



Report on the Gap Assessment on Emergency Preparedness & Response

**Emergency Medical Services Division
Department of Medical Services
Ministry of Health**

Ministry of Health



Report on the Gap Assessment on Emergency Preparedness & Response

At Community Level

Emergency Medical Services Division
[6-2-2018]

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Introduction/Background:

The difficult geographical terrain due to a highly rugged and mountainous topography and a classification under the seismically active zone poses high risk for disasters and emergency to Bhutan. As the part of the nation's preparedness and response plan for any disasters or health emergencies, Ministry of Health (MoH) aims at providing safer environment to both service providers and receivers during the times of emergencies. MoH also aims at preparing the health facilities to respond to any emergencies with continuous services through various programs and projects under Emergency Medical Services Division (EMSD), Department of Medical Services.

One of the projects that EMSD is focusing on is building the resilience of the community during any emergency. This is made possible by the ongoing pilot project of "*Community Health Pilot Project*" (CHPP) funded by Swiss Red Cross in two pilot districts, Trashiyangtse and Wangdue Phodrang. The project is a holistic one focusing on Maternal Child Health (MCH), Non-Communicable Diseases (NCDs), Water, Sanitation and Hygiene (WASH), and community emergencies.

The outcome 3 of this project emphasizes on improving the capacity of health services and communities to act during medical emergencies. As a part of this outcome, the GAP assessment was carried out to assess the preparedness and response capacity of health facilities during the times of any emergency. The findings from this assessment will help the Ministry of Health, stakeholders and the development partners to improve the emergency response and preparedness of various health facilities especially at the community level. It will also help the pilot districts to prioritize their activities accordingly. Further, this report will also serve as one of the important inputs for the upcoming "*Emergency Medical Services Strategic Plan July 2018-June 2023.*"

District profile:

1. Trashiyangtse:

Trashiyangtse district has a total population of 20,874 with 10,286 male and 10,588 female (Dzongkhag Population Projection 2006-15, NSB). The district has 1 hospital, 8 Basic Health Units (BHUs). Other far-flung communities are catered through the network of 2 sub-posts and 23 outreach clinics. There are currently 41 active Village Health Workers (VHWs) in the district (DHP 2017). In 2014, Trashiyangtse had the 4th highest number of hospital admission among the 20 districts (AHB 2015). Trashiyangtse also features in the top 5 districts with high level of reported child malnutrition.

2. Wangdue Phodrang

Wangdue Phodrang district encompasses a total area of 4,308 sq.km with an altitude ranging from 800-5800 meters above the sea level. There are 15 gewogs with the total population of 37,553, 19,127 males and 18,427 female (Dzongkhag Population Projection 2006-15, NSB). Health care services are provided through two hospitals (including one army hospital), nine Basic Health Units (BHUs), three sub-posts and 21 outreach clinics. There are currently 68 active VHWs (DHP 2017). According to Statistical Yearbook 2014, nearly half of the deliveries were without skilled health personnel. The district also has a high proportion of teenage pregnancy (BMIS 2010). 2.8% of the children in the 2-9 years age group are reported to have some form of hearing impairment and about 5.7% are reported to have learning difficulty (BMIS 2010).

Objective

General: The objective of the Gap Assessment is to identify gaps and needs in the preparedness and response capacity of health emergencies and disaster at the community level for the two piloted districts.

Specific:

To assess:

- HR capacity of health facilities to respond to any emergencies
- communication and transportation facilities
- logistic, finance and administrative arrangements
- infection control and waste management
- health services
- preparedness and response plan
- community integration

Methodology:

The questionnaire was developed through an extensive literature review carried out by the EIIR Program under EMSD. It was further piloted and tested for validation at one of the BHU IIs at Trashi Yangtse. The questionnaire comprises of parameters such as communication, transportation, power supply, basic client amenities, infection control and waste management, health services, medical, commodities and supply chain, emergency operations planning, response capability and community integrations. These parameters were included based on its importance to the preparation and response to emergencies and disasters.

As enumerators for this assessment, 2 health assistants (HAs) from Trashi Yangtse and 6 HAs from Wangue Phodrang were trained on the questionnaires. During the training, mock interviews

were carried out in order to make the enumerators more confident while doing the real interviews. In addition, two DHOs were also trained along with the HAs and they were assigned the roles of supervisor for the assessment at their respective districts.

The data for this GAP assessment were collected from 26 health facilities (11 from Trashi Yangtse and 15 from Wangdue Phodrang). Almost all the health facilities under pilot districts were included in the interviews, except for the three sub-posts in Wangdue Phodrang (Khotokha sub-post, Lopokha sub-post and Migtena sub-post). The exclusion was made because these sub-posts are manned by only 1 HA and they were all engaged with the assessment as enumerators. The heads of the hospitals, BHU Is, BHU IIs and sub-post were interviewed by the enumerators. Each interview took around 30 minutes to complete. To avoid biases, enumerators (HAs) from other health facilities interviewed the particular health facility.

Stata version 14 and SPSS version 17 were used for the descriptive analysis. Double data entry process was followed to minimize data entry related errors.

Results

All 26 identified health facilities responded to the questionnaires. Of 26 health facilities, 2 were district hospitals, 2 BHU Is, 15 BHU IIs and 5 sub-posts. The medical officers were found to be placed only in hospitals and BHU grade I, but only one single medical officer was found at grade BHU grade I, which contradicts to the Human Resource (HR) Standards. Generally, BHU grade-IIs were found to be manned with only 3 health personnel i.e, 2 HAs and a caretaker. For the pre-hospital care system, the Emergency Medical Technicians (EMTs) were only found to be at two district hospitals though the ambulances were also stationed at BHU grade I.

Section I: Infrastructure

The questions under communication and transport services consisted of availability of functioning amenities like telephone, internet service, access to ambulance service, fuel for ambulance and turnaround time (TAT) for ambulance. The responses were elicited using questionnaire with yes or no options. As shown in Table 1, the majority of the health facilities had good communication facilities and access to ambulance services. Twenty five (96.2%) facilities reported the availability of functioning cellular phones and computers but few (26.9%) had internet connection at their facilities. All facilities had access to ambulance service, with 7(26.9%) of them having ambulance stationed at their facilities. The TAT of ambulance, which was operationalized as the time taken from the request made by the health facility until

the ambulance reaches the facility or the nearest road point was 87 minutes ranging from 20 - 390 minutes.

Table 1: Communication and transport facilities available in health facilities under Trashiyangtse and Wangduephodrang dzongkhags (n=26)

Communication facilities and accessibility Measurement		n	(%)
Ability of functioning landline telephone	Yes	8	30.8
	No	18	69.2
Availability of functioning cellular Phone	Yes	25	96.2
	No	1	3.8
Availability of functioning computer	Yes	25	96.2
	No	1	3.8
Availability of internet facility	Yes	7	26.9
	No	19	73.1
Availability of functioning ambulance	Yes	7	26.9
	No	19	73.1
Availability of fuel for Ambulance*	Yes	5	71.4
	No	2	28.8
Access to ambulance	Yes	26	100.0
	No	0	

* Only for those facilities where ambulance is available

Most of the health facilities (92.3%) were found to be connected with electricity. Only few Sub-posts were deprived of electricity connection. In respect to back-up power, only two district health facilities had functioning generator to provide backup power supply when required. The fuel was also found to be stocked in the store in these facilities.

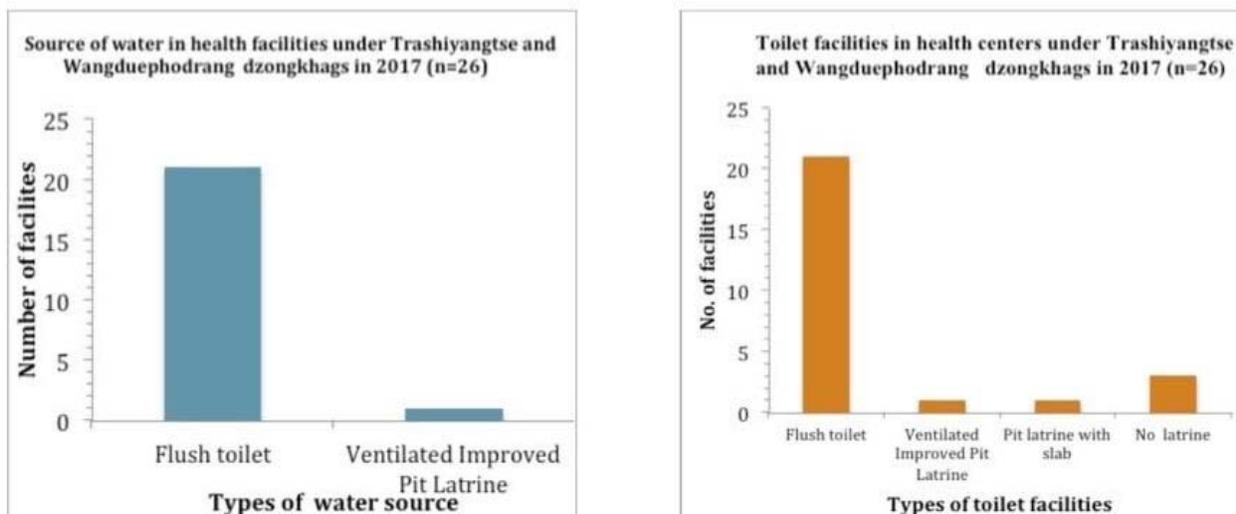


Figure 1: Figure depicting the source of water and toilet facilities in Health Facilities

Regarding the provision for basic amenities for clients visiting the facilities, 22 health facilities (84.6%) were open for service more than 8 hours in a day and rest of the facilities were open up to 8 hours. Majority (96.2 %) of the facilities had piped water supply and flush toilet amenities for the clients as reflected in figure 1.

The following table (table 2) shows the infection control & waste management arrangements and practices in the facilities. It was observed that in 19 facilities (73.1%) Infection Prevention Guidelines were available and 5 facilities (19.2%) reported of not having such guidelines. The common method adopted for processing reuse of equipment in most of the facilities was electric autoclave (76.9%). With regard to the waste disposal, many of the facilities dispose sharp waste by dumping underground after burning it (65.4%), followed by dumping without burning (26.9%) and few facilities practise the dumping after chlorination (7.7%). The infectious waste in 16 facilities (61.5%) were first burnt and then dumped at designated area with few facilities reported dumping without burning (15.4%) and dumping after chlorination (23.1%).

Table 2: Infection prevention and waste management in health facilities under Trashiyangtse and Wangduephodrang dzongkhags (n=26)

Infection prevention and waste management practice	Measurement	n	(%)
Availability of infection prevention guidelines	Observed	19	73.1
	Not seen	5	19.2
	Not in place	2	7.7
Methods adopted to process equipment reuse	Electric autoclave	20	76.9
	Electric boiler/steamer	0	
	Non-electric heat source	4	15.4
	Others	2	7.7
Methods used for disposal of sharp waste	Burning and dumping	17	65.4
	Dump without burning	7	26.9
	Dump after chlorination	2	7.7
Methods used for disposal of infectious waste	Burning and dumping	16	61.5
	Dump without burning	4	15.4
	Dump after chlorination	6	23.1

Section III: Health services

The table 3 summarizes the availability of various health services at health facilities. Most of the health facilities surveyed reported having provision for conducting delivery and providing newborn care services. Similarly, all health facilities reported performing basic surgical procedures like suturing, wound debridement and others. But very few facilities had provision for services like X-ray, ultrasonography (USG), electrocardiogram (ECG) and blood transfusion at the facility. These services were found to be provided only at district hospitals.

Table 3: Description of availability of various services provided at the health facilities of Trashi Yangtse and Wangdue Phodrang (n=26)

Variables	Measurement	n	(%)
Delivery and newborn care services	Yes	23	88.5
	No	3	11.5
Availability of CEmOC guideline	Observed	21	80.8
	Not observed	2	7.7
	No	3	11.5
Preventative and curative care services U-5	Yes	25	96.2
	No	1	3.8
Availability of surgical services	Yes	26	100
	No	0	
Blood transfusion services	Yes	3	11.5
	No	23	88.5
Availability of X-ray	Yes	2	7.7
	No	24	92.3
Availability of USG	Yes	2	7.7
	No	24	92.3
Availability of ECG	Yes	1	7.7
	No	24	92.3

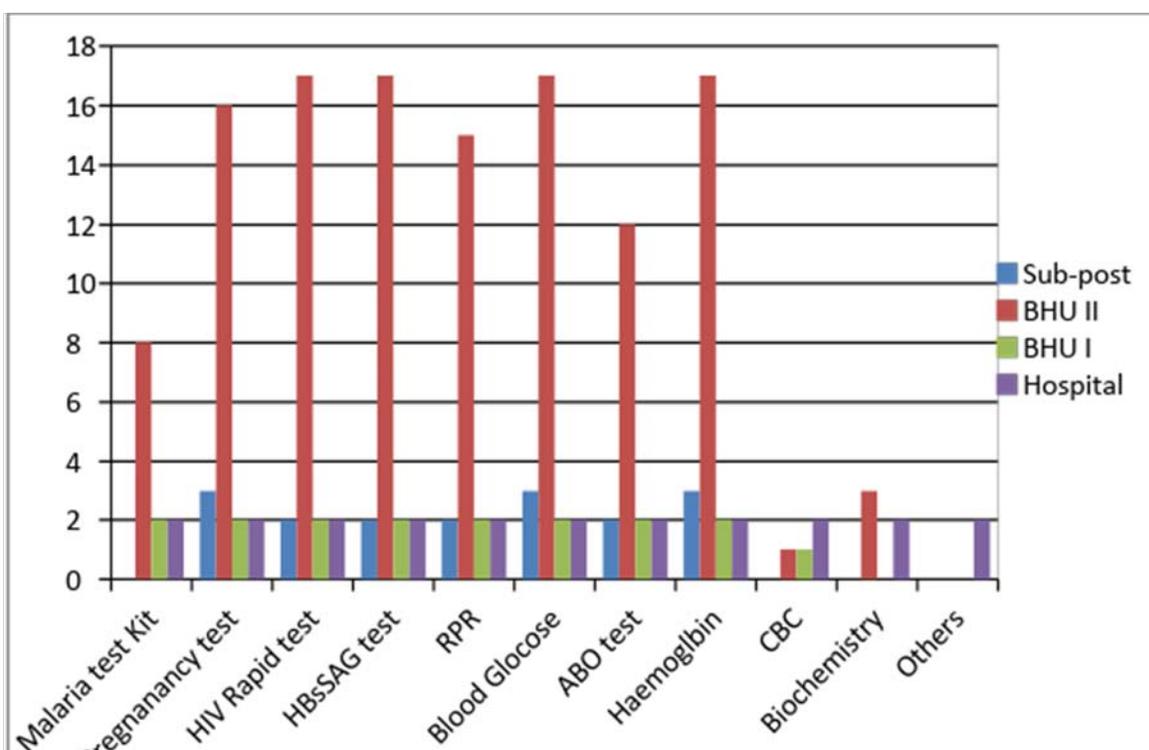


Figure 2: Health facilities with the different types of diagnostics test availability

The assessment found that district hospitals conducted more than the 11 clinical tests mentioned in the questionnaire. However, fewer varieties of tests are conducted in lower level of health facilities. Depending upon the level of health facilities, the availability of diagnostic test varies (Figure 2).

Section IV: Medicines, Commodities & Supply Chain

Table 4 availability, accessibility and storage of medical and non-medical supplies at the health facilities under Trashy Yangtse and Wangdue Phodrang

Variables	Measurement	Number(n=26)	Percentage
Stock piling of medicines , vaccines or contraceptive commodities	Yes	26	100
	No	0	00
Visibility of identification of medical supplies	Yes	25	96.2
	No	.	
Storage of medical supplies as per FEFO	Yes	23	88.5
	No	3	11.5

Quantification of resupply of medical supplies	Formula	24	92.3
	Don't know	1	3.8
	Other	1	3.8
Transportation of medical supplies from central medical stores	MSDD	25	96.2
	District Health office	1	3.8
	Others	0	0
Receipt of drugs as per National Essential Medicine list	Yes	22	84.6
	No	4	15.4

Twenty five health facilities reported that the medical supplies were transported till their facilities by Medical Supply and Distribution Division of Ministry of Health. During the interview, stockpiling of medicines, vaccines or contraceptive commodities were observed in all the health facilities and 88.5 % had stored the medical supplies following FEFO (First-to-expire, first-out) order. It was also found that in hospitals and BHU-Is, Pharmacy technicians were responsible for indenting medical supplies while in BHU-IIs and Sub-posts, mostly health assistants (HA) were responsible for indenting medical supplies as shown in figure 4.

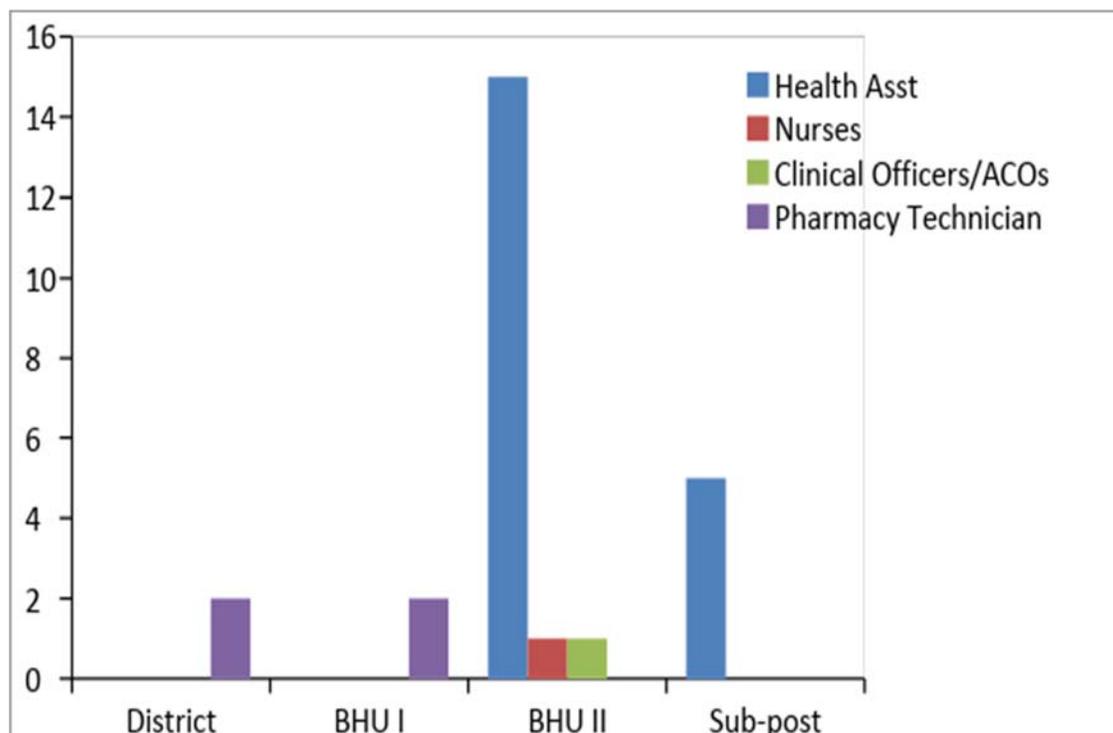


Figure 3: Health facilities with health professionals responsible for indenting medical supplies

Section V: Emergency Operation Planning

This section documents the gaps from the perspective of emergency operation and planning. It was found that majority of health facilities were yet to be assessed with all-hazard vulnerability Assessment. Only Trashi Yangtse Hospital had thorough initial seismic vulnerability assessment done by Geo Hazard International with the support of European Union in 2011. Sephu BHU II under Wangdue Phodrang had basic vulnerability assessment conducted along with the school.

The table below summarizes the emergency operation planning of the health facilities. Although Wangdiphodrang district is one of the piloted districts, most health facilities did not have health facility emergency contingency plan and almost all the BHU I & BHU IIs were not clear of the emergency response procedures and role of communication that plays in any emergencies.

Similarly only 4 health facilities centers have ever conducted annual mock drills at their respective health facilities despite the Health Emergency and Disaster Contingency Plan 2016 mandates every health facilities to carry out simulation exercise or drill at least twice a year.

Table 5: Table showing the status of the Emergency Operation Planning

Items	Measurement	Frequency	Percentage (%)
Health facility with a thorough Hazard Vulnerability Assessment conducted	YES	3	11.5
	NO	23	88.5
HF with an Emergency Operations Plan (EOP)/ Contingency Plan	YES	3	11.5
	NO	23	88.5
EOP identifies those who have the authority to activate emergency response procedures	YES	2	7.7
	NO/NA	24	9.3
EOP include guidelines for communication with hard-to-reach and vulnerable populations?	YES	1	3.8
	NO/NA	25	96.2
EOP address the capacity to render mass immunization/prophylaxis?	YES	2	7.7
	NO/NA	24	9.3
HF has an updated emergency risk communications plan	YES	3*	11.5
	NO	21*	80.8

HF conducts annual drills to test your plan	YES	4*	15.4
	NO	21*	96.2

* Missing Values

Section VI: Response capability

The response to health emergencies and disasters can be more effective if the key health personnel of health facilities are trained on how to access local and national health authorities and relevant emergency management. As shown in table 6, it was found that more than half of the key health personnel from 26 health facilities were trained on accessing to local and national health authorities and the relevant emergency management. Furthermore, most of the health facilities are equipped with the contact numbers of local health authorities and the relevant emergency management like fire, police, DDM Coordinator of the districts.

This assessment also found that majority of the health facilities maintained key supplies and equipment which can sustain operations for 24, 48, 72 & 96 hours with full patient capacity (BHU II-5 patients; BHU I-10 patients & district hospital- 20 patients). It was also found that the bigger health facilities i.e, BHU IIs to hospital level has adequate refrigerated and \non-refrigerated storage space for influx of emergency supplies.

Table 6: Table depicting the response capability of health facilities

Items	Measurement	Frequency	Percentage (%)
Key administrative staff trained on accessing to local and national health authorities and emergency management	YES	16	61.5
	NO	10	38.5
HF maintain the important contact nos 24x7	YES	23	88.5
	NO	3	11.5
Maintain key supplies & equipment to sustain operations	YES	18	69.2
	NO	8	30.8
Adequate refrigerated storage space for influx of emergency supplies	YES	23	88.5
	NO	3	11.5
Adequate space for non-refrigerated supplies?	YES	21	80.8

	NO	5	19.2
HF has a back-up communication system?	YES	2	7.7
	NO	24	92.3

The figure 5 exemplifies that the health facilities in both the piloted districts are yet to train their staff to coordinate patient registration, provide curative service and follow EOP procedures in case of an emergency or surge event. The finding strongly correlates to the number of health facilities with the emergency contingency plan. Hence, this particular issue can potentially be addressed after the health facilities prepare their emergency contingency plan.

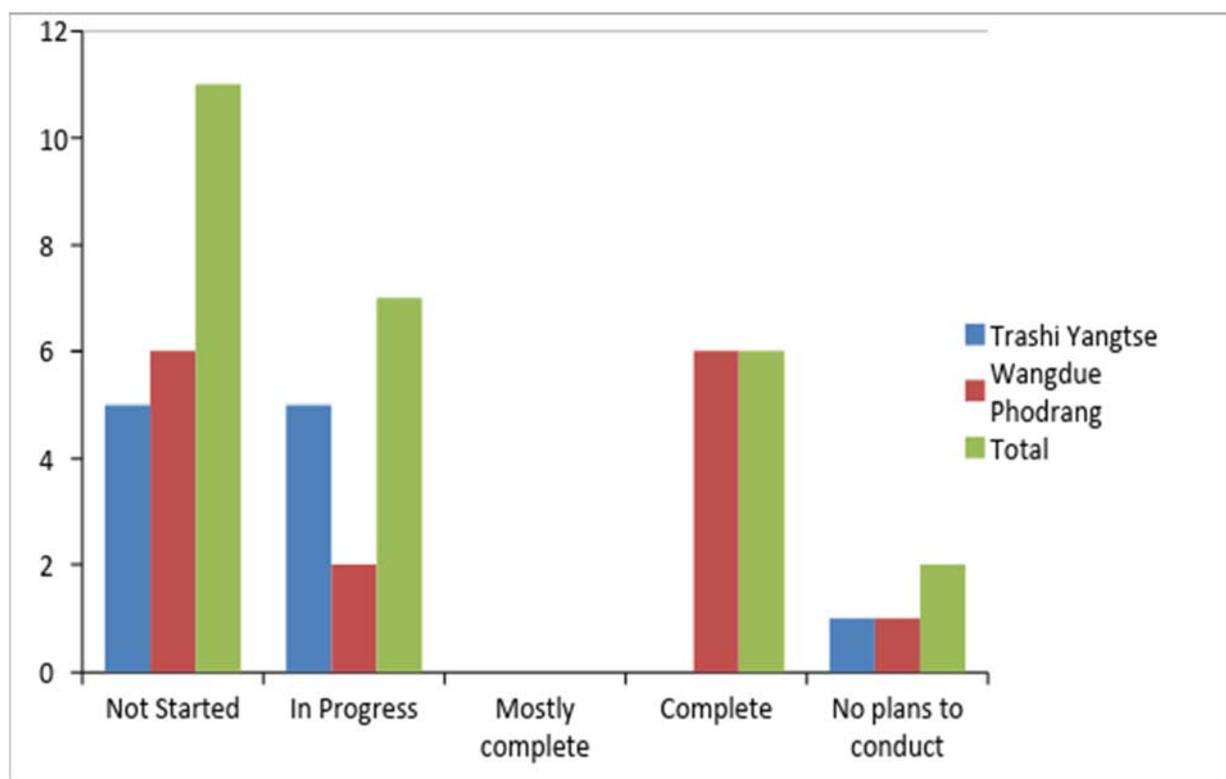


Figure 4: Staff trained to coordinate patient registration, and follow EOP procedures in emergency or surge capacity

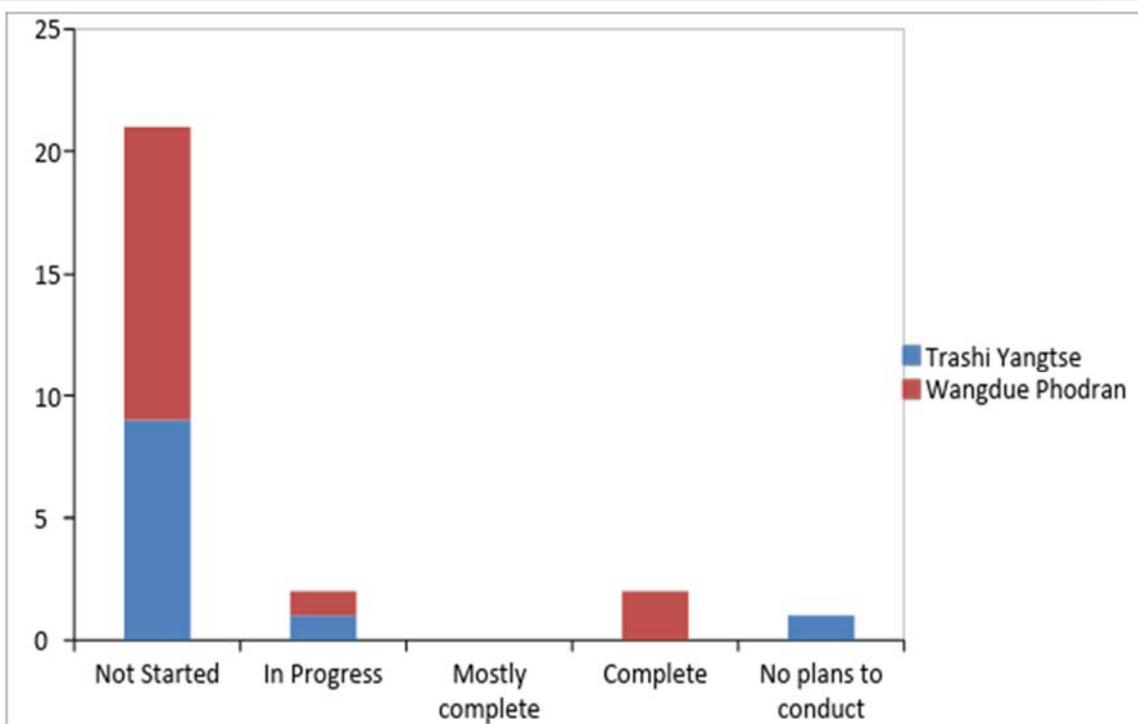


Figure 5: HR contract with stakeholders to provide supplies and maintenance during emergency

The figure 5 depicts that health facilities under both the piloted districts are yet to have sort of agreement/contract with stakeholders to provide supplies, equipment and maintenance during an emergency response phase. The health facilities alone could be handicapped if there is no assistance from the stakeholders during the emergency response and recovery phases.

Section VII: Community Integration

Table 7: Table depicting the Community Integration

Items	Measurement	Frequency	Percentage (%)
Emergency plan integrated to local/regional emergency plan? (C1)	YES	3	11.5
	NO	23	88.5
HF participation in community emergency response planning?	YES	9	34.6
	NO	17	65.4
Budget allocation for emergency management by District Health sector or gewog administration	YES	1	3.8
	NO	25	96.2
HR arrangement with central or local agencies for	YES	18	68.2

reporting of data	NO	8	30.8
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Since the majority of health facilities doesn't have emergency contingency plan, it is yet to be integrated with the local/regional emergency plan. In case of Trashi Yangtse Hospital, they have well reviewed hospital contingency plan. However, the Trashi Yangtse district is yet to develop the local/regional emergency contingency plan, thus the hospital contingency plan was not able to integrate. It was found that some of the health facilities actively participate in community (gewog & dzongkhag) based emergency response planning along with other emergency response partners or stakeholders.

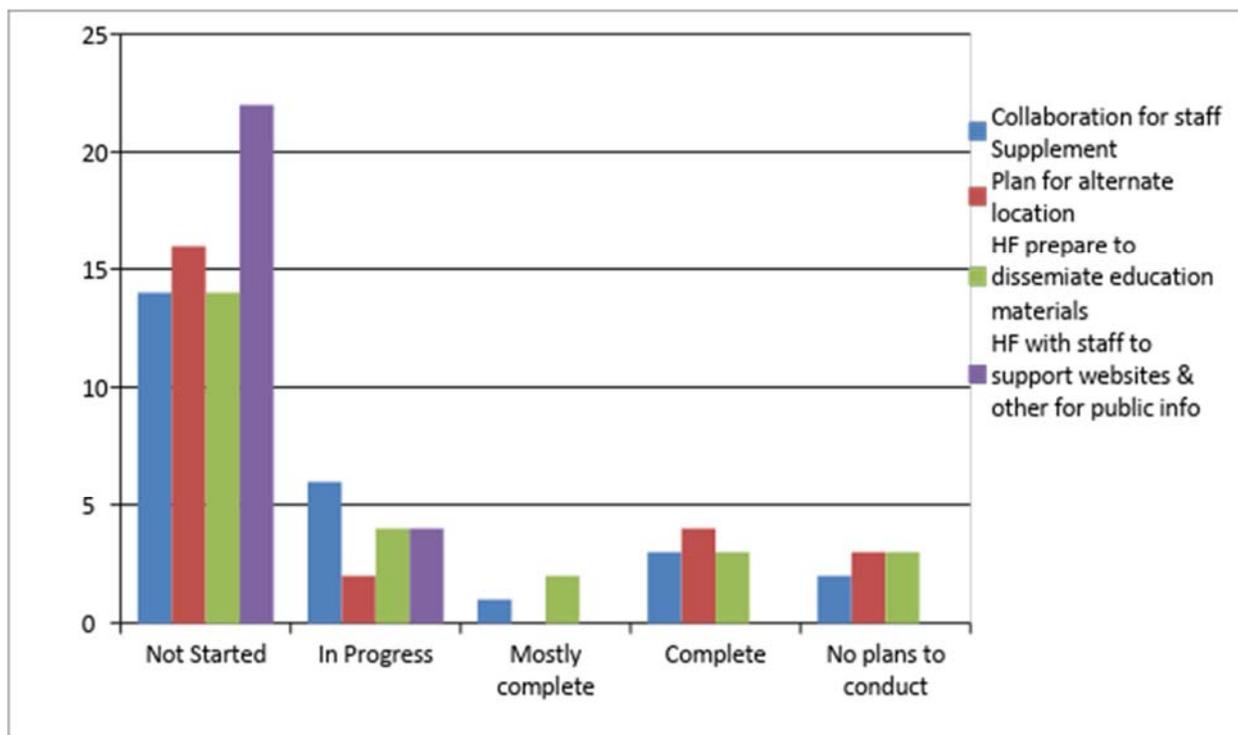


Figure 6: Figure showing the level of collaboration and the capacity in disseminating the information

In times of emergency, any health facilities will be overwhelmed with the patients and their attendants, thus requiring the additional human resource to supplement local available resource. The support from national incident management teams or Rapid Response Team (RRT) may take up to 12 hours to arrive on scene, which is a critical time period for response. Therefore, it is

pertinent that the health facilities should have collaboration with the volunteers, temporary medical staff project, military or personal groups to supplement staff during an emergency response in advanced. However, as per that figure numbered 6 it was found that almost all the health facilities have neither started nor had any plans to start collaboration with personnel groups for staff surge capacity.

The figure numbered 6 also states that many health facilities haven't planned to provide services from an alternate location if their current facility is damaged or diminished in operational capacity. Only Bajo hospital and 3 other BHU IIs in Wangdue Phodrang have identified alternate locations.

In terms of disseminating the education materials to affected community when responding to specific emergencies, half of the health facilities assessed were confident that they are in the position to disseminate the information provided that they are supported by ministry and other higher authorities. On the other hand, almost all the health facilities reported that they don't have dedicated staff to support websites, hotlines and other avenues for public information both in peace and emergency times.

Section VIII: Finance & Administration

As per the table 8, all health facilities reported that they are incompetent to do an impact assessment to estimate the potential costs of emergency or disasters. Similarly, all the health facilities reported that they cannot track all the cost related to an emergency/disaster response (including supplies & equipment, medical care, manpower and lost avenues), except for Bajo hospital. When asked if they can rapidly assess the required supplies and medical equipment inventories, more than half reported that they will be able to do so.

Table 8: Table showing the finance & administration

Items	Measurement	Frequency	Percentage (%)
HF competent to do an impact assessment	YES	0	3.8
	NO	26	96.2
Rapid assessment for assess supplies and equipment	YES	15	57.7
	NO	11	42.3
Can HF track all cost related to disaster response	YES	1	3.8
	NO	25	96.2

Conclusion

The gaps identified from this assessment are mainly regarding the preparedness and response for emergencies at the community level. It was identified that the basic amenities like power supply, water supply, and medical supplies and services are available as per the standards and guidelines set by the Ministry of Health. However, it was found that all the health facilities in community need to be sensitized more on the plans and guidelines of preparedness and response for emergencies. The findings would help the policy makers and developmental partners to plan accordingly. It will also help the local leaders of the two pilot project districts (Trashy Yangtse and Wangdue Phodrang) to prioritize their activities. It would also urge them to improve their preparedness any emergencies. This would ultimately help the Ministry of Health's mandates to institute appropriate system to deal with emergencies, epidemics and outbreaks.

Limitation

The gaps and challenges addressed in the above findings are from the two pilot districts only and it may not be applicable to a national context.



Ministry of Health



Gap Assessment on Emergency Preparedness and Response

For Trashi Yangtse & Wangdue Phodrang

Emergency Medical Services Division
Department of Medical Services
Ministry of Health

With support from Swiss Red Cross

SECTION 1: DETAILS OF HEALTH FACILITY

Location and Details	Response	Code No
Name of facility:		I1
Type of facility	District Hospital 1 <input type="checkbox"/> Basic Health Unit I 2 <input type="checkbox"/> Basic Health Unit II 3 <input type="checkbox"/> Sub-Post 4 <input type="checkbox"/> Other (specify) 5 <input type="checkbox"/>	I2
Name of Interviewee: Designation:		I3
Name of Interviewer: Designation: Place of work:		I4
Date of Interview		I5
Gewog:		I6
Dzongkhag:		I7
No of staff:	General Duty Medical Officer(s)(1) Dentist(s)(2) Clinical officers/ACOs(3) Nurses(4) Pharmacists(5) Health Assistant(s).....(6) Emergency Medical Technician (s)(7) Technicians (lab, dental, ortho & others)...(8) Others (maintenance staff, caretaker, ward boy, and others).....(9) Total.....	I8

SECTION 2: INFRASTRUCTURE

A. COMMUNICATIONS/TRANSPORTATION		
Questions	Response	Code No
2.1 Does this facility have a <u>24x7 functioning land line telephone</u> that is supported by the facility? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	C1
2.2 Does this facility have a <u>functioning cellular telephone or a private cellular phones?</u>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	C2
2.3 Does this facility have <u>a functioning computer?</u>	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	C3
2.4 Is there access to email or internet within the facility today?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	C4
2.5 Does this facility have a functional ambulance or other vehicle for emergency transportation? IF NO, skip to Qs 2.7	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	C5
2.6 Is fuel for the ambulance or other emergency vehicle available today?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> Don't Know 3 <input type="checkbox"/>	C6
2.7 Does the facility have access to the ambulance service?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	C7
2.8 What is the average TAT to avail ambulance service?mins	C8
B. POWER SUPPLY		
2.9 Does your facility have electricity from any source (e.g. electricity grid, generator, solar, or other) including for stand-alone devices (EPI cold chain)?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	P1
2.10 Other than the main or primary source, does the facility have a secondary or backup source of electricity? IF YES: What is the secondary source of electricity?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> Generator 1.1 <input type="checkbox"/>	P2

	Solar System 1.2 <input type="checkbox"/> Other (please specify) 1.3 <input type="checkbox"/>	
2.11 Is the generator functional?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> Don't Know 3 <input type="checkbox"/>	P3
2.12 Is there a fuel available in stock for generator today? OBSERVE THE FUEL STOCK!	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> Don't Know 3 <input type="checkbox"/>	P4
C. BASIC CLIENT AMENITIES		
2.13 On average, how many hours per day is this facility open?	8 Hours or Less 1 <input type="checkbox"/> 9 To 23hours 2 <input type="checkbox"/> 24 hours 3 <input type="checkbox"/>	A1
2.14 What is the <i>most commonly used</i> source of water for the facility <i>at this time</i> ? OBSERVE THAT WATER IS AVAILABLE FROM THE SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G. CHECK THAT THE PIPE IS FUNCTIONING.	Piped Into Facility 1 <input type="checkbox"/> Piped Onto Facility Grounds 2 <input type="checkbox"/> Public Tap/Standpipe 3 <input type="checkbox"/> Protected Spring 4 <input type="checkbox"/> Rain water Collection 5 <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____	A2
2.15 Is there a toilet (latrine) on premises in <i>functioning condition</i> that is accessible for <i>general outpatient client</i> use? IF YES: What type of toilet? IF MULTIPLE TOILETS ARE AVAILABLE, CONSIDER THE MOST MODERN TYPE! OBSERVE THAT THE TOILET (LATRINE) IS ACCESSIBLE (UNLOCKED OR KEY AVAILABLE) AND FUNCTIONING	Pour Flush Toilet 1 <input type="checkbox"/> Ventilated Improved Pit 2 <input type="checkbox"/> Latrine 3 <input type="checkbox"/> Pit Latrine With Slab 4 <input type="checkbox"/> Pit Latrine Without Slab/Open Pit 5 <input type="checkbox"/> Toilet found locked 6 <input type="checkbox"/> No Facilities On Premises <input type="checkbox"/>	A3

D. INFECTION CONTROL, REUSE OF EQUIPMENT & WASTE MANAGEMENT		
2.16 Does this facility have any guidelines on standard precautions for infection prevention? IF YES, ASK TO SEE THE DOCUMENT	Yes, Observed 1 <input type="checkbox"/> Yes, Reported Not Seen 2 <input type="checkbox"/> No 3 <input type="checkbox"/>	W1
2.17 What are the items used by the HF to process the equipment for the re-use?	Electric autoclave (pressure & wet heat) 1 <input type="checkbox"/> Electric boiler or steamer 2 <input type="checkbox"/> Heat source for non-electric equipment (pressure cooker) 3 <input type="checkbox"/> Others (specify) 4 <input type="checkbox"/>	W2
2.18 How does this facility <i>finally</i> dispose the sharps waste (e.g., filled sharps boxes)?	Burn Incinerator 1 <input type="checkbox"/> Burning & dumping 2 <input type="checkbox"/> Dump Without Burning 3 <input type="checkbox"/> Dump After Chlorination 4 <input type="checkbox"/> Others (Specify) 5 <input type="checkbox"/>	W3
2.19 How does this facility <i>finally</i> dispose the infectious waste?	Burning & dumping 1 <input type="checkbox"/> Dump Without Burning 2 <input type="checkbox"/> Dump After Chlorination 3 <input type="checkbox"/> Others (Specify) 4 <input type="checkbox"/>	W4
E. SUPERVISION		
2.20 When was the last time this facility received a supervision visit from the higher level (DHO & MoH or other)?	This Month 1 <input type="checkbox"/> In The Last 3Months 2 <input type="checkbox"/> More Than 3 Months Ago 3 <input type="checkbox"/> Don't Know 4 <input type="checkbox"/>	S1

SECTION 3: HEALTH SERVICES

HEALTH SERVICES		
Questions	Response	Code No
3.1 Does this facility offer delivery (including normal delivery, basic emergency obstetric care) and/or newborn care services?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	H1
3.2 Do you have the national guidelines for Comprehensive Emergency Obstetric Care (CEmOC) available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED 1 <input type="checkbox"/> YES, REPORTED NOT SEEN 2 <input type="checkbox"/> NO 3 <input type="checkbox"/>	H2
3.3 Does this facility offer preventative and curative care services for children under 5?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	H3
3.4 Does this facility offer any surgical services (including minor surgery such as suturing, wound debridement, etc.)?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	H4
3.5 Does this facility offer blood transfusion services?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	H5
3.6 Does this facility conduct any diagnostic testing including any rapid diagnostic testing?	Malaria rapid diagnostic kit 1 <input type="checkbox"/> Urine pregnancy test kit 2 <input type="checkbox"/> HIV Rapid test 3 <input type="checkbox"/> HbSAG Test 4 <input type="checkbox"/> RPR 5 <input type="checkbox"/> Blood glucose/RBS 6 <input type="checkbox"/> ABO test 7 <input type="checkbox"/> Haemoglobin testing 8 <input type="checkbox"/> CBC 9 <input type="checkbox"/> Biochemistry 10 <input type="checkbox"/> Others (specify) 11 <input type="checkbox"/>	H6
3.7 What are the available and functional imaging equipment items today?	X-ray machine 1 <input type="checkbox"/>	H7

ASK TO SEE THE ITEMS	Ultrasound equipment	2 <input type="checkbox"/>	
	ECG	3 <input type="checkbox"/>	

SECTION 4: MEDICINES, COMMODITIES & SUPPLY CHAIN

MEDICINES, COMMODITIES & SUPPLY CHAIN			
Questions	Response		Code No
4.1 Does this facility stock medicines, vaccines, or contraceptive commodities?	YES	1 <input type="checkbox"/>	M1
	NO	2 <input type="checkbox"/>	
4.2 Is the product stored so that identification labels and expiry dates and manufacturing dates are visible?	YES	1 <input type="checkbox"/>	M2
	NO	2 <input type="checkbox"/>	
4.3 Check the expiry dates of the stored product. Are they stored in first-to-expire, first-out (FEFO) order (i.e. the stock that will expire first is the closest to the front)? <i>CHECK THE EXPIRY DATES OF THE STORED PRODUCT AT THE FRONT AND AT THE BACK OF THE SHELF. IF THE PRODUCT AT THE FRONT EXPIRES FIRST, ANSWER “YES”. IF THE PRODUCT AT THE BACK EXPIRES FIRST, ANSWER “NO”.</i>	YES	1 <input type="checkbox"/>	M3
	NO	2 <input type="checkbox"/>	
4.4 Who is the principal person responsible for managing the ordering of medical supplies at this facility?	Health Assistant	1 <input type="checkbox"/>	M4
	Nurse	2 <input type="checkbox"/>	
	Clinical Officer/ACO	3 <input type="checkbox"/>	
	Pharmacy Technician	4 <input type="checkbox"/>	
	Pharmacist	5 <input type="checkbox"/>	
	Other (Specify)	6 <input type="checkbox"/>	
		
4.5 How are the facility’s resupply quantities determined?	Formula(Any Calculation)	1 <input type="checkbox"/>	M5
	Don’t Know	2 <input type="checkbox"/>	
	Other Means	3 <input type="checkbox"/>	

4.6 Who is responsible for transporting products from central medical stores to your facility?	Ministry of Health (MSDD)	1 <input type="checkbox"/>	M6
	District Health Office	2 <input type="checkbox"/>	
	Others(please specify)	3 <input type="checkbox"/>	
.....			
4.7 Does the HF receive all the indented medical commodities as per the standard Essential Drug List?	YES	1 <input type="checkbox"/>	M7
	NO	2 <input type="checkbox"/>	

SECTION 5: EMERGENCY OPERATIONS PLANNING

EMERGENCY OPERATIONS PLANNING		CODES	
5.1 Has your health facility conducted a thorough Hazard Vulnerability Assessment?	YES, with report	1 <input type="checkbox"/>	E1
	NO	2 <input type="checkbox"/>	
5.2 Do you have an Emergency Operations Plan (EOP)/ Contingency Plan that specifically addresses the four disaster phases? (Mitigation, preparedness, response, recovery).	YES	1 <input type="checkbox"/>	E2
	NO	2 <input type="checkbox"/>	
	IF NO. Skip to Qs. 5.6		
5.3 Does your EOP identify those who have the authority to activate emergency response procedures, and the process for bringing together the emergency management team? (IMS/ICS)	YES	1 <input type="checkbox"/>	E3
	NO	2 <input type="checkbox"/>	
5.4 Does your EOP include guidelines for communication with hard-to-reach and vulnerable populations?	YES	1 <input type="checkbox"/>	E4
	NO	2 <input type="checkbox"/>	
5.5 Does your EOP address your capacity to render mass immunization/prophylaxis?	YES	1 <input type="checkbox"/>	E5
	NO	2 <input type="checkbox"/>	
5.6 Does your clinic have an updated emergency risk communications plan?	YES	1 <input type="checkbox"/>	E6
	NO	2 <input type="checkbox"/>	
5.7 Does your HF conduct annual drills to test your plan?	YES	1 <input type="checkbox"/>	E7
	NO	2 <input type="checkbox"/>	

SECTION 6: RESPONSE CAPABILITY

RESPONSE CAPABILITY		CODES
5.1 Is your HF’s key administrative staff trained in how to access local and national health authorities and emergency management?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	R1
5.2 Does your HF maintain 24/7 contact numbers for local health authorities and emergency management (fire, DHO, RBP, DDM coordinator, etc)	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	R2
5.3 To what extent has the appropriate staff within your HF been trained to coordinate patient registration, provide services, and follow EOP procedures in case of an emergency or surge event?	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Mostly complete <input type="checkbox"/> Complete <input type="checkbox"/> No plans to conduct this activity	R3
5.4 Do you maintain key supplies and equipment in order to sustain operations for 24, 48, 72, 96 hours with full patient capacity?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	R4
5.5 To what degree has your HF contracted with stakeholders to provide supplies, equipment, and maintenance during an emergency response?	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Mostly complete <input type="checkbox"/> Complete <input type="checkbox"/> No plans to conduct this activity	R6
5.6 Is there an adequate refrigerated storage space for an influx of emergency supplies at your clinic (such as pre-filled syringes and multi-dose vials of vaccine).	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	R7
5.7 Is there an adequate storage space for an influx of non-refrigerated and ancillary supplies?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	R8
5.8 Does your HF have a back-up communications system?	<input type="checkbox"/> Yes IF YES, SPECIFY _____ <input type="checkbox"/> No	R9

SECTION 7: COMMUNITY INTEGRATION

COMMUNITY INTEGRATION	CODES
5.1 Is your EOP integrated into the local/regional emergency plan?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> C1
5.2 Does your HF actively participate in community (gewog & Dzongkhag) wide emergency response planning with other emergency response partners?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> C2
5.3 Has the Dzongkhag health sector/Gewog allocated budget for supporting your operational and resource needs during a formal emergency response? (This fiscal Year)	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> C3
5.4 To what degree has your HF collaborated with volunteer groups, temporary medical staff (project, military), or other personnel sources to supplement staff during an emergency response?	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Mostly complete <input type="checkbox"/> Complete <input type="checkbox"/> No plans to conduct this activity C5
5.5 Does your HF have arrangements with central and/or local agencies for reporting of data? (after emergencies)	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> C6
5.6 To what extent has your HF developed a plan to provide services from an alternate location if the current facility is damaged or diminished in operational capacity?	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Mostly complete <input type="checkbox"/> Complete <input type="checkbox"/> No plans to conduct this activity C7
5.7 To what extent is your HF prepared to disseminate educational materials to affected community when responding to specific emergencies?	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Mostly complete <input type="checkbox"/> Complete <input type="checkbox"/> No plans to conduct this activity C8

5.8 To what extent does your HF currently have staff to support websites, hotlines, and other avenues for public information?	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Mostly complete <input type="checkbox"/> Complete <input type="checkbox"/> No plans to conduct this activity	C9
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SECTION 8: FINANCE & ADMINISTRATION

FINANCE & ADMINISTRATION		CODES
8.1 Is your HF competent enough to do an impact assessment to estimate the potential costs of emergency or disaster scenarios?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	F1
8.2 Can you rapidly assess supplies and equipment inventories, including applicable personal protective equipment?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	F2
8.3 Can your HF track all costs related to a disaster response, including supplies and equipment, medical care, manpower and lost revenue?	YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/>	F3

STATUS OF THE QUESTIONNAIRE

SOQ (Status of the questionnaire)	Completed <input type="checkbox"/> 1 Not Completed..... <input type="checkbox"/> 2
NAME OF SUPERVISOR:..... DESIGNATION:..... SIGNATURE:	DATE:

