational health and hygiene professional		— — —	N/A	
A_C	05	Audiologist/Speech therapist		— — —	N/A	

Module	No.	Question	Response				Skip
A_C	06	Occupational therapist		— — —		N/A	
A_C	07	Optometrist/ophthalmic optician		— — —		N/A	
A_C	08	Physiotherapist		— — —		N/A	
A_C	09	Health professionals not elsewhere classified		— — —		N/A	
		3.1.5. HEALTH ASSOCIATE PROFESSIONALS					
A_C	310	OCCUPATION/QUALIFICATION [COUNTRY ADAPT ALL OCCUPATION/ QUALIFICATIONS ACCORDING TO NATIONAL NORMS]		(C) TOTAL STAFF ASSIGNED, EMPLOYED, SECONDED (INCLUDING PART-TIME STAFF) (IF 0, SKIP TO NEXT ROW)			
A_C	01	Radiographer/other medical imaging technician		— — —			
A_C	02	Medical and pathology laboratory technician		— — —			
A_C	03	Pharmacy technician/pharmacy assistant		— — —			
A_C	04	Medical and dental prosthetic technicians and assistants		— — —			
A_C	05	Medical records and health information technician		— — —			
A_C	06	Other health associate professional (not elsewhere classified)		— — —			
		3.4. VISITING SPECIALISTS					
A_C	314	Does this facility ever receive visits from external specialists ("visiting specialists") who conduct consultations, patient reviews and/or surgery at this facility?	YES .... 1 NO 2				➔ END OF SECTION
A_C	315	On average, how often does this facility receive a visit from a visiting specialist?	EVERY DAY/WEEK ....1 EVERY MONTH ....2 EVERY 1–3 MONTHS ....3 LESS OFTEN THAN EVERY 3 MONTHS................................4 DON'T KNOW..8				

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

Module	No.	Question	Response			Skip
A_C	03	Dedicated room in the emergency service area for isolation	1 ➔B	2 ➔04	— —	
A_C	04	Room that can be used for isolation but that is not dedicated for this purpose	1 ➔B	2 ➔Q411	— —	
A_C	411	Is the number of isolation rooms and beds in this facility considered adequate to meet potential future needs?	YES .... 1 NO .... 2 DON'T KNOW 8			

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

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

Module	No.	Question	Response	Skip
		21. IMMUNIZATION SERVICES		
		21.1. SERVICE AVAILABILITY		
A_C	2101	How often does this facility offer all infant and child immunization services at the facility?	DAILY 1	

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