

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

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 | | |

| Service | Service provided? | |
|--|-------------------|----|
| | Yes | No |
| AIDS testing | | |
| Sexual violence/ domestic violence/ rape counseling | | |
| Mental health counseling | | |
| 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

| | |
|--|---|
| | <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> <p>b Do you offer the refugees any special assistance, such as translators? Yes No</p> <p><i>Explain</i></p> |
| | <p>Q15a Does this facility charge fees to those using the services? Yes No</p> <p>bFor what type of services are fees charged? <i>(Circle all that apply)</i></p> <p>Adult Curative/dispensary Refugees</p> <p>Children Preventive Non-refugees</p> |
| | <p>Q16 How have the facility and staff been affected by the arrival of the refugees? <i>(For example, has client load increased? Has demand for specific services changed? Do staff face any particular difficulties in treating the refugees?)</i></p> |

**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 | |
|----------------------------------|--------|-----------|------|-------------------|-------------|------------------|-----------|
| | | Fe-male | Male | Refugee | Non-refugee | Paid | Volunteer |
| Nurse-midwife | | | | | | | |
| Nurse | | | | | | | |
| Midwife | | | | | | | |
| TBA (<i>in facility</i>) | | | | | | | |
| Medical assistant | | | | | | | |
| General physician | | | | | | | |
| Obstetrician or ob/gynecologist | | | | | | | |
| Surgeon | | | | | | | |
| Anesthetist or nurse-anesthetist | | | | | | | |
| Anesthesiologist | | | | | | | |
| Educator/ counselor | | | | | | | |
| Pharmacist | | | | | | | |
| Nutritionist | | | | | | | |
| TBA (<i>in comm'ty</i>) | | | | | | | |
| 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.

| Q1 Service statistic | Total number | Number of refugees | Number of non-refugees |
|--|---------------------|---------------------------|-------------------------------|
| ➤ Number of infertility cases registered | | | |
| STDs/HIV/AIDS | | | |
| ➤ 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

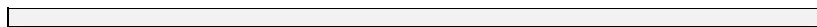
**Assessment Team's and Facility Representatives'
Summary of Findings and Recommendations**

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./bolling 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 | | | | |

| Equipment name and description | Total number at facility | Condition (number per category) | | |
|---|--------------------------|------------------------------------|------|------|
| | | Good | Fair | Poor |
| ➤ Bag hot-water and ice combination | | | | |
| ➤ Catheter tracheal Delee w/glass mucus | | | | |
| ➤ Catheter urethral nelaton solid-tip one eye 12 FR | | | | |
| ➤ 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 | | | | |

| Equipment name and description | Total number at facility | Condition (number per category) | | |
|--|--------------------------|------------------------------------|------|------|
| | | Good | Fair | Poor |
| ➤ Sponge forceps | | | | |
| ➤ Vaginal speculum | | | | |
| ➤ Sterile needles and syringes for IM and IV injections | | | | |
| ➤ Thermometer | | | | |
| ➤ Padded tongue blade or spatula | | | | |
| ➤ 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 | | | | |

| Equipment name and description | Total number at facility | Condition (number per category) | | |
|---|--------------------------|---------------------------------|------|------|
| | | Good | Fair | Poor |
| ➤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 | | | | |
| ➤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 | | | | |

| Equipment name and description | Total number at facility | Condition (number per category) | | |
|---|--------------------------|------------------------------------|------|------|
| | | Good | Fair | Poor |
| ➤ 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 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 | | | | |

| Equipment name and description | Total number at facility | Condition (number per category) | | |
|--|--------------------------|------------------------------------|------|------|
| | | Good | Fair | Poor |
| ➤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) | | | | |
| ➤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 | | | | |

| Equipment name and description | Total number at facility | Condition (number per category) | | |
|--|--------------------------|------------------------------------|------|------|
| | | Good | Fair | Poor |
| ➤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 (<i>unexpired only</i>) | | 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><i>Notes</i></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><i>Notes</i></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><i>Notes</i></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="text-align: center;">Staff at facility (pull system)</p> |

Staff at central office or warehouse (push system)

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 |
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