

YEI, Southern Sudan

Maltheser Clinic

August 2012

Type: Former Maltheser Clinic now under management of Catholic Church, Yei Diocese. In the future is planned a Surgery Service for minor operations.

In Yei there is a Civic Hospital with very basic services of Fist Aid, Internal Medicine, Surgery and Obstetrician & Gynecology. TB and Aids patients are also here referred

Interviewer Mauro ZANNA M.D.

Section 4.1

Availability of specific Health Programs

4.1.1

Catchment

Area			DNK
Population	80.000		DNK
Population Density: Pop/km2			DNK
Nature of terrain	flat land, hills		
Average walking distances from which most patients come	40 miles		

4.1.2

this H offers

Does

Ambulatory care services	general curative services	YES	
	antenatal care programme	YES	
	delivery care programme	NO	referred to Yei Civic H
	postnatal care programme	NO	referred to Yei Civic H
	growth monitoring	NO	referred to Yei Civic H
	expanded programme of immunisation	NO	referred to Yei Civic H
	family planning services	NO	referred to Yei Civic H
	"under fives" clinic	NO	referred to Yei Civic H
	feeding programme	NO	referred to Yei Civic H
	nutrition programme	NO	referred to Yei Civic H
	rehabilitation programme	NO	referred to Yei Civic H
Active outreach for (periferical diffusion)	midwifery	NO	
	health education	NO	
	family planning	NO	
	anteatal, natal, postnatale care	NO	
	nutrition surveillace	NO	
	curative care	NO	
Specific inpatient (curative) services	general inpatient care	YES	
	general medical care	YES	
	surgical care	NO	
	special surgical care (.....)		
	obstetric/gynaecological care	NO	referred to Yei Civic H
	paediatric care	NO	referred to Yei Civic H
	trauma/orthopaedic care	NO	referred to Yei Civic H
	Other (.....)	NO	referred to Yei Civic H
Specific preventive/health promotive services	health education	NO	

family planning **NO**
 enviromental sanitation **NO**
 expanded programme of immunisation **YES**
 growth surveillance **NO**
 AIDS education **YES**
 drug/alcohol education **NO**
 sex education **NO**
 breasatfeeding/weaning promotion **NO**
 Other **NO**
 (.....)

Specific organisation and management support

training and supervision **NO**
 TBA training **NO**
 Programme monitoring and evaluation **NO**
 drug supply system **YES**
 transport system **NO**
 repair and mantainance workshop **NO**
 Other **NO**
 (.....)

referred to Yei Civic H

**Session 4.2.1
Hospital management**

Type of staff	Doctors	Generalists 1 Medical Officer 1	N. prescribed	N. stationed	N. present 0	Actually in Euope
		Surgeons	N. prescribed	N. stationed	N. present 0	
		Obstetricians	N. prescribed	N. stationed	N. present 0	
		Paediatricians	N. prescribed	N. stationed	N. present 0	
		Other (.....)	N. prescribed	N. stationed	N. present 0	
		Other (.....)	N. prescribed	N. stationed	N. present 0	
		Other (.....)	N. prescribed	N. stationed	N. present 0	
		All Medical Staff total	2			
					1	

**4.2.2
Availability of paramedical staff**

Type of staff	Medical Assistants	Nurses (Registered) 1 Nurses (Enrolled) 1 Midwifery 1 Nurses (Auxillary) 6 Lab. Technicians 1	N. prescribed N. prescribed N. prescribed N. prescribed N. prescribed	N. stationed N. stationed N. stationed N. stationed N. stationed	N. present 1 N. present 1 N. present 1 N. present 6 N. present 1
	All Paramedical Staff total 9		N. prescribed	N. stationed	N. present 9

**4.2.3
Availability of administrative and clerical staff**

Type of staff	Administrators General Health Coordinator 1 Clerks 2	N. prescribed	N. stationed	N. present
	Mr Bilazio Angotowa Diaz			

**4.2.4
Availability of subordinate staff**

Type of staff	Cleaners 2 Watchmen 4 Bearers 1	N. prescribed N. prescribed N. prescribed	N. stationed N. stationed N. stationed	N. present 2 N. present 4 N. present 1
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**4.2.5
On the job training and supportive supervision**

1) Have you attended any treaining courses during the past year?	YES 2	NO 0	YES
2) Has any of your staff attended any training courses during the past year?	YES 2	NO 0	YES

3) Do you have any health manuals/books at this facility or for your personal use?	YES 2	NO 0	NO
4) Do you have any person who regularly supports and supervises your work?	YES 1	NO 0	NO
5) Did she/he visit your facility during the last three months?	YES 1	NO 0	NO
Score / 8		

**4.2.6
Availability of standing orders
(managements schedules)**

Availability of standing orders (management schedules) for the following health problems			NO
Diarrhoeal disease	YES 1	NO 0	NO
Acute respiratory tract infections	YES 1	NO 0	NO
Malaria	YES 1	NO 0	NO
Antenatal care	YES 1	NO 0	NO
Delivery (perinatal) care	YES 1	NO 0	NO
Postnatal (Women' and early infant's) care	YES 1	NO 0	NO
Childhood malnutrition	YES 1	NO 0	NO
Other priority disease problems	YES 1	NO 0	NO
Score out of 7 (8)		

**4.2.7
Transport**

Does the hospital have:			
a functioning ambulance	YES 2	NO 0	NO
an ambulance undergoing repair	YES 1	NO 0	NO
a functioning vehicle (not ambulance)	YES 2	NO 0	NO
a functioning vehicle (not ambulance) undergoing repair	YES 1	NO 0	NO
a functioning motorcycle	YES 2	NO 0	YES (one motorcycle)
a motorcycle undergoing repair	YES 1	NO 0	YES (two motorcycles)
one or more functioning bicycles	YES 1	NO 0	NO
Score out of 10		

**4.2.8
Drug management**

Do you order drugs from the Central Medical Stores?	YES	NO	NO
Do you order drugs from the District Office?	YES	NO	NO
Do you order drugs from the Public Pharmacy in town of Yei?			YES
Have you received your order?	YES	NO	Partially
Have you received your order with ONE month delay?	YES	NO	NO
Have you received your order with TWO months delay?	YES	NO	NO
Have you received your order with THREE months delay?	YES	NO	NO
If NO, do you receive a prepackaged drug kit?	YES	NO	NO
If YES, how often? Weeks		
How long does it usually last? Months		

**4.2.9
Planning and management**

Do you have a job description? (If yes, ask to see it)	YES 1	NO 0	NO
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Are areas of responsibility clearly defined within the hospital management team? (If yes , ask for a definition/ description) YES 1 NO 0 NO

Do you have meetings to discuss schedules and problems? (If yes, when was the last one?) YES 1 NO 0 NO

Do you develop schedules of planned activities? (If yes, ask to see one for the present period) YES 1 NO 0 NO

Are all staff receiving their salaries regularly? YES 1 NO 0 NO

Is there a formal link between the hospital management and the DHMT? YES 1 NO 0 NO

Is there a formal means by which the community can influence hospital policy and practice? YES 1 NO 0 YES

What is the budget for your hospital per year DNK

If DNK, can you enumerate the recurrent inputs at your Hospital?

1) Staff by grade and number

.....

DNK
 DNK
 DNK
 DNK
 DNK
 DNK
 DNK

2) Travel allowances paid out over the last three months

.....

DNK

3) Drugs
 4) Transport (actual vehicle running cost or Km driven per month)
 5) Maintenance and repair (bills incurred during the last 12 months)

.....

DNK
 DNK

6) Other (specify)

.....

DNK

Do you have any discretionary funds? YES NO
 If yes, where do they come from?

.....

DNK
 DNK
 DNK

What do you use them for?

.....

Do you charge any fees for service or drugs? YES NO
 If yes, what do you charge for?

.....

DNK
 DNK

What was your income during all last month?

.....

DNK

What was your income during one month six months ago?

.....

DNK

Do you retain your income here? N/A NO
 If yes, what is used for?

.....

DNK
 DNK

If no, who/where does it go to?

.....

DNK

4.2.10
 Finance

4.2.11
 Information / Records

Are records available that provide information on:

number of outpatient visits
 outpatient diagnoses

YES 2 NO 0
 YES 2 NO 0

YES
 YES

whether first or follow-up visit	YES 1	NO 0	NO
number of pre-school (under 5) child visits	YES 2	NO 0	NO
reasons of pre-school (under 5) child visits	YES 2	NO 0	NO
child immunisation by number and type	YES 2	NO 0	NO
perinatal/delivery/postnatal activities	YES 2	NO 0	NO
tetanus toxoid immunisation to pregnant women	YES 2	NO 0	NO
number of admission (inpatients)	YES 2	NO 0	NO
operations by number and type	YES 2	NO 0	NO
outreach activities (home visiting etc.)	YES 2	NO 0	NO
are monthly/periodic returns made to the district/next higher administrative centre?	YES 1	NO 0	NO
are copies of the returns made?	YES 1	NO 0	NO
is there any evidence that any analysis/use is being made of the records in the facility, such as for training, supervisory, progress review purposes?	YES 1	NO 0	NO
score	out of 24	

4.2.12
Suggestion for analysis and interpretation

ADEQUACY OF STAFF
 TRAINING AND SUPERVISION
 OVERALL MANAGEMENT AND ORGANISATION
 HEALTH INFORMATION SYSTEM AND RECORDS
 OVERALL IMPRESSION

4.3
Hospital physical inventory

Interviewer Mauro Zanna MD

4.3.1
Buildings

Are the following buildings generally in good repair?				
	Outpatient department block	YES 1	NO 0	YES
In the following buildings are any of the walls floors roofs in need of maintenance or repair?				
	Outpatient department block	YES 1	NO 0	YES
Are all the rooms in the Outpatient department block, Operating theatre block and Paediatric ward block clean?		YES 1	NO 0	NO

In the following buildings can all the doors and windows be securely locked?

Outpatient department block	YES 1	NO 0	NO
Is there a latrine for patient use in each of the following buildings?			
Outpatient department block	YES 1	NO 0	NO
If yes, are they all clean and usable?	YES 1	NO 0	NO
Is there a reliable source of fuel/power to enable all the essential equipment of the hospital to function/be used?	YES 1	NO 0	NO
If a refrigerator is available, has it been working uninterruptedly over the past four weeks?	YES 1	NO 0	NO
Is there a refuse pit/incinerator on the grounds for disposal of solid waste/rubbish?	YES 1	NO 0	NO
Are the grounds around the main building(s) free from rubbish, waste, puddles, faeces?	YES 1	NO 0	NO
Is staff housing available for all posted staff?	YES 1	NO 0	NO
Are any of the staff quarters in need of repair?	YES 0	NO 1	YES
Are all of the following amenities available to the staff within the facility compound: water, toilets, cooking facilities, beds, table and chairs, cupboard, light source?	YES 2	NO 0	NO
Total Score			out of 23

4.3.2

Furniture and utensils

Check for the presence and integrity of each of the following pieces of furniture or utensils in the Outpatient department

Furniture and utensils

Stationery	YES 1	NO 0	YES
Pens	YES 1	NO 0	YES
Pencils	YES 1	NO 0	YES
Eraser	YES 1	NO 0	YES
Ruler	YES 1	NO 0	YES
Kerosene/Spirit	YES 1	NO 0	YES
Trash can/bin	YES 1	NO 0	YES
Broom	YES 1	NO 0	NO
Handwash basin	YES 1	NO 0	NO
Soap dish	YES 1	NO 0	NO
Soap	YES 1	NO 0	NO
Towel	YES 1	NO 0	NO
Drinking cup	YES 1	NO 0	NO
Large water container	YES 1	NO 0	NO
Teaspoon	YES 1	NO 0	NO
Tablespoon	YES 1	NO 0	NO
Water container of known (1/4, 1/2 or 1 liter) volume	YES 1	NO 0	NO
Lockable cabinet/cupboard	YES 1	NO 0	NO
Stove or burner	YES 1	NO 0	NO
Fuel for cooker	YES 1	NO 0	NO
Pot for boiling water	YES 1	NO 0	NO

**4.3.3
Equipment and instruments**

Check for the presence and integrity of each of the following pieces of equipment and instruments in the Outpatient department

Cold box	YES 1	NO 0	NO
Office table	YES 1	NO 0	NO
Office chair	YES 1	NO 0	NO
Torch	YES 1	NO 0	NO
Total Score			out of 25
Infant weighing scale	YES 1	NO 0	YES
Adult weighing scale	YES 1	NO 0	NO
Examination table/couch	YES 1	NO 0	YES
Emergency travel bag	YES 1	NO 0	NO
Rubber sheeting/mackintosh	YES 1	NO 0	NO
Kerosene/spirit lamp	YES 1	NO 0	YES
Tape measure	YES 1	NO 0	YES
Steriliser, one	YES 5	NO 0	NO
Instrument trays, two	YES 2	NO 0	NO
Dressing forceps, two	YES 3	NO 0	YES
Needle holders, two	YES 3	NO 0	YES
Suture needles, ten	YES 2	NO 0	YES
Syringes (10 cc), five	YES 3	NO 0	YES
Injecting needles (i.m.), ten	YES 3	NO 0	YES
Injecting needles (sub cutaneous), ten	YES 3	NO 0	YES
Scissors, two	YES 2	NO 0	YES
Scalpel handles, two	YES 3	NO 0	YES
Scalpel blades, two	YES 3	NO 0	YES
Kidney bowls, two	YES 2	NO 0	YES
Lotion bowls, two	YES 2	NO 0	YES
Stethoscopes, two	YES 2	NO 0	YES
Fetoscopes, one	YES 1	NO 0	NO
Blood pressure cuff, one	YES 3	NO 0	YES
Otoscope, one	YES 1	NO 0	NO
Thermometers, three	YES 2	NO 0	YES
Additional steriliser, one	YES 2	NO 0	NO
Suture needles, cutting, five	YES 2	NO 0	YES
Suture needles, abdominal, five	YES 2	NO 0	NO
Suture material, ten packets	YES 2	NO 0	NO
Needle holder, long handle, one	YES 2	NO 0	YES
Scissors with long handles, one	YES 2	NO 0	YES
Dissecting forceps, one	YES 1	NO 0	NO
Artery forceps, five	YES 2	NO 0	NO
Tissue forceps, two	YES 2	NO 0	NO
Retractors, small, one	YES 1	NO 0	NO
Retractors, abdominal, one	YES 1	NO 0	NO
Obstetric forceps, one	YES 1	NO 0	NO
Vacuum extractor, one	YES 3	NO 0	NO
Surgical gloves, five	YES 3	NO 0	NO
Operating table, one	YES 4	NO 0	NO
Operating light, one	YES 4	NO 0	NO
Armature table, one	YES 2	NO 0	NO
Oxygen, one cylinder	YES 3	NO 0	NO
Air bag, one	YES 4	NO 0	NO

	Equipment for general anaesthesia, one	YES 4	NO 0	NO
	Equipment for spinal anaesthesia, one	YES 1	NO 0	NO
	Equipment for local anaesthesia, one	YES 1	NO 0	NO
	Total Score			out of 101

**4.3.4
Laboratory Equipment**

	Functional microscope, one	YES 3	NO 0	YES
	Centrifuge, one	YES 3	NO 0	YES
	Centrifuge, tubes, twelve	YES 3	NO 0	YES
	Urine, glasses, two	YES 1	NO 0	YES
	Glass slides, one hundred	YES 2	NO 0	YES
	Cover slips, one hundred	YES 2	NO 0	YES
	Immersion oil, one packet	YES 1	NO 0	YES
	Giemsa stain, one packet	YES 1	NO 0	YES
	Ziehl.Nielsen stain, one packet	YES 1	NO 0	YES
	Tray, one	YES 1	NO 0	YES
	Instrument measuring Hb, one	YES 1	NO 0	YES
	W.B.C. counting chamber, one	YES 1	NO 0	YES
	W.B.C. pipette, one	YES 1	NO 0	YES
	W.B.C. count diluent, one packet	YES 1	NO 0	YES
	Iodine stain, one packet	YES 1	NO 0	YES
	Total score			out of 23
	Emocromocytometric	YES		
	Glucose in blood and urine	YES		
	Urinalysis	YES		
	Stool for parassites	YES		
	Malaria	YES		

**4.3.5
and sundries**

Drugs

Check for the presence and integrity of each of the following drugs/sundry articles in both the outpatient department and the hospital pharmacy

	Outpatient	Department	Cental	Pharmacy	
Adhesive tape	YES 1	NO 0	YES 1	NO 0	VERY FEW
Bandages	YES 1	NO 0	YES 1	NO 0	VERY FEW
Cotton	YES 1	NO 0	YES 1	NO 0	VERY FEW
Gauze	YES 1	NO 0	YES 1	NO 0	VERY FEW
Disinfectant	YES 1	NO 0	YES 1	NO 0	VERY FEW
Aspirin	YES 1	NO 0	YES 1	NO 0	VERY FEW
Ophthalmic ointment	YES 1	NO 0	YES 1	NO 0	VERY FEW
Benzyl benzoate	YES 1	NO 0	YES 1	NO 0	VERY FEW
Contaceptives	YES 1	NO 0	YES 1	NO 0	VERY FEW
Oral rehydrataton salts	YES 1	NO 0	YES 1	NO 0	VERY FEW
Antimalarian tablets	YES 1	NO 0	YES 1	NO 0	VERY FEW
Antimalarian injection	YES 1	NO 0	YES 1	NO 0	VERY FEW
Iron tablets	YES 1	NO 0	YES 1	NO 0	VERY FEW
Gentian violet	YES 1	NO 0	YES 1	NO 0	VERY FEW
Multi vitamin tablets	YES 1	NO 0	YES 1	NO 0	VERY FEW
Crystalline or procaine penicillin injection	YES 1	NO 0	YES 1	NO 0	VERY FEW
Sulfadimidine	YES 1	NO 0	YES 1	NO 0	VERY FEW

Tetanus toxoid	YES 1	NO 0	YES 1	NO 0	VERY FEW
Adrenaline injection	YES 1	NO 0	YES 1	NO 0	VERY FEW
Ergometrine injection	YES 1	NO 0	YES 1	NO 0	VERY FEW
Lidocaine/procaïne injection	YES 1	NO 0	YES 1	NO 0	VERY FEW
Water for injection	YES 1	NO 0	YES 1	NO 0	VERY FEW
Piperazine/thiabendazole	YES 1	NO 0	YES 1	NO 0	VERY FEW
Antihistamines	YES 1	NO 0	YES 1	NO 0	VERY FEW
Cortisone	YES 1	NO 0	YES 1	NO 0	VERY FEW
I.V. Fluids	YES 1	NO 0	YES 1	NO 0	VERY FEW
Chloramphenicol	YES 1	NO 0	YES 1	NO 0	VERY FEW
Tetracycline tablets	YES 1	NO 0	YES 1	NO 0	VERY FEW
Tetracycline injection	YES 1	NO 0	YES 1	NO 0	VERY FEW
Phenobabital	YES 1	NO 0	YES 1	NO 0	VERY FEW
Ephedrine	YES 1	NO 0	YES 1	NO 0	VERY FEW
Total Score					out of 31

4.3.6

Suggestion for analysis and interpretation

STATUS OF BUILDINGS
STATUS OF EQUIPMENTS AND INSTRUMENTS
STATUS OF DRUGS AND SUNDRIES
OVERALL IMPRESSION

4.4

Hospital activities

Records are available? YES NO

4.4.1

Outpatient care

Determine the total number of outpatient visits to the facility within one complete week for four randomly selected weeks in the year preceding your appraisal:

Information not available a) 1st week
b) 2nd week
c) 3rd week
d) 4th week

[(a+b+c+d)x12] : total population = approximate nr of visits per person to the OPD per year

4.4.2

Maternal and child health activities

Number of antenatal visits by mother to health facility within last three complete months Not available Total No. 300

Number of pre schhol children seen in the outpatient department within last four complete weeks for reasons of illness or breath promotive care Not available Total No. Not available

4.4.3

Immunisation coverage

Number of tetanus toxoid injections given to pregnant women within last six complete months including those by mobile clinics Not available Total No. 500

Number of BCG immunisations given within last six complete months Not available Total No. Not available

Number of DPT immunisations given within the last six complete months including those by mobile clinics Not available Total No. Not available

Number of polio immunisations given within the last six complete months including those by mobile clinics	Not available	Total No.	Not available
Number of measles immunisations given within the last six complete months including those by mobile clinics	Not available	Total No.	Not available

**4.4.4
Outreach**

Are members from this health facility routinely carrying out home visiting?	YES	NO	NO
If yes, number of home visit related to MCH care by health facility staff within last six months	Not available	Total No.	NO
Are the staff from this health centre doing home deliveries?	YES	NO	NO
If yes, number of home deliveries carried out by health facility staff within the last six months	Not available	Total No.	NO
Number of health education talks given in the village or a community gathering place on personal hygiene / environmental hygiene/ water supply protection, within the last six months	Not available	Total No.	NO
Number of small-scale water schemes completed within the last six months	Not available	Not Applicable	Total No.

**4.4.5
Inpatient care**

How many beds do you have?	Total Nr	12		
Of these, how many are for pre-school children?	Total Nr	% of total beds		
Of these, how many are for maternity care?	Total Nr	% of total beds		
Do you keep records on				
	dates of admission?	YES	NO	YES
	dates of discharge?	YES	NO	YES
	diagnosis?	YES	NO	YES
What are the reasons of the twelve most recent pre-school admissions?				
	1 MALARIA			
	2 DHYARROEA			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
What was the average duration of stay of these twelve patients?		(=total number of patient-days in these two months / 12)		
What are the reasons of the twelve most recent maternity admissions?				
	1 MALARIA			
	2 DHYARROEA			
	3			
	4			
	5			
	6			

7
8
9
10
11
12

What was the average duration of stay of these twelve patients?

(=total number of patient-days in these two months / 12)

What are the reasons of the twelve most recent school age admissions?

1 MALARIA
2 DHYARROEA
2
3
4
5
6
7
8
9
10
11
12

What was the average duration of stay of these twelve patients?

(=total number of patient-days in these two months / 12)

What are the reasons of the twelve most recent adult (15 years or older), other than maternity, admissions?

1 MALARIA
2 DHYARROEA
3
4
5
6
7
8
9
10
11
12

What was the average duration of stay of these twelve patients?

(=total number of patient-days in these two months / **3 Days** 12)

What was the BUR (Bed Utilistaion Rate) over the past six months for the hospital as a whole?

BUR= [No of patient days over the last six moths x 100] / [No. of beds x 180]

What was the BUR (Bed Utilistaion Rate) over the past six months for pre school children admissions?

What was the BUR (Bed Utilistaion Rate) over the past six months for maternity admissions?

What was the BUR (Bed Utilistaion Rate) over the past six months for school age children admissions?

What was the BUR (Bed Utilistaion Rate) over the past six months for adult (15 years or older), other than maternity, admissions?

Do you keep records on

dates of operation
age of patient

YES
YES

NO
NO

If yes calculate

type of operation

YES

NO

daily theater utilistaion
rate

total number of operations in
one complete month,
randomly selected in the
preceding year

percentage of operation
which are carried out on
pre school children
percentage of operations
which were caesarian
section

[number of operation on pre
school children] / [total No. of
operations] x 100

[number of caesarian sections]
/ [total No. of operations] x 100

cesarian section rate

[number of caesarian sections]
/ [total deliveries in H in same
month] x 100

4.4.6

Patient referral

Are records kept on patients referred to
the hospital?

YES

NO

If yes how many persons
were referred to the H
within the last month?

What were the reasons
for their referral?

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

What percentage of
patients seen at the OPD
were referred from
another
facility/practitioner?
What percentage of new
inpatients in the last
month were referred from
another
facility/practitioner?

[patients referred in the last
month] / [total outpatients in
the last month] x 100

[referred patients admitted] /
[total new inpatients] x 100