

Refugee Reproductive Health Needs Assessment

Health Facility Questionnaire and Checklist

Components

- A. Description of Health Facility
- B. Staffing and Coverage
- C. Service Statistics
- D. Inventory of Equipment
- E. Inventory of Drugs and Commodities
- F. Summary of Findings and Action Plan

**Refugee Reproductive Health
Needs Assessment
Health Facility Questionnaire and Checklist**

A. Description of Health Facility

Camp/Site _____

Facility Name _____

Assessment Team _____

Name and positions of representative(s) from facility providing information

Date of Assessment _____

Q1a Facility level

Health center type I (*dispensary, subcenter, health post: e.g., no beds, limited curative and preventive care; staffed by nurse or auxiliary*)

Health center type II (*e.g., some in-patient beds, curative and preventive care; staffed by team of professional and auxiliary staff*)

Hospital Other _____

Q1b Facility type

Government NGO Mission/Religious

Private Other _____

Q2	Location of facility <div style="display: flex; justify-content: space-around;"> In refugee camp In rural area In a town In a city </div> <i>Notes</i>
Q3	Distance and time from facility to where most refugees stay (<i>one way</i>) kilometers minutes/hours on foot minutes/hours by vehicle <i>Notes (e.g., seasonal differences, if any)</i>
Q4a	Is vehicle transport available from where most refugees stay to the facility? <div style="display: flex; justify-content: space-around;"> Yes, every day Yes, some days Rarely or never </div> <i>Explain</i> b Approximate cost of public transportation
Q5	What is the catchment area for the facility? (<i>Describe geographic area served.</i>) How many people are in the catchment area? <div style="margin-left: 20px;"> Refugees Local population (non-refugees) Total </div>

Q6 On the day of the needs assessment, does the facility have the following? Is it in working order, *as observed by the team?*

Resource	Does facility have this today?		Is it observed in working order?	
	Yes	No	Yes	No
Electricity (from outside power plant)				
Generator				
Running water, indoor taps				
Running water, outside taps				
Regular, adequate supply of well water				
Toilet or latrine				
Refrigerator				
Freezer				
EPI cold box				
Dedicated blood bank				
Ambulance				
Vehicles (other than ambulance) <i>Write in number of vehicles</i>	_____		_____	_____
Telephone				
Fax				
Shortwave radio				
Other communication equipment				
Other equipment				

Q7 Which services were provided at this facility in the last 3 months?

Service	Service provided?	
	Yes	No
Antenatal care <general visit <tetanus toxoid immunization <treatment of existing conditions <nutrition counseling <iron/folate supplementation		
Delivery (normal)		
Basic emergency obstetric care <antibiotics <oxytocics <anticonvulsants <manual removal of placenta <removal of retained products <assisted vaginal delivery		
Comprehensive emergency obstetric care: Cesarean section		
Comprehensive emergency obstetric care: Blood transfusion		
Treatment of abortion complications		
Elective (induced) abortion		
Family planning <barrier and hormonal methods <IUD insertion <implants <male and female sterilization		
Emergency contraception		
Syndromic diagnosis of STDs		
Laboratory diagnosis of STDs		
Treatment of STDs		
AIDS counseling		
AIDS testing		
Sexual violence/ domestic violence/ rape counseling		
Mental health counseling		

Service	Service provided?	
	Yes	No
General surgery		
General treatment for other illnesses or conditions (men, women, children)		
Other		
.....		

Q8 Fill in the weekly calendar below with the facility's schedule of reproductive health services. (For example, if antenatal clinics are given on Monday and Thursday mornings, write 'ANC' in the appropriate days and times.)

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Morning							
After-noon							
Evening							

Q9 Does this facility have services directed specifically at adolescents? Which types of services? (Circle all that apply.)

Medical Education/ counseling Other

Notes

Q10 Does this facility have services directed specifically at women who have experienced violence, such as rape or domestic violence? Which types of

	<p>services? <i>(Circle all that apply.)</i></p> <p>Medical Counseling/social services Other</p> <p><i>Notes</i></p>
	<p>Q11 How many in-patient beds does this facility have? <i>(If none, write '0')</i></p> <p>Maternity General female ward</p> <p>Male ward Children's ward</p> <p>Other _____</p> <p><i>Notes</i></p>
	<p>Q12a Does this facility <i>receive</i> referrals from other facilities?</p> <p>Yes, often Yes, sometimes Rarely or never</p> <p>b Which facilities most often send referrals here?</p> <p>c What are the most common causes for referrals sent here?</p>
	<p>Q13a Does this facility <i>refer</i> patients to <i>other</i> facilities?</p> <p>Yes, often Yes, sometimes Rarely or never</p> <p>b To which facilities are patients most often referred?</p> <p>c What are the most common causes of referrals from this facility?</p>
	<p>Q14a About what proportion of the people who come to this facility are refugees?</p>

..... %

b Do you offer the refugees any special assistance, such as translators?

Yes

No

Explain

Q15a Does this facility charge fees to those using the services?

Yes

No

bFor what type of services are fees charged? *(Circle all that apply)*

Adult

Curative/dispensary

Refugees

Children

Preventive

Non-refugees

Q16 How have the facility and staff been affected by the arrival of the refugees?
(For example, has client load increased? Has demand for specific services changed? Do staff face any particular difficulties in treating the refugees?)

**Assessment Team's and Facility Representatives'
Summary of Findings and Recommendations**

A. Description of Health Facility

General comments (e.g., *What is the current status of the facility with respect to the provision of reproductive health services?*)

Summary of findings (e.g., *What does the facility need to provide good quality reproductive health services? What are the priority needs?*)

Recommendations/ Actions

**Refugee Reproductive Health
Needs Assessment
Health Facility Questionnaire and Checklist**

B. Staffing

Camp/Site _____

Facility Name _____

Facility level Health center type I Health center type II Hospital

Assessment Team _____

Name and positions of representative(s) from facility providing information

Date of Assessment _____

Q1a How many health staff work in this facility, in total?

b Now we would like to know how many of each category of staff work here. We would also like to know how many of the staff are female or male; refugee or non-refugee; and paid or volunteer.

Q1b Categories of staff	Number	By gender		By refugee status		By salary status	
		Female	Male	Refugee	Non-refugee	Paid	Volunteer
Nurse-midwife							
Nurse							
Midwife							
TBA (in facility)							
Medical assistant							
General physician							
Obstetrician or ob/gynecologist							
Surgeon							
Anesthetist or nurse-anesthetist							
Anesthesiologist							
Educator/ counselor							
Pharmacist							
Nutritionist							
TBA (in comm'ty)							
Outreach worker/ CHW/ VHW							
Other							
Total							

Q2 Is at least 1 of these types of staff available throughout the night and on weekends?

Doctor	Yes	No
Midwife	Yes	No
Nurse	Yes	No
Other	Yes	No

Notes

Q3 Based on discussions with facility managers and staff, are adequate infection procedures regularly observed? What are the causes of the problems?

Q4 Based on discussions with facility managers and staff, what are their views on:
a) whether the number and categories of staff are adequate for the work they are expected to do; b) whether staff have the necessary skills to do their jobs; and c) the overall capacity of the facility to manage its workload?

**Assessment Team's and Facility Representatives'
Summary of Findings and Recommendations**

B. Staffing

General comments (e.g., Are the number and types of staff appropriate for the services the facility is meant to provide?)

Summary of findings (e.g., What are the training and staff development needs? Which are the most important?)

Recommendations/ Actions

**Refugee Reproductive Health
Needs Assessment
Health Facility Questionnaire and Checklist**

C. Service Statistics

Camp/Site _____

Facility Name _____

Facility level Health center type I Health center type II Hospital

Assessment Team _____

Name and positions of representative(s) from facility providing information

Date of Assessment _____

Instructions to the assessment team for collecting service statistics

The data needed to complete the following table can be obtained from the registers and monthly reports of most facilities. Registers to review include the general admissions register, maternity ward register, delivery register, theatre register and well-child register. It may be useful to refer to clients' records for some information (such as obstetric complications). The facility's monthly reports may already summarize some information.

Be sure to obtain the permission of the facility director before recording data.

Period covered by statistics (choose most recent 1, 3 or 6 month period for which data are complete)	
Month, year through Month, year	Number of months:

Note: Individual sites may choose to make the following list more detailed. For example, the team could collect data on the number of obstetric complications **by type**; the number of FP acceptors **by method**; the number of STD cases **by type of infection and by gender**; the number of HIV infections **by gender**.

Q1 Service statistic	Total number	Number of refugees	Number of non-refugees
Antenatal care			
<Number of patients registered			
<Number of TT immunizations given			
Delivery and emergency obstetric care			
<Number of deliveries			
<Number of complications treated			
<Number of cesarean sections			
<Number of obstetric referrals			
<Number of maternal deaths			
<Case fatality rate (=number of maternal deaths divided by number of complications treated)			
Family planning			
<Number of FP visits			
<Number of new acceptors			
<Number of emergency contraception users			
<Number of pregnancy terminations			
<Number of condoms sold/distributed			
<Number of infertility cases registered			
STDs/HIV/AIDS			

Q1 Service statistic	Total number	Number of refugees	Number of non-refugees
<Number of STD cases diagnosed			
<Number of STD cases treated			
<Number of STD cases referred			
<Number of HIV tests done			
<Number of HIV+ patients diagnosed			
Sexual and gender violence			
<Number of women counseled			
<Number of women referred			
<i>Add service statistics as appropriate</i>			

Q2 What is the breakdown of total attendance at this facility by sex and age last month (or most recent month for which data are complete)?

Data are for (month and year)

	Women	Men	Total
Under 15 years
15-44 years
45 years or older
Total

Notes

Q3 List the registers, reports and other sources of the service statistics you collected.

Q4 In the view of assessment team, does the information you collected seem to be of:

a very good quality (complete, accurate)

b fair quality (some missing data, some inconsistencies)

c poor quality (much missing data, many inconsistencies)

Notes

**Assessment Team's and Facility Representatives'
Summary of Findings and Recommendations**

C. Service Statistics

General comments (e.g., Which services are most heavily used? Which are not used very much? Is the facility functioning at full capacity?)

Summary of findings (e.g., Which services need more attention in order to increase utilization?)

Recommendations/ Actions

**Refugee Reproductive Health
Needs Assessment
Health Facility Questionnaire and Checklist**

D. Inventory of Equipment

Camp/Site _____

Facility Name _____

Facility level Health center type I Health center type II Hospital

Assessment Team _____

Name and positions of representative(s) from facility providing information

Date of Assessment _____

Instructions to the assessment team for using the equipment inventory

The following list of equipment is one of several that are available. This one is adapted from *Guidelines and Instruments for a Situation Analysis of Obstetric Services*, by Nancy Sloan, Charlotte Quimby, Beverly Winikoff and Nina Schwalbe and published by the Population Council, New York, 1995. Others organizations, including WHO and UNFPA, have also developed lists.

Each site is encouraged to revise the list of equipment based on local standards and protocols.

Equipment name and description	Total number at facility	Condition (number per category)		
		Good	Fair	Poor
Midwifery Kit				
< Sterilization intr./boiling type				
< Suture catgut obstetric sterile w/needle				
< Suture silk black				
< Tape umbilical non-ster				
< Forceps dressing spring				
< Forceps hemostat straight				
< Forceps tissue spring type				
< Holder needle straight broad jaw				
< Needles suture, surgeons regular				
< Needle suture uterine				
< Retractor vaginal SIMS medium blade SS				
< Scissors dissect straight Mayo B/B SS				
MCH and Family Planning Kit				
< Stainless metal delivery bed				
< Chart for calculating fetal ages				
< Bulbs for flashlight				
< Basin kidney stainless steel				
< Basin solution deep SS				
< Bath baby oval				
< Bowl sponge stainless steel				
< Cup solution stainless steel				
< Irrigator 1.5 litre stainless steel				
< Jar dressing w/cover SS				
< Tray instr./dressing w/cover SS				
< Bag hot-water and ice combination				
< Catheter tracheal Delee w/glass mucus				
< Catheter urethral nelaton solid-tip one eye 12 FR				

Equipment name and description	Total number at facility	Condition (number per category)		
		Good	Fair	Poor
<Catheter urethral foley 18 FR disp				
<Connector 3 in 1				
<Gloves surgeon's latex size 6 to 8				
<Pump breast hand, rubber-bulb glass/ plastic bell				
<Sheeting plastic clear				
<Tubing medical latex rubber 150 cm				
<Dropper medicine curved tip ungraduated				
<Brush hand surgeon's				
<Lancets SS				
<Suture cotton non-sterile				
<Urinometer				
<Measuring cup 500ml cup pyrex				
<Stopwatch 30 minutes				
Health Station/Post/Clinic				
<Sphygmomanometer				
<Bulb syringe for sucking infant				
<Stethoscope				
<Albumin sticks for testing for proteinuria				
<IV fluid sets				
<IV catheter sets				
<Tourniquets				
<Foley catheter and urine collection bags				
<Sponge forceps				
<Vaginal speculum				
<Sterile needles and syringes for IM and IV injections				
<Thermometer				
<Padded tongue blade or spatula				

Equipment name and description	Total number at facility	Condition (number per category)		
		Good	Fair	Poor
< Oxygen tank, tubing, and face mask or nasal canula				
< Access to laboratory or centrifuge for hematocrits or hemoglobinometer for hemoglobin checks				
< Absorbable suture on curved needle (i.e., Chromic 00 & 0000)				
< Sterile packing material or sterile sanitary pads				
< Sterile 4x4 gauze pads				
< Nitrazine paper for checking ruptured membranes				
< Device for amniotomy - such as amnitone, amnihook, or sterile allis clamp				
< Suture set - needle holder, scissors, non-toothed dissecting forceps				
< Delivery set - cord scissors, cord clamp, 2 Mayo clamps				
< Protective apron				
< Sterilizer				
< Containers with lids to store boiled instruments, gloves, etc.				
Essential Equipment: All Hospitals Anaesthetic equipment				
< Anaesthetic face masks, infant to large adult size				
< Oropharyngeal airways, sizes 00 to 5				
< Laryngoscopes				
< Spare bulbs for laryngoscopes				
< Batteries for laryngoscopes				
< Stainless steel instrument tray with cover				
< Towel clips				
< Sponge forceps, 22.5 cm				
< Straight artery forceps, 16 cm				
< Uterine haemostasis forceps, 20cm				

Equipment name and description	Total number at facility	Condition (number per category)		
		Good	Fair	Poor
<Hysterectomy forceps, straight, 22.5 cm				
<Mosquito forceps, 12.5 cm				
<Tissue forceps, 19 cm				
<Uterine tenaculum forceps, 28cm				
<Needle holder, straight, 17.5 cm				
<Surgical knife handle No. 3				
<Surgical knife handle No. 4				
<Surgical knife blades				
<Triangular point suture needles, 7.3 cm, size 6				
<Round-bodied needles No. 12, size 6				
<Abdominal retractor, size 3				
<Abdominal retractors, double-ended (Richardson)				
<Curved operating scissors, blunt pointed (Mayo), 17 cm				
<Straight operating scissors, blunt pointed (Mayo), 17 cm				
<Scissors, straight, 23 cm				
<Suction nozzle				
<Suction tube, 22.5 cm, 23 French gauge				
<Intestinal clamps, curved (Dry), 22.5 cm				
<Intestinal clamps, straight, 22.5 cm				
<Dressing (non-toothed tissue) forceps 15 cm				
<Dressing (non-toothed tissue) forceps 25 cm				
<Needles and cannulas for intravenous use, including pediatric sizes and umbilical vein catheter				
<Intravenous infusion sets				
<Spinal needles, range of sizes, 18- to 25-gauge				
<Polythene tubing, 1.40 mm inner diameter, 1.90				

Equipment name and description	Total number at facility	Condition (number per category)		
		Good	Fair	Poor
mm outer diameter				
< Polythene tubing, 1.67 mm inner diameter, 2.42 mm outer diameter (bell and diaphragm)				
< Latex tubing: 3.2 mm inner diameter, 7.5 mm inner diameter, 10.0 mm inner diameter				
< Soft rubber tubing, 2.0 mm inner diameter				
< Connectors for tubing, assorted, including T-shape and Y-shape				
< Umbilical tape, 3 mm wide				
< All-metal safety razors, 3-piece				
< Double-edged safety razor blades				
< Aneroid sphygmomanometer, range 0-300 mmHg, with cuff				
< Stethoscopes, binaural (bell and diaphragm)				
< Fetal stethoscope				
Fixed equipment				
< Fixed operating-room light				
< Ultraviolet light source				
< Scrub basins with hot and cold running water				
< Exhaust fans				
Other equipment				
< Operating table, universal frame-type with headpiece				
< Utensil sterilizer for bowls, boiling type				
< Electric or kerosene hot-air sterilizer				
< Dressing trays: small, medium, large				
< Portable operating-room lights, with stands				
< Stretchers with combination wheels and adjustable sides				
< Labor and delivery beds, w/ 2-piece mattresses				
< Scalpel handles No.5 (Bard-Parker)				

Equipment name and description	Total number at facility	Condition (number per category)		
		Good	Fair	Poor
< Suction nozzle (Yankauer)				
< Nozzle (Poole-Wheeler)				
< Diathermy electrodes, coagulating and fulgurating				
< Flexible probe, with round point				
< Grooved director (Kocher)				
< Stainless steel sponge bowls: small, medium, large				
< Stainless steel kidney dishes: small, medium, large				
< Stainless steel gallipots				
< Sinus forceps				
Gynecology instruments				
< Vaginal specula (Sims): small, large				
< Weighted vaginal speculum (Auvard)				
< Vulsellum forceps (Teale or Duplay)				
< Episiotomy scissors				
< Vacuum extraction apparatus				
< Amniohook				
< Uterine sound (Simpson)				
< Double-ended uterine dilators, set of 6				
< Uterine curettes (Sims)				

Q2 Describe the process for **maintaining** equipment:

a Who is responsible?

b Source of funds for repairs and spare parts

c Who decides quantities ordered or received?

Staff at facility (pull system)

Staff at central office or warehouse (push system)

Notes

Q3 Describe the process for **ordering** equipment.

a Who is responsible?

b Source of funds for new equipment

c Who decides when new equipment is needed?

Staff at facility (pull system)

Staff at central office or warehouse (push system)

Notes

**Assessment Team's and Facility Representatives'
Summary of Findings and Recommendations**

D. Equipment

General comments *(e.g., Are the quantities and types of equipment appropriate for the services the facility is meant to provide?)*

Summary of findings *(e.g., What equipment is needed for the facility to improve its reproductive health services? Which items are the most important?)*

Recommendations/ Actions

**Refugee Reproductive Health
Needs Assessment
Health Facility Questionnaire and Checklist**

**E. Inventory of Drugs and
Commodities**

Camp/Site _____

Facility Name _____

Facility level Health center type I Health center type II Hospital

Assessment Team _____

Name and positions of representative(s) from facility providing information

Date of Assessment _____

**Instructions to the assessment team
for using the drugs and commodities inventory**

The following list of drugs is one of several that are available. Each site is encouraged to revise the list of drugs and commodities based on local standards and protocols; the essential drug list; and the national regulatory laws.

Drug or Commodity	Quantity in stock (unexpired only)		Comments
	Number	Unit (e.g., box, dose, pieces)	
Antenatal care			
< Tetanus toxoid			
< Iron/folic acid			
< Anti-malarials			
Delivery and emergency obstetric care			
< Anaesthetics			
< Antibiotics			
< Anticonvulsives			
< Oxytocics			
< Whole blood			
< Intravenous solutions			
Family planning services			
< Condoms			
< Oral contraceptives			
< Injectables			
< Implants			
< IUDs			
< IUD insertion kits			
< Emergency contraception			
< Manual vacuum aspiration kits			
STDs/HIV/AIDS			
< STD test reagents			
< HIV testing kits			
General			
< Disinfectants			
< Analgesics			

<p>Q2 Are the storage facilities for drugs and commodities (<i>circle all that apply</i>):</p> <p style="text-align: center;">dry moist sometimes wet</p> <p style="text-align: center;">usually kept dark usually receives sunlight</p> <p style="text-align: center;">off the ground on the ground</p> <p>Notes</p>
<p>Q3 What system is used for handling inventory?</p> <p style="text-align: center;">Last in first out (LIFO) First in first out (FIFO) Other</p> <p>Notes</p>
<p>Q4a Are drugs and commodities accessible 24 hours a day?</p> <p style="text-align: center;">Yes No</p> <p>b To whom? Pharmacist Clerk In-charge</p> <p>Notes</p>
<p>Q5 Describe the process for procuring drugs and commodities.</p> <p>a Who is responsible?</p> <p>b Source of funds for drugs and commodities</p> <p>c Who decides when and how much drugs and commodities are ordered?</p> <p style="padding-left: 40px;">Staff at facility (pull system)</p> <p style="padding-left: 40px;">Staff at central office or warehouse (push system)</p>

Notes

Q6 In the view of assessment team, does the information you collected seem to be of:

a very good quality (complete, accurate)

b fair quality (some missing data, some inconsistencies)

c poor quality (much missing data, many inconsistencies)

Notes

**Assessment Team's and Facility Representatives'
Summary of Findings and Recommendations**

E. Drugs and Commodities

General comments (e.g., *Are the quantities and types of drugs and commodities adequate for the services the facility is meant to provide?*)

Summary of findings (e.g., *What drugs and commodities are needed for the facility to improve its reproductive health services? Which supplies are the most important?*)

Recommendations/ Actions

**Refugee Reproductive Health
Needs Assessment
Health Facility Questionnaire and Checklist**

**F. Summary of Findings
and Action Plan**

Camp/Site _____

Facility Name _____

Facility level Health center type I Health center type II Hospital

Assessment Team _____

Name and positions of representative(s) from facility providing information

Date of Assessment _____

Summary of findings *(e.g., Considering all the information gathered during the needs assessment, what are the most pressing needs for the facility to be able to improve its reproductive health services?)*

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Action Plan for Facility			
Action	Who is responsible?	Time (by when?)	Comments