



IDEAL CLINIC PROGRAMME

**Updated:
August 2019**

FACILITY PROFILE FOR CLINICS AND COMMUNITY HEALTH CENTRES (CHCs)

According to Procedural Regulations pertaining to the functioning of the Office of Health Standards Compliance (OHSC) and Handling of Complaints by the Ombud (2016), all health establishments must provide information relating to norms and standards, in terms of section 79(2)(b) of the Act, by 31 March of each year. This includes **Details of the health establishment** (Name of health establishment; legal status; physical address; contact details, names and contact details of the person in charge; category of health establishment; health district in which the health establishment falls; services offered; operating days and times). Clinics and CHCs must therefore capture an annual Facility profile on <https://www.idealhealthfacility.org.za> (see training guide). Facility profiles should be captured by the end of the first quarter of every financial year and updated during the course of the year as changes occur at the facility. The OHSC have access to the web-based facility profiles, therefore facilities do not need to submit any reports to OHSC.

Facility Name	
Province	Data will automatically be populated from DHIS facility data
District	Data will automatically be populated from DHIS facility data
Sub district	Data will automatically be populated from DHIS facility data
Ward	Data will automatically be populated from DHIS facility data
Rural/urban or semi urban	Data will automatically be populated from DHIS facility data
Type of facility	Data will automatically be populated from DHIS facility data

Facility Contact Information	
Title, name and surname of facility manager (appointed or designated)	
Designation	
Street Address and number (in cases where there is no street name, note the nearest landmark to the clinic e.g. school/shop)	
Suburb/section	
Town/village	
Postal Address (if different from street address)	
Postal Code	
Landline telephone number	
Facility's Cell phone number	
Fax number	
E-mail address (for facility or facility manager)	

Social determinants of health			
		Number	
Estimated population in catchment area			
Education institutions in catchment area		Number	
Registered Preschools/Early child hood development centres			
Primary schools			
Secondary schools			
Tertiary educational institution within 5km radius of the facility			
Accessibility			
Type of direct access road/s– 1km before facility (Mark appropriate with an “X”)	Tarred road	Gravel road	No road
Type of access road/s – 5km before facility (Mark appropriate with an “X”)	Tarred road	Gravel road	No road
Bulk services	Mark the appropriate box with a “X”		
Portable water supply	Piped municipal	Borehole	Rainwater harvesting None
Sewerage system	Piped municipal	Septic tank	Pit latrines Chemical latrines None
Electricity	Municipal	Generator	Solar None

Facility Operational hours					
Days of the week operational (Mark the appropriate box with a “X”)		Monday to Friday	Monday to Saturday	Sunday to Sunday	
Hours open per day(enter times e.g. 07:00 to 16:00 OR 24 hours)					
Week day	Operating hours	Week day	Operating hours	Week end	Operating hours
Monday		Thursday		Saturday	
Tuesday		Friday		Sunday	
Wednesday					

Services	Mark the appropriate box with a "X"	
Where a facility does not render 24 hour services, is there a staff member on call to render a 24 hour service?	YES	NO
Does the facility have a 24-hour Emergency Unit?	YES	NO
Does the facility have a 24-hour Maternity Obstetric Unit?	YES	NO

Services offered			
Mark "Yes" if the service is offered or "No" if the service is not offered at the facility			
Services	Yes/No	Services	Yes/No
1. Acute/Minor Ailments			
Adults		Acute Emergency Care	
Sexual Transmitted Infection – Diagnose only		Integrated Management of Childhood Illness (IMCI)-sick children	
Sexual Transmitted Infection – Diagnose and treat			
2. Chronic			
Communicable diseases			
Human Immunodeficiency Virus (HIV)- Diagnose only		Tuberculosis (TB) - Diagnose only	
Human Immunodeficiency Virus (HIV)- Diagnose and treat		Tuberculosis (TB) – Diagnose and treat	
Adherence counselling HIV		Adherence counselling TB	
Non-communicable diseases			
Non Communicable Diseases - Diagnose only		Adherence counselling Non Communicable Diseases	
Non Communicable Diseases – Diagnose and treat			
Mental Health			
Mental Illness - Diagnose only		Adherence counselling Mental Illness	
Mental Illness - Diagnose and treat			
3. Maternal Child and Women's Health (MCWH)			
Maternal Health			
Antenatal Care (ANC) – 1 st visit and subsequent visits		Prevention of Mother to Child Transmissions (PMTCT)	
Antenatal Care (ANC) – 1 st visit only		Maternity Obstetric Unit	
Postnatal Care (PNC)			
Child health			
Expanded Programme on Immunisation		Growth, Developments and Monitoring (Well-baby)	
Sexual Reproductive Health Services			

Family planning		Medical Male circumcision									
Termination of pregnancy		Cervical Cancer screening									
4. Health support services											
Physiotherapy		Audiology									
Speech therapy		Podiatry									
Optometry/eye health		Occupational therapy									
Nutrition support		Mental Health (Psychologist/Psychiatrist)									
Social work		Oral health									
Orientation and Mobility Instruction											
5. Clinical Support Services											
Radiography		Ultra sound									
6. Community Outreach											
Home based care	No	Ward Based Primary Health Care Outreach Teams (Community Health Workers)	No								
	Yes - By facility staff		Yes - By facility staff								
	Yes - By NGO/CBO		Yes - By NGO/CBO								
Adherence clubs	No	Support groups for NCD and Mental health	No								
	Yes - By facility staff		Yes - By facility staff								
	Yes - By NGO/CBO		Yes - By NGO/CBO								
Integrated School health services	No	Other	No								
	Yes - By facility staff		Yes - By facility staff								
	Yes - By NGO/CBO		Yes - By NGO/CBO								
What transport resources are available to deliver school health services	None	Number of pickup points in catchment area for Centralised Chronic Medicines Dispensing and Distribution (CCMDD) /Chronic Dispensing Unit (CDU)	Internal								
	Mobile health unit		External								
	Dedicated care										
7. Clinical outreach services (mobile/satellite clinics/health posts attached to this fixed facility)											
Mobile service		Yes/No		Satellite clinic		Yes/No					
If yes, enter the number of Mobile Units				If yes, enter the number of Satellite clinics							
Description of mobile point	Mobile service 1	Mobile service 2	Mobile service 3	Mobile service 4	Mobile service 5	Description of satellite clinic	Satellite clinic 1	Satellite clinic 2	Satellite clinic 3	Satellite clinic 4	Satellite clinic 5
Name of mobile service						Name of satellite clinic					
Number of days that mobile service is provided per week						Number of days that satellite clinic					

						provides services per week					
Number of points visited per week											
Health Post			Yes/No								
If yes, enter the number of Health Posts											

Human Resources							
Full Time – according to the facility’s approved staff establishment							
Sessional – any professional that is not full time at the facility, this includes for example a health professional that visits the facility for the week							
Contract – outsourced staff							
Type		Enter the number of:					
		Full Time approved	Full Time filled	Sessional approved	Sessional filled	Contract approved	Contract filled
Administrative staff	Administration officer/clerk						
	Information officer						
	Data capturer						
Support staff	General assistance/Cleaner						
	Grounds men/Gardener						
	Artisan (not including those appointed at district offices)						
	Driver						
	Porter						
	Messenger						
	Security officer (not on contract)						
Community workers	Community- health worker/care giver						
	Lay counsellors						
	Home based carers						
	Local health promoter						
Management	Facility/Operational manager						
Professional staff							
Nursing	Professional Nurse						
	Enrolled Nurse						
	Enrolled Nurse Assistant/Auxiliary Nurse						
	Specialised Nurse (Excluding Midwives)						
	Psychiatric nurse (Mental health)						
	Advanced Midwife						
	Clinical Nurse Practitioner						
Para-clinical	Ophthalmic Nurse						
Medical	Clinical Associate						
	Medical officer						
	Psychiatrist						
	Family Physician						

Pharmacy	Pharmacist						
	Post Basic Pharmacist Assistant						
	Pharmacist Assistant						
Dental	Dentist						
	Dental assistant						
	Dental therapist						
	Oral hygienist						
Allied Health	Dietician						
	Nutritionist						
	Occupational therapist						
	Occupational Therapy Technician						
	Physiotherapist						
	Physiotherapy Technician						
	Speech therapist						
	Speech Therapy Technician						
	Optometrist						
	Podiatrist						
	Psychologist						
	Orientation and Mobility Instructor						
	Radiographers						
	Social worker						
	Social Auxiliary Worker						
	Audiologist						
Audiology Technician							
Ward Based PHC Outreach Teams (WBPHCOTs)	Number of Ward based outreach teams						
	Number of Outreach team leaders						
	Community Health workers per team						
Environmental Health	Environmental Health Practitioner						

Workload and Efficiency (average determined by using the previous financial year's data)			
Indicator/ Data Element (NIDS)	Number	Indicator/ Data Element (NIDS)	Number
PHC Utilisation Rate – total		Total births in facility	
PHC doctor clinical workload		PHC professional nurse clinical workload	
Mental health case load (%)		ART client remaining in care rate	

Infrastructure (building/park homes) of the facility

Enter the number of separate buildings/park homes (structures) that this facility consists of:

Complete the following information for each of the buildings/park homes (structures):

*Modular structure: is a prefabricated structure that is placed on a concrete foundation

**Park home: is either a shipping container or prefabricated structure that is transportable and does not have a concrete foundation

Number of structures	Structure 1	Structure 2	Structure 3	Structure 4	Structure 5
Exterior					
Year the structure was built/obtained					
Size of structure in sq.m (approximately)					
Structure owned by (Mark the appropriate box with a "X") * LG – Local government)	Province	Province	Province	Province	Province
	* LG	* LG	* LG	* LG	* LG
	Private	Private	Private	Private	Private
Type of structure (Mark the appropriate box with a "X")	Brick	Brick	Brick	Brick	Brick
	*Modular	Modular	Modular	Modular	Modular
	**Park homes	Park homes	Park homes	Park homes	Park homes
	Wooden	Wooden	Wooden	Wooden	Wooden
Type of roofing (Mark the appropriate box with a "X")	Tile	Tile	Tile	Tile	Tile
	Metal roof sheeting	Metal roof sheeting	Metal roof sheeting	Metal roof sheeting	Metal roof sheeting
	Asbestos	Asbestos	Asbestos	Asbestos	Asbestos
Year /s the facility was last refurbished (maintenance via framework agreement/Public works) (Mark the appropriate box with a "X")	0-5	0-5	0-5	0-5	0-5
	6- 10	6- 10	6- 10	6- 10	6- 10
	11- 15	11- 15	11- 15	11- 15	11- 15
	16-20	16-20	16-20	16-20	16-20
	> 20	> 20	> 20	> 20	> 20
Has a conditional assessment been performed for this facility (conditional assessment is conducted by engineers and architects) (Mark the appropriate box with a "X")	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No
If a conditional assessment was done, in which year was the last assessment done					
If a conditional assessment was done, what score was obtained with the last assessment					
If a conditional assessment was done, who conducted the last assessment					

Interior space

Room/Area	Enter the number of rooms/areas				
General					
Help desk					
Reception/patient registration					
Patient record storage room					
Main waiting area					
Toilets					
Clinical Service Areas (Note: Facilities that are too small to be segregated into three streams, complete only the section under "Acute/Minor Ailments")					
Acute/ mi nor	Sub-waiting area				
	Vitals area /room				
	Consulting room				
	Counselling room				
Chronic	Sub-waiting area				
	Vitals area /room				
	Consulting room				
	Counselling room				
MCWH	Sub-waiting area				
	Vitals area /room				
	Consulting room				
	Counselling room				
Emergency/resuscitation room					
Procedure room					
Dental therapy room					
Health Support services (Allied health)					
Rehabilitation (Multi-disciplinary) Treatment room					
Store room for rehabilitation equipment					
Radiography suite					
Social workers room					
Eye health room					
Audiology room					
Support /administration areas					
Boardroom /meeting room					
Facility manager's office					
Kitchen					
Staff tea room					
Medicine room or Pharmacy/dispensary					
Medicine collection kiosk (CCMDD/CDU)					
Surgical stores storeroom					
General store room					
Cleaning material store room					
Laundry					
Linen room					
Dirty utility room/slucice room					

EXTERIOR SPACE					
Waste storage room for domestic/general waste					
Waste storage room for Medical/bio-hazardous waste area					
Garden store room					
Drying yard (for mops etc)					
Security Guard Room					

PEPFAR Implementing partners		
Facility supported by an implementing partner (mark with an X)	Yes	No
If the answer to the above question is Yes, please name the implementing partner supporting the facility		

Non-Governmental/Community Based Organisations supporting facility		
Non-Governmental Organisation, Community Based Organisation etc. linked with the facility (mark with an X)	Yes	No
If the answer to the above question is Yes, please name the supporting partner linked with the facility		

Clinic/Community Health Centre Committee Members					
Clinic/Community Health Centre Committee appointed			Yes	No	
Term of Office:		Start Date		End Date	
Title	Name	Surname	Telephone number	Designation (select from drop-down: Chair/vice-chair/member/secretariat)	