



# Health Facility Registry (HFR) Data Collection Form for Hospitals and Clinics

## SIGNATURE DOMAIN

1	National Facility Unique Identifier *		
2	State Unique Identifier		
3	Corporate Affairs Commission Registration Number		
4	Registered Facility Name		
5	Alternate Facility Name		
6	Date of Commencement of Operation (DD/MM/YYYY)		
7	State		
8	Local Government Area		
9	Ward		
10	Hospital/ Clinic Level	Primary <input type="checkbox"/>	Health Post <input type="checkbox"/> Primary Health Clinic <input type="checkbox"/> Primary Health Care Centre <input type="checkbox"/>
		Secondary <input type="checkbox"/>	Teaching Hospital/ Federal Medical Centres <input type="checkbox"/>
		Tertiary <input type="checkbox"/>	Specialized Hospital <input type="checkbox"/> Ophthalmological Centre <input type="checkbox"/> ENT/Otorhinolaryngology <input type="checkbox"/> Orthopedic <input type="checkbox"/> Neuro-Psychiatric <input type="checkbox"/>
11	Ownership	Public <input type="checkbox"/>	Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Military & Paramilitary formations <input type="checkbox"/>
		Private <input type="checkbox"/>	For Profit <input type="checkbox"/> Not For Profit <input type="checkbox"/>
12	Physical Location (Not P.O. Box or PMB)		
13	Postal Address		
14	GPS Coordinate (Latitude) e.g., <b>N 003.12345</b>		
15	GPS Coordinate (Longitude) e.g., <b>E 007.12345</b>		
16	Phone Number (Official)		
17	Alternate Number		
18	Email Address (Official)		
19	Website		
20	Days of Operation		Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
21	Hours of Operation		24 Hours <input type="checkbox"/> Period Range <input type="checkbox"/> Specify _____
22	Operational Status	Operational <input type="checkbox"/>	Pending Operation - Under Construction <input type="checkbox"/> Closed (Temporary) <input type="checkbox"/> Pending Operation - Construction complete <input type="checkbox"/> Closed <input type="checkbox"/>
		Provisionally Registered <input type="checkbox"/> Registration Cancelled <input type="checkbox"/>	Pending Registration <input type="checkbox"/> Registered <input type="checkbox"/> Registration Suspended <input type="checkbox"/>
23	Registration Status		
24	License Status	Licensed <input type="checkbox"/> Not Licensed <input type="checkbox"/> License Cancelled <input type="checkbox"/>	

### Note:

\* The unique ID will automatically be generated by the system

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## SERVICE DOMAIN

25	Service Type	Outpatient <input type="checkbox"/>	Inpatient <input type="checkbox"/>			
26	Services Rendered	Medical	Cardiology <input type="checkbox"/> Dermatology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Psychiatry/Behavioral Medicine <input type="checkbox"/>	Gastroenterology <input type="checkbox"/> Hematology <input type="checkbox"/> Neurology <input type="checkbox"/> Family Medicine <input type="checkbox"/>	Nephrology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Infectious Diseases <input type="checkbox"/>	
		Surgical	Ophthalmology <input type="checkbox"/> Neuro-Surgery <input type="checkbox"/> Anesthesia <input type="checkbox"/> Radiology <input type="checkbox"/> Plastic Surgery <input type="checkbox"/>	General Surgery <input type="checkbox"/> Orthopedic Surgery <input type="checkbox"/> Otorhinolaryngology (ENT) <input type="checkbox"/> Vascular Surgery <input type="checkbox"/>	Cardiothoracic Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Oncology/Radiotherapy <input type="checkbox"/> Pediatric Surgery <input type="checkbox"/> Pathology <input type="checkbox"/>	
		Obstetrics and Gynecology	Obstetrics <input type="checkbox"/> Fertility/ Assisted Reproductive Techniques <input type="checkbox"/>	Gynecology <input type="checkbox"/> Maternal and newborn care <input type="checkbox"/>		
		Pediatrics	Gastroenterology <input type="checkbox"/> Neonatology <input type="checkbox"/> Child Psychiatry/ Behavioral Medicine <input type="checkbox"/>	Pulmonology <input type="checkbox"/> Oncology <input type="checkbox"/>	Nephrology <input type="checkbox"/> Endocrinology <input type="checkbox"/>	
		Dental		Oral and Maxillo-Facial Surgery <input type="checkbox"/>	Periodontics <input type="checkbox"/>	
		Specific Clinical Service	Antenatal Care (ANC) <input type="checkbox"/>	Immunization <input type="checkbox"/> Noncommunicable Diseases <input type="checkbox"/> Intensive Care Services <input type="checkbox"/> Accidents and Emergency <input type="checkbox"/> Health Education and Community Mobilization <input type="checkbox"/>	HIV/ AIDS Services <input type="checkbox"/> Family Planning <input type="checkbox"/> Hepatitis <input type="checkbox"/> Nutrition <input type="checkbox"/> Tuberculosis <input type="checkbox"/>	
		Other Services	On-site Pharmacy <input type="checkbox"/> On-site Imaging/ Radio-Diagnostics Centre <input type="checkbox"/>	On-site Laboratory <input type="checkbox"/>	Mortuary Services <input type="checkbox"/> Ambulance Services <input type="checkbox"/>	
		Total number of beds				

## HUMAN RESOURCES

27	Number of Medical Doctors	
28	Number of Dentists	
29	Number of Dental Technicians	
30	Number of Pharmacists	
31	Number of Pharmacy Technicians	
32	Number of Laboratory Scientists	
33	Number of Laboratory Technicians	
34	Number of Nurses (Single-Qualified)	
35	Number of Midwives (Single-Qualified)	
36	Number of Nurses and Midwives (Double-Qualified)	
37	Number of Community Health Officers	
38	Number of Community Health Extension Workers	
39	Number of Junior Community Health Extension Worker	
40	Number of Environmental Health Officers	
41	Number of Health Records /Health Information Management Officers	
42	Number of Health Attendants/Assistants	