



NEST360 | UNICEF Health Facility Assessment (HFA)

Administration and Management Module

Version: 1.0, 2020

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 Administration and Management

Section 1: Target Setting (hospital administrator)

Section 2: Financing Reports (hospital administrator)

Section 3: Staff Absenteeism and Performance Review (hospital administrator)

Section 4: Clinical audit and management meetings (hospital administrator)

Facility Name:

Facility Code:

Section 1. Target Setting

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 1. Target Setting*.

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 1. Target Setting

Instructions: 1) The data collection team should direct these questions to the hospital administrator. For some questions, you will need to ask and observe the staff or specific items/spaces at the facility. Please do not leave any variable blank. 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 and on target setting.”

No.	Item	Response	Skip To
1.01	Do you set targets for this facility to achieve? <i>A target is a specific quantitative goal which the facility aims to reach in the future (e.g., reduce in-hospital mortality to 10% by end of 2021)</i>	<input type="radio"/> Yes <input type="radio"/> No	If “No” Section 2
1.02	Do you set targets for the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	If “No” Section 2
1.03	Which, if any, of these targets concern neonatal health or the neonatal unit? <i>(Select all that apply)</i>	<input type="checkbox"/> Health or mortality targets <input type="checkbox"/> Clinical practice targets <input type="checkbox"/> Input targets <input type="checkbox"/> None	—
1.04	Are facility targets displayed anywhere in the hospital?	<input type="radio"/> Yes <input type="radio"/> No	If “No” Section 2
1.05	Where are facility targets displayed in the hospital? <i>(Select all that apply)</i>	<input type="checkbox"/> Not displayed in hospital <input type="checkbox"/> Hospital manager office or meeting room <input type="checkbox"/> Neonatal unit <input type="checkbox"/> Other <i>(specify below)</i>	—
			—

Comments

Facility Name:

Facility Code:

Section 2. Financing Reports

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

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 2. Financing Reports

Instructions: 1) The data collection team should direct these questions to the hospital administrator. For some questions, you will need to ask and observe the staff or specific items/spaces at the facility. Please do not leave any variable blank. 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 and on financing reports."

No.	Item	Response	Skip To
2.01	Do you produce a report of the facility revenue and expenditure?	<input type="radio"/> Yes <input type="radio"/> No	If "No", 2.04
2.02	If yes, how often is the report produced? (<i>Select one</i>)	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually <input type="radio"/> None <input type="radio"/> Other (<i>specify below</i>)	—
			—
2.03	When was the last report produced? (<i>If a date is unknown, enter 1999/01/01.</i>)	___/___/___	—
2.04	Do you have an annual budget of the likely costs the health facility will face over the next year?	<input type="radio"/> Yes <input type="radio"/> No	—
2.05	List the most common insurance providers that are seen at the facility:		

Comments

Facility Name:

Facility Code:

Section 3. Staff Absenteeism and Performance Review

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 3. Staff Absenteeism and Performance Review*.

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 3. Staff Absenteeism and Performance Review

Instructions: 1) The data collection team should direct these questions to the hospital administrator. For some questions, you will need to ask and observe the staff or specific items/spaces at the facility. Please do not leave any variable blank. 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 and on staff absenteeism and performance review.”

No.	Item	Response
Staff Absenteeism		
3.01	Does the hospital have a system of documenting when clinical staff are absent from work? Please describe this system and how it works. (Select one)	<input type="radio"/> Absenteeism is formally recorded and senior managers are notified <input type="radio"/> Absenteeism is formally recorded at the ward level only <input type="radio"/> Absenteeism system is informal <input type="radio"/> No system
Performance Review		
3.02	Is there any formal system for recognising or rewarding well performing clinical staff? (Select all that apply)	<input type="checkbox"/> Financial bonuses are given to high performing clinical staff <input type="checkbox"/> Other material benefits are given <input type="checkbox"/> Non-material “status” awards are given <input type="checkbox"/> Staff are not rewarded
3.03	Which of the following actions have been taken for poorly performing clinical staff? (Select all that apply)	<input type="checkbox"/> Staff reassigned in past month <input type="checkbox"/> Staff dismissed in past month <input type="checkbox"/> Staff reassigned in past 6 months <input type="checkbox"/> Staff dismissed in past 6 months <input type="checkbox"/> Staff have faced other disciplinary action in past month <input type="checkbox"/> Staff have faced other disciplinary action in past 6 months <input type="checkbox"/> No action taken in past 6 months
3.04	Do you have a training plan in place to improve the skills of your health workers on the neonatal unit going forward? (Observe written plan)	<input type="radio"/> Yes <input type="radio"/> No
3.05	Do individual staff have detailed training plans?	<input type="radio"/> Yes <input type="radio"/> No (If “No”, skip to Section 4)
3.06	How many years does this plan cover?	Number of years:

Facility Name:

Facility Code:

Section 4. Clinical Audit and Management Meetings

Instructions: Please have all participants fill in their names and positions below, before completing the following forms in *Section 4. Clinical Audit and Management Meetings*.

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. Clinical Audit and Management Meetings

Instructions: 1) The data collection team should direct these questions to the hospital administrator. For some questions, you will need to ask and observe the staff or specific items/spaces at the facility. Please do not leave any variable blank. 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 and on clinical audit and management meetings.”

No.	Item	Response	Skip to
Hospital Quality Improvement Team			
4.01	Does the health facility have a quality improvement team?	<input type="radio"/> Yes. <input type="radio"/> No	If “No”, 5.04
4.02	Does the health facility conduct quality improvement team meetings at least every 3 months?	<input type="radio"/> Yes <input type="radio"/> No	—
4.03	When did the team last meet? (If a date is unknown, enter 1999/01/01.)	___/___/___	—
4.04	<i>Ask and observe:</i> Are meeting minutes available for the most recent meeting?	<input type="radio"/> Yes <input type="radio"/> Yes, but not observed <input type="radio"/> No	—
Infection Prevention and Control (IPC) Team			
4.01	Does the health facility have an IPC team?	<input type="radio"/> Yes. <input type="radio"/> No	If “No”, 4.09
4.02	Does the health facility conduct IPC team meetings at least every 3 months?	<input type="radio"/> Yes <input type="radio"/> No	—
4.03	When did the team last meet? (If a date is unknown, enter 1999/01/01.)	___/___/___	—
4.04	<i>Ask and observe:</i> Are meeting minutes available for the most recent meeting?	<input type="radio"/> Yes <input type="radio"/> Yes, but not observed <input type="radio"/> No	—
Mortality Audit/Maternal and Perinatal Death Surveillance and Response (MPDSR) Team			
4.01	Does the health facility have a mortality audit/MPDSR team?	<input type="radio"/> Yes. <input type="radio"/> No	If “No”, end Module
4.02	Does the health facility conduct mortality audit/MPDSR team meetings at least every 3 months?	<input type="radio"/> Yes <input type="radio"/> No	—
4.03	Are review meetings integrated for maternal, stillbirth, and neonatal deaths audit? (Select one)	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> Unknown	—
4.04	When did the team last meet? (If a date is unknown, enter 1999/01/01.)	___/___/___	—
4.05	<i>Ask and observe:</i> Are meeting minutes available for the most recent meeting?	<input type="radio"/> Yes <input type="radio"/> Yes, but not observed <input type="radio"/> No	—