The harmonized approach to Health facility assessments (HFA)

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HMM/IER /GPM team

https://www.dropbox.com/sh/3uxvtl7tao78ina/AADHu-eVPELShim8k0PBICAa?dl=0
Brought about by the HDC "Health Facility Survey" working group of technical experts from partners, countries, academia, civil society as a deliverable of the HDC operational work-plan 2016-2017.

Recognized many challenges to facility assessments:
- Uncoordinated with parallel reporting systems
- Critical data gaps remain (e.g. hospital reporting of deaths and cause of death; private sector is missed,...etc)

Two main objectives in sight:
- Review and harmonize facility survey modules, including standard indicators and measurement methods, instruments and analyses;
- Catalyze a joint/aligned support for ONE country system of facility surveys, based on a modular approach.
Aligning investment and support to countries

National Health Sector Strategic Plan

- cMYP (immunization)
- TB
- GLOBAL STRATEGY
- HIV/AIDS
- NCDs
- OTHER HEALTH PROGR.
- MALARIA

National overarching development plan

Common investment framework for M&E

- FOUNDATIONS
- BILATERAL/ MULTILATERAL FUNDING
- DOMESTIC FUNDING
- GAVI
- GFF
- GLOBAL FUND

Coordinated technical support and implementation

## Placing the HFA in the Country Planning and Review Process

<table>
<thead>
<tr>
<th>Year</th>
<th>Activities</th>
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<tbody>
<tr>
<td>0</td>
<td>Health sector performance analysis</td>
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<tr>
<td>1</td>
<td>Annual reviews</td>
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<td>Annual operational plans</td>
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<td>Midterm reviews</td>
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<td>Annual reviews</td>
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<td>5</td>
<td>Final reviews</td>
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### Health sector progress and performance analysis

- **Year 1**: Finance, HRH, Infrastructure, HMIS
- **Year 2**: Finance, HRH, Infrastructure, HMIS
- **Year 3**: Finance, HRH, Infrastructure, HMIS
- **Year 4**: Finance, HRH, Infrastructure, HMIS
- **Year 5**: Finance, HRH, Infrastructure, HMIS

### Data verification

- **Year 1**: DQR, Data verification
- **Year 2**: DQR, Data verification
- **Year 3**: DQR, Data verification
- **Year 4**: DQR, Data verification
- **Year 5**: DQR, Data verification

### Health Facility assessments

- **Year 1**: Availability & Readiness, Quality of care
- **Year 2**: Availability & Readiness, Quality of care
- **Year 3**: Availability & Readiness, Quality of care
- **Year 4**: Availability & Readiness, Quality of care
- **Year 5**: Availability & Readiness, Quality of care

### Household Surveys

- **Year 1**: Household Survey
- **Year 2**: Household Survey
- **Year 3**: Household Survey
- **Year 4**: Household Survey
- **Year 5**: Household Survey

### Vital event monitoring

- **Year 1**: CRVS SRS
- **Year 2**: CRVS SRS
- **Year 3**: CRVS SRS
- **Year 4**: CRVS SRS
- **Year 5**: CRVS SRS

### Management and Finance

- **Year 1**: Management and Finance
- **Year 2**: Management and Finance
- **Year 3**: Management and Finance
- **Year 4**: Management and Finance
- **Year 5**: Management and Finance
A recap of previous discussions

Strengthening quality health services using facility information

WHO establishes standards in consultation with national/international expertise……

...then support governments to adopt standards, with country specific adaptations that do not undermine the original standards (i.e., sub-optimal standards should not be acceptable for a country just because the standard cannot be achieved at this time → country specific benchmarks along a continuum aiming to achieve the standard can be helpful)

WHO encourages country to implement systems for facility specific monitoring for adherence to standards

Facility and higher-level management:

- Supervision systems (possibly using checklists/record reviews/internal case reviews)
- Monitoring systems (e.g., collection and use of data)
- Systems for reviewing results and using these to improve services

Ideally countries will implement facility-specific accreditation/certification systems

HFA → periodic external validation of country findings on adherence to standards

- Countries get aggregate information on service status in view of standards—less needed if there is well-functioning national accreditation system
- Important for donors to ensure that national data reflects the actual situation
- An introspective review of results within a country and between countries over time – rather than just finding results acceptable
An introspective review of results within a country........ Sierra Leone (2011-2017)
A recap of previous discussion

A harmonized modular approach to HFA
(building on existing facility surveys)

**AVAILABILITY**
- Infrastructure & amenities
- Staff and beds
- Diagnostics & treatments procedures
- Services offered

**READINESS**
- General readiness
- Service-specific readiness
- Systems to support quality & safety & community linkages
- Provider knowledge

**QUALITY & SAFETY**
- General and cross-cutting
- Patient care process
- Patient outcomes
- Patient perspective

**MANAGEMENT & FINANCE**
- Management practices
- Finance
- Utilisation & efficiency
- Health worker absenteeism

**DATA VERIFICATION**
- Cross-cutting
- Programme specific

Health Resources Availability Mapping System (HeRAMS)
A harmonized modular approach to HFA

MEASUREMENT METHODS

Facility audit
The data collector walks through the facility and collects information by interviewing the most knowledgeable person available on the day of the survey for the subject. Reported information on availability of equipment, commodities, documents, and systems are validated by observation of the items in the vicinity where they are needed to reasonably assume usage for the service in question.

Provider interview
A provider is interviewed on their knowledge on clinical practices in specific service areas through a checklist or vignettes (can include one or more providers).

Record review
The data collector draws a sample from registers/records for eligible patients and then reviews registers and records for documentation of specific elements in the patient care process. If records are not maintained at the facility, the sample may be persons who received services the day of the survey whose patient card is reviewed on exit.

Client exit interview
The data collectors draws a sample from clients who received care in the facility on the day of the survey when they are leaving the facility. Items assessed may include client opinion, knowledge, or to review their health card. This may be service specific or general.

Observation of client-provider interaction
A checklist is used to record topics on which information is shared, examinations that are performed, and diagnoses and treatments for a sample of patients receiving services the day of the survey.
Data: information that is fed into indicators. This usually needs context and other data to compare with to give meaning.

Indicator: A measure, often formed with several components, that aims to describe, in a few numbers as much detail as possible about a system, to help understand, compare, predict, improve and innovate.

Metrics: Any set of data. An indicator is a particular sort of metric that identifies issues that may be worthy of further investigation, or calculating the status of services in context of indicators.

Monitoring: The process of regular follow for specific indicators, with a view to action when a particular threshold is crossed.

Outcome: A measurable change in health status, sometimes attributable to a risk factor or an earlier intervention.

Balanced (set of indicators): A set of indicators which, taken together, reflect as much of a system as possible without duplication, overlap or gaps.

Benchmark: An externally-agreed comparator to compare performance between similar organizations or systems.

* The Good indicators Guide – Practical resource for those in the health system responsible for using indicators and to monitor and improve performance, systems or outcomes
A harmonized modular approach to HFA

SERVICE AVAILABILITY MODULE (showing a selection)

- Facility infrastructure
  - Facility density
  - Outpatients routine services
  - *Building structural infrastructure*

- Staff and beds
  - Number of inpatient beds by type (including emergency, intensive care, isolation)
  - Health worker density and distribution

- Diagnostics and treatment procedures
  - Medical devices/essential technologies
  - Basic laboratory diagnostics

- Patient services offered
  - RMNCAH/Immunization/NTDs/NCDs
  - HIV
    - Any paediatric HIV services
    - PMTCT (see RMNCAH/ANC)
    - HIV testing service (HTS)
    - HIV care and support service (CSS)
    - ART for life-long treatment
    - VMCC services
    - Occupational health services for HIV
  - Malaria
    - Malaria diagnosis and/or treatment
    - IPTp during pregnancy
  - TB
    - TB diagnostic and treatment prescription service
    - TB case detection and follow-up service
A harmonized modular approach to HFA

SERVICE READINESS MODULE  (......showing a selection)

- **General readiness**
  - General service readiness
  - Availability of essential medicines
  - Safe blood transfusion conditions / Oxygen services / Laboratory safety

- **Service-specific readiness**
  
  - **HIV**
    - Specific paediatric HIV services offered
    - Service locations for paediatric HIV testing
    - ART service readiness for paediatric patients
    - HIV testing service (HTS) offered and readiness
    - PMTCT
    - HIV care and support services (CSS) offered and readiness
    - HIV patients are tested for TB
    - Cotrimoxazole prophylaxis among HIV-positives who are eligible
    - Specific ART services for life-long treatment offered and readiness
    - Specific VMMC services offered and readiness
    - Specific occupational health services for HIV offered and readiness
  
  - **Malaria**
    - Specific malaria services offered and readiness
    - IPTp service readiness (see RMNCAH/ ANC)
  
  - **TB**
    - Specific TB services offered
    - TB diagnostic and treatment prescription service readiness
    - TB case detection and follow up service readiness
    - TB diagnostic lab conditions
    - TB respiratory infection control readiness
A harmonized modular approach to HFA
SERVICE READINESS MODULE

- Systems to support quality and safety and community linkages (....showing a selection)
  - General (Cross-cutting)
    - Use of individual patient charts
    - Laboratory management systems
    - Provider level external supervision
    - Patient referral systems for higher levels of care
  - HIV
    - System for linking paediatric HIV patients for future services
    - Systems to support diagnosis of HIV/TB co-infection
    - System to promote enrolment of HIV positive patients in care and support services
    - System for quality assurance for HIV test
    - Patient follow up systems for ART
    - HIV testing service (HTS)
    - VMCC system for patient follow-up
  - Malaria
    - Malaria diagnosis and/or treatment
    - IPTp during pregnancy
  - TB
    - System for case detection
    - System for patient follow up for TB treatment
    - System for patient follow-up for TB drug resistant diagnosis and treatment
    - First line TB drug stocking timeliness

- Provider knowledge and competency (....showing a selection)
  - Provider knowledge of standards for ART
  - Provider knowledge on standards of IPTp
  - Provider competency in diagnosing and treating malaria with anaemia
  - Provider knowledge on standards for providing HTS for PMTCT
  - Provider competency in diagnosing and treating TB in adults and children
The mean availability of tracer items for the provision of ARV services is 31%. Readiness was largely reduced by the inadequacy of supportive laboratory services. CD4 count, viral load test, and liver and renal function tests were available in only 2% to 4% of the 514 facilities providing ARV services.
A harmonized modular approach to HFA
QUALITY AND SAFETY OF CARE MODULE

- Facility adherence to standards
  - External facility review accreditation/certification status
  - Pharmaceutical storage conditions to protect quality of drugs
  - Standard precaution for infection prevention in all service units
  - TB drug storage practices

- Service specific QoC
  - HIV
    - Patient care process
      - Adherence to standards of care for paediatric/adult ART services
      - Adherence to standards of care for HTS services
      - HIV care coverage
      - ART coverage
      - HIV patients receiving TB prophylaxis
      - Adherence to standards of care for VMCC
    - Patient outcomes
      - HIV viral load suppression
Service specific QoC

Malaria

Patient care process
- Confirmed malaria cases
- Malaria diagnostic test rate
- Confirmed malaria cases receiving treatment
- Malaria cases (suspected and confirmed) receiving treatment

Patient outcomes
- Correct assessment and treatment for suspect malaria cases (adult and child)
- Malaria test positivity rate

TB

Patient care process
- Adherence to standards of care for initiating TB treatment
- Adherence to standards for drug-susceptible TB treatment
- Drug susceptibility testing coverage for TB patients
- HIV test results for TB patients
- TB patients with HIV positive test results
- HIV patients receiving TB prophylaxis
- Adherence to standards for HIV/TB coinfection in ART patients
- HIV-positive new and relapse TB patients on ART during TB treatment

Patient outcomes
- MDR-TB/RR-TB treatment coverage
- Coverage of HIV positive patients for latent TB infection (LTBI)
- Coverage of household contact children <5 for latent TB infections

Patient perspective
- Patient satisfaction
A harmonized modular approach to HFA
(Example of HIV QoC, Sierra Leone SARA Plus Report 2017)

Average for facility percent of records with documentation of the indicated item (n=410 patients from 82 facilities)

- HIV test and results recorded
- Patient received HIV test results
- Condoms provided to patient
- HIV test result positive
- HIV test result negative
- HIV test result not recorded

Western Region
- HIV test and results recorded: 100
- Patient received HIV test results: 91
- Condoms provided to patient: 55
- HIV test result positive: 62
- HIV test result negative: 45
- HIV test result not recorded: 0

Eastern Region
- HIV test and results recorded: 100
- Patient received HIV test results: 78
- Condoms provided to patient: 36
- HIV test result positive: 54
- HIV test result negative: 10
- HIV test result not recorded: 10

Southern Region
- HIV test and results recorded: 100
- Patient received HIV test results: 94
- Condoms provided to patient: 57
- HIV test result positive: 81
- HIV test result negative: 0
- HIV test result not recorded: 0

Northern Region
- HIV test and results recorded: 96
- Patient received HIV test results: 92
- Condoms provided to patient: 66
- HIV test result positive: 55
- HIV test result negative: 42
- HIV test result not recorded: 4

Total
- HIV test and results recorded: 96
- Patient received HIV test results: 93
- Condoms provided to patient: 66
- HIV test result positive: 66
- HIV test result negative: 40
- HIV test result not recorded: 4
A harmonized modular approach to HFA
MANAGEMENT AND FINANCE MODULE

- **Management Practices**
  - Management systems to support facility functionality, efficiency, and accountability
  - Facility-level external supervision for management
  - Drug management systems
  - Systems for maintenance and repair
  - Facility use of information for management

- **Finance**
  - Knowledge of costs and budget accountability
  - Accountability for user fees
  - Financial accountability
  - Median consumer price ratio of selected medicines

- **Utilization and efficiency**
  - Health care provider case load (inpatient / outpatient)
  - Staffing complement
  - Waiting time to elective surgery
  - Health worker in facility by cadre

- **Health worker absenteeism**
A harmonized modular approach to HFA
DATA VERIFICATION MODULE (........showing a selection

- **Cross-cutting**
  - Verification of reported OPD visits

- **Service specific**
  - Verification of reported IPTp3
  - Verification of PMTCT ART Coverage
  - Verification of reported people currently on ART
  - Verification of reported ART retention
  - Verification of HIV test results for registered new and relapse TB patients
  - Verification of reported suspected malaria cases tested
  - Verification of reported patients receiving HIV care
  - Verification of TB treatment success
  - Verification of TB notification rate
  - Verification of TB treatment success
  - Verification of MDR-TB treatment success
• The **readiness** is useful to capture gaps when items are not available and the service is not provided. Often though it is not a lack of commodities that influences the service, but rather what the provider chooses to practice.

• **Record reviews** are the primary way to monitor the quality individual patient care across a disease. Observation is best for assessing the total physical and assessment process regardless of illness.

• The **provider competency and knowledge**: For example for PMTCT, do provide good information particularly for helping to explain why some services are not consistently provided.

• The key weaknesses seems to be **process and providers** who are not aware of parts of the care process (e.g. follow-up test for HIV negative). These can be addressed through education, but even more effectively—job aids and supervision that reinforces that a practice should be implemented.
A harmonized modular approach to HFA
(Using either a census or a sample of representative facilities)

- Allows **profiling of facilities** so a picture of service availability, readiness, quality and management can be presented and monitored for change

- **A Precursor to an accreditation process**—set standards against which facilities are to be measured and classified
  - **Benchmark levels** at which facilities/geographic management units can be classified for quality
  - Standards apply to individual facilities, but for sample surveys results can be presented *as the percentage of facilities within a district/region that have achieved Level 1, Level 2, etc.*
A harmonized modular approach to HFA  
(Using either a census or a sample of representative facilities)

An illustrative example of general facility classification

• Level 1: Facility has adequate infrastructure - routine availability of electricity, water, sanitation for patients and staff, waste disposal, external communication, etc. for all major service sites (TBD)

• Level 2: Level 1 plus basic patient examination equipment and infection control items available in outpatient service area, basic laboratory tests available, % (TBD) of WHO essential medicines available

• Level 3: Level 2 plus service package and additional key items for the services in the package

• Level 4: Level 3 plus management practices to support quality services (TBD)

Certify facilities every x years as meeting standards for Level X
A harmonized modular approach to HFA
(Using either a census or a sample of representative facilities)

An illustrative example of service specific classification for delivery services

- **Level 1**: Facility has adequate infrastructure and IPC in delivery service area, provides BEmONC signal functions, has items for BEmONC signal functions, has basic supplies and equipment for normal vaginal delivery

- **Level 2**: Level 1 *plus* provides defined set of interventions for complicated deliveries, basic supplies and equipment for interventions for complicated deliveries

- **Level 3**: Level 2 *plus* EmONC services with supplies and equipment for EmONC services

- **Level 4**: Level 3 *plus* management practices to support quality services (*TBD*)

- **Level 5**: Level 4 *plus* individual patient records pass quality of care record reviews

*Certify facility every x years as meeting standards for Level X*
### Availability
(Core, extended)

- Facility infrastructure
- Staff and beds
- Diagnostics and treatment procedures
  - Medical devices/essential technologies
  - Blood transfusion
  - Oxygen administration
  - Basic laboratory diagnostics
- Patient services offered
  - RMNCAH
  - Immunization
  - Malaria / HIV / TB
  - NTD
  - NCD (CVD, CRD, Diabetes, Cancer, Surgery, Emergency care)

### Readiness
(Core, extended)

- General readiness
- Service specific readiness
- Systems to support quality and safety and community linkages
- Provider knowledge and competency
  - IPTp
  - Hypertension in pregnancy
  - HTS for PMTCT
  - neonatal asphyxia
  - Treating malaria with anaemia
  - Standards for ART
  - Treating TB in adults and children
  - Diagnosing and treating hypertension, CRD, diabetes

### Quality of care and Safety

- Facility adherence to standards and 16 cross-cutting QoC indicators
- General
  - Patient care process
  - Patient outcomes
- Service specific
  - Patient care process
  - Patient outcomes
- Patient perspective
  - Respectful maternity care
  - Patient satisfaction
  - Patient experiences with ambulatory care

Regular system of monitoring service availability, quality and effectiveness (through health facility assessments)
Regular system of monitoring service availability, quality and effectiveness (through health facility assessments)

Key milestones and developments

**Jan – May 2018**
- Finalizing modules
- Data entry tools and TR material
  - CSPro
  - LimeSurvey
  - Questions Bank

**June - July 2018**
- Pilot-testing 2-3 countries

**September 2018**
- Generate spotlight analytics and visualizations

**October – Dec 2018**
- Launch platform
  - Tools, guidance, analytics compiler
  - Data repository

**TBC xx 2019**
- xx - Country activity
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<th>Programme areas</th>
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### Section 2a: Staff Numbers and Cadre

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#### Q1602

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<th>Official authorized/allocated # of staff for each cadre (a)</th>
<th>Total positions vacant for more than 6 mos in the past 12 mos (b)</th>
<th>Total staff assigned, employed, seconded (including PT) (c)</th>
<th>Total Part-Time (d)</th>
<th>Total causal/contracted staff (from among those in col C) (e)</th>
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**[AVAILABILITY]**

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTE NATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTE NATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

I want to ask about specific services which may be offered on an outpatient basis only, on an inpatient basis only, or both as out and inpatient services. If the service is not offered at all, please say this.

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<td>Both out and inpatient</td>
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<td>Service not offered</td>
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**[READINESS]**

ASK TO GO TO THE MAIN STORAGE AREA FOR PHARMACEUTICALS.

I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify. I will also be asking about stockouts for some specific medicines.

<table>
<thead>
<tr>
<th></th>
<th>Calcium tablets</th>
<th>3</th>
<th>At least one not expired</th>
<th>1</th>
<th>Available but expired</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reported available but not seen</td>
<td></td>
<td>Not available today</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Never available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**[QUALITY & SAFETY OF CARE]**

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH PATIENT (USING INFORMATION FROM THE REGISTER(S) AND/OR PATIENT CARD/DATABASE)

<table>
<thead>
<tr>
<th></th>
<th>Did you see anyone for antenatal care for this pregnancy?</th>
<th>4</th>
<th>Yes</th>
<th>1</th>
<th>No</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Don't know</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>How many times did you receive antenatal care during this pregnancy?</th>
<th>5</th>
<th>Number of times</th>
<th></th>
<th>Don't know</th>
<th>2</th>
</tr>
</thead>
</table>

**ARE ANY OF THE BELOW RECORDED FOR ANY VISIT?**

<table>
<thead>
<tr>
<th></th>
<th>Which ANC visit does the most recent represent? Count visits</th>
<th>6</th>
<th></th>
<th>1</th>
<th>Don't know</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain</td>
<td>Sub-Domain</td>
<td>Reference</td>
<td>Link</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>-----------</td>
<td>------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General readiness</td>
<td>Diagnostic Capacity</td>
<td>Consultation on technical and operation recommendations for clinical laboratory testing harmonization and standardization</td>
<td><a href="http://www.who.int/healthsystems/round9_9.pdf">http://www.who.int/healthsystems/round9_9.pdf</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# HFA 2018 edition

## Country pilot-testing

(showing an example of current activities....)

## HFA/DQR-QA (supported by GF/GAVI/WHO)

<table>
<thead>
<tr>
<th>Notes</th>
<th>Country</th>
<th>Activity</th>
<th>Service Provider</th>
<th>Local Implementer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report stage. Need support from WHO for dissemination workshop and report writing.</td>
<td>Burkina Faso</td>
<td>QOC</td>
<td>Khulisa</td>
<td>Ministere de la Sante Direction des Statistiques Sectorielles</td>
</tr>
<tr>
<td>5% reassessment completed. Data entry &amp; analysis in process.</td>
<td>Chad</td>
<td>DQR</td>
<td>TeAM</td>
<td>Fosap</td>
</tr>
<tr>
<td>Tablets for data collection ordered. Data collectors training 4 April, 2018.</td>
<td>Congo Brazzaville</td>
<td>HFA(w/QOC)/DQR</td>
<td>STPH</td>
<td>Direction Generale des Hopitaux et de l’organisation des Soins du Ministere</td>
</tr>
<tr>
<td>Questionnaire adaptation and training of data collection completed. QA Reassessment completed; QA provider waiting for database from the data collectors to do the comparisons.</td>
<td>Cote d'Ivoire</td>
<td>QOC/DQR</td>
<td>STPH</td>
<td>Direction de L'informatique et de l'information Sanitaire (DIIS)</td>
</tr>
<tr>
<td>Data Analysis stage. Implementer submitted data to QA provider.</td>
<td>Guinea</td>
<td>HFA/DQR</td>
<td>JSI</td>
<td>INS</td>
</tr>
<tr>
<td>PPT presentation finalized by QA provider and approved by CT. Next stage is final report and dissemination of results-workshop. QA provider call with CT to address bottle necks with dissemination workshop 16/3/2018. Agreement with MoH to proceed with dissemination workshop.</td>
<td>Indonesia</td>
<td>DQR</td>
<td>Khulisa</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>5% reassessment completed. Analysis completed; Report writing in process.</td>
<td>Malawi</td>
<td>DQR</td>
<td>JSI</td>
<td>Ministry of Health</td>
</tr>
</tbody>
</table>
A harmonized modular approach to HFA
The summary

IT IS NOT MEANT TO:

• Provide the same information collected by supervisors and internal monitoring systems—these may look at all items required for meeting standards

• Replace routine supervision and monitoring—using the HFA to collect information that should be part of routine M & E can weaken the incentive to establish effective systems —”we don’t need to monitor this....periodically donors will come in and assess this for us”.

• Provide new information to managers—except where this is being used to show need for improved internal systems—they should know strengths and weaknesses in their systems/services/quality from supervisors and reports.

Its purpose is to:

• Provide external validation of findings by country/facility systems

• Provide comparable data across geography and time because there is a massive need and responsibility to ensure similar methods, definitions in collecting information—measuring every indicator