



NEST360 | UNICEF Health Facility Assessment (HFA)

Facility Infrastructure Module

Version: August 17, 2021

Date (yyyy/mm/dd): / /

Data Collector 1 (first and last name):

Data Collector 2 (first and last name):

Facility Name:

Facility Code:

Module Overview for Facility Infrastructure

Section 1. Facility Identification (to be filled out before visit)

Section 2. Facility Infrastructure (direct questions to management)

Section 3. Physical Areas at the Facility (direct questions to management)

Section 4. Autoclave and Sterilisation (direct questions to person in charge of sterilisation and autoclaving)

Section 5. Communication and Information Systems Infrastructure (direct questions to communications officer)

Section 6. Transportation (direct questions to transportation officer)

Facility Name:

Facility Code:

Section 1. Facility Identification

Instructions: 1) The data collection team supervisor should complete this section before interviewing the facility officer in charge. 2) Copy the Facility Code onto each page before the team begins to collect data. 3) Prefill items before arrival when possible, and direct remaining questions to the officer in charge.

No.	Item	Response
1.01	Urban/Rural Designation (<i>Select one</i>)	<input type="radio"/> Urban <input type="radio"/> Semi-Urban <input type="radio"/> Rural
1.02	Type of Facility (<i>Select one</i>)	<input type="radio"/> Tertiary Hospital <input type="radio"/> Secondary Hospital <input type="radio"/> Primary Hospital <input type="radio"/> Other (specify below)
1.03	Type of operating agency (<i>Select one</i>)	<input type="radio"/> Government <input type="radio"/> Private (for profit) <input type="radio"/> Nonprofit Organisation <input type="radio"/> Religious Mission <input type="radio"/> Military or Police <input type="radio"/> Other (specify below)
1.04	Does this facility have a specified catchment area? (<i>A catchment area is a population that the facility serves</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
1.05	How many people are supposed to be in the catchment area for this facility? (<i>If unknown, write "unknown"</i>)	Number:
1.06	Is this area a designated hardship area? (<i>A hardship area must be an official government designation, usually used for regions experiencing insecurity or hard to reach areas</i>)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Comments

Facility Name:

Facility Code:

Section 2. Facility Infrastructure

Instructions: Please have all participants fill in their names and positions below before completing the following forms in *Section 2. Facility Infrastructure*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 2. Facility Infrastructure

Instructions: Direct these questions to the officer in charge. For some questions, you will need to ask and observe specific items/spaces at the facility. If a response is unknown, write “unknown” or select “unknown” from the multiple-choice answers.

Prompt: “I’d like to ask you a few questions about the facility’s overall capacity and infrastructure.”

No.	Item	Response	Skip to
Patient Numbers			
<i>(Use data from the previous calendar year for answers in Patient Numbers item)</i>			
2.01	How many deliveries take place at the facility annually?		—
2.02	How many patients are admitted to the neonatal unit annually?		—
2.03	How many neonates are referred <i>into</i> this facility annually?		—
2.04	How many neonates are referred <i>out</i> of this facility annually?		—
Beds			
2.05	How many beds are available for patients in all departments at this facility?		—
2.06	How many beds are available for maternity patients on the labour ward?		—
2.07	How many beds on the postnatal unit are there for maternity patients?		—
2.08	How many beds on the postnatal unit are there for newborns?		—
2.09	How many beds on the postnatal unit are joint maternity and newborn beds? <i>(This should include any beds where babies are sharing a bed with their mother)</i>		—
2.10	How many beds are there on the neonatal unit?		—
2.11	How many beds on the paediatric ward are dedicated exclusively to neonatal patients?		—
Electric power			
2.12	Does the facility have an energy management plan? <i>(An energy management plan outlines how to reduce energy use and ensure adequate energy supply for all operations.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	—
2.13	Is this facility connected to the central electricity grid? <i>(Select “Yes” even if connection to grid is irregular)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
2.14	Thinking back over the last 7 days, has the power from the grid or a power back-up been interrupted for more than half an hour at a time at this facility?	<input type="radio"/> Yes <input type="radio"/> No	—
Fuel-operated Generator			
2.15	Does this facility have a fuel-operated generator?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If “No”, 2.20
2.16	How many fuel-operated generators does the facility have?		—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.17	Are the fuel-operated generators functional today?	<input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None	—
2.18	Do you have enough fuel to run the generator when needed?	<input type="radio"/> Yes <input type="radio"/> No	—
2.19	Is there a maintenance contract in place for the fuel-operated generator? <i>(This should be a formal maintenance contract with the supplier or distributor)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
Battery Inverter			
2.20	Does this facility have a battery inverter?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If "No", 2.24
2.21	How many battery inverters does the facility have?		—
2.22	Are the battery inverters functional today?	<input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None	—
2.23	Is there a maintenance contract in place for the battery inverter? <i>(This should be a formal maintenance contract with the supplier or distributor)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
Solar Power			
2.24	Does this facility have solar power?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed	If "No", 2.28
2.25	How many solar power units does the facility have?		—
2.26	Are the solar power units functional today?	<input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None	—
2.27	Is there a maintenance contract in place for the solar power? <i>(This should be a formal maintenance contract with the supplier or distributor)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
Water			
2.28	What is the main source of water? <i>(Select one)</i>	<input type="radio"/> Piped water from municipality <input type="radio"/> Borehole (Hand pump) <input type="radio"/> Borehole (Solar pump) <input type="radio"/> Borehole (Electric pump) <input type="radio"/> Well (Hand pump) <input type="radio"/> Well (Electric pump) <input type="radio"/> Well (Solar Pump) <input type="radio"/> River <input type="radio"/> Other <i>(specify below)</i>	—
			—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
2.29	Is the main water source from this source onsite, within 500 meters of the facility, or beyond 500 meters of the facility? <i>(Select one)</i> <i>(If "Piped water" selected as main source of water in 2.28, select "Onsite")</i>	<input type="radio"/> Onsite <input type="radio"/> Within 500 m of facility <input type="radio"/> Beyond 500 m of facility	—
2.30	Is there a time of the year when the facility routinely has a shortage or lack of water? <i>(Routinely is defined as occurring more frequently than during an extenuating circumstance)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
2.31	Is there a reliable backup water supply available? <i>(Reliable is defined as providing the facility with water supply to meet all its needs while the main water source is not functioning)</i>	<input type="radio"/> Yes <input type="radio"/> No	—
2.32	What are the sources of backup water? <i>(Select all that apply)</i>	<input type="checkbox"/> Piped water from municipality <input type="checkbox"/> Borehole (Hand pump) <input type="checkbox"/> Borehole (Solar pump) <input type="checkbox"/> Borehole (Electric pump) <input type="checkbox"/> Well (Hand pump) <input type="checkbox"/> Well (Electric pump) <input type="checkbox"/> Well (Solar Pump) <input type="checkbox"/> River <input type="checkbox"/> Tank <input type="checkbox"/> Rain water <input type="checkbox"/> Other <i>(specify below)</i>	—
Oxygen Systems			
2.33	Is there walled/piped oxygen in the facility?	<input type="radio"/> Yes <input type="radio"/> No	—
2.34	Is there a bulk liquid oxygen tank at this facility?	<input type="radio"/> Yes <input type="radio"/> No	If "No", 2.36
2.35	Is the liquid oxygen tank currently functioning?	<input type="radio"/> Yes <input type="radio"/> No	—
2.36	Is there an oxygen plant at this facility?	<input type="radio"/> Yes <input type="radio"/> No	If "No", 2.38
2.37	Is the oxygen plant currently functioning?	<input type="radio"/> Yes <input type="radio"/> No	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
Newborn Care			
2.38	<p>Where are small and sick newborns cared for at this facility? Select the highest level. (Select one)</p> <ul style="list-style-type: none"> • A neonatal corner is a space within the labour and delivery ward, postnatal unit, or paediatric unit where small and sick newborns are cared for. • A special newborn care unit is a dedicated unit where small and sick newborns are cared for, but does not offer all of the high-level services of a NICU. Refer to national guidelines for designation. • A NICU is a unit at the tertiary level equipped to provide intensive care to neonates. Refer to national guidelines for designation. 	<input type="radio"/> Neonatal Corner <input type="radio"/> Special newborn care unit (separate neonatal unit) <input type="radio"/> Neonatal intensive care unit (NICU)	—
2.39	<p>Where else are small and sick newborns cared for at this facility? (Newborns can be cared for in different wards. Read all response options out loud and select all that apply. Select all locations at this facility where we could find small and sick newborns <28 days.)</p>	<input type="checkbox"/> KMC unit <input type="checkbox"/> Labour and delivery ward <input type="checkbox"/> Paediatric ward <input type="checkbox"/> Other (specify below)	—
Fire Safety			
2.40	Does the facility conduct fire drills at least once per year?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
2.41	Does the facility have an accessible emergency exit door? (Door should not be blocked or partially blocked by equipment; should be usable for people and gurneys)	<input type="radio"/> Yes <input type="radio"/> No	—
Sterile Supply Department			
2.42	Does the facility provide an onsite or offsite dedicated decontamination area or sterile supply department for medical devices and other equipment?	<input type="radio"/> Yes <input type="radio"/> No	If "No", 3.01
2.43	Is the dedicated decontamination area or sterile supply department operated by a licensed decontamination management service?	<input type="radio"/> Yes <input type="radio"/> No	—

Comments

Facility Name:

Facility Code:

Section 3. Physical Areas at the Facility

Instructions: For each physical area below, ask if the facility has a separate room. If the answer is yes, ask if electricity and water are functioning in the room at the time of the visit regardless of the source (central power, backup generator, backup water). You will need to observe each area at the facility. It is likely that you will have to walk around to different parts of the hospital to view all the areas. Continue interviewing the officer in charge.

No.	Physical Areas	a. Which of the following rooms/areas does the facility currently have?		b. Is electricity functioning in the room at the time of the visit?			c. Is water functioning in the room at the time of the visit?		
		Yes	No	Yes	No	Yes, but not observed	Yes	No	Yes, but not observed
	<i>Read each item:</i>								
3.01	Labour and delivery ward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.02	Postnatal unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.03	General operating theatre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.04	Maternity theatre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.05	Special neonatal care unit or NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.06	Paediatric ward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.07	KMC unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.08	Laboratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.09	Blood Bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.10	Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Facility Name:

Facility Code:

Section 4. Autoclave and Sterilisation Room

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 4. Autoclave and Sterilisation Room*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 4. Autoclave and Sterilisation Room

Instructions: Direct these questions to the person in charge of sterilisation and autoclaving. An item is not functional if it is in need of repair. In order to select “Available and functional” at least one must be functional.

Prompt: “I’d like to ask you a few questions and make observations about this facility’s autoclave room.”

No.	Item	Is at least 1 available and functional?		
		Available and functional	Available but not functional	Not Available
	Autoclave room items: Does the facility have...? <i>(Read all items out loud)</i>			
4.01	Separate autoclave room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.02	Autoclave with temperature and pressure gauges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.03	Hot air steriliser (dry oven)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.04	Steriliser/pressure cooker, electric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.05	Steriliser/pressure cooker, kerosene heated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.06	Sterilisation drum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.07	Sterilisation drum stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.08	Autoclave tapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Facility Name:

Facility Code:

Section 5. Communications Systems

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 5. Communication Systems*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 5. Communications Systems

Instructions: Direct these questions to the hospital management or communications officer. An item is not functional if it is in need of repair.

Prompt: “The next few questions I’d like to ask you are related to communication systems.”

5A. Communication Methods

Which of the following communication methods are available and functional at this facility? In order to select “Available and functional” at least one must be functional.

No.	Item	Is at least 1 available and functional?			Which of the following methods are regularly used for communicating referrals into and out of this facility? (<i>Skip for methods not available</i>)	
		Available and functional	Available but not functional	Not Available	Used	Not Used
5.01	Landline telephone in the maternity area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.02	Landline telephone in the neonatal area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.03	Landline telephone elsewhere in facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.04	Cell phone owned by facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.05	Cell phone provided to individual staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.06	Public telephone in the vicinity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.07	Two-way radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.08	Internet connection in the maternity area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.09	Internet connection in the neonatal area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10	Internet connection elsewhere in facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5B. Communication Infrastructure

No.	Item	Response	Skip to
5.11	<p>Is the cell phone signal at this facility very dependable, somewhat dependable or not very dependable? Or does it not exist? (<i>Select one</i>)</p> <ul style="list-style-type: none"> • Very dependable: signal available for most calls when it is needed • Somewhat dependable: signal available for some calls when it is needed • Not very dependable: signal available for few calls when it is needed 	<input type="radio"/> Very dependable <input type="radio"/> Somewhat dependable <input type="radio"/> Not very dependable <input type="radio"/> No cell phone signal	—

Facility Name:

Facility Code:

No.	Item	Response	Skip to
5.12	<p>Is the internet signal at this facility very dependable, somewhat dependable or not very dependable? Or does it not exist? (<i>Select one</i>)</p> <ul style="list-style-type: none"> • Very dependable: signal usually available when it is needed • Somewhat dependable: signal usually available when it is needed • Not very dependable: signal usually available when it is needed 	<input type="radio"/> Very dependable <input type="radio"/> Somewhat dependable <input type="radio"/> Not very dependable <input type="radio"/> No internet signal	—
5.13	<p>Does this facility have access to a closed user group (CUG) system? <i>(A CUG system is a service for mobile phone users to make calls and send SMS within a specified group of people)</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	—
5.14	<p>Is it a policy in this facility to reimburse staff who use their cell phones for work-related calls?</p>	<input type="radio"/> Yes <input type="radio"/> No	If “No”, 5.16
5.15	<p>Who does the facility reimburse for work-related calls?</p>	<input type="radio"/> All staff <input type="radio"/> Senior staff only (e.g. nurse in-charge /head of department) <input type="radio"/> Other (specify below)	—
5.16	<p>Which of the following areas at this facility have a functioning computer? <i>(Read all options out loud. Select all that apply.)</i></p>	<input type="checkbox"/> No computer <input type="checkbox"/> Neonatal unit <input type="checkbox"/> KMC unit <input type="checkbox"/> Maternity ward <input type="checkbox"/> Postnatal unit <input type="checkbox"/> Paediatric ward	—

Comments

Facility Name:

Facility Code:

Section 6. Transportation

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 6. Transportation*.

Respondents	
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position
Respondent Name (first and last name)	Respondent Position

Facility Name:

Facility Code:

Section 6. Transportation

Instructions: Please direct these questions towards the hospital management or the transport officer. Darkened cells require no answer. Please do not leave any variable blank. If a response is unknown, write “unknown” or select "unknown" from the multiple-choice answers.

Prompt: “Now I’m going to ask you about the modes of transportation available for emergency referral.”

6A. Patient Transport for Referral

No.	Item	Response
6.01	How are newborns transferred into this facility from another facility? (<i>Select all that apply</i>)	<input type="checkbox"/> By KMC <input type="checkbox"/> By incubator/radiant warmer <input type="checkbox"/> By hand <input type="checkbox"/> In a cot
6.02	How are newborns transferred out of this facility to another facility? (<i>Select all that apply</i>)	<input type="checkbox"/> By KMC <input type="checkbox"/> By incubator/radiant warmer <input type="checkbox"/> By hand <input type="checkbox"/> In a cot

No.	Item	How many are available in total? (If none are available, write 0)	How many are out of service due to needing repair?
6.03	Motor vehicle ambulance (a four wheeled vehicle e.g. car, truck, lorry)		
6.04	Motorised tricycle ambulance		
6.05	Motorcycle		
6.06	Bicycle ambulance		
6.07	Motorised boat		
6.08	Non-motorised boat (e.g., paddle boat, canoe)		
6.09	Animal drawn cart		
6.10	Stretcher (not part of ambulance)		
6.11	Other (<i>please specify</i>):		

Instructions: Skip to Section 6C if there are no motor vehicles, motorcycles or motorised boats at the facility.

Facility Name:

Facility Code:

6B. Motor Vehicles (including motor vehicles, motorcycles and motorised boats)

No.	Item	Response
6.12	Is there a routine preventive maintenance schedule?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
6.13	Is there someone responsible for providing corrective maintenance to motor vehicles when needed?	<input type="radio"/> Yes <input type="radio"/> No
6.14	Are there funds available today for maintenance or repair if they were needed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
6.15	Is there a fuel management plan? <i>(This means that the health facility has a fuel management plan and a local buffer stock, with an adequate budget as required, at all times)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but not observed
6.16	Is sufficient fuel available today to transport newborns if needed? <i>(If this is a lower-level facility, fuel should be available today to bring the newborn to a higher-level facility. If this is a higher-level facility, fuel should be available today to bring the newborn to a lower-level facility.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
6.17	Is there a driver available today to transport newborns if needed? <i>(If this is a lower-level facility, the driver should be available today to bring the newborn to a higher-level facility. If this is a higher-level facility, the driver should be available today to bring the newborn to a lower-level facility.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
6.18	Is there a nurse or any other paramedic available today to transport newborns if needed? <i>(If this is a lower-level facility, the nurse or paramedic should be available today to bring the newborn to a higher-level facility. If this is a higher-level facility, the nurse or paramedic should be available today to bring the newborn to a lower-level facility.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

6C. Transport for Referral

No.	Item	Response
6.19	How far is the nearest referral facility from you? <i>(Estimate or give your best guess)</i> <i>(Enter number in kilometres. If unknown, write "unknown". If this is already the highest-level facility, write "not applicable")</i>	km
6.20	How long does it take to drive to the nearest referral facility? <i>(Estimate or give your best guess)</i> <i>(Enter number in minutes for normal traffic conditions. If unknown, write "unknown". If this is already the highest-level facility, write "not applicable")</i>	minutes

Comments