



REPUBLIC OF YEMEN

Ministry of Public Health and
Population

PLANNING AND DEVELOPMENT SECTOR

General Administration for Statistics and
Information Systems

Public and Private Health Facilities Survey

HEALTH FACILITIES QUESTIONNAIRE

No. of Questionnaire - -

Name of Governorate: _____

Name of District: _____

Name of Health Facility: _____

Health Facilities Questionnaire

Identification Data			Coding Categories
01	Serial number of health facility (record its no. inside box)		_ _ _ _ _
02	Name of health facility: _____		
03	Name of Governorate: _____		
04	Name of District: _____		
05	Name of Ozlah: _____		
06	Name of City/Village: _____		
07	Type of Area	Urban	1
		Rural	2
08	Geographic Coordinates	N	_ _ _ . _ _ _ . _ _ _ _
		E	_ _ _ . _ _ _ . _ _ _ _
		Alt	_ _ _ _ _

Details of Employee giving the Data (Respondent)			
09	Full name of employee giving the data (Respondent): Record in writing	Name: _____	
010	Respondent Occupation? (Circle the appropriate number)	Health facility manager	1
		Health Facility Deputy manager	2
		Administrator	3
		Specialized doctor	4
		General practitioner	5
		Nurse	6
		Qualified midwife	7
		Other occupation (specify): _____	9
011	Telephone Number: () () ()		
012	Fax Number: () () ()		

General Data of Health Facility				
No.	Questions	Coding Categories		Go To...
013	Type of health facility	Hospital	1	
		Health center/clinic	2	
		Health unit	3	
		Other (specify): _____	9	
014	Owner health facility	Government	1	
		Private	2	
		Local Aid	3	
		Government/Private	4	
		Foreign Aid	5	
015	Ownership of the building?	Own	1	018
		Lease	2	
		On Loan	3	
		Other (specify)	9	
016	For the researcher: Don't ask 16,17 in private sector : What is the funding source for building the health facility? (multiple responses are permitted)	Government Funding	1	
		Private Funding	2	
		Local Donations	3	
		Government/Private Funding	4	
		Foreign Funding	5	
017	State the main funding authority for building the facility.	Name of authority: _____		
018	Is the building temporary or permanent?	Temporary	1	
		Permanent	2	
019	What year did the health facility start its operations?	Operating Year (Gregorian date)	___ ___ ___ ___	
020	What is the number of daily working hours at the health facility(outpatient)?	No. of hours.	___ ___	
021	For the researcher: this is for Hospitals What is the number of daily shifts per month?	No. of days	___ ___	
022	Is there accommodation attached to the health facility?	Yes	1	
		No	2	

Infrastructure of Facility				
No.	Questions	Coding Categories		Go To...
023	What is the number of rooms in the health facility building? (record by number)	Total number of rooms	___ ___ ___	
024	What is the number of rooms used in the health facility building to provide services? (record by number)	Number of rooms used	___ ___ ___	
025	Are there toilets in the health facility?	Yes	1	028
		No	2	
026	What is the number of toilets at the health facility building?	Number of toilets	___ ___	
027	What is the number of toilets that are suitable for use? (record by number)	Number of suitable toilets	___ ___	
028	Are there any sources of clean water at the health facility?	Yes	1	030
		No	2	
029	What are the sources of clean water at the health facility building? (multiple responses are permitted)	Public network	1	
		Private network	2	
		Well owned by health facility	3	
		Water tank	4	
		Other (specify)	9	
030	Is there electricity in the health facility?	Yes	1	033
		No	2	
031	What are the sources of electricity at the building of the health facility?(multiple responses permitted)	Public network	1	
		Private network	2	
		Cooperative network	3	
		Generator owned by the facility	4	
032	What is the number of daily operating hours for electricity at the health facility building? (record by number)	No. of hours	___ ___	
033	Are there any ground telephone lines fixed in the health facility?	Yes	1	035
		No	2	

034	What is the number of ground telephone lines used in the health facility?	No. of used lines	___ ___	
035	Are there any means of transportation available at the health facility?	Yes	1	037
		No	2	
036	In case of Yes, what is the number of vehicles owned by the facility?	No. of transportation vehicles used	___ ___	
		No. of vehicles used for transporting employees	___ ___	
		No. of ambulances used	___ ___	
		Other	___ ___	
		Total No. of vehicles	___ ___	
037	For the researcher: Don't ask 37,38 at private sector What is the source of equipping the health facility building? (Multiple responses allowed)	Government Funding	1	
		Private Funding	2	
		Local Donations	3	
		Government/Private Funding	4	
		Foreign Funding	5	
038	State the main authority for equipping the health facility building	Name of authority: _____	___ ___	

Waste and Sewage System				
No.	Questions	Coding Categories		Go To...
039	Are there means of waste disposal at the health facility?	Yes	1	041
		No	2	
040	What means of sewage system is used at the health facility building?	Public network	1	
		Pit	2	
		In the open	3	
		Other (specify)	9	
041	Are there ways of separating medical waste from garbage?	Yes	1	043
		No	2	

No.	Questions	Coding Categories		Go To...
042	How is garbage disposed of at the health facility?	Garbage barrels (collected by municipality)	1	
		Burned	2	
		Buried within the fence of the facility	3	
		Buried outside the fence of the facility	4	
		Thrown in the street	5	
		Other (specify)	9	
043	How is medical waste disposed of at the health facility?	Garbage barrels (collected by municipality)	1	
		Medical incinerator	2	
		Burned in open area	3	
		Burned and buried within the fence of the facility	4	
		Burned and buried outside the fence of the facility	5	
		Thrown in the street	6	
		Other (specify)	9	

Health and Medical Services Provided by the Health Facility:

(1) = Circle 1 or 2 showing the availability or unavailability of the service at this facility.

(2) = Circle 1 or 2 showing the availability or unavailability of records at this facility.

(3) = Please record the number of frequent visits to the service during the last month.

(4) = Record service fee

	Service Type		(1)		(2)		(3)	(4)	
			Available		Record		Number of beneficiaries last month	Service cost for beneficiary	
			Yes	No	Yes	No			
044	General Medicine		1	2					
	1	General Medicine	1	2	1	2			
	2	Injections	1	2	1	2			
	3	Wound Dressing	1	2	1	2			
045	Reproductive Health		1	2					
	If Yes:-	1	Antenatal Care	1	2	1	2		
		2	Normal Delivery	1	2	1	2		
		3	postnatal Care	1	2	1	2		
		4	Child Growth Monitoring	1	2	1	2		
046	Immunization		1	2					
	If Yes:-	1	Immun. of women of reproductive age (second dose)	1	2	1	2		
		2	Immun. of pregnant women (2 nd dose)	1	2	1	2		
		3	Tuberculosis	1	2	1	2		
		4	Polio + DPT (3rd dose)	1	2	1	2		
		5	Measles	1	2	1	2		
		6	Hepatitis B (3rd dose)	1	2	1	2		
047	Family Planning		1	2					
	If Yes:-	1	Pill	1	2	1	2		
		2	Condom	1	2	1	2		
		3	IUD – the loop	1	2	1	2		
		4	Injection	1	2	1	2		
		5	Norplant	1	2	1	2		
		6	Tuba- legation	1	2	1	2		
048	Health Education		1	2			No.of sessions in last 3 months		
	If Yes:-	1	Immunization	1	2				
		2	Nutrition	1	2				
		3	Education on AIDs	1	2				
		4	Education on STDs	1	2				
		5	Family Planning	1	2				
		6	Antenatal Care	1	2				
		7	Natural Breastfeeding	1	2				
		8	Female Circumcision	1	2				

Health and Medical Services (Continued)

	Service Type		(1)		(2)		(3)	(4)	
			Available		Record		Number of beneficiaries last month	Service cost for beneficiary	
			Yes	No	Yes	No			
049	Laboratory		1	2					
	If Yes:-	1	Urine	1	2	1	2		
		2	Stool	1	2	1	2		
		3	General Blood	1	2	1	2		
		4	Blood Chemistry	1	2	1	2		
		5	Tissues	1	2	1	2		
		6	Culture	1	2	1	2		
		7	Hormones	1	2	1	2		
		8	Malaria	1	2	1	2		
		9	Bilharzia	1	2	1	2		
050	Radiology		1	2					
	If Yes:-	1	Normal X-Ray	1	2	1	2		
		2	X-Ray with contrast	1	2	1	2		
		3	Ultrasound	1	2	1	2		
		4	Echocardiogram	1	2	1	2		
		5	CT Scan	1	2	1	2		
		6	MRI	1	2	1	2		
		7	Endoscopy	1	2	1	2		
051	Specialized Services		1	2					
	If Yes:-	1	Internal	1	2	1	2		
		2	Obstetrics / Gynecology	1	2	1	2		
		3	Pediatrics	1	2	1	2		
		4	Dermatology	1	2	1	2		
		5	ENT	1	2	1	2		
		6	Ophthalmology	1	2	1	2		
		7	Surgery	1	2	1	2		
		8	Orthopedics	1	2	1	2		
		9	Dental	1	2	1	2		
		10	Emergency	1	2	1	2		

Control of Epidemic Diseases								
	Type of Service	Control available		No. of female participants last year	Type of Control			
		Yes	No		Spraying	Filling Up	Field Treatment	Awareness
052	Malaria	1	2		1	2	3	4
053	Bilharzias	1	2		1	2	3	4
054	Diarrhea	1	2				3	4
055	Tuberculosis	1	2					4
056	Acute Respiratory Infections	1	2					4

Inpatient Sections							
No.	Questions	Coding Categories				Go To	
057	Are there inpatient sections at the health facility?	Yes	1				
		No	2			061	
058	What are the inpatient sections available at the facility? What is the no.of beds and the total number of admissions, discharges, and death cases in each section during the last month?						
	Type of Section	Availability		No.of beds	No.of admissions and discharges during last month		No. of mortalities during last month
		Yes	No		Admission	Release	
	General	1	2	_____	_____	_____	
	Internal medicine	1	2	_____	_____	_____	
	General surgery	1	2	_____	_____	_____	
	Gynecology	1	2	_____	_____	_____	
	Pediatric	1	2	_____	_____	_____	
	Orthopedics	1	2	_____	_____	_____	
	Eye surgery	1	2	_____	_____	_____	
	ENT	1	2	_____	_____	_____	
	Urology	1	2	_____	_____	_____	
	Psychological /neurological	1	2	_____	_____	_____	
Dermatology	1	2	_____	_____	_____		
Other (specify)	1	2	_____	_____	_____		

059	Does the facility carry out the following operations?		Available Service		Cost of Operation	
			Yes	No		
If the answer is Yes:	1	Appendectomy	1	2		
	2	Hernia	1	2		
	3	Removal of gall bladder	1	2		
	4	Cataract	1	2		
	5	Urinary bladder stones	1	2		
	6	Kidney stones	1	2		
	7	Cesarean delivery	1	2		
060	How much does each type of room cost?				Cost for one night	
	1	Individual Room	1	2		
	2	Common Room	1	2		
	3	Intensive Care	1	2		

No.	Questions	Coding Categories		Go To...
061	Does the facility test for HIV?	Yes	1	065
		No	2	
062	What is the number of cases that were tested during last year? (record by number)	No. of cases tested	___ __	
063	Did the facility register positive cases out of the tested cases?	Yes	1	065
		No	2	
064	If the answer is yes, what is the number of cases registered last year?	No. of registered cases	___ __	
065	Does the facility have a referral system for testing HIV at another health facility?	Yes	1	
		No	2	
066	For the researcher: Refer to the answer of question 45-2. If the answer was yes answer this question, if not go to 069. Does the facility have a referral system for delivery emergencies?	Yes	1	068
		No	2	
067	How many referrals occurred last month?	No. of referrals	___ __	
068	Is the emergency delivery guide used in delivery emergencies?	Yes	1	
		No	2	
069	Is the infection prevention and treatment guide used?	Yes	1	
		No	2	

Widespread Diseases and Problems:

070	Mention more than five diseases that are spreading in the locality, and the most important three diseases related to children, women, and men. The diseases are determined by placing a tick in the appropriate square.	Problems	Five most important diseases	The most important three diseases relating to:		
				Children	Women	Men
		1. Malaria				
		2. Bilharzias				
		3. Diarrhea				
		4. Tuberculosis				
		5. Acute Resp. Infections				
		6. Malnutrition				
		7. Complications of preg. and postpartum problems				
		8. Accidents and injuries				
		9. Hepatitis				
		10. AIDS				
11. Leprosy						

Health Cadre

071 What is the number of health workers at the facility?											
No.	Categories	Yemenis				Volunteers		Foreigners		Total	
		Permanent		Contracted		M	F	M	F	M	F
		M	F	M	F						
1	Specialists										
2	General practitioner										
3	Dentist										
4	Medical Assistant										
5	BSc Pharmacist										
6	Pharmacy technician										
7	BSc Laboratory										
8	Lab technician										
9	BSc Radiology										
10	X-ray technician										
11	Anesthesia technician										
12	Physiotherapy Technician										
13	Qualified Nurse										
14	Experienced Nurse										
15	Community Midwife										
16	Nurse Midwife										
17	Diploma midwife										
18	Midwife supervisor										
19	Murshid /Murshida (counselors)										
20	Public health										
21	Technicians/Assistants										
22	Administrators										
23	Asst. laborers										
24	Other										

Medical Equipment

Functionality Status:

1 = Functioning Well

2 = Partially Functioning and needs maintenance

3 = Out of Order and needs maintenance

4 = Out of order and cannot be maintained

	Equipment Name	Available		Quantity	Functional Status			
		Yes	No		1	2	3	4
072	Medical Examination Room Equipment							
1	Examination Bed	1	2					
2	Sphygmomanometer	1	2					
3	Stethoscope	1	2					
4	Thermometer	1	2					
5	Tongue Depressor	1	2					
6	Scale+ height Measure (children)	1	2					
7	Scale+ height Measure (adults)	1	2					
8	Mobile Curtains	1	2					
9	Desk	1	2					
10	Chairs	1	2					
11	Otto-Ophthalmoscope	1	2					
12	Ophthalmoscope	1	2					
13	Diagnostic Set Auriscope	1	2					
073	Delivery Room Equipment							
1	Gynecological Labor Bed	1	2					
2	Fetoscope	1	2					
3	Delivery Set	1	2					
4	Oxygen Cylinder	1	2					
5	Vaginal Speculum	1	2					
6	Vacuum	1	2					
7	Suction Machine	1	2					
8	Sterilization Machine	1	2					
9	Lamp							
074	Pharmacy Equipment							
1	Air-condition	1	2					
2	Fans	1	2					
3	Refrigerator	1	2					
4	Cupboard	1	2					
5	Shelves	1	2					
6	Chairs	1	2					
7	Desk	1	2					

Medical Equipment (Continued)

	Equipment Name	Available		Quantity	Functional Status			
		Yes	No		1	2	3	4
075	Laboratory							
1	Microscope	1	2					
2	Spectrophotometer	1	2					
3	Sterilization Machine	1	2					
4	Mixer	1	2					
5	Centrifuge	1	2					
6	Hemoglobin	1	2					
7	Refrigerator	1	2					
8	Blood Cell Counter	1	2					
9	Water Bath	1	2					
076	Radiology Equipment							
1	Fixed X-ray	1	2					
2	Mobile X-ray	1	2					
3	Ultrasound	1	2					
4	CT Scan	1	2					
5	Echocardiogram	1	2					
6	ECG	1	2					
7	Endoscope	1	2					
8	Dark room	1	2					
077	Dental Equipment							
1	Dental Chair	1	2					
2	Dental set	1	2					
3	Dental X-ray	1	2					
4	Sterilization Machine	1	2					
078	Drug Storage							
1	Air-condition	1	2					
2	Fans	1	2					
3	Refrigerator	1	2					
4	Cupboard	1	2					
5	Shelves	1	2					
6	Chairs	1	2					
7	Desk	1	2					
079	Inpatient Sections							
1	Hospital bed + mattress	1	2					
2	Mobile Curtain	1	2					
3	Speculum Machine	1	2					
4	Trolley Stretcher For Patient	1	2					
5	Oxygen Cylinder	1	2					
6	Thermometer	1	2					
7	Sphygmomanometer	1	2					
8	Stethoscope	1	2					

Medical Equipment (Continued)

	Equipment Name	Available		Quantity	Functional Status			
		Yes	No		1	2	3	4
080	Operating Room							
1	Operating Bed	1	2					
2	Anesthesia Machine	1	2					
3	Small Surgical Set	1	2					
4	Large Surgical Set	1	2					
5	Cauterization	1	2					
6	Patient Monitor	1	2					
7	Defibrillator	1	2					
8	Fixed Lamp	1	2					
9	Mobile Lamp	1	2					
10	Boiling Sterilizer	1	2					
11	Steam Autoclave	1	2					
12	Hot air Sterilizer	1	2					
081	Other Equipment							
1	Generator	1	2					
2	Emergency Generator	1	2					
3	Vaccine Refrigerator	1	2					
4	Washing Machine	1	2					
5	Kitchen	1	2					
6	Incinerator	1	2					

(Don't be directed to Private sector)

Medicine Available at the Health Facility:				
No.	Questions	Coding Categories		Go To ...
082	Are there any types of medicines available at the health facility?	Yes	1	086
		No	2	
083	What is the source of medicine to the health facility?	Governorate	1	
		District	2	
		Ministry	3	
		Private	4	
		Other (specify)	9	
084	What is the period for delivering medicine to the health facility?	Monthly	1	
		Every three months	2	
		Every six months	3	
		Yearly	4	
		Irregularly	5	

(This question should only be directed to government health units and centers)

085 Which of the following medicines are available at the health facility?				
Serial	Name of medicine	Form of medicine	Availability	
			Yes	No
1	Aspirin	Tab	1	2
2	Paracetamol	Tab	1	2
3	Amoxicillin	Syrup	1	2
4	Penicillin V	Syrup	1	2
5	Cotrimoxazol	Tab	1	2
6	Cotrimoxazol	Syrup	1	2
7	ORS	Powder	1	2
8	Chloroquin Phosphate	Tab	1	2
9	Ferrous + Folic Acid	Tab	1	2
10	Albendazol	Tab	1	2
11	Tetracycline	Eye ointment	1	2
12	PVP Iodine	Solution	1	2
13	Gentian Violet	Solution	1	2
14	Benzoic Acid + Aspirin	Ointment	1	2

(Don't be directed to Private sector)

Financial Allocations				
No.	Questions	Coding Categories		Go To ...
086	Do you know the financial allocations for the health facility?	Yes	1	
		No	2	
087	Have the allocations for operating expenses been delivered for last year?	Yes	1	089
		No	2	
088	Is the operating budget delivered regularly or irregularly?	Regularly	1	
		Irregularly	2	
089	Is there support in the operating budget by donors?	Yes (If yes, in what amount)	-----	
		No	2	
090	Is there a system of exemption for the poor?	Yes	1	092
		No	2	
091	What is the type of these exemptions?	Total free service	1	
		Reduction in cost of service	2	
		Provision of in kind service	3	

For the Researcher:				
No.	Questions	Coding Categories	Go To ...	
092	Result of the interview.	Fulfilled	1	
		Partially fulfilled	2	
		Temporarily closed	3	
		Completely closed	4	
		Rejected	5	
		Under construction	6	
		Other (specify)	9	
093	The facility was stated in the list	Yes	1	
		No	2	
094	Note: Are there any wash basins in the examination and wound treatment rooms?	Yes	1	
		No	2	
095	Note: Observe the standard of cleanliness inside the health facility.	Good	1	
		Average	2	
		Poor	3	
096	Note: Observe the standard of cleanliness outside the health facility.	Good	1	
		Average	2	
		Poor	3	
097	Note: Is there a fence around the facility?	Yes	1	
		No	2	
098	Write the number of photograph	From	__ __ __	
		To	__ __ __	
	Obtain the employee affairs form			

Remarks of the Researcher

Employee Data:

	Researcher	Team Leader	References	Coding	Data entry
Name					
Signature					
Date					