

Professional Health Services Mapping

Frequently Asked Questions

Project purpose and objectives

1. Which facilities, services and resources are in scope? What if we do not have or provide any of the items listed?

This project focusses on Professional Health Services, by which we mean health facilities, services and resources operated and provided by health and medical professionals, who are employed as such by each National Society, and do not provide these services as volunteers. Additionally, the focus is on clinical services, which excludes several types of activities and services often provided by National Societies. The reason for this is that the aim of the project is to highlight and promote this part of our activities, and to better position the National Societies and the IFRC Network as a key health partner.

2. Which activities and services are not in scope?

As a result of this focus on clinical services and professionals, other key components of the National Societies' health-related activities are not included in our scope.

This includes:

- Any volunteer-based activity or volunteers themselves
- First Aid promotion, provision, and training
- WASH activities
- Community-based health activities (such as CBS)
- Temporary, project-related activities and services
- Volunteer-base psychosocial support services

Our focus is on permanent services and capacity linked to the provision of clinical services, which in no way diminishes the crucial importance of the activities listed above.

We do hope and envision that these activities and others could be included in future exercises.

3. What is this data going to be used for? And by whom?

Our aim is to gain a solid understanding of the IFRC Network's professional health capacity, as an advocacy tool, to highlight the critically important work of the National Societies in this field.

Therefore, the key objectives of collecting and compiling this data in a harmonized, standardized manner are:

- Highlighting the professional health capacities, resources, strengths of National Societies as well as any gaps and needs they might have in this area.
- Strengthening the coordination of resource mobilization in the context of responses, by each National Society being able to access and share data on their own capacity and location of key facilities, services and resources.
- Improving on Health activities reporting by having clear, updated and harmonized datasets.
- Creating communities of practice between National Societies.

4. Can we control who will be able to access this information?

When filling out the forms, each National Society can define the level of visibility of the data, and therefore who can see the data.

- Public: the data can be made available to anyone with the access link.
- IFRC Secretariat: the data will only be visible to the National Society and the IFRC Secretariat.
- RCRC Movement: the data can also be shared with other parts of the RCRC Movement, such as ICRC.

5. Which platform is going to host the final product?

This is still under consideration, although we are looking at having the data displayed within one of the existing IFRC platforms, such as GO or FDRS.

6. How often will this data be collected?

This is still to be determined, based on the results of this data collection exercise. We are developing processes to facilitate any changes or update to the data, to make any future data collection exercise as smooth and efficient as possible. To remain usable, this data would need to remain relevant.

7. What if we cannot provide the precise locations of our facilities, for security reasons?

If you cannot provide the precise location, the form allows you to select the district, province, region, or governorate where the facility is located. This will allow us to have an idea of the number of facilities per district, without indicating their precise location.

8. Will any of the data allow to identify individuals?

No. Personal information will not be collected as part of this exercise, which could lead to the identification of health and medical staff, or any other individuals. The only information requested with regards to individuals is the approximate number of people working in each of the functions listed in the form (e.g. doctors, nurses, midwives). If the precise or

approximative number of people working in each function is unknown, the National Society can just give an approximation of the total number of medical and health professionals working in each facility.

9. We have already done a similar mapping of our health facilities and/or services in the past, or we are currently in the process of doing one. Do we need to re-submit this information?

If your National Society has already done a similar mapping or inventory of health facilities and services, please contact the Health Mapping team to discuss how we can use your data and support in uploading the data, to prevent duplicating any effort. No data that you share with the project team will be shared externally.

Data collection process

10. Can we submit one form and continue the other forms later?

Yes, you can complete one form then open the link and submit others later. However, you need to fully complete the form to be considered done.

11. Is it essential to submit both forms at one time? (Generic form and the facilities form)?

Yes, the generic form is a one-time submission form, and we encourage you to do it first to understand what is needed for the other form.

12. How can we update the information if we submitted anything wrong?

You can contact the project team at health.mapping@ifrc.org and we will work closely with you to update the information as needed.

13. Do we have a live platform where we can see the submitted data live?

The information will be presented in a dashboard and hosted on one of the official IFRC platforms where you can find all the details submitted live and online.

14. Can we share the links with different focal points – mainly at branch level?

Yes, but it is essential to coordinate with the focal points to avoid duplications and multiple submissions for the same facility. We can share an offline form, only for National Society internal use and to compile branch level data. The Kobo form submitted needs to represent national data (not branch level data).

15. Is it possible to save a form and continue it later?

No, if you did not complete the form you would not be able to save it and come back later, we encourage you to finalize the form before moving to another one.

16. Can we save a form once it is submitted?

Once submitted you would not be able to save the form. We recommend saving the completed form as PDF (Ctrl+S) before you click submit to have a record of the report. You can always contact us to share with you a copy in you need be.

Contact

17. Who can I contact if I have questions about this project or the data collection process? Who is the focal point for my NS to follow up with?

You can contact the team at health.mapping@ifrc.org. Alternatively, IFRC colleagues at Regional, Cluster and Country level are engaged on this project can help you solve any issues or escalate any concern back to the health mapping team.