



# Zamfara, Nigeria Health Facility Assessment **Tool**

February 2023



Health Facility General Information		ZAMFARA HFA
Question #	Question	Responses
	Enumerator ID	
	Supervisor ID	
	Date	
4	Local Government Area	
5	Ward	
6	Health facility name	
7	Health facility type	1) CHC 2) PHC 3) Maternity home 4) Health post or dispensary
8	Is the facility rural or urban?	1) Rural 2) Urban
9	Service level	1) Outpatient only 2) Both inpatient and outpatient
	Collect the GPS coordinates of this facility	latitude
		longitude
		altitude
		accuracy
<b>FACILITY CHARACTERISTICS</b>		
10	How many rooms does this health facility have? Do not count areas without walls. Toilets /bathrooms, generator rooms should not be considered as rooms	
11	What is the traveling time by car, in minutes, from the facility to the LGA HQ in the DRY season?	0-10 minutes 11-20 minutes 21-30 minutes 31- 60 minutes > 1 hour but less than 2 hours > 2 hours Not accessible by car
12	What is the traveling time by car, in minutes, from the facility to the LGA HQ in the RAINY season?	0-10 minutes 11-20 minutes 21-30 minutes 31- 60 minutes > 1 hour but less than 2 hours > 2 hours Not accessible by car
13	Does this facility have a specified catchment area map—that is a map with defined geographic area for which the facility has direct responsibility for serving?	1) No 2) Yes, no seen 4) Yes, map available and seen

14	How many people live in the catchment area for this facility? Enter "0" if unknown.	
15	Which of the responses best describes the managing authority for this facility? That is, the authority that makes policy decisions and provides supervision for the facility?	1) Government (public)
		8) Other (Specify) _____
<b>Administrative System</b>		
1.1	Does the health facility offer 24 hour's services?	1) Yes
		2) No
<b>Communication</b>		
1.2	Does the facility have a functioning Landline?	1) Yes
		2) No
1.3	Does the facility have a dedicated functioning mobile phone with charger?	1) Yes
		2) No, only private phones
		3) No functioning mobile phone
1.4	Does the facility have a dedicated functioning tablet with charger?	1) Yes
		2) No, only private tablets
		3) No functioning tablet
1.5	Does this facility have a functioning computer?	1) Yes
		2) No only private computers
		3) No functioning computers
1.6	Is there access to email or internet within the facility today?	1) Yes
		2) No
<b>Module 2: Facility Infrastructure</b>		
2.1	What is the current state of the building?	1) Good; does not require renovation
		2) Requires light renovation
		3) Requires modest renovation
		4) Requires significant renovation
		5) Undergoing renovation/repairs
2.2	Are the consulting rooms in good condition? (check to make sure that room is clean, clearly demarcated with adequate sitting and examination facility)	1) Yes
		2) No
2.30	What is the main source of electricity for this facility?	1) No power supply, skip to 2.5
		2) Electric power grid
		3) Fuel operated generator
		4) Battery operated generator
		5) Solar system
		8) Other (specify)
2.3.1	How many hours per day, on average does this	

	facility have electricity from the main source?	
2.4	Does this facility use any of the following as alternative power sources? (select all that apply)	1) Electric power grid 2) Fuel operated generator 3) Battery operated generator 4) Solar system 8) Other
2.5	What is the main source of water for the facility?	1) No water source 2) Piped into facility 3) Piped onto facility grounds 4) Public tap/standpipe 5) Borehole 6) Protected dug well 7) Unprotected dug well 8) Protected spring 9) Unprotected spring 10) Rainwater 11) Bottled water 12) Cart w/small tank/drum 13) Truck 14) Surface water 15) Other (specify) _____ 88) Don't know
2.6	Is there a functioning toilet (latrine) for use by patients in the facility?	1) Yes 2) No, skip to 2.8
2.7	Are toilet facilities separated by sex?	1) Yes 2) No
2.8	Are there functional sinks with soap and water at the toilet area, functional at the time of the visit?	1) Yes 2) No

**Malaria Service Availability**
**ZAMFARA HFA**

	Question	Responses
3.1	Do you test a person presenting with fever for malaria in this facility?	1) Yes 2) No
3.2	Which of the following methods are used at this facility for diagnosing malaria: (select all that apply)	1) Clinical symptoms 2) Malaria rapid diagnostic testing (mRDT) 3) Microscopy
3.3	Do you treat malaria at this facility?	1) Yes 2) No
3.4	Does this facility provide Intermittent preventive treatment for malaria?	1) Yes 2) No

**Malaria Service Readiness**

Staff and Guidelines	4.1	Does this facility have the national guidelines for the diagnosis and treatment of malaria available today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	1) Yes, observed 2) Yes, reported, not seen 3) No
	4.2	Does this facility have any SOPs, job aids and/or tools for malaria case management?	1) Yes, observed 2) Yes, reported, not seen 3) No
	4.3	Does this facility have any guidelines, SOPs, job aids and/or tools for MIP ?	1) Yes, observed 2) Yes, reported, not seen 3) No
	4.4	Have you or any provider(s) of malaria services received any training in uncomplicated malaria diagnosis with RDTs in the last two years?	1) Yes, formal training 2) Yes, supportive supervision
			3) No training
			4) other
	4.5	Have you or any provider(s) of malaria services received any training in severe malaria diagnosis with RDTs in the last two years?	1) Yes 2) No
Don't know			
4.6	Have you or any providers of ANC services received any training in IPTp in the last two years?	1) Yes 2) No	
Diagnostics	4.7	Does this facility have malaria rapid diagnostic test kits (with valid expiration date) in stock today?	1) Yes, observed 2) Yes, reported, not seen 3) No 4) Other
	4.8	Does this facility conduct malaria smear tests?	1) Yes, within the facility 2) Yes, outside the facility 3) Don't conduct the test
	4.9	I would like to know if the following general equipment items are available and functional today.	
	4.9.1	Light microscope	1) Yes, observed 2) Yes, reported, not seen 3) No, skip to 4.9.2

	4.9.1.a	Is it functional?	1) Yes 2) No 3) Don't know
	4.9.2	Glass slides and cover slips	1) Yes, observed 2) Yes, reported, not seen 3) No, skip to 4.9.3
	4.9.2a	Are they functional?	1) Yes 2) No 3) Don't know
	4.9.3	Wright-Giemsa stain or other acceptable malaria parasite stain (e.g. Field Stain A and B)	1) Yes, observed 2) Yes, reported, not seen 3) No, skip to 4.10
	4.9.3.a	Is it functional?	1) Yes 2) No 3) Don't know
Medicines and Commodities	4.10	Are any of the following malaria medicines and commodities available in the facility today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE/COMMODITY IS VALID (NOT EXPIRED)	
	4.10.1	ACT	1) Available, seen not expired 2) Available, seen expired 3) Available, not seen 4) Not available today 5) Never available
	4.10.2	Paracetamol syrup/suspension	1) Available, seen not expired 2) Available, seen expired 3) Available, not seen 4) Not available today 5) Never available
	4.10.3	Paracetamol cap/tab (adult oral formulation)	1) Available, seen not expired 2) Available, seen expired 3) Available, not seen 4) Not available today 5) Never available
	4.10.4	SP (Sulfadoxine + Pyrimethamine)	1) Available, seen not expired 2) Available, seen expired 3) Available, not seen 4) Not available today 5) Never available
	4.10.5	Insecticide treated bed nets for patients and their families and households	1) Available, seen not expired 2) Available, seen expired 3) Available, not seen 4) Not available today 5) Never available
	4.10.6	Insecticide treated bed net vouchers for patients and their families and households	1) Available, seen not expired 2) Available, seen expired 3) Available, not seen 4) Not available today 5) Never available
Malaria Stock outs	4.11	Has there been a stock-out of malaria RDT kits in the past 4 weeks?	1) Yes 2) No, skip to 4.13
	4.12	How many days of stock-out?	1) LESS THAN 7 DAYS 2) 7 TO 14 DAYS 3) MORE THAN 14 DAYS

	4.13	Has there been a stock-out of ACT in the past 4 weeks?	1) Yes 2) No, skip to 4.15
	4.14	How many days of stock-out?	1) LESS THAN 7 DAYS 2) 7 TO 14 DAYS 3) MORE THAN 14 DAYS
Commodities and Logistics for Malaria	4.15	Has anyone been trained on the Malaria Commodities Logistics System (MCLS)?	1) Yes 2) No, skip to 4.17
	4.16	If yes, how many staff?	[XXX]
	4.17	Do you have any SOPs, job aids and/or tools for Malaria Commodities Logistics available in this facility today?	1) Yes, observed 2) Yes, reported, not seen 3) No
	4.18	Do you submit Bi-monthly Facility Stock Report (BFSR) for malaria commodities logistics?	1) Yes 2) No, skip to 4.21
	4.19	How do you submit your BFSR?	1) Through LGA RBM /FP Coordinator 2) Directly on NHLMIS 3) Other
	4.20	Is the BFSR available?	1) Yes 2) No
	4.21	Do you have an Inventory Control Card of malaria commodities available?	1) Yes 2) No
	<b>ANC Service Availability</b>		
	5.1	Does this facility provide antenatal care (ANC) services?	1) Yes 2) No, skip to 6.1
	5.2	What antenatal care services does this facility provide?	
	5.2.1	IFA (Iron-Folic Acid supplementation)	1) Yes 2) No
	5.2.2	Intermittent preventive treatment in pregnancy (IPTp) for malaria	1) Yes 2) No
	5.2.3	Urine analysis	1) Yes 2) No
	5.2.4	Tetanus toxoid	1) Yes 2) No
	5.2.5	Blood pressure check monitoring	1) Yes 2) No
	5.2.6	Nutrition/weight monitoring	1) Yes 2) No
	5.2.7	Nutrition counseling	1) Yes 2) No
<b>ANC Service Readiness</b>			
Staff and guidelines		Please tell me if the following documents are available in the facility today:	
	5.3.1	National ANC guidelines	1) Yes, observed 2) Yes, reported, not seen 3) No
	5.3.2	Any ANC check-lists and/or job-aids	1) Yes, observed 2) Yes, reported, not seen 3) No
	5.3.3	Have you or any provider(s) of ANC services received any ANC training in the last two years?	1) Yes 2) No

Equipment	5.4	Ask to see the following equipment and commodities.	
	5.4.1	Stethoscope	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	5.4.2	Sphygmomanometer	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
Diagnostics	5.5	Are the following general equipment items are available and functional today?	
	5.5.1	Colorimeter or haemoglobinometer	1) Yes, observed 2) Yes, reported not seen 3)No
	5.5.1a	Is it functional?	1) Yes 2) No 3) Don't know
	5.5.2	HemoCue	1) Yes, observed 2) Yes, reported not seen 3)No
	5.5.2a	Is it functional?	1) Yes 2) No 3) Don't know
	5.5.3	Urine dipstick (multstix)	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	5.5.4	Urine dipstick for sugar and albumin, pack of 100	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	Medicines and Commodities	5.6	Are any of the following maternal health medicines available in the facility today? CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED)
5.6.1		Iron tablets	1) Yes, observed 2) Yes, reported, not seen 3) No
5.6.2		Folic acid supplements (cap/tab) dispersible tablet	1) Yes, observed 2) Yes, reported, not seen 3) No
5.6.3		SP (Sulfadoxine + Pyrimethamine)	1) Available, seen not expired 2) Available, seen expired 3) Available, not seen 4) Not available today 5)Never available
5.6.4		Tetanus vaccine injection	1) Yes, observed 2) Yes, reported, not seen 3) No
5.6.5		Insecticide treated bed nets for patients and their families and households	1) Yes, observed 2) Yes, reported, not seen 3) No
5.6.6		Insecticide treated bed net vouchers for patients and their families and households	1) Yes, observed 2) Yes, reported, not seen 3) No



<b>Family planning</b>			
	6.1	Are family planning services offered here?	1) Yes 2) No, skip to 7.1
	6.2.1	Which type of family planning services are offered here?	1) Counseling services 2) IUD insertion 3) IUD removal 4) Oral contraceptives 5) LAM (lactational amenorrhea method) 6) Cycle beads 7) Implant insertion 8) implant removal 9) Injectables - DMPA IM 10) Injectables - DMPA SC 11) Injectables - NET-en 12) Condoms 13) Permanent method (male) 14) Permanent methods (female)
	6.2.2	At what points are family planning services offered? (Select all that apply)	1) ANC 2) Immediate Post Delivery 3) PNC 4) Immunization 5) Well Baby Clinic 6) OPD (For sick child, 7) OPD (for sick mother) 8) Gynecological OPD
	6.2.3	Which family planning methods (commodities) are available today? (Select all that apply)	1) None 2a) Male Condoms 2b) Female Condoms 3) Oral pills 4) Injectables 5) Implants 6) IUC 8) Other
	6.2.4	Are FP individual cards available and filled according to the format?	1) Yes 2) No
	6.2.5	Have you or any provider(s) of family planning services received any family planning training in the last two years?	1) Yes 2) No
	6.2.6	Have you or any provider(s) of family planning services received any training in adolescent sexual and reproductive health in the last two years?	1) Yes 2) No
	6.2.7	How many qualified staff are trained in Family Planning?	
<b>Commodities logistics for Family Planning</b>			
	6.3	Do you submit a Requisition, Issue and Receipt Form (RIRF) for family planning commodities?	1) Yes 2) No, skip to 6.5
	6.4	How do you submit your RIRF?	1) Through LGA RBM /FP Coordinator 2) Directly on NHLMIS 3) Other
	6.5	Do you have an Inventory Control Card for family planning commodities available?	1) Yes 2) No

<b>Basic equipment</b>			
	8.1	Please tell me if the following basic equipment and supplies used in the provision of client services are available and functional in this facility today. ASK TO SEE THE ITEMS	
	8.1.1	Adult weighing scale	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	8.1.2	Child weighing scale (250g gradation)	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	8.1.3	Thermometer	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	8.1.4	Angle poised lamp	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
<b>General commodities</b>			
	9.0	Ask to see the following equipment and commodities.	
	9.1.1	Soap/disinfectant dispenser	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.2	Tenaculum forceps / Vosellum	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.3	Vaginal speculum (sim) set of 3	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.4	Scalpel with blades	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.5	Tongue depressor	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.6	Functional Solar refrigerator	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.7	Sterile/Surgical gloves	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.8	Syringes sizes 2 ml, 5 ml, 10 ml, 20 ml (select observed if any of the items are available)	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.9	Cotton wool/gauze (select observed if either of the items is available)	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.10	Disposable syringes with disposable needles	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No

	9.1.11	Vaccine carrier(s)	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.12	Set of ice packs for vaccine carriers (Note: Giostyle with 4 ice cubes or Rush with 2 ice cubes)	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.13	Hand-washing soap / liquid soap	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.14	Alcohol based hand rub	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.15	Environmental disinfectant (e.g., chlorine, alcohol)	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.16	Sharps container	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.17	Disposable Gloves	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No
	9.1.18	Does the facility have a working refrigerator for the storage of vaccines? Observe functioning	1) Yes (observed, functional) 2) Yes (observed, not functional) 3) No

#### Health System

Health Management Information System	10.1	Are relevant HMIS forms/Registers available in the facility?	
	10.1.a	NHMIS Health facility monthly summary form	1) Yes
			2) Yes, up to date, correctly and completely filled
			3) Yes not up to date
			4) No
	10.1.b	NHMIS health facility daily attendance register	1) Yes
			2) Yes, up to date, correctly and completely filled
			3) Yes not up to date
			4) No
	10.1.c	NHMIS health facility daily ANC register	1) Yes
			2) Yes, up to date, correctly and completely filled
			3) Yes not up to date
			4) No
	10.1.i	NHMIS health facility daily FP register	1) Yes
2) yes, up to date, correctly and completely filled			
3) Yes not up to date			
4) No			
10.2	Did the facility send last month's monthly summary form to the LGA?	1) Yes 2) No	

	10.3	Does the facility participate in any LGA monthly M&E review meetings?	1) Yes 2) No
	10.4	Is HMIS information discussed in the facility management meetings (check for minutes of meetings)	1) Yes 2) No
Governance and Human Resource Management	11.1	Does this facility have a core management team that is responsible for managing the day-to-day functioning of the facility? PROBE TO ENSURE THAT THE MANAGEMENT TEAM IDENTIFIED ADDRESSES DAY TO DAY MANAGEMENT ISSUES. IN SMALL FACILITIES THIS RESPONSIBILITY MAY BE FILLED BY A STAFF MEETING.	1) Yes 2) No
	11.2	Is there any routine system for including community representation for some aspects of the management team work? By routine system, I mean community participation is sought for either all or specified meetings of the management team.	1) Yes 2) No
	12.1	Do your staff experience delay in payment of salary?	1) Yes 2) No, skip to 13.1
	12.2	If yes, how frequently?	1) Never 2) Seldom (Once in a year) 3) Often (Once every 3-6 months) 4) Always
Operational Funds	13.1	Did the facility receive any non-salary, operational funds from the state/local government in the last calendar year?	1) Yes 2) No, skip to 13.2
	13.1.1	Which level of government provided funds for non-salary, operational expenses in the last year? (read out options, check all that apply)	1) State government 2) Local government 4) Health Insurance (NHIS) 5) Drug Revolving Fund 8) Other (specify)
	13.2	Did the facility experience any delay in receipt of non-salary, operational funds from state/local government?	1) Yes 2) No, skip to 13.3
	13.2.1	Which level of government delayed funding for non-salary, operational expenses in the last year?	1) State government only 2) Local government only 3) Both state and local government

	13.2.2	Please indicate the main reason for the delays (check all that apply)	1) Delay in submission of quality (business/work) implementation plan
			2) Delay in receiving authority to incur expenses (AIE) from authorities
			3) Unable to provide timely accounts to LGA or state treasury
			4) Audit issues raised on facility's account
			5) Capacity problems at LGA or state treasury
			8) Others (specify) .....
	13.3	Does the facility have alternate sources of funding?	1) Yes 2) No, skip to 14.
	13.3.1	Which of the following have been alternative sources of funding in the last year? (read out options, check all that apply)	1) Registration
			2) Development partners/NGOs
			3) User Fees (Patient payments)
			4) Philanthropy and Donations
			8) Others (specify) .....
Closing	14	Result codes (last visit)	1) Completed 2) Respondent not available 3) Refused 4) Partially completed 8) Other, specify
	15	Interviewer comments	



**Staff Cadre**

	i) Community Health Officer	j) Community health extension worker (CHEWs)	k) Junior community health extension worker	i) Environmental officer	m) Pharmacist	n) Pharmacy Assistant	o) Pharmacy Technician
7.1) How many in total (assigned and employed)?							
7.2) How many are seconded?							
7.3) How many trained on Long Acting Reversible Contraceptives)/ (LARC/ PM)?							
7.4) How many are trained in post-partum family planning (PPFP)?							
7.5) How many trained in Malaria case management							
7.6) How many trained in Intermittent Preventive Treatment of Malaria in Pregnancy							
7.7) How many trained in Malaria Diagnosis - Microscopy							
7.8) How many trained in Malaria Diagnosis - mRDT							
7.9) How many trained in anemia diagnosis and treatment							

	p) Laboratory Scientist	q) Laboratory Technician/Technologist	r) Laboratory Assistant	v) Other (specify) _____
7.1) How many in total (assigned and employed)?				
7.2) How many are seconded?				
7.3) How many trained on Long Acting Reversible Contraceptives)/ (LARC/ PM)?				
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7.8) How many trained in Malaria Diagnosis - mRDT				
7.9) How many trained in anemia diagnosis and treatment				