



ANNEX VI – FACILITY ASSESSMENT TOOL

1. LOCATION AND FACILITY DETAILS

1.1 Location (State/town/locality/camp)

<...>

1.2 Facility Name

<...>

1.3 Type of Facility

<...>

1.4 GPS Position

<...>

1.5 Name and position of the interviewed person

<...>

1.6 Camp Population Catchment Area

<...>



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.		
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 or antiretroviral 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)



3. HOUR STAFF COVERAGE

3.1 Clinic opening hours



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

3.2 Other



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





5. SOURCE OF WATER

5.1 Most commonly used source of water



5.2 Quality of the water (observation)

POOR				EXCELLENT	
1	2	3	4	5	

5.3 Other



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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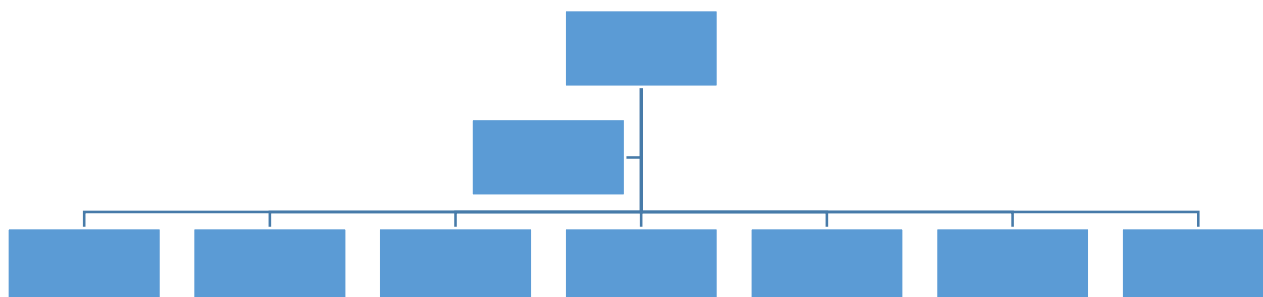
7.2 Other



8. STAFFING

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

8.1 Organizational Structure



8.2 Other



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





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



11. CLIENT 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



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?



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)?

<...>

Please explain the data flow.

<...>

14. HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

<...>

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		
Samples containers		
Label stickers		



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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		
Lancets		
Sample bottles		



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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		

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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 25oC		
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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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		
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		

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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		
Cotton wool		
Disinfectant		
Local anesthetic		
Sutures		
Suturing needles		



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4.4 Guidelines	YES	NO
Hand wash checklist		
Guidelines on minor surgeries		

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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		
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		



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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		

<...>.

6. OUTPATIENT DEPARTMENT		
6.1 Consulting room	YES	NO
Desks		
Chair for the MO/medical assistant		
Chair for the patient		
Examination couch		
Light source by couch		
Hand wash basin or alcohol rub		
Safety box when sharps are used		
6.2 Equipment	YES	NO
Stethoscope		



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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		
Chairs for the staff		
Chairs for the women		
Examination couch		
Light source by couch		



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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)		

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16. ACCESSIBILITY

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



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



17. CIVIL WORKS AND CONSTRUCTION

