

**Horn of Africa Response  
Kenya drought affected areas**

**MISP Needs Assessment**

**Health Facility Questionnaire**

**Components**

- A. Description of Health Facility
- B. Staffing and Skills
- C. Service Statistics
- D. Inventory of Equipment, Medicines and Commodities
- F. Summary of Findings and Action Plan

## A. Description of Health Facility

Village \_\_\_\_\_

Location/District \_\_\_\_\_

Facility Name \_\_\_\_\_

Assessment Team \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Assessment (dd/mm/yyyy) \_\_\_\_\_

Q1a Facility level (*Tick correct answer*)

- Health center type I or II (*dispensary, subcenter, health post: e.g., no beds, limited curative and preventive care; staffed by nurse or auxiliary*)
- Health center type III (*some in-patient beds, curative and preventive care; staffed by team of professional and auxiliary staff*)
- Hospital
- Other \_\_\_\_\_

Q1b Facility type (*circle correct answer*)

Government

NGO

Mission/Religious

Private

Other \_\_\_\_\_



Q7 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		Is it in working order?	
	Yes	No	Yes	No
Electricity or generator				
Access to clean water for hand washing in outpatients and wards				
Toilet or latrine				
Refrigerator				
EPI cold box				
Blood transfusion facility				
Ambulance				
Telephone				
Radio				
Email				
Incinerator				
Burial pit for sharps				
Placenta pit				
<i>Notes</i>				

Q8 Which services were provided at this facility in the last 3 months?

Service	Service provided?	
	Yes	No
Normal delivery		
<b>Basic emergency obstetric care</b>		
↳ administration of antibiotics		
↳ Use of oxytocics		
↳ Use of anticonvulsants		
↳ manual removal of placenta		
↳ removal of retained products of abortion (MVA or D&C)		
↳ assisted vaginal delivery (vacuum extraction /forceps)		
Comprehensive emergency obstetric care: Cesarean section		
<b>Family planning methods</b>		
↳ Male condoms		
↳ Female condoms		
↳ Oral pills		
↳ injectables		
↳ IUD insertion		
↳ Emergency contraception		
↳ Other (specify) _____		
<b>STI and HIV</b>		
Syndromic diagnosis and treatment of STIs		
Which antibiotics are used to treat common STIs?		
HIV counseling and testing		

Service	Service provided?	
	Yes	No
ART for existing clients		
ART for new patients		
PMTCT		
CD4 testing		
<b>Management of Sexual Violence</b>		
Sexual violence/ rape management		
↳Emergency Contraceptive Pills (ECP)		
↳STI presumptive treatment		
↳Post Exposure Prophylaxis (PEP)		
↳PEP for children		
↳Hepatitis B vaccine		
↳Tetanus vaccine		
Written protocol / National Kenya Sexual Violence Guidelines		
Post-rape Care Form 1 (PRC1 form)		
Psychological/Social support		
Referral ( <i>police, legal assistance</i> )		
<b>Information Education and Counseling (IEC) Materials</b>		
Please describe ( <i>subject; Post-rape, HIV, Family Planning. Type: leaflets, video, etc. Languages,</i> )		

<p>Q9 How many in-patient beds does this facility have? <i>(If none, write 0)</i></p> <p>Maternity..... General female ward .....</p> <p>Children' s ward .....</p> <p><i>Notes</i></p>
<p>Q10a Does this facility <i>receive</i> referrals from other facilities?</p> <p>Yes No</p> <p>b. How many referrals are there per month? .....</p> <p>c. What kind of RH conditions are commonly referred here (<i>post-rape care, emergency obstetric care, caesarian section, STIs, family planning methods</i>)?</p>
<p>Q11a Does this facility <i>refer</i> patients to <i>other</i> facilities?</p> <p>Yes No</p> <p>b. What kind of RH conditions are most commonly referred out (<i>post-rape care, emergency obstetric care, caesarian section, STIs, family planning methods</i>)?</p>
<p>Q12a What proportion of the people who come to this facility are displaced persons (refugee and internal)? ..... %</p> <p>b. Do you offer the displaced persons any special assistance, such as Somali speaking staff?</p> <p>Yes No</p> <p><i>Explain</i></p>

Q13a Does this facility charge fees for services offered?

Yes

No

b. For whom are fees charged? (*Circle all that apply*)

Displaced persons

Host population

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

FP

STI

Delivery

Caesarean section

Post-Abortion Care

Post rape treatment

Q14 How have the facility and staff been affected by the drought / arrival of displaced persons? (*For example, has client load increased? Has demand for specific services changed? Do staff face any particular difficulties in treating the refugees? Is facility running out of supplies? Which ones mostly? Are staff salaries regularly paid?*)

## B. Staffing

Q15 a. How many health care staff work in this facility in total?  
 .....

Q15b. How many of the below mentioned category of staff work here? Please also indicate how many are male or female.

Categories of staff	Number	By gender		By salary status		Number recommended by MoH
		Female	Male	Paid	Volunteer	
Midwife / Nurse-midwife						
TBA ( <i>in facility</i> )						
Clinician (Clinical officer/GP)						
Obstetrician or ob/gynecologist						
Anesthetist / nurse-anesthetist						
Pharmacist / Dispenser						
TBA ( <i>in community</i> )						
<b>Total</b>						

Q16 Is at least 1 of these types of staff available throughout the night and on weekends on call duty?

Doctor	Yes	No
Midwife	Yes	No
Nurse	Yes	No

Notes

Q17a Are adequate infection prevention procedures (standard precautions) regularly observed?

Yes	No
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Q17b Are protocols posted on the wall (*hand washing, safe injection, etc.*)

Yes	No
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Notes

Q18a Is there enough staff capacity to manage the facility's RH case load (*assisted delivery, management of eclampsia, post-rape care, syndromic diagnosis and treatment of STIs*)?

Yes	No
-----	----

Q19b Do staff need refresher (2-days) training in (*tick all that apply*)

- Post-abortion care and manual vacuum aspiration (MVA)
- Assisted delivery (Vacuum Extraction)
- Management of eclampsia/post-partum heamorrhage/post-partum sepsis,
- Clinical management of survivors of sexual violence
- Syndromic management of STIs
- Standard Precautions (infection prevention)

Notes

## C. Service Statistics

**Period covered by statistics (last 1- month period for which data are complete)**

Month, year .....

Q20 Service statistics	Total number
<b>Delivery and emergency obstetric care</b>	
☺ Number of deliveries	
☺ Number of cesarean sections	
☺ Number receiving post abortion care	
☺ Number of incoming obstetric referrals	
☺ Number of outgoing obstetric referrals	
☺ Number of maternal deaths	
<b>Family planning</b>	
☺ Number of FP visits	
☺ Number of emergency contraception requests	
☺ Number of condoms distributed	
<b>STIs/HIV/AIDS</b>	
☺ Number of STI cases seen	
☺ Number of STI cases referred	
☺ Number of blood transfusions done	
☺ Number of cases referred for blood transfusion	
<b>Sexual violence</b>	
☺ Number of sexual violence cases seen	
☺ Number of sexual violence cases referred	

Q21 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 for ..... (month and year)

	<b>Women</b>	<b>Men</b>	<b>Total</b>
Under 15 years	.....	.....	.....
15-44 years	.....	.....	.....
45 years or older	.....	.....	.....
<b>Total</b>	.....	.....	.....

*Notes*

Q22 List the registers, reports and other sources of the service statistics you collected.

Q23 Is the information collected of:

- very good quality (complete, accurate)
- fair quality (some missing data, some inconsistencies)
- poor quality (much missing data, many inconsistencies)

*Notes*

## D. Inventory of Medicines and Medical Commodities for MISP

Q24 Commodity	Sufficient stock available?	
	Yes	No
<b>Basic emergency obstetric care</b>		
* Delivery sets (scissors, forceps)		
* Cord clamps		
* Suture sets (tissue forceps, scissors, needle holder)		
* Sphygmomanometers		
* Oxytocin		
* Magnesium sulphate		
* Calcium gluconate		
* IV fluids (crystalloids, plasma-expander)		
* Vacuum extractor		
* Manual Vacuum Aspirator syringe / cannulae (MVA)		
* Uterine dilators (different sizes)		
* Specula, (different sizes)		
* Currettes, uterine, (different sizes)		
* Uterine forceps		
<b>Comprehensive emergency obstetric care</b>		
* Surgical instruments for ceasarean section		
* Anaesthetics		
IV antibiotics ( <i>specify if short of stock below</i> )		
*		

Q24 Commodity	Sufficient stock available?	
	Yes	No
*		
* Sutures, absorbable		
<b>Family planning methods</b>		
* Male condoms		
* Female condoms		
* Combined oral contraceptive pill		
* Depot provera		
* Cu T-380		
* Other ( <i>specify</i> ) _____		
<b>STI</b>		
Antibiotics to treat STIs ( <i>specify below</i> )		
* Benzathine Penicillin		
*		
*		
<b>HIV prevention</b>		
* Gloves (sterile)		
* Gloves (examination)		
* Disposable syringes and needles		
* Soap		
* Safety boxes		
* Disinfectants (Chlorine tablets)		
* Antiseptics (chlorhexidine, iodine)		

Q24 Commodity	Sufficient stock available?	
	Yes	No
* Autoclave (steam sterilizer)		
* HIV tests to screen blood for transfusion (if appropriate for the facility level)		
<b>Management of Sexual Violence</b>		
* Emergency Contraceptive Pills (Levonorgestrel)		
* Zidovudine/Lamivudine combined tablets		
* Zidovudine capsule for children		
* Lamivudine tablet for children		

Q25 What do you do to ensure continued maintenance and running costs of equipment (autoclave, ambulance)?:

Q26 Storage facility for medicines and commodities (*tick all that apply*):

- Supplies stored in a dedicated storage room
- Supplies stored in cupboard
- Supplies stored on the ground
- Supplies stored off the ground
- Thermometer present in storage room
- Storage room well aerated

Notes

**F. Summary and Action Plan**

Village \_\_\_\_\_

Location/District \_\_\_\_\_

Facility Name \_\_\_\_\_

Assessment Team \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Assessment (dd/mm/yyyy) \_\_\_\_\_

## Summary of Findings and Recommendations

<b>A: Description of Health Facility</b>
<b>General comments</b> (e.g., <i>What is the current status of the facility with respect to the provision of reproductive health services?</i> )
<b>Summary of findings</b> (e.g., <i>What does the facility need to provide good quality reproductive health services? What are the priority needs?</i> )
<b>Recommendations/ Actions</b>
<b>B. Staffing</b>
<b>General comments</b> (e.g., <i>Are the number and types of staff appropriate for the services the facility is meant to provide?</i> )
<b>Summary of findings</b> (e.g., <i>What are the staff refresher training needs?</i> )
<b>Recommendations/ Actions</b>

### C. Service Statistics

**General comments** (e.g., Which RH 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**

### D. Medicines and Medical commodities

**Is there a need for any of the Reproductive Health Kits?**

<b>Kit No. 1A</b>	Male Condoms	
<b>Kit No. 1B</b>	Female Condoms	
<b>Kit No. 2A</b>	Clean Delivery, Individual	
<b>Kit No. 2B</b>	Clean Delivery, Birth attendants	
<b>Kit No. 3</b>	Rape Treatment	
<b>Kit No. 4</b>	Oral and Injectable Contraception	
<b>Kit No. 5</b>	Sexually Transmitted Infections (STI)	
<b>Kit No. 6A</b>	Clinical Delivery - Reusable Equipment	
<b>Kit No. 6B</b>	Clinical Delivery – Drugs/ Disposable Equipment	
<b>Kit No. 7</b>	Intra Uterine Devices (IUD)	
<b>Kit No. 8</b>	Management of Complications of Abortion	
<b>Kit No. 9</b>	Suture of Tears and Vaginal Examination	
<b>Kit No. 10</b>	Vacuum Extraction	
<b>Kit No. 11A</b>	Referral Level, Reusable Equipment kit	
<b>Kit No. 11B</b>	Referral Level, Drugs and Disposable Equipment	

### 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?)*

<b>Action Plan for Facility</b>				
<b>Action</b>	<b>Funding source</b>	<b>Who is responsible?</b>	<b>Time (by when?)</b>	<b>Comments</b>