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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

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-7301

Needs Assessment PHC Clinics – Nyala, South Darfur

- **Utash Primary Health Centre 1**
- **Utash Primary Health Centre 2**

MAY 2022



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LIST OF ANNEXES:

Annex 1. Need Assessment – Utash Primary Health Center 1 – Health Facility Profile

Annex 2. Need Assessment – Utash Primary Health Center 2 – Health Facility Profile

Annex 3. PHC Staff Assessment

Annex 4. PHC Drug Assessment

Annex 5. Score Indicators Rationale

Annex 6. Facility Assessment Tool

Annex 7. Staff Assessment Tool

Annex 8. Drug Assessment Tool



NEEDS ASSESSMENTS – PHC CLINICS IN NYALA, SOUTH DARFUR

1. General description

The reconstruction and reactivation of all preventive and curative PHC services in Darfur region is a national priority. This could give rise to great opportunities for revitalizing the health sector and providing the needed resources. From another perspective the overdue restructuring process of key health institutions (in particular the NHIF and NMSF) might create a temporal *vacuum* and delay the operationalization of new strategies and approaches.

IDP camps in suburban areas of Nyala, South Darfur, where almost half of the people have decided to stay after the returning process, present an ideal condition to realize a health program based on the *Humanitarian-Development-Peace Nexus* (or *Triple Nexus*) approach, progressively shifting social service management from the emergency to a development modality of full incorporation within the local government and public sectors.

Sudan Federal Ministry of Health **National Health policy 2017-2030** and **Health Sector strategic plan 2017-2021**, both entailing EU *Humanitarian-Development-Peace Nexus* approach, together with sector reforms, as the NHIF for the universal health coverage by 2020 give guidance to the EU to grant AICS through indirect management, for a 3-year health intervention in Darfur aiming at strengthening the decentralized health system for sustainable and durable progress: "*Humanitarian Development Nexus: Strengthening a Decentralized Health System for protracted displaced populations (HealthPro) in al Fasher and Nyala – North and South Darfur States*" T05-EUTF-HOA-SD-73-01.

The AICS component of the HealthPro initiative aims at strengthening the decentralized health system in the suburban IDP camps in Darfur: Nyala (South Darfur State) and Al Fasher (North Darfur State) towns. Main scope of the project is to support the institutionalization and incorporation within the Public System of the health services, ensuring the Government of Sudan (GoS) ownership and health care sustainability. The action intends to contribute to the Universal Health Coverage (SDG 3), strengthening health system governance and increasing accessibility to quality and comprehensive PHC to displaced population and host communities.

With regard to South Darfur State, in close coordination with the South Darfur State Ministry of Health, 2 Primary Health Centers have been selected. The following PHCs are situated in the Utash IDP camp within the urban perimeter of Nyala Town:

- Utash Primary Health Centre 1 (NHIF).
- Utash Primary Health Centre 2 (NHIF).



Both centers are supported by the National Health Insurance Fund (NHIF) and they serve a catchment area of approximately 120,000 – 150,000 people. They are funded by both regional government (NHIF reimbursement system) and out-of-pocket payments, and they both have a similar organizational model, based on the WHO District Model for Decentralization of Health Services.

Since the beginning of the humanitarian crisis in Darfur, the 2 PHCs have been run by INGOs and NHIF. Despite they don't fulfil all the accreditation standard criteria established by NHIF, they both benefit of the NHIF purchasing services system. Implementation of this credential system ensures efficiency in using resources and enables facilities to build their capabilities to provide the minimum service package. The credential processes also ensure that healthcare providers are in the position to provide basic (minimum) quality health services to insured members in accordance with the Benefit Packages set by the Government.

Moreover, the NHIF started a process of drafting a set of Credential Standards that includes minimum set of standards based on the target benefit package provided by the particular level of healthcare facility, including the Facility readiness assessment standards and Performance Indicators/standards to assure certain level of quality of the health services delivered (safety and effectiveness).

The clinics have been assessed merging NHIF draft standards and other Structure and Process indicators developing an assessment tool tailored to the specific situation of Darfur. These indicators do not capture the performance capacity of the clinic, but give essential metrics to measure the facility readiness to perform PHC services at Family Health Centre level. This can be considered the first step of a measurement and analysis process of Health System Performance. The level and depth of analysis is functional for decision makers and data restitution to Health Services Providers. However, it is not suitable for benchmarking because it is not part of a common framework.

2. Assessment Methodology

For the PHCs Need Assessments, three assessment tools have been developed:

- Need Assessment Facility Tool (Annex IV)
- Staff Assessment Tool (Annex V)
- Drug Assessment Tool (Annex VI)

The tools have been shared and validated by PHC Department, State Ministry of Health – South Darfur. Data collection took one week: from the 6th to the 10th of March. The data analysis was completed on the 24th of March 2022. Full collaboration obtained from Clinic staff and Institutional Partners (SMoH) to complete successfully the assessment.

The assessment included 22 structural and process indicators (see *Annex V – Score Indicators Rationale*), 184 sub-indicators for NHIF draft standards and 68 sub-indicators for drug availability in the centers. All indicators have been scored in a 1 to 5 scale with a representation of different grades of color, from red to green. Sub-indicators did not go through a weighing process. When weightings of performance indicators have been derived, they have proven to be more informative than the crude data collected.

For the objectives and purpose of this assessment we consider adequate the crude data as it is collected. A brief analysis of Human Resources working in the clinics have been carried out, through face-to-face interviews, to identify completeness of cadres present in the clinic, level of education and length of service. Job satisfaction and in service education have been checked to explore motivation, professional satisfaction and career development.

As final step, a **Readiness Index (RI)** was calculated for each PCH. The RI summarizes the all set of indicators used in the assessment and scores the level of readiness of each clinic.

3. Main Findings

3.1 Utash Primary Health Centre 1

The main findings for the Utash PHC 1 are summarized in the table below:

INDICATOR					SCORE
SERVICE AVAILABILITY					3
1	2	3	4	5	
0% - 25% of PHC services are available. No maternity, nutrition services	0% - 25% of PHC services available. Maternity and nutrition present	26% - 50% of PHC services available. No maternity, nutrition services	51% - 75% of PHC services available. Maternity, nutrition services present	76% - 100% PHC services available	
HOUR STAFF COVERAGE					3
1	2	3	4	5	
No daily service coverage	Morning hours service coverage	8 hrs service coverage	8 hrs service coverage. 24 hrs On Call for emergencies	24 hrs service	
COMMUNICATION					3
1	2	3	4	5	
No communication tools in the clinic	Private telephone staff	1 communication tool present clinic	2 communication tools present	3 communication tools present	
SOURCE OF WATER					1
1	2	3	4	5	
No regular supply. Quality 1 or 2	No regular supply. Quality > 2	Regular supply. Quality 1 or 2	Regular supply daily but not 24 hrs. Quality 3 or 4	Regular supply 24 hrs. Quality 4 or 5	



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POWER SUPPLY					3
1	2	3	4	5	
No connection to the national electricity grid. 1 alternative source not functioning	No connection to the national electricity grid. 1 alternative source partially functioning	No connection to the national electricity grid. 1 alternative source functioning	Connection to the national electricity grid. 1 alternative source partially functioning	Connection to the national electricity grid. 1 alternative source functioning	
EXTERNAL SUPERVISION					5
1	2	3	4	5	
No supervision, no supervision plan	1 to 3 supervisions per year, no supervision plan	3 to 6 supervision per year. No supervision plan	4 to 6 supervision per year. Supervision plan present	1 supervision per month according to the supervision plan	
STAFFING					4
1	2	3	4	5	
No Medical Doctor, no Medical Assistant no Midwife. 25% of all other cadre present	No Medical Doctor, no Medical Assistant no Midwife. 50% of all other cadres present	No Medical Doctor, 50% of all other cadres present	Medical Doctor, 75% of all other cadres present	100% of all cadres present	
MANAGEMENT MEETINGS					4
1	2	3	4	5	
No meetings and no records	Occasional informal meetings no records	Occasional formal meetings no records	Regular monthly meetings, no records	Regular monthly meetings, accurate records	
QUALITY ASSURANCE					4
1	2	3	4	5	
No quality assurance strategy	No quality assurance strategy but informal concern to quality	Quality assurance plan but no implementation	Quality assurance plan but no regular records	Quality assurance plan and regular records	
CLIENT OPINION AND FEEDBACK					1
1	2	3	4	5	
No client opinion detection strategy in place	Informal client opinion detection strategy in place. No actions taken	Formal client opinion detection strategy in place. No actions taken	Formal client opinion detection strategy in place. Random actions taken	Formal client opinion detection strategy in place. Actions taken and recorded	
REFERRAL					2
1	2	3	4	5	
No referral system/protocol in place	Informal referral system but no continuity of care procedures	Informal referral system. Continuity of care procedures presents	Formal referral system. Public transport. Continuity of care procedures presents	Self-reliant with transport. Formal referral system. Continuity of care procedures presents	
HMIS					5
1	2	3	4	5	
No system in place to regularly collect health services data. No responsible person. No reports	There is a system in place to regularly collect health services data. No responsible person no reports	There is a system in place to regularly collect health services data. There is a responsible person no reports	There is a system in place to regularly collect health services data. There is a responsible person reports are submitted but not regular and accurate	There is a system in place to regularly collect health services data. There is a responsible person reports are submitted and are regular and accurate	



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WASTE MANAGEMENT					2
1	2	3	4	5	
No protocols for waste management. Open unprotected disposal for all type of waste	No protocols for waste management. Open burning of al type of waste. No differentiation	No protocols for waste management. Differentiation of different type of waste but unprotected disposal	Protocols for waste management. Differentiation of different type of waste and protected disposal	Protocols for waste management. Differentiation of different type of waste and standard procedures for disposal (incinerators)	
LABORATORY					5
1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
PHARMACY					3
1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
SHORT STAY					4
1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
MINOR THEATRE					4
1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
LABOUR ROOM					1
1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
OUT PATIENT DEPARTMENT					5
1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
MCH SERVICES					1
1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
ACCESSIBILITY					2
1	2	3	4	5	

Very difficult to access the clinic. No facilitation strategies in place.	Some obstacles to access the clinic. No facilitation strategies in place.	Some obstacles to access the clinic. Some facilitation strategies in place.	Few obstacles to access the clinic. Some facilitation strategies in place.	No obstacles to access the clinic.	
DRUGS					4
1	2	3	4	5	
0% - 25% standards accomplished (key drugs missing)	0% - 25% standards accomplished (key drugs present)	25% - 50% standards accomplished	50% - 75% standards accomplished	75% - 100% standards accomplished	
STRUCTURAL					3
1	2	3	4	5	
Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	
ARCHITECTURE					2
1	2	3	4	5	
Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	
LATRINES					1
1	2	3	4	5	
Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	
SECURITY (GATE AND FENCE)					1
1	2	3	4	5	
Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	

PHC Medical Staff

The main findings regarding the PHC 1 personnel are:

- Personnel is mainly female: out of 16, 9 are women and 7 are men.
- The median number of years of service is 6.
- All the positions are in line with the education levels: 1 Bachelor in medicine; 1 Master in Business Administration; 1 Bachelor in Laboratory; 5 Diplomas in AHS; 1 Bachelor in Economics; 1 Diploma in IT; 1 Diploma; 3 Pre-school education; 2 Primary Schools.
- Most of the staff attended one in service training during last four years: 1 person received a



training in 2018; 3 people received a training in 2020; 5 people received a training in 2021; 1 person received last training in 2022.

- In service training:
 - 1 person has been trained on Vector transferred diseases.
 - 1 person has been trained on Patient Communication.
 - 1 person has been trained on Quality control.
 - 1 person has been trained on Practical hospital training.
 - 2 persons have been trained on Rational consumption of drugs.
 - 1 person has been trained on Rational use of antibiotics.
 - 1 person has been trained on Communication Skills.
 - 1 person has been trained on Infectious diseases.
 - 1 person has been trained on Report Writing.
- Out of 16 people, 13 stated they want to remain in the same clinic and only 3 to leave.
- In a scale from 1 to 5, the average level of satisfaction for the actual job is 3.96.
- Main reasons to remain are:
 - Living near the center (12 respondents);
 - Colleagues are supportive (9 respondents);
 - Providing services to vulnerable population (4 respondents);
 - Gain work experience (1 respondent);
 - Interested to work in the facility (1 respondent);
 - Interested in the job (1 respondent).
- 2 people express their desire to leave because of the Center's poor work environment, the low economic incentives and the absence of transportation systems.

3.2 Utash Primary Health Centre 2

The main findings for the Utash PHC 2 are summarized in the table below:

INDICATOR					SCORE
SERVICE AVAILABILITY					3
1	2	3	4	5	
0% - 25% of PHC services are available. No maternity, nutrition services	0% - 25% of PHC services available. Maternity and nutrition present	26% - 50% of PHC services available. No maternity, nutrition services	51% - 75% of PHC services available. Maternity, nutrition services present	76% - 100% PHC services available	
HOOR STAFF COVERAGE					3
1	2	3	4	5	
No daily service coverage	Morning hours service coverage	8 hrs service coverage	8 hrs service coverage. 24 hrs On Call for emergencies	24 hrs service	
COMMUNICATION					2
1	2	3	4	5	
No communication tools in the clinic	Private telephone staff	1 communication tool present clinic	2 communication tools present	3 communication tools present	
SOURCE OF WATER					1
1	2	3	4	5	
No regular supply. Quality 1 or 2	No regular supply. Quality > 2	Regular supply. Quality 1 or 2	Regular supply daily but not 24 hrs. Quality 3 or 4	Regular supply 24 hrs. Quality 4 or 5	
POWER SUPPLY					3
1	2	3	4	5	
No connection to the national electricity grid. 1 alternative source not functioning	No connection to the national electricity grid. 1 alternative source partially functioning	No connection to the national electricity grid. 1 alternative source functioning	Connection to the national electricity grid. 1 alternative source partially functioning	Connection to the national electricity grid. 1 alternative source functioning	
EXTERNAL SUPERVISION					5
1	2	3	4	5	
No supervision, no supervision plan	1 to 3 supervisions per year, no supervision plan	3 to 6 supervision per year. No supervision plan	4 to 6 supervision per year. Supervision plan present	1 supervision per month according to the supervision plan	
STAFFING					4
1	2	3	4	5	
No Medical Doctor, no Medical Assistant no Midwife. 25% of all other cadre present	No Medical Doctor, no Medical Assistant no Midwife. 50% of all other cadres present	No Medical Doctor, 50% of all other cadres present	Medical Doctor, 75% of all other cadres present	100% of all cadres present	
MANAGEMENT MEETINGS					4
1	2	3	4	5	
No meetings and no records	Occasional informal meetings no records	Occasional formal meetings no records	Regular monthly meetings, no records	Regular monthly meetings, accurate records	
QUALITY ASSURANCE					4



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1	2	3	4	5	
No quality assurance strategy	No quality assurance strategy but informal concern to quality	Quality assurance plan but no implementation	Quality assurance plan but no regular records	Quality assurance plan and regular records	
CLIENT OPINION AND FEEDBACK					
1	2	3	4	5	1
No client opinion detection strategy in place	Informal client opinion detection strategy in place. No actions taken	Formal client opinion detection strategy in place. No actions taken	Formal client opinion detection strategy in place. Random actions taken	Formal client opinion detection strategy in place. Actions taken and recorded	
REFERRAL					
1	2	3	4	5	2
No referral system/protocol in place	Informal referral system but no continuity of care procedures	Informal referral system. Continuity of care procedures presents	Formal referral system. Public transport. Continuity of care procedures presents	Self-reliant with transport. Formal referral system. Continuity of care procedures presents	
HMIS					
1	2	3	4	5	5
No system in place to regularly collect health services data. No responsible person. No reports	There is a system in place to regularly collect health services data. No responsible person no reports	There is a system in place to regularly collect health services data. There is a responsible person no reports	There is a system in place to regularly collect health services data. There is a responsible person reports are submitted but not regular and accurate	There is a system in place to regularly collect health services data. There is a responsible person reports are submitted and are regular and accurate	
WASTE MANAGEMENT					
1	2	3	4	5	2
No protocols for waste management. Open unprotected disposal for all type of waste	No protocols for waste management. Open burning of all type of waste. No differentiation	No protocols for waste management. Differentiation of different type of waste but unprotected disposal	Protocols for waste management. Differentiation of different type of waste and protected disposal	Protocols for waste management. Differentiation of different type of waste and standard procedures for disposal (incinerators)	
LABORATORY					
1	2	3	4	5	4
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
PHARMACY					
1	2	3	4	5	3
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
SHORT STAY					
1	2	3	4	5	3
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
MINOR THEATRE					1



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1	2	3	4	5	
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
LABOUR ROOM					
1	2	3	4	5	1
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
OUT PATIENT DEPARTMENT					
1	2	3	4	5	4
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
MCH SERVICES					
1	2	3	4	5	1
0% - 25% standards accomplished (key standards missing)	0% - 25% standards accomplished (key standard present)	26% - 50% standards accomplished	51% - 75% standards accomplished	76% - 100% standards accomplished	
ACCESSIBILITY					
1	2	3	4	5	2
Very difficult to access the clinic. No facilitation strategies in place.	Some obstacles to access the clinic. No facilitation strategies in place.	Some obstacles to access the clinic to access the clinic. Some facilitation strategies in place.	Few obstacles to access the clinic to access the clinic. Some facilitation strategies in place.	No obstacles to access the clinic to access the clinic.	
DRUGS					
1	2	3	4	5	4
0% - 25% standards accomplished (key drugs missing)	0% - 25% standards accomplished (key drugs present)	25% - 50% standards accomplished	50% - 75% standards accomplished	75% - 100% standards accomplished	
STRUCTURAL					
1	2	3	4	5	3
Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	
ARCHITECTURE					
1	2	3	4	5	2
Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	
LATRINES					
1	2	3	4	5	1



Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	
SECURITY (GATE AND FENCE)					
1	2	3	4	5	
Very poor (major or minor defect, critical, not functioning as agreed service level, very critical, risky to safety and health)	Poor (major or minor defect, critical, not functioning as agreed service level)	Fair (major defect, moderate condition, still can function with supervision)	Good (minor defect, good condition, performance as intended)	Very good (as new, no defect, performing as intended)	1

PHC Medical Staff

The main findings regarding the PHC 2 personnel are:

- Personnel is mainly female: out of 13, 6 are women and 7 are men.
- The median number of years of service is 2.
- All the positions are in line with the education levels: 1 Bachelor in medicine; 1 Bachelor in Laboratory; 3 Diplomas in AHS; 2 Bachelor in Economics; 1 Diploma; 2 Pre-school education; 3 Primary Schools.
- Some of the staff attended one in service training during last four years: 1 person received a training in 2018; 1 person received a training in 2020; 1 person received a training in 2021; 1 person received last training in 2022.
- In service training:
 - 1 person has been trained on Polio disease.
 - 1 person has been trained on Health promotion.
 - 1 person has been trained on Malaria treatment.
- Out of 13 people, 11 stated they want to remain in the same clinic and only 2 to leave.
- In a scale from 1 to 5, the average level of satisfaction for the actual job is 4.23.
- Main reasons to remain are:
 - Close to home (8 respondent);
 - To help the community (5 respondents);
 - Colleagues' collaboration (4 respondents);
 - Staff Collaboration (3 respondents);
 - Community is responsive (3 respondents);
 - Improve work experience (2 respondent);
 - Convenient work schedule (1 respondent).

- 2 people express their desire to leave because of the Center's poor work environment and the low economic incentives.

4. Conclusions

The Needs Assessments were also carried out to calculate the Readiness Index for each PHC. The **Utash PHC 1 – RI is 0.59** while the **Utash PHC 2 – RI is 0.53**.

Service readiness – a subset of the structural quality of care in the Donabedian triad of structure, process and outcome – is a prerequisite to the delivery of quality health care. In this case outcome measures have not been considered. Outcome indicators will be taken into consideration in future monitoring activities, because more informative about quality and performance of Health Clinics during routine monitoring and evaluation processes.

The Utash PHC 1 has a good performance in the following areas: external supervision, staffing, management meetings, quality assurance, HMIS, laboratory, short stay, minor theater, outpatient, and drugs. The areas of improvements (3 or less) are: service availability, hour staff coverage, communication, source of water, power supply, client opinion and feedback, referral, water management, pharmacy, labor room, MCH services, accessibility, structural, architecture, latrines and the security. These last areas showed that some services are absent (because not existing or not performing at all). In particular, minor theatre, labor room and MHC services are not present and a consistent and organized referral system is not in place.

The Utash PHC 2 has a good performance in the following areas: external supervision, staffing, management meetings, quality assurance, HMIS, laboratory, outpatient, and drugs. The areas of improvements (3 or less) are: service availability, hour staff coverage, short stay, minor theater, communication, source of water, power supply, client opinion and feedback, referral, water management, pharmacy, labor room, MCH services, accessibility, structural, architecture, latrines and the security. These last areas showed that some services are absent (because not existing or not performing at all). In particular, minor theatre, labor room and MHC services are not present and a consistent and organized referral system is not in place.