

HEALTH FACILITY ASSESSMENT FORM

This is a tool to conduct a comprehensive assessment of the functioning of an individual health structure following an emergency. Where possible, include **SADD (sex, age and disability disaggregated)** data.

Name of health facility:		Date of visit:	
Source(s) of information (interviewees):		Person(s) doing assessment:	

A. General information

Type (hospital, polyclinic, ambulatory post, etc):	Supported by (gov, NGO, UN, RC etc):
Location (village/city):	Type of current/planned support:
Catchment Population:	Catchment Area:
Resident population:	Ethnic Group(s):
Refugee/displaced population:	
If displaced/ refugee pop., what is their geographical origins:	
Indicate if any safety concerns to travel to health facility from communities:	

B. Staff

<i>Type of staff</i>	<i>Gender</i>	<i>No. stationed</i>	<i>No. present</i>	<i>Average Salary</i>	<i>Freq of payment</i>
Doctors					
Surgeons					
Paediatrician					
Anaesthesiologists					
Obstetricians					
Medical assistants					
Nurses					
Midwives					
TBAs / CHWs					
Pharmacist					
Laboratory					
Psychiatrist/ Psychologist					
Other, please specify					

C. Services

Does the facility offer the following services?

Outpatient services:	<u>Yes/ No/ Non-functioning</u>	<u>Average weekly visits</u>
Curative services		
Antenatal care program		
Delivery program		
SGBV services		
Family planning		
EPI		
Feeding program		
Mental health		
If there is a fee for an outpatient consultation, specify cost and whether drugs are included or not in local currency:		
Vaccination services:	<u>No. weekly vaccinations</u>	<u>Target pop</u>
BCG		<u>No. vaccines stock</u>

Polio
DPT
Measles
TT

- List cold chain equipment present, type and number, if functioning, any constraints: (visually inspect and review temperature charts)

Inpatient Services	<i>No. Beds</i>	<i>No of patients (during the visit)</i>	<i>Average No. monthly admissions</i>
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Total			
General medical			
General paediatrics			
Surgery			
Obstetrics/Gynaecology			
Trauma/orthopaedic			
Psychiatric			
Other			

If there is a fee for an inpatient services, specify cost/day and whether drugs and patient food are included or not in local currency:

Diagnostic Services	<i>Yes/ No/ Non-functioning</i>	<i>Number weekly tests performed</i>
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Laboratory		
X-ray		
Other		

Referral Services

Is this a referral facility? Which? _____
If not, where are patients referred: _____

Means of transport available (specify if private transport is required and cost in local currency):

D. Surveillance / Mortality and Morbidity Statistics

Surveillance system

- Comment on system of collecting data, frequency, analysis and feedback:
- Comment on accuracy (of case definition) and completeness:
- Are RCRC volunteers trained and/or engaged in community-based surveillance?

Mortality and Morbidity Data

List top 5 causes of mortality and morbidity and note source of information

Mortality Top 5 causes:

<i>General pop (Crude) / no. per month</i>	<i>< 5 years old / no. per month</i>
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Morbidity Top 5 causes

<i>General pop (Crude) / aver. no. per month</i>	<i>< 5 years old / aver. no. per month</i>
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- Check for occurrence of potential epidemic diseases and other communicable diseases:

- Check if there are any groups or subgroups who have different utilization and mortality/morbidity patterns that may suggest differential access, vulnerable groups or discriminated groups.
- Check number of war-wounded, mine injuries, other violence related trauma:

E. Drugs and Supplies

Drug and medical material Supply

- Is there essential / standard drug list used (if so, pick up copy)?
- How regular are drugs supplied, are they in kits, who supplies them?
- How long does the drug supply last, are there periods of shortages?
- What drugs are available at time of visit?
- Are drugs free of charge?
- Are emergency drugs free of charge?
- Do patients procure drugs and medical materials? Where?
- Are vaccines regularly delivered? How many in stock?
- Check pharmacy records (accuracy, completeness):

Medical Equipment

List available numbers and type of (where possible differentiate amounts between prior/post to the shock or disaster):

- Dressing instruments:
- Surgical equipment:
- Surgical suite:
- Anaesthetic equipment (including ventilators):
- Obstetric equipment:

F. Building and Transport

Buildings

Number of buildings (number of wards; number of rooms):

Comment on cleanliness, condition and rehabilitation needs:

Water source (quantity and quantity):

Heating source (type, fuel supply):

Defecation Facilities (type, number, condition, whether gender-split and whether lockable):

Hygiene management: (soap, washing and hand washing and shower facilities):

Waste collection system (comment on cleanliness):

Power source:

Warehouse(s), storage rooms:

Visitors' rooms/ private (family) spaces:

Transport

<i>Type of vehicles</i>	<i>Number</i>	<i>Level of functioning</i>
Ambulances		
Automobiles		
Motorcycles		
Bicycles		

- Who provides fuel, or money for fuel and maintenance?
- Accessibility (road/air) seasonal:

G. Protection Information

Indicate if there is any information shared (orally or in writing) on Prevention of Sexual Exploitation and Abuse (PSEA) rules and code of conduct, and (where applicable) the free nature of all humanitarian services: