



بتنويل من الاتحاد الاورويي
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Humanitarian Development Nexus: Strengthening a Decentralized Health System for protracted displaced population (HealthPro) in al Fasher and Nyala – North and South Darfur States"-

T05-EUTF-HOA-SD-73-01

ANNEX II – NEED ASSESSMENT UTASH PRIMARY HEALTH CENTRE 2 – HEALTH FACILITY PROFILE

1. LOCATION AND FACILITY DETAILS

1.1 Location (State/town/locality/camp)

South Darfur State, Nyala, Uttash IDP (approximately 15 Km from SMoH).

1.2 Facility Name

Uttash Primary Health Centre 2 (NHIF).

1.3 Type of Facility

Primary Health Centre.

1.4 GPS Position

12°5'47.30 N,24°54'29.34"E





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1.5 Name and position of the interviewed person

Ahmed Nasr Eldeen Ahmed – Facility Manager and Medical Doctor (Tel: 0920775476)

1.6 Camp Population Catchment Area

Total population: 120,000 – 150,000

Male:

Female:

Total Under 5:

Male:

Female:

Total Pregnant Women:

Total Lactating Women:

The Camp is sectioned into different centers. According to the PHC center administration, each center is estimated to contain approximately 500 people. The number of visitors are estimated to be 80-100 daily (the real number is estimated to be higher). Moreover, there is no Community health committee available.

2. SERVICE AVAILABILITY

| DESCRIPTION | YES | NO |
|--|-----|----|
| Child vaccination services, either at the facility or as outreach. | | |
| Nutrition and Growth monitoring services, either at the facility or as outreach. | | |
| Curative care services for children under 5. | | |
| Community services. | | |



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| | | |
|--|--|--|
| Health promotion and school health activities. | | |
| Any family planning services – including modern methods, fertility awareness 1 2 methods (natural family planning), male or female surgical sterilization. | | |
| Antenatal care (ANC) services. | | |
| Services for the prevention of mother-to-child transmission of HIV. | | |
| Normal delivery. | | |
| Diagnosis or treatment of malaria. | | |
| Diagnosis or treatment of STIs, excluding HIV. | | |
| Diagnosis, treatment prescription or treatment follow-up for TB. | | |
| HIV testing and counseling services 1 2 12 HIV/AIDS antiretroviral prescription orantiretroviral treatment follow-up services. | | |
| HIV/AIDS care and support services, including treatment of opportunistic 1 2infections and provision of palliative care. | | |
| Diagnosis or management of non-communicable diseases, specifically diabetes 1 2cardiovascular diseases, and chronic respiratory conditions in adults. | | |
| Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre. | | |
| Laboratory diagnostic services, including any rapid diagnostic testing. | | |
| Blood typing services. | | |
| Blood transfusion services. | | |
| Does this facility routinely provide in-patient care? | | |
| Does this facility have beds for overnight observation? (Short stay) | | |

2.1 Other (e.g., Health promotion activities and community engagement)

Not all PHC service packages are provided. The center only has the Doctor, Lab, pharmacy, and short stay ward. The MCH (vaccination, nutrition and family planning, ANC services and health promotion, etc.) are not provided as a service package. The service is exclusive for health insurance cards holders.

The HIV rapid test is the only service available. After testing, for confirmatory tests and treatment the patient is referred to other facility that provide the service, either hospital or treatment centre.



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3. HOUR STAFF COVERAGE

3.1 Clinic opening hours

The clinic is open for **8 hours** per day. From Saturday - as an extra day- to Thursday.

| DESCRIPTION | YES | NO |
|--------------------|-----|----|
| 24-hour emergency. | | |
| On call staff. | | |

3.2 Other

The clinic works for two shifts: from 9h00 am to 3h00 pm and from 4h00 pm to 6h00 pm.

4. COMMUNICATION

| DESCRIPTION | YES | NO |
|---------------------------------------|-----|----|
| Land line telephone. | | |
| Cellular phone (private or clinic's). | | |
| Short Wave Radio. | | |
| Computer (email, skype). | | |
| Reliable internet connection. | | |
| Reliable connection. | | |

4.1 Other

The staff use their personal phones for communication.



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5. SOURCE OF WATER

5.1 Most commonly used source of water

They get water from donkey karts which don't ensure water safety. Moreover, there are no tabs or running water source.

5.2 Quality of the water (observation)

| POOR | | | | | EXCELLENT |
|------|---|---|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 | |

5.3 Other

The water costs the health center a lot of resources, sometimes they need to pay extra amount of water from their pocket, to cover their need.

6. POWER SUPPLY

| DESCRIPTION | YES | NO |
|--|-----|----|
| Is this facility connected to the national electricity grid? | | |
| Does the facility have other sources of electricity (Solar)? | | |
| Does the facility have other sources of electricity (Generator)? | | |
| Is the generator or solar functional? | | |

7. EXTERNAL SUPERVISION

| DESCRIPTION | YES | NO |
|---|-----|----|
| Does the facility receive any external supervision (e.g., from locality, state or national office)? | | |
| When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 6 months? | | |

7.1 Supervision visits



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Within the last 12 months, the Facility received 12 visits.

7.2 Other

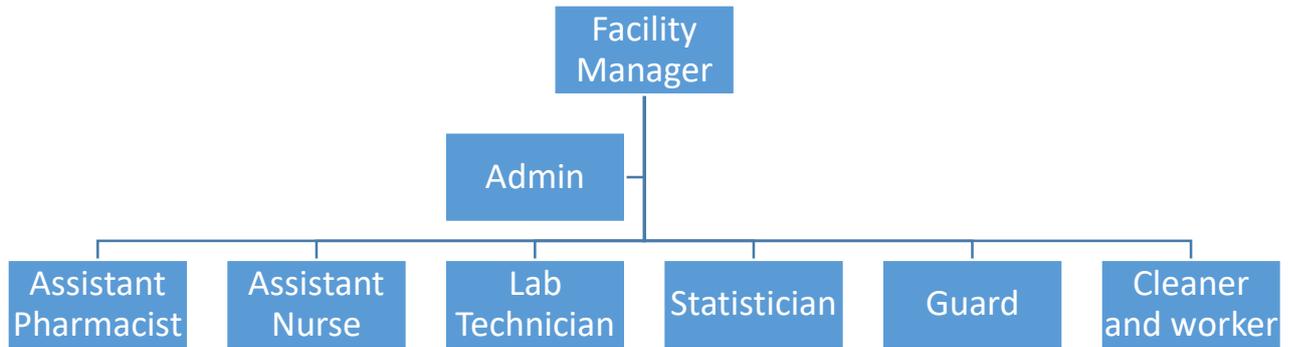
They have received monthly supervision visits from NHIF but the impact of these visits is not seen. The challenges they fac were not resolved, despite the supervisory visits. They didn't get any supervisory visits from SMOH.

8. STAFFING

| OCCUPATIONAL CATEGORIES | | N. | Employed (Yes/No) | Full Time / PartTime |
|-------------------------|--------------------------|----|-------------------|----------------------|
| 1 | Medical Doctors | 1 | Yes | Full Time |
| 2 | Medical Assistant | | | |
| 3 | Nurse (Technician) | 2 | Yes | Full Time |
| 4 | Midwife | | | |
| 5 | Community Midwife | | | |
| 6 | Community Health worker | | | |
| 7 | Pharmacist | | | |
| 8 | Assistant Pharmacist | 1 | Yes | Full Time |
| 9 | Lab Technician | 1 | Yes | Full Time |
| 10 | Assistant Lab technician | | | |
| 11 | Vaccinator | | | |
| 12 | Family Planning | | | |
| 13 | Nutritionist | | | |
| 14 | Assistant Nutritionist | | | |
| 15 | Statistician | 1 | Yes | Full Time |
| 16 | Assistant Statistician | | | |
| 17 | Volunteer | 1 | | |
| 18 | Guard | 2 | Yes | Full Time |
| 19 | Cleaner and worker | 3 | Yes | Full Time |



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8.1 Organizational Structure

8.2 Other

There is one volunteer nurse. And a worker who is assigned to operate and doing regular maintenance of the electronic generator.

9. MANAGEMENT MEETINGS

| DESCRIPTION | YES | NO |
|---|-----|----|
| Does this facility have routine facility staff meetings? | | |
| Does the facility maintain official records of facility staff meetings? | | |
| Is there any monitoring system and follow-up of action points of staff meetings? | | |
| Are there any routine meetings about facility activities or management issues that include both facility staff and community/community committee members? | | |
| Is an official record of the meetings with both facility staff and community members maintained? | | |

9.1 Other

They hold regular staff meeting without documentation, and poor follow up of the meetings action points.



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10. QUALITY ASSURANCE

| DESCRIPTION | YES | NO |
|---|-----|----|
| Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers. | | |
| Is there an official record of any quality assurance carried out during the past year? | | |

10.1 Other

There is a periodic check of the registers and books. The follow up team from NHIF conduct checks for the facility records kept, to ensure completion of the data.

11. CLIENTS OPINION AND FEEDBACK

| DESCRIPTION | YES | NO |
|---|-----|----|
| Does this facility have any system for determining clients' opinions about the health facility or its services? | | |
| Has any action been taken based on the complaints of clients during the last 6 months? | | |

11.1 Other

The NHIF has a general telephone number for patient complaints, and to have their feedback. This is not related to the health center. They only receive verbal complaints from the patients but not as systematic process to have their feedback.

12. REFERRAL

| DESCRIPTION | YES | NO |
|---|-----|----|
| Is there any referral system functioning? | | |
| Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility? | | |
| Is fuel available today? | | |

If there is no ambulance, please can you explain how referral system works?



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The patients are referred through referral formats but they have to be responsible on their transportation. And all other related activities or costs are on the patient.

13. HMIS

| DESCRIPTION | YES | NO |
|--|-----|----|
| Does this facility have a system in place to regularly collect health services data? | | |
| Does this facility regularly compile any reports containing health services information? | | |
| Does this facility have a designated person, such as a data manager, who is responsible for health services data in this facility? | | |

What are the means of reporting (paper, electronic data)?

Paper forms for reporting.

Please explain the data flow.

A monthly report is produced and shared with NHIF.

14. HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

All waste (sharp, medical and biological) is burned in a pit. There is no segregation of waste of different nature nor protocols in place.

15. HEALTH SERVICES' CHECK LIST

| 1. LABORATORY | | |
|----------------------------|-----|----|
| 1.1 Sample collection area | YES | NO |
| Desk/table/ trolley | | |
| Chair for the patient | | |
| Chair for the collector | | |
| Tourniquet | | |
| Syringes | | |



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| | | |
|-------------------------------------|------------|-----------|
| Samples containers | | |
| Label stickers | | |
| Safety box | | |
| Access to hand washing facilities | | |
| Gloves | | |
| 1.2 Laboratory equipment | YES | NO |
| Microscope | | |
| Water bath | | |
| Centrifuge | | |
| Mixer | | |
| Bunsen burner | | |
| Pipette | | |
| ESR tubes | | |
| ESR racks | | |
| Colorimeter | | |
| 1.3 Refrigerator | YES | NO |
| Functioning refrigerator | | |
| Temperature maintained at 2-8oC | | |
| 1.4 Lab registry | YES | NO |
| Available forms | | |
| Available registry | | |
| 1.5 Consumables and reagents | YES | NO |
| Stock-outs control | | |
| Stored at required temperature | | |
| Stock control | | |
| Syringes | | |
| Needles | | |
| Gloves | | |



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|---|------------|-----------|
| Lancets | | |
| Sample bottles | | |
| 1.6 License and guidelines | YES | NO |
| Operating license | | |
| Guidelines on laboratory procedures | | |
| Safety guidelines including radiation protection | | |
| Quality assurance guidelines | | |
| Staff knowledge of the procedures in the guidelines | | |
| 1.7 Standard process of sample taking, labelling, and giving results | YES | NO |
| Check patient ID | | |
| Check requested investigation | | |
| Check integrity of sample | | |
| Explain and Take sample into suitable container | | |
| Correct labelling | | |
| Registering of results and writing on result slip | | |
| 1.8 Reporting | YES | NO |
| Available reports about lab investigations done and medicines distributed | | |
| Statistics and medical reports produced | | |
| Saving the reports | | |
| 1.9 Assure internal quality control | YES | NO |
| Regular calibration of equipment | | |
| Use of controls to check of quality of results | | |
| 1.10 Safety and IPC | YES | NO |
| Availability of PPEs (gloves, masks, and safety box with sharp disposal) | | |
| Guidelines of safety measures and medical waste management | | |
| Safety use of sharp disposals and radiation safety | | |

The Lab conditions are very poor, and they use water jerry cans to wash hands. There is no running water source or hand washing basin. They follow on the general guidelines, which is more like a practical experience than guidelines. The lab is managed by a laboratory technician. For label stickers



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they use marker pens and not paper stickers.

| 2. PHARMACY | | |
|---|------------|-----------|
| 2.1 Well-furnished premises | YES | NO |
| Glass and aluminum shelves | | |
| Counter | | |
| Electric signboard | | |
| Ceramic floor | | |
| Artificial roof | | |
| 2.2 Air conditioner | YES | NO |
| Air conditioner functioning | | |
| Able to keep the temperature at 25° C | | |
| 2.3 Medicines refrigerator | YES | NO |
| Refrigerator dedicated to medicines available | | |
| Set at temperature to preserve medicines such as vaccines | | |
| 2.4 Consumables | YES | NO |
| Lab coats | | |
| Water proof envelopes and labels | | |
| 2.5 Medicines | YES | NO |
| Availability of medicines (See the List) | | |
| Storage conditions and expiry medications | | |
| Registry for medicines in the facility | | |
| 2.6 Standard dispensing processes | YES | NO |
| Patient identification | | |
| Drug doses, frequency, duration, and administration modality | | |
| Medication safety measures | | |
| Correct labelling of medicines and safety measures to deal with expired medicines | | |



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There is a regular supply of medicines, however they go out of stock frequently, the patients contribute with the 25% of the cost of drugs. The pharmacy is in very poor condition, and it needs rehabilitation for the ceiling, the floor and the air-conditioning.

| 3. SHORT STAY | | |
|--|------------|-----------|
| 3.1 Bed and side accessories | YES | NO |
| Able to elevate or lower foot end of bed | | |
| Able to elevate or lower head end of bed | | |
| Mattresses with pillows | | |
| Bed sheets | | |
| Bed side cabinets | | |
| Chair | | |
| Screen for privacy | | |
| IV stand | | |
| 3.2 Nurses' station | YES | NO |
| Desk | | |
| Chairs for the nurses | | |
| Chair for patients | | |
| Hand wash basin/area or alcohol rub | | |
| Safety boxes | | |
| 3.3 Consumables | YES | NO |
| Gloves | | |
| Cotton wool | | |
| Disinfectant | | |
| 3.4 Hand washing area | YES | NO |
| Ceramic/waterproof walls | | |
| Flowing water | | |
| Soap | | |



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| | | |
|--|------------|-----------|
| Means of drying hands | | |
| 3.5 Patient admission and discharge registry | YES | NO |
| Admission and discharges register | | |
| Prescription forms | | |
| Patients' records keeping | | |
| Referral forms | | |
| 3.6 Guidelines | YES | NO |
| Guidelines on the management /nursing care of common medical and surgical conditions | | |

The short stay ward is in very bad conditions, and it lacks many essential equipment. The room doesn't maintain privacy of the patients.

| | | |
|--|------------|-----------|
| 4. MINOR THEATRE | | |
| 4.1 Theatre equipment | YES | NO |
| Flowing water supply | | |
| Table multi-directional adjustable | | |
| Stool | | |
| Ceiling lamb | | |
| Minor surgical set | | |
| Autoclave | | |
| 4.2 Essential supplies /equipment | YES | NO |
| Oxygen supply (in cylinders or piped) | | |
| Suction method | | |
| Nitrous oxide supply | | |
| Waste container | | |
| Safety box | | |
| 4.3 Consumables | YES | NO |
| Gloves | | |



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| | | |
|-------------------------------|------------|-----------|
| Cotton wool | | |
| Disinfectant | | |
| Local anesthetic | | |
| Sutures | | |
| Suturing needles | | |
| 4.4 Guidelines | YES | NO |
| Hand wash checklist | | |
| Guidelines on minor surgeries | | |

There is no minor theatre or tools such as sutures available. Even for minor injuries they have to refer them to another facility for suturing or wound treatment.

| 5. LABOUR ROOM | | |
|---|------------|-----------|
| 5.1 Labor room beds | YES | NO |
| Able to elevate or lower foot end | | |
| Able to elevate or lower head end | | |
| Firm on the floor | | |
| Screens for privacy | | |
| Bed sheets and Pillows with pillowcases | | |
| Bed side accessories | | |
| 5.2 Delivery table | YES | NO |
| Disposable sterile Macintosh or sheet | | |
| Table can be maneuvered in several directions | | |
| Emergency supplies (O2 in cylinders) | | |
| 5.3 Lifesaving drugs | YES | NO |
| Emergency supplies (O2 in cylinders) | | |
| Oxytocin | | |
| Magnesium sulphate | | |



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| | | |
|--|------------|-----------|
| Antihistamine | | |
| Antihypertensive for emergency use (e.g., Labetalol) | | |
| Ergometrine | | |
| 5.4 Equipment | YES | NO |
| Mobile light, IV stand, and Scissors | | |
| Adult and infant weighing scale | | |
| Suturing set, needle, and sutures | | |
| Suction device for baby | | |
| Ventouse for baby extraction | | |
| Cardio tochography | | |
| Torch and Tongue depressor | | |
| Access to ENT set | | |
| 5.5 Consumables | YES | NO |
| Needles and syringes | | |
| IV fluid giving sets | | |
| Cannulas | | |
| Gloves and Cotton wool | | |
| Disinfectant | | |
| Urinary catheter | | |

There is no labor room or a midwifery service in the center.

| 6. OUTPATIENT DEPARTMENT | | |
|------------------------------------|------------|-----------|
| 6.1 Consulting room | YES | NO |
| Desks | | |
| Chair for the MO/medical assistant | | |
| Chair for the patient | | |
| Examination couch | | |



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| | | |
|---|------------|-----------|
| Light source by couch | | |
| Hand wash basin or alcohol rub | | |
| Safety box when sharps are used | | |
| 6.2 Equipment | YES | NO |
| Stethoscope | | |
| Sphygmomanometer | | |
| Thermometer | | |
| Pediatric and adult weighing scales | | |
| Diagnostic set including (Torch, tongue depressors) | | |
| Dressing tray, autoclave, and kidney dish | | |
| 6.3 Medical forms | YES | NO |
| Prescription forms | | |
| Forms for diagnostic investigations | | |
| Patient records files | | |
| Referral forms | | |
| 6.4 Guidelines | YES | NO |
| MCH protocols (IMCI, ANC, EPI guidelines) | | |
| CDs treatment protocols (Malaria,) | | |
| 6.5 Storage facilities | YES | NO |
| Shelves | | |
| Cabinets and cupboards | | |
| 6.6 NHIF | YES | NO |
| Client's health insurance | | |

| | | |
|--|------------|-----------|
| 7. MCH SERVICES | | |
| 7.1 MCH services Room/ area to accommodate MCH services | YES | NO |
| Desks | | |



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| | | |
|---|------------|-----------|
| Chairs for the staff | | |
| Chairs for the women | | |
| Examination couch | | |
| Light source by couch | | |
| Hand wash basin or alcohol rub | | |
| Safety box when sharps are used | | |
| 7.2 RH equipment | YES | NO |
| Fetal scope | | |
| Examination lamp | | |
| Thermometer | | |
| Cusco speculum, Sim retractor, artery forceps | | |
| Examination tray | | |
| Kidney dishes | | |
| 7.3 Vaccination | YES | NO |
| Infant and adult weight scale | | |
| Ice bag | | |
| Thermometer | | |
| Vaccination carrier | | |
| Cold boxes | | |
| Vaccine Refrigerator | | |
| Vaccination vials monitor | | |
| 7.4 Guidelines | YES | NO |
| High risk pregnancy and Vaccination schedule | | |
| Cards for follow up (ANC, vaccination, growth charts) | | |

There are no MCH services provided.

16. ACCESSIBILITY



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16.1 Measures/initiatives in place to facilitate access and create a friendly environment for PWD

No supporting accessibility for PWD. There are no lanes specially for wheel chairs or toilets for PWD or any specialized services for PWD.

16.2 Measures/initiatives in place to facilitate and create a friendly environment for women

The facility is not women friendly. There is no measurements or initiatives to provide women friendly environment. The short stay room doesn't maintain privacy, and no closed space for lactating mothers.

17. CIVIL WORKS AND CONSTRUCTION

NY06 Ottash Clinic is supported by NHIF. The centre is located on the northern side of the city of Nyala, 25 minutes away from the city centre. The centre is located next to the market entrance in a densely populated area. The compound has a perimeter of 118 m and a total internal area of 856 sqm.

The total covered surface is about 114,56 sqm. The compound is composed of four blocks surrounded by a metal grid fence:

Block A – one women's ward and one pharmacy of 72 sqm;

Block B – one general practitioner room, one medical assistance room and one statistic room of 72 sqm;

Block C – one laboratory and one male's ward of 33,6 sqm;

Block D – two toilets blocks of 4,3 sqm.



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To summarize, the planned interventions are:

- Cleaning and fencing of the area;
- External rehabilitation of the existing;
- Internal rehabilitation;
- Extension of the existing buildings;
- Erections of new access ramps and masonry mastaba around buildings;
- Erection of new waiting areas;
- Excavation and erection of absorbing well and new toilet blocks;
- Erection of a new elevated water tank;
- Erection of a new medical waste disposal area;
- Plumbing system and electrical power supply

To this scope, the Contracting Authority will provide the technical documentation already developed and approved by the AICS Technical Office and the Engineering Department of the South Darfur State Ministry of Health. It includes the assessment report and all the construction technical documentation including final drawings, technical report, timetable and BoQ. The same approved documentation with stamp and signature of the SMoH will be provided.