FASTR
FREQUENT ASSESSMENTS & HEALTH SYSTEMS TOOLS FOR RESILIENCE

Health Facility Rapid-Cycle Phone Survey

Tajikistan: Rounds 4 questionnaire

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

Modules

ABOUT THE SURVEY 3
BLOCK A: HEALTH FACILITY AND RESPONDENT INFORMATION 4
BLOCK B: SHOCKS 7
BLOCK C: SERVICES 10
BLOCK D: INFRASTRUCTURE 12
BLOCK F: WORKFORCE AND STAFFING 17
BLOCK G: SUPPLIES 20
BLOCK H: LEADERSHIP AND COORDINATION 24
BLOCK I: COMMUNITY ENGAGEMENT 26
BLOCK J: QUALITY IMPROVEMENT PROCESSES 28
BLOCK K: EMERGENCY PREPAREDNESS AND RESPONSE 30
SURVEY END 31
PROGRAMMING THE SURVEY 32

DRAFT

ABOUT THE SURVEY

The Global Financing Facility for Women, Children, and Adolescents (GFF) supports country-led efforts to improve the timely use of data for decision-making, ultimately leading to stronger primary healthcare (PHC) systems and better reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes. This survey is one component of the GFF's approach to rapid-cycle analytics under the Frequent Assessments and System Tools for Resilience (FASTR) initiative.

The objectives of the rapid-cycle health facility phone survey are to:

1. Monitor service availability, readiness, and functioning of primary health care (PHC) facilities over time, with an emphasis on reproductive, maternal, newborn, child, and adolescent health and nutrition services.
2. Characterize and assess the effect of shocks on PHC functioning and the ability of health facilities to respond to shocks while maintaining essential services.
3. Inform and assess the implementation of interventions for stronger, more resilient PHC systems that support the wellbeing of women, children, and adolescents.
4. Enhance the timeliness and adaptive nature of health facility surveys by supplementing existing, large-scale in-person surveys with a rapid-cycle, phone-based approach.

Tool design and indicators:

- Indicators measure health facility components of the Primary Health Care Measurement Framework developed by the World Health Organization (WHO) and UNICEF (2022), with particular attention to services across the RMNCAH-N continuum and with consideration to gender and equity.
- Questions are aligned with and drawn from existing health facility survey tools including the WHO's Harmonized Health Facility Assessment, the WHO's Service Availability and Readiness Assessment, the World Bank's Service Delivery Indicators (SDI) Health Facility Survey, the Demographic and Health Surveys (DHS) Program's Service Provision Assessment, and USAID MOMENTUM's Modular Health Facility Assessment.
- The tool is designed to be administered via a phone-based interview to facility managers/Officers in Charge. The target interview time is 30 minutes.
- The tool is designed to be completed over the course of four quarterly contacts a year with a representative panel sample of PHC facilities. The tool's modular design allows for both country adaptation and round-to-round adaptation. Adaptation instructions are located at the end of the tool.

Interpreting the tool:

- Color code in the "QID" column indicates objective-specific questions:
    - Dark grey questions are metadata to be completed by the enumerator before the survey begins.
    - White questions are objective questions related to routine service delivery and readiness capabilities (Objective 1 & 3)
    - Orange questions are perception questions related to service delivery challenges (Objective 1, 2, & 3)
    - Pink questions are related to health shocks and their effects on various health systems characteristics (Objective 2 & 3)
    - Light grey rows are optional questions related to either routine health systems strengthening or specific RMCAH services, gender, and equity considerations. These can be added into the survey depending on country needs. QIDs marked in green have an explicit gender focus.
- The notes section contains important information, including:
    - How frequently the question is asked. Annual questions will be asked once a year and quarterly questions will be asked four times a year.
    - Question specific country adaptation instructions. More detailed adaptation instructions for the entire survey are located at the end of the tool

DRAFT

BLOCK A: HEALTH FACILITY AND RESPONDENT INFORMATION

The following questions should be answered by the interviewer/enumerator before calling the health facility.

QID	Question	Response	Relevance / Condition	Notes
TITLE	Facility Rapid-Cycle Phone Survey			
ID_ENUM	What is your name?	*[single select]* 1 *Enumerator name n°1* 2 *Enumerator name n°2* 3 *Enumerator name n°3* 4 *Enumerator name n°4* *…* *-96 Other (specify)*		List to prefill
T_S_ENUM	Please select the date and time	*[select dateTime]*		
ID_ADMIN1	What is the **region** of the facility that you are going to try to survey?	*[single select]* *1 Душанбе* *2 Согдийская область* *3 Хатлонская область* *4 ГБАО* *5 РРП*		1 Dushanbe 2 Sughd region 3 Khatlon region 4 GBAO 5 DRS **From "Sample" Columns C and D**
ID_ADMIN2	What is the **district** of the facility that you are going to try to survey?	*[single select]* *1 State/District name n°1* *2 State/District name n°2* *3 State/District name n°3* *4 State/District name n°4* *…*	The states/districts appearing are restricted by the choice in ID_ADMIN1	**From "Sample" Columns E and F**
ID_FAC	What is the **name of the facility** that you are going to try to survey?	*[single select]* *1 Facility name n°1* *2 Facility name n°2* *3 Facility name n°3* *4 Facility name n°4* *…*	The facilities appearing are restricted by the choice in ID_ADMIN2	**From "Sample" fac_name Column H**
ID_FAC_TYPE	What is the **facility type** that you are going to try to survey?	*[single select]* *21 Family medicine department of city health center* *22 Family medicine department of district health center* *23 Rural health center*	The facilities appearing are restricted by the choice in ID_FAC_TYPE	**From "Sample" fac_typ_eng or fac_typ_rus Column I / J**

		31 Health house / health point *-96 Other (specify)*		
ID_FAC_TXT	Please type the Facility Code:	*[text]*		**From "Sample" unique_id Column AK**

Enumerator receives the following message and calls the facility:

Dear **[ID_ENUM_NAME]**, you can **CALL NOW** the facility **[ID_FAC_NAME]** to start the survey. You should have filled all the previous information before calling the facility.

This section marks the beginning of the survey/conversation with the health facility respondent.

Enumerator reads to respondent:

Hello. My name is **[ID_ENUM_NAME]**. I am calling on behalf of M-Vector, a research company, in coordination with the Ministry of Health and Social Protection of the population of Tajikistan and the support of the World Bank and as in accordance with Order № 3 from 24.11.2025. M-Vector is conducting a facility assessment to assist the government in knowing more about the challenges this facility faces in providing health services to your community. This facility was randomly selected to participate in this study. The information collected about this facility may be used by M-Vector, organizations supporting services in this facility, and researchers for planning service improvement or conducting further studies of health services. The data and findings from this study may be shared in personally de-identified datasets, reports, and/or publications by the Ministry of Health and/or its partners. The responses you provide will be anonymous, and your name, or the names of any other staff who participated in this study will not be included in the dataset or any report.

We are asking for your help in collecting this information. You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate it if you introduced me to that person to help us collect that information. At this point, do you have any questions about the study? At this point, do you have any questions about the study?

QID	Question	Response	Relevance/ Condition	Notes
ID_RESP_CONSENT	Do I have your agreement to proceed?	*[single select]* 1 Yes 2 No 3 Yes – schedule for different day and/or time		

DRAFT

ID_RESP_NAME	What is your name?	*[text field]*		
ID_RESP_SEX	What is your gender?	*[single select]* 1 Male *2* Female		
ID_RESP_OIC	Are you the officer in charge (OIC) of this facility?	*[single select]* 1 Yes 2 No		
ID_LOC_CONF	Is the following information correct? - Facility where you work: **[ID_FAC_NAME]** - Region: **[ID_ADMIN1_NAME]** - District: **[ID_ADMIN2_NAME]** - Facility Type: **[ID_FAC_TYPE_NAME]**	*[single select]* 1 Yes 2 No		
ID_FAC_ CORRECTED	If **[ID_FAC_NAME]** is not the correct **facility name**, please write the correct one: *INTERVIEWER: skip this question if the **facility name** is correct*	*[text]*	ID_LOC_CONF !=1	[Show all 4 questions simultaneously]
ID_ ADMIN1_ CORRECTED	If **[ID_ADMIN1_NAME]** is not the correct **region**, please select the correct one: *INTERVIEWER: select the original **region** if it is correct*	*[single select]*		
ID_ ADMIN2_ CORRECTED	If **[ID_ADMIN2_NAME]** is not the correct **district**, please select the correct one: *INTERVIEWER: skip this question if the **district** is correct*	*[single select]*		
ID_FAC_AREA	Is the area around the health facility urban or rural?	*[single select]* 1 Urban 2 Rural		

DRAFT

BLOCK B: SHOCKS

Enumerator reads to respondent: Next, we have a few questions on the presence of any events that may have impacted the communities that this facility serves.

QID	Question	Response	Relevance/ Condition	Notes
SH_01	Over the past 6 months, have any of the following events affected the communities that this facility serves? ***INTERVIEWER:*** *Read all response options aloud.*	*[multiple select]* c. Natural disasters (e.g., flood, drought, cyclones, earthquakes, landslides, fires, snowstorms) da_tj. Measles outbreak db_tj Outbreaks, epidemics, or pandemics other than measles (e.g., cholera, meningitis, COVID-19) h_tj Man-made emergencies or technogenic disasters (e.g., industrial accidents, major infrastructure failures, accidents at power plants, chemical spills) x. Other type of event (specify) z. None	ID_ROUND = 3	+ Annual question
SH_03	Which event, if any, had the largest impact on health services at this facility? *Note that we are referring to any type of impact on the health services provided at this facility.* ***INTERVIEWER:*** *Read all response options aloud.*	*[single select]* ***[Choices carry forward from answer to SH_01]*** c. Natural disasters (e.g., flood, drought, cyclones, earthquakes, landslides, fires, snowstorms) da_tj. Measles outbreak db_tj Outbreaks, epidemics, or pandemics other than measles (e.g., cholera, meningitis, COVID-19) h_tj. Man-made emergencies or technogenic disasters (e.g., industrial accidents, major infrastructure failures, accidents at power plants, chemical spills) x. Other type of event (specify) z. None	ID_ROUND = 3 AND SH_01 != Z	+ Annual question **+ When a shock is identified**
SH_04A_Y	For how long has **[SH_03]** been occurring? ***INTERVIEWER****: If the respondent doesn't know, enter the code "-999999"*	*[integer 0-20]* Years:	ID_ROUND = 3 AND SH_03 != Z AND SH_01 != Z	+ Annual l question **+ When a shock that impacted health services is identified**
SH_04A_M		*[integer 0-12]* Months:		
SH_04A_D		*[integer 0-31]* Days:		

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
SH_03CA_TJ	Did [SH_03] negatively impact the quality of health services by this facility?	*[single select]* 1. Yes 2. No -99. Don't know	ID_ROUND = 3 AND SH_03 != Z AND SH_01 != Z	
SH_03CB_TJ	How did [SH_03] negatively affect the quality of health services delivered by this facility? ***INTERVIEWER:*** *Read all response options aloud.* a. Disruption of health services (temporary closure or reduced operating hours, limiting access to essential services) b. Damage to Infrastructure (facility buildings, equipment, or utilities (water, electricity) were damaged) c. Supply chains were interrupted, resulting in shortages of medicines, vaccines, and other critical supplies. d. Staff shortages (health workers were unable to report to work due to personal impact, transportation issues, or safety concerns). e. Interruption of preventive services (routine services such as immunizations, maternal and child health were postponed or cancelled). f. Increased Patient Load (The facility experienced a sudden influx of patients with injuries or illnesses related to the emergency, overwhelming available resources.) g. Disrupted communication networks made it difficult to coordinate with other health facilities, emergency services, or public health authorities.	*[multiple select]* 1. Yes 2. No 3. 99. Don't know.	ID_ROUND = 3 AND SH_03CA_TJ = 1	
SH_03A	Did [SH_03] cause the volume of health services delivered by this facility (including outreach) to increase, decrease, or stay the same?	*[single select]* 1 Service utilization has increased overall 2 Service utilization has decreased overall 3 No overall change in service utilization -99 Don't know	ID_ROUND = 3 AND SH_03 != Z AND SH_01 != Z	
SH_03B	What was the primary reason [SH_03] affected the volume of health services delivered in this facility? ***INTERVIEWER:*** *Read all response options aloud.*	*[single select]* 1 The event changed the availability of services or supplies at the facility 2 The event changed people's preferences in terms of where to go for care 3 The event changed people's need for health services	ID_ROUND = 3 AND SH_03A = 1, 2	

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
		4 The event changed people's ability to access the facility 5 The event changed the cost of services offered at the facility 6 The event changed the quality of services offered at the facility -96 Other (specify)		
SH_05_TJ	Has this facility had a challenge with the following areas because of the [SH_03]? a. Infrastructure (like facility structure, electricity, water and sanitation, and/or transportation of patients to or from this facility) c. Human resources (like sufficient staffing, training, and/or job satisfaction) d. Medical supplies and equipment e. Community engagement and trust h. Leadership and coordination (like communication and coordination with other health facilities and/or higher authorities, and/or supervision) ***INTERVIEWER:*** *Read all response options aloud.*	*[single select]* 1. Yes 2. No -99. Don't know	ID_ROUND = 3 AND SH_03 != Z AND SH_01 != Z	
SERV_04B_TXT	Describe how these challenges have affected this facility and its ability to provide services.	*[long field text]*	ID_ROUND = 3 AND AT LEAST ONE SH_05_TJ = 1	

DRAFT

BLOCK C: SERVICES

Enumerator reads to respondent: Next, we have some questions regarding the services available at this facility and any challenges the facility is experiencing delivering those services.

QID	Question	Response	Relevance/ Condition	Notes
SERV_05	Does the facility offer the following services? a. Integrated Management of Child Illnesses (IMCI) b. Child nutrition services ba_tj. Consultations on healthy lifestyle and nutrition q. Growth monitoring and promotion d. Reproductive health and Family planning services e. Antenatal care (ANC) services f. Postnatal care (PNC) services ha. Newborn care i. Immunization of children ma_tj. Child and Adult Survivors of Sexual Violence Care and Clinical Treatment Services n. **[ID_FAC_TYPE!=31]** Basic surgical services (e.g. abscess removal) ja_tj **[ID_FAC_TYPE!=31]** HIV/AIDS ka_tj. **[ID_FAC_TYPE!=31]** Hypertension kb_tj. **[ID_FAC_TYPE!=31]** Diabetes kc_tj .**[ID_FAC_TYPE!=31]** Chronic respiratory diseases (asthma, COPD) c. **[ID_FAC_TYPE!=31, 23]** Adolescent health services	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question Etoile comment: All of these questions are at the FMD level for the CHC and DHC facilities. i.e., for HHs and RHCs the questions remain, but for the CHC and DHC should read as "Does the Family Medicine Department of the facility offer the following services?" etc.
SERV_GEN_01	Which of the following services are offered to survivors of gender-based sexual and / or physical violence? a. **[ID_FAC_TYPE!=31]:** Forensic assessment and examinations c. **[ID_FAC_TYPE!=31]:** Post exposure prophylaxis (PEP) for HIV d. Emergency contraception e. **[ID_FAC_TYPE!=31]:** Presumptive treatment for sexually transmitted infections (STIs) according to national protocols f. Tetanus toxoid or immunoglobulin g. Counselling on induced abortion services h. **[ID_FAC_TYPE!=31]:** Induced abortion services i_tj. Psychological support services	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND= 3	+ Annual question
SERV_08A_TJ	On average, how many days a week is this facility open for outpatient services?	*[integer 0-7]*	ID_ROUND = 3	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
SERV_08_TJ	On the days the facility provides outpatient services, how many hours per day is this facility open?	*[integer 0-24]*	ID_ROUND = 3 AND SERV_08A_TJ > 0	+ Annual question
SERV_08B	Is a health care worker either present at this facility or officially on call for this facility at all times?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
CHAL_01	In the past three months, has your health facility experienced challenges in any of the following areas? a. Infrastructure (e.g., facility structure, electricity, water and sanitation, and/or patient transportation) c. Human resources (e.g., staffing, training, and/or job satisfaction) d. Medical supplies and equipment e. Community engagement and trust f. Communication and coordination with higher-level authorities	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
CHAL_02	For the following areas, were the challenges faced in the past three months unusual or more severe than usual? **[Choices carry forward from CHAL_01_TJ]**	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3 AND AT LEAST ONE CHAL_01 = 1	+ Annual question
CHAL_03_TXT	Please describe how these challenges have affected your health facility and its ability to provide health services.	*[Long text]*	ID_ROUND = 3 AND AT LEAST ONE CHAL_01 = 1	+ Annual question

DRAFT

BLOCK D: INFRASTRUCTURE

Enumerator reads to respondent: Next, we have some questions about the availability and quality of infrastructure at this facility.

QID	Question	Response	Relevance/ Condition	Notes
INF_01	What is the main water supply for this health facility? *INTERVIEWER: Select the most appropriate option. If respondents have difficulty, read options.* *If there is more than one source, the one used most frequently should be selected; if patients need to bring water from home because water is not available at the health facility, 'no water source' should be selected.*	*[single select]* 1 Piped supply inside the building 2 Piped supply outside the building 3 Tube well/borehole 31 Public tap/standpipe 4 Protected dug well 5 Unprotected dug well 6 Protected spring 7 Unprotected spring 8 Rainwater 9 Tanker Truck 76291 Tank on the tower (with source of piped water) 76292 Tank on the tower (with source of tanker truck) 10 Surface water (lake, river, or stream) 11 Bottled water 12 No water source -96 Other (specify)	ID_ROUND = 4	+ Annual question
INF_01A	Is the main source of water supply located on the facility premises (in the building, or within facility grounds)? *INTERVIEWER: this refers to the location from where the water is accessed for use in the health facility – not the source where it originates. If the water source is located outside of the facility grounds, select "No".*	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND INF_01=2,3,31,4,6,8,76291	+ Annual question
INF_02A_TJ	In the past three months, was there any time when this facility did not have water available?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND INF_01 != 12	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
INF_03	What type of toilet(s) are within the health facility premises for use by staff and patients? *INTERVIEWER: Select the most appropriate option. If respondents have difficulty, read options.* *Please verify with the respondent that the toilet is located within the facility premises.* *If there is more than one type of toilet, the most modern type should be selected.*	*[single select]* 1 Flush/pour-flush to piped sewer system. 21 Flush/pour-flush toilet to septic tank or pit latrine 31 Flush/pour-flush toilet to open drain 6 Ventilated improved pit latrine 7 Pit latrine with slab 8 Pit latrine without slab/open pit 9 Composting toilet 12 No functional facility on premises / bush / field	ID_ROUND = 4	+ Annual question
INF_03A	Is there at least one improved, functional, private , and accessible toilet that can be locked designated for the following groups: *INTERVIEWER: Please verify with the respondent that the toilet is functional, accessible and private. A toilet is in functioning condition when the hole or pit is unblocked, water is available for flush/pour flush toilets, and there are no cracks or leaks in the toilet structure.* *A toilet is accessible when it is unlocked or can be unlocked by an available key. A toilet is considered private if it has doors that can be locked from the inside and there are no large gaps or holes in the structure.* a. Health facility staff only ba. Females only c. People with limited mobility	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND INF_03 = 1,21,6,7,9	+ Annual question
INF_03AB	Is there a bin with a lid for disposal of used menstrual hygiene products such as tampons, pads available in the toilet for females only?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND INF_03 = 1,21,6,7,9 AND INF_03A _BA = 1	+ Annual question
INF_03BB	Is there a hand-washing facility with running water and soap available within 5m of the toilets?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
INF_03BA	Is there a hand-washing facility with either running water and soap or an alcohol-based hand sanitizer, available at points of care in this facility? *INTERVIEWER: Points of care are locations where diagnostic or therapeutic services, examinations, or consultations are provided to patients, such as patient consultation rooms.*	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question
INF_03C_TJ	Does this facility have a cleaning record that keeps track of when and by whom spaces, surfaces, and equipment are cleaned and disinfected?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question
INF_11	What method does this facility use for the final disposal of infectious medical waste other than sharps waste (e.g., used bandages, used swabs, masks *INTERVIEWER: Read all options.*	*[single select]* 1. Burn in incinerator, with incinerator functional and with fuel available today 2. Burn in incinerator, but not currently functional or no fuel available today 31 Open burning on flat ground (no protection) 32 Open burning in pit or protected ground 76241 Dump without burning on flat ground (no protection) 76242 Dump without burning open pit (no protection) 42 Dump without burning in covered or protected pit, pit latrine or ground 51 Remove offsite, stored in covered container, or another protected environment 52 Remove offsite, stored unprotected 76253 Dispose of in toilet / sink -96 Other (specify) -99 Don't know	ID_ROUND = 4	+ Annual question
INF_04	What is this facility's primary source of electricity?	*[single select]* 1 National grid (Barki Tojik) 2 Generator (fuel or battery operated) 3 Solar panel(s) 4 No source of electricity 5 Pamir Energy (power plant) -96 Other (specify) -99 Don't know	ID_ROUND = 4	+ Annual question
INF_05_TJ	In the last 3 months, was there any time when this facility did not have electricity while the facility was open for services?	*[single select]*	ID_ROUND = 4 AND INF_04 !=4	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
	INTERVIEWER: Read all options.	1 Yes, electricity was never available (no electricity) 2 Yes, electricity was sometimes available (frequent or prolonged interruptions of more than 2 hours per day) 3 Yes, electricity was often available (some interruptions of less than 2 hours per day) 4 No, electricity was always available (without interruptions) -99 Don't know		
INF_05A_A_TJ	Does this facility have a functional means for communicating outside the facility (e.g., landline, mobile/cellular phone, or smartphone) that is owned and paid for by the facility? *INTERVIEWER: Read all options.*	*[single select]* 7621 Yes, owned and paid for by the facility AND functional today 7622 Yes, owned and paid for by the facility BUT not functional today 3 No, only private phones (not paid for by the facility or district) 4 No means of outside communication -99 Don't know	ID_ROUND = 4	+ Annual question
INF_05A_C_TJ	Does this facility have a functional computer? *INTERVIEWER: Read all options.*	*[single select]* 1 Yes, functional today 2 Yes, not functional today 3 No, only private computers (not paid for by the facility or district) 4 No computer available -99 Don't know	ID_ROUND = 4	+ Annual question
INF_05A_D_TJ	Does this facility have a functional internet connection? *INTERVIEWER: Read all options.*	*[single select]* 1 Yes, functional today 2 Yes, not functional today 7623 No, but have a smartphone *owned and paid for by the facility* with access to network that provides internet that can be used for official purposes 7624 No, but have a smartphone owned and paid privately with access to network that provides internet that can be used for official purposes 5 No internet connection or smartphone with access to network that provides internet -99 Don't know	ID_ROUND = 4	+ Annual question
INF_06_TJ	In the last 3 months, was there any time when this facility did not have any telephone service whether landline or mobile?	*[single select]* 1 Yes	ID_ROUND = 4	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
		2 No -99 Don't know		
INF_06A_TJ	In the last 3 months, was there any time when this facility did not have access to the internet (internet outages/disruptions)?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND =4 AND INF_05A_D_TJ = 1,2,7623, 7624	+ Annual question
INF_19A	Does this facility use an electronic medical information system (software) for entering patient data?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question
INF_19AA_TJ	Are there any staff in this facility who have the necessary training and permission to enter patient data into the software system?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND INF_19A=1	+ Annual question
INF_19AB_TJ	Does this facility maintain individual patient records, such as outpatient patient card; list of prescribed medications; allergy list; referral records; results of screening, diagnostic, and therapeutic services, check-ups and consultations?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question
INF_20	Are patient records securely stored to protect confidentiality such as in a safe and locked filing space for paper records , or password-protected computer for electronic files?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND INF_19AB_TJ = 1	+ Annual question
INF_21	Are there steps to access or enter any part of this facility?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+Annual question
INF_21A	Is there a ramp or lift available wherever there are stairs in this facility, ensuring accessibility for people with limited mobility?	[single select] 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND INF_21 = 1	+Annual question
INF_25_TJ	Does this facility have any assistive technologies, such as signage with braille, to help those who are blind or visually impaired read information about the health facility?	[single select] 1 Yes 2 No	ID_ROUND =4	+Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
		-99 Don't know		

BLOCK F: WORKFORCE AND STAFFING

Enumerator reads to respondent: Next, we have some questions about the facility's workforce.

QID	Question	Response	Relevance/ Condition	Notes
HR_02	How many *Family medicine doctors (Семейные врачи)* are working at this health facility? This excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999"*	*[integer]*	ID_ROUND = 4 AND ID_FAC_TYPE != 31	+Annual question
HR_02A_TJ	How many o*ther doctors – Другие врачи (имеется ввиду врачи специалисты)* are working at this health facility? This excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999"*	*[integer]*	ID_ROUND = 4	+Annual question
HR_03_B_TJ	How many Family medicine nurses (Семейные медсестры) are working at this health facility? Note that this excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999"*	*[integer]*	ID_ROUND = 4	+Annual question
HR_03_D_TJ	How many Midwives (Акушерки) are working at this health facility? Note that this excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999"*	*[integer]*	ID_ROUND = 4	+Annual question
HR_03_DA_TJ	How many other nurses (Другие медсестры "остальные медсестры: патронажные, процедурные, медсестры которые работают в регистратуре, медсестры которые работают в доврачебном кабинете и тд") are working at this health facility? *INTERVIEWER: If the respondent doesn't know, enter the code "-999999"*	*[integer]*	ID_ROUND = 4	+Annual question
HR_03_E_TJ	How many pharmacists (провизор / фармацевт) are working at this health facility? Note that this excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999".*	*[integer]*	ID_ROUND = 4	+Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
HR_03_F_TJ	How many Other clinical staff (e.g. therapist, pediatrician, feldsher) are working at this health facility? Note that this excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999".*	*[integer]*	ID_ROUND = 4	+Annual question
HR_03_G_TJ	How many Junior medical staff (Младший медицинский персонал "санитарки и санитары") are working at this health facility? Note that this excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999".*	*[integer]*	ID_ROUND = 4	+Annual question
HR_03_H_TJ	How many non-medical support staff (Немедицинский вспомогательный персонал: сотрудники кадрового отдела, секретарь/общий отдел, бухгалтер, экономист, специалист ИКТ, заведующий хозяйственной части, дворник, сантехник/электрик, специалист по ЧС, водители, охранники, садовники и т.д.") are working at this health facility? Note that this excludes volunteers and community-level workers. *INTERVIEWER: If the respondent doesn't know, enter the code "-999999".*	*[integer]*	ID_ROUND = 4	+Annual question
HR_09	In the last 2 years, did the health care providers at this facility receive in-service trainings on any of the following services? *INTERVIEWER: Read all options* a. Reproductive health and family planning c. Adolescent health services d. Antenatal care (ANC) k. Growth promotion and monitoring services for children l. Integrated Management of Childhood Illnesses (IMCI) m. Gender-based violence screening p_tj. Prevention, diagnosis and/or treatment of NCDs (including diabetes, hypertension, COPD, oncological diseases) q_tj. Tuberculosis screening h_tj. Diagnosis and treatment of respiratory illnesses r_tj. Health management and governance	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question
HR_08	Have you experienced any of the following staffing challenges in the past three months?	*[single select]* 1 Yes 2 No	ID_ROUND =4	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
	INTERVIEWER: Read all options. a. High turnover b. Absenteeism c. Early retirement d. Unfilled positions or staff shortage e. High work burden f. Low salary payments fa. Delayed or late salary payments fb. Some services are dependent on volunteers (who are not paid) g. Lack of training or insufficient qualification of staff h. Lack of satisfaction with job conditions x. Other (specify)	-99 Don't know		

DRAFT

BLOCK G: SUPPLIES

Enumerator reads to respondent: Next, we have some questions about the availability of key supplies at the facility.

QID	Question	Response	Relevance/ Condition	Notes
SUP_01A	Are the following pieces of equipment currently available and functional? *INTERVIEWER: Interviewer: please confirm with the respondent that the item is both functional and available. If available but not functional, then select "No".* aa_tj. **[ID_FAC_TYPE!=31]:** Ophthalmoscope ab_tj. **[ID_FAC_TYPE!=31]:** Electrocardiograph (ECG) ae_tj. **[ID_FAC_TYPE!=31]:** Autoclave af_tj **[ID_FAC_TYPE!=31]:** Coagulator ah_tj **[ID_FAC_TYPE!=31]:** Intubation and tracheostomy kits ai_tj **[ID_FAC_TYPE!=31]:** Splints aj_tj **[ID_FAC_TYPE!=31]:** Sanitary stretcher ag_tj **[ID_FAC_TYPE!=31]:** Hemoglobinometer ac_tj **[ID_FAC_TYPE!=31]:** Blood glucose meter ad_tj. **[ID_FAC_TYPE!=31]:** Centrifuge an_tj. **[ID_FAC_TYPE!=31]:** Microscope ak_tj. **[ID_FAC_TYPE!=31]:** Otoscope e. **[ID_FAC_TYPE!=31]:** Oxygen delivery device h. Refrigerator with thermostat b. Child weighting scale ap_tj. Adult scales aq_tj. Children's height chart (or measuring tape) a. Thermometer d. Blood pressure apparatus al_tj. Obstetric stethoscope am_tj. Pulse oximeter	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
SUP_02A	Are the following diagnostics or supplies available today anywhere in this facility? *INTERVIEWER: Read all answer choices at start.* b. **[ID_FAC_TYPE!=23]:** Onsite blood glucose testing d. **[ID_FAC_TYPE!=23]:** Onsite HIV diagnostic testing e. **[ID_FAC_TYPE!=23]:** Urine pregnancy test kit f. **[ID_FAC_TYPE!=23]:** Onsite syphilis testing	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3 AND ID_FAC_TYPE!=31	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
	h_tj. **[ID_FAC_TYPE!=23]:** Onsite Hepatitis B diagnostic testing i_tj. **[ID_FAC_TYPE!=23]:** Onsite Hepatitis C diagnostic testing a. **[ID_FAC_TYPE!=23]:** Dipstick for urine protein, glucose, and ketone bodies ac_tj **[ID_FAC_TYPE!=23, SUP_02A_A=2]:** Dipstick for ketone bodies aa_tj Dipstick for urine protein ab_tj Dipstick for glucose c. Onsite malaria diagnostic testing g_tj. Onsite Blood hemoglobin testing			
SUP_03A	Are the following PPE available today anywhere in this facility? *INTERVIEWER: Read all answer choices at start.* a. N95 mask b. Surgical or medical masks c. Disposable latex gloves	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
SUP_05A_TJ	Are the drugs that are listed in order 25 all available today in this facility?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
SUP_05AA	Are the following medicines available today anywhere in this facility? *INTERVIEWER: Read all answer choices at start.* a_tj. Glucose solution b_tj. Ringer's solution c_tj. Sodium chloride solution d_tj. Analgesics (e.g.Baralgin or Paracetamol) r. Dexamethasone l_tj. Atropine Sulfate m_tj. Heparin f_tj. Nifedipine g_tj. Drotaverin (No-spa) e. Magnesia sulfate h_tj. Adrenaline hydrotartrate i_tj. Nitroglycerin j_tj. Mezaton k_tj. Ammonia	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
SUP_05AA_TJ	Are the following commodities available today anywhere in this facility? fa. Long-acting reversible contraception methods (Intrauterine contraceptive device, injectable, oral, implant) fb. Short-acting reversible contraception methods	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	
SUP_05AB_TJ	Over the past 3 months, has your facility experienced shortages (stockouts or out-of-stocks) of any of the following contraceptive methods that you typically offer? a. Hormonal contraception (combined oral contraceptives/ COCs, injectable progestin-only contraceptives/IPCs). b. Intrauterine device (IUD) c. Subdermal implants (Implanon) d. Male condoms	*[single select]* 1 Yes 2 No 3 There was no shortage -99 Don't know	ID_ROUND=3	
SUP_05AC_TJ	Are the following micronutrients available for children today anywhere in this facility? *INTERVIEWER: Read all answer choices at start* a. Vitamin A (capsules or solution) for children b. Micronutrient powders for children (sprinkles)	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND=3	
SUP_05AD_TJ	Are the following medicines used for antenatal care (during pregnancy) available today anywhere in this facility? *INTERVIEWER: Read all answer choices at start* a. Folic acid (for pregnant women) b. Ferrous sulfate/iron supplements (for pregnant women)	*[single select]* 1 Yes 2 No -99 Don't know		
SUP_05AAA	Are the following vaccines available today anywhere in this facility? *INTERVIEWER: Read all answer choices at start* a. Measles, mumps and rubella vaccine (MMR) b. Pentavalent (DPT + HiB + Hepatitis B) vaccine d. Polio vaccine (Inactivated polio vaccine (IPV) or Oral polio vaccine (OPV)) e. PCV (pneumococcal vaccine)	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
SUP_05E	Why is the vaccine not available today in this facility?	*[multiple select]*	ID_ROUND = 3 ANY SUP_05AAA* = 2	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
	INTERVIEWER: Probe for an answer without reading the response options aloud.	1. Vaccine was not delivered to the health facility 2. Inability to pick up the vaccine 3. National or district stock out 4. Stock ran out/ demand was higher than expected -96 Other (specify) -99 Don't know		
SUP_12	How does this facility record the receipt, inventory, and dispensing of medicines? *INTERVIEWER: Read all response options aloud. Note that by transactions, we mean any recorded transaction of receiving, checking, dispensing, shipping, disbursing, ordering, and/or writing-off of any medicines at this health facility.*	*[single select]* 1. Paper records only 2. Paper records and one or more IT systems (including mobile phone applications) 3. IT systems only (including mobile phone applications) -99 Don't know	ID_ROUND = 3	+ Annual question
SUP_12A	In the last 7 days, have all these IT systems been functional?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3 AND SUP_12 = 2,3	+ Annual question

DRAFT

BLOCK H: LEADERSHIP AND COORDINATION

Enumerator reads to respondent: Next, we will ask some questions about the facility's leadership structure and coordination systems.

QID	Question	Response	Relevance/ Condition	Notes
LC_11	Does this facility have protocols or guidelines for referring patients to other facilities?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question
LC_12	Does this facility have protocols or guidelines for counter-referral (or back-referral) of patients? *INTERVIEWER Notes: By counter-referral, we mean the referral of a patient back to the original referring facility with written feedback on the patient and the services they received.*	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND ID_FAC_TYPE != 31	+ Annual question
LC_04	In the past three months, for outpatient referrals **from** this facility for care at a higher-level health facility, what were the main reasons for referral? *INTERVIEWER: Do not read the response options aloud*	*[multiple select]* a. The services needed were beyond the scope of this facility's care mandate b. This facility was too full or too busy c. The needed health care provider(s) were absent/not available at this facility ca. The required medical supplies, equipment and/or medicines were not available/stocked out or not functional at this facility g. Patient/patient's family requested referral to another health facility x. Other (specify) w. No referrals from this health facility in the past 3 months y. Don't know	ID_ROUND = 4	+ Annual question
LC_06	In the past three months, for outpatient referrals **to** this facility from a lower-level health facility, what were the main reasons for referral? *INTERVIEWER: Do not read the response options aloud*	*[multiple select]* a. The services needed were beyond the scope of the referring health facility's care mandate or specialized care was only available at this health facility b. The referring facility was too full or too busy c. The needed health care provider(s) were absent/ not available at the referring facility ca. The required medical supplies, equipment and/or medicines were not available/stocked out or not functional at the referring facility	ID_ROUND = 4 AND ID_FAC_TYPE!=31	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
		g. Patient/patient's family requested referral to another health facility x. Other (specify) w. No referrals to this health facility in the past 3 months y. Don't know		
LC_10A	A supervision visit occurs when external supervisors from higher regulatory or supervisory bodies visit a health facility to assess the quality of clinical work, ensure compliance with fire safety regulations, control cleanliness, etc. This does not include clinical visits made by family medicine doctors. In the last 12 months, were any visits for the purpose of supervision carried out in this facility?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+Annual question
LC_10B_TJ	In the last 12 months, who conducted the last supervision visit?	*[multiple select]* 1 State Services for Supervision of Medical Activities and Social Protection of the Population (Хадамоти фаолияти тибби) 5 Sanitary and Epidemiological Surveillance (SES) 6 State Fire Service 7 Accounts Chamber 8 Agency for State Financial Supervision and Anti-Corruption -96 Other (Specify) -99 Don't know	ID_ROUND = 4 AND LC_10A =1	+Annual question
LC_10C_TJ	Supportive supervision promotes open, two-way communication, teamwork for problem solving, and goal monitoring. Supportive supervision is conducted to improve/support clinical care, compliance with guidelines, quality improvement, and so on. Would you consider the last supervision visit to be "supportive"?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND LC_10A =1	+Annual question

DRAFT

BLOCK I: COMMUNITY ENGAGEMENT

Enumerator reads to respondent: Next, we have some questions about the facility's level of engagement with the community.

QID	Question	Response	Relevance/ Condition	Notes
COM_02	A Community Health Team (Общинная команда здоровья) refers to a group of individuals representing diverse interests within the community, who work together to achieve a common goal of improving health service delivery and health outcomes. Does this facility have a Community Health Team (Общественные комитеты здоровья)?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
COM_02A_TJ	In the last 12 months, how often did this facility's Community Health Team (общественный комитет здоровья) meet?	*[single select]* 1 At least once a month 2 At least every 3 months 3 At least every 6 months 4 At least every 12 months 5 Not in the past year -96 Other -99 Don't know	ID_ROUND = 3 AND COM_02 = 1	+ Annual question
COM_GEN_01	Does the Community Health Team consist of all men, mostly men, about equal mix of men and women, mostly women, all women?	*[single select]* 1 All men 2 Mostly men 3 About equal mix of men and women 4 Mostly women 5 All women	ID_ROUND =3 AND COM_02 = 1	+ Annual question
COM_03C	Does this facility have a system for seeking feedback from its catchment population and/or patients?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 3	+ Annual question
COM_04_TJ	Do you agree that the following may be reasons why community members do not seek care at this facility? *INTERVIEWER: Read all options.*	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND=3	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
	a. Some community members do not trust in the facility b. Some community members prefer receive care from higher-level facilities c. Some community members prefer receive care from private facilities f. Some community members have difficulty in affording the cost of health services e. Some community members have difficulties to reach this facility g. Some community members believe the facility does not have enough skilled health workers to provide quality care h. Some community members believe the facility lacks the necessary equipment, supplies, or medicines to provide quality care x. Other reasons why community members do not seek care at this facility			
COM_04_OTHER	Describe other reasons why community members do not seek care at this facility.	*[long text]*	ID_ROUND=3 AND COM_04_TJ_X = 1	+ Annual question

DRAFT

BLOCK J: QUALITY IMPROVEMENT PROCESSES

Enumerator reads to respondent: This section has questions about the organization of the quality process in a medical institution.

QID	Question	Response	Relevance/ Condition	Notes
QOC_01A_TJ	Quality improvement refers to changing how health services are delivered to make them more effective, safe, and/or people centred. In the last 12 months, did this facility conduct **any** quality improvement activities for any service areas? *INTERVIEWER: Examples of quality improvement activities include monitoring performance targets, changing guidelines or protocols, increasing staff training or supervision, or other activities to improve how services are delivered at this facility.*	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4	+ Annual question
QOC_01B_TJ	In the last 12 months, did this facility routinely carry out quality improvement activities for any service areas? *INTERVIEWER:"Routinely" refers to activities that are carried out on a regular and ongoing basis as part of standard facility practices—for example, monthly, quarterly, or according to a documented schedule. Activities done only once or in response to an emergency or special project should not be considered routine.*	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND QOC_01A_TJ = 1	+ Annual question
QOC_01B	Does this facility have any of the following? *INTERVIEWER: Read all options.* a. A focal person dedicated to quality improvement and patient safety b. A team or committee dedicated to quality improvement and patient safety	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND ID_FAC_TYPE != 31	+ Annual question
QOC_01C	Has this committee or team met in the past three months?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND = 4 AND QOC_01BB_TJ_B = 1 AND ID_FAC_TYPE != 31	+ Annual question
QOC_01E	Does this facility regularly monitor its own data to make decisions about services delivered by this facility?	*[single select]* 1 Yes 2 No	ID_ROUND = 4	+ Annual question

DRAFT

	INTERVIEWER: Examples of this include monitoring the number of patients who receive a specific service each month or monitoring patient outcomes from a specific service provided by this facility	-99 Don't know		
QOC_01F	In the past three months, have any of the following decisions or actions been taken based on data from this health facility? *INTERVIEWER: Read all options* c. lncreased staff training or supervision d. Mobilizing or requesting new human resources f. Suggesting revisions to protocols i. Improving data quality and/or using data	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND =4 AND QOC_01E = 1	+ Annual question

DRAFT

BLOCK K: EMERGENCY PREPAREDNESS AND RESPONSE

Enumerator reads to respondent: This section has questions about the facility's emergency preparedness and response capabilities.

QID	Question	Response	Relevance/ Condition	Notes
INF_09	National notifiable diseases refer to diseases of public health priority for monitoring and control efforts by the Ministry of Health. Does this facility report cases of any national notifiable diseases to higher-level authorities?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND =4	+ Annual question
INF_08	Is there a functioning specimen transport system for forwarding specimens from this facility to a referral laboratory?	*[single select]* 1 Yes 2 No -99 Don't know -98 Not applicable	ID_ROUND =4	+ Annual question
LC_01	Does this facility have a focal person or team that has clearly defined roles and responsibilities in the event of a disaster or public health emergency?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND =4 AND ID_FAC_TYPE!=31	+ Annual question
LC_03	Does this facility currently have any of the following guidelines or orders for communication during a disaster or public health emergency? a. Orders for emergency communication between this facility and higher-level authorities b. Orders for emergency communication between this facility and other health facilities c. Order for emergency communication between this facility and its catchment population or the public	*[single select]* 3 Yes 4 No -99 Don't know	ID_ROUND =4 AND ID_FAC_TYPE!=31	+ Annual question
HR_07	Does this facility have any protocols to increase the number of staff if needed? For example, calling in off-duty, or retired staff, temporarily employing volunteers or students, or repurposing non-clinical staff?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND =4 AND ID_FAC_TYPE!=31	+ Annual question
INF_18	Does this facility have infection prevention and control (IPC) guidelines?	*[single select]* 1 Yes	ID_ROUND =4	+ Annual question

DRAFT

QID	Question	Response	Relevance/ Condition	Notes
		2 No -99 Don't know		
INF_22_TJ	In the last 2 years, have any health care providers in the Family Medicine Department of this facility received in-service training on IPC?	*[single select]* 1 Yes 2 No -99 Don't know	ID_ROUND =4 AND ID_FAC_TYPE = 21,22	+ Annual question

SURVEY END

RESULT	What is the result of the survey? *INTERVIEWER: Thank the respondent and close the survey*	*[single select]* 1 Completed 2 Partially completed 3 Refused 4 Facility was closed 5 Could not contact facility -96 Other (specify)		

DRAFT

PROGRAMMING THE SURVEY

This section is intended for the survey coordinator and/or the data manager and should be removed prior to sharing the document with enumerators. The following set of questions should be programmed by the person in charge of coding the survey, but it **should not be visible to enumerators** while they administer the survey. Please note the following:

- All variables in the programmed survey, and hence in the datasets, should be named **based on the question QIDs** provided in this document, and should be in **lowercase**. Capital letters are only used in the printed version to facilitate reading the document.
- The list of health facilities and associated administrative levels, i.e. **[ID_FAC]**, **[ID_ADMIN1]**, **[ID_ADMIN2]**, etc. should be **preloaded** into the survey tool.
- Whenever the option "Other" is selected for a question (i.e., the answer either takes the value -96, or 1 for variables ending with "_X"), there should be a follow-up question offering to provide answer details. The variable corresponding to this follow-up question should be named similarly to the initial variable but with "_OTHER" added at the end. For example, if the respondent answers "Yes" to option "X- Other (specify)" for question HR_08, then there should be a follow-up open-ended/text question named "HR_08_OTHER" following the HR_08_X variable.

QID	Question	Notes
ID_ROUND	Survey Round	This is a 'calculate' type of field taking the value of the FASTR survey round
ID_ ADMIN0	Country	This is a 'calculate' type of field corresponding to the country English name in title case (e.g., "Antigua and Barbuda")
ID_ADMIN0_ISO2	Country Alpha-2 Code	This is a 'calculate' type of field corresponding to the country alpha-2 code in capital letters (e.g., "AG" for Antigua and Barbuda). Please follow the *ISO 3166-1 alpha-2code classification* (see: https://en.wikipedia.org/wiki/ISO_3166-1#Current_codes)
ID_ENUM_NAME	Enumerator Name	This is a 'calculate' type of field corresponding to the name of the enumerator (based on variable ID_ENUM).
ID_ADMIN1_NAME	Region/Province	This is a 'calculate' type of field corresponding to the first administrative subnational level (i.e., the name of the region/province of the facility – based on variable ID_ADMIN1)
ID_ADMIN2_NAME	District	This is a 'calculate' type of field corresponding to the second administrative subnational level (i.e., the name of the district of the facility – based on variable ID_ADMIN2)
ID_FAC_NAME	Health Facility Name	This is a 'calculate' type of field corresponding the name of the facility (based on variable ID_FAC)
ID_RESP_FIRST	Is it the first time the facility is being interviewed?	In the very first round of survey, this takes the value 1 for all facilities. For subsequent rounds, please create a dataset using the master facility list and past rounds of survey to determine if a given facility was previously surveyed. Upload that dataset in the CAPI, so that this information is automatically collected in the database for each facility.
T_S	Time stamp beginning of the survey	This is a 'calculate' type of field that marks the survey start date/time.
T_SH	Time stamp beginning of Shocks module	This is a 'calculate' type of field that marks the "Shocks" module start date/time.

T_SERV	Time stamp beginning of Services module	This is a 'calculate' type of field that marks the "Services" module start date/time.
T_INF	Time stamp beginning of Infrastructure module	This is a 'calculate' type of field that marks the "Infrastructure" module start date/time.
T_FIN	Time stamp beginning of Financing module	This is a 'calculate' type of field that marks the "Financing" module start date/time.
T_HR	Time stamp beginning of Human Resources module	This is a 'calculate' type of field that marks the "HR" module start date/time.
T_SUP	Time stamp beginning of Supplies module	This is a 'calculate' type of field that marks the "Supplies" module start date/time.
T_LC	Time stamp beginning of Leadership and Coordination module	This is a 'calculate' type of field that marks the "Leadership and Coordination" module start date/time.
T_COM	Time stamp beginning of Community engagement module	This is a 'calculate' type of field that marks the "Community engagement" module start date/time.
T_QOC	Time stamp beginning of Quality-of-Care module	This is a 'calculate' type of field that marks the "Quality of Care" module start date/time.
T_EPR	Time stamp beginning of Emergency Preparedness and Response module	This is a 'calculate' type of field that marks the "Emergency Preparedness and Response" module start date/time.
T_E	Time stamp end of the survey	This is a 'calculate' type of field that marks the survey end date/time.

DRAFT