

Component 3 Appendices

Evaluation of Quality, Access to and Use of Reproductive Health Services for Refugees and Internally Displaced Persons

Appendix 1: Health Facility Checklist

Appendix 2: Focus Group Questions

Appendix 3: Exit Interview Protocol

**Refugee Reproductive Health
Evaluation**

**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

	In refugee camp	In rural area	In a town	In a city
<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? Yes, every day Yes, some days Rarely or never <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? Refugees Local population (non-refugees) Total			

Q6 On the day of the evaluation, 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 • Testing blood for HIV		
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 types of services? *(Circle all that apply.)*

Medical

Education/ counseling

Other

Are Adolescents involved in provision/support of services (eg peer ed/outreach)?

Notes

Q10 Does this facility have services directed specifically at women who have experienced violence, such as rape or domestic violence? Which types of services? *(Circle all that apply.)*

Medical

Counseling/social

services Other

.....

Where are rape victims seen/counseled? Is space appropriate? Is privacy maintained?

Notes

Q11 How many in-patient beds does this facility have? *(If none, write '0')*

Maternity

General
female
ward

.....

Male ward

Children's
ward

.....

Other _____

Notes

Q12a Does this facility *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?

Q13a Does this facility *refer* patients to *other* facilities?

Yes, often

Yes, sometimes
Rarely or never

b To which facilities are patients most often referred?

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

d What is the follow-up procedure of cases that were referred?

Q14a About what proportion of the people who come to this facility are refugees?

..... %

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

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

Adult

Curative/dispensary

Refugees

Children

Preventive

Non-refugees

Q16 What protocols and guidelines are used for service delivery (see if there is a Policy and Procedure Manual)?

b) Is there a monitoring and supervision system in place based on these guidelines? Describe

Q 17 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?*)

<p>Assessment Team's and Facility Representatives' Summary of Findings and Recommendations</p>

<p>A. Description of Health Facility</p>

<p>General comments <i>(e.g., What is the current status of the facility with respect to the provision of reproductive health services?)</i></p>

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

<p>Recommendations/ Actions</p>
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**Refugee Reproductive Health
Evaluation
Health Facility Questionnaire and Checklist**

B. Staffing

Camp/Site _____

Facility Name _____

Facility level	Health center type I
	H
	Health center type II
	H
	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	Vol-unteer
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 **established** and regularly observed? What are the causes of any 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; c) **whether they have job descriptions (view them)** and d) the overall capacity of the facility to manage its workload?

Q5 Is payment of staffing an issue

Are staff paid on time?

Any comments on payment

**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
Evaluation
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.

Are births and deaths recorded – even if not in health facility? Who keeps 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			
➤ Number of RPR tests			
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			

Q1 Service statistic	Total number	Number of refugees	Number of non-refugees
➤ Number of pregnancy terminations			
➤ Number of condoms sold/distributed			
➤ 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>			
Number of women receiving clinical care			
EC			
STI screening			

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 13 years		
13-24 years		
25-44 years		
45 years or older		
Total		

Notes

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

**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
Evaluation
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				
➤ Sponge forceps				

Equipment name and description	Total number at facility	Condition (number per category)		
		Good	Fair	Poor
➤ Vaginal speculum				
➤ Adequate number of 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/autoclave – specify type				
➤ 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 (eg Richardson)				
➤ Curved operating scissors, blunt pointed eg (Mayo), 17 cm				
➤ Straight operating scissors, blunt pointed (eg 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 ➤ Manual vacuum aspiration kits				
➤ 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

Q 4 What blood transfusion services/equipment are available? Do they have sufficient materials, reagents, HIV tests etc?

**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
Evaluation
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>)		Quantity in stock (<i>expired</i>)	
	Number	Unit (e.g., box, dose, pieces)	Number	Unit (e.g., box, dose, pieces)
Antenatal care ➤ Tetanus toxoid ➤ Polio sabin ➤ BCG				
➤ Iron/folic acid ➤ Vitamin A ➤ Mebendazole ➤ Anti-hypertensives (list):				
➤ Anti-malarials (list):				
Delivery and emergency obs/gynae care ➤ Anaesthetics				
➤ Antibiotics (list): <u>Puerperal sepsis</u> 1. severe -MTZ+amoxyl+GM IV 2. mod- cefuroxime/cefaclor 3. Chlamydia – doxy/erythro <u>Septic abortion</u> IV Benz Pen+clindamycin+GM				
➤ Anticonvulsives				
➤ Oxytocics				
➤ Whole blood				
➤ Intravenous solutions				
Family planning services ➤ Condoms				

➤ Oral contraceptives			
➤ Injectables			
➤ Implants			
➤ IUDs			
➤ IUD insertion kits			
➤ Emergency contraception			
STDs/HIV/AIDS			
➤ STD test reagents			
➤ HIV testing kits			
➤ Appropriate antibiotics (insert chart)			
➤			
General			
➤ Disinfectants			
➤ Analgesics			
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 obs/gynae care			
➤ Anaesthetics			
➤ Antibiotics			
➤ Anticonvulsives			
➤ Oxytocics			
➤ Whole blood			
➤ Intravenous solutions			
Family planning services			

➤ Condoms			
➤ Oral contraceptives			
➤ Injectables			
➤ Implants			
➤ IUDs			
➤ IUD insertion kits			
➤ Emergency contraception			
STDs/HIV/AIDS			
➤ STD test reagents			
➤ HIV testing kits			
➤ Appropriate antibiotics (list)			
➤			
General			
➤ Disinfectants			
➤ Analgesics			

<p>Q2 Are the storage facilities for drugs and commodities (<i>circle all that apply</i>):</p> <p>dry moist sometimes wet</p> <p>usually kept dark usually receives sunlight</p> <p>off the ground on the ground</p> <p><i>Notes</i></p>
<p>Q3 What system is used for handling inventory?</p> <p>Last in first out (LIFO) First in first out (FIFO) Other</p> <p><i>Notes</i></p>

Q4a Are drugs and commodities accessible 24 hours a day?

Yes

No

b To whom? Pharmacist Clerk In-charge

Notes

Q5 Describe the process for procuring drugs and commodities.

a Who is responsible?

b Source of funds for drugs and commodities

c Who decides when and how much drugs and commodities are ordered?

Staff at facility (pull system)

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:

avery good quality (complete, accurate)

bfair quality (some missing data, some inconsistencies)

poor quality (much missing data, many inconsistencies)

Notes

<p>Assessment Team's and Facility Representatives' Summary of Findings and Recommendations</p>

<p>E. Drugs and Commodities</p>
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<p>General comments <i>(e.g., Are the quantities and types of drugs and commodities adequate for the services the facility is meant to provide?)</i></p>

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

<p>Recommendations/ Actions</p>
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**Refugee Reproductive Health
Evaluation
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?*)

[illegible]

**Refugee Reproductive Health Evaluation Field Tool
Group Discussion Questions**

Date:
Facilitator:
Translator:
Notetaker:

INTRODUCTION: I am interested in learning about your views on health services in this camp/village. I would like your permission to ask you questions about health care and other issues that may be related to health care, especially reproductive health. I hope the answers to these questions will help in evaluating these services with the aim to improve them. I expect our discussion to last about one and a half to two hours and individual confidentiality will be respected.

First, I'd like to ask you some general questions about health services (GHQ).

What kind of information do you know about that has records of births and deaths in this camp? Who keeps the information? For example, if people die or babies are born outside the health facility, does anyone record this information? Does the camp provide enough food for people's needs? Can people grow their own food or do they only rely on rations?

What kind of health services do you use in this camp? What kind of workers provide these services? Can you go there any time during the day or night? Are they free (or what is the cost)? Do they help you and your children? Have you had any problems getting to the health services in time? Have you had any problems with the staff or type of services offered when you have used them? Do you feel that you have been treated with respect by staff working in health services? Do you feel that your confidentiality has been kept?

Now, I'd like to ask some background questions about families in your community, starting with marriage customs. (May not use this section if info is widely known)

Have there been changes in marriage customs since the people in your community left their country? What were the customs in your country? What are they now? Was/is there a bride price/dowry that affected marriage practices? How do emigration policies affect marriage practices?

At what age do/did women generally marry? Do women usually wait until after marriage to have sex? What about men? Has this changed since flight? Do men have more than one wife? Is this due to the refugee situation? Are the wives all treated equally?

Now, I'd like to ask questions about women having babies in this camp.

How do women in this camp take care of themselves when they are pregnant? Are there clinics where they can see health workers? What do the health workers do for them? Do health workers ever visit pregnant women in their homes? What kind of health workers do they see? (doctor, nurse, midwife, TBA, traditional healer). Do you think the care they provide is beneficial? Do they treat women with respect? Is there a fee for their service? Are there any health services or facilities that you think could be improved? In what ways?

Where do women generally have their babies in this camp? Who stays with them while they are in labor? Do you know women who have died while having a baby? or their babies died? Do you know why they died? What do people think about the health service and staff when a baby or mother dies?

Are women treated differently -- either better or worse -- by their partners or others -- during pregnancy? If yes, how?

Do most women here breastfeed their babies? Do they start right after the baby is born? How many months/years do they usually breastfeed? When does the child receive something in addition to breast milk?

If a woman has a problem when she is delivering the baby, who decides how to take care of her? Who is called? Where is she taken? What do they do for her? Is there a cost for such services? Have there been any problems in [Xcamp/settlement] looking after women who have problems during labour and birth? What do you think could be done better?

What do people in the community think about an unmarried women/girl who has a baby? Who helps her? What is the attitude of health staff towards unmarried women?

Next, I'd like to ask some questions about family planning/child spacing.

How many children do most couples want? How many children do most couples have?

Has this number changed since refugees arrived here?

What do women and men do to prevent or postpone having babies? What are the traditional ways? What are the modern ways? In this setting, where do they go to get help for this? What did they do before they left their home country? Do the health services assist in providing these services? Are you and others generally happy with such services?

What, if anything, do women do immediately after having unprotected sex to prevent a pregnancy? Where do they get help for this? Do the health services assist in providing these services? Are you and others generally happy with such services?

Sometimes women are pregnant but they don't want to be because they do not have enough food to feed their children, or they are not married, or they got pregnant when

they were raped. What do women do when they think or know they are pregnant but do not want to be?

Would you mind if we talked about AIDS and Sexually Transmitted Infections (STIs) for a few minutes?

Have you heard of AIDS?

Are people in this camp worried about getting AIDS? What do they do to prevent it? What about other infections you can get from having sex (- sexually transmitted infections - STIs)?

What do people do when they think they have STIs or AIDS? Can they get tests or get treated here at the camp? Is there a cost?

Are there men and women in the camp who have sex who are not married? Do people think this is wrong for men or for women? Do many teenagers have sex outside of marriage? Does this only happen at the camp or did it happen in your home country as well?

Are there men who have sex with men in the camp?

Is there a place to get condoms in this camp? Who uses them? Married couples? Single adults? Adolescents? People who are sick? Commercial sex workers? Men having sex with men?

Is there a drug problem in the community? Which drugs (IV?)? Alcohol abuse?

I'd also like to ask some questions about violence against women (sexual and domestic violence).

Do you know of women in this camp who are forced to have sex when they don't want to? Do you know of women who have sex for money, protection or food? With whom do these women have sex? What do you know and think about this kind of situation?

What do you know about husbands who are violent with their wives (e.g., beat or cut them)? Has this increased or decreased in this camp (compared to your previous experience)? What is your feeling about husbands who hit their wives?

In your home country, where would women get help if they had been raped or beaten? What would the community have done? What services were available? What happens here now? Do women look for help here when this happens to them? If not, why not?

What happens to the rapist if he is caught?

Are there many women here without their partners? Who protects them?

Have you heard of men being raped here? Are there any services for a raped man?

Now let's discuss initiation rites of passage from childhood to adulthood (some may not need to be discussed unless relevant to RH services)

How do children become adults in your community?

Are there any issues about young people or children being taken advantage of sexually? Do children or young people ever get raped in the camp or outside? Get details if yes.

Are there any issues of "child or baby stealing" in this area? Are children sometimes taken away to work or for the army?

What can you tell me about female circumcision in this camp? Male circumcision? Who would perform these circumcisions? Do health workers assist in this? What happens when a woman is pregnant and after the birth if she is circumcised?

Are there many children and adolescents here without their parents? Who takes care of them? Who is responsible for their initiation rites?

One last question...

Are there other health services that you would like to have in this camp? What are they? Which are the most important?

Thank you for your time. I have learned quite a bit about your health concerns and views on health services. This information will be helpful when we report back to the agencies. Your contribution is appreciated

RHR CONSORTIUM MONITORING AND EVALUATION TOOL KIT

CLIENT EXIT INTERVIEW PROTOCOL

Purpose Clients are interviewed as they leave the health facility to measure the effectiveness of your services and to learn about the users' satisfaction with your services. Client satisfaction is an important component of good quality of care. Client interviews can reveal how well your educational messages are understood and the client's perspective on whether or not she was treated with respect. Information from client interviews can be used to improve service delivery.

Description For client exit interviews, the interviewer interviews clients as they leave the service site after they received care. The questionnaire is usually short; the interview should take only 5-15 minutes.

Ethical Considerations

Approvals

Before you begin a study, you must obtain certain permissions for ethical, political and logistical reasons. Some groups you may need to obtain permission from include UNHCR, Ministry of Health, civil authorities in your district, community representatives, your own organization, partner organizations and individuals interviewed.

Informed Consent

Every respondent has the right to refuse the interview, or to refuse to answer specific survey questions. The interviewers must respect this right.

Privacy

It is important that the interview with each respondent be conducted in a manner that is comfortable for her or him, and in which she or he is able to speak openly and honestly. No other adult man, woman or older child should be present or be able to hear the interview. Small children may be present.

Confidentiality

The interviewers may not discuss the respondents' answers with anyone, except the supervisor when clarification is needed. Respondents' names or other identifying information should not appear on the questionnaire; there should be no way to link a specific questionnaire to a specific respondent.

Data Collection Forms

A closed-ended, pre-coded questionnaire can be used. The draft questionnaire should be pre-tested at least once and revised as needed; a second round of pre-testing and revision should be done if substantial changes are made after the first round.

If the questionnaire is written in a language other than the locally spoken one, supervisors and interviewers should agree on the specific

wording to be used in local language as part of the interviewer training.

[Click here](#) for a sample Client Exit Interview.

Sampling Plan

Client exit interviews are not expected to be representative of the population of the whole community since only people who attend the clinic are interviewed. However, they should be representative of clinic attendees, so steps should be taken to assure that the sampling is systematic. It may be important to sample clients on different days of the week or different weeks of the month. Example of how this could be significant is that women from rural areas may only come to the clinic on market day and certain services are only offered on certain days. It also may be important to note the time of day the interview is conducted since women who are served later may have a different experience or different needs than women who are served early in the day.

In a relatively small clinic, all clients visiting the clinic during the days of the study could be asked for an interview. In larger facilities, a sample of clients can be interviewed. In this case, every nth client should be identified when they register in the morning so the sampling is systematic. It is best to have no fewer than about 20 interviewees per facility.

Data Collection Procedures

For an exit interview, the interviewer meets clients as they leave the clinic, after their visit is completed. They sit in a private, quiet place for the 5-15 minutes necessary to complete the questionnaire. It is useful to have at least 2 people on the interview team, so that all clients are met and asked to wait or are directed to the interviewer, as appropriate.

Interviewer Characteristics

The ideal interviewers:

- have good communication skills in the local language,
- are comfortable with discussing reproductive health topics,
- will respect the dignity of respondents and confidentiality required by the survey,
- are interested and motivated to work,
- have relevant technical skills or training.

Interviewers can be drawn from your staff. It will be extremely valuable for supervisors to be involved in the pre-tests and revisions of the questionnaire and interviewer training.

Interviewer Training

Interviewers should receive a full day of training conducted by the study supervisors. The training emphasizes practice with the survey instrument so that the interviewers are entirely familiar with it and are

comfortable asking the reproductive health questions. Training should include basic reproductive health technical information, so the interviewers can communicate with the respondents on the topic. During training, each interviewer completes at least 6 practice interviews.

Time Frame To be determined by your organization. A program can schedule client exit interviews periodically to determine if identified problems have been resolved or if new problems have cropped up.

Analysis Plan Client exit interviews are general short checklists with yes/no answers. They can be analyzed on a hand-drawn table or using Excel for simple calculations of frequencies. [Click here](#) to see an example of a table for hand analysis of a survey. For more extensive questionnaires and more complex variables, follow the analysis plan in the “Population-based KAP survey”

Use of Data

Information learned from client exit interviews can show how well your educational messages are understood and the clients’ perspective on whether or not she was treated with respect. You can use this information to make changes in your services that will improve the quality of the care provided and that will lead to benefits for the clients and the community.

Dissemination

Summary and detailed reports should be written. The reports should be shared with clinic staff. Together, clinic staff and program managers should decide on ways to improve services based on findings from the client exit interviews. It is good to include clients in all phases of programs, including the design and analysis of studies and in the decisions about program improvement.

Additional Resources

Family Planning Client Exit Interview

Date: _____ Camp: _____

Interviewer: _____

Ask one client at a time: Are you willing to answer a few questions about the service you received today? This is not a test. We are trying to learn from the people who use family planning services so that we can be able to do our work in a better way. We only have a few questions and this should only take a few minutes of your time.

	YES	NO
1. Are you satisfied with the service you received today?	q	q
2. Were you provided with the method that you came for?	q	q
3. Did you participate in the decision about the method you received?	q	q
4. Did the health worker teach you how to use the method you were given?	q	q
5. Did the health worker talk to you about the common side effects with that method?	q	q
6. Did the health worker tell you how to take care of those side effects yourself?	q	q
7. Did the health worker tell you about any possibly serious complications for which you should come back to the clinic for treatment?	q	q
8. Did the health worker give you a date when you should come back for more family planning or for a check-up?	q	q
9. Were you treated with courtesy today?	q	q
10. Do you think you had to wait too long to be cared for today?	q	q
11. Did you have any payment to make for the service? Opinion	q	q
12. Please tell us anything you think we need to know in order to improve the family planning service.		

Thank you very much for your time. This information is very helpful for us. And thank you for choosing to attend the family planning clinic.