

Tools for Assessing the Operationality of District Health Systems

GUIDELINES

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inside front cover

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Foreword

HEALTH SYSTEMS in Africa are undergoing considerable changes in a context of ongoing health sector reforms. In most countries these reforms include the decentralization of health services and consequently, there is a need to prepare and empower those working at the district level in their new responsibilities and tasks. Many countries have requested that the WHO Regional Office for Africa support them in the implementation of reforms at the district level and the Regional Office is giving special attention to these requests. Apart from the technical support that WHO can provide to the countries concerned, several tools, modules and frameworks continue to be developed to strengthen district health systems.

The tools proposed in this document are first and foremost intended for use by district health management teams (DHMTs) with the objective of generating the information that will serve as a basis for improving the operationality of district health systems. In addition, the repeated application of the tools will facilitate the establishment of an information base for the monitoring and evaluation of the operationality of health districts as well as allowing for the follow-up of the impact of health sector reforms on district health systems.

I strongly recommend that District Health Management Teams follow the guidelines because they include important suggestions to ensure optimal assessment. It should also be emphasized that the tools are not intended to be static but need to be adapted to specific country situations as well as to new developments and changing priorities in the health field. Hence, in addition to the hard copy, an electronic version of the assessment tools is being provided.¹ For the same reason, we sincerely welcome any reactions and suggestions for improvement of these tools as well as reports from assessments carried out.²

The tools will be followed shortly by the publication of a series of training modules for district health management teams, a new operational framework for the Bamako Initiative and a regional strategy on community home-based care. Countries can choose which of these materials they want to adapt, how they want to use them and whether they require WHO support for the field application.

I hope that countries and especially district health management teams in the Region will make optimal use of the tools in order to enhance their capacity to address the priority health problems that we face each day.

Dr Ebrahim Malick Samba
Regional Director
WHO Regional Office for Africa
June 2003

¹ The electronic version of the tools for the assessment of the operationality of district health systems can also be downloaded from the web page of the Division of Health Systems and Services Development of the WHO Regional Office for Africa (<http://www.whoafr.org>).

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Acknowledgements

THIS PUBLICATION is a result of the actions and reflections that have taken place in the region since 1985 when WHO's Regional Office for Africa and the Regional Committee launched the African Framework for health development, which had as its basic premise the district health system concept. Since then, several versions of the tools have been developed, discussed and tested.

The present document reflects the previous field experiences stemming from the establishment of the operational district health system concept in which essential health services are accessible to everyone and contribute to better health for the whole population. The authors built upon the different ideas and experiences from several countries in the Region that were shared during inter-country meetings as well as on documents that were made available by other regions. We would like to express our sincere gratitude to all those who have contributed to the development and the review of the previous versions of the tools. First, we want to thank Prof. G.L. Monekosso, who played a key role in conceptualizing the framework of implementation of Primary Health Care in the African Region, including the development of the first versions of these tools. Second, we thank the participants in the expert meeting that was held in November 1997, in which major improvements were made in the methodology and content of the tools. We cannot forget the participants in the Regional meeting on operationality of district health systems organised by the Division of Health Systems and Services Development in 1998, who gave us both clear suggestions on how to improve the tools and the confirmation that the tools would actually meet an expressed need in the field. Special thanks also go to the members of the district assessment teams in Cameroon, the Central African Republic, Ghana, Kenya, the United Republic of Tanzania and Uganda with whom we pre-tested the tools as well as the Zimbabwe team that peer-reviewed the tools. Without learning the lessons from these tests and having the valuable contributions of all those involved, the tools would never have reached the present state.

We also wish to express our thanks to Dr M. Belhocine, Dr A. Haidara, Dr S. Nyaiwa, Dr K. Manlan, Mrs S. Tereka, Ms M. Mohale, Dr J. Mwanzia, Dr K. Nguyen, Dr B. Touré, Dr M. Kiasekoka, Dr P. Tumusiime and other colleagues in various divisions at the headquarters of WHO and The Regional Office for Africa who contributed to various stages of the development of the tools.

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Preamble

THE ASSESSMENT TOOLS consist of a guideline and two questionnaires. The guideline contains background information on the objectives and the assessment criteria and provides practical guidance and suggestions on how the assessment can be conducted. It is divided into four parts:

- Part I:** General introduction.
- Part II:** Role of the central level of the Ministry of Health in the preparation and facilitation of the assessments within the districts.
- Part III:** Guidance for the preparation, implementation and follow up of the assessment at the district level.
- Part IV:** Guidelines for filling in the questionnaires.

One of the questionnaires focuses on the district level and will be completed by the assessment team for the entire district health system after the relevant information has been collected from the health facilities. The other questionnaire is to be used for collection of data from individual health facilities. This questionnaire is also intended to be used in non-public health facilities.

The tools need to be adapted to the individual country situation before being introduced. For example, they should reflect the local names of structures and categories of personnel. Suggestions for adapting the tools to country situations are given in Part II. An overview of how the tools were developed is presented in Box 3.

Box 1: *Development of tools for assessing the operationality of district health systems*

The review of district health systems in a number of African countries in 1986/87 identified the strengthening of management structures as a main priority. Based on the results of this review, the WHO Regional Committee for Africa in 1987 passed resolution AFR/RC37/4 on operational support for primary health care. The resolution focused on the creation of management structures and the strengthening of managerial capacities at the district level. Since the adoption of the resolution, WHO/AFRO has supported countries in the strengthening of their district health systems with a focus on the following areas: (i) organization and management of district health systems, ii) capacity building and iii) operational research.

The first version of the tools was used in 1995–1996 to carry out an assessment of the operationality of district health systems in 1,145 out of 4,100 districts in the Region. The main lessons drawn from the assessment were the following:

- ▶ The existence of gaps between policies and implementation of district health systems in most countries;
- ▶ The need to get reliable information for future assessments;
- ▶ That information from the assessment can be used to further improve the operationality of district health systems.

Based on the country-experiences during the 1995–1996 assessment and new developments in district health systems, the tools have been thoroughly revised. The updated version was reviewed during the 1997 expert meeting and the regional meeting for strengthening the operationality of district health systems held in 1998. After incorporating the suggested modifications, the revised tools were tested in several districts in Cameroon, the Central African Republic, Ghana and Kenya (two districts per country). The assessment teams in the participating districts described the tools as very useful and indicated that they responded to actual needs. The experiences resulted in, among other things, changes in the structure of the guideline, the reformulation of several questions and explanations and the development of a questionnaire to be used at the facility level.

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WHO Regional Office for Africa
Brazzaville

PART I: GENERAL INTRODUCTION

1.1 Justification and orientation

The tools for assessing the operationality of district health systems were developed by the WHO Regional Office for Africa (WHO/AFRO) on the request of the countries in the region. The self-assessment methodology is meant to assist countries and in particular their district health management teams (DHMTs) in strengthening the operationality of their health systems (Box 1).

Box 2 Definition of the operationality of a district health system

The state of existing and functional structures and managerial processes in the district that enable the provision of essential health care to the population

Assessment of the operationality of a district health system can be described as the review of the organization and management of a health system in terms of its structures, managerial processes, priority health activities, community participation and the availability and management of resources (see Annex 1). It does not include the assessment of its performance; assessment of operationality and assessment of performance of the district health system target two different levels, the functions and goals of the health system, respectively. As opposed to monitoring which is routinely carried out to assess progress, assessment of operationality and performance of the district health system are only done periodically, as shown below in Figure 1. The assessment process is described in Figure 2, below.

Since the responsibility of the assessment rests primarily with the district health management team, the tools have been designed as *self-assessment* tools. The methodology can be used to establish the evidence base for health development. The assessment of operationality should be integrated with other district management functions. A comparison of results with those from neighbouring districts could be the basis for a structured exchange of experiences and solutions between them.

At the central level of the health system the results of the district self-assessments should be used to guide policy development, planning and resource allocation for strengthening district health systems.

1.2 Objectives of the assessment

The objectives of the assessment are:

1. To identify the strengths and weaknesses in organizational structures, managerial processes, provision of priority health activities, community participation and empowerment, and the management of resources in the district health system.
2. To provide evidence for better planning and implementation of district health plans with the goal of enhancing overall performance of district health systems.
3. To strengthen the district health management team through the self-assessment process.
4. To provide information on the impact of health sector reform at the level of the district health system.

FIGURE 1

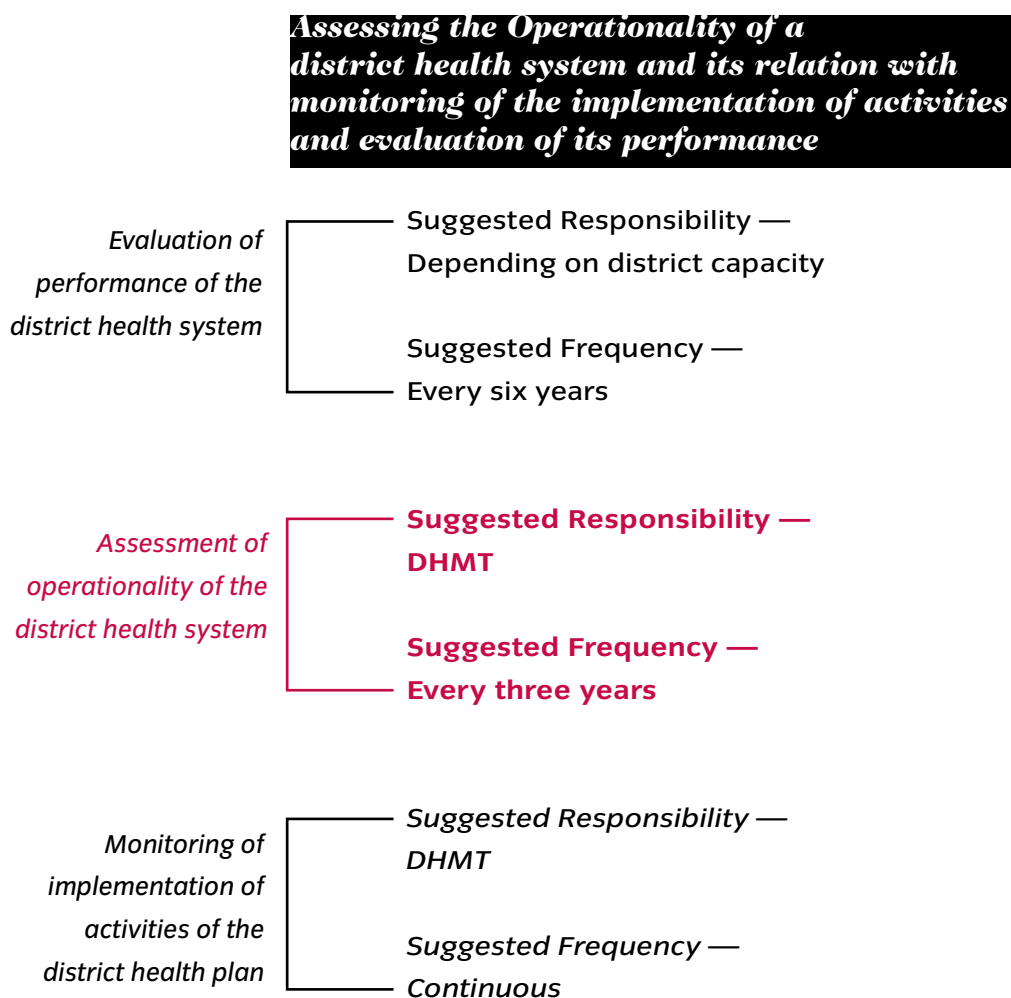
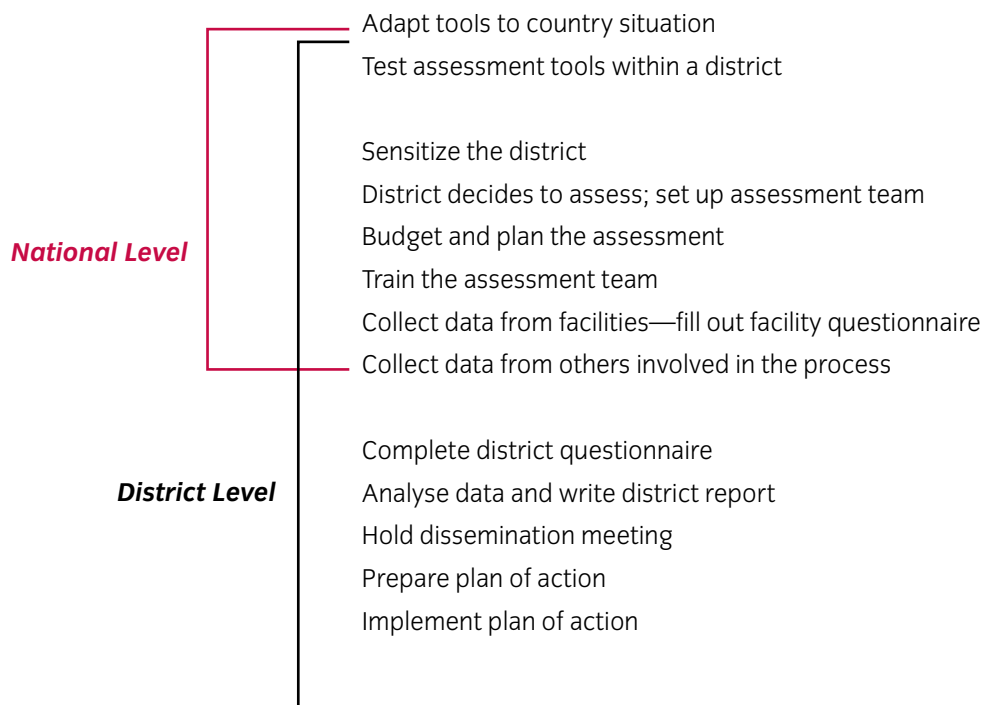


FIGURE 2

Steps in the Assessment Process



1.3 Assessment criteria

The assessment is based on the five criteria for operationality of district health systems that were developed by WHO/AFRO in collaboration with the countries in the region. They are presented in Box 2.

No question-based scoring system has been provided. Countries may, however, use the weighting of the criteria as suggested during the expert meeting as a general rule of thumb (Annex 2).

Box 3 *Criteria for assessing of the operationality of district health systems*

1. Functioning district health management structures such as:
 - ▶ District Development Committee;
 - ▶ District Health Committee;
 - ▶ District Health Management Team.
2. Established managerial processes such as:
 - ▶ operational plans;
 - ▶ guidelines, standards and norms;
 - ▶ supervisory activities and monitoring of progress.
3. Health facility activities in the categories of:
 - ▶ public health interventions;
 - ▶ basic health care;
 - ▶ health-related interventions.
4. Community health initiatives viewed from the standpoint of:
 - ▶ functioning community structures;
 - ▶ community activities;
 - ▶ community funds.
5. Availability of locally managed health and health-related resources such as:
 - ▶ funds;
 - ▶ human resources;
 - ▶ equipment drugs and medical supplies.

PART II: ROLE OF THE CENTRAL LEVEL of the MINISTRY OF HEALTH

2.1 Adaptation of the guideline and questionnaires

As described in the introduction, the tools were developed on the basis of experiences from several African countries. However, since they are intended to be used by all countries in the African Region, country particularities were not reflected. Before the tools can be used for self-assessment in a particular country, it is important to review all the documents and, where necessary, make country-specific adjustments or additions to reflect, for example, the local terminology used for structures, health facilities, among others. Such country adaptations at central level will facilitate the use of the same tools by the districts and ensure comparability of results.

The review and adaptation should be done preferably by a working group comprised of representatives from the central level of the ministry of health as well as from the regional and district levels. Guidelines for adapting the tools are given in Annex 3. It is suggested that after adapting the tools to the country situation, the working group test the tools in at least one district before disseminating them countrywide.

2.2 Key support issues for the assessment

The central authority will have an important role to play in promoting the use of the tools by the district health management teams. Various approaches could be used to achieve this such as, organizing regional or national workshops to sensitize members of the DHMT, including the assessment methodology in training sessions for DHMTs or introducing it during supervision visits to districts.

Since the exercise could be rather costly, the ministry of health could decide to progressively introduce the methodology in its health districts. The first districts in which to introduce the self-assessment could be selected on the basis of an appropriate sample size and frame (Annex 4). This would allow the ministry of health to determine the feasibility of the assessment methodology and to use the results from the districts to draw conclusions on the operationality of the district health systems.

The central authority of the ministry of health will have to decide on the amount and type of support to be provided to the sample districts depending on the local situation and the capacity available at the national, regional and district levels. The following types of input and support could be considered:

- Technical support:** Experience from earlier assessments has shown that including a person from another district or the national level in the assessment team facilitates the orientation and training of persons who are using the methodology for the first time. This might also be beneficial when comparing results from different districts.
- Financial support:** Districts carrying out the assessment for the first time and especially those that have to organize special visits to the health facilities might need financial support. However, it should be emphasized that, especially for re-assessments, the DHMTs should plan for the exercise in their management process and their district health budgets.
- Logistic support:** Transport availability has proved to be a major constraint for district teams who have to pay special visits to health facilities. The central level may facilitate the assessment by making transport available to these teams. It should, however, insist that follow-up assessments for fieldwork should (whenever possible) be combined with visits to health centres for other reasons, such as supervision.

2.3 Analysis and use of the district results at central level

The central level should support the collection, compilation and analysis data from the districts being assessed and report writing. This will give additional value to the assessment since it will provide the basis for decision-making, planning and resource allocation for strengthening the district health systems at the central level. It is suggested that persons from the various levels of the health system be involved actively in this process.

During analysis at central level, special attention should be paid to the comparison of the operationality of districts in different regions (for instance, reflecting differences in economic development or population density.). Comparison of urban and rural districts is another area that deserves attention and would be interesting to address.

A computerized database could be developed to facilitate the analysis and use of the information obtained from the district. A software package such as EPI-INFO¹ could be used to build the database and analyse the data.

The central level may disseminate the report to the WHO Regional Office for Africa and other partners.

¹ EPI INFO is a database and statistics programme for public health. The software and the manuals may be freely copied, distributed and used without restriction.

PART III: GUIDELINES FOR THE DISTRICT HEALTH MANAGEMENT TEAM

3.1 Introduction

The assessment of the operationality of a district health system will be based on the data collected from various sources in the district (Box 4). The health facility questionnaire can be used to collect and compile data from health facilities and the community. The data from the health facilities and other sources will then be used by the assessment team to complete the district questionnaire. It should be noted that collection of data from health facilities should not be seen as an assessment of the facilities but rather as part of the assessment of the operationality of the district health system as a whole.

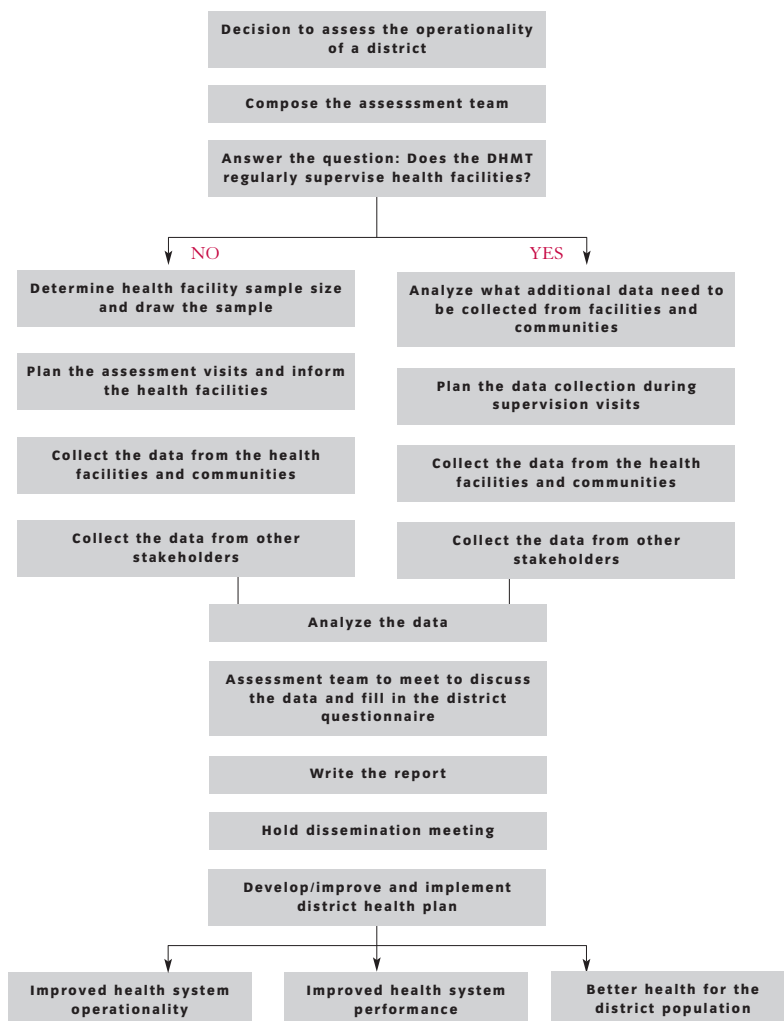
Box 4 *Suggested sources of information for the assessment*

Source of information	Approximate number of sources required per district
District Health Management Team	1
District Health Committee	1
District Development Committee	1
Hospitals	1 or 2 (depending on number available in the district)
Health Centres	Depending on sample size (see Section 3.2.3)
The community (community representatives may be interviewed for each health unit)	Number of group interviews equal to the number of health centres in sample
Relevant divisions of district departments e.g. Agriculture, Civil Status, Education, Finance, Housing and Water)	Depending on the local situation

A considerable part of the data required for the assessment of the operability of the district health system may be readily available in the district health office in the form of supervision or health information system reports or minutes of meetings of the various health and development committees. The need for additional data for the assessment exercise will depend on whether the health facilities in the district have been supervised recently (within the past 3 months) or not, on the outcome of the supervision visits and the completeness of the reports. If such visits are carried out regularly the most efficient approach will be to collect the additional data during these visits. If not, special visits to the health facilities should be organized to collect the required data. The options are presented in Figure 3 below.

FIGURE 3

Flowchart showing the assessment process depending on the supervision situation in the district



3.2 *Preparing for the assessment*

3.2.1 *Assembling the assessment team*

The district medical officer (DMO) and the district health management team should play a leading role in the self-assessment of the operationality of the district health system. It is strongly recommended, however, to include other health actors from the district in the assessment team.

It is important to involve persons with the technical skills to conduct the assessment and persons with decision-making power. Including someone from a neighbouring district with the relevant experience in the assessment could enhance the process. The intermediate or central level of the ministry of health should assist with the identification of such a person.

Another option for the first self-assessment in a district would be to include an official from the ministry of health (e.g. someone from the departments in charge of primary health care, district development or planning, preferably with experience in health systems research) in the team. This could facilitate the process and improve the comparability of the results between districts.

Ideally, the assessment team should be comprised of between six to ten persons. Proposals on whom to include in the team are given in Box 5, but the exact composition of the team will vary according to the local situation. The DMO should work to involve each team member as soon as preparation of the assessment begins.

Box 5 *Suggested composition of the assessment team*

Suggested members of the assessment team from within the district:

- ▶ District Medical Officer (team leader);
- ▶ District Public Health Nursing Officer;
- ▶ District Health Administrator;
- ▶ Two other DHMT members, one representing health centres and another representing hospitals;
- ▶ A representative from the non-public health facilities in the district;
- ▶ District Health Information, Statistics or Monitoring and Evaluation Officer;
- ▶ One person from NGOs operating in the district on health-related issues and another from other relevant sectors.

3.2.2 Orientation and training of the assessment team

Reviewing the objectives, guidelines and questionnaires

The assessment team should review, discuss and familiarize themselves with the objectives and criteria for assessing the operationality of district health systems, as they will have to share them with the participants in the interview meetings.

The methodology and questionnaires should also be reviewed by the team members and subsequently discussed in order to ensure that they all have the same understanding of how to collect the relevant information. It is further suggested that they all participate in the sampling of health facilities.

Training the assessment team in information collection²

The data will be collected from the health facilities using the facility questionnaire. The time needed for training team members in-group interview techniques and the use of the questionnaire may vary depending on the experience of the assessment team members in questionnaire administration. The training should be led preferably by someone with experience in assessment of the operationality of district health systems, health systems research or other surveys. General orientations for administering the questionnaire to a group of personnel in a facility are included in Annex 5.

It is suggested that as part of the training and familiarization process the members of the assessment team administer the questionnaire among themselves in small groups. The questionnaire may be tested in a health centre not included in the sample for further familiarization.

Training in data analysis and report writing

Familiarization of the assessment team with the expected data types and their collation and analysis, as well as key aspects in report writing before the assessment is carried out will ensure a focused analysis and a comprehensive report (see Section 3.4).

3.2.3 Selecting health facilities in the district

Ideally, data from all health facilities in the district should be used in the assessment process, including data from non-public health facilities such as private or mission hospitals and clinics. This would ensure a more complete assessment of the operationality of the district health system. In practice, however, such data are not readily available, in which case it would be tedious and expensive to gather data from all health facilities. Consequently, the assessment team would have to select a sample of health facilities to include in the assessment. The approach described in Annex 6 could be used.

² The training can be skipped if data collection from health facilities is not required.

If the relevant information from some of the selected health facilities is available, for example from reports of supervisory visits carried out in the past three months, this information can be used for the assessment. Where the information is not complete or is non-existing, it will require to visit the health facilities to collect the data.

3.2.4 Preparing the workplan for the assessment

A sample time frame for an assessment, including the various elements to be considered in the planning, is provided in Annex 7. The exact time frame for assessing a district will vary from district to district. Similarly, the number of days needed to complete the fieldwork will depend on the local situation, for example, the number of health facilities in the sample and the travel time to these facilities. The planning must also be based on the work schedules of the health facilities to be visited, the availability of the assessment team members and the distribution of tasks among them (see Section 3.3).

3.2.5 Preparing the budget

The budget should be based on the work plan for the assessment and should include the following:

- ▶ Preparation for the assessment
- ▶ Fieldwork
- ▶ Data analysis and report writing
- ▶ Dissemination workshop
- ▶ Travel costs of team members
 - Allowances for team members
 - Stationery, including photocopying of manual and questionnaires
- ▶ Allowances for team members
 - Allowances for driver(s)
 - Cost of fuel for the estimated number of kilometres
 - Servicing the vehicle(s)
- ▶ Cost of diskettes and photocopy paper
 - Printer cartridge or ribbon
 - Allowances for team members responsible for data analysis and report writing
- ▶ Transport refund for participants
 - Cost of lunch and tea breaks
 - Cost of transparencies, flip-chart paper, pens, chalk, etc.

3.2.6 Making arrangements for fieldwork

It is strongly suggested that the health facilities be informed in advance of the date and time for planned visits. It is also advisable to inform them in advance about:

- ▶ the objectives of the assessment;
- ▶ who will be participating in the group interview (including the community representatives);
- ▶ what information the facility should have at hand for the interview (e.g. tally sheets, attendance figures for the various services etc).

Local authorities should be informed about the assessment exercise and appropriate approval should be sought from institutions to be visited.

3.2.7 Reviewing the operating norms and standards for the district

The assessment team should study the operating norms and standards and in particular the following in order to be familiar with them before assessing the district:

- ▶ Appropriate staffing standards at the district level, hospitals and other health facilities; the number and type of trained health workers required at each level should be known.
- ▶ Number of beds for each hospital and health centre.
- ▶ Range of services expected to be provided in each health unit as defined for example in the Minimum Health Package or other local standards;
- ▶ Type of drugs, equipment and supplies that should be available at each health facility.

3.3 Data collection

It is important to clearly explain that the collection of information from the health facilities is not an assessment or a check on the functioning of the health facility. The objective is rather to collect information that is important for district management. As such, the purpose of the field visit is to help the assessment team to better understand the way the system operates, to identify its strengths and weaknesses and to solicit ideas for improvement.

3.3.1. Working sessions in the health facilities (public and non-public)

The assessment team should break up into small groups of two to four. This will save time and avoid arriving at the health facilities and elsewhere as a large group, which could affect the quality of the interview with facility personnel. The groups should be balanced (as much as possible) in terms of each member's background and skills. Before the group arrives at the health facility, a decision should be taken on who will lead the interview and who will take notes and fill in the questionnaire.

3.3.2. Methods for collecting data

Group interviews. The persons to be invited will depend on the number and type of personnel in the health facility. A proposal on whom to invite for the group interview is given in Box 6.

Box 6 *Proposed list of persons to be invited for interview in the health facilities*

- ▶ Medical superintendent and/or nursing officer-in-charge
- ▶ Persons in charge of main curative and preventive units, laboratory, pharmacy and medical records
- ▶ Public and/or environmental health officer
- ▶ Administrator
- ▶ Representatives of the co-management team or other community groups

Although the members of the assessment team may know the answers to some questions it is important to stimulate a dialogue with the participants. The interviews may occasionally have to go beyond the information strictly requested in the questionnaire, especially when attempting to find the reasons for certain answers.

Review of records and infrastructure

Records at the district office, hospitals and health centres should be reviewed and used to complete the questionnaire as accurately as possible. Enough time should be taken to extract the necessary information from these sources.

Some questions in the questionnaire relate to the physical conditions and infrastructure of the health facility. Prior to answering these questions, the members of the assessment team and participants in the group interview should tour the facility and note down their observations.

Observations

During the assessment process, the team will make observations in all selected health facilities. The aspects to observe include, among others, infrastructure, equipment and availability of drugs.

Information from other sources

Information on sex ratio, literacy rates, rural-urban distributions, main economic activities, availability of resources for health, inter-sectoral health and health-related activities could be discussed with the relevant divisions in the Departments of Agriculture, Civil Status, Education, Finance, Housing and Water within the district.

A subgroup of the assessment team could visit these divisions and discuss the relevant questions. This would also provide an opportunity to inform them about the objectives and process of the assessment.

The exchange of experiences, in the preparation and the follow-up phases, with other districts that have carried out the assessment is considered to be very important. Useful lessons could be learned from the experiences and solutions in other districts.

3.3.3 Initial feedback to the health facilities

At the end of data collection in any health facility, the initial impressions based on the data collected from the facility should be presented and discussed with the health facility personnel (see Annex 8). These impressions should identify the strengths and weaknesses of the health facility. Discussions emanating from this initial dissemination should be incorporated into the data for the health facility and the assessment team should ensure that a copy of the completed questionnaire is provided to the facility.

3.4 Data analysis and report writing

After collecting the information from the various sources, a subgroup of the assessment team will set out to analyse the data. A file should be created for the questionnaires from the health facilities visited to facilitate their analysis and comparison over time. It is suggested that the data be structured and reported according to the five criteria for the assessment.

The creation of a computerized database for the information collected from the facilities is optional. Such a database could facilitate the compilation and comparison of information from the health facilities visited and the analysis of changes over time in follow-up assessments.

When the analysis is completed the whole assessment team will have a working session during which the subgroup will present its findings. On the basis of the findings and other information available, the assessment team should fill in the district questionnaire together.

Although some of the members of the assessment team may individually have the information required for answering many of the questions, it is still suggested that all the questions be addressed in the group session. This is to ensure that the district questionnaire reflects the views of the whole team. Each member will have had a comprehensive overview of the operationality of the district system and can make meaningful recommendations for improving the system. This is why it is important that during the group session all of the information is made available. The task of providing specific information to fill in the details on the health facilities in Tables 2 and 3 of the district questionnaire should therefore be assigned to the appropriate persons.

It has to be noted that the district questionnaire does not contain questions to reflect all of the data from the facility questionnaires since a quantitative analysis of these data is not the objective of the assessment.

After completing the district questionnaire the assessment team should identify the strengths and weaknesses based upon the criteria in the relevant sections of the questionnaire and fill in the tables in Annexes 8 and 9. It is suggested that the assessment team also takes the time to identify and discuss the causes of the various weaknesses and to analyse the links between them.

The definition of the strengths, weaknesses and the causes should be as specific as possible in order to identify appropriate solutions. For example, if transport is identified to be a problem for the district health management team, it should be specified whether this is a resource problem (the number of vehicles was insufficient), a management problem (vehicles were not properly maintained) or a planning and coordination problem (a schedule for the use of vehicles was not in place).

3.4.1. Report writing

The responsibility for writing the assessment report can be assigned to a subgroup. It could be structured as follows:

- A. Summary
- B. Introduction and background
- C. Objectives
- D. Methodology (including sample size and sources of information)
- E. Findings and discussions: this section should bring out the strengths and weaknesses by the following criteria:
 - ▶ Management structures
 - ▶ Managerial process
 - ▶ Health and health-related activities
 - ▶ Community involvement
 - ▶ District health funding and management of resources
- F. Conclusion
- G. Recommendations
- H. Draft plan of action

The discussion of the results should focus on the strengths and weaknesses that were identified per the criteria outlined and their underlying causes identified by the assessment team.

The report, especially the recommendations and the plan of action (see Section 3.5), should be finalized after the dissemination workshop in order to include the suggestions made by the participants.

3.5 *Dissemination and use of results*

A workshop should be organized to disseminate the results of the assessment and to discuss the conclusions and recommendations.

The workshop should target the following participants:

- ▶ District political and administrative leaders
- ▶ Members of the district health team
- ▶ Members of the district health committee
- ▶ Medical Superintendents of hospitals (Government and NGOs)
- ▶ Heads of health centres
- ▶ Representatives of community structures and NGOs in the district
- ▶ Religious leaders and opinion leaders

The dissemination meeting could start with a presentation of the experiences and main conclusions of the assessment and should illustrate the strengths and weaknesses identified. The dissemination meeting should be interactive to enable the participants to provide explanations and suggestions for solutions.

A plan of action to improve the operability of the district health system should be developed during the meeting. It should focus on the recommendations that can be addressed by the district level itself, taking into account the resources available.

It is suggested that the following be included in the plan of action:

- ▶ Identified areas requiring strengthening
- ▶ Corresponding recommendations
- ▶ A clear definition of the proposed activities for each recommendation of the assessment;
- ▶ Indicating for each activity who will be responsible, what resources are needed and a time frame of when the activity will be initiated and completed.

PART IV: GUIDELINES FOR FILLING IN THE QUESTIONNAIRES

Both questionnaires already include a number of explanations and instructions that are meant to assist the interviewers. They are printed in italics and should normally not be read out to the respondents, unless further explanations are required.

It was not feasible to include all the suggestions and instructions in the questionnaires. The information that could not be included in the questionnaires can be found in Table 1.

It should be noted that for several questions other answer options are provided in addition to “Yes” and “No,” namely:

- ▶ DNK for “Do Not Know” in case the members of assessment team do not know the answer to the question, e.g. because the information is not available;
- ▶ N.A. in case the question is “not applicable”.

Table 1

Additional information on selected questions in the district and health facility questionnaires

District questionnaire	Facility questionnaire	Explanation / suggestion / comment
10 & 12	8 & 29	▶ These questions are included because the figures, based on the health information system, only reflect the diseases for which the health facilities are consulted. This is different, in most cases, from the diseases in the community (because people do not consult the health facility for all diseases). Also, the incidence of the disease does not reflect the importance of the disease for the patient and the community (e.g. responses may be influenced by the degree of disability and dependency caused by the disease).

Table 1 CONTINUED

District questionnaire	Facility questionnaire	Explanation / suggestion / comment
Tables 2 & 3	—	<ul style="list-style-type: none"> ▶ The two tables should be completed for all health facilities in the district, public and non-public. Depending on the number of health facilities in the district more space may be needed than provided in one table in which case, additional copies of the table(s) can be included in the questionnaire ▶ It is suggested that two or three members of the assessment team complete these two tables before the session with the whole team so that time is not wasted during the meeting. The information should, however, be discussed with the whole assessment team.
Table 4	Table 2	<ul style="list-style-type: none"> ▶ Suggestions to adapt the terminology in this table to the local situation are given in Annex 3. The assessment team is advised to go through all questions and base responses on document verification.
14	10	<ul style="list-style-type: none"> ▶ In the district questionnaire information should be provided on the functions of the DHMT as defined in regional or central level MOH documents but also on the functions defined or assumed by the DHMT itself. It is essential to indicate the source of the information. ▶ This question has been added to the health facility questionnaire in order to find out how much the personnel in the facilities know about the functions of the DHMT.
17	—	<ul style="list-style-type: none"> ▶ It should be indicated whether the district has an approved health plan to guide the implementation of district activities.
—	11	<ul style="list-style-type: none"> ▶ It should be indicated whether the health facility has a plan that defines the objectives to be achieved and that guides them in the orientation of their activities.
20	—	<ul style="list-style-type: none"> ▶ The DHMT should indicate three priority objectives in their health plan and the related targets and activities.

Table 1 CONTINUED

District questionnaire	Facility questionnaire	Explanation / suggestion / comment
23	—	▶ When answering these questions, the following definition of health sector reform can be used: “A sustained process of fundamental change in policy and institutional arrangements, guided by government and designed to improve the functioning and performance of the health sector and ultimately, the health status of the population.”
28	—	▶ Supervision: the assessment team should base the responses for the hospital(s) and the health centres on the availability of checklists, plans, or schedules and reports on the information they collected from these facilities and for the district office, on their availability at the DHMT level. The assessment team should verify the availability of these documents at all levels.
28.1	—	▶ The purpose of this question is to compare the number of visits planned with the number of visits actually carried out. The answers should be based on information available at the district level. During the visits to health facilities the accuracy and completeness of the information at the district level should be verified.
35	—	▶ This question deals with district level health information systems data. Are the data received from the facilities being compiled and analysed for studying disease trends and trends of health facility utilization? Examples should be shown before ticking Yes.
36	—	▶ The answer to this question deals with the whole district and should be based on the answers provided by the sample health facilities on whether they have received feedback from other facilities such as reports, graphs, comparisons of information, etc.
—	28	▶ In the health facility questionnaire a column entitled, “should be undertaken at this level” is included in the table. The assessment team should fill out this column on the basis of the operating norms and standards defining which services should be carried out by which level. The column is included to facilitate the comparison of services provided with services expected to be provided.

Table 1 CONTINUED

District questionnaire	Facility questionnaire	Explanation / suggestion / comment
— 29	▶	This question does not strictly refer to the existence of community structures but has proved to be a good opening question for interaction with community representatives (see also the first row of this table).
45 & 46	—	<ul style="list-style-type: none"> ▶ The assessment team should verify whether a district health budget exists. If so, use a copy of the budget of the past financial year to fill in the table in question 46. ▶ Recurrent costs are costs which are incurred regularly year after year. ▶ Capital costs are costs incurred when acquiring, constructing, or renovating long-term assets such as land, buildings, and heavy equipment. ▶ If information is available on the total budget, the percentage that each source contributed can be calculated (total amount from source / total amount from all sources x 100%).
56	46	<ul style="list-style-type: none"> ▶ Lighting is considered adequate when all rooms in the health facility are well illuminated during the day and there is lighting that can be used at night. ▶ Sanitation facilities are considered adequate when the health facility has one or more properly constructed toilets, a pit for disposing of garbage, a placenta pit, etc. ▶ Water supply is considered adequate when the facility has running water or another source of safe water in the compound 24 hours a day, 365 days a year. ▶ Ventilation is considered adequate when all rooms of the facility are well ventilated. ▶ Cleanliness of a facility is considered adequate when the compound and rooms look clean upon inspection. ▶ A health facility is considered spacious when the compound and the rooms are of the standard recommended size (compare with local standards).

Annex 1

Glossary and Acronyms

Glossary of Terms

District¹	A clearly defined administrative area in which some form of local government takes over many responsibilities from central government departments.
Health district¹	A geographical area that includes all components of a health system required for community, primary and first level care.
District Health System¹	All the interrelated elements that contribute to the health of individuals, families and communities in a district.
Facility¹	A building, a room or a site that makes an activity possible, e.g. a health centre or a hospital.
Health Sector Reform²	A sustained process of fundamental change in policy and institutional arrangements, guided by government, designed to improve the functioning and performance of the health sector and ultimately the health status of the population.
Health Services¹	A system of institutions, people, technologies and resources designed to improve the health status of the population at any time.
Health System³	The complex of interrelated elements that contribute to health in homes, educational institutions, workplaces, public places, and communities, as well as in the physical and psychosocial environment and the health and related sectors.

¹WHO Regional Office for Africa, *District Health Management; Planning, Implementing and Monitoring a Minimum Health for All Package*, Brazzaville, 1994.

²Sikosana P, Dlamini Q, Issakov A (1997), *Health Sector Reform in sub-Saharan Africa, A review of experiences, information gaps and research needs*. WHO/ARA/CC/97.2.

³World Health Organization, *Glossary of Terms used in the "Health for All" Series No. 1-8*, Geneva, 1984.

Health System Operationality Assessment	A review of the organization and management of a health system in terms of structures, processes, priority health activities, community participation and the availability and management of resources.
Health System Performance Assessment⁴	A measurement of the achievement of its goals by a health system: responsiveness to the legitimate expectations of the population, fairness of financial contribution and its primary goal of better health.
Primary Health Care³	Primary health care is essential health care made accessible at a cost that the country and community can afford, with methods that are practical, scientifically sound and socially acceptable. Everyone in the community should have access to it, and everyone should be involved in it.
Adult health literacy	The cognitive and social skills which determine the motivation and ability of adults to gain access to, understand and use information in ways which promote and maintain good health.

Acronyms

DDC	District Development Committee
DHC	District Health Committee
DHMT	District Health Management Team
DMO	District Medical Officer
DOTS	Directly Observed Treatment Short-course
HC	Health Centre
IMCI	Integrated Management of Childhood Illness
MOH	Ministry of Health
NGO	Nongovernmental organization
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa

³ World Health Organization, *Glossary of Terms used in the "Health for All" Series No. 1-8*, Geneva, 1984.

⁴ World Health Organization, *World Health Report 2000; Health Systems: Improving Performance*, Geneva, 2000

Annex 2

Suggested Weighting of Assessment Criteria

An expert meeting to review the criteria for assessing the operationality of district health systems held in 1997 proposed a scoring system for the criteria based on a total of 100 points possible. The highest weighting was awarded to the criteria on health management structures and managerial processes. Equal weighting was awarded to health facility activities and availability of health resources. It was argued that these criteria, particularly the one on district health structures provided a strategic norm upon which a district health system can be based. The five criteria and the proposed scoring are presented in the table below:

Weighted criteria for assessing the operationality of District Health Systems

Criteria	Score
1. Functioning local health management structures	25
2. Established managerial processes	25
3. Health facility (public and non-public) activities	20
4. Community health initiatives	10
5. Availability of locally managed health and health-related resources	20
Total	100

Annex 3

Suggestions for Adapting the Tools to Country Situations

The categorization of health facilities (Type I, Type II, Type III) should be replaced by the local categories of health facilities. This categorization is used in several questions in both questionnaires (e.g. Table 3 and the tables in section 4). In the manual the instructions for the district level in relation to the selection of health facilities could also be adapted to reflect the local categorization of health facilities.

Types of health personnel referred to in the manual and the questionnaires should be reviewed and adapted to the local situation. In the table on the availability of human resources in the district (district questionnaire—Section 6) the local types of health personnel should be included in the first column.

The names of the district and community structures (District Health Management Team, District Health Committee, District Development Committee, Community/Village Development Committee, Community/Village Health Committee and Health Facility Management Team) should be replaced by the local equivalents of these structures. To facilitate the identification of local equivalents the following suggestions on the composition of the three structures, as described in the WHO publication “District Health Management: planning, implementing and monitoring a minimum health for all package,”⁴ could be used:

1. The District Development Committee is a multi-sectoral committee that is usually chaired by the highest local government authority. It corresponds to the local government. Other members include representatives of government departments at the district level and representatives of the village development committees in the district;
2. The District Health Committee is a sub-committee of the district development committee. Its members could include representatives of health-related departments at the district level as well as representatives of the communities, health professional bodies, special groups, associations and nongovernmental organizations working in health and health-related sectors. The district administrator is normally the chairman while the representative of the district health management team acts as the secretary;
3. The District Health Management Team is multidisciplinary in composition and is headed by the District Medical Officer. Other members of the team could include a Medical Assistant/Nurse Practitioner, a Nurse Midwife/Public Health Nurse, a Community Health Officer/Nurse, a Community Health Educator, a Health Records Assistant, a Maintenance and Supplies Officer, a Medical Laboratory Technician, an Environmental Health Officer, a Pharmacy Technician and an Administrative Officer;

⁴*District Health Management: Planning, implementing and monitoring a minimum health for all package, Regional Office for Africa of the World Health Organization, 1994.*

4. Each community or village is expected to have a development committee headed by the village head or by any other person appointed by the committee members. Other members could be the primary school head teacher and representatives of religious groups, women's groups, occupational groups, nongovernmental organizations and youth groups.
5. The community/village health committee is a sub-committee of the community development committee.
6. The health facility management committee is the committee responsible for managing the health facility and will be chaired by the person in charge of the facility, other personnel, and members of the co-management team or other community representatives.

A clear description of the local structures could be added to part IV along with the explanations to the questions, to ensure common understanding and comparability of the results.

The section on priority health activities should be reviewed in order to ensure that all local health priorities are included in the list.

Annex 4

Suggestions for Selecting Districts for the Assessment

If a country wants to draw conclusions about the operationality of its district health systems in general, without introducing the methodology in all the districts at the same time, a random sample of districts could be taken. The proposed sample will depend on the number of districts in the country. An indication of the suggested sample size is given in Box I. Countries could involve a statistician to define the exact number of districts to be included in the sample. In addition to the statistical arguments for the determination of the sample size, the available funds and human resources should also be taken into consideration.

When selecting a district sample the team should bear in mind that most countries have different geographical areas with different levels of economic development, ethnic groups, degrees of urbanization and accessibility. There may also be differences in health systems between districts, depending on the donors involved or the strategies implemented. These factors will in many cases impact on the health situation of the population as well as the operationality of the district health system. It is necessary to ensure that districts from all distinctive areas be included in the assessment. To achieve this, districts could be classified into distinctive groups for sampling (Box II). A list of the districts should be prepared for each region. It is from this list that a random sample will be selected.

Box I *Indication of the percentage of districts to be included in the sample for assessment*

Total number of districts	Proposed sample fraction ⁵	Total number of districts	Proposed sample fraction
9 or less	All the districts	60–99	20%
10–19	50%	100–149	15%
20–39	40%	150 or more	10%
40–59	30%		

Box II *Example of a sample of districts based on regional differences*

(The sample proportion of 30% is based on the proposed sample percentage given in Box I).

Region	Number of districts in the region	Number of districts in sample (30% based on Box I)
North	6	2
East	4	2
Central	10	3
South-West	20	6
Total	40	13

⁵ The formula for calculating sample size for single proportion estimates was used as described in the EPI INFO manual using an estimate of the real proportion of the factor in the population (districts) of 50%, a maximum acceptable difference of 20% and 0.90 confidence level.

Annex 5

Guidelines for Administering the Facility Questionnaire: In-group Interviews

1. Functions of the moderator of the questionnaire session

Before the interview:

- ▶ Ensure that the participants are seated in a way that facilitates active participation of all.

Opening the session:

- ▶ Open the session by requesting the participants to introduce themselves;
- ▶ Make the participants feel at ease;
- ▶ Introduce the objectives of the assessment, and specifically, the group interview and the information that will be sought and how the information will be used;
- ▶ Stress the importance of everyone's contribution in the light of the self-assessment.

Stimulating the discussion:

- ▶ Show your commitment and enthusiasm for the exercise; show that you are interested in everyone's opinions and contributions;
- ▶ Formulate questions and ask participants to contribute by giving their points of view;
- ▶ Remember that there are no right or wrong answers.

Encouraging participation:

- ▶ Avoid a question-answer session by encouraging a discussion about the topic.
 - Ask for clarifications, e.g. “Could you tell me more about....”
- ▶ Reorient the discussion if it deviates too much from the subject by asking questions such as:
 - “What is the link with....”
 - “Interesting, but in relation to....”
 - Use a remark from a participant to ask the opinion of others about the subject: “Mrs. X said..., What is your opinion in this matter Mrs. Y?”
- ▶ If a participant tends to dominate the discussion, avoid looking at the person in the eyes, specifically direct the question to someone else;
- ▶ If a participant hesitates to express his/her opinion, ask for his/her opinion by addressing the person by name.

Avoid dominating the discussion:

When the participants ask for your opinion and ideas, realize that it is very important to get them to express their views as much as possible. To avoid biasing their responses, ask them to defer their questions on your opinions and knowledge to the end of the discussion. If you give your opinion or answer, others might be less willing to express theirs. Try to throw the questions back to others who may know the answers or have their opinion, e.g. “What do you think about....?” or “What is your opinion of the situation?”

At the end of each discussion about a question, try to reach a consensus on how the question will be answered:

- ▶ Try to summarize the various opinions given and get the participants to agree on how to answer the question.

Manage the meeting discreetly:

- ▶ Listen attentively. Limit (where possible) the time per subject in order to retain the attention of all participants;
- ▶ Before closing the session ask the participants whether they have any further questions or suggestions. At the end of the meeting, take the time to summarize the discussion and to thank the participants. Explain to them how the assessment process will continue and what their further roles will be.

II. Functions of the note taker

The information to be recorded by the note taker include the following:

- ▶ Date, starting time, closing time and place of meeting;
- ▶ Names and functions of the participants;
- ▶ Opinions and contributions given by participants;
- ▶ Answers to the questions in the questionnaire that have been agreed upon by the participants.

The note taker can also assist the moderator by drawing his/her attention to:

- ▶ Participants who want to contribute but are unable to catch the attention of the moderator;
- ▶ Questions that tend to be skipped;
- ▶ Lack of clarity in relation to a question about what answer needs to be filled in on the questionnaire.

Finally, the note taker can assist the moderator in summarizing the meeting.

Annex 6

Suggested Approach for Sampling Health Facilities in the District

To determine the sample size, the health facilities should first be classified by type (i.e. hospitals, health centres with inpatient services, health centres without inpatient services and health posts). A list of facilities should be prepared for each category. To ensure that the sample contains all the different types of health facilities in the district, the sampling will be done for each list separately.

If a category contains only one or two facilities (e.g. in the case of hospitals), these could be automatically included in the assessment exercise. For categories that contain a greater number of facilities, it is suggested to select three facilities at random (see example in Box I).

Box I *Example: Suggested number of health facilities to be selected*

Type of health facility	Total number in district	Number of centres in sample
Hospital	1	1
Health centre with inpatient services	6	3
Health centre without inpatient services	15	3
Health post	9	3
Mission Hospital	1	1
Total	30	11

Using simple random sampling

Choosing health facilities from each category should be done through random sampling. The following steps must be repeated for each type of health facility:

- Step 1 Write the name of each facility on a separate piece of paper.
- Step 2 Fold all the papers and put them in a box.
- Step 3 Ask someone to draw the required number of papers.
- Step 4 The list of facilities selected will constitute the sample of health facilities for the assessment.

Annex 7

Overview of Activities and Estimated Time Frame for Assessment at the District Level

Activity			Estimated number of days					
Consensus to assess	1/2		Await budget approval (if applicable)					
Assembling the assessment team	1/2							
Orientation & training of team 1	1/2							
Selecting a sample from the health centres	1/2							
Planning, data collection and analysis	1/2							
Preparing and submitting the budget*		1/2						
Making arrangements for fieldwork*				1/2				
Review operating norms and standards					1/2			
Data collection*						7		
Compilation of data into district questionnaire and analysis*							5	
Writing the report*						3		
Planning & preparing dissemination meeting*						1/2		
Holding the dissemination meeting and drafting a plan of action							2	
Finalizing the plan of action								2
Implementing the plan of action ongoing								ongoing

* These activities can be carried out by subgroups of the assessment team. However it is suggested that all members of the assessment team participate at least once in the collection of data from health facilities.

Annex 8

*Table for the Analysis of Strengths and Weaknesses by Criteria**

Name of health facility: _____

Date of Assessment: __|__|__|__

	Strengths	Weaknesses
Management structures		
Managerial process		
Priority health activities		
Community participation		
Health and health-related resources		

** Use additional pages if necessary.*

ASSESSMENT OF THE OPERATIONALITY
OF DISTRICT HEALTH SYSTEMS

Health Facility Questionnaire

DATE ON WHICH THIS QUESTIONNAIRE WAS COMPLETED

|_|_|_|_|_|_|_|_|_|
DD / MM / YYYY



WHO Regional Office for Africa
Brazzaville

SECTION 1: BACKGROUND CHARACTERISTICS

1. Name of health district: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
2. Name of health facility: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
3. Type of health facility:
- Hospital ☐
- Health centre (type III) ☐
- Health centre (type II) ☐
- Health centre (type I) ☐
- Other, specify _____
- 3.1 Who owns the facility? Public ☐ Private ☐
Mission ☐ NGO ☐
Other, specify _____
4. Demographic profile of the catchment population: Reference year _____
- 4.1 Population in the catchment area |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
- 4.2 Number of women of child bearing age (15–49 years) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
- 4.3 Number of children under one year (0–11 months) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
- 4.4 Number of children under five years (0–59 months) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
- 4.5 Sex ratio (number of males/number of females) |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
- 4.6 Adult literacy rates (*number of people that can read and write in at least one language / total number of people*) x 100%
- M |_|_|_|_|_| % _____
- F |_|_|_|_|_| % _____
- 4.7. What percentage of the catchment population lives in:
Rural areas _____% Urban areas _____% _____
5. In Table 1 below, list, *in order of frequency of use*, the means of transport commonly used by the communities in the catchment area to access health services. Then complete the rest of the table.

Table 1

Means of transport	Available all year round?		If no, for how long is it not available? (number of weeks per year)
	Yes	No	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. Are any parts of your catchment area inaccessible from the health facility, such as for outreach services, for one week or more in a year? (*Inaccessibility means that the area cannot be reached by any **available** means of transport*).

Yes ☐ If yes, please continue with question 6.1.

No ☐ If no, please go to question 7.

- 6.1 List the main villages or areas affected and the number of weeks per year that they are inaccessible:

	Geographical area	Reason for inaccessibility	Period of the year	Number of weeks per year
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

7. What are the five diseases that had the highest consultation rates in the facility in the past calendar year? (*List them in the order of the number of consultations according to the health management information system*).

7.1 _____	7.4 _____
7.2 _____	7.5 _____
7.3 _____	

8. In your opinion, what are the most prevalent diseases/conditions within the communities in the catchment area? (*Question to be addressed to health facility personnel. Record in order of importance*).

8.1 _____ 8.4 _____
 8.2 _____ 8.5 _____
 8.3 _____

SECTION 2: MANAGEMENT STRUCTURES

Table 2

Characteristics	Village/Town Development Committee		Village/Town Health Committee		Health Facility Management Committee	
	Yes	No	Yes	No	Yes	No
1. Are the following committees in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there guidelines for each committee's functions and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have meetings been held in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many?						
4. Are there records of these meetings? (<i>i.e. minutes</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please complete Table 2 based on the responses you get from the DHMT information provided.

10.1 In your opinion, what are the functions of the Health Facility Management Team?
(This question should be addressed to the personnel of the health facility and recorded without additions from the assessment team).

10.2 In your opinion, what are the functions of the District Health Management Team?
(This question should be addressed to the health facility personnel and recorded without additions from the assessment team).

SECTION 3: MANAGERIAL PROCESSES

Planning

11.	Does the facility have a plan of action in place?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
11.1	If yes, what period does the plan cover? From: ____ / ____ / ____ To: ____ / ____ / ____ (dd / mm / yyyy) (dd / mm / yyyy)			
11.2	Is the plan being implemented?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
11.3	If no, why not?			
12.	Were the following involved in the development of the plan?	Yes	No	N.A.*
12.1	Staff of the health facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Village/Town Development Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Village/Town Health Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4	District Health Management Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Representatives of community organizations/groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6	Others, please specify: _____			

*N.A. = not applicable

13. List 3 priority objectives included in the plan and give related information in Table 3 below.

Table 3

Priority objectives

Objective	One target per objective <i>(what to be achieved by when)</i>	Two activities per target	Resources allocated	Period planned
1.		a.		
		b.		
2.		a.		
		b.		
3.		a.		
		b.		

Collaboration with Other Actors in the Health System

14. Does the health facility undertake collaborative activities with traditional health practitioners in the catchment area?

Yes No N.A.

☐ ☐ ☐

14.1 If yes, list some of these activities.

Yes No N.A.

14.2a Do traditional healers refer patients to the health facility? ☐ ☐ ☐

14.2b Does the health facility refer patients to traditional healers? ☐ ☐ ☐

15. Are there any non-public health providers (e.g. private, mission, or NGO owned) in your catchment area?

Yes ☐ If yes, please continue with question 16.

No ☐ If no, please go to question 17.

16. Does the health facility undertake collaborative activities with the non-public health services in the catchment area?

Yes No N.A.

☐ ☐ ☐

16.1 If yes, list some of these activities.

Guidelines, Standards and Norm

17. Indicate whether guidelines on the following issues are available and in use by staff in the health facility:

		Available		In use	
		Yes	No	Yes	No
17.1	How to run an immunization session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2	Family planning provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.3	How to manage a child with diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.4	How to manage a child with fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.5	Referral of obstetrical emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.6	Indicate other guidelines in use: _____				

Supervision and Monitoring

18. Are the following documents available in your health facility to the DHMT during supervision?

	Yes	No
18.1 Supervision checklist	<input type="checkbox"/>	<input type="checkbox"/>
18.2 Supervision plan or schedule	<input type="checkbox"/>	<input type="checkbox"/>
18.3 Reports of past supervision visits	<input type="checkbox"/>	<input type="checkbox"/>

19. How many supervisory visits were carried out at your health facility in the past 6 months by the DHMT?

	Yes	No	N.A.
19.1 Have changes been made as a result of these visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.2 If yes, give some recent examples:			

19.3 How many supervisory visits were carried out at your health facility in the past 6 months by other groups? **N.A.**

☐

19.4 Who carried out these visits?

Drug Management

20. Do you have a list of essential drugs for your facility? ☐ ☐ ☐

21. Indicate whether the drugs for the facility, in part or in full, are purchased from the following sources:

	Yes	No	N.A.
21.1 Government drug or medical stores in the district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.2 Government central drug or medical stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.3 Private drug wholesaler in the district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.4 Private drug wholesaler elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.5 Mission hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.6 NGO or other not for profit association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. For each of the five diseases listed under question 7, indicate the most frequently prescribed drug(s) and the number of days that they were unavailable in the health facility in the 3 months prior to the assessment. (*Check in the tally sheets*).

	Disease	Name of drug	No. of days unavailable
22.1a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.1b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.1c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.2a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.2b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.2c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.3a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.3b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.3c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.4a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.4b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.4c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.5a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.5b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
22.5c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>

If some drugs were not available, what were the reasons?

23. Indicate whether the population can buy (or obtain) drugs in the catchment area of the facility from the following:

	Yes	No	N.A.
23.1 Public health facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.2 Not for profit hospital or clinic (e.g. mission, NGO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.3 Private drug vendor(s) or pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.4 Other sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify _____

Referral Mechanisms

24. What mechanisms does the health facility staff use to refer patients to other health facilities?	Yes	No	N.A.
24.1 Referral notes (from a lower to a higher level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.2 Referral feedback reports (back to lower level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.3 ambulance systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.4 Communication systems (e.g. radio call, telephone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.5 Exemption from payment on showing referral note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.6 Other mechanism(s) in place (please specify): _____			

25. Do you receive referral reports when patients are referred back to you?	Yes	Sometimes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Management Information System

26. Have you submitted all health statistics reports in the past 12 months?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
26.1 Have you had any shortages of health statistics forms in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
26.2 Were there other constraints to the preparation and submission of these reports?	<input type="checkbox"/>	<input type="checkbox"/>
26.3 If yes, please describe the main constraints for submitting these reports:		

26.4 Do you keep copies of the health statistics reports you submit?	<input type="checkbox"/>	<input type="checkbox"/>
26.5 Are health statistics being analysed by the staff of the facility? (<i>E.g. comparing the figures over time</i>)	<input type="checkbox"/>	<input type="checkbox"/>
26.6 If yes, give examples:		

<i>(graphs, charts, etc.)</i>		

26.7 Are health statistics used by the staff of the facility?	<input type="checkbox"/>	<input type="checkbox"/>
26.8 If yes, give examples:	_____	

27. Have you received any feedback from the district level (such as reports, graphs, comparisons with statistics from other facilities) in response to reports or forms that were submitted in the past 12 months?

Yes **No** **N.A.**

☐ ☐ ☐

27.1 If yes, give examples: _____

SECTION 4: PRIORITY HEALTH ACTIVITIES

28. Please fill in Tables 28.1 to 28.5 based on information provided.

28.1 Indicate the public health interventions being undertaken by the health facility, whether they should be undertaken at this level according to the health service norms (e.g. a defined health package), any constraints faced in their implementation, and the reasoning behind their initiation or lack thereof.

Public health intervention	Undertaken (Yes/No)	Should it be undertaken at this level? (Yes/No)	Constraints in faced implementation	Reasoning behind unexpected action or inaction at this level
1. Information and education for health				
Basic immunizations				
2. EPI				
3. National Polio Immunization Days				
4. Hepatitis B				
5. Yellow fever				
6. Other, please specify				

Public health intervention	Undertaken (Yes/No)	Should it be undertaken at this level? (Yes/No)	Constraints in faced implementation	Reasoning behind unexpected action or inaction at this level
Reproductive health				
8. Family planning				
9. Antenatal care				
10. Assisted deliveries				
11. Postnatal care				
12. Adolescent sexual health				
Disease prevention and control				
13. Malaria				
14. Tuberculosis				
15. Leprosy				
16. Dracunculiasis				
17. HIV/AIDS				
18. Other STIs				
19. Mental disorders				
20. Diabetes mellitus				
21. High blood pressure				
22. Malnutrition				
23. Diarrhoeal disease				

28.2 Indicate the diseases that are being treated at the health facility, whether they should be treated at this level according to the norm (e.g. the local minimum health package), any constraints faced and the reasoning behind unexpected treatment or lack thereof.

Treatment of specific diseases	Treated (Yes/No)	Should it be treated at this level? (Yes/No)	Constraints in faced implementation	Reasoning behind unexpected action or inaction at this level
1. Malaria				
2. Tuberculosis				
3. STIs				
4. Mental disorders				
5. Diabetes mellitus				
6. High blood pressure				
7. Severe malnutrition				

28.3 Indicate whether the health facility staff are providing the following services, whether they should be provided according to the norm (e.g. health package), any constraints faced, and the reasoning behind the unexpected provision or lack thereof.

Service	Implemented (Yes/No)	Should it be provided at this level? (Yes/No)	Constraints in faced implementation	Reasoning behind unexpected action or inaction at this level
1. School health				
2. Outreach services				
3. Functional adult health literacy programmes (see glossary)				
4. Community rehabilitation				
5. Home care for HIV/AIDS patients				
6. Home care for patients with other conditions				
7. Anti-tobacco activities				
8. Prevention of alcohol and substance abuse				
9. Oral health				

28.4 Indicate whether the following strategies are being implemented by the health facility, whether they should be implemented according to the norm (e.g. health package) and any constraints faced:

Strategy	Implemented (Yes/No)	Should it be implemented at this level? (Yes/No)	Constraints in faced implementation	Reasons why it is or is not undertaken at this level contrary to what is expected
1. Mother-Baby Package				
2. Integrated Management of Childhood Illness (IMCI)				
3. Directly Observed Treatment Short course (DOTS)				
4. Roll Back Malaria Community Package				
5. HIV/AIDS Community Prevention and Care Package				

28.5 Indicate whether the personnel of the health facility are involved in the following areas and if yes, describe briefly any activities being carried out this year:

Programmes	Involved (Yes/No)	Description of activities carried out this year
1. Family food security and safety		
2. Safe water supply		
3. Sanitation		
4. Disaster preparedness		
5. Accident prevention—home		
6. Accident prevention—workplace		
7. Accident prevention—road traffic		
8. Child abuse		
9. Domestic violence		

SECTION 5: COMMUNITY INVOLVEMENT

Questions in this section should be addressed to the community representatives who are invited for the interview; health personnel should not influence the answers.

29. What are the five most important diseases in the communities that use this health facility? (*Record in order of importance*).

29.1 _____ 29.4 _____
 29.2 _____ 29.5 _____
 29.3 _____

30. Are community development groups operating in communities that use this health facility?
(E.g. *community-based organizations, village or town committees, women's or youth committees*).

Yes ☐ If yes, please continue with question 30.1.

No ☐ If no, please go to question 34.

30.1 If yes, list those that are involved in health issues.

30.2 Are there guidelines on their relationship with the health facility? **Yes** ☐ **No** ☐

30.3 If yes, what major issues do these guidelines cover?

30.4 Are women's groups involved in health activities/issues? **Yes** ☐ **No** ☐

30.5 Are youth groups involved in health activities/issues? ☐ ☐

31. Indicate whether community groups in the catchment area carry out the community activities listed below.

	Yes	No
31.1 Health or health-related projects	<input type="checkbox"/>	<input type="checkbox"/>
31.2 Mobilization of resources for health	<input type="checkbox"/>	<input type="checkbox"/>
31.3 Income generating projects	<input type="checkbox"/>	<input type="checkbox"/>
31.4 Water supply projects	<input type="checkbox"/>	<input type="checkbox"/>
31.5 Care for the environment	<input type="checkbox"/>	<input type="checkbox"/>
31.6 Adult health literacy programmes (<i>see glossary</i>)	<input type="checkbox"/>	<input type="checkbox"/>

32. Have the communities in the catchment area contributed the following resources to the health facility in the past three years?

	Yes	No
32.1 Human resources (e.g. through communal labour or payment of staff salaries)	<input type="checkbox"/>	<input type="checkbox"/>
32.2 Financial resources (e.g. donations, gifts)	<input type="checkbox"/>	<input type="checkbox"/>
32.3 Materials and buildings	<input type="checkbox"/>	<input type="checkbox"/>

33. Indicate whether the community groups identified in question 30 have received funds from the following sources in the past three years. **Yes** **No**

- | | | | |
|------|-------------------|--------------------------|--------------------------|
| 33.1 | Government | <input type="checkbox"/> | <input type="checkbox"/> |
| 33.2 | NGO | <input type="checkbox"/> | <input type="checkbox"/> |
| 33.3 | Community members | <input type="checkbox"/> | <input type="checkbox"/> |
| 33.4 | Other donors | <input type="checkbox"/> | <input type="checkbox"/> |

34. Does the community have access to the following mechanisms for providing feedback to the health staff on quality and relevance of health services provided?

- | | Yes | No |
|------|--------------------------|--------------------------|
| 34.1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 34.2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 34.3 | <input type="checkbox"/> | <input type="checkbox"/> |
| 34.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 34.5 | Other, specify: _____ | |

35. Please list five health or health-related areas where the health facility personnel could do more than they are presently doing.

- 35.1 _____
- 35.2 _____
- 35.3 _____
- 35.4 _____
- 35.5 _____

SECTION 6: HEALTH AND HEALTH-RELATED RESOURCES FUNDING AND FINANCIAL MANAGEMENT

36. Does your facility have a budget? **Yes** ☐ **No** ☐
37. If yes, indicate the sources, the components and the amounts in the current facility budget in the following table.

Which financial year does the data relate to?
Y Y Y Y

In which currency are the amounts denominated? _____

Table 4

Specification of the budgeted amounts

Source	Provided funds		Recurrent costs (a)		Capital costs (b)	Total costs (a+b)	% of total health facility funds
	Yes	No	Salaries	Operations			
Central government							
Local government							
NGOs							
User fees							
Donors							
Community							
Other sources (specify)							
Total Budget							

38. Indicate the level of authority the health facility has in the use of its budget for each specified area.

		Full	Partial	None	NA
38.1	Paying staff salaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.2	Purchasing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.3	Purchasing other supplies such as linen, stationery and cleaning materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.4	Purchasing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.5	Repairing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.6	Maintaining buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.7	Maintaining vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.8	Maintaining motorcycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Indicate whether the following financial monitoring systems are in use. (*Check on existence and actual use*)

		Yes	No	N.A.
39.1	Financial records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.2	Accounting procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.3	Financial reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.4	Periodic auditing visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.5	others, please specify	<hr/> <hr/>		

Cost Recovery

40. Does your health facility charge fees for its services?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

40.1 If yes, for which services?

41. Does your health facility charge fees for drugs?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

41.1 If yes, are there any drug treatments available where no payment is required?

42. Indicate which of the following payment modalities⁶ are in use for services provided and/or drugs dispensed in the health facility.

		Services		Drugs	
		Yes	No	Yes	No
42.1	Direct payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.2	Pre-payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.3	Social health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.4	Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.5	Other, specify				

43. Is there a mechanism for payment exemption in the facility for those who cannot afford the fees?

Yes	No	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43.1 If yes, describe the mechanism(s) in place (e.g. who are exempted from payment and who decides who should be exempted).

Human Resources

44. List the posts of all personnel working in the health facility (for posts where personnel are not working full-time, indicate the proportion of time required e.g. 0.5 for half the time required), the number of personnel needed according to the establishment and the degree of satisfaction that the personnel have with the numbers provided for in the establishment.

⁶ 42.1 Out of pocket payment by beneficiary.

42.2 Paid for in advance by beneficiary or employer.

42.3 Contribution by the beneficiary or employer to an agreed scheme, run by a hospital or a cooperative which will cover the payment of services used.

42.4 Contribution by the beneficiary or employer to an insurance company which will cover the payment of services used.

Post	Number of personnel currently in post	Number of personnel required according to the establishment	Satisfaction with the establishment*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

* Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

45. Indicate whether the following exist for the personnel in the facility and the degree of satisfaction of the personnel with the current situation.

		Exist for:			Degree of satisfaction*
		All	Some	None	
45.1	Job descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
45.2	Rotation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
45.3	Training plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
45.4	Career plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
45.5	Housing for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
45.6	Incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

* Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

Infrastructure, Equipment and Supplies

46. Indicate whether the following physical conditions in the facility are adequate for performing the services that are expected to be provided. *(The assessment team should tour the facility with the personnel).*

	Yes	No	Comments
46.1 Lighting	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.2 Sanitation facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Yes	No	Comments
46.3 Water	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.4 Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.5 Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.6 Space	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.7 Storage facilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.8 Refrigeration of vaccines	<input type="checkbox"/>	<input type="checkbox"/>	_____

47. Indicate the level of satisfaction of the facility personnel with the **means of communication** between the health facility and the:

	Level of satisfaction*
47.1 District Health Office / DHMT	_____
47.2 District hospital	_____

*Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

	Yes	No	N.A.
48. Does the health facility have adequate transportation for:			
48.1 Evacuation of emergency cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.2 Providing outreach services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.3 Other, specify _____			

49. Does the health facility have adequate resources to maintain their transportation?

Yes	No	N.A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Does the health facility have a standard list of equipment that should be available in your facility according to the established norm?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

51. Does the health facility use store management procedures such as ledgers, asset registers, inventory, bin-cards, etc?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

52. Does the health facility have the following for purchasing equipment:		Yes	No	N.A.
52.1	Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.2	Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.3	Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Does the health facility have the following for the maintenance and repair of equipment and buildings:		Yes	No	N.A.
53.1	Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.2	Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.3	Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Does the health facility have the following for disposal of medical waste such as used needles, syringes, bottles, expired drugs etc:		Yes	No	N.A.
54.1	Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.2	Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Indicate the degree of satisfaction with the availability of the following resources in the facility (According to the facility personnel):		Degree of satisfaction*		
55.1.	Basic equipment	_		
55.2.	Stationery	_		
55.3	Linen	_		
55.4.	Cleaning materials	_		

* Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

Comments from the interviewers:

For documentation of the assessment exercise:

Date the health facility was visited: / /
 dd / mm / yyyy

Members of the assessment team

Name:

Position:

Participants in the group interview

Name:

Function/post:

District Questionnaire

DD / MM / YYYY



WHO Regional Office for Africa
Brazzaville

SECTION 1: BACKGROUND CHARACTERISTICS

1. Country:
2. Region/Province:
3. Health district:
4. Size of district (in square kilometres):
5. District demographic profile: Reference year
 - 5.1 Population
 - 5.2 Number of households
 - 5.3 Number of women of child bearing age (15–49 years)
 - 5.4 Number of children under one year (0–11 months)
 - 5.5 Number of children under five years (0–59 months)
 - 5.6 Sex ratio (number of males/number of females)
 - 5.7 Adult literacy rates (*number of people that can read and write in at least one language / total number of people*) x 100%

M %

F %
 - 5.8 What percentage of the catchment population of the health district lives in:

Rural areas % Urban areas %
6. What are the main economic activities in the district?

	Yes	No
6.1 Agriculture (crops)	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Agriculture (animal husbandry)	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Industry	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Handicraft	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Trading	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Others (specify) _____		

7. In Table 1a below, list, in the order of frequency of use, the means of transport commonly used by the communities in the district to access health services. Then complete the rest of the table.

Table 1a

Means of transport	Available all year round?		If no, for how long is it not available? (number of weeks per year)
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

8. In Table 1b below, list, in the order of frequency of use, the means of transport commonly used in the district for district management (i.e. for supervision, distribution of drugs and supplies etc.). Then complete in the rest of the table.

Table 1b

Means of transport	Available all year round?		If no, for how long is it not available? (number of weeks per year)
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

9. Are any parts of the district inaccessible from the district office (for supervision, provision of supplies etc.) for one week or more in a year?
(Inaccessibility means that the area cannot be reached by any **available** means of transport).
- Yes** ☐ If yes, please continue with question 9.2 and 9.3.
- No** ☐ If no, please go to question 10.

- 9.1 List the main geographical areas of the district affected and the number of weeks per year that they are inaccessible:

Geographical area	Reason for inaccessibility	Number of weeks per year	Period of the year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 9.2 What percentage of the district population lives in the affected areas? |_|_|%

10. List the ten diseases that community representatives feel are the most important in the district *(based on the answers to question 8 in the health facility questionnaire)*.

10.1 _____	10.6 _____
10.2 _____	10.7 _____
10.3 _____	10.8 _____
10.4 _____	10.9 _____
10.5 _____	10.10 _____

11. Is it possible to tell on the basis of the health management information system which five diseases had the highest consultation rates in the district public health facilities in the past calendar year?

Yes ☐ If yes, please list the five diseases.

No ☐ If no, please continue with question 12.

11.1 _____	11.2 _____
11.2 _____	

12. List the five diseases that the district health management team believes have the heaviest burden on the communities in the district *(in order of importance)*.

12.1 _____	12.4 _____
12.2 _____	12.5 _____
12.3 _____	

13. Fill in the following two tables (*for all health facilities in the district, including non-public facilities*). = District **M** = Medicine **Lab** = Laboratory services

Characteristics of hospitals in the district

Table 2

(1)	(2)	(3)	(4)	(5)	(6)	(7)					(8)				
Name of health facility	Type of hospital (see below)	Ownership viz government, local government, mission, NGO, private etc.	Number of beds (including cots) and their utilization	Total number of inpatients past year	Total number of outpatients past year	Services provided by the hospital (see below)	D	N	M	L	P	A	E	O	
				No of beds (incl. cots)	Bed occupancy (past year)										S
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

R = Regional
D = District
O = Other

S = Surgery
M = Medicine
O = Obstetrics & Gynecology

P = Pediatrics
Lab = Laboratory services
Other—Other services (can be added on an extra page)

D = Doctor
N = Nurse
M = Midwife

L = Laboratory Technician
P = Pharmacist

A = Administrator
E = Environmental Health Officer

O = Others (can be specified on an extra page)

Characteristics of health centres in the district

Table 3

(1) Name of health facility	(2) Type of facility (see below)	(3) Ownership viz government, local government, mission, NGO, private etc.	(4) Population in catchment area	(5) Total number of inpatients past year	(6) Total number of outpatients past year	(7) Services provided at the health centre (see below)									
						G	MCH	VAC	DEL	FP	IEC	M	LAB	Other	
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

Type I = Health Post
Type II = Health centre
Type III = Health centre with inpatients

G = General consultations
MCH = Mother and Child Health
VAC = Vaccinations
DEL = Deliveries
FP = Family Planning

IEC = Information and Education for health
LAB = Laboratory services
Other = Other services
(can be added on an extra page)

SECTION 2: MANAGEMENT STRUCTURES

14. Fill in Table 4 with respect to District Health Management Structures.

Table 4

Characteristics	District Development Committee		District Health Committee		District Health Management Team	
	Yes	No	Yes	No	Yes	No
1. Is the structure in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does it have guidelines on its functions and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have meetings been held in the past 12 months? If yes, a) how many? b) how often?	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____
4. Are there records of these meetings? (i.e. minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the structure have authority to make decisions on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ District health plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ District health budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ Personnel e.g. posting or transfers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ Purchase of drugs and other medical supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14.1 What are the functions of the District Health Management Team?

15. List the members of the District Health Management Team and their average availability for district health management tasks and functions in hours per week. *(The estimated time should not include the average time spent on clinical work and training courses).*

	Position/Title	Estimated average time available for district health management (hours/week)
15.1	<hr/>	<hr/>
15.2	<hr/>	<hr/>
15.3	<hr/>	<hr/>
15.4	<hr/>	<hr/>
15.5	<hr/>	<hr/>
15.6	<hr/>	<hr/>
15.7	<hr/>	<hr/>
15.8	<hr/>	<hr/>
15.9	<hr/>	<hr/>
15.10	<hr/>	<hr/>

16. Do the members of the DHMT have job descriptions?

☐ Yes (all members)
☐ Yes (some members)
☐ No

SECTION 3: MANAGERIAL PROCESSES

Planning

	Yes	No	
17. Does the district have a district health plan?	<input type="checkbox"/>	<input type="checkbox"/>	
17.1 If yes, what period does the plan cover?	From: ____ / ____ / ____ dd mm yyyy	To: ____ / ____ / ____ dd mm yyyy	
17.2 Is the plan being implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
17.3 If no, give the reasons why.	<hr/>		
<hr/>			
18. Who have been involved in the development of the plan?	Yes	No	N.A.*
18.1 District Health Management Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2 District Development Committee / Local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3 District Health Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.4 Staff of health facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.5 Representative(s) of non-public health facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.6 Representative(s) of community organizations/groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.7 NGOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.8 Donors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.9 Ministry of Health (Central level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.10 Others, please specify: _____			
<hr/>			
19. What role has the central level of the ministry of health played in the development of the plan?	Yes	No	N.A.
19.1 Initiated the development of the plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.2 Developed the plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.3 Provided advise on the development of the plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.4 Allocated budget to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.5 Other, please specify: _____			

* N.A. = not applicable

20. List 3 priority objectives included in the plan and give related information in Table 5 below.

Table 5

Priority objectives

Objective	One target per objective <i>(what to be achieved by when)</i>	Two activities per target	Resources allocated	Period planned
1.		a.		
		b.		
2.		a.		
		b.		
3.		a.		
		b.		

- | | Yes | No |
|---|--------------------------|--------------------------|
| 21. Does the health plan include monitoring and evaluation of its implementation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21.1 If yes, does the plan specify who will be responsible for the monitoring and evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. How many facilities in the district have health plans? | | |

Health Sector Reforms

23. Are health sector reforms being implemented in the country?
- Yes** ☐ If yes, continue with 23.1.
- No** ☐ If no, continue with question 24.
- Don't know** ☐ If not known, continue with question 24.
- 23.1 Is there a policy to guide the reform process at district level?
- Yes** ☐ If yes, continue with 23.2.
- No** ☐ If no, continue with question 24.
- Don't know** ☐ If not known, continue with question 24.

23.2 If yes, does the DHMT have a copy of this policy?

Yes ☐ If yes, continue with 23.3.

No ☐ If no, continue with question 24.

23.3 What is the implementation status of the policy in the district?

Fully implemented ☐

Partially implemented ☐

Implementation not started ☐

Collaboration with Other ACTOTS in the Health System

	Yes	No	N.A.
24. Do district health management teams and traditional health practitioners in the district undertake collaborative activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24.1 If yes, list some of these activities?

	Yes	No
24.2 Are the traditional health practitioners represented in the District Health Committee?	<input type="checkbox"/>	<input type="checkbox"/>

25. Does the DHMT undertake collaborative activities with the non-public health services (e.g. private, mission, or NGO owned) in the district?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

25.1 If yes, list some of these activities?

25.2 Are the non-public health facilities represented on the District Health Committee?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

26. What collaborative activities with the traditional health practitioners in the district are in place?

	All	Some	None
26.1 Agreements on referral of patients with defined conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.2 Submission of reports for the health information system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.3 Notification of cases of specific diseases (e.g. polio, cholera etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26.4 Other, specify _____

Indicate which of the following arrangements are in place for the non-public health facilities in the district:

		All	Some	None
26.5	Agreements on referral of patients with defined conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.6	Submission of reports for the health information system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.7	Notification of cases of specific diseases (e.g. polio, cholera etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.8	Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Guidelines, Standards and Norms

27. Indicate whether guidelines or treatment protocols are available and in use in the health facilities in the district for the following issues:

		Available to			In use by		
		All	Some	None	All	Some	None
27.1	How to run an immunization session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.2	Family planning provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.3	How to manage a child with diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.4	How to manage a child with a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.5	Referral of obstetrical emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.6	Could you specify other guidelines in use: _____						

Supervision and Monitoring

28. Indicate in Table 6 whether the district health management team and the health facilities have copies of the following documents for the various levels of supervision.

(Indicate Yes, No or N.A. for not applicable in the appropriate boxes).

Table 6

Level of Supervision	Document			
	Availability of the document in:	Supervision checklist	Supervision plan or schedule	Reports on past supervision visits
Central to district	District office			
Provincial to district	District office			
District to Hospitals	District office			
Hospital				
District to health centres	District office			
Health centre				

- 28.1 Fill in the number of planned supervisory visits that were actually undertaken in the 6 months prior to the assessment between the various levels indicated in the table. *(State not applicable **or** information not available if such is the case):*

Table 7

Level	Number of visits planned	Number of visits actually carried out
National to the district		
Provincial to the district		
District to hospitals		
District to health centres		

- 28.2 What percentage of the public health facilities in the district were not supervised in the past 6 months? _ _ _ _
- (Number of health facilities that were not supervised in the past 6 months) x 100%**
- (Total number of health facilities in the district)*

28.3 What were the reasons for not supervising these health facilities during this 6 month period?

28.3.1 Lack of time ☐ ☐

28.3.2 Lack of transportation ☐ ☐

28.3.3 Lack of funds ☐ ☐

28.3.4 _____

Other, specify _____

Drug Management

29. Indicate whether a list of essential drugs for the various types of health facilities is available in the district:

	Yes	No
29.1 Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
29.2 Health centres (Type I)	<input type="checkbox"/>	<input type="checkbox"/>
29.3 Health centres (Type II)	<input type="checkbox"/>	<input type="checkbox"/>
29.4 Health centres (Type III)	<input type="checkbox"/>	<input type="checkbox"/>

30. Indicate from which of the following sources the health facilities in the district get their drugs.

	Yes	No	N.A.
30.1 Government drug or medical stores in the district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.2 Government central drug or medical stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.3 Private drug wholesaler in the district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.4 Private drug wholesaler elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.5 Mission hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.6 NGO or other not for profit associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. For each of the five diseases listed in question 11, indicate the most frequently prescribed drug(s) and the number of days that they were unavailable in the district store in the 3 months prior to the assessment. (*Use generic names*).

	Disease	Name of drug	No. of days unavailable
31.1a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.1b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.1c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>

	Disease	Name of drug	No. of days unavailable
31.2a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.2b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.2c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.3a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.3b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.3c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.4a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.4b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.4c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.5a	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.5b	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>
31.5c	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/>

31.6 What was the percentage of health facilities visited during the assessment where one or more of the above-mentioned drugs had been unavailable in the 3 months prior to the assessment? %

(No. of health facilities in which one or more drugs had been unavailable for one or more days in the past 6 months) \times 100% (Total number of health facilities visited)

Referral Mechanisms

32. What mechanisms are in use to facilitate referral of patients between the health facilities in the district?

	Yes	No
32.1 Referral notes (from lower to higher level)	<input type="checkbox"/>	<input type="checkbox"/>
32.2 Referral feedback reports (back to lower level)	<input type="checkbox"/>	<input type="checkbox"/>
32.3 Ambulance systems	<input type="checkbox"/>	<input type="checkbox"/>
32.4 Communications systems (e.g. radio, telephone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
32.5 Graduated fee levels (cheaper at lower level, more expensive at referral level)	<input type="checkbox"/>	<input type="checkbox"/>
32.6 Exemption from payment on showing referral note	<input type="checkbox"/>	<input type="checkbox"/>
32.7 Other mechanism(s) in place (please specify):		

Health Management Information System and Research

	Yes	No
33. Does the DHMT have a district health map?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does it contain up-to-date information on the following:		
33.1 Location of public health facilities?	<input type="checkbox"/>	<input type="checkbox"/>
33.2 Location of private health facilities?	<input type="checkbox"/>	<input type="checkbox"/>
33.3 Catchment population of health facilities?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you know how many health facilities in the district have submitted all health information reports for the past year?		
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
		N.A.
	<input type="checkbox"/>	<input type="checkbox"/>
34.1 If yes, please indicate the number. _ _		
35. Are health information system data received from the health facilities being analysed by the district health management team?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
35.1 If, yes how is the information used?		
<hr/>		
<hr/>		
36. Does the district level provide feedback to the health facilities in response to reports and forms submitted by them?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
37. Are health activity monitoring mechanisms such as charts or diagrams showing recent health achievements in the district being made?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
37.1 If yes, are such charts and diagrams made available to health facilities in the district?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
38. Have health systems research, household surveys or other operational studies been carried out in the district?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
38.1 If yes, please give examples of studies carried out recently:		
<hr/>		
<hr/>		

SECTION 4: PRIORITY HEALTH ACTIVITIES

39.1 Indicate the public health interventions/activities that are being provided by the various levels of health facilities in the district. (*Indicate Yes, No or N.A. for not applicable*):

Public health intervention	Hospitals	HC type I	HC type II	HC type III
1. Information and education for health				
Basic immunizations				
2. EPI				
3. National Polio Immunization Days				
4. Hepatitis B				
5. Yellow fever				
6. Other, please specify				
Reproductive health				
7. Family planning				
8. Antenatal care				
9. Assisted deliveries				
10. Postnatal care				
11. Adolescent sexual health				
Disease prevention and control				
12. Malaria				
13. Tuberculosis				
14. Leprosy				
15. Dracunculiasis				
16. HIV/AIDS				
17. Other STIs				
18. Mental disorders				
19. Diabetes mellitus				
20. High blood pressure				
21. Malnutrition				
22. Diarrhoeal disease				

39.2 Indicate which of the following diseases are being managed by the various levels of health facilities in the district. *(Indicate Yes, No or N.A. for not applicable).*

Specific disease treatment	Hospitals	HC type I	HC type II	HC type III
1. Malaria				
2. Tuberculosis				
3. STIs				
4. Mental disorders				
5. Diabetes mellitus				
6. High blood pressure				
7. Severe malnutrition				

39.3 Indicate which of the following services are being carried out by the various levels of health facilities in the district. *(Indicate Yes, No or N.A. for not applicable).*

Service	Hospitals	HC type I	HC type II	HC type III
1. School health				
2. Outreach services				
3. Functional adult health literacy <i>(see glossary)</i>				
4. Community rehabilitation				
5. Home care for chronically ill and HIV/AIDS patients				
6. Home care for patients with other conditions				
7. Anti-tobacco activities				
8. Prevention of alcohol and substance abuse				
9. Oral health				
10. Water and sanitation				

39.4 Are the following health strategies being implemented by the various levels of health facilities in the district (*Indicate Yes, No or N.A. for not applicable*):

Health strategy	Hospitals	HC type I	HC type II	HC type III
1. Mother-Baby Package/ Safe Motherhood				
2. Integrated Management of Childhood Illness (IMCI)				
3. Directly Observed Treatment Short course (DOTS)				
4. Roll Back Malaria Community Package				
5. HIV/AIDS Community Prevention and Care Package				
6. Participatory hygiene education/Participatory Rural Appraisal package				

39.5 Indicate whether the district health management team, the personnel of health facilities or other public departments in the district are actively involved in the following areas (*indicate Yes, No or N.A. for not applicable*) and describe briefly any joint action being carried out this year.

Programmes	DHMT	Health facility personnel	Other sectors	Joint action
1. Family food security and safety				
2. Safe water supply				
3. Sanitation				
4. Disaster preparedness				
5. Accident prevention—home				
6. Accident prevention—workplace				
7. Accident prevention—road traffic				
8. Child abuse				
9. Domestic violence				

SECTION 5: COMMUNITY INVOLVEMENT

40.	Are there community development groups operating in the district? (E.g. community-based organizations, village or town committees, women's or youth committees)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
40.1	If yes, list the groups that are involved in health issues:	<hr/> <hr/>		
40.2	Are there guidelines on their relationship with the district health structures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
40.3	If yes, what major issues do these guidelines cover:	<hr/> <hr/>		
40.4	Are women's groups involved in health activities/issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N.A. <input type="checkbox"/>
40.5	Are youth groups involved in health activities/issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N.A. <input type="checkbox"/>
41.	Indicate whether the community structures in the district carry out community activities such as:	Yes	No	N.A.
41.1	Health or health-related projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.2	Mobilization of resources for health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.3	Income generating projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.4	Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.5	Care for the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.6	Adult health literacy (see glossary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Have any communities contributed the following resources to public health facilities within the district in the past three years? *(Tick DNK for 'do not know')*.

		Yes for most facilities	Yes for some facilities	No	DNK
42.1	Human resources (e.g. through communal labour or payment of staff salaries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.2	Financial resources (e.g. donations, gifts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.3	Materials or buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Indicate whether the community groups identified in question 40, have received funds from the following sources in the past year.

		Yes	No	DNK
43.1	Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.2	NGO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.3	Community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.4	Other donors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Does the community have access to the following mechanisms for giving feedback to the health staff in the district on the quality and relevance of health services provided?

		Yes	No
44.1	Suggestion box	<input type="checkbox"/>	<input type="checkbox"/>
44.2	Review of complaints	<input type="checkbox"/>	<input type="checkbox"/>
44.3	Involvement of community representatives in meetings	<input type="checkbox"/>	<input type="checkbox"/>
44.4	User satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>
44.5	Other, specify:		

SECTION 6: HEALTH AND HEALTH-RELATED RESOURCES FUNDING AND FINANCIAL MANAGEMENT

45. Is there a district health budget? Yes ☐ No ☐

46. Indicate the sources, the components and the amounts in the current district budget in

Table 8 below:

Which financial year do the data relate to?
Y Y Y Y

In which currency are the amounts denominated: _____

Table 8

Source	Specification of the budgeted amounts						
	Provided funds		Recurrent costs (a)		Capital costs (b)	Total costs (a+b)	% of total district funds
	Yes	No	Salaries	Operations			
Central government							
Local government							
NGOs							
User fees							
Community							
Donors							
Other sources (specify)							
Budget total							

Table 9

Type of personnel	Hospital			Health centres and posts			District health management		
	Number of personnel currently in post	Number required according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

*Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

Table 9 CONTINUED

		Hospital				Health centres and posts				District health management			
Type of personnel	Number of personnel currently in post	Number required according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*	
13													
14													
15													
16													
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18													
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20													
21													
22													
23													
24													

*Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

47. Did the DHMT have a role in the allocation of funds to activities for the current financial year? Yes ☐ No ☐

48. Indicate which level of authority the district has to use its budget for each specified area.

		Full	Partial	None	NA
48.1	Paying staff salaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.2	Purchasing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.3	Purchasing other supplies such as linen, stationery, cleaning materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.4	Purchasing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.5	Repairing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.6	Maintaining buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.7	Maintaining vehicles and motorcycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Indicate whether the following financial monitoring systems are in use. (*Check on existence and actual use*).

		Existence		Actual use	
		Yes	No	Yes	No
49.1	Financial records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.2	Accounting procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.3	Financial reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.4	Periodic auditing visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.5	Others (please specify) _____				

Cost Recovery

50. Do the public health facilities in the district charge fees for services? Yes ☐ No ☐
 If yes, what proportion charges fees? All ☐ Some ☐

50.1.1 For which services do they charge fees? _____

51. Do the public health facilities in the district charge fees for drugs?

Yes ☐ No ☐

51.1 If yes, what proportion charges fees?

All ☐ Some ☐

51.1.1 For which diseases are drug charges exempted?

Table 8

Source	Specification of the budgeted amounts						
	Provided funds		Recurrent costs (a)		Capital costs (b)	Total costs (a+b)	% of total district funds
	Yes	No	Salaries	Operations			
Central government							
Local government							
NGOs							
User fees							
Community							
Donors							
Other sources (specify)							
Budget total							

52. Indicate which of the following payment modalities⁷ are in use for the services provided and or drugs dispensed in the health facilities.

		Services			Drugs		
		Yes	No	N.A.	Yes	No	N.A.
52.1	Direct payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.2	Pre-payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.3	Social health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.4	Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.5	Other, specify _____						

53. Is there a mechanism of payment exemption in the facilities for those who cannot afford the fees? Yes ☐ No ☐ N.A. ☐

53.1 If yes, describe the mechanism(s) in place (*e.g. who are exempted from payment and who decides who will be exempted*).

Human Resources

54. Does the DHMT have an up-to-date overview of the personnel in the public health facilities in the district? Yes ☐ No ☐

54.1 Indicate for the three categories (hospitals, health centres and posts, district management) the types of personnel in the district, the number and type of personnel currently in post and the numbers required according to the establishment or staffing norms. Also include the degree of satisfaction according to the DHMT with the numbers currently provided for in the establishment for the whole district. (*Include health, administration and support personnel—provide information for all public health facilities*).

⁷ 52.1 Out of pocket payment by beneficiary.

52.2 Paid for in advance by beneficiary or employer.

52.3 Contribution by the beneficiary or employer to an agreed scheme, run by e.g. a hospital or a cooperative which will cover the payment of services used.

52.4 Contribution by the beneficiary or employer to an insurance company which will cover the payment of services used.

Table 9

		Hospital			Health centres and posts			District health management		
Type of personnel	Number of personnel currently in post	Number required according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*	
1										
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12										

*Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

Table 9 CONTINUED

	Hospital			Health centres and posts			District health management		
Type of personnel	Number of personnel currently in post	Number required according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*	Number of personnel currently in post	Number needed according to establishment or norms	Satisfaction with current establishment or norms*
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24									

*Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

55. Indicate whether the following exist in the district and the degree of satisfaction with the current situation according to the DHMT.

		Exists for: Degree of satisfaction*			
		All	Some	None	
55.1	Job descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55.2	Staff rotation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55.3	Training plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55.4	Career plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55.5	Housing for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
55.6	Incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Infrastructure, Equipment and Supplies

56. Indicate the adequacy of the following physical conditions in the public health facilities in the district according to the members of the assessment team.

		Adequate Hospital(s)		Health centres		Health posts	
		Yes	No	Yes	No	Yes	No
56.1	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.2	Sanitation facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.3	Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.4	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.5	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.6	Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.8	Refrigeration of vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Indicate the percentages of public health facilities in the district that use the following means for their communication with the district health office. *(For all facilities in the district ; fill in 0 if the communication means is not used at all. If the information is unavailable tick the box under DNK).*

		Percentage of facilities*	DNK
57.1	Telephone (in health facility)	_ _ _ %	<input type="checkbox"/>
57.2	Telephone (elsewhere, e.g. police, public phone)	_ _ _ %	<input type="checkbox"/>
57.3	Mail sent through postal system	_ _ _ %	<input type="checkbox"/>
57.4	Mail sent through ad hoc messengers	_ _ _ %	<input type="checkbox"/>
57.5	Radio (in health facility)	_ _ _ %	<input type="checkbox"/>
57.6	Radio (elsewhere, e.g. police)	_ _ _ %	<input type="checkbox"/>
57.7	Others (specify)	_ _ _ %	<input type="checkbox"/>

* Percentage of facilities = **(Number of facilities using this means) x 100%**

(Total number of health facilities in district)

58. Indicate the DHMT's level of satisfaction with the means of communication between the indicated levels:

		Level of satisfaction*	
58.1	Health posts	_____	District Health Office _____
58.2	Health centres	_____	District Health Office _____
58.3	District hospital	_____	District Health Office _____
58.4	District Health Office	_____	Regional Health Office _____
58.5	District Health Office	_____	MOH (Central level) _____

*Scale: Very Dissatisfied = 1 Dissatisfied = 2 Satisfied = 3 Very Satisfied = 4 Undecided = X

		Yes	No
59.	Does the district have adequate transportation for:		
59.1	the district health management team (to carry out supervision, provision of supplies etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
59.2	health facilities to provide outreach services?	<input type="checkbox"/>	<input type="checkbox"/>
59.3	transfer of emergency cases?	<input type="checkbox"/>	<input type="checkbox"/>
60.	Does the district have sufficient resources to maintain its transportation?	<input type="checkbox"/>	<input type="checkbox"/>

61. Is a standard list available in the district for the equipment that the various health facilities should have?

61.1 Hospital

61.2 Health centre (type I)

61.3 Health centre (type II)

61.4 Health centre (type III)

Yes

No

☐
☐
☐
☐
☐
☐
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☐

62. Indicate the degree of satisfaction of the assessment team with the availability of the following resources in the district health facilities.

Degree of satisfaction

62.1. Basic equipment | _ |

62.2. Stationery | _ |

62.3. Linen | _ |

62.4. Cleaning materials | _ |

63. Do district store management procedures include the use of ledgers, asset registers, inventory, bin-cards, etc?

Yes

No

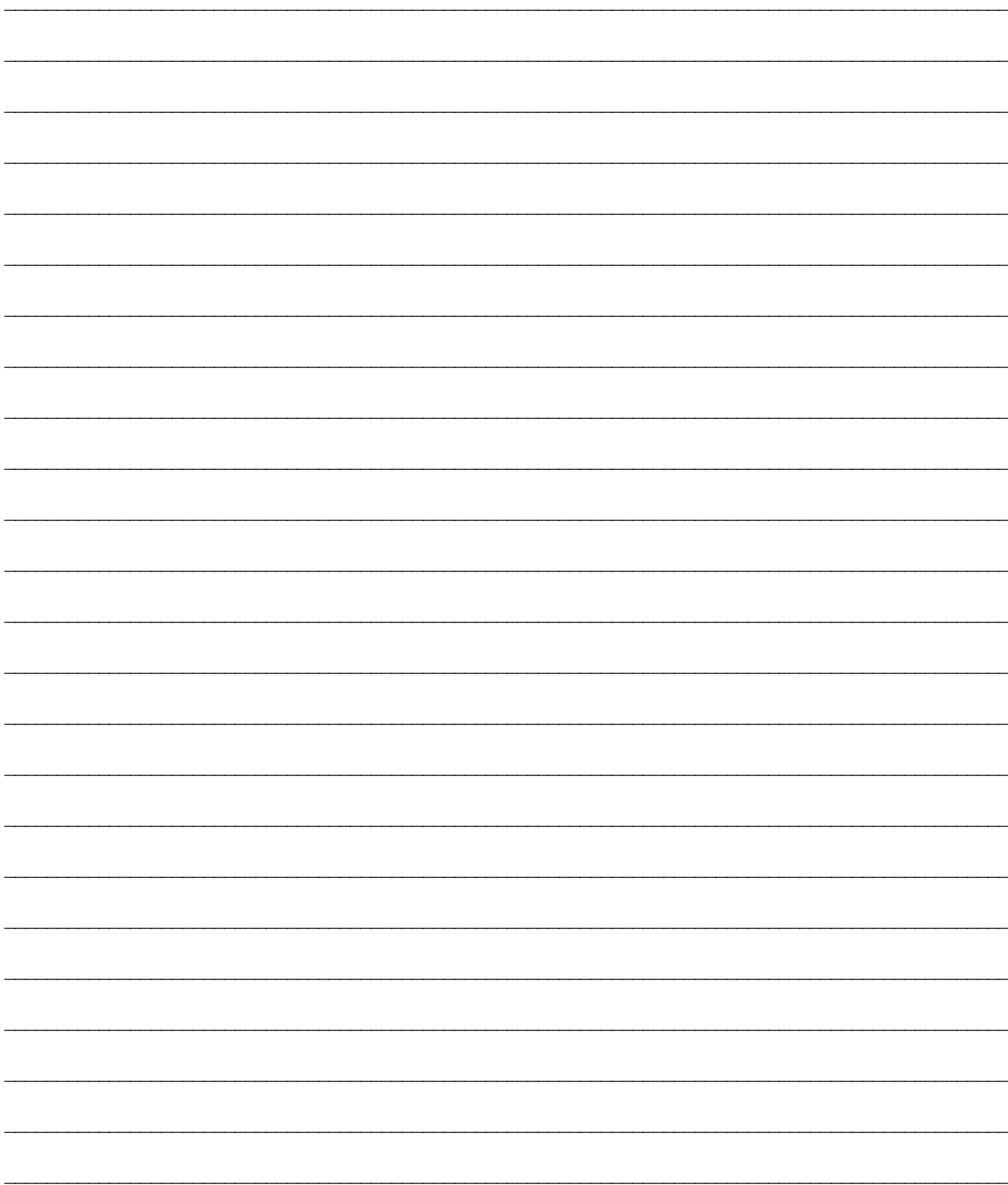
N.A.

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64.	Do the following exist for the purchase of equipment?	Yes	No
64.1	Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they used?	<input type="checkbox"/>	<input type="checkbox"/>
64.2	Procedures	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they followed?	<input type="checkbox"/>	<input type="checkbox"/>
64.3	Resources	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they adequate?	<input type="checkbox"/>	<input type="checkbox"/>
65.	Do the following exist for the maintenance and repair of equipment and facilities?	Yes	No
65.1	Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they used?	<input type="checkbox"/>	<input type="checkbox"/>
65.2	Procedures	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they followed?	<input type="checkbox"/>	<input type="checkbox"/>
65.3	Resources	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they adequate?	<input type="checkbox"/>	<input type="checkbox"/>
66.	Do the following exist in relation to disposal of medical waste (needles, syringes, bottles, expired drugs etc.) ?	Yes	No
66.1	Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they used?	<input type="checkbox"/>	<input type="checkbox"/>
66.2	Resources	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are they adequate?	<input type="checkbox"/>	<input type="checkbox"/>

Comments of the Assessment team

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



For documentation of the assessment exercise:

Members of the assessment team:

Name:

Position:

Health facilities included in the assessment exercise:

Name:

Date visited:

(dd/mm/yyyy)

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Date district questionnaire was filled out:

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Date of dissemination workshop:

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World Health Organization
Regional Office for Africa
Brazzaville