

REPUBLIC OF ZAMBIA



MINISTRY OF HEALTH

ZAMBIA HEALTH FACILITY REGISTRY

STANDARD OPERATING PROCEDURES

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Foreword

The Ministry of Health in Zambia has published a list of health facilities for the country since 2002. The health facility list, among other things, has informed the health sector and the public on the availability of health services and other amenities, location, ownership, and level of health care services per given listed facility. The health facility listing was produced annually in paper form; this presented delays in updating newly opened health facilities, upgrades in level or wherever they were introductions of new services as publication was paper based.

The Ministry with support from its partners has since developed an electronic Zambia Health Facility Registry (ZHFR) which presents a departure from the Health Facility listings which was paper based and rigid to changes as highlighted above.

The ZHFR has been developed to respond to aspects pertaining to reducing health inequalities and ensure improved trends in health outcomes, using a functional and effective health infrastructure monitoring mechanism. Therefore, improved innovative Health Information System (HIS) tools are required in line with the Digital Health Strategy (DHS) 2022-2026 which recognizes that digital technologies are essential in enabling the attainment of Universal Health Coverage (UHC) in the country.

The ZHFR is the official list of all health facilities operating in Zambia and is the foundation for the future integrated HIS. The goal is that each health facility on the list will have a unique code. This unique code will be used whenever facility-based data is collected, in all the multiple routine health information systems. The vision is that the universal use of this code will enable the integration of key health indicators from disparate data systems, bringing them all together for timely decision-making and to minimize overlap and duplication in data collection.

The ZHFR provides summary information about the level, location and key services provided by each health facility in the country. The system outlines the different facility types such as public, faith-based, private, and NGO, among others. It is critical in strengthening performance monitoring mechanisms at facility, district, provincial, and national monitoring systems.

The ZHFR will lay a platform for data analysis and use of information on infrastructure and equipment by the policy makers, program managers and cooperating partners in addressing challenges related to improving access and utilization of health services. I encourage all the stakeholders to use these standard operating procedures (SOPs) and adopt the use of the ZHFR to enhance improvements in data harmonization from the monitoring processes such as supportive supervision, quality assurance assessments, supplies distribution, facility surveys and performance indicator monitoring. This will in turn reduce the costs of data collection, thereby improving quality and timeliness of reporting, and decision-making.

Finally, I wish to thank the stakeholders that contributed to the development of the electronic ZHFR and these SOPs. I look forward to your continued cooperation as we deliver healthcare services to the citizens of our country.



Hon. Sylvia T. Masebo (MP)
MINISTER OF HEALTH

Acknowledgements

The electronic ZHFR is an initiative aimed at providing information on the health facilities and the services they offer. The development of the ZHFR SOPs has been realized through the collaborative efforts of departments in the Ministry of Health and the cooperating partners.

Special recognition goes to the Ministry of Health ICT Department and the M&E Unit teams including the provincial and district staff that led the development of these SOPs. I also wish to acknowledge the USAID Evidence for Health Project team who provided invaluable technical support and content from the inception to the finalization of the SOPs.

Finally, I wish to appreciate the financial and technical support from USAID and other cooperating partners in the development and finalization of the ZHFR and these SOPs.



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List of Acronyms

CHAZ	Churches Health Association of Zambia
DHD	District Health Director
DHIO	District Health Information Officer
DHO	District Health Office
DHS	Digital Health Strategy
DFMS	Defense Forces Medical Services
E4H	Evidence for Health
GPS	Global Positioning System
HFR	Health Facility Registry
HIS	Health Information System
HMIS	Health Management Information Systems
HPCZ	Health Professionals Council of Zambia
HR	Human Resources
ICT	Information and Communications Technology
JICA	Japan International Cooperation Agency
M&E	Monitoring and Evaluation
MFL	Master Facility List
MoH	Ministry of Health
PHO	Provincial Health Office
SHIO	Senior Health Information Officer
SOP	Standard operating procedure
TWG	Technical Working Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WHO	World Health Organization
ZAMRA	Zambia Medicines Regulatory Authority
ZAMSTATS	Zambian Statistics Agency
ZHFR	Zambia Health Facility Registry
ZICTA	Zambia Information and Communications Technology Authority

1.0 Introduction

1.1 Background

The Zambian health care system comprises more than 3,000 registered public and private health facilities in 116 districts across the 10 provinces of the country. These facilities include hospitals, general clinics, dental clinics, eye clinics, physiotherapy offices, health centers, health posts, and any other facilities where health care services are provided. As the government of the Republic of Zambia (GRZ) and its partners endeavor to provide equitable access to cost-effective and accessible quality health services, they seek detailed information about the current distribution of health services and facilities. At the same time, interested parties including member of the public and Ministry of Health (MoH) and partners who manage health-related information systems seek to compile a comprehensive list of health facilities which includes details about health care level, locations, and provided services.

Between 2002 and 2013, the MoH compiled four separate registries of health facility lists and statistics and disseminated them to the public. These lists provide cross-sectional facility statistics on key public health interventions implemented at all levels of the health service delivery system in Zambia. Previously, the MoH had used different sources for gathering snapshots of health facilities. That method of compiling health facility data resulted in unreliable data and prompted further undertakings such as the Japan International Cooperation Agency (JICA) facility census conducted in 2017. However, these statistics have changed more frequently over the recent past especially with the rapid increase in the number of health facilities being opened, and integration of services at point of services delivery. It is therefore very important for the MoH to make real-time updates so that the data remains current and readily available to stakeholders.

The process for continuously updating the list of health facilities using routine censuses created a static document. The MoH identified a need to develop and launch a health facility registry (HFR) to serve as a platform for updates, as needed, at the district and provincial levels. The standard operating procedures (SOPs) for development and implementation of HFRs include processes to follow whenever there are changes in the facility data, such as change in the level of the facility, when a facility is opened or closed, or whenever there are changes in facility ownership.

The MoH has created an electronic Master Facility List (MFL) named the Zambian Health Facility Registry (ZHFR). The ZHFR has data elements for each health facility including: a unique Health Management Information Systems (HMIS) code, a Global Positioning System (GPS) code to map out its exact geographical location; and where the facility is located in terms of administrative boundaries (province, district, constituency and ward), ownership, facility type (clinic, health center, hospital, and health post), and services offered, among other parameters. The database is up-to-date and accessible to all health sector stakeholders including members of the public. This document constitutes SOPs, definitions of terms and information contained in the ZHFR for its governance and maintenance.

1.2 Rationale for the Zambia Health Facility Registry

The introduction of Information and Communications Technology (ICT) in the management of routine health data, and the use of different applications for managing aspects of routine health information

highlighted the need for the unique identification of health facilities. Because the ZHFR is the place for these unique identifiers, using an application for the coordinated management of these identifiers is important. Thus, the idea to develop the ZHFR was born. The ZHFR has built-in processes to address the continuous status changes of health facilities. The ZHFR facilitates the integration and interoperability of different applications being deployed for the national health information architecture in Zambia. (Implementing Nigeria Master Facility List (MFL), 2019.)

The ZHFR is the complete, up-to-date listing of the health facilities and the primary source from which other facility lists in the country are drawn. As a result, the ZHFR must be validated, continuously updated, and accessible. The ZHFR includes the data needed to accurately identify a facility such as facility name, unique facility identifier, location, and contact information—and administrative data to categorize the facility, such as facility type, ownership, and operational status. The ZHFR may also include information about the service capacity of the facility, e.g., the types of services offered and number of beds. The ZHFR is a software program, making the list accessible to stakeholders such as government ministries, donors, and implementing partners.

The ZHFR has created a common database for all health facilities in Zambia, in contrast to the previously existing multiplicity of health facility lists. With the introduction of the ZHFR, all stakeholders will switch to using the ZHFR as a true reference point for health facilities in Zambia. The ZHFR will save resources, reduce financial and human costs by eliminating the current duplication of efforts, and reducing the reporting burden.

In summary, the benefits of the ZHFR include the following:

- Creates efficiencies
- Standardizes health facility lists across information systems
- Is essential for information exchange across data systems
- Provides the metadata needed by other information systems
- Facilitates planning and management
- Can support case management of patients.

1.3 Value of the Health Facility Registry

The ZHFR will be used for the HMIS, disease surveillance, and supply chain management, by public and private entities, donors planning interventions, and researchers assessing health system performance. Often, the stakeholders create and maintain their own lists of health facilities because a HFR does not exist or is not easily accessible. Having a ZHFR that can be accessed throughout the national HMIS environment will lead to greater efficiency, facilitate exchange of health information (through the adoption of common data standards for facilities), and support monitoring of infrastructure and services across the health system. The ZHFR is designed to cover the existing gap by improving the quality of the information that health managers require for planning, implementation, and monitoring and evaluation.

The main advantage of the ZHFR will be to provide a standardized reference point for all stakeholders. All databases will use the ZHFR as a reference and only source of facility lists. This will eliminate manual processes of comparing facility lists, spelling errors, name changes, or status of facility (open or closed)

The MoH notes that this critical information will be changed only once in the ZHFR and harmonized in all referencing databases. The MoH's focus is to build on and strengthen current information systems, creating a national health database linked to other systems to ensure optimum use of information.

I.4 Characteristics of a Functional ZHFR

For an HFR to operate, several requirements must be satisfied. The HFR should give users complete information about health facilities and should significantly lessen the administrative burden of handling location data for health institutions. Additional requirements for a HFR to be useful and beneficial to users include the following:

- Include every health facility in the country, regardless of ownership
- Provide unique identifiers for each facility as part of the required minimum data content
- Updated frequently following the established SOPs
- Viewable and accessible by key stakeholders and data consumers (i.e., users of ZHFR data)
- Located in a facility registry service
- Hosted in a facility registry service that makes it easier for systems to share information and interoperate with other systems
- Supported by an effective governance structure that oversees and manages it
- Harmonized and synchronized in one direction—from the ZHFR to other lists.

I.5 Elements of a Functional ZHFR

According to the World Health Organization, there are three key elements which should be taken into consideration for a functional HFR. This includes:

1. The facility listing
2. The facility registry service that houses the data
3. The governance structure associated with the ZHFR.

All three are important for the ZHFR to be able to serve the intended purpose and meet the needs of data consumers.

Facility Listing

The ZHFR is essentially a dataset that lists and describes all the health facilities in Zambia. It contains information about each facility's location, ownership, facility type, and services offered, among other predetermined facility parameters. The data must be accurate and updated for the ZHFR to be effective.

Facility Registry Service

The facility registry service is a platform for storing, managing, and sharing the ZHFR. It enables data consumers to see and access the ZHFR and gives them the ability to search, sort, and download the ZHFR data. For the ZHFR data to be shared and used more readily, the facility registry service should ideally support compatibility with other data systems.

Governance Structure

District Health Offices (DHOs) are responsible for the process of opening health facilities as prescribed by law in the Health Professionals Council of Zambia (HPCZ) Act. Amendments of services offered by health facilities shall also be the responsibility of DHOs as need be.

Once the DHO submits an application for opening a facility, HPCZ is responsible for licensing and approving services for the facilities upon meeting the application requirements. HPCZ further updates all approved facilities on their register. The MoH will upload all registered facilities on the HPCZ list on the ZHFR and continue updating the facility list for as long as the facility remains open. MoH is responsible for availing the facility listing to all stakeholders and the general public for purposes of informing the public on the location, facility type, services offered and also facilitating the integration of services offered by different health systems. This is done by maintaining unique facility identifiers that can be linked across multiple systems. The establishment and long-term management of the ZHFR requires a supportive policy framework, leadership, SOPs for the ZHFR's upkeep, and mechanisms for resource allocation to support the ZHFR.

The ZHFR data content refers to the information, or data elements, which relate to each facility included in the ZHFR. The ZHFR includes both administrative information that can be used to identify and contact the facility (signature domain data) and information on the services offered by the facility (service domain data). MoH recognizes the provision of operational definitions as a key step for ensuring data integrity in any data collection system. The users of the ZHFR have different needs and requirements. However, for the purposes of standardization, it is important to have clear definitions. The definitions of each variable in the ZHFR data collection form are described Chapter 2 and appendices 1, 2, and 3.

2.0 Description of Data Elements in the ZHFR

2.1 Overview

This chapter describes the data that is contained in the ZHFR. It covers both the minimum and other data elements. The chapter is key for the ZHFR as it considers aspects of modifications to the content of the ZHFR. During the development of the ZHFR, MoH called for a stakeholder meeting to determine the list of data elements to include in the ZHFR and their usage. This was followed by subsequent stakeholders' meetings that finalized the minimum standard list of data elements. The decision regarding which data elements to include in the ZHFR was arrived at through stakeholder consultations that considered their wants and needs, and the potential costs and resources required to collect additional data on all facilities to regularly update and verify that data. Refer to appendices 1, 2, and 3 for detailed description of data elements in the ZHFR.

3.0 Leadership and Governance of the ZHFR

3.1 Overview

The governance structure for the ZHFR has four key elements: MoH leadership, stakeholder involvement, the policy environment, and institutionalization and sustainability of the ZHFR.

Governance can be defined as the process through which rules and decisions are made, authority is granted, and institutions and stakeholders are managed. The four key elements of governance for the

ZHFR are outlined in this chapter. The overall goal of good governance is to generate quality results (i.e., an ZHFR that meets the needs of data consumers, accountability, and sustainability). A strong governance structure around the ZHFR is critical because it facilitates:

- A common vision and local ownership of the process of establishing the ZHFR
- Collaboration and the inclusion of stakeholders in the establishment and maintenance of the ZHFR
- Coordination and the pooling of resources that reduces duplication and increases efficiency
- Establishment of procedures, roles, and responsibilities
- Transparency and accountability
- A means of establishing and setting standards
- Integration across other systems and structures
- Continued commitment and the sustainability of the ZHFR
- A reduced burden on health system personnel, particularly during times of crises or high demand for health facility information.

3.2 Roles and Responsibilities of the ZHFR Stakeholders

Through engagement with stakeholders, MoH designed and developed the ZHFR. Institutionalization and sustainability of the ZHFR, however, will require continued coordination and collaboration across ministries, departments, implementing partners, and donors. Stakeholders provided inputs for defining data elements to be captured for all registered health facilities; these will be continuously monitored as part of the management of the ZHFR. The management of data in the electronic ZHFR has many parts to it including keeping the information in the ZHFR updated, responding to the evolving needs of data consumers and adapting to technological changes. The development of standards to facilitate data exchange to ensure the quality of the data, proper maintenance of the system, and efficient delivery of information to data consumers is a key element. The Monitoring and Evaluation department, with its mandate to manage the national HMIS coordinates all other departments and allied institutions or agencies that have some responsibility for the management of the system. The stakeholders that have a leadership and governance role in the ZHFR are listed below with the roles and responsibilities outlined.

3.2.1 Ministry of Health

- Provide leadership and governance
- Develop SOPs and grant authority for decision making
- Advise on policy development
- Facilitate networking and information sharing
- Provide existing lists and maps
- Advocate for ZHFR
- Provide oversight and direction for the establishment and maintenance of the ZHFR
- Ensure a favorable policy and regulatory environment
- Facilitate planning to guide future investments
- Promote stakeholder engagement
- Develop an overall vision and strategic plan for the ZHFR
- Provide oversight to TWG's engaged in activities concerned with the ZHFR

- Mobilize resources for the ZHFR through advocacy
- Ensure that key management and operational structures are in place
- Help determine the requirements for the ZHFR
- Oversight and management of the ZHFR.

3.2.1.1 Monitoring and Evaluation

- Oversees and manages the operational activities of the ZHFR
- Coordinates the definition of requirements for the ZHFR
- Assign human resources to implement and manage the ZHFR
- Mobilize provincial and district staff for ZHFR data collection and verification
- Leads the provision of technical support to provinces in using the ZHFR
- Documents lessons learned, users' feedback, and suggested improvements to the ZHFR
- Analyze the distribution of health facilities and provide data for planning and decision making
- Assesses the quality and effectiveness of the ZHFR annually
- Ensures the ZHFR meets data consumers' and stakeholder's needs
- Disseminating the ZHFR to ensure widespread use across the health sector

3.2.1.2 Clinical Care Services

- Defines the standards for health facilities in the country
- Accreditation of public and private health facilities in collaboration with HPCZ
- Oversees regulatory agencies that are important to the registration of health facilities and professionals.

3.2.1.3 Information, Communication and Technology

- Provides technical assistance on the HFR management, infrastructure, and software
- Supports the M&E Directorate to conduct a periodic audit of system performance
- Recommends prospective improvements to the system and conducts maintenance
- Advise on data sharing procedures.

3.2.2 Health Professionals Council of Zambia

- Accredits public and private health facilities in the country as stated in the HPCZ Act of 2009
- Defines the standards for health facilities in the country
- Provide data on private health facilities
- Advocates for the use of the ZHFR by the public to verify that their providers are registered and licensed
- Advocates for the ZHFR.

3.2.3 Churches Health Association of Zambia

- Provide technical support to faith-based health facilities
- Provide data on Churches Health Association of Zambia (CHAZ)-affiliated health facilities
- Advocates for the ZHFR

3.2.4 Defense Forces Medical Services

- Provide technical support to defense forces health facilities
- Provide data on from health facilities managed by Defense Forces Medical Services (DFMS)
- Advocates for the ZHFR.

3.2.5 Zambia Medicines Regulatory Authority

- Register and regulate pharmacies and health shops as stated in the Zambia Medicines Regulatory Authority (ZAMRA) Act of 2013
- Establish, maintain and develop standards for operation of pharmacies and health shops
- Advocates for the HFR.

3.3 Institutionalization and Sustainability of the ZHFR

The maintenance of the ZHFR requires long-term commitment and support from multiple stakeholders. The MoH collaborates with all key stakeholders and relevant institutions to ensure this. The ZHFR is not simply a list of health facilities; it is a tool that assists in the enforcement of best practices of information sharing and standardization, which are used across the Zambian health sector. As such, the MoH will set up a TWG as a subcommittee of the Monitoring and Evaluation TWG to obtain strong commitment from relevant stakeholders. The ZHFR subcommittee of the M&E TWG, drawing membership from both the Digital Health and M&E TWGs will be responsible for setting the overall policy framework for the HFR, coordinating the input of information by stakeholders, and developing its implementation plan.

This subcommittee is an Interdisciplinary group responsible for designing the structure and content of the HFR. It is also responsible for the HFR's continuous maintenance, determining if the structure of the HFR is still relevant and if changes should be made. The role of the subcommittee is to oversee and facilitate the planning, implementation, management, and maintenance of the HFR including:

- Leveraging support from key stakeholders, government ministries, agencies, and implementing partners
- Defining strategic user requirements, essential domain elements, and data element definitions
- Developing the plan to ensure that the HFR is continuously updated
- Governance provides structure for the HFR by facilitating:
 - Common vision and local ownership
 - Collaboration and inclusion of stakeholders to establish and maintain the HFR
 - Coordination and pooling of resources
 - Establishment of procedures, roles, and responsibilities
 - Transparency and accountability
 - A means to establish and set standards
 - Integration across other systems
 - Continued commitment and the sustainability of the HFR
 - A reduced burden on health system personnel.

Membership in the ZHFR TWG is intended to be inclusive of all relevant governmental stakeholders and technical and financial partners. The subcommittees include people with the required technical competencies to oversee the technical implementation of the ZHFR including:

- Monitoring and evaluation
- Clinical services
- ICT
- HPCZ
- ZAMRA
- ZamStats
- Zambia Information and Communications Technology Authority (ZICTA)
- IPs who are consumers of the ZHFR
- UN agencies (e.g., WHO, UNICEF, World Bank)
- Donor agencies (e.g., USAID, CDC).
- Local research institutions and technology firms (e.g., the University of Zambia).

Members of the TWG can also be drawn from among stakeholders and partners, as circumstances warrant.

4.0 Management of the Health Facility Registry

4.1 Overview

To have a functional HFR, procedures must be in place to ensure that the data is up to date, correct, and comprehensive to satisfy the needs of stakeholders. The HFR software service also includes responding to new user requests and facilitating interaction with other information systems. The management of HFR administrative tasks should guarantee that sufficient leadership is available to supervise the maintenance process, resolve irregularities, manage expectations, and respond to questions, as well as creating and putting into practice maintenance SOPs. Three procedures are fundamental to maintaining the content of an HFR:

- Updating the HFR data—HFR data sources or users submit changes to the HFR (such as adding or deleting facilities or updating data about a facility), the data submitted is verified and changes approved. This process can be compared to a "push system," in which users or data sources send updated data to the HFR.
- Auditing the HFR—Those in charge of the HFR regularly review the data to ensure ongoing accuracy. This process can be compared to a "pull system," in which data are taken out of the HFR and verified.
- Reviewing the data elements included in the HFR—A consultative procedure is in place, annually, to examine whether the data components included in the HFR continue to meet the needs of data consumers, and changes are made to the data elements as necessary.

4.2 Updating HFR Facility Data

The process of updating the HFR involves the following tasks.

4.2.1 Adding A New Facility

The process of adding new public facilities to the HFR will begin at the district level. New public facilities will be verified at the province level, and later approved at the national level. Once approved, the facility will be visible to the public. For private facilities, HPCZ will create data to be added directly to the HFR. For a newly public constructed facility, the contractor will submit 'the completion of works certificate' and submit the facility's information to the district, based on its rules and guidelines for opening a facility. After inspection, the collected facility data will be entered in the registry for review and submitted to the province for verification in preparation for approval at national level. At both stages, a notification will be sent to the responsible officers.

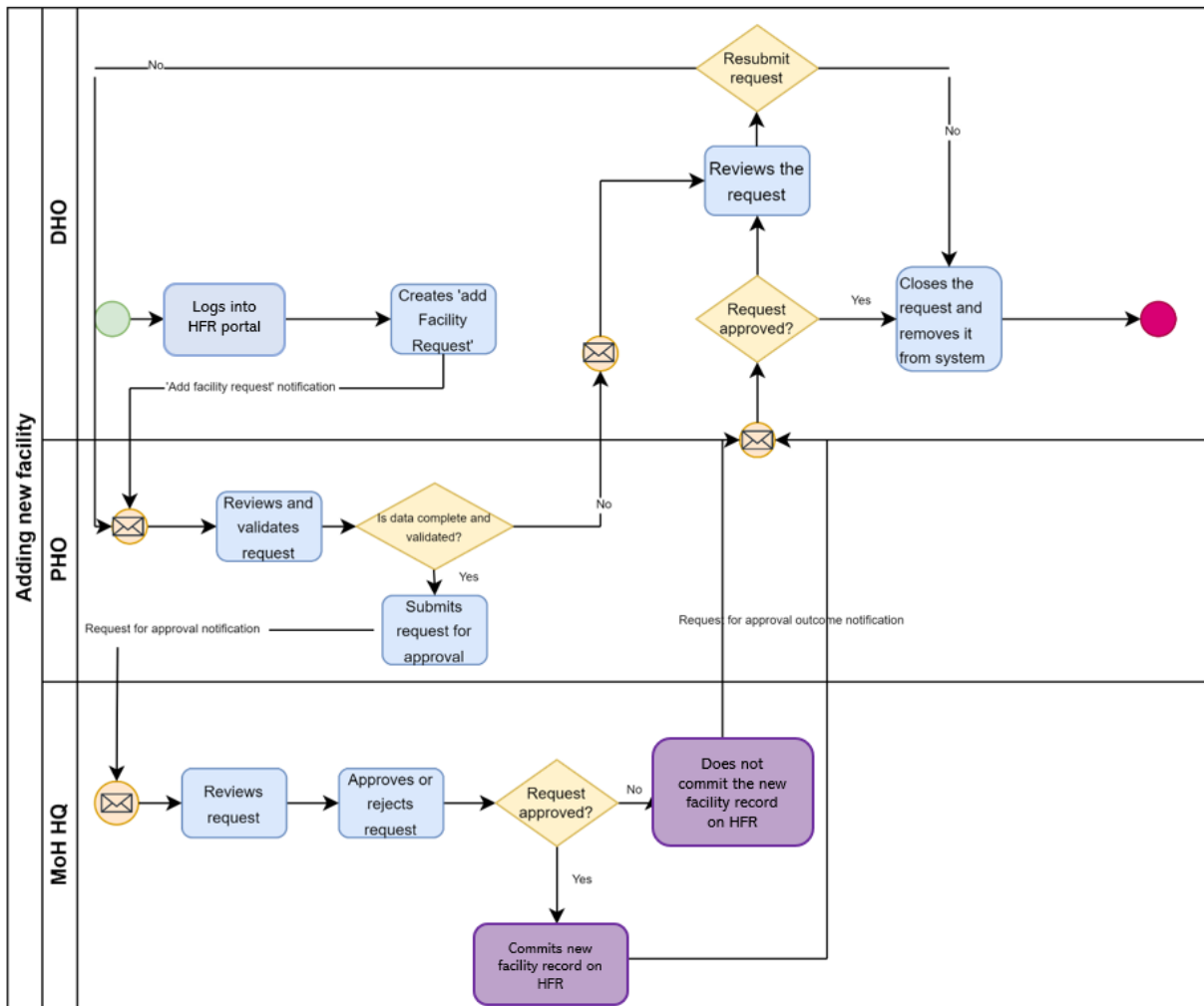
Table 1: Adding Data for a New Public Facility into the HFR (registration)

Objective	To have HF registered in the HFR
Registration Precondition	<ul style="list-style-type: none"> ● A health facility is inspected and approved for operation by the authorized relevant authorities. ● HFR new facility request form completed, signed by District Health Director (DHD) and uploaded.
Process description	<ol style="list-style-type: none"> I. The user completes the electronic form with the facility data (register facility request) II. The HFR notifies PHO that a registration request has been made. III. The province senior health information officer (SHIO) reviews and validates the request for completeness and accuracy of data captured. IV. If the data captured is incomplete or fails validation, the province sends it back to the requester and a notification is sent to the requester. V. If the data captured is complete and validated, the province submits the request for approval, and a notification is sent to the national level approver. VI. If it is approved, the new facility record is registered into the HFR system, and it is made public, and its operational status set to 'ACTIVE', but not 'LICENSED'. The system generates a license application. VII. Otherwise, if it is rejected, the new record is not registered. In either case, the notification is sent to the province and district

Table 2: Adding Data for a New Facility into the HFR (full registration)

Objective	To have HF licensed in the HFR
Licensing Precondition	<ul style="list-style-type: none"> • A health facility should have paid licensing fee. • Gazette number
Process description	<ol style="list-style-type: none"> I. HPCZ receives application and reviews II. If approved, the HPCZ system generates the license certificate and exports to HFR which automatically updates the license status

Figure 1: Adding new facilities



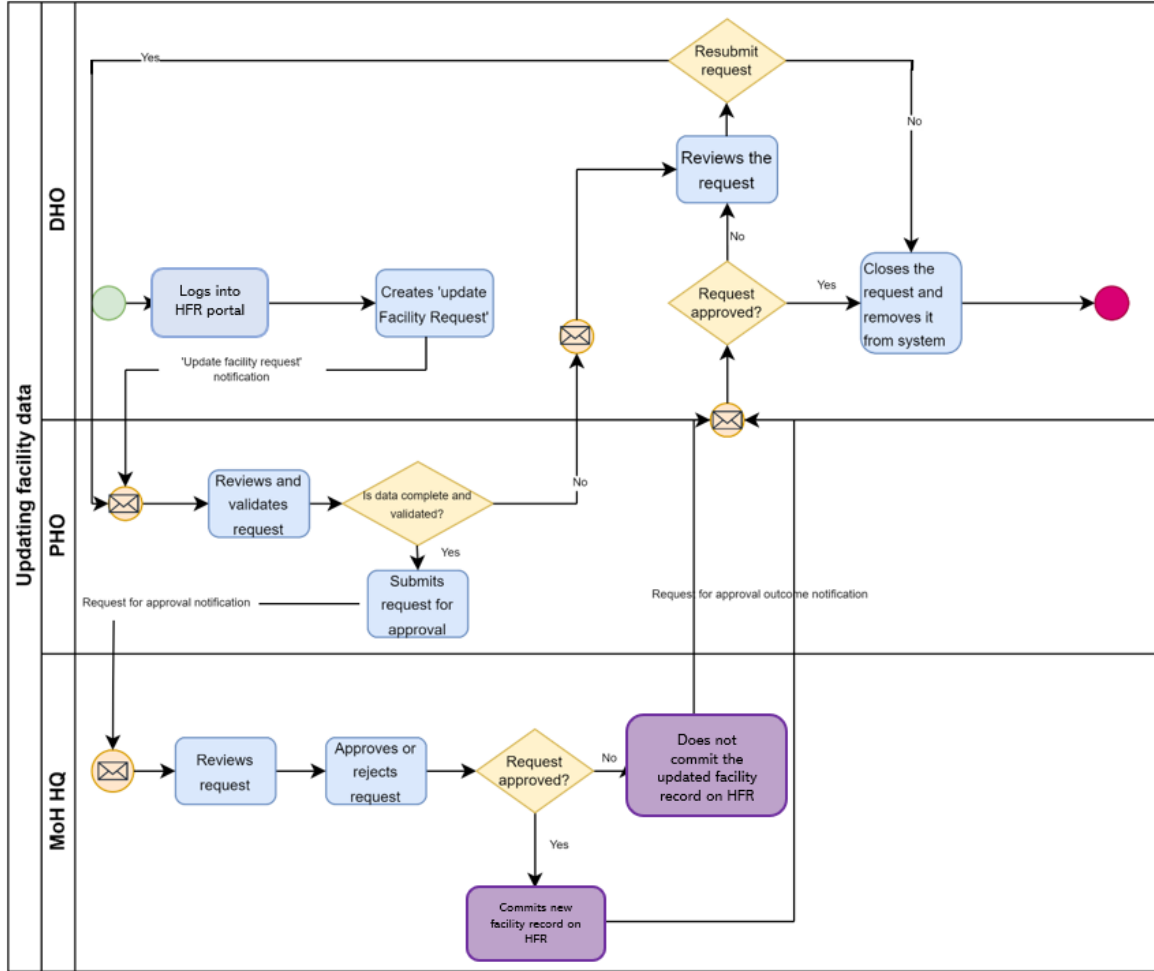
4.2.2 Updating Facility Data

Information for a facility may change over time (e.g., name change, change in services provided, and change in contact details). Such changes require updating the facility's entry in the HFR. For any changes to take effect, necessary approval processes are required, as shown above when opening a new facility.

Table 3: Updating Data for an Existing Facility into the HFR

Objective	To ensure that identified changes or incorrect information of a facility in the registry are updated and corrected
Pre-condition	A health facility is inspected and approved for operation by the authorized relevant authorities.
Process description	<ol style="list-style-type: none"> I. If HFR user (DHIO) has identified incorrect/outdated information about a facility. II. The user logs in to the HFR or HPCZ. The user creates an 'update facility request' and edits the facility details form. III. The HFR system notifies the provincial SHIO that an 'update facility request' has been made to update a facility in the HFR. IV. The provincial SHIO reviews and validates the request for completion and accuracy of data captured. <ol style="list-style-type: none"> a. If the data captured is incomplete or fails validation, the province sends it back to the requester (user) and the requester will be notified. b. If the data captured is complete and validated, the province submits the request for approval. c. A notification is sent to the HFR approver at national level. V. The updates are not committed and therefore not publicly available until approved by the HFR approver. VI. The HFR approver receives the 'update facility request'. VII. The HFR approver reviews the request and approves or rejects it. VIII. If it is approved, the updated facility record is committed to the HFR, and it is then made public. IX. If it is rejected, the updated record is not committed. In either case, the notification is sent to the province and district (requester/user). X. Once the district (requester/user) receives the approval or rejection, he/she may review and resubmit otherwise the request is closed and removed from the system.

Figure 2: Updating Facility Data



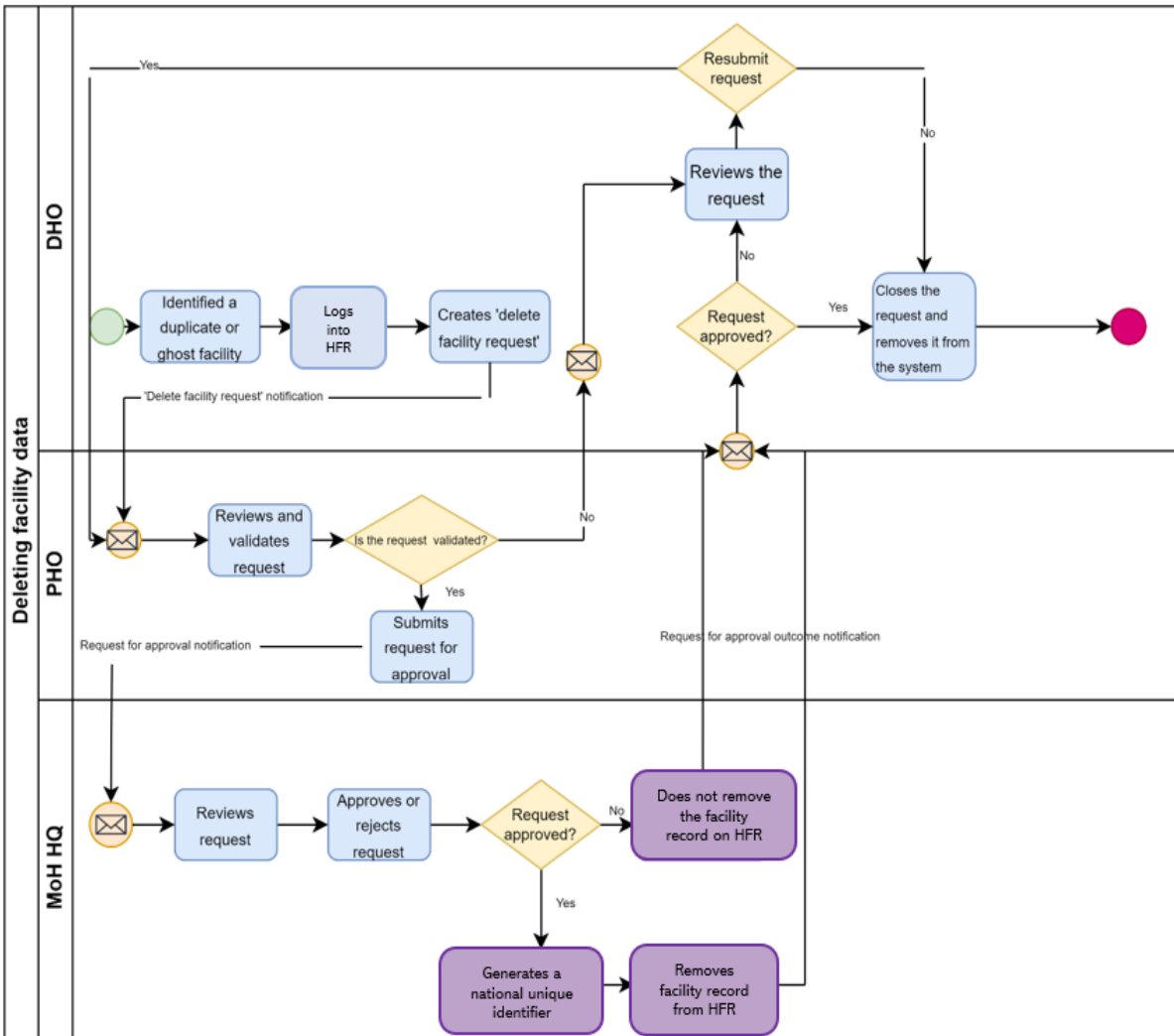
4.2.3 Archiving/Deleting Facility Data

If it is determined by the MoH that a facility does not exist, has shut down, or the record is a duplicate, the data for that facility is archived within the HFR. Archiving the facility record, rather than deleting it, is important. If the facility never existed, its operational status should be set to “Invalid” or “Does not exist.” If the facility did exist but is closed or no longer operational, its operational status should be set to “Closed.” If the facility consists of a duplicate record, it is important to select one record to keep and one to archive. The archived record should set its operational status to “Duplicate”, and a note should be included referencing the facility record being kept and its facility identification number.

Table 4: Archiving/Deleting Data for a Facility in the MFL

Objective	To ensure duplicate or ghost facilities are removed from the HFR or are archived
Pre-condition	Duplicate or ghost facilities have been identified
Process description	<ol style="list-style-type: none"> I. HFR user (DHIO) has identified a duplicate or ghost facility. II. User logs in to the HFR portal. III. User creates a 'delete/archive facility request' and selects the facility to archive or delete. IV. The HFR system notifies the province (SHIO) that a 'delete/archive facility request' has been made to delete/archive a facility in the HFR. V. The provincial SHIO reviews and validates the request for completion and accuracy of data captured. <ol style="list-style-type: none"> a. If the data captured is incomplete or fails validation, the province sends it back to the requester (user) and the requester will be notified. b. If the data captured is complete and validated, the province submits the request for approval. c. A notification is sent to the HFR approver at national level. VI. The deletion/archiving is not committed and therefore not publicly available until approved by the HFR approver. VII. The HFR approver receives the 'delete/archive facility request'. VIII. The HFR approver then reviews the request and approves or rejects the request. IX. If it is approved, the deleted/archived facility record is removed from the HFR. X. Otherwise, if it is rejected, the deleted/archived record is not removed. In either case, the notification is sent to the province and district (requester/user). XI. Once the district (requester/user) receives the approval or rejection, he/she may review and resubmit otherwise the request is closed and removed from the system.

Figure 3: Deleting/Archiving Facility Data



References

1. Government of Kenya, 2015, Kenya Health master facility list (MFLv2) Implementation guide, Nairobi, Kenya: Ministry of Health.
2. MEASURE Evaluation. (2019). Implementing Nigeria's Master Facility List: Guidelines. Chapel Hill, North Carolina: MEASURE Evaluation, University of North Carolina.
3. World Health Organization, 2018. MASTER FACILITY LIST RESOURCE PACKAGE: Guidance for countries wanting to strengthen their MFL. WHO: Geneva.

APPENDICES

Appendix I: Description of Facility Types

Type	Description of Type
Third-Level Hospitals	Third-level hospitals, otherwise known as specialist or tertiary hospitals, are the highest referral hospitals in Zambia. The hospitals have sub-specializations in internal medicine, surgery, pediatrics, obstetrics, gynecology, intensive care, psychiatry, training, and research. All complicated cases not attended to at second-level hospitals are referred to third-level hospitals.
Second-Level Hospitals	Second-level hospitals, also referred to as provincial or general hospitals, are found at the provincial level. They provide the following services: internal medicine, general surgery, pediatrics, obstetrics, and gynecology, dental, psychiatry and intensive care services. These hospitals also act as referrals for the first-level hospitals, including the provision of technical back up and training functions.
First-Level Hospitals	First-level hospitals, also referred to as district hospitals, are found at the district level. They are the third-largest levels of care after the second- and third-level referral hospitals. They provide services such as medical, surgical, obstetric, diagnostic, and clinical services in support of health center referrals.
Mini Hospital	A Mini Hospital offers services provided by both a Health Center and a hospital. It is regarded as a zonal Health Center, more advanced than a Health Center, but lower than a first level hospital.
Health Center	There are two types of health centers in the health care delivery system in Zambia. These are Urban Health Centers (UHCs) or clinics, and Rural Health Centers (RHCs).
Health Posts	These are the lowest levels of health care and are built in communities far away from health centers. The types of health services offered at this level are basic first aid rather than curative.
Dental Clinic	Dental clinics are outpatient facilities devoted to treating teeth and related problems. They have consulting rooms, offices or a section of an outpatient department with at least a reception (waiting room), treatment room, and a store, containing the prescribed equipment used by the dental practitioner for promotion of oral health; prevention, diagnosis, treatment of oral diseases; and rehabilitation of oral structures.

Appendix 2. Description of Facility Ownership

Owner	Description of Type	Registration Process
Ministry of Health (MoH)	<p>MoH is the ministry responsible for health in Zambia. An MoH facility is one that has been officially gazetted, i.e.,</p> <ul style="list-style-type: none"> ● A gazette notice has been issued. ● The land and buildings and title deeds must be owned by the government. ● The facility qualifies to get staff, equipment, drugs, supplies (and other inputs like transport) from the government. ● The facility is open to the public. 	Gazetted
Correctional Service	<p>Correctional Service ownership of facilities means:</p> <ul style="list-style-type: none"> ● The facility has been gazetted as a government facility and a gazette notice has been issued. ● The buildings and land are owned by Prisons Service under the Ministry of Home Affairs ● The facility is run by the Government and gets staff, equipment, drugs, supplies (and other inputs like transport) from the government. 	Gazetted
Military	<p>These are facilities owned by the GRZ-sponsored defense forces (Air Force, Army, and National Service), and related organizations through the Department of Defense or other ministries, exclusively for their officers.</p>	Gazetted
Faith- Based Organization	<p>These are facilities owned or managed by religious organizations.</p>	
Non-Governmental Organizations	<p>These are facilities owned by national and international organizations registered by the Registrar of Societies under the Ministry of Home Affairs as enshrined in the NGO Act No. 16 of 2009.</p>	Certified as an institution and licensed
Private	<p>A private health facility is any hospital, institution or facility at which provision is made for diagnostic interventions, medical or surgical treatment, and nursing or other health care, which is not owned or controlled by the government</p>	Certified as an institution and licensed

Appendix 3: Definition of Data Elements

Domain	Signature domain data element	Definition of data element	Description of data element	Example
Facility Details	Facility name	Official name of the facility by which it is gazetted, registered, or licensed in.	The facility name is the official name of the health facility	Natuseko Health Centre
	Facility Type	This is the classification of the facility.	These are determined by MoH based on specific criteria (services available, type of staff available, equipment, etc.).	Hospital, Health Centre
	Ownership	Authority and entity that owns, manages, and has exclusive control of the facility	There are three categories of facility ownership namely, public (government, including all defense forces), private. Each facility should only have one ownership status.	Government, Private
	Operational Status	This is the legal status of a facility in terms of service provision. A facility should only have one single operational status.	This is a possible operational status of a facility.	Functional, Closed, Temporal Closure
	Mobility status	This reflects the nature of the provision of services.	Each facility should have only one mobility status	Fixed, Mobile, Telemedicine
	Accessibility	This element defines who can access services at the facility.	This describes the category of people eligible to access services at the facility.	Open, Restricted
	Catchment population head count	This is the population arrived at by process of head count	This indicates the number of people the facility serves.	77,900
	Catchment population CSO	This is the population arrived at through census by ZAMSTAT	It must be a documented number from the census. This indicates the number of people the facility serves.	76,150
	Number of households	This is the number of households in the catchment area	It must be a physical actual count of the households in the catchment area.	6,000
	Telephone	This is a nine (9) digit long number. The first three (3) digits represent the province, followed by 6 digits.	It must be registered with Zamtel	Lusaka facility – 211XXXXXXXXXX
	Fax	This is a nine (9) digit long number. The first three (3) digits represent the province, followed by 6 digits.	It must be registered with Zamtel	Lusaka facility – 211XXXXXXXXXX

Domain	Signature domain data element	Definition of data element	Description of data element	Example
	Email	This is the official email address assigned to the facility	This could be signed with Yahoo, or Gmail	healthpeople@gmail.com
	Postal Address	This is the address to which mail is delivered.	This data element will often require separate fields that may include: Name of the facility, P.O. Box number, District	Proper Health Centre, P.O. Box 1234, Lusaka
	Town	This is the district in which the facility is.	This must be a district in the province, and gazetted by the govt.	Chingola Mansa Kabwe
	Street	This is the street/road on which the facility is located	The street must have name, as gazetted by the local government	Ubulwele Street
	Plot Number	This is the number found on the title deeds for the piece of land on which the facility is situated.	This is allocated by the local govt in collaboration with Ministry of Lands.	Plot 007/90
	Physical Address	This is the actual physical address	This contains the house number, street/road name, locality, and district	10 Ubulwele Street, Chawama Compound, Lusaka
Location	Province	This is the geographical location, a level below the national	It must be one of the ten provinces in Zambia	Central Luapula Northern Copperbelt
	District	This is the district where the facility is situated	It must be one of the districts within the province	Kabwe Chitambo
	Constituency	This is a political sub area of the district.	It must be one of the constituencies in the district.	Munali Chawama
	Ward	This is a sub-division of the constituency	It must be one of the wards in the constituency	Buchi Chilanga
	Location	This is the geographical category where the facility is situated.	The location can be urban, rural or peri-urban	Urban
	Latitude/Longitude	This is the physical location of the facility, typically represented as latitude and longitude	These data are captured using the GPS.	Latitude N 003. 12345 LongitudeE 007. 1234
Services	Service category	This is the classification and identification of the types of services that the facility provides.	There will be multiple sub services under each service area. This is a list of all services offered at the facility.	OPD, Dental Services, Laboratory Services
Operating Hours	Hours of operation	These are the hours during which the facility offers services.	This could be 24 hours or period range	24/7 8 am to 5 pm

Appendix 4: Ministry of Health – Checklist for New Facility

Official Facility Name			Facility Code (Assigned by Central System)	
Facility Ownership*		Address Details		
Facility Type*		Facility Landline		
Facility Level		Facility Mobile		
		Alternate Facility Number		
Province		Facility Email		
District		P.O. Box		
Location???		address – Town		
Name of Town/Village		Address - Post Code		
Plot Number		Contact Details - For private practice clinics, the in-charge is the doctor, nurse or clinical officer operating the clinic. For MoH and institutions, use the in-charge		
Constituency		Name of In-charge		
Description of Location - Provide a short description on how to locate the facility e.g., landmarks		Job Title for In-charge		
		Mobile # for In-charge		
		Alternate Mobile # for In-charge		
		Xxxx		
Operational Status (Select One)		Other Details		
Pending Opening		Number of Authorized In-patient Beds		
Operational		Number of Authorized In-patient Cots		
Not Operational		Open 24 Hrs?	Yes	No
Regulatory body that will gazette/license/register the facility (Select One)		Open on weekends Yes No	Yes	No
MoH	XXX	Geo-Codes (Record with GPS at inspection)		
HPCZ	XXX	Latitude		
Nursing Council	Other	Longitude		
Clinical Officers Council		Xxx		
For Private Practice ONLY - Practitioner Registration Num		Xxx		
		Date of Geo-Code	GPS	XXX Proximity

