**HEALTH UNIT PHYSICAL INVENTORY Page 1**

**1. GENERAL INFORMATION**

**Health Facility Inventory**

|  |  |
| --- | --- |
| **Name of Unit/Health Unit Code** |  |
| **Level (Circle appropriate)** | **II** | **III** | **IV** | **GENERAL HOSPITAL** | **REGIONAL REFFERAL HOSPITAL** | **NATIONAL REFERRAL HOSPITAL** |
| Ownership |  |  |  |  |  |  |
| District |  |  |  |  |  |  |
| HSD |  |  |  |  |  |  |
| Sub-County |  |  |  |  |  |  |
| Parish |  |  |  |  |  |  |
| Availability of a health facility land title  |  |  |  |  |  |  |

**Ownership Key:** A = GoU, B = PNFP, C = Private (Health Provider) **Availability of land title:** PUT YES/NO

**2. WATER AND SANITATION FOR THE HEALTH UNIT**

**2.1 Water Supply that the Health Unit depends on: 2.2 Sanitation facilities**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Water Source** | **Availability**  | **Distance** **from unit (km)** | **Condition**  |  | **Facility** | **Availability** | **Number** | **Condition** |
| 1. Unprotected spring |  |  |  |  | 1. Pit Latrine Stances for Staff |  |  |  |
| 2. Protected Spring |  |  |  | 2. Pit Latrine Stances for Patients |  |  |  |
| 3. Borehole |  |  |  | 3. Medical waste pit |  |  |  |
| 4. Piped  |  |  |  |  | 4. Placenta pit |  |  |  |
| 5. Rainwater harvesting tank |  |  |  |  | 5. Rubbish pit |  |  |  |
| **Availability Key: 1 = Available, 0 = Not Available** |  | 6. Incinerator  |  |  |  |
|  |  |  |  |  | 7. Water borne toilets |  |  |  |
|  |  |  |  |  | 8. Hand washing facilities next to the toilets/ latrines for the Health Unit |  |  |  |

**Condition Key: A**; Functional and in good condition**, B:** Functional but needs repair, **C:** Not functional but repairable **D:** Not functional and not repairable

**3. ENERGY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Grid (UEDCL/ UMEME)** | **Generator** | **Gas****Availability** | **Solar/ PV system** | **Kerosene** | **Torch**  | **Charcoal** | **Firewood** |
| **Availability** | **Fuel** | **Rating (KVA)** | **Condition** | **No. of panels** | **Size in watts for @ panel** | **Condition** |  |  |  |  |
| **Lighting** | OPD |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maternity |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Male Ward |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Female Ward |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Children's Ward |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Theatre |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laboratory |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctors House |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical Officers House |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nurses houses |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Houses |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Energy for Utilities (Tick against the energy available)** | Vaccine fridge |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood Bank |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Purpose Fridge |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sterilization |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cooking |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Provision |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Heating |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Computer (s) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ultra sound |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X-ray |  |  |  |  |  |  |  |  |  |  |  |  |  |
| laboratory |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile phones |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Availability Key: 1 = Available, 0 = Not available. Generator fuel: P = Petrol, D = Diesel, F – Functional, N – Not functional
Condition Key: A**; Functional and in good condition**, B:** Functional but needs repair, **C:** Not functional but repairable **D:** Not functional and not repairable

**4. BUILDINGS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Building** | **Available****(Tick)** | **Floor Area** **L x W (in M2)** | **Year of construction** | **Year of last rehabilitation** | **Roof** | **Walls** | **Floor** |
| **Type**  | **Leakages** | **Frame**  | **Score**  | **Type**  | **Cracks**  | **Plumb**  | **Score**  | **Type**  |  **Cracks** | **Surface**  | **Score**  |
| 1. OPD | Yes  | No  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Maternity | Bed capacity for delivery  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bed Capacity for maternity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.General wards (indicate number) | Bed capacity for Males  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bed capacity for Females |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bed capacity for Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Operating theatre | Yes  | No  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laboratory | Yes | No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X-ray unit | Yes | No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dental unit | Yes | No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood bank | Yes | No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Mortuary | Yes  | No  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10.Staff houses with: (specify number) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Two bedroomed house |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Three bedroomed house  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Others (specify) | Yes  | No  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes  | No  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Condition key for buildings:**

|  |  |  |
| --- | --- | --- |
| **Roof** | **Walls** | **Floor** |
| Type | **A:** Galvanized Iron sheets or roofing tiles**B:** Grass thatched**C:** No roof | Type  | **A:** Stone, concrete blocks or burnt clay bricks jointed with cement and sand ( mortar)**B:** soil/clay brick with mud joints or wooden walls**C:** Mud and wattle | Type | **A:** Terrazzo or cement (screed) or tiles finish**B:** Concrete slab not finished**C:** others  |
| Leakages  | **A:** No leakages **B:** Leaks at few points but roof covering sound**C:** leaks at many point and roof covering un sound **D:** No roof | Cracking | **A:** No significant crack**B:** Minor cracks not going through the wall**C:** Major cracks and wide going through the wall | Cracking | **A:** No significant crack**B:** Minor cracks visibly not deep (<50mm deep)**C:** Major and wide cracks visibly deep |
| Frame (Timber or Steel frames) | **A:** No defect**B:** Weak structure needs replacement of some members (attacked by beetles, termites, warped or rotten timber)**C:** Very weak with most of the roof members having defects stated above in B  | Plumb ness  | **A:** Visibly plumb (upright)**B**: Visibly not plumb (leaning or bent)  |  |  |