

# DEFENCE HEALTH MAINTENANCE LIMITED

## HEALTH FACILITY FORM

*(Instruction: All Responses should be based on the latest consultation)*

SECTOR: Urban  Rural

Facility/ Location:.....  
 State.....

Facility Level: Primary  Secondary  Tertiary

S/N	ISSUES	Response and Comments
(a)	(b)	(c)
1.	Are you in charge of this facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	What is your job level at this facility	Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Laboratory Scientist <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Pharm Asst <input type="checkbox"/> Records Officer <input type="checkbox"/> Community Health officer <input type="checkbox"/> CHEW <input type="checkbox"/> Others (Specify) <input style="width: 100%;" type="text"/>
3.	Who owns this health facility?	Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> NGO <input type="checkbox"/> Mision /Faith Based <input type="checkbox"/> Others (Specify) <input style="width: 100%;" type="text"/>
4.	In what year did the facility start providing services?	<input style="width: 100%;" type="text"/> (YYYY)
5.	Since inception of NHIS when was the last major investment in the facility and what was it?	<input style="width: 100%;" type="text"/> (YYYY)

6.	Is this facility officially a round-the-clock healthcare provider (24hrs)	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	If <b>NO</b> , what are the reasons?	
8.	What time does out-patient-care start?	Weekdays <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays <input type="checkbox"/> <input type="text"/> Hrs ( <i>Indicate Time</i> )
9.	Does your facility have its own telephone line?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Does the facility have a functioning computer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Does the facility have internet connectivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Does the facility have intranet connectivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	How does the facility use money collected through DHML?	Facility infrastructure <input type="checkbox"/> Facility equipment and supplies <input type="checkbox"/> Drugs <input type="checkbox"/> Facility programs <input type="checkbox"/> Staff Salaries <input type="checkbox"/> Staff performance bonuses <input type="checkbox"/> Money is sent back to NHIS <input type="checkbox"/> Money is sent to the services <input type="checkbox"/> <b>Others specify</b> <input type="text"/>
14.	Is there a list of telephone Number of nearby Health Care Providers available in your facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	List ALL the forms/ documents you submit to DHML?	<b>Encounter Data Form</b> -Consultation Experience Data Form <input type="checkbox"/> -Population Experience data Form <input type="checkbox"/> -Summary of Diseases Form <input type="checkbox"/>

(a)	(b)	(c)
16.	When was your last submission to DHML?	
17.	Do you have these materials in your facility?	Please tick where available; <b>Clinical Care Protocols Guidelines/Materials</b> -NHIS Operational guidelines <input type="checkbox"/> -Standard Operational Manual(laboratory) <input type="checkbox"/> -National Essential Drug list <input type="checkbox"/> -Patient education materials (information/campaign materials) <input type="checkbox"/> -Growth Monitoring Chart <input type="checkbox"/> -National protocol for child vaccination <input type="checkbox"/> -Procedures Manual for infection Prevention and control <input type="checkbox"/> -NAFDAC Certified drug List <input type="checkbox"/> -Adverse Drug Reaction Register <input type="checkbox"/> -DHML Referral forms <input type="checkbox"/> -Encounter data forms <input type="checkbox"/> -Population Experience Data forms <input type="checkbox"/> -Consultation experience data form <input type="checkbox"/> -Summary of Diseases forms <input type="checkbox"/>
18.	Facility Phone Number	
19.	Facility Full Contact Address	
20.	Facility Email Address	

Name, Signature and Date  
 (Interviewer).....