

**Rapid assessment of
Health and Nutrition situation
in IDP settlements and peripheral
settlements
in Khartoum State**

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**Khartoum
State
Ministry of
Health**



UNICEF



WHO

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Background

In Khartoum state, 325,000 Internally Displaced Persons (IDPs) are living in four official camps and around 1,5 million are distributed in different squatter and peripheral areas. The first IDPs arrived in mid eighties from Kordofan and in late eighties from the South. In the early nineties; Non Governmental Organizations (NGOs) provided their support particularly in health and nutrition sectors.

Two years ago, the situation in the IDP camps seen stabilized and the majority of international NGOs decided to withdraw and handed over their activities to local NGOs.

In one hand, in 2004, the government was implementing the process of re-planning some camps. This situation could create a destabilisation of the health status during the period necessary to recreate correct sanitary conditions and an acceptable coverage of the population by health facilities. In other hand, with the peace agreement between the North and South, the return process could be envisaged and must be prepared in the IDP settlements.

During 2004 and early 2005, data on health and nutrition situation were included in different surveys.

Due to these two new events and for completing other health surveys, a rapid health assessment was conducted.

1. Objectives of the rapid assessment

The objectives of the assessment are:

- to assess access to the health facilities using State Ministry of Health (SMOH) and Sphere standards
- to assess the implementation of the essential package of services according to SMOH standards
- to assess the nutritional status of children under five old
- to assess the immunization coverage of the target population (<1 year old) of the routine Expanded Programme for Immunization (EPI).

2. Methodology

2.1 The methods of collecting data:

Review of existing information

A review was undertaken of baseline health and other information available for the 10 settlements (annex 1) concerning:

- The general characteristics of the settlements.
- the Health services and programmes in place
- health data available
- Source of information: SMOH, NGOs, United Nations (UN).
- Source of data: Monthly report, EPI report, nutritional report, previous assessment reports, SMOH annual report.
- For the immunization coverage, data are available through the regular report, so there was no need to do the immunization survey.

All the documents available were collected and compiled by SMOH/World Health Organization (WHO).

Visual inspection of settlements

The visual inspection allowed for an idea of the adequacy of shelter, water points and environmental factors.

Visit to all health facilities and Interview of the health personnel

For the interview, the check list for health and nutrition sectors was used and the information was obtained from the medical director of the health unit.

2.2 Selection of location

- The four IDP camps are included in this study.
- Selection of the peripheral settlements
- All the peripheral settlements were stratified by locality.
- In Khartoum locality, there are no peripheral settlements; it was excluded from the study.
- As Bahri locality contains only one peripheral settlement, it was directly included in the study.
- For the five other localities, the choice of one settlement was done by the simple random technique.

Table 1: List of selected camps and peripheral settlements

Site	Population*
Omdurman el Salaam	100,000
Wad el Bashier	23,000
Mayo Farm	37,000
Jebel Awlia	52,000
Soba Arradi	25,703
Al Gamayer (Omdurman)	32,473
El Salam sq 17 (Umbada)	9,970
West of Alharat (26/27/28) Karari	4,969
Taiba Alahamda (Bahri)	26,675
Baraka	87,564
Total	399,354

3. Results

The rapid assessment was done by SMOH, WHO, UNICEF, and national NGOs working in the area.

The study was done in Khartoum State in 10 locations which included all IDP camps and some peripheral settlements. It also included all the health facilities (centres) in all these locations. The results of assessment done in the locations were as follows:

4. Health Facilities

The Study included 38 health facilities but data are available for only 36 as two health facilities were temporally closed.

69.4% of these health facilities work for one shift while 30.6% work for 2 shifts. These facilities (centres) are supported by MOH (13.9%), NGOs (72.2%) and by both (13.9%).

The consultations are served by doctors (11.1%), medical assistants (80.6%), both doctors and medical assistant (8.3%).

4.1 Types of services provided

Service	%
Consultations (OPD)	100%
Laboratory service	97.2%
Pharmacy service	97.2%
Small theatre	33.3%
Short stay	61.1%
EPI service	100%
Growth monitoring	100%
Vitamin A supplement	89%
ORT corner	49.4%
Reproductive health	97.2%
HIV/AIDS counselling	50%
HIV/AIDS health education	89%
STI management	86.1%

These services are run by doctors, medical assistants, technicians, pharmacy assistants, nurses, midwives, health visitors, vaccinators and nutritional educators.

4.2 Availability of drugs

The availability of each drug in percentages of health facilities as follows:

- 16 Drugs (41 % of the list) were available in more than 90% of health centres
- 6 Drugs (15% of the list) were available in 80% to 90 % health centres
- 13Drugs (34% of the list) were available only in 50 % to 80 % of health centres
- 4 Drugs (10 % of the list) were available in less than 50% of health facilities

The essential drugs were found in the categories above 90% and above 80% in availability-(primary health care directorate).

Percentage of essential drugs available by health facility:

- 12 % of the health facilities had 90% -100% of the drugs list.
- 19% of the health facilities had 80% - 90% of the drugs list
- 69% of the health facilities had less than 80% of the drugs list

Shortage

50% of the facilities mentioned had shortages in at least one drug during the last 3 months.

4.3 Availability of instruments, diagnostic aids and helping materials

Service	% availability of items
Consultations (OPD) (6 items)	90 - 100% for 4 items 55- 65% for 2 items
Laboratory service (4items)	84% - 100% for 4items
Small theatre	33.3%
Short stay	61.1%
EPI service (6 items)	90 - 100% for 3 items 80 – 90% for 3 items
Growth monitoring (5 items)	90 - 100% for all items
ORT corner (6 items)	85% - 95% for all items
Reproductive health (6 items)	85% - 95% for 5items 75% for 1 item
Health education (1 item)	97%

4.4 Health information system

- Availability of Individual records = 88.9 %
- Covering previous year = 69.4 %
- Summary statistics / graphs = 41.7 %
- Availability of records by health services varied from 41.7% to 91.7% (The highest being in immunization).
- Individual records of personnel were available in 50% of health facilities
- Data are collected and sent to SMOH on monthly basis.
- 14 health centres are included in the EWAR system as sentinel sites.

4.5 Health impact

For the medical directors:

The three first causes of morbidity were:

1. Malaria
2. Diarrhoeal diseases
3. Pneumonia

And the three first causes of mortality:

1. Diarrhoeal diseases
2. Pneumonia
3. Malaria

4.6 Health activities

The table below gives the different percentages of the population covered by health facilities: one reported to 15,000 as SMOH criteria and the other reported to 10,000 as SPHERE standard

LOCALITY	Population	H. FACILITIES	% Access	% Access	nber consultation /
Village Name		nber/Type	HF/15000	HF/10000	person /year
LOCALITY: Jebel Awlia					
Mayo farm camp	37,000	4PHCU	162%	108%	1.0
El Salam Awlia camp	52,000	6PHCU	173%	115%	0.3
Soba aradi	25,907	3PHCU(+2closed)	174%	116%	1.6
LOCALITY: Omdurman					
El gamayer	32,437	1PHCU	46%	31%	invalid data
LOCALITY: Karari					
West of Harat(26/27/28)	5,005	2PHCU	599%	400%	invalid data
LOCALITY: Umbadda					
Omdurman El Salam	100,000	10PHCU	150%	0%	0.5
Wad El Bashir	23,000	3PHCU	196%	130%	1.0
Al Salam sq 17	9970	1PHCU	150%	100%	0.1
LOCALITY: Bahri					
Tayba Alahamda	22,616	2PHCU	112%	75%	0.3
LOCALITY: East of Nile					
Al Baraka	87,564	4PHCU	69%	46%	0.3

4.7 Nutrition

Results of nutritional assessment and surveys

A rapid assessment of nutritional status using MUAC method was done only in locations where no nutritional survey data was provided by other previous surveys

Results of Rapid assessment using MUAC (April 2005)

The Degree	Frequency	%
Normal	643	83.4
Mild malnutrition	85	11.0
Moderate malnutrition	39	5.1
Severe malnutrition	4	.5
Total	771	100.0

Results of Rapid assessment using MUAC (April 2005) by location

Settlements	Number of children	% Global Malnutrition	% Severe Malnutrition
El Gamayer	146	2.7%	0.6%
West of Harat	141	4.2%	0.7%
Al Salamm sq17	160	3.0%	0.6%
Tayba Alahanda	177	3.3%	1.6%
Al Baraka	140	7.1%	2.1%

Results of Nutritional Survey using weight / height done by CARE (Oct/Nov 2004)

Settlements	Number of children	% Global Malnutrition
Soba Aradi	150	16.7%
Mayo Farm	120	13.3%
Jebel Aulia	240	26.7%
Omdurman El Salam	30	3.8%
Wad El Bashir	120	13.3%

4.8 Immunization

The data below were provided by EPI department and represented the estimated coverage in March 2005.

The table present the coverage at locality level and data are also available for some locations

Location	DPT3 estimated coverage	Measles estimated coverage
LOCALITY: Jebel Awlia	82.8	66.1
Mayo farm camp	63.5	47.5
El Salam Awlia camp		
Soba aradi	92.3	36
LOCALITY: Omdurman	108.8	89
El gamayer		
LOCALITY: Karari	89.8	65
West of Harat (26/27/28)		
LOCALITY: Umbadda	68.8	52.2
Omdurman El Salam	63.5	47.5
Wad El Bashir	77.9	42
Al Salam sq 17		
LOCALITY: Bahri	93.5	70.9
Tayba Alahamda		
LOCALITY: East of Nile	60.3	48.4
Al Baraka		

4.9 Other vital needs

For the answer to the following needs, multiple choice was possible

Type of water supply in the different locations

No	Water supply (source)	No: of locations	%
1	Piped water through house connection	6	60%
2	Public stand pipe	5	50%
3	Hand pump	3	30%
4	Unprotected dug well or spring	0	0%
5	Rain water	0	0%
6	Donkey / Vendor	6	60%

Most of the water supply is by piped water through house connection and donkey/vendor.

Disposal of excreta

No	Type of disposal	No: of locations	%
1	Flush to piped sewage system	1	10%
2	Family dry latrine	6	60%
3	Communal dry latrine	2	20%
4	Open field	3	30%

Family dry latrines were the commonest type used for disposal of excreta.

Domestic waste

Domestic waste was mainly disposed of in open field (30%) or burned at home (20%), with 20% using the two methods together.

Shelter

Most of the buildings are made from local materials and mud (30% for each), only 20% were made of concrete.

The general conditions of the shelter were good in 40% of locations and fair in 30%. It was poor in 30%.

Food

There was no general food distribution by humanitarian aid. The source of food is the market.

Critical constraints

Security was found to be good in about 60% of the locations, fair in 30% and poor in 10%.

Transport was good in 80% of the locations and poor in 20% of the locations. Most of the transport means are buses and cars.

In about 50% of the studied locations there were no social, political or geographical constraints,

5. Key findings

- The population of 8 locations have good access to health facilities. Only 2 settlements do not reach the 100% coverage (Al Gamayer 46%, Al Baraka 69%) following MOH standard, and 3 if we use the SPHERE standard (Tayba AlaHamda 75%, Al Gamayer 31%, Al Baraka 46%).
- In the 36 health facilities, only 35% are open on 2 shifts basis. The others are only open on shift basis. Emergency service open 24 hours are not available at this level.

- All the complete basic services included in Primary Health Care Unit (PHCU) package are available except for the HIV/AIDS service. For this service, composed of three components (counseling, health education and Sexually Transmitted Infections (STI) management) only 35 % of the Health Unit (HU) provides the three activities. (See table)
- The consultations are served by doctors (11.1%), medical assistants (80.6%), and both doctors and medical assistant (8.3%).
- The utilization rates at health facilities are very low, under or equal to 0.3 consultation per person per year for 62% of the locations (normal rate is 1 consultation / person / year and in IDP camp this rate reach 4 consultations / person / year) Only one peripheral settlement reach the normal rate, and two IDP camps have a rate equal to 1 consultation / person / year. So all the health facilities are very under used too particularly in IDP camps.
- In 30 health facilities (88%), less than 90% of drugs included in the essential drugs list provided by SMOH (39 drugs) are available. 50 % of health facilities declared having a shortage at least of one drug during the last three months. The new malaria protocol is not available in the visited health facilities except one.
- For the medical directors, the three first causes of morbidity are malaria, diarrhoeal diseases and acute respiratory infections.
- The global malnutrition and severe malnutrition rates obtained by MUAC screening in the five settlements are under the emergency levels expected in developing countries. There are also very low in comparison with the rate obtained by nutritional survey (weight / height) done by Care in October 2004 in the other 5 locations.
- The estimated coverage for DPT3 at locality level is different from one locality to another but only one is above 90% coverage and the others are between 60% and 90%. For measles, the coverage is worse for one locality the coverage is 89%, the five others are between 48% and 71%. Door to door campaigns were decided for routine vaccination and the first round for DPT took place in March in some camps.
- Health information system: Data are collected and sent to SMOH on monthly basis. At health facility level, there is no basic analysis (graph).

6. Conclusion

In the 10 locations included in this survey, the access to the health facilities is good but the utilization rate is very low. A bias could be also the low reporting system. One explanation to this under use could be the price of the consultation and treatment cost. In Khartoum rapid survey 57% of Khartoum IDPs declared that they do not use clinics because they are too expensive and 3% because of the low quality of service offered (KRSSA).

In nutritional side, the results of the screening are not alarming in the five settlements but in other nutritional surveys, in Shikan in March 2005 or Care surveys in October 2004, the Global malnutrition and severe malnutrition rates are very higher. The difference could be explained by the different methods used to determine the nutritional status(MUAC versus Weight/height),the worsening of the living conditions in Shikan after the demolition of the houses last December ,and the fact that in dry season (April) the children are less affected by diarrhoeal diseases than in October after the rainy season.

The immunisation coverage is low but measures are yet implemented to increase it through door to door campaigns.

7. Recommendations

Due to

- The under use of the health facilities
- The worsening of the living conditions for a part of the IDPs
- The risk of diarrhoeal diseases and malaria outbreaks during the rainy season
- The preparation of the return process

The recommendations are the following:

- ✓ To strengthen the drugs and material availability and ensure the access to the treatment for all the IDP in the health facility by strengthening the drugs availability and ensuring the free treatment for those they cannot afford the treatment cost.
- ✓ To increase access to Oral Rehydration Salts (ORS) by strengthening Oral Rehydration Therapy (ORT) corners during the rainy season.
- ✓ To strengthen the growth monitoring of the children for early detection of malnutrition.
- ✓ To create supplementary feeding centres if necessary.
- ✓ To strengthen all the preventive care: EPI, Reproductive Health (RH) and HIV/AIDS for all the IDP and particularly for the returnees.
- ✓ To strengthen the surveillance system for early detection and response of outbreaks particularly in locations where the general conditions are changing (demolition) or are not yet reaching an acceptable level.
- ✓ To improve the general sanitation in all the locations.

Annex 1: Services available by health facility

LOCALITY: Jebel Awlia HEALTH SERVICES DISTRIBUTION IN KHARTOUM STATE

ADMIN. UNIT Village Name	POP. Served	HF run by	PHCU 1,2,3,shifts	OPD	Short stay	EPI	NUTRITION			ORT corner	RH	Hiv/AIDS Cons/HE/STI	LAB	PHAR % drugs	Small theatre	
	IDP Num						GMS	SFC	TFC							
Mayo farm camp	37,000	Elestwia	Y1	Y	N	Y	Y			Y	Y	HE/STImang	Y	56%no syst	N	
		Mandila GHF	Y2	Y	Y	Y	Y			Y	Y	Y (3)	Y	85%short	N	
		Sido	Y2	Y	Y	Y	Y			Y	Y	Y (3)	Y	79% short	Y	
		El manar	Y1	Y	Y	Y	Y			Y	N	HE/STIman	N	49%	N	
El Salam Awlia camp	52000	GHF	Y1	Y	Y		Y	N	N	Y	Y	HE/STI mang	Y	69%	N	
		<i>Islamic agency</i>	Y2	Y	Y	Y	Y	N	N	Y	Y	HE/STI mang	Y	92%	Y	
		SRC	Y1 NO PERM	Y	Y	Y	Y			Y	Y	HE	Y	66%Short	N	
		African muslim	Y1 NO PERM	Y	Y	Y	Y			Y	Y	HE	Y	82%	N	
		SCC	Y1	Y	N	Y	Y	Y	Y	Y	Y	HE/STI mang	Y	87%	N	
		SUDRA	Y1	Y	N	Y	Y			Y	Y	Y(3)	Y	64%no syst	Y	
Soba aradi	25907	Sido	Y1	Y	N	Y	Y			Y	Y	Y(3)	Y	74%	Y	
		SCC	Y2	Y	Y	Y	Y	N	N	Y	Y	Y(3)	Y	59%	Y	
		San Philip (SCC)	Y2	Y	Y	Y	Y			Y	Y	Y(3)	Y	72%	Y	
		Fashoda	closed													
		GHF	closed													

LOCALITY: Omdurman

ADMIN. UNIT Village Name	POP. Served	HF run by	PHCU 1,2,3,shifts	OPD	Short stay	EPI	NUTRITION			ORT corner	RH	Hiv/AIDS Cons/HE/STI	LAB	PHAR % drugs	Small theatre
	IDP Num						GMS	SFC	TFC						
El gamayer	32,437	MOH	Y1	Y	Y	Y	Y	N	N	Y	Y	HE/STI mang	Y	95%	Y

LOCALITY: Karari

ADMIN. UNIT Village Name	POP. Served	HF run by	PHCU 1,2,3,shifts	OPD	Short stay	EPI	NUTRITION			ORT corner	RH	Hiv/AIDS Cons/HE/STI	LAB	PHAR % drugs	Small theatre
	IDP Num						GMS	SFC	TFC						
West of Harat (26/27/28)	5,005	ASHAD	Y2	Y	Y(3beds)	Y	Y	N	N	Y	Y	ONLY HE	Y	100%	Y
		ASWAN	Y2 no perm	Y	Y	Y	Y	N	N	Y	Y	STI MANAG	Y	81%	N

LOCALITY: Umbadda

ADMIN. UNIT Village Name	POP. Served IDP Num	HF run by	PHCU 1,2,3.shifts	OPD	Short stay	EPI	NUTRITION			ORT corner	RH	Hiv/AIDS Couns/HE/STI	LAB	PHAR % drugs	Small theatre
							GMS	SFC	TFC						
Omdurman El Salam	100,000	SCC	Y1 Y2 no permanent structure	Y	N	Y	Y	N	Y	Y	Y	HE/STI mang	Y	61%	N
		ASWAN		Y	Y	Y	Y	N	N	Y	Y	STI manag	Y	76%	N
		Ana al Sudan	Y2	Y	Y	Y	Y	N	N	Y	Y	HE/STI mang	Y	74%	N
		GHF	Y1	Y	N	Y	Y	N	N	Y	Y	Y(3)	Y	79%	N
		Al bir	Y1	Y	N	Y	Y	N	N	Y	Y	HE/STI mang	Y	79%	N
		Ana al Sudan	Y2	Y	Y	Y	Y	N	N	Y	Y	HE/STI mang	Y	82%	Y
		SRCS	Y1	Y	N	Y	Y	N	N	Y	Y	HE/STI mang	Y	72%	N
		SIDO	Y1	Y	N	Y	Y	Y	Y	Y	Y	Y(3)	Y	77%	N
		Yanabi charity	Y1	Y	Y	Y	Y	N	N	Y	Y	HE/STI mang	Y	72%	Y
Medair	Y1(no permanent)	Y	Y	Y	Y	Y	N	N	Y	Y	HE/STI mang	Y	100%	Y	
Wad El Bashir IDP camp	23,000	SIDO	Y1	Y	N	Y	Y	N	N	N	Y	HE/STI manag	Y	82%	N
		RED CRESCENT	Y1	Y	Y	Y	Y	N	N	Y	Y	HE/STI manag	Y	79%	N
		SMOH	Y1	Y	N	Y	Y	N	N	N	Y	only STI manag	Y	59%	N
Al Salam sq 17	9970	MOH	Y1no perm	Y	Y	Y	Y	N	N	Y	Y	Only HE	Y	77%	N

LOCALITY: Bahri

ADMIN. UNIT Village Name	POP. Served IDP Num	HF	PHCU 1,2,3.shifts	OPD	Short stay	EPI	NUTRITION			ORT corner	RH	Hiv/AIDS Cons/HE/STI	LAB	PHAR % drugs	Small theatre
							GMS	SFC	TFC						
Tayba Alahamda	22616	SGS BAN MOH	Y2	Y	N	Y	Y	N	N	Y	Y	Y (3)	Y	82%	N
		MOH	Y1	Y	Y	Y	Y	N	N	Y	Y	Y(3)	Y	97%	Y

LOCALITY: East of Nile

ADMIN. UNIT Village Name	POP. Served IDP Num	HF	PHCU 1,2,3.shifts	OPD	Short stay	EPI	NUTRITION			ORT corner	RH	Hiv/AIDS Cons/HE/STI	LAB	PHAR % drugs	Small theatre
							GMS	SFC	TFC						
Al Baraka	87,564	SSC	Y1	Y	N	Y	Y	N	N	Y	Y	Y(3)	Y	71%	N
		Ana El Sudan	Y2	Y	N	Y	Y	N	N	Y	Y	No H Edu	Y	85%	N
		African Muslim	Y1	Y	N	Y	Y	N	N	Y	Y	Y(3)	Y	61%shortage	N
		GHF	Y1	Y	Y	Y	Y	closed	N	Y	Y	No H Edu	Y	79%	N

Annex 2 Availability of instruments, diagnostic aids and helping materials:-

The item	%	NAP%
Stethoscope	100%	
Sphygmomanometer	97%	
Foetoscope	63.9%	
Torch	55.6%	
Thermometer	88.9%	
Tongue depressor	88.9%	
Functioning microscope	97.2%	
Manual centrifuge	94.4%	
Consumable supply system	83.3%	
Sahly's apparatus	100%	
Oven or boiler	36.1%	30.6%
Safety box (small theatre)	36.1	30.6%
Supply system (small theater)	33.3%	30.6%
Handling forceps	25%	30.6%
Non-toothed forceps	27.8%	30.6%
Needle holder	30.6%	30.6%
Surgical scissors	33.3%	30.6%
Skin forceps	19.4%	30.6%
Kidney dish	30.6%	30.6%
Metallic container	25%	30.6%
Artery forceps	33.3%	30.6%
Scalpel	25%	30.6%
At least 2 beds in short stay	55.6%	25%
At least one dripholder in short stay	61.1%	25%
Safety box in short stay	%52.8	25%
At least a vaccine carrier	91.7%	2.5
Safty box EPI	94.4%	2.8
Vaccine supply system	97.2%	2.8
Vaccines	83.3%	2.8
Thermomter (EPI)	83.3%	2.8
Vaccince monitor (EPI)	83.3%	2.8
Wt . Scale growth monitor	100%	
Space for ORT	91.7%	2.8%
ORT supply	97.2%	2.8 %

Annex 3 Questionnaire

Rapid Health Assessment Form

Date of visit: _____ _____ _____ (dd mm yyyy)	Compiled by: _____	Organization: _____
Name of Location: _____ _____	Urban / Rural (circle one)	Locality: _____
P Code (reference form): _____	HIC/IRAF	

1. The context

1.1 Affected area: (Check the above information during your travel to the location)

Access to area:

- Main routes and their conditions:

Route	Conditions
_____	_____
_____	_____

- Distance from the closest town outside the affected area:

Km.: _____ time with existing means: hours _____ or minutes _____

- Closest operational airport, port or navigable river: _____

- Other information as relevant to the access: _____

1.2 The affected population:

- Characteristics: residents refugees IDPs other (specify)

- Total population size/estimate: _____

- Total households(if available): _____

- If Residents+ IDPs, proportion (if available) : _____

- Age breakdown (if available): < 1 years : _____ <5 years _____

Please indicate if the above are absolute numbers percentages

- Sex ratio (if available): males/females _____

- Number or estimated % of pregnant/lactating women (if available): _____

- Number or estimated % of women in reproductive age 15-49 years: _____

- Vulnerable groups: categories _____

Approx. number _____

- Patterns of population settlement: refugee/IDPs camp village

scattered in small settlements mix or other, specify _____

- Population movement (since last assessment, verify the date):

influx of new people, if yes specify: approximate number _____

main origin _____ timeframe _____

departures, if yes specify: approximate number _____

main destination _____ timeframe _____

stable population (changes considered not substantial)

- Source of information on population & method of data collection: _____

2. Health response capacity: resources which are functioning and close to the affected area

2.1 Existing health facilities in the area and their status

Code Nr.	Type/name	Working hours 1 shift 2 shifts 3 shifts	Supported by: MOH/ NGO name)/ Both	Permanent Structure		Consultation service				Lab. service		Pharmacy service		Small theatre service	
				Yes	No	Yes	No	Doct	M.A	Yes	No	Yes	No	Yes	No
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Code Nr.	Short stay ward		EPI service		Growth Monitoring		Vit A supplement		ORT Corner		Reproductive Health		HIV/AIDS services		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Counselling	Health education	STI management
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

3. Personnel and equipment of health facilities

3.1 Personnel

	Consultation service		Laboratory service		Pharmacy		Small theatre		EPI	GMT/ ORT corner	Reproductive Health		
	Doctors	M.A	Tsch	Assist	Pharm assist.	Nurse	Nurse	Other	Vaccinators	Nutrit. Educator	HV	NM W	VMW
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

3.2 Availability of drugs

S.N	Item	H.F1	H.F2	H.F(3)	H.F(4)	H.F(5)	H.F(6)	H.F(7)	H.F(8)	H.F(9)	H.F(10)
1	Amoxicillin caps 250mg										
2	Amoxicillin 125 ml /5 mg suspension										
3	Cotrimoxazole 480mg tabs.										
4	Cotrimoxazole 240 mg/5ml Suspension										
5	Erythromycin 250 mg tabs.										
6	Erythromycin 125 mg /5ml Suspension										
7	Benzyl Penicillin 1.Mega units										
8	Tetracycline 250mg caps										
9	Kanamycin inj										
10	Doxycycline 100mg capsules										
11	Water for injection										
12	Aspirin 300mg tabs										
13	Paracetamol 500 mg tabs										
14	Paracetamol 125 mg /5ml elixir										
15	Chloroquine Tabs 150mg										
16	Chloroquine inj 200 mg/5ml ampoules										
17	Chloroquine syrup										
18	ACT tabs										
19	Fansidar tabs										
20	Dextrose 5% with 0.9 % Nacl										

S.N	ITEM	H.F(1)	H.F(2)	H.F(3)	H.F(4)	H.F(5)	H.F(6)	H.F(7)	H.F(8)	H.F (9)	H.F(10)
21	Dextrose 5% with water										
22	Sodium chloride 0.9%										
23	Metronidazole 200mg tabs										
24	Metronidazole 125mg/5mlSuspension										
25	Mebendazole 100mg tabs										
26	Mebendazole 50mg /5ml syrup										
27	Chlorpheniramine 4mg/ml inj.										
28	Hyoscine butyl bromide inj 20ml/2ml										
29	Diazepam inj. 10mg / 2ml										
30	Salbutamol4mg tabs										
31	Salbutamol2mg/5ml Syrup										
32	Ferrous sulphate 200mg tabs										
33	Ferrous sulphate Syrup										
34	Folic acid 5mg tabs.										
35	Chloramphenicol eye drop										
36	Tetracycline 1% eye ointment										
37	Disposable syringe 5ml										
38	Disposable syringe 2ml										
39	ORS										
Total number of items available out of target (39)											

Quest Nr	Questions	H.F(1)		H.F(2)		H.F(3)		H.F(4)		H.F(5)		H.F(6)		H.F(7)		H.F(8)		H.F(9)		H.F(10)	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Do you have a system for continuous drug supply?																				
2	If yes, did you have any shortage in drugs during the last 3 months?																				
3	If any shortage (yes for quest 2)																				
4	For how many drugs?																				
	For how long ?																				

3.3 List of equipment

Nr.	Department & Items	H.F (1)	H.F (2)	H.F (3)	H.F (4)	H.F (5)	H.F (6)	H.F (7)	H.F (8)	H.F (9)	H.F (10)	H.F (11)	H.F (12)	H.F (13)	H.F (14)	H.F (15)
.A	Consultation Room															
.1	Stethoscope															
.2	Sphygmomanometer															
.3	Foetoscope															
.4	Torch															
.5	Thermometer															
.6	Tongue Depressor															
Total out of (6)																
.B	Lab Equipment															
.1	Functioning microscope															
.2	At least a manual centrifuge															
.3	A system for consumable supply															
.4	Sahly's apparatus															
Total out of (4)																
.C	Small theatre															
.1	Functioning washing basine or any water supply inside															
.2	Functioning oven or boiler															
.3	Safety box															
.4	Regular supply system for consumables															
.5	Two sets of the following surgical tools:															
	– Handling forceps															
	– Non-toothed tissue forceps															

Nr.	Department & Items	H.F (1)	H.F (2)	H.F (3)	H.F (4)	H.F (5)	H.F (6)	H.F (7)	H.F (8)	H.F (9)	H.F (10)	H.F (11)	H.F (12)	H.F (13)	H.F (14)	H.F (15)
	- Toothed tissue forceps															
	- Needle holder															
	- Surgical Scissor															
	- Suture Scissor															
	- Bandage Scissor															
	- Skin forceps ((Allis))															
	- Kidney dish															
	- Metallic Container for antiseptic solutions															
	- Artery forceps															
	- Scalpel holder															
Total out of (28)																
.D	Short Stay Ward															
.1	At least (2) beds															
.2	At least one drip holder															
.3	Safety Box															
Total out of (4)																
.E	EPI															

Nr.	Department & Items	H.F (1)	H.F (2)	H.F (3)	H.F (4)	H.F (5)	H.F (6)	H.F (7)	H.F (8)	H.F (9)	H.F (10)	H.F (11)	H.F (12)	H.F (13)	H.F (14)	H.F (15)
.1	Cold chain at least a vaccine carrier															
.2	Safety box															
.3	Vaccine supply system															
.4	Vaccines															
.5	Thermometer															
.6	Vaccine Monitor															
Total out of (6)																

Nr.	Department & Items	H.F (1)	H.F (2)	H.F (3)	H.F (4)	H.F (5)	H.F (6)	H.F (7)	H.F (8)	H.F (9)	H.F (10)	H.F (11)	H.F (12)	H.F (13)	H.F (14)	H.F (15)
.F	Growth Monitoring															
.1	Weighing Scale															
.2	Weight for age or height chart															
.3	Road to health Card															
.4	Vitamin(A) supply system															
.5	Vitamin.(A) Capsules															
Total out of (5)																
G	ORT Corner															
.1	Room or space for ORT															
.2	At least one seat															
.3	Aluminium jug															
.4	Cups + Spoon															
.5	ORS Supply system															
.6	ORS															
Total out of (6)																
.H	Reproductive health															
.1	Sphygmomanometer															
.2	Stethoscope															
.3	Foetoscope															
.4	Weighing Scale															
.5	Guide lines for management of anaemia															
.6	Antenatal Care Cards															
Total out of (6)																
.I	Health Education															
.1	At least one Message manual															
Total out of (1)																

3.4 Are technical protocols, guidelines, etc available? yes no don't know

If yes, specify which ones

4. Health Information System

(If you visit more than one health facility, each + or √ corresponds to one health facility)

4.1 Number of health facilities visited during the assessment:

HIS component	Co de Nr	Availability of individual records*			Covering previous year?			Summary statistics / graphs available?			Transmission to Higher level		
		Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Surveillance/ notification of	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
Small theatre	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
Reproductive health	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
Out patients	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												

HIS component	Co de Nr	Availability of individual records*			Covering previous year?			Summary statistics / graphs available?			Transmission to Higher level		
		Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Immunization	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
Nutrition /Growth monitoring	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
Laboratory	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
Personnel	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												
Financial	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10												

* Individual records include: OP register, In-patients clinical charts

4.2 *Is the available information produced by the HIS useful for monitoring health status, detect outbreaks, monitor health activities, etc?*

yes no don't know specify

4.3 *Are the statistics disaggregated by sex?* yes no don't know

5. Health Impact

5.1 *The five main causes of morbidity and mortality*

Source: _____ period of reference: _____

Morbidity (interviews or medical records)

Mortality if available (interviews or reports)

< 5 yrs => 5 yrs

< 5 yrs => 5 yrs

1. cause _____

1. cause _____

2. cause _____

2. cause _____

3. cause _____

3. cause _____

4. cause _____

4. cause _____

5. cause _____

5. cause _____

5.2 *Do you receive any reports/rumours of outbreak:*

Source: _____ Period of reference: _____

➤ symptoms/clinical signs: _____

➤ Likely diagnostic: _____

➤ Case definition utilized: _____

5.3 *Other reasons for concern (e.g. traumas, other communicable or non-communicable diseases, etc)*_____

5.4 *Indirect health impact (e.g. damage to water plants, other vital infrastructures or lifelines):* _____

5.5 *Do you have seasonal baseline morbidity and mortality data for the year*

yes no When available:

Morbidity: _____

Mortality: _____

5.6 *Can an increase in morbidity, malnutrition, mortality be expected in the next two weeks?*

Morbidity yes no don't know

If yes, why _____

Malnutrition yes no don't know

If yes, why _____

Mortality yes no don't know

If yes, why _____

5.7 *Projected evolution of the health situation: main causes of concern in the coming months:*

6. Health activities

6.1 *If in-patient and/or out-patient records are available, compare the number of admissions and consultations in two different periods of the same interval:*

Health facility nr. 1

4 weeks preceding this assessment

in August 2004 (if available)

Nr. of new admissions: _____

Nr. of new admissions: _____

Nr. of consultations: _____

Nr. of consultations: _____

Nr. of attended deliveries: _____

Nr. of attended deliveries: _____

Nr. of immunisations: _____

Nr. of immunisations: _____

Other, specify: _____ nr. _____

Other, specify: _____ nr. _____

Reasons for change _____

Health facility nr. 2

4 weeks preceding this assessment

in August 2004 (if available)

Nr. of new admissions: _____

Nr. of new admissions: _____

Nr. of consultations: _____

Nr. of consultations: _____

Nr. of attended deliveries: _____

Nr. of attended deliveries: _____

Nr. of immunisations: _____

Nr. of immunisations: _____

Other, specify: _____ nr. _____

Other, specify: _____ nr. _____

Reasons for change _____

6.2 Nutrition

6.2.1 *Do you have the report of Growth Monitoring?* yes no don't know

If yes, how many children were weighted in the timeframe below, and how many were under weight for age?

Code Nr.	Total nr. children weighted over the last month	Nr. of children under-weight for age in the last month	What do you do for the malnourished children?	
			Advice	Referred
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

6.2.2 *If Supplementary feeding centres are in place*

Code Nr.	Total nr. children registered (last month)	Frequency of the follow up session	Total nr. pregnant/ lactating women registered (last month)	Source of info O: observ. I: interview Oth: other, specify
1				
2				
3				
4				
5				
6				
7				
8				
9				

6.2.3 *If Therapeutic feeding centre available for severely malnourished children?*

Code Nr.	Nr. children presently admitted for severe malnutrition	Source of info O: observ. I: interview Oth: other, specify
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

6.3 *Other activities*

6.3.1 *Are outreach activities being carried out?* yes no don't know

If yes, which ones: _____

6.3.2 *Which is the closest referral health facility?* _____

Distance (Km): _____

How many patients have been referred during the last month? _____

6.3.3 *Activities already implemented*

Polio immunisation campaign yes no don't know

Date : _____ No of immunised children and coverage: _____

(records)

7. External assistance

7.1 Are health NGOs or other agencies present in the area?

yes no don't know If yes:

Name of NGO/agency	Main activities	Relevant resources (staff, transport, etc)

7.2 Coordination mechanism in place and lead agency: _____

7.3 Storage capacity close to the area: yes no don't know

Location: _____ capacity: _____ NGO _____

Adequate conditions: yes no don't know

8. Other vital needs: present availability

Data collected by visiting the area

8.1 Water: yes no don't know

If yes, indicate water sources:

- Piped water through house connection
- Public standpipe
- Hand pump
- Unprotected dug well or spring
- Rainwater (into protected tank or cistern)
- Tanker-truck
- Donkey/ vendor
- Water taken directly from river, pond-water, stream, unprotected rain water

Water purification methods available? yes no don't know

8.2 *Excreta disposal*: yes no don't know

If yes, indicate type:

- Flush to piped sewage system
- Flush to septic tank
- Family dry latrine
- Communal dry latrine
- Open field

8.3 *Shelter*: prevalent types _____

General conditions: good fair poor

8.4 *Domestic waste*

Collected burned at home open field

8.5 *Food*: yes no don't know

Food source: local production

Market

Food aid distribution

Other or mix, specify: _____

If food distribution, when was the last one? _____ by whom? _____

Which are the commodities included in the aid ration?

cereals (Dura)

oil

pulses

sugar

salt

infant formula

other, specify: _____

9. Critical constraints

9.1. *Security* good fair poor specify:

9.2. *Transport:* good poor specify: _____

9.3. *Social/political and geographical constraints:* yes no don't know

Specify: _____

9.4. *Other constraints:* _____

10. Contacts

10.1. *Who among your informers should be contacted on a next visit on site?*

10.2. *Who was your contact in the closest health facility?*

10.3. *Who was your contact in the closest referral facility?*

Others useful contacts: _____