



Enhanced
Responses to
Nutrition
Emergencies

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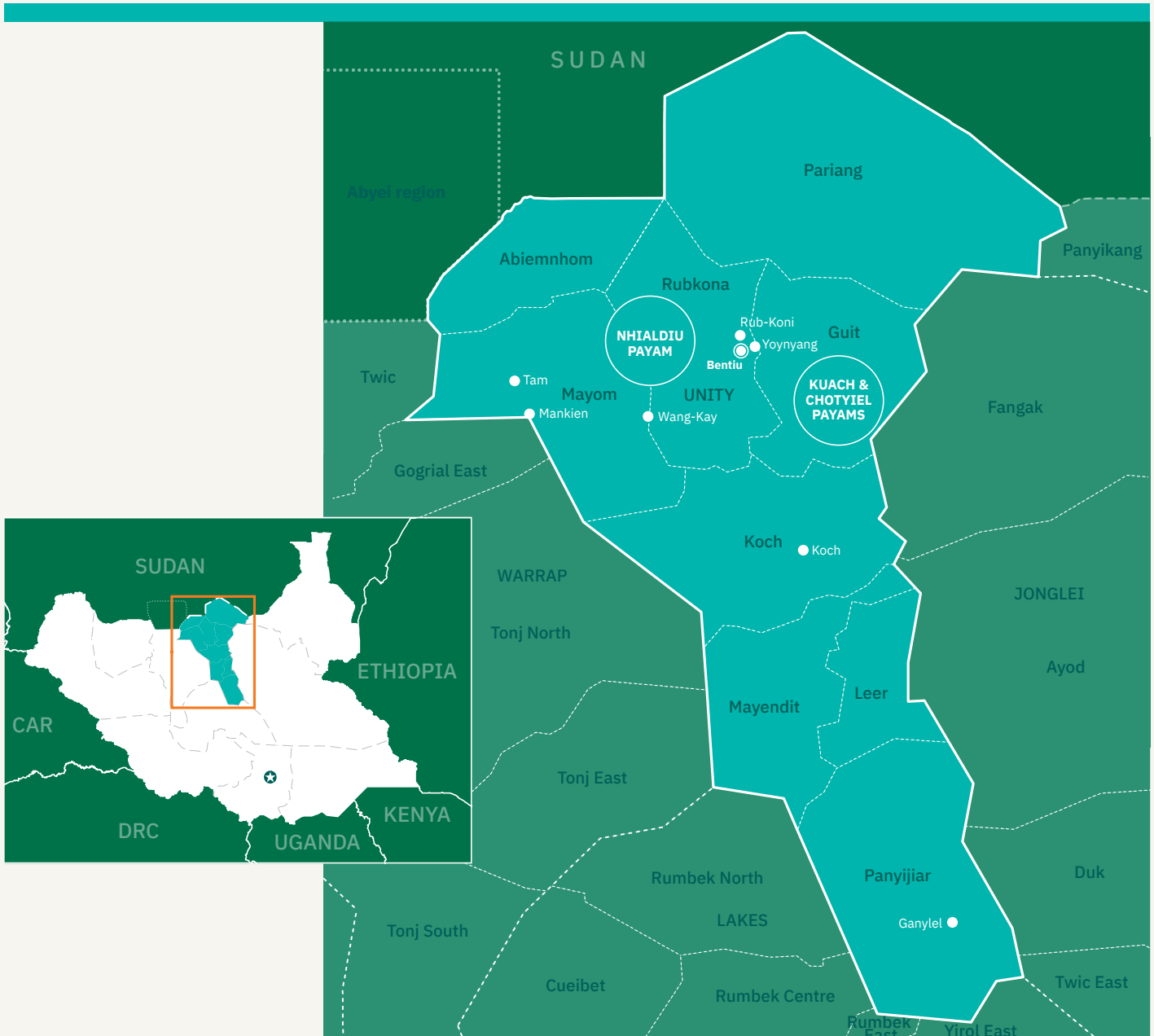
JUNE 2020 – MAY 2023

PILOT PROGRAMMATIC PARTNERSHIP

HEALTH FACILITY ASSESSMENT REPORT

Guit & Rubkhona Counties,
Unity State, South Sudan

JUNE 2021



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Acronyms

CHD	County Health Department
CHW	Community Health Worker
CMAM	Community-based management of acute malnutrition
ECHO	EU Directorate-General for Civil Protection and Humanitarian Aid Operations
ERNE	Enhanced Responses to Nutrition Emergencies
HF	Health facility
HFA	Health facilities assessment
HMIS	Health management information systems
IYCF	Infant and young child feeding
JMP	Joint Monitoring Programme
MoH	Ministry of Health
OTP	Outpatient therapeutic programme
PHC	Primary health care
PHCC	Primary health care centre
PHCU	Primary health care unit
SARA Tool	Service Readiness and Availability tool
TBA	Traditional birth attendant
TSFP	Targeted supplementary feeding programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement
WHO	World Health Organisation

1. Executive summary

This health facility assessment was conducted in Unity State, South Sudan in January 2021. The aim was to assess the capacity of the health facilities targeted by Concern Worldwide through its Enhanced Response to Nutrition Emergencies (ERNE) programme and set a baseline value for improvement by the end of the three-year project. The HFA served as a reference for the ERNE programme funded by the European Union (Directorate-General for Civil Protection and Humanitarian Aid Operations, ECHO), which has been operational in South Sudan since June 2020. The principle aim of this programme is to strengthen the health system and reduce morbidity and mortality linked to malnutrition in children under five. The ERNE programme targets three health facilities: Chotyi Primary Health Care Centre (PHCC) in Chotyi Payam, Guit County; Tongdool PHCU in Nhialdeu Payam in Rubkhona County; and –for WASH and nutrition support only - Kuach PHCU in Kuach Payam in Guit County. Because Tongdool PHCU was not fully constructed and functional at the time of the assessment, it was not formally assessed and all scores were simply set to '0' at baseline. Kuach PHCU is run by the County Health Department (CHD) with primary support from Cordaid via the Health Pool Fund. Because Concern is only targeting Kuach PHCU for WASH support, only WASH scores are presented for Kuach and they are presented separately.

Since the time of the assessment, Tongdool PHCU has suffered extreme damage due to flooding in Rubkhona County and the project is currently determining when / how support can resume and/or if another facility will be taken on in its place. The results presented in this report, therefore, represent the baseline capacity of the health facilities originally targeted for the ERNE project as of January 2021. The catchment population for the three original Payams is 38,885 in Kuach, 5,492 in Guit-Chotyi and 30,503 in Nhialdiu.

The assessment covered 14 domains of health facility capacity. This represents only a sample of the facilities in the two states, but includes all the facilities targeted in year one of Concern's Enhanced Response to Nutrition Emergencies (ERNE) programme, which is ECHO-funded and runs from June 2020 to May 2023. The assessment tool was based on the [Service Readiness and Availability \(SARA\) tool](#), from the World Health Organisation (WHO), with additional elements for the five WASH modules drawn from the [Joint Monitoring Programme \(JMP\) for WASH](#) from UNICEF/ WHO and custom modules on staffing, nutrition service and COVID-19 added by Concern. Health facilities were scored out a possible total of 54 points. These scores were transformed into an overall percentage score. Scores for each of the 14 domains are also presented.

The overall capacity of the main facility assessed, Chotyi PHCC, was extremely low (21% or 11 out of total of 54 possible points). When averaged with Tongdool PHCC, whose score was set to 0%, the average score across both facilities was 10% - indicating extreme dysfunction of the health services for these two catchment populations. All domains showed poor capacity. Average scores for the two facilities were strongest for staffing (33%), management and supervision (33%) and water infrastructure (38%), but overall reflect a very weak health service. Average scores for health

management information systems (HMIS, 25%), hygiene infrastructure (25%) immunisation services (13%) and antenatal services (10%) were extremely low. The score for nutrition services was set to 0% because nutrition services are delivered directly via a nutrition centre located next to Chotyiel PHCC and Tongdool PHCU but not part of the health facility services. The remaining six domains – general infrastructure (power, communication and emergency transport), sanitation infrastructure, environmental cleaning, standard precautions, child health services and COVID 19 preparedness and response - were all found to have zero capacity and need to be prioritised for support.

Priority actions have been identified to address the main gaps seen (see a summary table in Section 5 for the detailed list), and Concern plans to action as many of these as possible with the resources available in the ERNE project, but joint action will be required by all stakeholders to improve the current capacity. Priority recommended actions include:

- **Sanitation (score of 0%):** Concern has already undertaken work to integrate the latrines at the Chotyiel Nutrition Centre with the PHCC compound to ensure access to all patients. Concern also constructed four stances of two block latrines at Tongdool, but this was largely lost in the recent floods. Further sanitation work will be needed at Tongdool if/ when Concern is able to return.
- **Child health (score of 0%):** Train staff on the integrated management of childhood illness (IMCI) and drug management/ rational use and ensure all protocols and job-aids are present. Provide the missing child health equipment; Conduct a joint inventory of child health drugs and identify bottlenecks in supply chain and most efficient procurement options.
- **COVID-19 preparedness and response capacity (score of 0%).** Plan and conduct training for all staff and provide job aids on COVID-19 preparedness and response. Strengthen the screening and referral mechanism (which needs to be established), creating mandatory protocols for COVID-19 cases.
- **Nutrition services (score of 0% because services are provided outside of the health facility at nearby Concern-supported nutrition centre).** Develop a practical plan with the County health department to strengthen the referral and coordination mechanism between the nutrition centre and the PHCC and PHCU by: seconding nutrition staff to the health facilities; fencing both facilities together within the same compound to share resources such as latrines; conducting joint staff meetings weekly; and promoting joint supportive supervision with the CHD of both the nutrition centre and health facility. Also, provide training on CMAM and IYCF to health facility staff.
- **General infrastructure (electricity, communication and emergency transport – score of 0%).**
- **Environmental cleaning and standard precautions (both score of 0%):** Provide additional handwashing stations to both facilities and ensure soap is available via MoH supply channels. Train staff on handwashing and cleaning protocols and standard precaution protocols at all facilities. Further assess the current state of waste disposal / sterilisation equipment and address gaps jointly with CHD; likely/ consider construct an incinerator and placenta pit at Chotyiel (and Tongdool once floods recede). Train staff and agree plan for management of this essential equipment with CHD. Finally, provide essential, immediate supplies of cleaning products to the facilities and identify a sustainable supply chain via MoH.

- **Antenatal services (score of 10%):** train and mentor staff on protocols for the integrated management of childhood illness (IMCI), immunisation and antenatal services and ensure guidelines and job aids on the same are available in each facility. Sanitation and hygiene are grossly inadequate.
- **Immunisation services (score of 13%):** Train staff in both facilities on immunisation protocols and ensure all protocols and job aids are available. Review functionality of all essential immunisation equipment and cold chain and work with CHD and other UN partners to address gaps.
- **Hygiene infrastructure (score of 25%):** Provide additional handwashing stations to both facilities and provide soap / sanitising gel immediately and ensure future supply along with other essential cleaning supplies via MoH supply channels.
- **Health management and information system (HMIS) (score of 25%):** further assess the gaps and bottlenecks in using the HMIS for decision making at the health facility level. Explore the possibility of using elements of the CMAM Surge approach to promote more active use at health facility level.
- **Staffing (score of 33%):** Harmonise staffing requirements with MoH and follow up on observed staff gaps.
- **Management and supervision (score of 33%):** strengthen systems for supportive supervision to ensure more frequent and constructive visits by the County Health Department to target facilities; take a first step to integrate health and nutrition services by fencing the PHCC/U and nutrition centre into the same compound and promoting referrals and sharing of resources.
- **Water infrastructure (score of 38%).** Concern has already undertaken work to extend the water pipeline in Chotyiel PHCC. This will need to be extended to the maternity ward once that ward is completed. The shallow wells in Chotyiel have been connected to a handpump and an additional shallow well has been established. If/ when Tongdool PHCU is accessible again, assess the possibility of rainwater harvesting/ handpump/ shallow well. Activate WASH Management Committees in Tongdool once staff/ community has returned after floods.

2. Objectives of the assessment

The assessment was undertaken by Concern Worldwide to understand the capacity of the three health facilities targeted for support in its health and nutrition programme in Guit and Rubkhona Counties, South Sudan.

The specific objectives were to:

- Identify and prioritise health facilities that are most in need of support to deliver effective health services.
- Identify specific areas of weaknesses in health service delivery and develop a tailored support plan.
- Measure changes in health facility capacity over time.

Concern developed a specific health facility assessment (HFA) tool in digital format to assess the capacity of the target health facilities under each of the WHO's health system building blocks (see methodology section below).

This report outlines the baseline findings for the ECHO-funded programme Enhancing Response to Nutrition Emergencies (ERNE) which runs from June

2020 to May 2023. It will allow Concern to report against the core indicator for the project: “% of supported health facilities that show an increase in capacity according to the health facility capacity assessment”.

3. Background / Context

Two health facilities (HFs) were assessed:

1. Chotyiel PHCC in Chotyiel Payam in Guit County.
2. Tongdool PHCU in Nhialdieu Payam in Rubkhona County (was under construction when serious damage due to flooding occurred in July 2021).

An additional, limited assessment was carried out in Kuach PHCU in Guit County, where Concern has plans to support improvements in WASH capacity from the second half of 2021 (see below). The results for Kuach PHCC are therefore presented separately (not part of the averaged score for Chotyiel and Tongdool and only for WASH).

The HFA was conducted in Chotyiel PHCC in December 2020. The HFA was not conducted in Tongdool PHCU because the health facility had not been fully constructed and was not yet operational. The baseline scores for Tongdool PHCU were therefore automatically set at 0. The Kuach PHCU was assessed (for WASH domains only) in February 2021. The nutrition services are directly operated by Concern staff in the OTP/TSFP site close to all three HFs. Module 12 (Nutrition Service Availability and Readiness) was therefore not assessed during the HFA and the scores were also set to ‘0’ because the health facilities themselves were not providing nutrition services.

Under the ERNE programme, CHADO, a South Sudanese NGO, was Concern’s implementing partner for the provision of the essential package of primary health care (PHC) services in Chotyiel PHCC from 1st of September 2020 and in Tongdool PHCU from 1st of December, 2020. The support mainly consisted of incentive payments to MoH-seconded staff. Due to collaboration issues between CHADO and the Ministry of Health (MoH), the MoH suspended CHADO operations in Chotyiel in November 2020. Activities were resumed by mid-January 2021 but issues arose again in March 2021. It was therefore agreed in June 2021 that CHADO would leave the area and that Concern would take over implementation of health activities.

CHADO was also supporting health services in Kuach PHCU in partnership with Cordaid under the Health Pooled Fund (HPF), with Cordaid as the HPF lead. Since June 2021, however, CHADO also ceased its support to Kuach PHCU, following the issues described above with the MoH. As of June 2021, Cordaid has been directly implementing health services in Kuach PHCU under HPF. Concern continues to support the Kuach Stabilization Centre for acutely malnourished children with complications and will continue its plans to rehabilitate WASH within Kuach PHCU. There is, however, no direct Concern/ERNE support to health services in Kuach PHCU – that is now fully covered by Cordaid.

The actual classification of the health facilities remains unclear. According to the State MoH, Chotyiel is a PHCC and Tongdool and Kuach are PHCUs, with the following specifications:

- **Primary Health Care Units (PHCU)** are the frontline health facilities staffed by two Community Health Workers and a Community Midwife.

They are located at **Boma level** or the lowest-level administrative division in South Sudan.

- **Primary Health Care Centre (PHCC)** offer Basic Emergency Obstetric and Neonatal Care and a wider range of diagnostic and curative services than a PHCU. They are based at Payam level (the second-lowest administrative division).

4. Methodology

4.1 The HFA tool

The HFA tool was developed by Concern and is based largely on the [WHO's Service Availability and Readiness Assessment \(SARA\) tool](#). It includes 14 modules covering 14 domains that align with the six WHO health system building blocks. The four WASH modules draw from the tools used by the UNICEF / WHO's Joint Monitoring Programme (JMP) for WASH [here](#), and Concern developed three custom modules for health facility staffing levels, nutrition service readiness and availability, and COVID-19.

TABLE 1. HFA modules / domains by health system building block and source

HEALTH SYSTEM BUILDING BLOCK	DOMAIN/ MODULE	SOURCE
Health workforce	1. Staffing	Concern (based on national standards)
Health information	2. Health information management system	SARA
Leadership & governance	3. Management and supervision	SARA, adapted
Service delivery	4. General infrastructure	SARA
Service delivery	5. Water infrastructure	JMP
Service delivery	6. Sanitation infrastructure	JMP
Service delivery	7. Hand hygiene infrastructure	JMP
Service delivery	8. Environmental cleaning	SARA/ JMP
Service delivery	9. Standard precautions	SARA
Service delivery + access to essential medicines	10. Child health service availability & readiness	SARA
Service delivery + access to essential medicines	11. Immunisation service availability & readiness	SARA
Service delivery + access to essential medicines	12. Nutrition service availability & readiness	Concern
Service delivery + access to essential medicines	13. Antenatal care service availability & readiness	SARA
Service delivery + access to essential medicines	14. COVID-19 preparedness & response capacity	Concern

4.2 HFA tool structure and scoring

The tool has 107 questions structured around 54 sub-indicators which are structured around the 14 domains outlined above. Each domain has between 1 and 5 sub-indicators. Each sub-indicator includes 1 to 8 questions.

The questions lay out a set of conditions that need to be met in order for the sub-indicator to be scored 1 (a 'pass'). Otherwise the sub-indicator is scored as a 0 (a 'fail'). Answers to the questions are either yes/ no or multiple-choice and depend on the response of the health facility staff being interviewed or require the enumerator to observe that an item is present in the health facility.

The score for each sub-indicator is therefore either 1 or 0. The raw score for each domain is the sum of the score for all the sub-indicators that it includes (which varies by domain but will be between 1 and 5). The raw score for the overall capacity of health facility is the sum of the score for all the 54 sub-indicators included in the tool.

In addition to the raw score, the % score is calculated for both overall and the domain. The percent score for a domain is the raw score converted to a percent by dividing it by the total possible points for that domain (between 1 and 5 depending on how many sub-indicators are associated with that domain). The percent score for a health facility's overall capacity is the raw score divided by 54 (the total number of sub-indicators). Throughout the report, the raw scores and % scores are presented for individual facilities and as an average across facilities. In addition, the % of health facilities assessed that got a passing score (a 1) for each of the 54 sub-indicators is also provided.

4.3 Limitations

Several limitations to the assessment should be considered when interpreting the results:

- Access issues meant that the HFA was conducted in Guit in December and in Kuach in February. This timing gap could have affected the comparability of the results.
- Scores for Tongdool PHCU were set automatically to zero because the facility was not yet functional at the time of the assessment. This automatically brings down the average score for each domain, but is an accurate reflection of capacity in the two targeted health facilities at baseline.
- The sub-domain on diagnostic testing capacity under the Child Health Services domain had an error in the skip logic, which resulted in the stock check for rapid diagnostic tests for malaria being skipped for all health facilities. Thus the total sub-domains for Child Health Services were reduced from the original 5 to 4 (diagnostic testing capacity was considered missing). This will be fixed for endline.

5. Findings

5.1 General

Capacity is extremely low across all domains for the two main facilities assessed, Chotyi PHCC and Tongdool PHCU, which was not operational at the time of the assessment. The overall crude score was 5.5 (out of a total 54 possible points), which is equivalent to 10% as a percentage score. Chotyi had an overall score of 20%. All values for Tongdool PHCC were automatically set at zero because it was not yet operational at the time of the assessment. As Kuach PHCU was only assessed for the five WASH domains, it is not included in the overall scores presented below, but is included in the sections presenting the WASH domain scores.

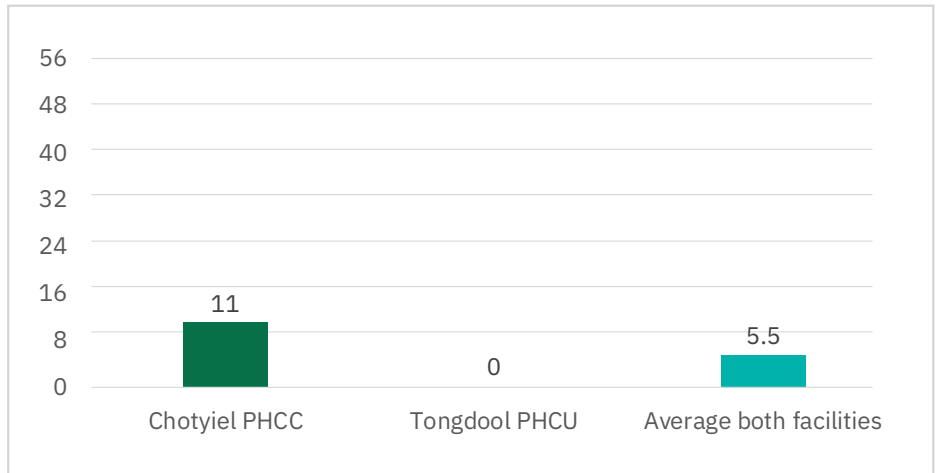


FIGURE 1. Overall crude score (out of total 54 possible points): by facility and average for both facilities

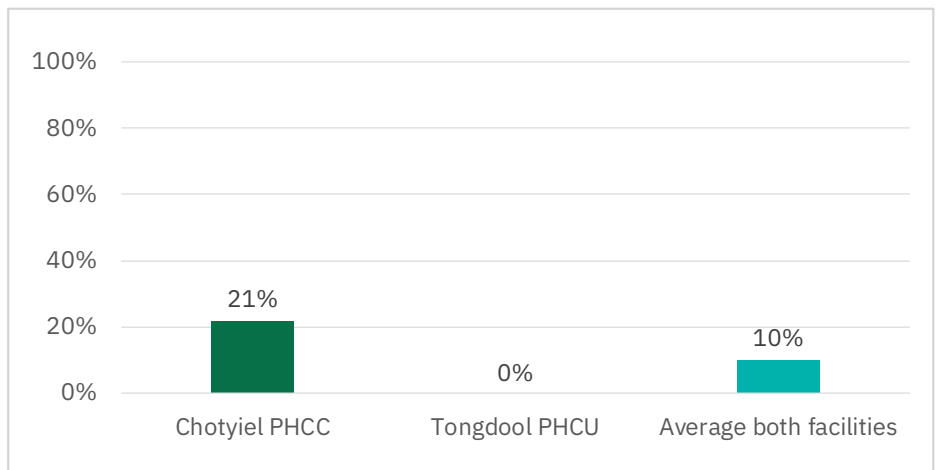


FIGURE 2. Overall percentage score: by facility and average for both facilities

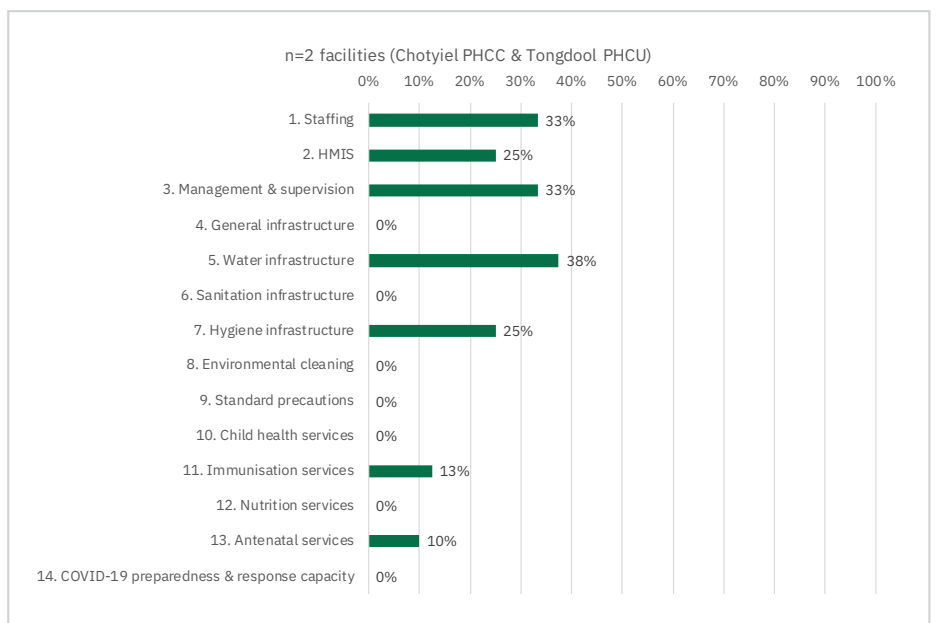


FIGURE 3 Average percent scores by domain for Chotyiel and Tongdool facilities combined

All domains showed poor capacity. Average scores for the two facilities were strongest for staffing (33%), management and supervision (33%) and water infrastructure (38%), but overall reflect a very weak health service. Average scores for HMIS (25%), hygiene infrastructure (25%), immunisation services (13%) and antenatal services (10%) were extremely low. The remaining domains were all found to have zero capacity and need to be prioritised for support.

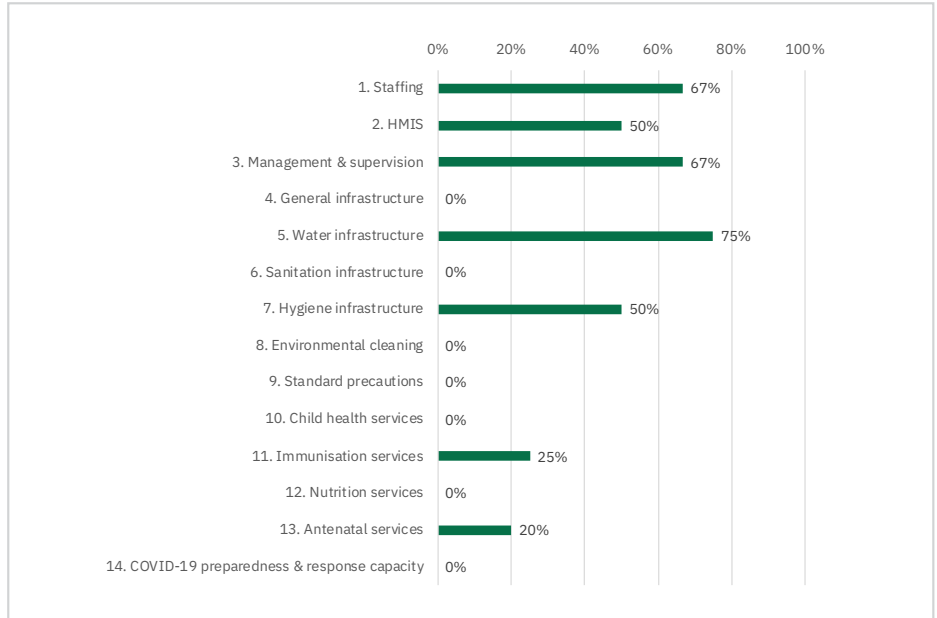


FIGURE 4 Percentage score by domain for Chotyiel PHCC

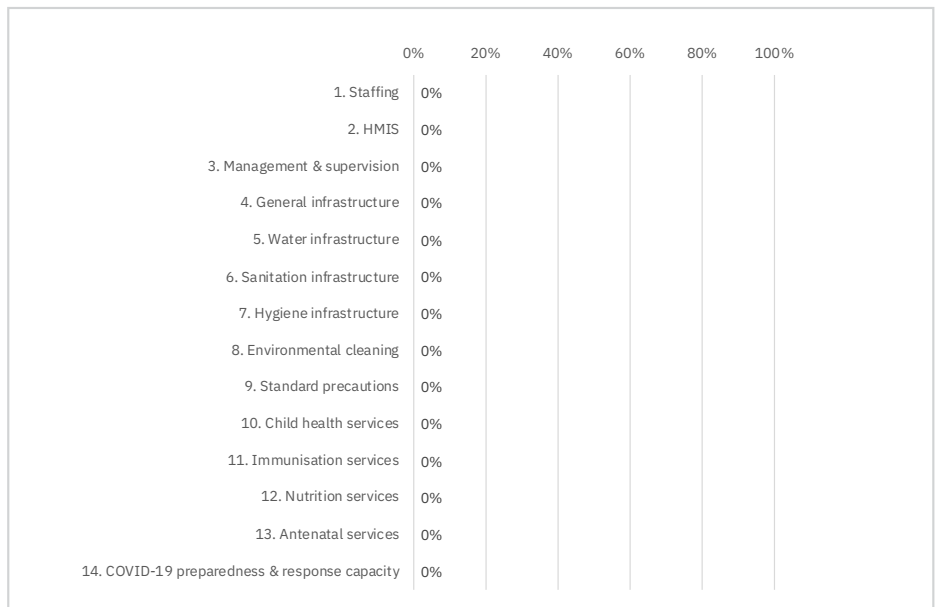


FIGURE 5. Percentage score by domain for Tongdool PHCU

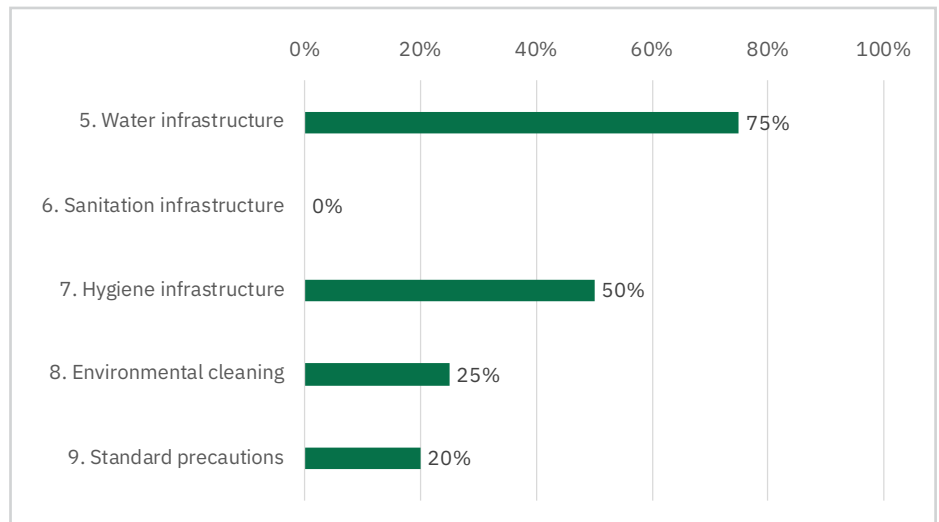


FIGURE 6. Percentage score for WASH domains for Kuach PHCU

5.2 Detailed findings by domain and sub-domain

This section provides the scores per domain for each health facility as well as the percent of health facilities that met the minimum criteria to ‘pass’ each of the sub-domains which determine the overall domain score. The exact questions asked for each of the subdomains is provided in Annex 5. The scoring structure for each of the sub-indicators (pass or fail) for each health facility is outlined in Annex 6

5.2.1 Staffing

The average score for staffing was low (33%), with Chotyiel scoring a modest score (67%) while Tongdool was automatically set to no score (0%) because it was not yet functioning at the time of the assessment. The modest score for Chotyiel, however, should be interpreted with caution for two reasons. First, a perfect score of 100% for this subdomain still only means that 50% of the staff who were assigned to the facility were present on the day of the survey. Second, there is only one professional staff – a clinical officer – assigned to Chotyiel and that staff member was not present on the day of the assessment. The better attendance of associate staff (50% overall but 100% for Chotyiel) and support staff (50% overall and 100% for Chotyiel) is likely due to ERNE supporting salaries for the MOH-seconded staff¹. There is a heavy reliance in Chotyiel on traditional birth attendants (TBAs) and Community Health Workers (CHWs) to deliver services, who may not have adequate skills to do so. For a list of staff expected in each facility type per national directives, please see Annex 4.

1. CHADO was also previously paying the SMOH staff monthly incentives as per the National MOH Salary scale.

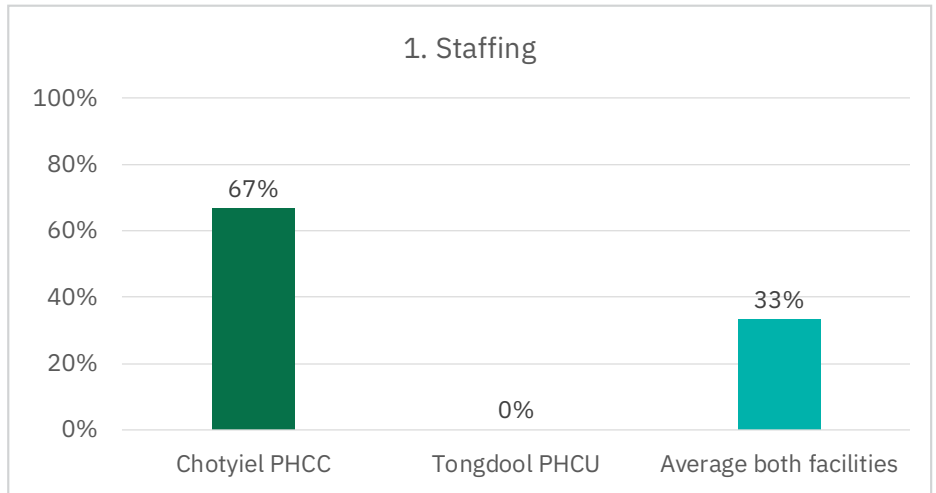


FIGURE 7. Average percent score for staffing domain: by facility

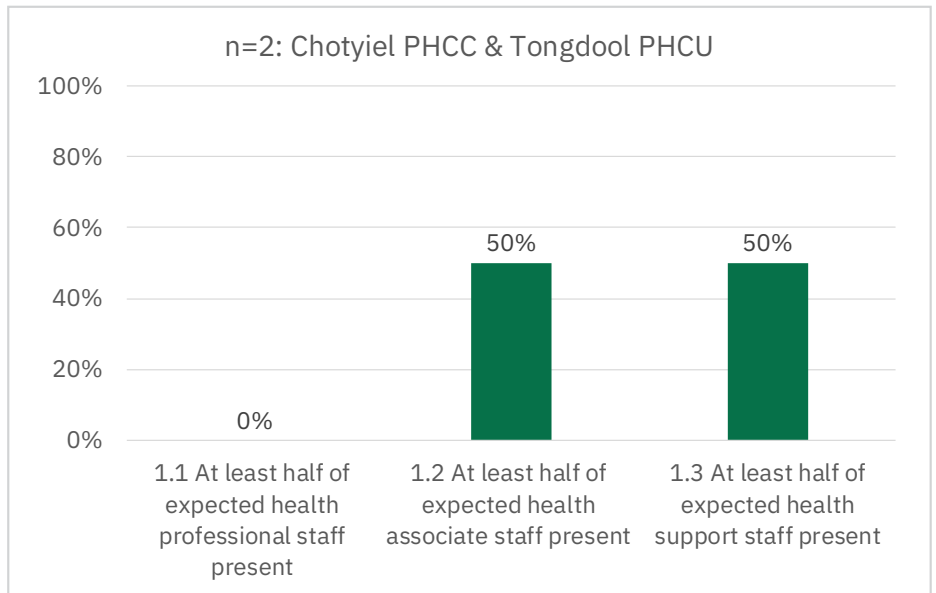


FIGURE 8. Percent of health facilities achieving each sub-domain for staffing

Recommended priority actions needed to improve staffing capacity:

- Harmonise staffing requirements with MoH.
- Follow-up regarding the two budgeted clinical staff who were not present in Guit-Chotyiell.
- Consider monitoring staff attendance.

5.2.2 HMIS

The average score for HMIS was 25%, which is very low. Chotyiell had a modest score (50%) and Tongool scored 0%. While Chotyiell staff reported that a HMIS is in place in the facility (sub-domain 2.1), there was no evidence of its use (sub-domain 2.2).

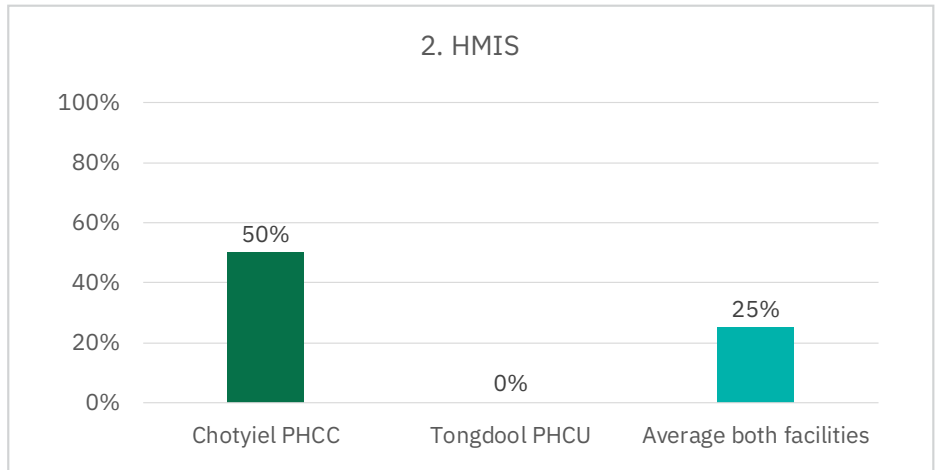


FIGURE 9 Average percent score for the HMIS domain: by facility

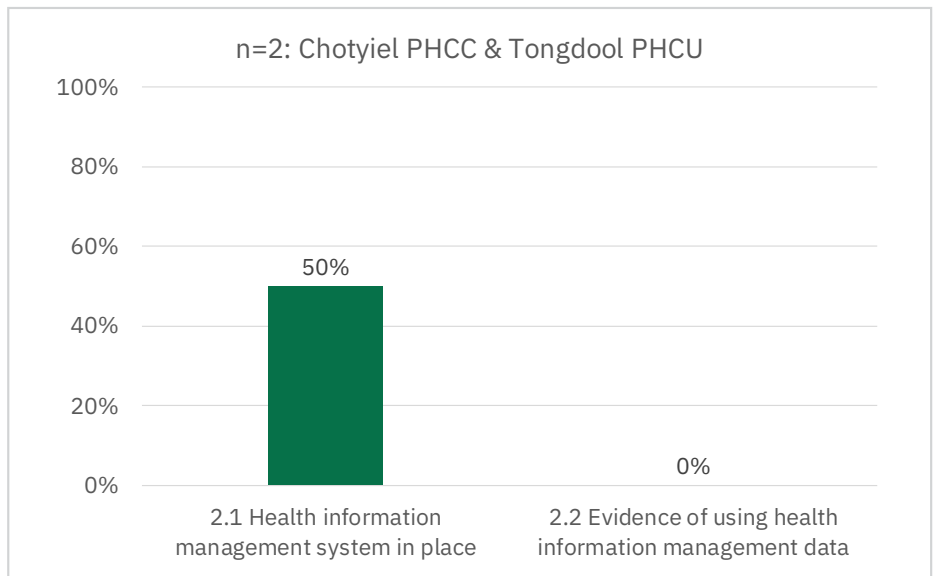


FIGURE 10. Percent of health facilities achieving each sub-domain for HMIS

Recommended priority actions needed to improve HMIS capacity:

- Further assess how HMIS is happening in the facility and what needs to be strengthened – likely followed by on-the-job training and mentoring (potentially formal training with staff from other facilities in Guit County).
- Explore the possibility of using the CMAM Surge approach to promote more active analysis of health information at health facility level.

5.2.3 Management and Supervision

The average score for management and supervision was low (33%), with Chotyiel scoring higher (67%) and Tongdool having no capacity (0%). Chotyiel has a functional internal management committee in place. It also has a community health management committee in place (100% for sub-domain 3.1), but there are no regular meetings between facility staff and community members (thus 0% for sub-domain 3.2). Chotyiel has also had a supervision visit during the last three months (100% for sub-domain 3.3). However, there is recognition that the approach to supportive supervision could be strengthened as it does not seem fully effective in addressing the service quality issues across the other domains.

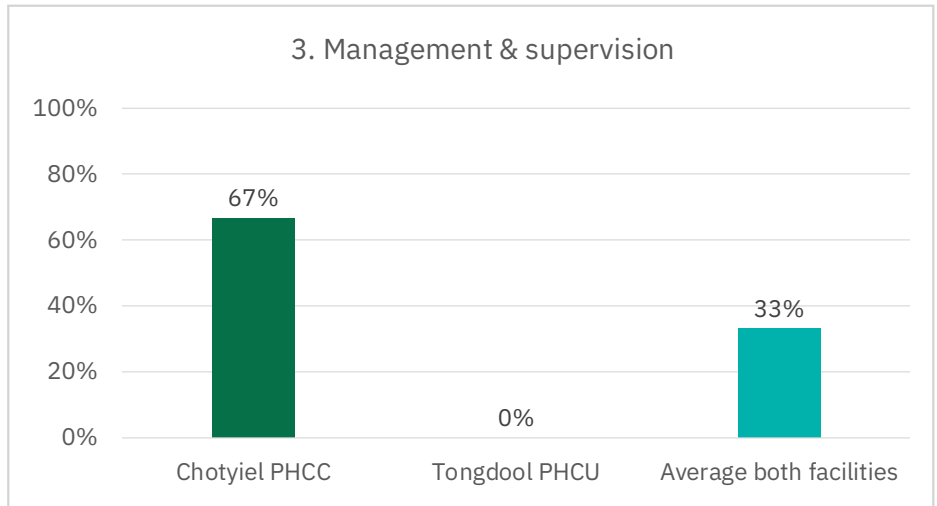


FIGURE 11. Average percent score for management and supervision domain: by facility

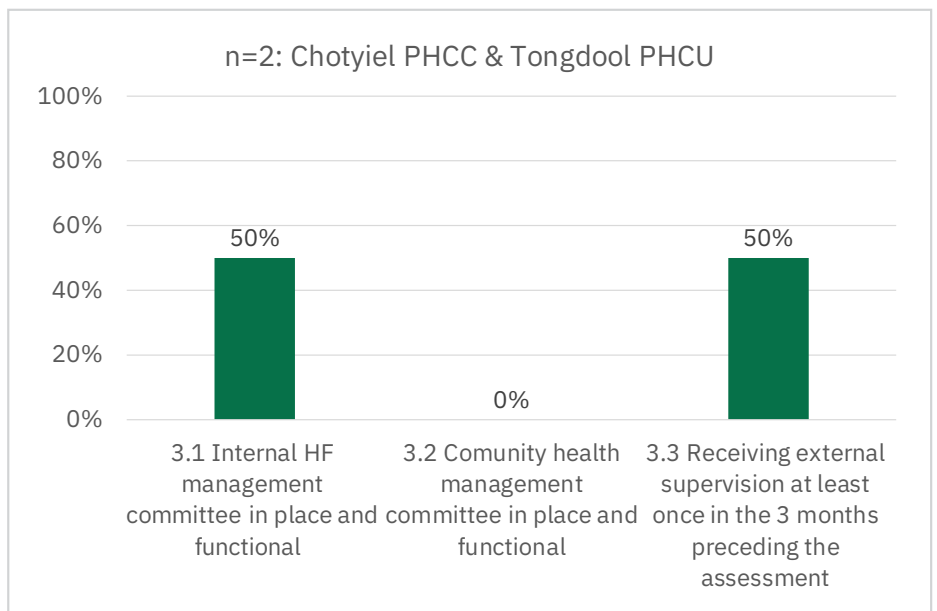


FIGURE 12. Percent of health facilities achieving each sub-domain for management and supervision

Recommended priority actions to improve management and supervision:

- Strengthen supportive supervision, leadership training, coordination structures for SMOH/CHDs in Rubkhona and Guit counties.
- Support the establishment / relaunch of the community health management committee in Chotyiel and Tongdool. For Chotyiel, identify why the committee has not met during the past three months and what is needed to support the engagement of its members.

5.2.4 General Infrastructure

The score for General Infrastructure for each facility and therefore the average score for both facilities was 0%, demonstrating an extremely low level of capacity. This was the case across all three of the sub-domains that make up this domain.

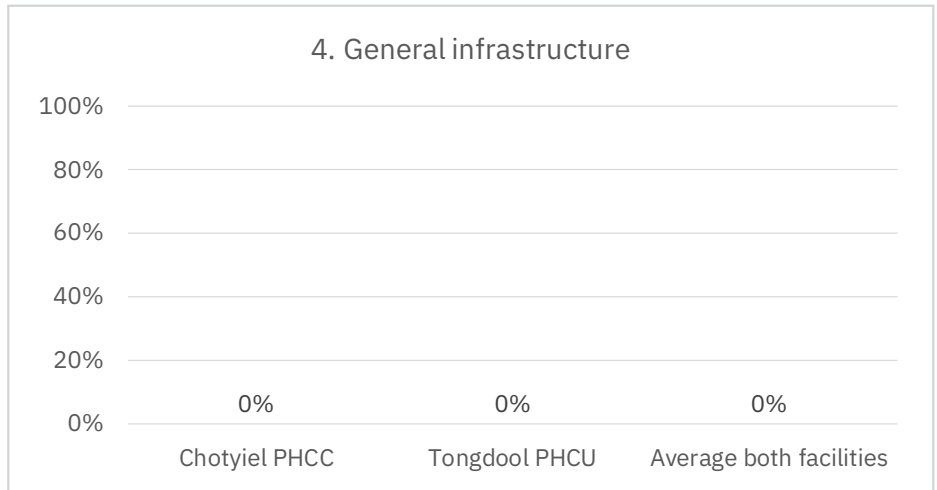


FIGURE 13. Average percent score for general infrastructure domain: by facility

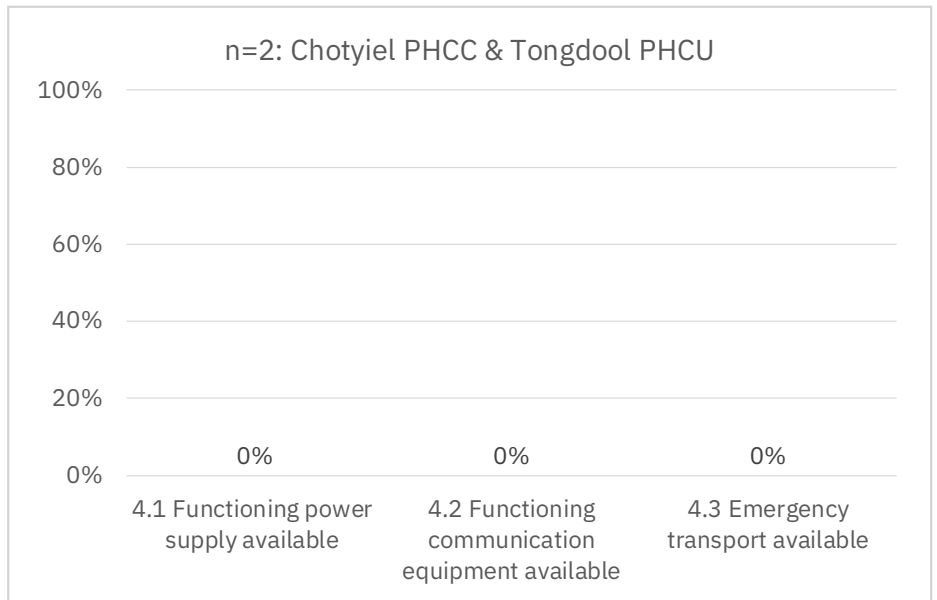


FIGURE 14. Percent of health facilities achieving each sub-domain for general infrastructure

Recommended priority actions needed to improve general infrastructure:

- Fence the PHCC and Nutrition centre together in Chotyiel (and plan to do the same if/ when return to Tongdool).
- Provide power supply in Chotyiel.

5.2.5 Water Infrastructure

The average score for water infrastructure for Chotyiel and Tongdool was low (38%). Chotyiel scored relatively well (75%), while Tongdool’s score was set at 0%. Kuach PHCU also scored relatively high (75%) – note the score for Kuach is presented below, but it is not included in the average facility score because Kuach was not assessed across all domains. Chotyiel was reported to have a main water supply that was improved and functioning (tube well/ borehole), had had no disruption in the previous month and the quantity was reported to be enough to meet the facility’s needs. However, the water source was not on the premises (sub-indicator 2) and was reported to be

within 500 meters of the health facility. The water infrastructure at Chotyiell was deemed considerably worse by a Water and Sanitation for Health Facility Improvement (WASH FIT)² assessment carried out after the HF. The WASH FIT assessment (available upon request) found that out of 15 core indicators for basic water service, Chotyiell only met the criteria for 4 (40%). Since the assessment, Concern has extended the water pipeline in Chotyiell PHCC. Unfortunately, since February 2021, Tongdool has been inaccessible, thus support to the water infrastructure has not moved ahead as planned. A number of actions were prioritised immediately after the assessment and their completion status is noted below.

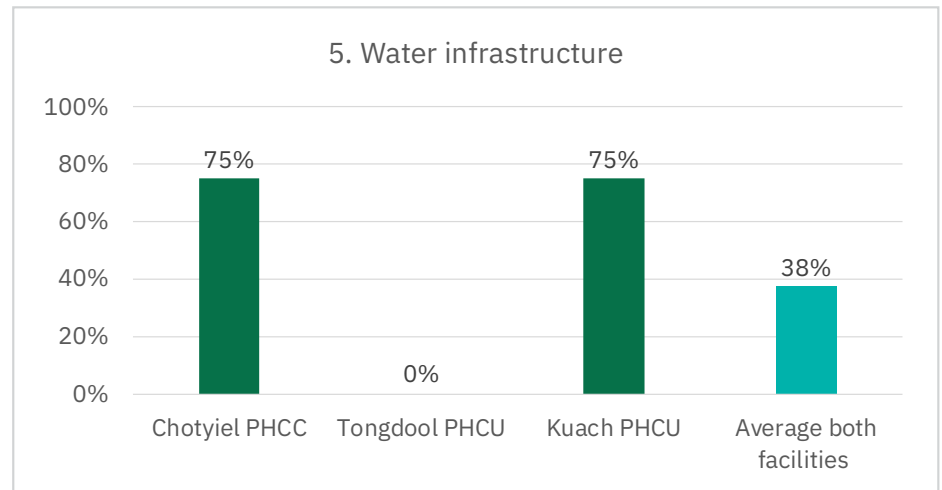


FIGURE 15. Average percent score for the water infrastructure domain: by facility

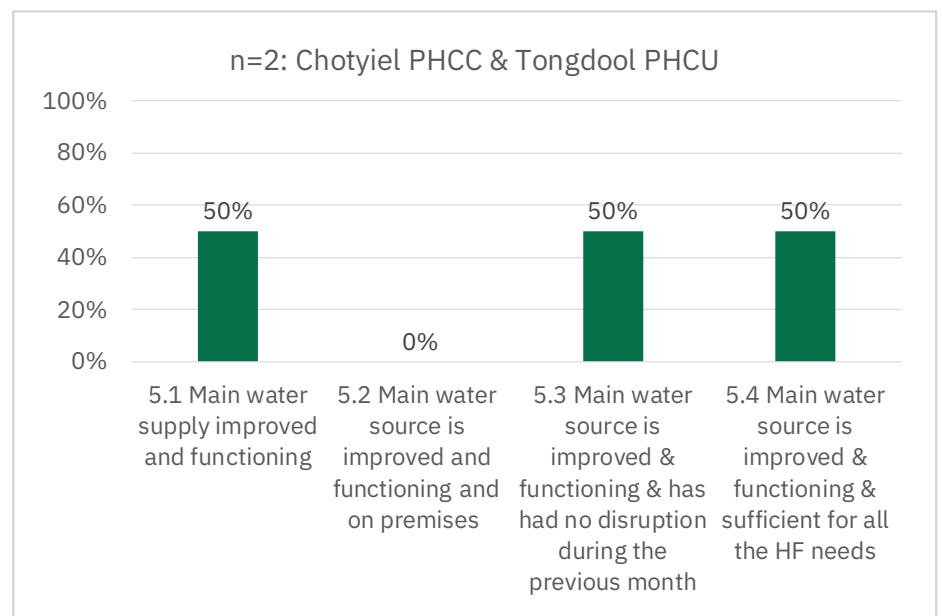


FIGURE 16. Percent of health facilities achieving each sub-domain for water infrastructure

2. WASHFIT is a WHO / UNICEF practical guide for improving quality of care via water, sanitation and hygiene that includes an assessment tool and process for developing a quality improvement plan with each health facility. See <https://www.who.int/publications/i/item/9789241511698>

Recommended priority actions needed to improve water infrastructure:

- Conduct a technical assessment on potential extension of the water pipeline in Chotyiel PHCC (Completed).
- Based on assessment, extend water pipeline to Chotyiel PHCC, with focus on close proximity to the maternity ward (Completed but maternity ward is still being established so location will be reassessed after established).
- Improve existing shallow wells in Chotyiel PHCC to handpumps and construct further shallow wells (Completed).
- When road to Tondool is open, assess possibility of roofwater harvesting / handpump / shallow well.
- Activate the WASH Management Committee in Tongdool to manage the new water facilities being developed by Concern once they have returned to Tongdool from Bentiu town.

5.2.6 Sanitation Infrastructure

The score for sanitation infrastructure for each facility and therefore the average score of both facilities was 0%, demonstrating an extremely low level of capacity. This was the case across all three of the sub-domains that make up this domain. The WASHFIT assessment also found sanitation infrastructure to be very poor: of the 10 indicators for sanitation, Chotyiel PHCC only met the criteria for two (20%). There is, however, some capacity to build upon. In Chotyiel PHCC, for example, four clean and functional toilets exist, but they are not counted here since they are pit latrines without slabs so not considered ‘improved’.

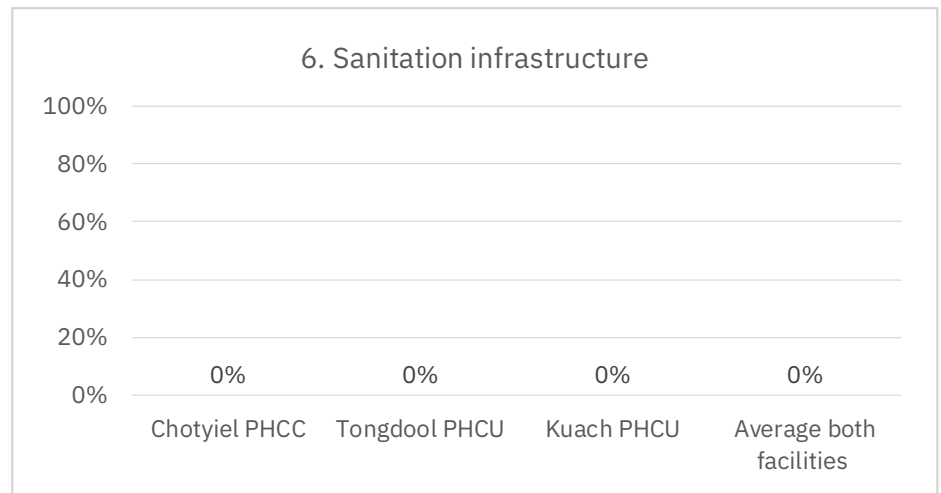


FIGURE 17. Average percent score for the sanitation infrastructure domain: by facility

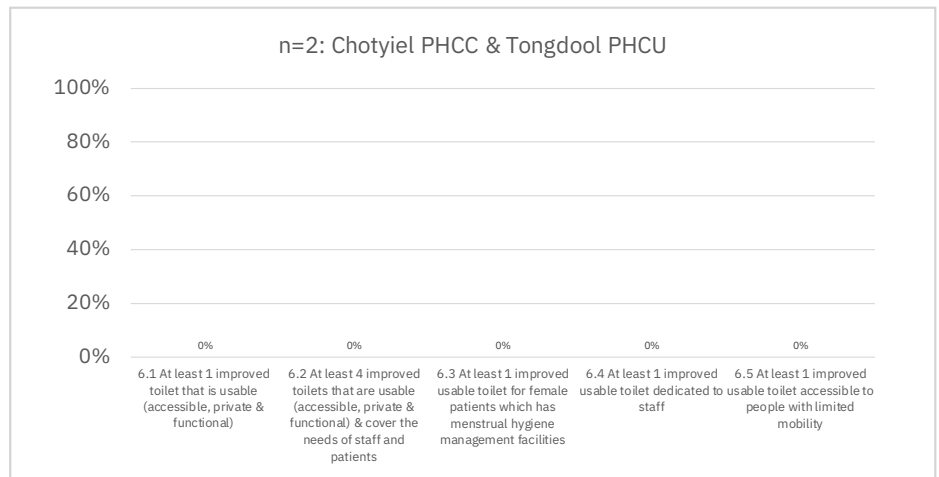


FIGURE 18. Percent of health facilities achieving each sub-domain for sanitation infrastructure

Recommended priority actions to improve sanitation infrastructure:

- Construct four stances of two block latrines, segregated male and female in Tongol (*Completed*).
- Better integrate the latrines between the nutrition centre and health facility in Chotyiel and Tongdool when possible (and possibly Kuach) with a fence around them so they can be used by both nutrition beneficiaries and PHCC patients.
- Assess the possibilities to improve facilities for menstrual hygiene management (MHM) and to assign one to staff.

5.2.7 Hygiene (Handwashing) Infrastructure

The average score for hygiene infrastructure for Chotyiel and Tongdool was very low (25%) (Kuach is not included in the average score because it was not assessed across all domains). The scores for Chotyiel and Kuach were modest (50%) while Tongdool was set at 0%. While Chotyiel and Kuach had a handwashing facility with soap and water at the entrance to the main waiting area, there was no facility with water and soap within five meters of the toilet. According to the WASHFIT assessment for Chotyiel, the handwashing facility was present but there was no water or alcohol hand rub available. Out of the 5 WASHFIT indicators for hygiene infrastructure, Chotyiel only met the criteria for 2 (20%).

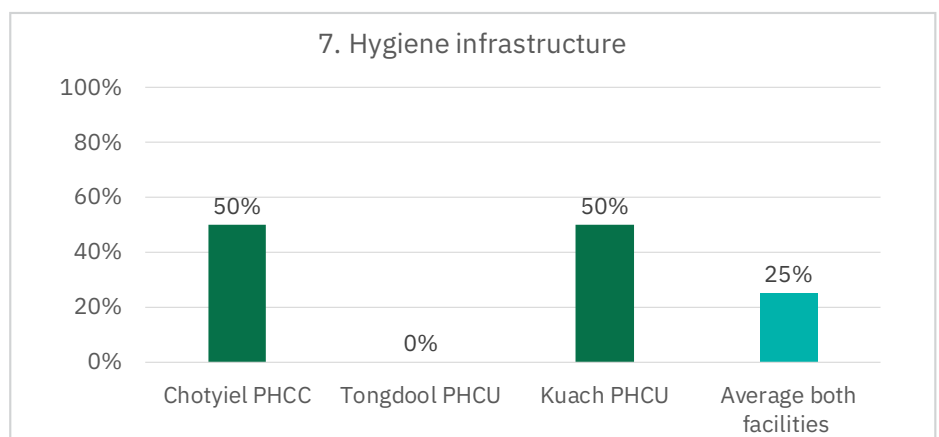


FIGURE 19. Average percent score for hygiene infrastructure domain: by facility

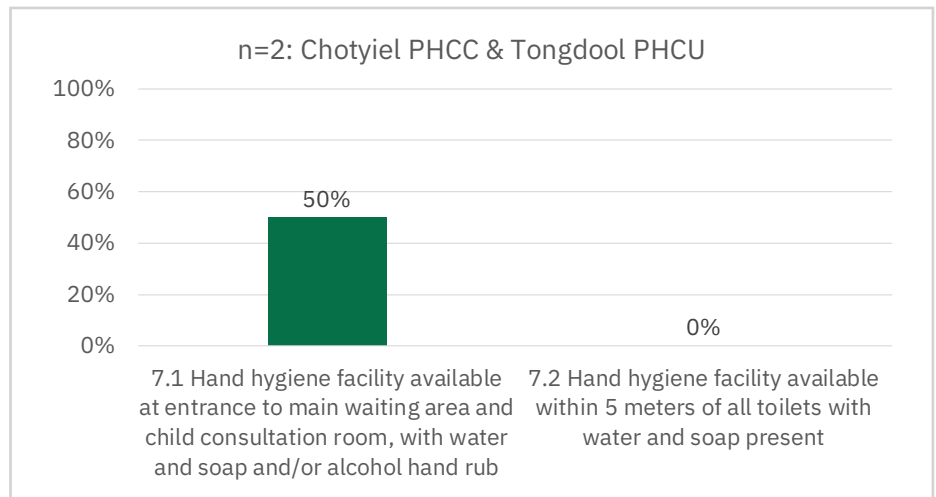


FIGURE 20. Percent of health facilities achieving each sub-domain for hygiene infrastructure

Recommended priority actions to improve hygiene infrastructure:

- Provide additional handwashing facilities (50L with metallic stands and soap) and place them in the most appropriate / accessible places including next to sanitation facilities in Chotyiel PHCC and Tongdool PHCC. *(Completed once but seemed missing in Chotyiel during assessment so following up reason).*
- *Ensure that soap is available in all facilities via MoH channels, other partners or Concern.*
- *Train staff on handwashing protocols in Chotyiel, Kuach and Tongdool, and provide behaviour-change communication materials to promote handwashing by staff and patients. (Completed for Chotyiel nutrition staff).*

5.2.8 Environmental Cleaning

The score for environmental cleaning for Chotyiel and Tongdool facilities was 0%, resulting in an average score of 0%, demonstrating an extremely low level of capacity. Kuach scored slightly higher (25%) because the enumerators judged it to be visibly clean on the day of the survey. (Note, again Kuach is not included in the average score because it was not assessed across all 14 domains). All facilities scored 0% across all the other the sub-domains that make up the environmental cleaning domain. Chotyiel PHCC was found to not be visibly clean, despite the fact that there were four cleaners supported under previous incentive payments. Of the cleaning supplies and Personal Protective Equipment (PPE), many were missing including disinfectant in all facilities and medical masks in Kuach (and Tongdool).

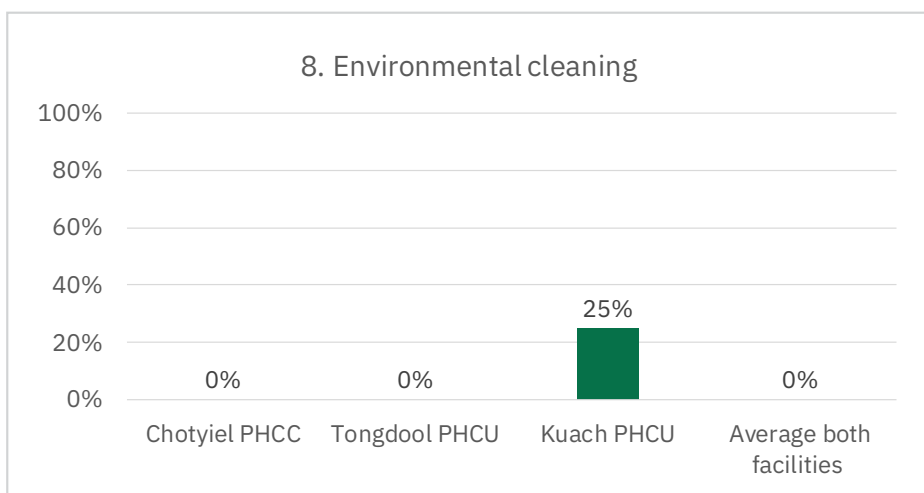


FIGURE 21. Average percent score for the environmental cleaning domain: by facility

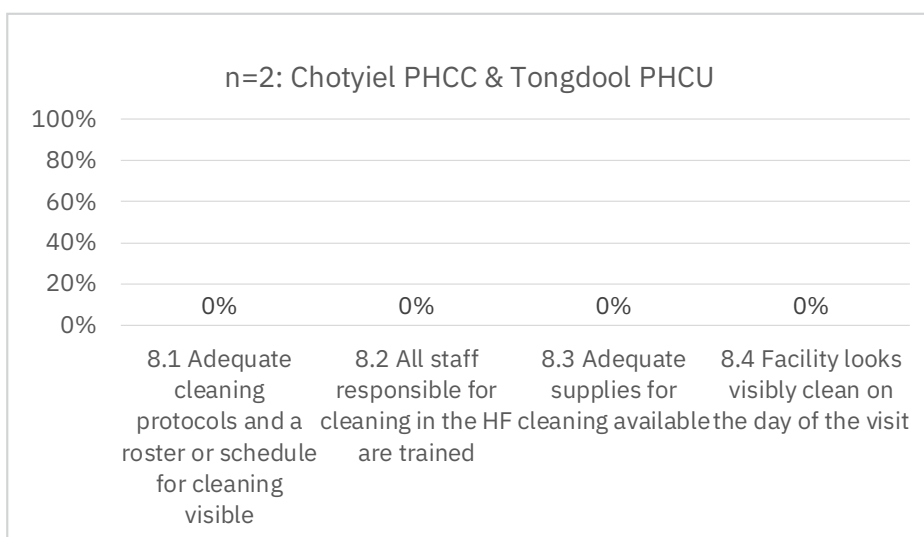


FIGURE 22. Percent of health facilities achieving each sub-domain for environmental cleaning

TABLE 2. Personal protective equipment (PPE) and cleaning supplies available on the day of the visit

	ITEM	CHOTYIEL PHCC	TONGDOOL PHCU	KUACH PHCU
Cleaning supplies	Chlorine based disinfectant			
	Buckets	✓		✓
	Mops/ brushes	✓		
PPE	Disposable medical masks	✓		
	Goggles/ face shield			
	Latex gloves	✓		✓
	Heavy duty gloves			
	Long sleeved gown			
	Waterproof aprons			
	Closed work shoes			✓

Recommended priority actions to improve environmental cleaning:

- Print/ provide environmental cleaning protocols.
- Train and mentor all staff on environmental cleaning protocols, particularly the four hired cleaners in Chotyiel.
- Provide essential cleaning equipment and supplies and identify a more sustainable supply chain via the Health Pooled Fund or other routes.

5.2.9 Standard Precautions

The score for standard precautions for Chotyiel and Tongdool was 0%, resulting in an average score of 0% (not including Kuach for reasons outlined above). Kuach scored slightly better (20%) because it appeared to be safely treating/ disposing of sharp and infectious waste. All other sub-domains had a score of 0%.

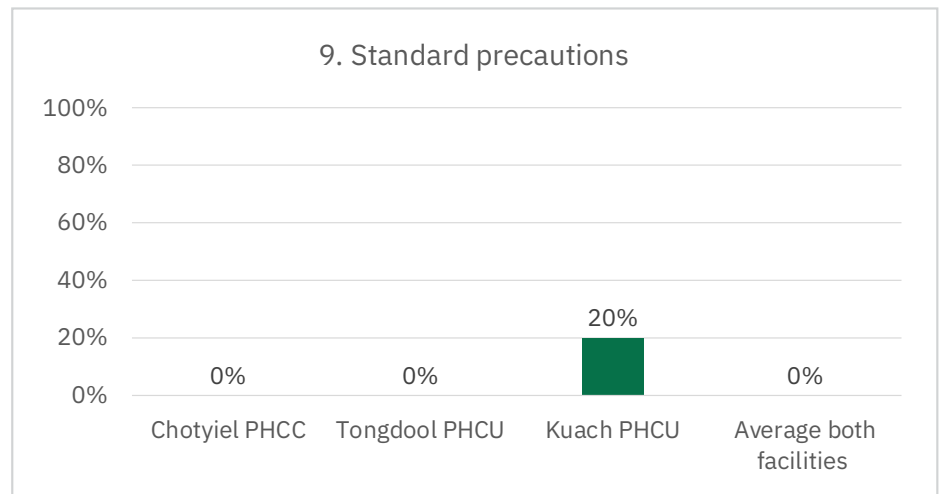


FIGURE 23. Average percent score for the standard precautions domain: by facility

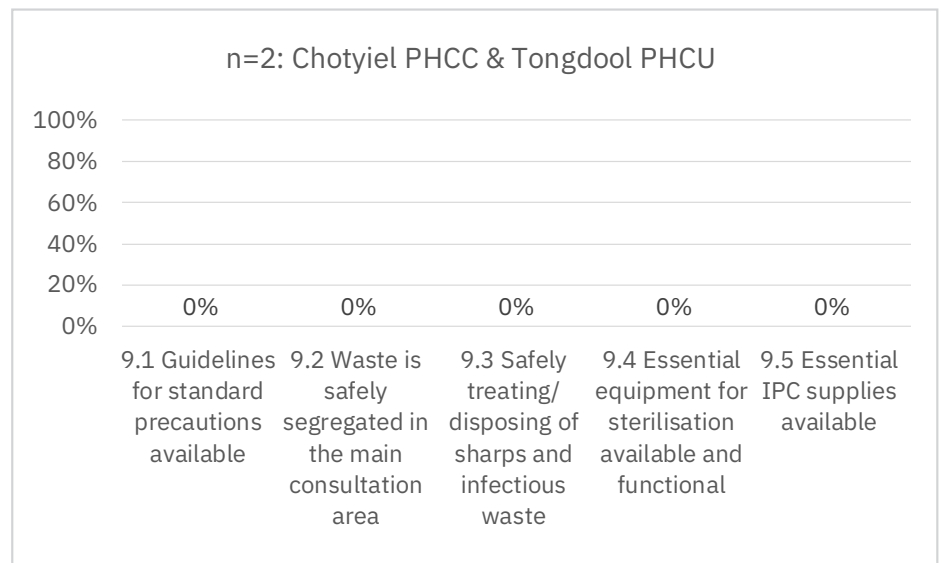


FIGURE 24. Percent of health facilities achieving each sub-domain for standard precautions

Recommended priority actions to improve standard precautions:

- Print/provide national protocols on standard precautions for both facilities.
- Formal and on-the-job training on standard precaution protocols for both facilities (and other MoH staff as appropriate and in coordination with the County Health Department).
- Further identify what waste disposal / sterilisation equipment is necessary and agree plan to provide it in all health facilities. Delivery kits should be a top priority.
- Construct incinerator in Chotyiel and Tongdool and train and mentor staff on how to use it.
- Construct placenta pit at all three health facilities.
- Child Health Services

5.2.10 Child Health Services

The score for child health services for each of the two facilities and therefore the average score across both facilities was 0%, demonstrating an extremely low level of capacity. This was the case across all four of the sub-domains that make up the child health services domain. Note data for the fifth sub-domain to assess diagnostic capacity, including availability of rapid diagnostic tests (RDT) for malaria (10.5), was missing due to an error in the digital questionnaire (see Limitations section) so the score for this domain was calculated out of four sub-indicators for the baseline. Neither health facility had all eight of the essential child health drugs expected to be in stock. Chotyiel did not have three of the essential drugs: oral rehydration solutions (ORS), zinc sulphate syrup or dispersible tablets, and co-trimoxazole syrup/suspension. Note stock of malaria drugs was not assessed as it is part of a comprehensive module in the WHO SARA tool that was beyond the scope of this assessment. Chotyiel PHCC was also missing a child growth chart for routine growth monitoring, an infant scale and a timer/ watch with a second hand. During the assessment, it was observed that stock management practices were poor, making it difficult to assess the real gaps in drug supply. It was also noted by the assessment team that although RDTs should be available, they were not on the day of the visit.

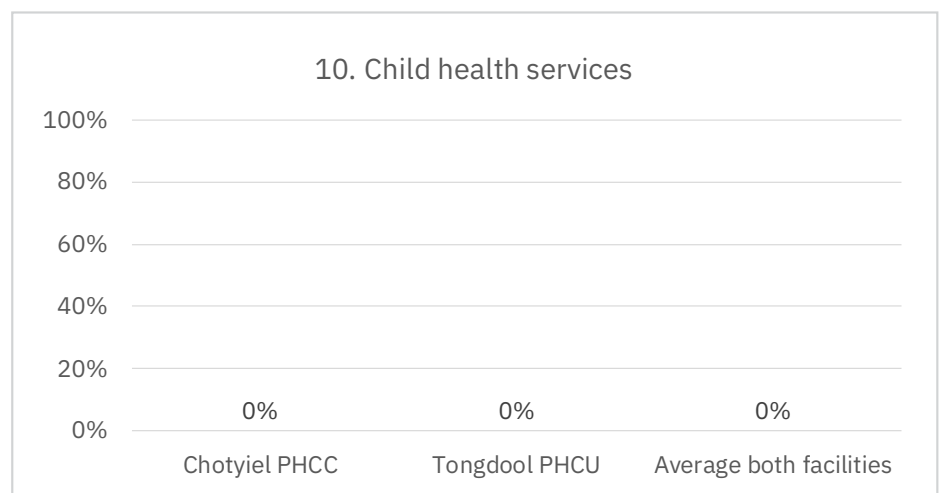


FIGURE 25. Average percent score for the child health services domain: by facility

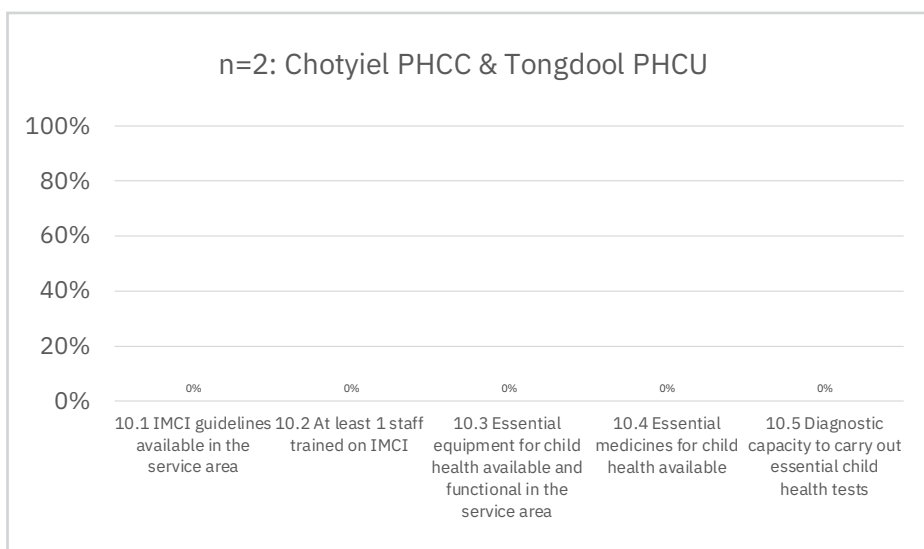


FIGURE 26. Percent of health facilities achieving each sub-domain for child health services

TABLE 3. Availability of each essential child health medicine and equipment in stock on the day of the survey

ITEM		CHOTYIEL PHCC	TONGDOOL PHCU
Essential child medicines	Oral Rehydration Solution (ORS)		
	Zinc sulphate tablets	✓	
	Zinc sulphate syrup or dispersible tablets		
	Vitamin A capsules	✓	
	Co-trimoxazole syrup/ suspension		
	Paracetamol syrup	✓	
	Amoxicillin syrup/ suspension or dispersible tablets	✓	
	Albendazole/ mebendazole	✓	
Essential child health equipment	Growth chart		
	Infant weighing scale		
	Thermometer	✓	
	Stethoscope	✓	
	Timer/ watch with second hand		

Recommended priority actions to improve child health services:

- Print/ provide integrated management of childhood illness (IMCI) guidelines at both health facilities.
- Train and mentor staff on integrated management of childhood illness (IMCI) per national protocol and curricula. Ensure that staff are available for planning.
- Provide growth charts, infant weighing scales and timer/ watch with second hand to both facilities.
- Assess other child health equipment gaps and provide equipment as needed.
- Conduct joint inventory of medical equipment and appoint someone to be responsible for its maintenance.
- Train/ mentor staff on drug management/ rational use and identify and address any bottlenecks for continuous supply of essential child health drugs via the MOH/ Health Pooled Fund channels.
- Identify the most efficient and sustainable drug procurement process.

5.2.11 Child Immunisation Services

The average score for child immunisation services was very low (13%). Chotyiel PHCU on its own had a slightly higher score (50%). Chotyiel met the minimum criteria for two sub-domains: having at least one staff trained on child immunisation (sub-domain 1) and all four essential child vaccines were in place (sub-domain 4). The essential vaccines per the national expanded programme for immunisation (EPI) for South Sudan are: BCG, DPT-HepB-Hib (Pentavelent)³, polio vaccine, and measles vaccine. However, Chotyiel was observed not to have a vaccine fridge (only a vaccine coolbox) and the other equipment required to safely store and administer the vaccines did not meet the minimum criteria in both locations.

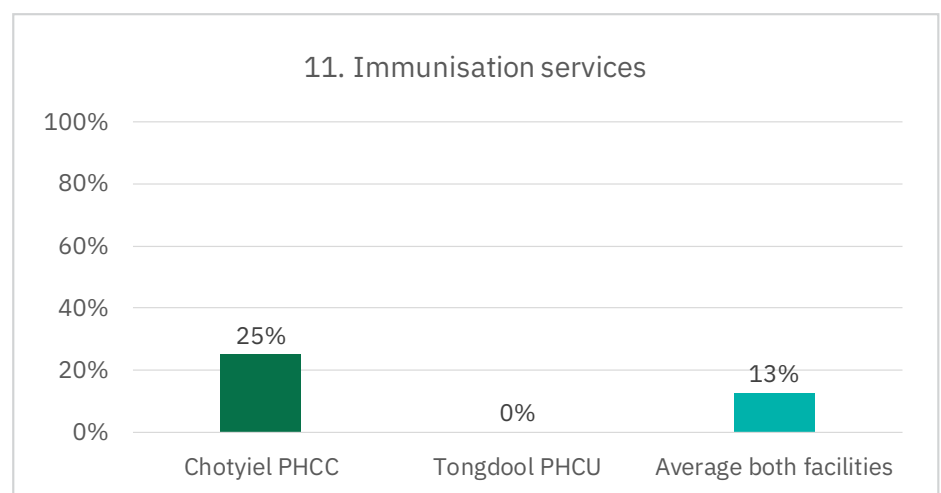


FIGURE 27. Average percent score for Child Immunisation Services domain: by facility

3. BCG is Bacillus Calmette–Guérin (BCG) and DPT-HepB-Hib is Diphtheria/Pertussis/Tetanus-Hepatitis B-Haemophilus influenzae type b

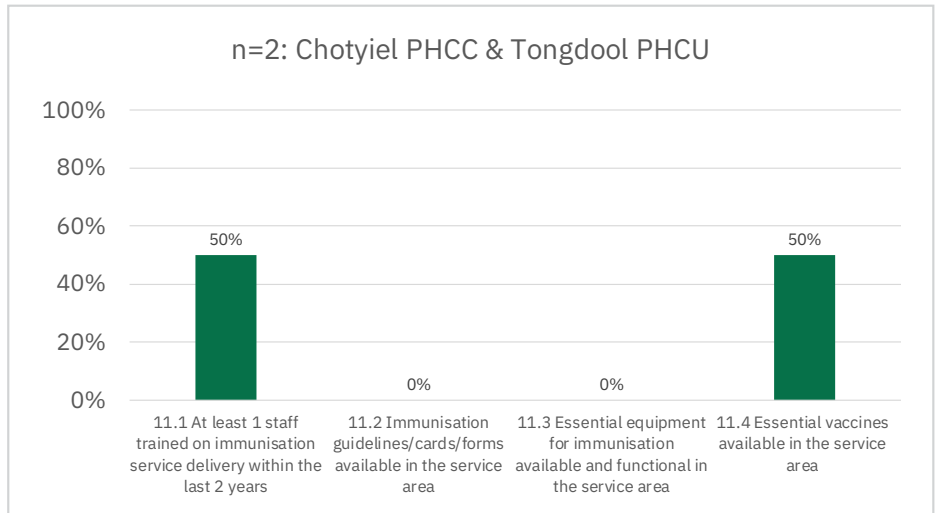


FIGURE 28. Percent of health facilities achieving each sub-domain for child immunisation services

Recommended priority actions to improve child immunisation services:

- Print/ provide national immunisation guide, cards/ forms and job aids to meet the specific gaps.
- Review the availability and functionality of all essential vaccine equipment in both locations, advocating to partners for provision of equipment needed to ensure the cold chain and supplies as appropriate (e.g. UNICEF to supply a solar-powered fridge).
- Plan and conduct initial and refresher training for Tongdool PHCU and for Chotyiel PHCC (as needed), including on maintenance of essential vaccination equipment and cold chain management.

5.2.12 Nutrition Services

The nutrition services were not formally assessed during the HFA and the score was therefore set by default to 0%. This is because nutrition services are currently provided by Concern in a nutrition centre that is next door to Chotyiel PHCC (and in Tongdool). An assessment of the Concern nutrition centre would therefore not be a fair representation of the availability and readiness of nutrition services within the health facility. A key aim of the programme is to, at a minimum, physically integrate the provision of nutrition services into the government health facilities by the end of the project.

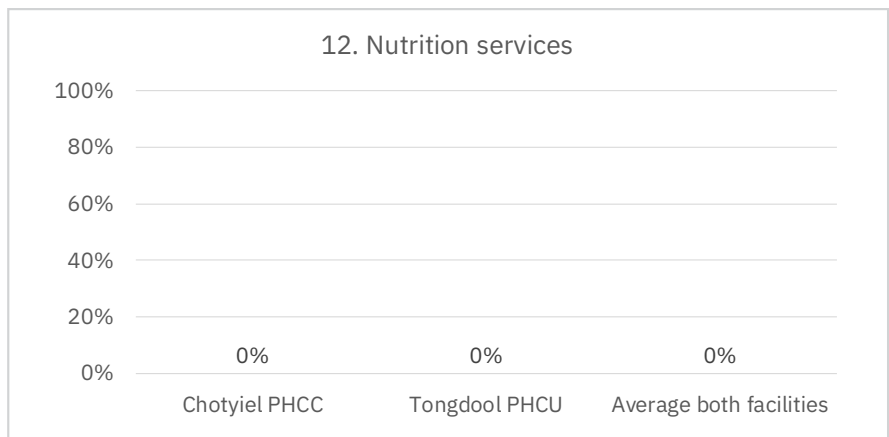


FIGURE 29. Percent score for nutrition services domain: by facility

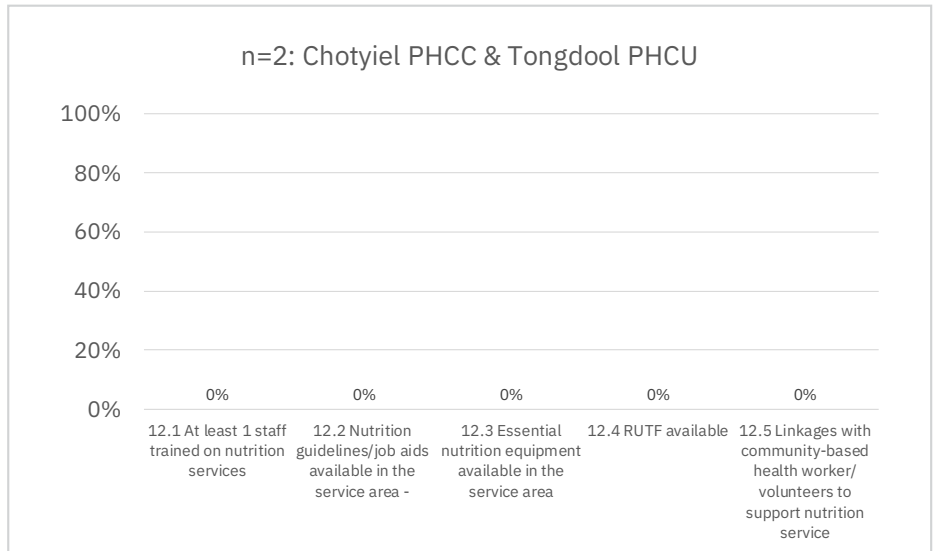


FIGURE 30. Percent of health facilities achieving each of the three sub-domains for nutrition services

Recommended priority actions needed to improve nutrition services:

- Develop a practical plan with the County health department to strengthen the referral and coordination mechanism between the nutrition centre and the PHCC and PHCU by: seconding nutrition staff to the health facilities; fencing both facilities together within the same compound to share resources such as latrines; conducting joint staff meetings weekly; and promoting joint supportive supervision with the CHD of both the nutrition centre and health facility.
- Provide training on CMAM and IYCF to health facility staff.

5.2.13 Antenatal Services

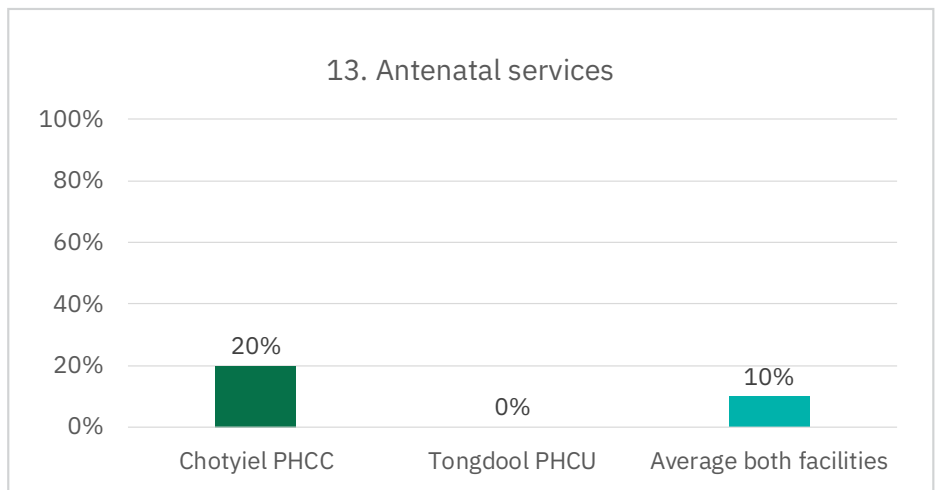


FIGURE 31. Average percent score for the antenatal services domain: by facility

The average score for antenatal services was extremely low (10%). It was slightly higher in Chotyiel PHCC (20%) but still worrying low. The only sub-domain that Chotyiel passed was having at least one staff trained on antenatal services (sub-domain 13.1). There was only one of the three essential antenatal medicines available on the day of the survey: tetanus toxoid vaccine. There were no iron-folate tablets or Sulfadoxine-

Pyrimethamine/ Fansidar tablest for intermittent preventive treatment of malaria during pregnancy (IPTp) in stock. Furthermore, none of the essential antenatal equipment or diagnostic tests were available to measure blood pressure, urine protein levels and haemoglobin levels.

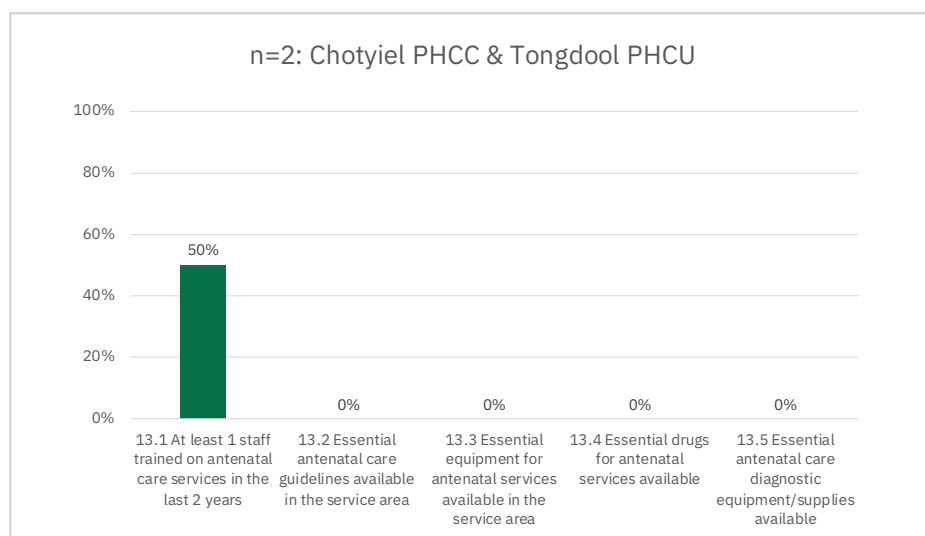


FIGURE 32. Percent of health facilities achieving each sub-domain for antenatal services

TABLE 4. Availability of essential antenatal medicines and equipment

ITEMS		CHOTYIEL PHCC	TONGDOOL PHCU
Essential antenatal medicines	Iron-folate tablets (separate or combined)	X	X
	Tetanus toxoid vaccine	✓	X
	Sulfadoxine-Pyrimethamine/ Fansidar for intermittent preventive treatment of malaria during pregnancy (IPTp)	X	X
Essential antenatal equipment & diagnostic tests	BP machine or manual sphygmomanometer with stethoscope	X	X
	Urine dipstick protein test	X	X
	Haemoglobin test	X	X

Recommended priority actions to improve antenatal services

- Conduct initial and refresher training on antenatal services for both facilities in coordination with the County Health Department and national protocols and curricula.
- Print/ provide national antenatal service guidelines for each facility.
- Review exact needs for essential antenatal equipment and work with County Health Department to advocate for partners to provide them (e.g. UNFPA/ Health Pooled Fund), with a priority on antenatal kits.
- For essential child medicines: train/ mentor staff on drug management and rational use and identify and address any bottlenecks for continuous supply of essential child health drugs via the MOH/ Health Pooled Fund channels.
- Verify health personnel and ensure they meet minimum standards/ qualifications especially regarding midwife / TBA distinction.

5.2.14 COVID-19 Preparedness & Response Capacity

The score for COVID-19 preparedness and response capacity for each of the two facilities and therefore the average score across both facilities was 0%, demonstrating an extremely low level of capacity. This was the case across all four of the sub-domains that make up the COVID-19 preparedness and response capacity domain. See above under Environmental Cleaning for details on the PPE supplies available.

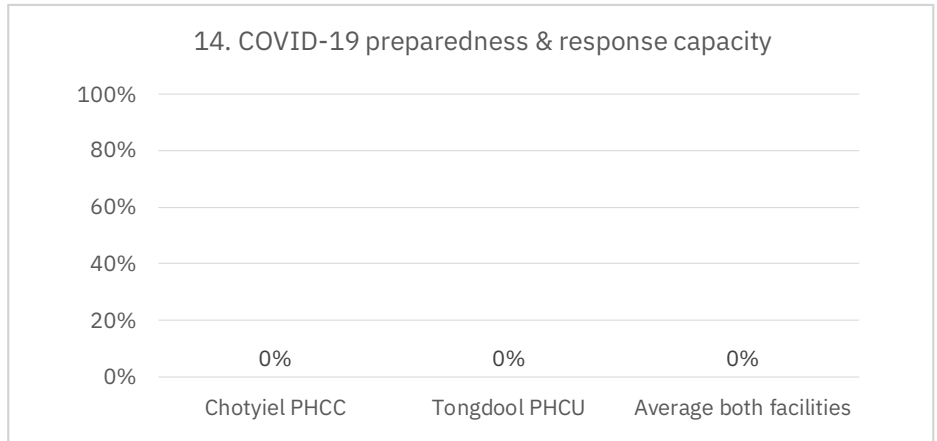


FIGURE 33. Average percent score for the COVID-19 preparedness and response capacity domain: by facility

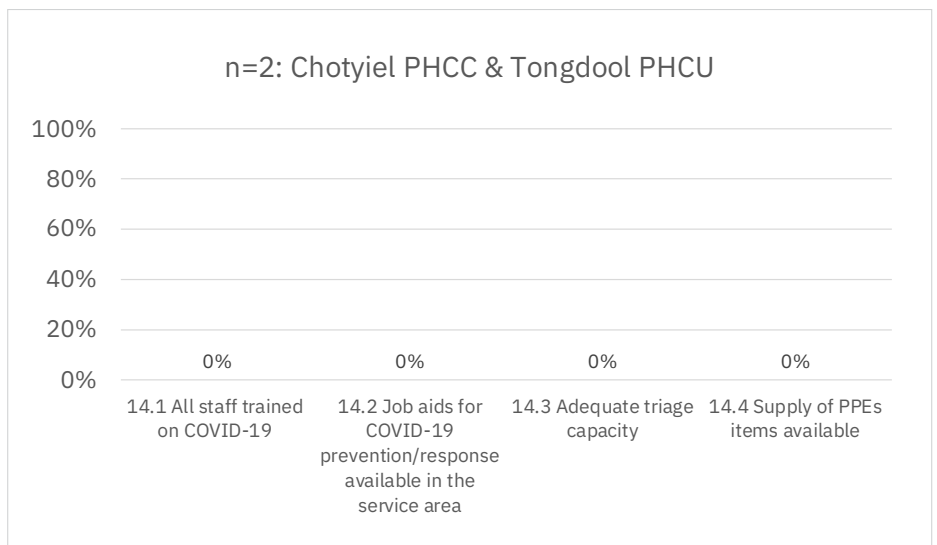


FIGURE 34. Percent of health facilities achieving each sub-domain for COVID-19 preparedness and response capacity

Recommended priority actions to improve COVID-19 preparedness & response capacity:

- Plan and conduct training for all staff and provide job aids on COVID-19 preparedness and response.
- Strengthen the screening and referral mechanism (which needs to be established), creating mandatory protocols for COVID-19 cases.

6. Summary of priority actions and recommendations

DOMAIN	ACTION
1. Staffing	<ol style="list-style-type: none"> 1. Harmonise staffing requirements with MOH. 2. Follow-up regarding the two budgeted clinical staff who were not present in Guit-Chotyiel. 3. Consider monitoring staff attendance.
2. HMIS	<ol style="list-style-type: none"> 4. Further assess how HMIS is happening in the facility and what needs to be strengthened – likely followed by on-the-job training and mentoring (potentially formal training with staff from other facilities in Guit County). 5. Explore the possibility of using the CMAM Surge approach to promote more active analysis of health information at health facility level.
3. Management & Supervision	<ol style="list-style-type: none"> 6. Strengthen supportive supervision, leadership training, coordination structures for SMoH/CHDs in Rubkhona and Guit counties. 7. Support the establishment / relaunch of the community health management committees in both facilities. For Chotyiel, identify why the committee has not met during the past three months and what is needed to support re-engagement by its members.
4. General Infrastructure	<ol style="list-style-type: none"> 8. Fence the Health and Nutrition facility together – Chotyiel. 9. Provide power supply in Chotyiel.
5. Water infrastructure	<ol style="list-style-type: none"> 10. Conduct a technical assessment on potential extension of the water pipeline in Chotyiel PHCC (Completed). 11. Based on assessment, extend water pipeline to Chotyiel PHCC, with focus on close proximity to the maternity ward (Completed but maternity ward is still being established so location will be reassessed after established). 12. Improve existing shallow wells in Chotyiel PHCC and connect to handpumps and construct further shallow wells (Completed). 13. When road to Tondool is open, assess possibility of roofwater harvesting / handpump / shallow well. 14. Activate the WASH Management Committee in Tongdool to manage the new water facilities being developed by Concern once the committee members have returned to Tongdool from Bentiu town.
6. Sanitation infrastructure	<ol style="list-style-type: none"> 15. Construct four stances of two block latrines, segregated male and female in Tongol (Completed). 16. Better integrate the latrines between the nutrition centre and health facility in Chotyiel and Kuach with a fence around them so they can be used by both nutrition beneficiaries and PHCC patients. 17. Assess the possibilities to improve facilities for menstrual hygiene management (MHM) and to assign one to staff.

DOMAIN	ACTION
7. Hygiene infrastructure	<ul style="list-style-type: none"> 18. Provide additional handwashing facilities (50L with metallic stands and soap) and place them in the most appropriate / accessible places including next to sanitation facilities in Chotyiel PHCC and Tongdool PHCC (Completed once but seemed missing in Chotyiel during assessment so following up reason). 19. Ensure that soap is available in all facilities via MoH channels, other partners or Concern. 20. Train staff on handwashing protocols in Chotyiel, Kuach and Tongdool, and provide behaviour change communication materials to promote handwashing by staff and patients (Completed for Chotyiel nutrition staff).
8. Environmental cleaning	<ul style="list-style-type: none"> 21. Print/ provide environmental cleaning protocols. 22. Train and mentor all staff on environmental cleaning protocols, particularly the four hired cleaners in Chotyiel. 23. Provide essential cleaning equipment and supplies and identify a more sustainable supply chain via the Health Pooled Fund or other routes.
9. Standard precautions	<ul style="list-style-type: none"> 24. Print / provide national protocols on standard precautions for both facilities. 25. Formal and on-the-job training on standard precaution protocols for both facilities (to include other MoH staff as appropriate and in coordination with the County Health Department). 26. Further identify what waste disposal / sterilisation equipment is necessary and agree plan to provide it in all health facilities. Delivery kits should be a top priority. 27. Construct incinerator in Chotyiel and Tongdool and train and mentor staff on how to use it. 28. Construct placenta pit at all three health facilities.
10. Child health services	<ul style="list-style-type: none"> 29. Print/ provide integrated management of childhood illness (IMCI) guidelines at both health facilities. 30. Train and mentor staff on integrated management of childhood illness (IMCI) per national protocol and curricula. Ensure that staff are available for planning. 31. Provide growth charts, infant weighing scales and timer/watch with second hand to both facilities. 32. Assess other child health equipment gaps and provide equipment as needed. 33. Conduct joint inventory of medical equipment and appoint someone to be responsible for its maintenance. 34. Train/ mentor staff on drug management/ rational use and identify and address any bottlenecks for continuous supply of essential child health drugs via the MOH/ Health Pooled Fund channels. 35. Identify the most efficient and sustainable drug procurement process.
11. Immunisation services	<ul style="list-style-type: none"> 36. Print/ provide national immunisation guide, cards/ forms and job aids to meet the specific gaps. 37. Review the availability and functionality of all essential vaccine equipment in both locations, advocating to partners for provision of equipment needed to ensure the cold chain and supplies as appropriate (e.g. UNICEF to supply a solar-powered fridge). 38. Plan and conduct initial and refresher training for Tongdool PHCU and for Chotyiel PHCC (as needed), including on maintenance of essential vaccination equipment and cold chain management.

DOMAIN	ACTION
12. Nutrition services	<p>39. Develop a practical plan with the County health department to strengthen the referral and coordination mechanism between the nutrition centre and the PHCC and PHCU by: seconding nutrition staff to the health facilities: fencing both facilities together within the same compound to share resources such as latrines; conducting joint staff meetings weekly; and promoting joint supportive supervision with the CHD of both the nutrition centre and health facility.</p> <p>40. Provide training on CMAM and IYCF to health facility staff.</p>
13. Antenatal services	<p>41. Conduct initial and refresher training on antenatal services for both facilities in coordination with the County Health Department and national protocols and curricula.</p> <p>42. Print/ provide national antenatal service guidelines for each facility.</p> <p>43. Review exact needs for essential antenatal equipment and work with County Health Department to advocate for partners to provide them (e.g. UNFPA/ Health Pooled Fund), with a priority on antenatal kits.</p> <p>44. For essential child medicines: train/ mentor staff on drug management and rational use and identify and address any bottlenecks for continuous supply of essential child health drugs via the MOH/ Health Pooled Fund channels.</p> <p>45. Verify health personnel and ensure they meet minimum standards/qualifications especially regarding midwife / TBA distinction.</p>
14. COVID-19 preparedness & response	<p>46. Plan and conduct training for all staff and provide job aids on COVID-19 preparedness and response.</p> <p>47. Strengthen the screening and referral mechanism (which needs to be established), creating mandatory protocols for COVID-19 cases.</p>

7. Annexes

Annex 1. Overview of HFA components and scoring

HFA COMPONENT	TOTAL NUMBER	WHAT IS IT?	HOW IS IT SCORED?	HOW SCORES CAN BE PRESENTED
Questions	107	Questions asked to the respondent for their answer (some are yes/ no, some are multiple choice) and some require the enumerator to observe something (e.g. a guideline or drug is present)	No score just Yes or No	Answers not presented - just feed into sub indicators (detailed analysis is possible but not routine)
Sub-indicators	54	1 to 8 questions per sub-indicator (varies by sub-indicator)	Either a 1 or a 0. The sub-indicator score is 1 if all the questions included in it are 'yes'. Otherwise, the score is 0 (with a few exceptions)	% of health facilities achieving '1' (a pass) for each sub-indicator
Modules/ Domains	14	1 to 5 sub-indicators per domain (varies by module) Each sub-indicator reflects a different aspect of the Domain	Two scores: <ul style="list-style-type: none"> The raw score is the sum of the scores for the sub-indicators included in that Domain (so between 1 and 5) The % score is the raw score divided by the total possible score for that module/ domain (1 – 5) 	<ul style="list-style-type: none"> Score per facility (raw only) Average score for all health facilities (raw and/or %) Average score for specific health facilities or Districts (raw and/or %)
Overall	-	Includes all 14 modules/ domains / 54 indicators/ 107 questions	<ul style="list-style-type: none"> The raw score is the sum of the scores of all 54 sub-indicators The % score is the raw score divided by 54 	<ul style="list-style-type: none"> Score per health facility (raw and/or %) Average score for all health facilities (raw and/or %) Average score for individual health facilities or Districts (raw and/or %)

Annex 2. Raw scores: by domain, by facility and average for both facilities

MODULE/ DOMAIN	POSSIBLE SCORE	CHOTYIEL PHCC	TONGDOOL PHCU	AVERAGE BOTH FACILITIES	KUACH PHCU
1. Staffing	0–3	2	0	1.0	
2. HMIS	0–2	1	0	0.5	
3. Management & supervision	0–3	2	0	1.0	
4. General infrastructure	0–3	0	0	0.0	
5. Water infrastructure	0–4	3	0	1.5	3
6. Sanitation infrastructure	0–5	0	0	0.0	0
7. Hygiene infrastructure	0–2	1	0	0.5	1
8. Environmental cleaning	0–4	0	0	0.0	1
9. Standard precautions	0–5	0	0	0.0	1
10. Child health services	0–5*	0	0	0.0	
11. Immunisation services	0–4	1	0	0.5	
12. Nutrition services	0–5	0	0	0.0	
13. Antenatal services	0–5	1	0	0.5	
14. COVID-19 preparedness & response capacity	0–4	0	0	0.0	
15. Overall	0–54	11	0	5.5	5.5

*At baseline, the Child Health Services was calculated out of 4 sub-domains because the 5th had an error.

Annex 3. Percentage scores: by domain, by facility and average for both facilities

MODULE/ DOMAIN	CHOTYIEL PHCC	TONGDOOL PHCU	AVERAGE BOTH FACILITIES	KUACH PHCU
1. Staffing	67%	0%	33%	
2. HMIS	50%	0%	25%	
3. Management & supervision	67%	0%	33%	
4. General infrastructure	0%	0%	0%	
5. Water infrastructure	75%	0%	38%	75%
6. Sanitation infrastructure	0%	0%	0%	0%
7. Hygiene infrastructure	50%	0%	25%	50%
8. Environmental cleaning	0%	0%	0%	25%
9. Standard precautions	0%	0%	0%	20%
10. Child health services	0%	0%	0%	
11. Immunisation services	25%	0%	13%	
12. Nutrition services	0%	0%	0%	
13. Antenatal services	20%	0%	10%	
14. COVID-19 preparedness & response capacity	0%	0%	0%	
15. OVERALL SCORE	21%	0%	10%	

Annex 4. Staffing norms by health facility according to national policy

SOUTH SUDAN		PHCC		PHCU	
Professional	Clinical Officer	2	none		
	Nutritionists	2			
	CHW	2	CHW	2	
	Community Midwife	2	MCHW or Community Midwife	2	
Associate	Community Nurses	3			
	Lab Assistant	2			
	Pharmacy Assistant	2			
	Statistical Clerk	2			
	Pharmacist Assistant	2			
Support	Cleaner	2	Cleaner	1	
TOTAL		21		5	

Annex 5. Sub-indicators and questions for each module

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
1. STAFFING Total sub-indicators with 'Yes' (out of 3)	1.1 HF has at least half of the expected health professional staff (per national policy) present on day of visit	Yes (1) No (0)	Note: the total number expected of each type of staff according to each country's national health policy will be entered into the DDG form/ formulas before the assessment starts (HQ advisers will help you using national policies). 1. How many PROFESSIONAL STAFF are present at this HF today? 2. How many ASSOCIATE STAFF are present at this HF today? 3. How many SUPPORT STAFF are present at this HF today?
	1.2 HF has at least half of the expected health associate staff (per national policy) present on day of visit	Yes (1) No (0)	
	1.3 HF has at least half the expected support staff (per national policy) present on day of visit	Yes (1) No (0)	
2. HEALTH MANAGEMENT INFORMATION SYSTEM Total sub-indicators with 'Yes' (out of 2)	2.1 HF has a health information management system in place	Yes (1) No (0)	4. Does this facility have a standard national information management system (e.g., HMIS) in place?
	2.2 HF has evidence of using health information management data	Yes (1) No (0)	5. Does this facility regularly compile any report on health services information for the standard national information management system (observe)? 6. How frequently are these reports compiled? 7. Are there any reports on meetings that have been held to review data from the reports (observe)? 8. Are there any graphs, charts, or posters that are made from data routinely collected at this facility that is displayed for your and/or client information & use (observe)?
3. MANAGEMENT AND SUPERVISION Total sub-indicators with 'Yes' (out of 3)	3.1 HF has an internal health facility management committee in place and a meeting was held during the previous three months	Yes (1) No (0)	9. Does this facility have an Internal Health Facility Management Committee? 10. Does this facility have routine staff meetings to discuss health information and other issues? 11. When was the last meeting held? 12. Can I see the records from the last meeting (observe)?
	3.2 HF has a community health management committee in place and a meeting was held during the previous 3 months	Yes (1) No (0)	13. Does the HF have a Community Health Management Committee? 14. Does the community health management committee organise regular meetings that include both facility staff and community members? 15. When was the last meeting held? 16. Can I see the records from the last meeting (observe)?
	3.3 HF received external supervision at least once in the last 3 months	Yes (1) No (0)	17. Do you receive technical support or supervision in your work? 18. When was the last time this facility received a supervision visit from the higher level (DHMT or other)? 19. During the supervision visit, what did the supervisor assess? At least 1 of the following: a) Check records or reports b) Observe your work c) provide feedback either positive or negative d) Update on administrative or technical e) discuss problems you have encountered f) Checked drug supply

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
4. GENERAL INFRA-STRUCTURE Total sub-indicators with 'Yes' (out of 3)	4.1 HF has a functioning power supply on day of the survey	Yes (1) No (0)	20. Does your facility have electricity from any source (e.g. electricity grid, generator, solar, or other) including for stand-alone devices (EPI cold chain)? 21. Is electricity functioning now? 22. What is the facility's main source of electricity? 23. Does this facility have other sources of electricity? 24. Is the generator functional? 25. Is there fuel or a charged battery available today? 26. Is the solar system functional? (Note no observation required for above – accept the reported answer)
	4.2 HF has functioning communication equipment on day of the survey	Yes (1) No (0)	27. Does this facility have a functioning landline and/or a mobile telephone that is supported by the facility and available to call outside at all times client services is offered? 28. Does this facility have a functioning computer with access to internet or the emails? (Note no observation required for the above – accept the reported answer)
	4.3 HF has emergency transport available on day of the survey	Yes (1) No (0)	29. Does this facility have access to an ambulance or other vehicle for emergency transport for clients? 30. Is fuel for the ambulance or other emergency vehicle available today? (Note no observation required for the above – accept the reported answer)
5. WATER INFRA-STRUCTURE Total 'Yes' (out of 4)	5.1 HF's main water supply is improved and functioning on day of visit	Yes (1) No (0)	31. What is the main water supply for the facility? (Piped supply inside the building a) Piped supply outside the building b) Tube well / Borehole c) Protected dug well d) Protected spring e) Rain water f) Tanker truck g) other 32. Is water available from the main water supply at the time of the survey? (observe)
	5.2 HF's main improved and functioning water source is on the premises	Yes (1) No (0)	33. Where is the main water supply for the facility located? a) On premises b) Up to 500 m away d) 500 m away or further
	5.3 HF's main improved and functioning water source has had no disruption during the previous month	Yes (1) No (0)	34. Have you experienced any disruption to water services within the past month?
	5.4 HF's water quantity from main improved and functioning water source is sufficient for all the health facility's needs	Yes (1) No (0)	35. Is there generally enough water available to serve your needs on a daily basis for all activities, e.g. drinking, cleaning, disinfection, bathing, handwashing, etc.?

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
6. SANITATION INFRA-STRUCTURE Total 'Yes' (out of 5)	6.1 HF has at least one improved toilet that is useable (accessible, private and functional)	Yes (1) No (0)	36. What type of toilets/latrines are at the facility for patients? a) flush / Pour-flush toilet to sewer connection b) flush / Pour-flush toilet to tank or pit c) Pit latrine with slab d) composting toilet (observe) 37. How many toilets/latrines of this type are there in the facility? (observe) 38. How many of these are accessible (with doors unlocked or with keys available all the time)? (observe) 39. How many of these are private (with doors that can be locked from the inside without any large gaps/holes in the structure)? (observe) 40. How many of these are functional (the pit hole is not blocked, water is available for flush/pour flush, and there are no cracks or leaks in the toilet structure)? (observe)
	6.2 HF has at least 4 improved toilets that are usable (accessible, private and functional) and cover the needs of staff and patients	Yes (1) No (0)	41. Uses numbers given in response above plus: 42. In your opinion, is this number of toilets/latrines usually sufficient to cover the needs of the staff and the patients?
	6.3 Has at least 1 improved usable toilet for female patients which has MHM facilities	Yes (1) No (0)	43. Is there at least 1 improved toilet/ latrine that is dedicated to females? (observe) 44. Does it have MHM items in place (covered bin, and/or water and soap)? 45. Is this female toilet accessible, private and usable? (observe)
	6.4 HF has at least 1 improved useable toilet dedicated to staff.	Yes (1) No (0)	46. Is there at least 1 improved toilet/latrine that is dedicated to staff? (observe) 47. Is this staff toilet accessible, private and usable? (observe)
	6.5 HF has at least 1 improved useable toilet that is accessible to people with limited mobility	Yes (1) No (0)	48. Is there at least 1 improved toilet/latrine that is accessible for people with limited mobility (without stairs or steps, has a door at least 80cm wide, has handrails for support attached to floor or sidewalls, and has a door handle and set that are within reach of people using a wheelchair or crutches/sticks) 49. Is this limited mobility toilet functional, private and usable?
7. HAND HYGIENE INFRA-STRUCTURE Total 'Yes' (out of 2)	7.1 HF has hand hygiene facilities that are available at entrance to main waiting area and child consultation room with water and soap and/or alcohol hand rub present	Yes (1) No (0)	50. Is there a functional hand-washing facility with water and soap, or alcohol-based hand rub, at the main waiting area (observe water/soap or hand rub)? 51. Is there a functional hand-washing facility with water and soap, or alcohol-based hand rub, at the main child consultation area (observe water/soap or hand rub)?
	7.2 HF has hand washing facilities available within 5 meters of all toilets with water and soap present	Yes (1) No (0)	52. Is there a handwashing facility located within 5 metres of all the toilets on the day of the survey? 53. Do all the handwashing facilities for the toilets have water and soap?

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
8. ENVIRONMENTAL CLEANING Total sub-indicators with 'Yes' (out of 4)	8.1 HF has adequate cleaning protocols available, and a schedule or roster for cleaning is visible	Yes (1) No (0)	54. Do any protocols for cleaning (floor, sink, spillage of blood or bodily fluid, etc.) exist and are they available (observe)? 55. Do the protocols for cleaning include step-by-step techniques for specific task, such as cleaning floor, cleaning a sink, cleaning a spillage of blood or body fluids (observe)? 56. Is there a cleaning roster or schedule specifying responsibility for cleaning tasks and frequency at which they should be performed available in the facility (observe)?
	8.2 HF has all staff responsible for cleaning in the HF trained	Yes (1) No (0)	57. Have all staff responsible for cleaning received training on how to clean in the last 2 years?
	8.3 HF has adequate supplies for cleaning available	Yes (1) No (0)	58. Do you have the following essential cleaning (observe all via stock check): a) latex gloves b) closed work shoes/ boots c) chlorine based or other disinfectant d) mops/ brushes?
	8.4 HF facility looks visibly clean	Yes (1) No (0)	59. Are floors and surfaces visibly clean (observe)?
9. STANDARD PRECAUTION Total sub-indicators with 'Yes' (out of 5)	9.1 HF guidelines for standard precautions are available	Yes (1) No (0)	60. Are guidelines for standard precautions are available in the facility today? (observe).
	9.2 HF has waste safely segregated in the main consultation area	Yes (1) No (0)	61. Are there 3 different bins available in the main consultation area that separate (1) sharp waste, (2) infectious waste and (3) non-infectious general waste (observe)? 62. Are there lids on the sharps and infectious waste bins (observe)? 63. Are all three bins colour coded or clearly labelled (observe)? 64. Is the sharps bin made of material that prevents punctures (observe)? 65. Is the infectious waste bin made of material that prevents leaks (observe)? 66. Is the infectious waste bin less than 75% full (observe)? 67. Is the normal/ non-infectious waste bin free of infectious waste or sharps (observe)?
	9.3 HF is safely treating and/ or disposing of sharps and infectious waste	Yes (1) No (0)	68. How does this facility usually treat/ dispose of infectious waste? a) Autoclaved b) Incinerated (two chamber, 850-1000 °C incinerator) c) Incinerated (other, e.g. one chamber; below 850oC, etc.) d) Burning in a protected pit e) Not treated, but buried in lined, protected pit f) Not treated, but infectious and sharp waste is collected for disposal off-site 69. How does this facility usually treat/ dispose of sharps waste?
	9.4 HF has essential equipment for sterilisation available and functional on the day of the survey	Yes (1) No (0)	70. Please tell me if the following items for processing of equipment for reuse (or sterilisation) are available and functional in the facility today (observe all): a) Electric autoclave (pressure & wet heat) or b) electric dry heat steriliser or c) electric boiler or steamer or d) non-electric autoclave plus heat source or e) pot with cover for boiling/steam plus heat source
	9.5 HF has essential infection prevention control supplies available on the day of the survey	Yes (1) No (0)	71. Please tell me if the following items for IPC are in the facility today (observe via stock check): a) latex gloves b) soap and running water or alcohol based hand rub c) single use disposable or auto-disposable syringes d) chlorine-based or other country specific disinfectant

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
10. CHILD HEALTH SERVICE AVAILABILITY & READINESS Total sub-indicators with 'Yes' (out of 5)	10.1 HF has at least 1 staff trained on Integrated Management of Childhood Illness (IMCI)	Yes (1) No (0)	72. Have you or any provider(s) of curative care services for sick children received any training on IMCI?
	10.2 HF has Integrated IMCI guidelines available in the service area	Yes (1) No (0)	73. Please tell me if IMCI guidelines or full set of job aids are available in the service area today (observe)
	10.3 HF has essential equipment for child health available and functional in the service area on the day of the survey	Yes (1) No (0)	74. Are the following items present & functional (observe/ test): a) growth charts b) infant weighing scale c) thermometer d) stethoscope e) timer or watch with second hand
	10.4 HF has essential medicines for child health available on the day of the survey	Yes (1) No (0)	75. Please tell me if the following drugs are present (observe via stock check and that at least one pack of each medicine is NOT expired): a) Oral Rehydration Salts (ORS) sachets: b) Zinc sulphate tablets c) Zinc sulphate syrup or dispersible tablets 3) Vitamin A (retinol) capsules d) Co-trimoxazole syrup/suspension e) Paracetamol syrup/suspension f) Amoxicillin syrup/suspension or dispersible tablet g) Albendazole or Mebendazole tablet/ capsule
	10.5 HF has diagnostic capacity to carry out essential child health tests on the day of the survey	Yes (1) No (0)	76. I would like to know if the following diagnostic tests are conducted in the facility: a) Haemoglobin testing b) parasite in stool test c) Malaria Test-RDT d) Malaria test-smear test 77. I would like to know if the following general items are available and functional today (answers depend on which tests are offered in facility). a) Malaria rapid diagnostic test (RDT) b) Light microscope c) Glass slides and coverslips d) GIEMSA or FIELD malaria parasite stain f) Colorimeter/ Haemoglobinometer/ Hemocue (or an country specific method for hb testing)

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
11. IMMUNISATION SERVICES AVAILABILITY & READINESS Total sub-indicators with 'Yes' (out of 4)	11.1 HF has at least 1 staff trained on immunisation service delivery	Yes (1) No (0)	78. [filter question] What are the vaccinations offered in this health facility? 79. Have you or any of the other staff providing immunisation services been trained on vaccination/ EPI during the past two years?
	11.2 HF has essential immunisation guidelines & vaccination cards/ forms available in the service area	Yes (1) No (0)	80. Do you have the national guidelines for child vaccinations available in this service area today (observe)? 81. Are any of the following vaccination cards/ forms available at the facility today (observe)? a) Blank/unused individual child vaccination cards or booklets b) Official immunization tally sheets or integrated tally sheet c) Official immunization registers or equivalent d) Other
	11.3 HF has all essential equipment for immunisation available and functional on the day of the survey and stores vaccines correctly.	Yes (1) No (0)	82. [filter question] Does this facility routinely store any vaccines? 83. Does this facility have a vaccine refrigerator? (observe) 84. Is the fridge is temp correct? (observe: below +2 degrees C) 85. Is the fridge temperature record form completed? (observe: temp record completed at least two times each day for each of the past 30 days including weekends and public holidays) 86. How many vaccine carriers do you have (observe)? 87. Is at least one set of ice packs present (observe: 1 set=4-5 packs) 88. Is there a sharps box available in the vaccination service area (observe)? 89. Are auto-disposable syringes available (observe via stock check)?
	11.4 HF has all essential vaccines available on the day of the survey	Yes (1) No (0)	90. Please tell me if each of the following vaccines is available in the facility today. (observe): a) DPT-Hib+HepB [PENTAVALENT] b) Oral polio vaccine c) Measles vaccine and diluent d) BCG vaccine and diluent e) Rotavirus vaccine f) Pneumococcal vaccine g) IPV (Inactivated polio vaccine) h) HPV (Human papillomavirus vaccine)

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
12. NUTRITION SERVICE AVAILABILITY & READINESS Total sub-indicators with 'Yes' (out of 5)	12.1 HF has at least 1 staff trained on nutrition services	Yes (1) No (0)	91. Did you or any other staff member providing nutrition services receive training in CMAM or IYCF within the last 2 years?
	12.2 HF has essential guidelines and job aids on nutrition services available in the service area	Yes (1) No (0)	92. Do you have the national guidelines for nutrition services available in this service area today (observe)? a) Guideline on Community based Management of Acute Malnutrition and b) Guideline on IYCF promotion 93. Do you have the following job aids available for nutrition services available in this service area today (observe)? a) nutrition register b) RUTF ration reference table 3) admission and discharge criteria for children with acute malnutrition 4) IYCF counselling cards 5) Weight-for-height (WHZ) tables for under-fives
	12.3 HF has essential nutrition equipment available and functioning in the service area	Yes (1) No (0)	94. Are the following items available in the service area? (observe and assess their functionality. a) MUAC tape for children and b) MUAC tape for adults and c) weighing scale for adults and d) weighing scale for children and e) Length/height board f) Other
	12.4 HF has essential commodities (RUTF) available	Yes (1) No (0)	95. Is RUTF available today? (observe via stock check and check at least one sachet is not expired)
	12.5 HF has linkages with community-based health worker/volunteers to support nutrition services	Yes (1) No (0)	96. Does this facility have links with community-based health workers or volunteers to support nutrition services (observe list of names)? 97. Are children referred from the community to the health facility for nutrition services?
13. ANTENATAL CARE SERVICE AVAILABILITY AND READINESS Total sub-indicators with 'Yes' (out of 5)	13.1 HF has at least 1 staff trained on antenatal care services	Yes (1) No (0)	Have you or any provider(s) of ANC services received ANC training in the last two years?
	13.2 HF has guidelines on antenatal services available in the service area	Yes (1) No (0)	98. Are the following documents available in the facility today (observe each): a) National ANC guidelines b) IPTp guidelines/ protocol c) Visual aids for client education on pregnancy or antenatal care [Only include IPTp guideline if in national protocol]
	13.3 HF has essential equipment for antenatal services available and functional in the service area	Yes (1) No (0)	99. Is there a digital BP machine or manual sphygmomanometer with stethoscope available? (observe and test functional)
	13.4 HF has essential drugs for antenatal services available	Yes (1) No (0)	100. Are the following ANC medicines available today in this facility (observe via stock check and that at least one pack of each type is NOT expired): a) iron tablets b) folic acid tablets c) combined iron and folic acid tablets d) Sulfadoxine-Pyrimethamine (SP) / Fansidar for Intermittent preventive treatment in pregnancy (IPTp) (include/ don't include SP/ Fansidar per national protocol)
	13.5 HF has essential diagnostics equipment/ supplies for antenatal services available	Yes (1) No (0)	101. Does this facility provide the following tests from this site to pregnant women as part of ANC? (observe at least one test is available): a) Urine dipstick protein test b) Haemoglobin test

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
14. COVID-19 PREPAREDNESS & RESPONSE CAPACITY Total sub-indicators with 'Yes' (out of 4)	14.1 HF has all staff trained on COVID-19	Yes (1) No (0)	102. Have you and any of the staff in this HF received any training on COVID-19?
	14.2 HF has essential job aids for COVID-19 available	Yes (1) No (0)	103. Are essential COVID-19-specific Job aids present? (observe) a) how to put on and remove PPE AND b) Instruction on chlorine dilution AND c) handwashing with soap and water posters
	14.3 HF has adequate triage capacity (i.e. screening and isolation for COVID-19 suspected cases)	Yes (1) No (0)	104. Is there a screening area in this facility and does it have the following? (observe) a) Screening area set up at entry point to the facility b) Temperature recorded in screening area c) case definition and screening questionnaire for any suspected cases are available d) Appropriate physical distancing of at least 1 to 2 metres in screening area / queues 105. Is an isolation area available and functioning? (observe) a) Designated isolation area for suspected COVID-19 cases that is separate from the main facility b) Distance of at least 1 to 2 metres between suspected cases in the isolation area c) All suspected cases admitted in the isolation area wearing disposable medical or surgical masks d) Visitor restriction - max. 1 asymptomatic relative e) Record (name and contacts) maintained of all persons (staff, visitors) entering isolation area
	14.4 HF has a supply of essential Personal Protective Equipment (PPE) items	Yes (1) No (0)	106. Please tell me if you have all the following PPE items (observe via stock): a) Disposable medical/ surgical masks b) Eye protection (goggles or face shields and c) Gloves (latex) and d) Heavy-duty gloves and e) Long-sleeved gown and f) waterproof aprons and g) Closed work shoes/boots and h) Chlorine-based or other country-specific used for environmental disinfection

Annex 6. Summary of sub-domains and health facilities that met the criteria to ‘pass’ each sub-domain (1=pass and 0=didn’t pass)

DOMAIN/ SUB-DOMAIN	CHOTYIEL PHCC	TONGDOOL PHCU	% OF ALL HEALTH FACILITIES	KUACH PHCC
1. STAFFING	67%	0%	33%	
1.1 At least half of expected health professional staff present	0	0	0%	
1.2 At least half of expected health associate staff present	1	0	50%	
1.3 At least half of expected health support staff present	1	0	50%	
2. HMIS	50%	0%	25%	
2.1 Health information management system in place	1	0	50%	
2.2 Evidence of using health information management data	0	0	0%	
3. MANAGEMENT & SUPERVISION	67%	0%	33%	
3.1 Internal HF management committee in place and functional	1	0	50%	
3.2 Community health management committee in place and functional	0	0	0%	
3.3 Receiving external supervision at least once in the 3 months preceding the assessment	1	0	50%	
4. GENERAL INFRASTRUCTURE	0%	0%	0%	
4.1 Functioning power supply available	0	0	0%	
4.2 Functioning communication equipment available	0	0	0%	
4.3 Emergency transport available	0	0	0%	
5. WATER INFRASTRUCTURE	75%	0%	38%	75%
5.1 Main water supply improved and functioning	1	0	50%	1
5.2 Main water source is improved and functioning and on premises	0	0	0%	0
5.3 Main water source is improved & functioning & has had no disruption during the previous month	1	0	50%	1
5.4 Main water source is improved & functioning & sufficient for all the HF needs	1	0	50%	1
6. SANITATION INFRASTRUCTURE	0%	0%	0%	0%
6.1 At least 1 improved toilet that is usable (accessible, private & functional)	0	0	0%	0
6.2 At least 4 improved toilets are usable (accessible, private, functional) & cover needs of staff & patients	0	0	0%	0
6.3 At least 1 improved usable toilet for female patients with menstrual hygiene management facilities	0	0	0%	0

DOMAIN/ SUB-DOMAIN	CHOTYIEL PHCC	TONGDOOL PHCU	% OF ALL HEALTH FACILITIES	KUACH PHCC
6.4 At least 1 improved usable toilet dedicated to staff	0	0	0%	0
6.5 At least 1 improved usable toilet accessible to people with limited mobility	0	0	0%	0
7. HYGIENE INFRASTRUCTURE	50%	0%	25%	50%
7.1 Hand hygiene facility available at entrance to main waiting area and child consultation room, with water and soap and/or alcohol hand rub	1	0	50%	1
7.2 Hand hygiene facility available within 5 meters of all toilets with water and soap present	0	0	0%	0
8. ENVIRONMENTAL CLEANING	0%	0%	0%	25%
8.1 Adequate cleaning protocols and a roster or schedule for cleaning visible	0	0	0%	0
8.2 All staff responsible for cleaning in the HF are trained	0	0	0%	0
8.3 Adequate supplies for cleaning available	0	0	0%	0
8.4 Facility looks visibly clean on the day of the visit	0	0	0%	1
9. STANDARD PRECAUTIONS	0%	0%	0%	20%
9.1 Guidelines for standard precautions available	0	0	0%	0
9.2 Waste is safely segregated in the main consultation area	0	0	0%	0
9.3 Safely treating/disposing of sharps and infectious waste	0	0	0%	1
9.4 Essential equipment for sterilisation available and functional	0	0	0%	0
9.5 Essential IPC supplies available	0	0	0%	0
10. CHILD HEALTH SERVICES AVAILABILITY & READINESS	0%	0%	0%	
10.1 IMCI guidelines available in the service area	0	0	0%	
10.2 At least 1 staff trained on IMCI	0	0	0%	
10.3 Essential equipment for child health available and functional in the service area	0	0	0%	
10.4 Essential medicines for child health available	0	0	0%	
10.5 Diagnostic capacity to carry out essential child health tests	0	0	0%	
11. CHILD IMMUNISATION SERVICE AVAILABILITY & READINESS	50%		25%	
11.1 At least 1 staff trained on immunisation service delivery within the last 2 years	1	0	100%	
11.2 Immunisation guidelines/cards/forms available in the service area	0	0	0%	
11.3 Essential equipment for immunisation available and functional in the service area	0	0	0%	
11.4 Essential vaccines available in the service area	1	0	0%	

DOMAIN/ SUB-DOMAIN	CHOTYIEL PHCC	TONGDOOL PHCU	% OF ALL HEALTH FACILITIES	KUACH PHCC
12. NUTRITION SERVICE AVAILABILITY & READINESS	0%		0%	
12.1 At least 1 staff trained on nutrition services	0	0	0%	
12.2 Nutrition guidelines/job aids available in the service area -	0	0	0%	
12.3 Essential nutrition equipment available in the service area	0	0	0%	
12.4 Essential commodities (RUTF) available	0	0	0%	
12.5 Linkages with community-based health worker/ volunteers to support nutrition service	0	0	0%	
13. ANTENATAL SERVICES AVAILABILITY & READINESS	20%	0%	10%	
13.1 At least 1 staff trained on antenatal care services in the last 2 years	1	0	100%	
13.2 Essential antenatal care guidelines available in the service area	0	0	0%	
13.3 Essential equipment for antenatal services available in the service area	0	0	0%	
13.4 Essential drugs for antenatal services available	0	0	0%	
13.5 Essential antenatal care diagnostic equipment/supplies available	0	0	0%	
14. COVID-19 PREPAREDENESS & RESPONSE CAPACITY	0%		0%	
14.1 All staff trained on COVID-19	0	0	0%	
14.2 Job aids for COVID-19 prevention/response available in the service area	0	0	0%	
14.3 Adequate triage capacity	0	0	0%	
14.4 Supply of PPEs items available	0	0	0%	

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