

Form ICSC/HRPD/H/1/2012

TO BE USED FOR ALL DUTY STATIONS



International Civil Service Commission

Classification of Duty Stations
According to Conditions of Life and Work

Questionnaire

“Health Section of the Questionnaire”

Country

Duty station

Date(dd/mm/yyyy)

Capital City? Yes No

G. HEALTH FACTORS

G.1. HEALTH FACTORS: Section 1

The Resident Coordinator should ensure that this section of the questionnaire (item 90-118) is completed by either (1) the WHO representative or (2) the UN examining physician. Only medical facilities frequented by international staff should be reported on.

Please Note: Psychological stressors that are a consequence of overall conditions at the duty station will be factored into the final health rating.

Name and address of WHO representative/UN Physician who completed this section:

If physician, please state:

- Type of practice and specialty:

- Years of experience practicing (1) at duty station: (2) in country:

- United Nations agency affiliation:

I. MEDICAL FACILITIES

A. Hospitals

90. Names and addresses of hospitals or private medical facilities located in the duty station. **ONLY** name hospitals most likely to be used by the international staff and their dependants. Indicate the approximate driving distance.

Facility (a):	Driving distance:
Facility (b):	Driving distance:
Facility (c):	Driving distance:
Facility (d):	Driving distance:
Facility (e):	Driving distance:

For each facility, provide the following information:

91. Transportation/ambulances available?

If yes, what kind and how many of each.

Facility (a): Yes No

Facility (b): Yes No

Facility (c): Yes No

Facility (d): Yes No

Facility (e): Yes No

92. Is there any established coordination between UN agencies and the local hospitals to facilitate the admission of staff members?

	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

93. Types of rooms					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Ward	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-Number of beds					
Private/semi-private rooms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-Number of rooms					
94. Electrical supply					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Generator(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many?					
96. Number of staff					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Full-time physicians					
Part-time physicians					
Full-time nurses					
Part-time nurses					
97. Services provided in medical facility					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
(a) Emergency room	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it open 24 hours a day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Pediatrics and post-natal care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Infectious diseases dept.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) ENT department	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Ophthalmology dept.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) OB/GYN	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, number of deliveries yearly					
Possibility of Caesarian section	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Possibility of external fetal monitoring during labour	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
(g) Surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, enumerate types of surgical features performed, and for each indicate the numbers performed yearly:					
Laparoscopy	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year
Appendectomy	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year
Tonsillectomy/ adenoidectomy	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year
Repair of inguinal, crural, umbilical hernias	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year
Cholecystectomy	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year
Hysterectomy/ ovariectomy	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year
Open reductions of fractures	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year	Yes <input type="checkbox"/> No <input type="checkbox"/> /year
More complex surgical procedures (detail):					
Facility (a):					
Facility (b):					
Facility (c):					
Facility (d):					
Facility (e):					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
(h) Intensive care units	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Post-operative unit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical including cardiovascular	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Severe burns unit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- if answer to any of the above is YES:					
-- Are physicians specifically attached to this unit on a 24 hour-a-day basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-- What is the nurse to patient ratio in this unit?					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
-- Does it include a trauma centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Available equipment:					
Oxygen tanks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Portable x-ray machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ECG monitors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Defibrillator	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
EEG machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assisted ventilation equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
(j) Laboratories	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many technicians?					
Full-time:					
Part-time:					
Types of tests performed:					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Routine hematology tests	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Routine biochemical tests	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liver profile	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kidney profile	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thyroid profile	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lipid profile	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Glycemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urinalysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Routine bacteriological tests	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood cultures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urine cultures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stool cultures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parasitological tests (describe which are routinely performed)					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Stool	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Anatomopathology – Papanicolaou smears	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Automated machinery	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is there a maintenance and spare parts service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are quality control tests carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often per year?					
Is required laboratory reagents easily available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does department function 24 hours a day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
(k) Blood bank	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, number of staff:					
Is blood systematically screened for:					
HIV?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis B?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis C?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Malaria?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If applicable, what techniques are used to screen for HIV antibody?					
Facility (a):					
Facility (b):					
Facility (c):					

Facility (d):					
Facility (e):					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Can blood bank/hospital store blood packs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many?					
For how long?					
Where does the hospital's blood supply come from?					
Family/friend donation:		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Voluntary donation programme:		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Paid donation:		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Does blood supply include rare blood groups?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the blood bank open 24 hours a day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
(l) Radiology	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list available equipment:					
Facility (a):					
Facility (b):					
Facility (c):					
Facility (d):					
Facility (e):					
	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
General radiology and contrast radiology	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Echography	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Angiography, coronary arteriography	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mammography	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
CT scan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Radioisotope scanning	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Magnetic resonance imaging	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance and spare parts service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many x-ray technicians on staff?					
Does the radiology department function 24 hours a day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
--	--------------	--------------	--------------	--------------	--------------

98. Hospital care/hygiene

(a) Hospital care:					
(i) Nursing care:					
-- Nurse/patient ratio in general wards:					
-- Response time to patient's request for attention/care:					
(ii) Are the wards:					
-- Well ventilated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-- Routine maintenance and upkeep of wards:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Hospital hygiene:					
Does hospital provide linen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
- If answer is YES:					
-- Is linen changed daily?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-- Is linen washed in boiling water and chlorine?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hospital beds vermin-infested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is food provided by hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-- If yes, is it perceived as being safe to eat; or	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
-- If not, is it customary for food to be provided by patient's family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are hospital floors cleaned?					

How are hospital floors cleaned?					
B. Medical and dental private practices					
99. Number of private physicians?					
How long does it take to get an appointment?					
House calls?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Available 24 hours a day?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Have they easy access to local hospitals/private medical facilities?					Yes <input type="checkbox"/> No <input type="checkbox"/>
100. Dental care					
Is such care available?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many dentists?					
What services can be provided?					
Emergency treatment, e.g.:					
Treatment of traumatic lesions		Yes <input type="checkbox"/> No <input type="checkbox"/>	Gum surgery (periodontal)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Extraction		Yes <input type="checkbox"/> No <input type="checkbox"/>	Manufacture of dental prosthesis		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fillings		Yes <input type="checkbox"/> No <input type="checkbox"/>	Orthodontic treatment		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is radiological equipment available?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Is equipment for sterilizing instruments satisfactory and reliable?					Yes <input type="checkbox"/> No <input type="checkbox"/>
How long does it take to get an appointment?					
How high is the general standard of hygiene? (On a scale of 1 to 5, 1 being the lowest, 5 the highest)					
C. Supply of medications					
101. List pharmacies, outpatient clinics and hospitals able to supply prescription and/or non-prescription medications to non-hospitalized patients located within one hour driving distance.					
<u>Pharmacies</u> <u>Outpatient clinics</u> <u>Hospitals</u>					
102. Are some of these facilities open 24 hours a day and on week-ends?					Yes <input type="checkbox"/> No <input type="checkbox"/>

103. Are there chronic shortages of medication? If yes what categories of medication are affected? How critical is the shortage? Please explain. Yes No

104. What kinds of medications can be purchased?

Pain killers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Oral hypoglycemics	Yes <input type="checkbox"/> No <input type="checkbox"/>
Antibiotics	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disposable needles and syringes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Antimalarial	Yes <input type="checkbox"/> No <input type="checkbox"/>	Various types of contraceptives and condoms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Antidiarrheal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pediatric milk formula	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cold medicine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pediatric solutions for rehydration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Antihypertensives	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anti-retroviral	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insulin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the source of medication domestic?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is it reliable? (please explain)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

D. Physical Therapy Facilities

105. Is there a physical therapy facility at the Duty Station? Yes No

If yes, give name and address of the facility.

If no, is there such a facility in the country/region. Yes No

If yes, give name and address of the facility(ies).

106. Are the facilities equipped for rehabilitation of the following:

	Facility (a)	Facility (b)	Facility (c)	Facility (d)	Facility (e)
Lower Back	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upper Back	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shoulder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Elbow and Wrist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hip	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Knee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ankle and Foot	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments, if necessary	
II. SANITARY CONDITIONS	
107. Is piped water available for household use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
108. Is it safe for human consumption without treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
109. Is it safe for consumption with treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
110. Is there a closed sewerage system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, what arrangements exist?	
111. Is garbage collected regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, how is it disposed of?	
112. Extermination of insects and rodents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In town/city? Yes <input type="checkbox"/> No <input type="checkbox"/> How often?	
In living quarters? Yes <input type="checkbox"/> No <input type="checkbox"/> How often?	
Is use of repellents (including mosquito nets) widespread?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are domestic animals vaccinated against rabies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are stray or semi-wild dogs and cats a problem at and around duty station?	Yes <input type="checkbox"/> No <input type="checkbox"/>
III. EPIDEMIOLOGICAL DATA	
113. On a scale of 0 to 3, indicate by circling appropriate number the risk of transmission of the following diseases: (0 = nil, 1 = low risk, 2 = average risk, 3 = high risk)	
Yellow fever	Intestinal dysenteries:
Dengue fever	- Cholera
Viral encephalitis (specify types):	- Salmonella
	- Shigellosis
	- Giardiasis
	- Typhoid fever
Amoebiasis	- Viral dysentery
Schistosomiasis	Adult and infantile tetanus
Filariasis	Trypanosomiasis
Echinococcosis	Poliomyelitis
Leishmaniasis	Rabies

Rickettsiosis:		-Malaria - P1 vivax	
-Exanthematic typhus		-Malaria - P1 falciparum	
-Murine typhus		-Malaria - other plasmodium (specify):	
-Other typhus		-Frequency of resistance to chloroquine	
Tuberculosis		Sexually transmitted diseases other than AIDS	
Hepatitis A		Non-sexually transmitted treponematosi	
Hepatitis B		Meningitis, all forms	
Hepatitis C		Other(s) (specify):	
Hepatitis D			
Hepatitis E			
Other viral hepatitis			
Trachoma			
<u>HIV/AIDS</u>			
114. Estimated percentage of seropositive at duty station:			%
115. Does screening of blood donors take place throughout the whole country?			Yes <input type="checkbox"/> No <input type="checkbox"/>
116. Has local government established preventive campaigns?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:			
117. Are anti-retroviral medications available?			
-- In regular pharmacies:			Yes <input type="checkbox"/> No <input type="checkbox"/>
-- In specific clinics for treatment of HIV/AIDS:			Yes <input type="checkbox"/> No <input type="checkbox"/>
-- Within special government programmes:			Yes <input type="checkbox"/> No <input type="checkbox"/>
118. At the duty station, are there physicians specifically trained to treat and follow-up HIV patients?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please name the physician/facility:			
119. At the duty station are the laboratories equipped for:			
-- HIV testing			Yes <input type="checkbox"/> No <input type="checkbox"/>
-- Viral load determination			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please name the laboratory:			

120. At the duty station, is there a voluntary confidential counseling and testing (VCCT)? Yes No

If yes, please name the centre:

IV. MEDICAL EVACUATIONS

121. Please indicate travel time from duty station to:

-The capital city: Total hours, by

-Nearest regional med-evac centre Total hours, by

Name the nearest med-evac centre as indicated in the most recent UN STAI	

122. Indicate frequency of plane flights from duty station:

-To capital city:

-To nearest med-evac centre:

123. State the conditions which in the past have given rise to medical evacuations:

124. Give description and numbers of evacuations in the last year for:

International staff:

Their dependents:

Local staff:

Their dependents:

G.2. Health Factors: Section 2

PLEASE NOTE: Questions 125-130 should be answered by **STAFF** and/or their **SPOUSES**.

*"Yes" or "No" answers without supporting statements will **NOT** receive credit.*

Use separate pages, if necessary, to provide full explanations. Submit only **ONE** questionnaire containing the composite response of **ALL** staff at the duty station.

125. At your duty station and in your experience, what is/are the medical facility/facilities used most by international staff members and their dependants when they need medical assistance. Please name them.

126. How would you rate the overall medical skills of the physicians working at the above facility/facilities?

Good Adequate Below standard

127. How would you rate the overall nursing care at these same facilities?

Good Adequate Below standard

128. What is your perception of:

	Good	Adequate	Below standard
a) The reliability of laboratory testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The reliability of x-rays/evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The reliability of the overall diagnostic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

129. a) Are there chronic shortages of medication? Yes No

If Yes, which categories of medication are affected?

How critical is the shortage?

b) Do you trust the quality of the medications that are available in the pharmacies at the duty station?

Yes No

130. Provide any other information which will assist in the evaluation of the health/medical facilities of the duty station.