



*Advocacy and Action:
Reproductive Health Project*

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Assessment of “Minimum Initial Services Package” Implementation

FINAL DOCUMENT

Instructions to data collector: The inventory should be completed by observing the facilities available and through discussions with the person in charge of the Service Delivery Point on the day of the visit. The objective is to identify the equipment and facilities that currently exist and not to evaluate the performance of the staff or clinic. For each item, circle the response or describe, as appropriate.

Camp/Site:

Facility name:

Organization:

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

Date of Assessment: _____

Name of observer: _____

General Description of the Facility

Q 1. (ASK) What is the facility level?

Health centre level I (dispensary, subcenter, health post, BHUs, no beds, limited curative and preventive care, staffed by medical doctor, nurse or auxiliary).

Health center level II (e.g., some in-patients beds, curative and preventive care, staffed by team of professionals and auxiliary staff)

Other:

Q 2. (Obs) Location of facility

In refugee camp: In rural area urban area within city

Note:

Q 3. (Ask) Distance and time from facility to where most refugees stay (one way)

.....kilometers

.....minutes/hours on footminutes/hours by vehicle

Q 4. (Ask)

a. Is vehicle transport available from where most refugees stay to the facility?

Yes, every day Yes, some days Rarely or never

Explain:

b. Approximate cost of public transportation:

Q 5 (Ask): Does the facility provide equal opportunities for health services to women, adolescents and men?

Yes:

No:

Q 6. If yes (**Ask**) what is the approximate percentage of male, female, adolescent clients coming for RH services overall the number of clients per day?

Male: %
 Female: %
 Adolescents: %

Q 7. (Obs): Is a sign announcing that MCH/FP and other RH services for the whole population available?

- 1- Outside building
- 2- Inside building
- 3- Both inside and outside building
- 4- No sign visible

Q 8. (Obs): On the day of the visit, does the facility have the following? Is it in working condition (as observed)?

Resource	Does facility have this today?		Is it observed in working condition?	
	Yes	No	Yes	No
Electricity (from outside power plant)				
Running water, indoor taps				
Running water, outside taps				
Regular, adequate supply of well water				
Refrigerator				
EPI cold box				
Vehicles/Ambulance				
Telephone				
Other communication equipment				
Other equipment:				

Q 9. (Obs): Does the clinic have the following?

1. Clean and working toilets/ latrines available for clients	Tick if present
2. Waiting space for both women and men	
3. Sufficient seating for clients	
4. Appropriate examination room with privacy and equipment	
5. Appropriate room for counseling with privacy	
6. Drinking water available in waiting area	

Medical examination room

Q 10. (Obs): Are the following conditions present in the examination area?	Tick if present
1. Auditory privacy	
2. Visual privacy	
3. Cleanliness*	
4. Adequate light**	
5. Adequate water***	

* : Floors swept and mopped at the start of the day. No dust on tables

** : Functioning electric light or sufficient natural light

*** : Sufficient quantity of running water for washing hands and equipment

Labor room

Q 11. (Obs): Are the following conditions present in the labor room?	Tick if present
1. Visual privacy	
2. Cleanliness*	
3. Adequate light**	
4. Adequate water***	

* : Floors swept and mopped at the start of the day. No dust/blood on tables

** : Functioning electric light or sufficient natural light

*** : Sufficient quantity of running water for washing hands and equipment

Equipment and commodities inventory

Q 12. (Obs.) Tick if the following types of equipment are available and working in the clinic, and/or in the stockroom for services	Tick if available
1. Gynecology lamp/torch	
2. Blood pressure machine	
3. Stethoscopes	
4. Adult weighing scale	
5. Child weighing scale	
6. Scissors	
7. Antiseptic solution/Disinfectant solution	
8. Refrigerator for vaccine/cold box	
9. Examination table	
10. Thermometer	
11. Syringes	
12. Needles	

13. Cotton	
14. Gauze	
15 Delivery kits	
16. List the essential BEOC drugs:	
17 Emergency drugs	
18 Contraceptive methods (specify):	

Q. 13 Infection prevention (Obs.)	Check if items available /remarks
1. If hand wash between direct contact with client	
2. If hand wash after handling soiled instrument, touching body fluid, etc..	
3. If hand wash after removing gloves	
4. Provider use clean personal towel	
5. Appropriate antiseptic solution is available and used correctly	
6. Only sterile/HLD instruments, needles and syringes are used	
7. Appropriate sterile/HLD gloves are available	
8. Gloves are changed between procedures or if punctured	
9. IP equipment is available: <ul style="list-style-type: none"> ▪ Red plastic bucket with lid for chlorine solution is available at appropriate place ▪ Blue plastic bucket with lid for waste disposal is available at appropriate place ▪ Plastic bucket with perforated bottom (strainer) is available in red plastic bucket for chlorine solution ▪ Utility gloves for cleaner are available ▪ Detergent powder, tooth brush for cleaning instruments ▪ Working incinerator for burning contaminated waste is in place ▪ Equipment for HLD/sterilization 	
10. Appropriate processing of reusable instruments/equipment/gloves	

Staffing

Q 14. Please enumerate the staff appointed at this clinic and who is assigned to work full time ?

Staff	Number	Full time duty
1. Medical doctor		
2. Nurse		
3. Paramedic/Midwife		
4. Lab. technician		
5. Lady Health Visitor		
6. Field worker		
7. Watchman		
8. Cleaner		
9. Driver		
10. Other		

Q 15. What is the education level /Training of the staff below?

Staff	Training/Orientation
1. Medical doctor	
2. Nurse	
3. Paramedic/Midwife	
4. Lab. Technician	
5. Lady Health Visitor	
6. Field Worker	

7. Driver	
8. Watchman	
9. Cleaner	
10. Other	

Q 16. What are the duties/responsibilities of the staff below?

Staff	Duties/Responsibilities
1. Medical doctor	
2. Nurse	
3. Paramedic/Midwife	
4. Lady Health Visitor	
5. Lab. Technician	
6. Field worker	

7. Driver	
8. Watchman	
9. Cleaner	
10. Other	

Q 17. Did any member of the staff ever participate in a training/orientation on sexual violence against women and girls and protection measures inside camps?

Staff	Training/Orientation
1. Medical doctor	
2. Nurse	
3. Paramedic/Midwife	
4. Lady Health Visitor	
5. Lab. Technician	
6. Field worker	

7. Driver	
8. Watchman	
9. Cleaner	
10. Other	

Services availability

Q 18. Does this clinic offer the refugees any special assistance, such as translators, protection officers, counseling and psychological support?

Yes: No:

Explain:

Q 19. (Ask): Is usually available to clients at this clinic? (in the last 12 months?) (Read from 1 to 25)	Tick if available
1. Temporary methods for Family planning	
2. Antenatal care	
3. Normal Delivery services	
4. Tetanus toxoid immunization	
5. Breech delivery	
6. Multiple birth	
7. Delivery with extractor	
8. Treatment of incomplete and spontaneous abortions	
9. Post abortion counseling for FP	
10. Management of hemorrhage	
11. Parenteral sedative for eclampsia	

12. Parenteral antibiotics/oxytocic drugs	
13. Reproductive health couple counseling	
14. Assessment of fetal wellbeing	
15. STIs/HIV/AIDS counseling	
16. STIs diagnosis and syndromic management	
17. Distribution of free condoms	

Q 20. (Ask): Does the facility usually provide each of the following contraceptive methods (read 1-6)	Tick if mentioned
1. Combined pills	
2. IUCD	
3. Injectables	
4. Condoms	
5. Spermicides	
6. Emergency Contraception	
7. Others:	

Q 21. (Ask): In addition, does the facility usually provide to women or their TBAs? (Read 1-6)	Tick if provided
1. Health education on safe delivery at home	
2. Safe home-delivery kits	
3. Health education on birth planning, danger signs of pregnancy and delivery	
4. Orientation/information on the referral system in place for BEOC/CEOC	
5. Referral for surgical contraception when requested	
6. Emergency contraception when requested	

Q 22. Does this facility have health education sessions directed specially at adolescents and their parents such as below? (Read 1-7)	Tick if yes
1. Reproductive system anatomy	
2. Personal hygiene during menstruation	
3. Understanding puberty period	
4. Prevention of STIs/HIV/AIDS	
5. Consequences of early marriage	
6. Sexual and domestic violence against women and girls	
7. Preventive measures against sexual violence	

Q 23 . Does this facility have services directed specially at women/girls who have experienced sexual violence?

1. Yes

2. No

Which types of services?

- Medical:
- Counseling/social services:
- Protection measures
- Legal
- Other:

Q 24. Does the facility have services directed specifically for men who present with RH needs?

1. Yes 2. No

If yes, which are these services (Explain):

Q 25. Does this facility have services directed specifically for adolescents who present with RH needs?

2. Yes 2. No

If yes, which are these services (Explain):

Q 26. (Ask) Is there a test for (Read 1-8) at this clinic, or are clients' specimens, or clients themselves sent elsewhere?	A. Tick if test available at health facility	B. Tick if clients' specimens are sent elsewhere
1. Syphilis		
2. Gonorrhea		
3. Pregnancy		
4. Pap smear		
5. Blood group		
6. Hemoglobin		
7. Blood sugar		

8. Semen analysis		
9. Urine test		

Q 27. What STI tests are conducted routinely for pregnant women? Syphilis screening? HIV/AIDS?

Please, explain:

IEC and Outreach Activities

Q 28. (Obs) Which IEC materials (in local languages) on the following subjects are available in the clinic?	A. Tick if flip chart available	B. Tick if brochure/pamphlet available	C. Tick if posters available
1. Family Planning			
2. Antenatal/Postnatal care			
3. Delivery services (Basic essential obstetric care)			
4. STIs/HIV/AIDS transmission and prevention			
5. Breastfeeding			
6. Nutrition			
7. Male involvement in MCH/FP			
8. Referral system			
9. For clients to take home			

Q 29. (Ask) Do you conduct “Health Talk” with women at the facility?

1. Yes
2. No

Q 30. If yes (Ask): Which topics do health talk sessions include? (Read from 1-13)	Tick if topic included
1. Family planning and birth spacing	
2. Antenatal care/Birth planning	
3. Delivery services and referral network	
4. Postnatal care/Breastfeeding/Nutrition	
5. STIs/HIV/AIDS counseling/Importance of condom use	
6. STIs diagnosis and syndromic management	

7. Post abortion counseling and care	
8. Infertility counseling & management	
9. RH services to male population	
10. Anatomy of reproductive system	
11. Sexual and domestic violence/prevention and services	
12. Distribution of IEC material	
13. Other:	

Q 31. Does the field staff conduct community outreach activities with male local population

1. Yes 2. No

Q 32. Does the field staff conduct community outreach activities with adolescent population?

1. Yes 2. No

Q 33. If yes (Ask), What are the main activities and target groups ?

Activities	Adolescents (Tick if mentioned)	Men, Mullahs (Tick if mentioned)
Importance of safe motherhood and referral system in place		
Sexual and domestic violence against women /girls		
STIs/HIV/AIDS transmission and prevention (at mosques, bazaars, clubs)		
STIs/HIV/AIDS transmission and prevention (at schools, clubs)		
Condoms use and distribution sites		
Reproductive system anatomy and puberty related problems		

Q 34. Does the staff have IEC material to provide to male population when conducting outreach activities?

1. Yes 2. No

If yes, explain what is this material:

Q 35. Does the staff have IEC material to provide adolescent population when conducting outreach activities?

1. Yes 2. No

If yes, explain what is this material:

Referral system

Q 36.

a. Does this clinic receive referrals from other facilities?

Yes, often: Yes, sometimes: Rarely or never:

b. Which facilities most often send referrals here?

c. What are the most common causes for referrals sent here?

Q 37.

a. Does this clinic refer patients to other facilities?

Yes, often: Yes, sometimes: Rarely or never:

b. Does this clinic have a referral protocol?

c. To which facilities are clients most often referred?

d. What are the most common causes of referrals from this facility?

Q 38 . Does the clinic receive always feedback on referred cases?

Yes No

<p>Q 39. What is the usual system for tracking referred cases?</p>
<p>Q 40. Does the facility or head office conduct regular meetings with contact persons at referral point to discuss improving the system?</p> <p>Is there protocol for referral available and well know to the staff?</p>

Q 41. Does the population pay fees for (Read 1-4) when referred to another facility?	Tick if yes
1. Ambulance/transportation	
2. Services/tests at the referral point	
3. Drugs	
4. stay/food at the referral point	

Q 42. What is the cost for referral?	Cost
1. Ambulance to nearest facility	
2. Normal delivery with Episiotomy	
3. Cesarean section	
4. Dilatation and curetage	
5. Ultrasound	
6. Blood transfusion	

Q 43. Do you think costs affects the referral system at all?

1. Yes:

No:

Explain:

The MISP

Q 44. Have you ever heard of the MISP “Minimum Initial Services Package” to respond to RH needs of women in refugee situations?

1. Yes 2. No

Q 45. If yes, How did you hear about it?	Tick if item mentioned
1. During a meeting with my supervisor/UNHCR Staff	
2. From a report published by another organization	
3. During a training on RH interventions	
4. Other	

Q 46. What are the main activities in the MISP?	Tick if mentioned
- Identify individual(s) or Organization(s) to facilitate implementation/coordination of MISP	
- Prevent and manage consequences of sexual violence	
- Reduce HIV transmission	
- Provide refugee women with safe motherhood services to reduce excess of neonatal and maternal morbidity and mortality	
- Establish a referral system for obstetric emergencies	
- Introduce more comprehensive RH services within the PCH program	

Q 47. Do you know about the UNHCR “ Guidelines for protection of refugee women” and use them in some of your activities?

1. Yes 2. No

Q 48. If yes, what are these activities? Please explain:

Q 49. Do you know if there are other international or local NGOs, which provide RH services to refugee population, inside the camps where you are operating?

1. Yes 2. No

If yes, please provide with appropriate information:

Q 50. Are there any coordinating meetings on reproductive health that provider representatives attend? Health coordination meetings where reproductive health is addressed?

- 1 Yes 2. No

If yes, please explain:

Q 51. How is the clinic supported, where the funds come from? Please enumerate the sources:

-
-
-

Q 52. Do clients pay fees at the clinic?

1. Yes 2. No

Please explain:

Q53. Do you believe this is preventing the refugee population from using the services?

1. Yes 2. No

Please explain:

Q 54. Are there protocol in place for the followings services, if so, which protocols are followed i.e. WHO, MHO, Agency	Tick if mentioned and explain
1. Antenatal care/delivery	
2. Basic Essential Obstetric Care	
3. Family Planning	
4. Treatment and follow-up for STIs	
5. Clinical management of Rape survivors?	

Q 55. Regarding the reporting system that you are using on monthly basis to report the facility performance, are you using the Health Information System (HIS) established by PDH in cooperation with CDC?

1. Yes: 2. No:

Q 56. How do you find it? (Question to the staff responsible of this activity)	Tick if mentioned
1. Easy	
2. Complicated and confusing	
3. Contain mistakes	

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Q 57. Before starting using this reporting format, did you (or any one from the facility) receive training from PDH or UNHCR on how to use it?

1. Yes:

2. No:

Explain who:

Q 58. Do you know how to develop RH indicators with data you have at the facility?

1. Yes:

2. No:

Explain:

Q 59. Did your organization receive RH emergency kits/clean home delivery kits/midwife delivery kits (UNFPA) from any agency?

1. Yes:

2. No:

Please explain when, how much and from which agency:

Q. 60 Are you regularly provided with those kits or do you do your own provision?

Please explain (When and where):