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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

<...>



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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) | | |



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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





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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

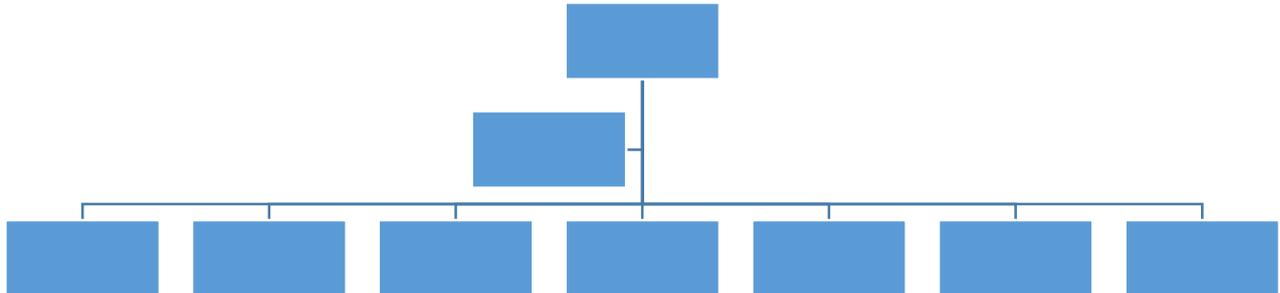
| | OCCUPATIONAL CATEGORIES | N. | Employed (Yes/No) | Full Time / PartTime |
|----|--------------------------|----|-------------------|----------------------|
| 1 | Medical Doctors | | | |
| 2 | Medical Assistant | | | |
| 3 | Nurse | | | |
| 4 | Midwife | | | |
| 5 | Community Midwife | | | |
| 6 | 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 | | | |



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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





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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



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?





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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 | | |



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| | | |
|--|------------|-----------|
| Patients' records keeping | | |
| Referral forms | | |
| 3.6 Guidelines | YES | NO |
| Guidelines on the management /nursing care of common medical and surgical conditions | | |

<...>.

| 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

