



| A | | GENERAL INFORMATION | | | |
|----|---|---|--|---|--|
| 1 | Year | | | | |
| 2 | Quarter | <input type="checkbox"/> First | <input type="checkbox"/> Second | <input type="checkbox"/> Third | <input type="checkbox"/> Fourth |
| 3 | Source of Info | | | | |
| 4 | Contact # | | | | |
| 5 | Province | | | | |
| 6 | Health District | | | | |
| 7 | Health Centre Name | | | Health Centre code | |
| 8 | Health Centre Type | <input type="checkbox"/> PHC Centre | <input type="checkbox"/> Comprehensive Clinic | <input type="checkbox"/> Specialized Centre | <input type="checkbox"/> Medical Point |
| 9 | Other Health Centre type? Specify | | | | |
| 10 | Functionality status In the current place | <input type="checkbox"/> Fully Functioning | <input type="checkbox"/> Partially Functioning | <input type="checkbox"/> Non-functioning | |
| 11 | Specify the new place, If the health centre moved from original place | | | Why the health centre was moved to the current place? | |
| 12 | Accessible (for patients)? In the current place | <input type="checkbox"/> Yes <input type="checkbox"/> Hard-to-reach <input type="checkbox"/> No | If No, or Hard-to-reach , please specify inaccessibility reasons | <input type="checkbox"/> Security <input type="checkbox"/> Distance <input type="checkbox"/> Other reasons (specify)..... | |
| 13 | Accessible (for Staff)? In the current place | <input type="checkbox"/> Yes <input type="checkbox"/> Hard-to-reach <input type="checkbox"/> No | If No, or Hard-to-reach , please specify inaccessibility reasons | <input type="checkbox"/> Security <input type="checkbox"/> Distance <input type="checkbox"/> Other reasons (specify)..... | |
| 14 | Affiliation | <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other Ministries <input type="checkbox"/> Organizations <input type="checkbox"/> Private <input type="checkbox"/> Others (specify)..... | | | |
| 15 | Total No. of Consultations (during the quarter of assessment) | | | | |

| B | | INFRASTRUCTURE | | | |
|----|---|--|--|---|--------------------------------|
| 16 | Level of damage In the original place | <input type="checkbox"/> Fully damaged | <input type="checkbox"/> Partially damaged | <input type="checkbox"/> Not damaged | |
| 17 | Does Health Centre need Renovation? In the original place | | | | |
| 18 | If Yes, please specify the requested works | | | | |
| 19 | Damage level of equipment | <input type="checkbox"/> Fully damaged | <input type="checkbox"/> Partially damaged | <input type="checkbox"/> Not damaged | |
| 20 | If equipment is damaged, please specify the reason? | <input type="checkbox"/> Steal | <input type="checkbox"/> Ruin | <input type="checkbox"/> Other reasons (specify)..... | |
| 21 | Main source of water | <input type="checkbox"/> Main Pipeline | <input type="checkbox"/> Main Pipeline and Well | <input type="checkbox"/> Well | <input type="checkbox"/> Other |
| 22 | Water supply status | <input type="checkbox"/> Fully Functioning | <input type="checkbox"/> Partially Functioning | <input type="checkbox"/> Not-functioning | |
| 23 | Number of hours of electricity availability (from all sources) on average during the day (24 hours) | 24 | Percentage of availability of electricity during the quarter per sources (Distribute the number of hours in previous question to percentages) | Public Electricity Net __ __ __ __ % Electricity Generator __ __ __ __ % Other __ __ __ __ %specify ... Sum __ _1_ _0_ _0_ _0_ | |
| 25 | Generator | <input type="checkbox"/> Available <input type="checkbox"/> Not Available | | | |
| 26 | Refrigerator for vaccine | <input type="checkbox"/> Available <input type="checkbox"/> Available but not functioning <input type="checkbox"/> Not Available | | | |

| C | | HUMAN RESOURCES | | | |
|--|--|-----------------|--|----|--|
| (Please specify the number of the available staff during the month of assessment [last month in the Quarter]) | | | | | |
| 27 | General Practitioner | Male | | 33 | Midwife |
| | | Female | | | |
| 28 | Specialist | Male | | 34 | Pharmacists (university degree) |
| | | Female | | | |
| 29 | Residents Doctor | Male | | 35 | University degree (except what mentioned) |
| | | Female | | | |
| 30 | Dentist | Male | | 36 | Institute (except nursing and laboratory technician) |
| | | Female | | | |
| 31 | Nurse | Male | | 37 | Other |
| | | Female | | | |
| 32 | Laboratory technician (Institute degree) | Male | | 38 | If there is a shortage of health staff, please specify the categories of required staff. |
| | | Female | | | |

Note: if a doctor works in more than one centre or hospital, should be counted once, and recorded in the centre/ hospitals that he/ she mostly works in if the doctor/pharmacist is working as administrative works (not medical), count him/her in (University degree).

| D | HEALTH SERVICES | | | Available (Yes/No/NA) | Number of cases | |
|----|---|-----------------------------|---|--|--------------------|--|
| | (Please provide appropriate answer (Yes, No, or NA) & provide quarterly number of cases where applicable) | | | | | |
| 39 | General clinical services and essential trauma care | P1.1 | Standard precautions: soap/hand disinfectant, disposable/auto-disable needles and syringes, sharps safe disposal box, sterilizer, latex gloves, masks, guidelines for Standard Precautions* | | | |
| 40 | | P1.2 | Triage, assessment, first aid and life support (cardiopulmonary resuscitation (CPR) stabilization of patient with severe trauma and non-trauma emergencies before referral (IV line and saline solution for fluid resuscitation) | | | |
| 41 | | P1.3 | Outpatient services with availability of all essential drugs for primary care as per national guidelines | | | |
| 42 | | P1.4 | Basic laboratory (i.e., Glycaemia, CBC, ...) | | | |
| 43 | | P1.5 | Referral capacity: referral procedures, means of communication, access to transportation | | | |
| 44 | Child Health and Nutrition | P2.1 | EPI: routine immunization against all national target diseases and adequate cold chain in place | | | |
| 45 | | P2.2 | Under-5 clinic conducted by IMCI-trained health staff with available paracetamol, first-line antibiotics, Oral rehydration salts (ORS) and zinc dispersible tablets, national IMCI guidelines and flowcharts | | | |
| 46 | | P2.3 | Growth monitoring and/or screening of acute malnutrition (MUAC or weight- for-height (W/H)) | | | |
| 47 | | P2.4 | Community-based management of acute malnutrition (CMAM) with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available | | | |
| 48 | | P2.5 | Diarrhea Management | | | |
| 49 | Communicable Diseases | P3.1 | Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions | | | |
| 50 | | P3.2 | Immediate reporting of unexpected or unusual health events through EWARS | | | |
| 51 | | P3.3 | Diagnosis and treatment of TB cases, or detection and referral of suspected cases, and follow-up | | | |
| 52 | | P3.4 | Clinical diagnosis and management of other locally relevant diseases, (such as chole cutaneous leishmaniosis, brucellosis), with protocols available for identification, classification, stabilization and referral of severe cases | | | |
| 53 | Sexual & Reproductive Health Area | STI and HIV/AIDS | P4.1.1 | Syndromic management of sexually transmitted infections, national first-line antibiotics available | | |
| 54 | | | P4.1.2 | Availability of free condoms* | | |
| 55 | | | P4.1.3 | HIV testing and counselling | | |
| 56 | | | P4.1.4 | Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission (PMTCT) | | |
| 57 | Sexual & Reproductive Health Area | Maternal and newborn health | P4.2.1 | Family Planning | | |
| 58 | | | P4.2.2 | Antenatal care: (i.e., assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self-care and family planning, preventive treatment(s) as appropriate) | | |
| 59 | | | P4.2.3 | Skilled care during childbirth including early essential newborn care: preparing for birth, assess presence of labour, stage, fill WHO partograph and monitor, manage conditions accordingly, dry baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, available magnesium sulfate, oxytocin, early and exclusive breastfeeding, eye prophylaxis* | | |
| 60 | | | P4.2.4 | Basic Emergency essential Obstetric Care (BEmOC): (i.e., parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7)* | | |
| 61 | | | P4.2.5 | Post-partum care: examination of mother and newborn baby (up to 6 weeks), respond to observed signs, support breastfeeding, counsel on complementary feeding, promote family planning | | |
| 62 | | | P4.2.6 | Tetanus Shot | | |
| 63 | | | P4.2.7 | Total number of antenatal visits in the last quarter | | |
| 64 | | | P4.2.8 | The number of normal deliveries | | |
| 65 | Sexual Violence | P4.3.1 | Post-exposure prophylaxis (PEP) for STI infections* | | | |

| D | HEALTH SERVICES | | Available (Yes/No/NA) | Number of cases |
|----|---|------|--|--------------------|
| | (Please provide appropriate answer (Yes, No, or NA) & provide quarterly number of cases where applicable) | | | |
| 66 | Non communicable Diseases and Mental Health | P5.1 | Asthma and chronic obstructive pulmonary disease (COPD): classification, treatment and follow-up | |
| 67 | | P5.2 | Hypertension management | |
| 68 | | P5.3 | Diabetes management | |
| 69 | | P5.4 | Cardiovascular services | |
| 70 | | P5.5 | Oral health and dental care | |
| 71 | | P5.6 | Psychosocial support services for distressed people, survivors of assault, abuse, neglect, and domestic violence, including Psychological first aid (PFA), and linking vulnerable individuals/families with resource (such as health services, livelihood assistance etc). | |
| 72 | | P5.7 | Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, and/or availability of at least one medicine from each group, antipsychotics, antidepressants, antiepileptic and anxiolytics. | |
| 73 | Environmental Health | P6.1 | <u>Water</u> : sufficient and safe water available during opening hours. Functioning handwashing stations (tap and water with functioning wash basin and soap, or alcohol-based hand-rub) | |
| 74 | | P6.2 | <u>Sanitation</u> : at least 1 (1Xstaff, 1Xfemale, 1Xmen, 1 for every 50 patients) clean and functioning toilets with functioning handwashing stations with soap and or alcohol-based hand-rub, not far more than 5 meters from each other | |
| 75 | | P6.3 | <u>Waste</u> : segregation of hazardous and non-hazardous waste in separate well-marked receptacles with lid and plastic bin liner located in all key areas. Segregation of sharps non-medical waste bins and presence of organics pit, sharps pit and safety boxes. | |
| 76 | | P6.4 | <u>Waste</u> : timely and safe waste collection with use of appropriate personal protective equipment (PPE), safe final disposal of hazardous waste, dedicated fenced-off and covered pit for non-hazardous waste disposal or municipal collection. | |
| 77 | If there is a gap of health services, please specify the type of required services | | | |

*The services that are part of the Reproductive Health (RH) Minimum Initial Services Package (MISP) are indicated in bold

| E | ESSENTIAL EQUIPMENT | | No. of Available | No. of Functioning |
|----|--|--|------------------|--------------------|
| | Please specify the availability of equipment, and the functional number of equipment out of total available number | | | |
| 78 | Safe / Clean delivery kit | | | |
| 79 | Vaginal examination set | | | |
| 80 | Fetoscope | | | |
| 81 | Combined otoscope /laryngoscope complete set | | | |
| 82 | Delivery table | | | |
| 83 | Weighing Scale for infants | | | |
| 84 | Weighing Scale for adults | | | |
| 85 | Length Measurement Device | | | |
| 86 | Height Measurement Device | | | |
| 87 | Sterilizer /Autoclave | | | |
| 88 | Thermometer | | | |
| 89 | Blood pressure device | | | |
| 90 | Minor surgical sets | | | |
| 91 | If there is a shortage of medical equipment, please specify the type | | | |

| F | PRIORITY MEDICINES | | Available (Yes/No/NA) |
|-----|---|--|--------------------------|
| | Please specify (Yes, No, or NA), if the stock of available medicine's is sufficient for the next month? | | |
| 92 | Anti-allergic including Steroids | | |
| 93 | Oral Rehydration Therapy (ORS) | | |
| 94 | Antibiotics | | |
| 95 | Anti-diabetic preparations (especially Insulin) | | |
| 96 | Delivery related medicines (i.e., Oxytocin , ...) | | |
| 97 | Cardiac and /or Vascular Drugs (Anti-hypertensive Drugs, Diuretics, ...) | | |
| 98 | Antiseptics | | |
| 99 | Psychotropic medicines (i.e., antipsychotics, antidepressants, antiepileptic and anxiolytics) | | |
| 100 | If there is a shortage of medicines, please specify the type (if none of the above) | | |

| G | REMARKS |
|---|---------|
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