WOMEN'S REFUGEE COMMISSION

RESEARCH. RETHINK. RESOLVE.

Capacity and Needs Assessment Tools to Build **COMMUNITY RESILIENCE**

Acknowledgements
These community capacity and needs assessment tools have been made possible with UK aid from the UK government, as part of the ACCESS Consortium led by the International Planned Parenthood Federation.

Women's Refugee Commission
The Women's Refugee Commission (WRC) is a U.S.-based research and advocacy organization. It improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. The WRC researches their needs, identifies solutions, and advocates for programs and policies to strengthen their resilience and drive change in humanitarian practice.

About the ACCESS Consortium
The Approaches in Complex and Challenging Environments for Sustainable Sexual and Reproductive Health Rights (ACCESS) Consortium aims to increase access to comprehensive sexual and reproductive health (SRH) for hard-to-reach populations, to ensure progress towards universal SRH and reproductive rights. The Consortium is examining scalable, evidence-based approaches to mobilize marginalized and under-served populations across the humanitarian-development contexts of Lebanon, Mozambique, Nepal, and Uganda.

Author of the Capacity and Needs Assessment Tools
These tools were developed by the Women's Refugee Commission.

The contents do not necessarily reflect the UK government's official policies or those of all Consortium partners.

Design & Production: Green Communication Design inc. www.greencom.ca

Women's Refugee Commission
15 West 37th Street, 9th Floor
New York, NY 10018
(212) 551 3115
info@wrcommission.org
womensrefugeecommission.org

ACCESS CONSORTIUM
Approaches in complex & challenging environments for sustainable SRHR

UKaid from the British people

IPPF · FRONTLINE AIDS · Internews · LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE · The Open University · WOMEN'S REFUGEE COMMISSION

Capacity and Needs Assessment Tools to Build Community Resilience
Background

The past decade has seen a substantial increase in the number of persons who have been affected by man-made and natural disasters.[1]

Emergencies have a disproportionate effect on the poorest and most vulnerable, particularly women, children, and adolescents.[2] Women and girls consistently face higher mortality rates both during and after natural disasters.[3] Seventy-six percent of preventable maternal deaths, and 53 percent of under-five deaths take place in settings of fragility, and/or conflict, displacement, and natural disasters.[4] [5] Women and girls are further exposed to violence, exploitation and abuse, unwanted pregnancy, unsafe abortion, and sexually transmitted infections, including HIV, due to the collapse of social and structural support systems.[6] [7] Persons with disabilities, LGBTQIA, ethnic and religious minorities, and other sub-populations experience additional risks, as a result of underlying discrimination and prevailing social norms.[8]

For the past decade, the United Nations International Strategy for Disaster Reduction's (UNISDR) *Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters* guided global dialogue and encouraged international and national stakeholders to invest in approaches that build community and country capacities to prevent, mitigate the impact of, and prepare for emergencies.[9] In March 2015, *the Sendai Framework for Disaster Risk Reduction 2015-2030* was adopted by member states at the UN World Conference on Disaster Risk Reduction in Sendai, Japan.

---

1 UNHCR. Global Trends: Forced Displacement in 2017. https://www.unhcr.org/globaltrends2017/.

2 EWEC. Deep Dive Report: Commitments in Support of Humanitarian and Fragile Settings, 2015-2017.

3 Neumayer E and Plümper T. The Gendered Nature of Natural Disasters: The Impact of Catastrophic Events on the Gender Gap in Life Expectancy, 1981–2002. Annals of the Association of American Geographers. 2007. 97:3, 551-566, https://doi.org/10.1111/j.1467-8306.2007.00563.x.

4 OECD. States of fragility 2015: Meeting post-2015 ambitions. Paris: OECD Publishing; 2015. As cited in: WHO. Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva; 2015. http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/.

5 United Nations, Every Woman Every Child, Abu Dhabi Declaration (New York. 2015).

6 Inter-Agency Standing Committee, "Women, Girls, Boys and Men: Different Needs – Equal Opportunities," IASC Gender Handbook in Humanitarian Action (December 2006). http://www.who.int/hac/network/interagency/news/gender_handbook_draft/en/.

7 Barot S. In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations. Guttmacher Institute, 2017. https://www.guttmacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-healthneeds-women-humanitarian-situations,

8 IAWG on RH in Crises. Inter-agency Field Manual on Reproductive Health in Humanitarian Settings.

9 United Nations Office for Disaster Risk Reduction, Hyogo Framework for Action: Building the resilience of nations and communities to disaster (Geneva. 2007). https://www.unisdr.org/we/inform/publications/1037.

The framework calls for increased attention to resilience and identifies health as a critical aspect of strengthening individual and community resilience.[10] It also defined four priorities to strengthening resilience, including understanding priority risks; strengthening emergency preparedness; investing in preparedness; and enhancing preparedness for effective response and to "Build Back Better".[11]

Emergency preparedness and recovery are two entry points within the continuum of an emergency that provide an opportunity for humanitarian and development actors to explicitly collaborate with communities, civil society organizations, and governments, to build local and national resilience to mitigate the impact of emergencies, improve response, and facilitate efficient and effective recovery. Numerous tools have thus been developed by various sectors and agencies to assess pre-existing vulnerabilities, and prepare communities for, and build from, emergencies.

Objectives

- To map the district's existing disaster management framework and links to national and sub-national systems.
- To understand health facility capacity to implement the Minimum Initial Service Package (MISP) for SRH in emergencies.
- To explore the community's definitions and understanding of resilience, and the end points of recovery or "building back better".
- To identify existing community capacities to respond to crises, what capacities need strengthening, and the community's recommendations to achieve them.
- To identify vulnerabilities and risks in the community that may have less capacity to absorb shocks, including specific sub-populations or societal infrastructure.
- To identify priorities for preparedness or "building back better".

Timeframe of implementation

- The tool is to be implemented prior to a crisis or during recovery, to assess existing community capacity to respond or build back better.

Target users

- The intended users are district health policymakers, disaster management agencies, and program managers that are responsible for preparedness and "building back better". They also include civil society organizations and others committed to building resilience.

Target audience

1. **Policy maker**
   - District disaster management staff.
   - Mayor or other government representatives.
   - Chief medical officer.
2. **Health provider**
   - Health facility manager.
   - Physician, nurse, midwife, and other clinical staff.
3. **Community health worker**
   - Community health worker, community outreach workers, peer educators, and other community resource persons.

[10] United Nations Office for Disaster Risk Reduction, Sendai Framework for Disaster Risk Reduction 2015- 2030 (Geneva. 2015). http://www.unisdr.org/we/coordinate/sendai-framework.

[11] United Nations Office for Disaster Risk Reduction, Sendai Framework for Disaster Risk Reduction 2015- 2030 (Geneva. 2015). http://www.unisdr.org/we/coordinate/sendai-framework.

4. **Community member**
   - Community leader.
   - Representatives from civil society groups and networks, including women's groups, youth/adolescent groups, organizations of persons with disabilities, LGBTQIA groups, organizations of persons who engage in sex work, organizations representing other minority groups, etc.
   - Members of the community including women, adolescent girls, persons with disabilities, LGBTQIA, persons engaged in sex work, other minority members.
   - Teachers, law enforcement, first responders, social service workers, etc.

Domains assessed

1. **Policy maker**
   - National, sub-national, and district disaster management framework.
   - Level of SRH preparedness at the district level per the *Sendai Framework's* four priorities.
   - District capacity to respond to SRH needs in emergencies, as well as barriers and gaps.
   - Protection of at-risk groups and community inclusion in preparedness planning and response.
2. **Health provider**
   - Level of SRH preparedness at the facility level per the *Sendai Framework's* four priorities
   - Health facility and provider capacity to implement the MISP for SRH in emergencies.
   - Current availability of SRH services for the MISP for SRH.
3. **Community health worker**
   - Community capacity to implement the MISP for SRH in emergencies.
   - SRH risks, vulnerabilities, protective strategies, coping capacities, and resources in the community.
4. **Community member**
   - SRH risks, vulnerabilities, protective strategies, coping capacities, and resources in the community.
   - Gender and other norms that perpetuate violence, vulnerability, and inequality.
   - Definitions of resilience and end points of recovery or "building back better".

Specific tools

1. **Policy maker**
   - Interview guide.
2. **Health provider**
   - Interview guide.
   - Facility assessment tool pertaining to the MISP for SRH services.
3. **Community health worker**
   - Focus group discussion (FGD) guide.
4. **Community member**
   - FGD guide with participatory activities for community members.
   - Interview guide for community leader, representatives from civil society groups and networks, teachers, law enforcement, first responders, social service workers, etc.

Data analysis

- Pointers for data analysis from interviews and FGDs.
- Facility assessment data entry template and tables for auto-population.

Use of data

Findings will be used to inform a workshop for first responders and civil society networks/organizations. During this workshop, participants will develop community action plans with accountability mechanisms to strengthen SRH preparedness at the community level.

GROUP 1: General/Comprehensive/Policy Maker

Capacity and Needs Assessment Tool to Build Community Resilience **Interview Guide for Policy Makers**

This tool can be used with the national, sub-national, district disaster management or Ministry of Health staff; mayor or other government representatives; or the chief medical officer who is familiar with the disaster risk management framework, especially at the district level.

The focus is to solicit feedback around resources, capacities, and gaps to respond to sexual and reproductive health (SRH) needs in emergencies that can be used to inform and shape the *Community-based Preparedness for Sexual and Reproductive Health and Gender* training.

In Module 1.3 on the "Disaster Management Framework" (Day 1), participants will be introduced to the national, sub-national, and local disaster management framework. Questions 4a-c are relevant for this activity.

Module 1.5 on "Understanding Resilience within the Health Systems Building Blocks" (Day 1) includes a presentation on the district's current level of emergency preparedness overall and for SRH specifically, based on the *Sendai Framework* priorities for disaster risk reduction. Questions 10-11 are relevant for this purpose.

Please refer to the *Facilitator's Guide* for more information on selecting participants, conducting the interview, data analysis tips, and what to pull from the findings.

GROUP 1: General/Comprehensive/Policy Maker

Date:	**Location:** District/County _____
Facilitator(s):	State/Province/Region _____
Interviewee characteristics ☐ Female ☐ Male ☐ Other _____	Country _____
Interviewee level ☐ National level ☐ Sub-national level ☐ District level	**Interviewee occupation** ☐ Disaster management staff (specify) _____ ☐ Mayor ☐ Other government representative (specify) _____ ☐ Chief medical officer ☐ Other policy maker (specify) _____
Translation used: Yes No	If yes, translation from _____ (language) to _____ (language)
Begin time:	**End time:**

I verify that informed consent was obtained.

_____

(Signature of facilitator)

Hello and thank you for making yourself available for this interview. My name is _____ and I am from the ACCESS Project. I am interested in examining this community's capacity and resilience, and to identify priorities for preparedness and "building back better," especially for health and protection. "Building back better" aims to ensure that recovery efforts in the aftermath of a crisis build resilience and reduce a community's vulnerability to future emergencies. You were identified for this interview since you are a policy maker familiar with emergency preparedness and the disaster management framework for this district.

The information you share will not be connected with your name or position. The information may be shared in a general, non-identifiable way, with interested agencies and organizations that can address preparedness in this community. Your participation is completely voluntary. You are welcome to stop this interview at any time.

This discussion will last roughly 1-1.5 hours. I would like to take notes of what you say, if that is alright with you.

Thank you again for your time. If you have any questions after the end of our discussion, please contact _____.

INTRODUCTION

1. What is your role around emergency preparedness and disaster risk reduction?

2. What were some of the health and sexual and reproductive health challenges in the most recent emergency (*outbreak of violence, natural disaster*)?

3. To what degree are you aware of the Minimum Initial Service Package for Sexual and Reproductive Health?

   3.1 What training(s) have you or your staff had, if any, to build your current capacity in responding to sexual and reproductive health (SRH) needs in emergencies (MISP for SRH training, inter-agency guidelines, etc.)?

If respondent is not familiar with the MISP standard, please review the objectives of the MISP in preparation for subsequent sections pertaining to SRH services as described in the MISP.

Question 4 pertains to the disaster management framework at the national, sub-national, and district levels. Please ask the questions appropriate to your respondent's level of work.

If respondents have already provided a detailed overview of the disaster management framework at all levels, you can skip this question and go to question 5.

Disaster management framework

4a. Questions	4b. Y/N	4c.
National level		
Is there a national government body that addresses disaster risk reduction?		**If yes, what is the name of the government body and where is it housed?**
Is there a **National** Platform for Disaster Risk Reduction to coordinate efforts?		**If yes, what agencies are involved?** (*National Disaster Management Agency, Civil Protection, Ministry of Health, Ministry of Interior, etc.*)
Is there a national emergency **preparedness** plan for health?		**If yes, what is this plan called, and when is this from?**
Is there a national emergency **response** plan for health?		**If yes, what is this plan called, and when is this from?** (*Response plan may be part of the preparedness plan, depending on the context.*)
Is there a lead agency identified for health for emergencies at the **national** level?		**If yes, who is this lead agency?**
Are minimum services of SRH as described in the MISP integrated into the **response** plan(s) for health at the **national** level?		**If yes, what services are integrated?** (*Coordination; services to prevent and treat survivors of sexual violence; services to prevent maternal and newborn death and disability, services to prevent HIV/STIs, prevent unintended pregnancy, prevent unsafe abortion, transition from MISP to comprehensive SRH*) **If no, what services are yet to be integrated?**
Are the minimum services of SRH as described in the MISP integrated into **preparedness** plan(s) for health at the **national** level?		**If yes, what services are integrated?** **If no, what services are yet to be integrated?**
Is there a health coordination group at the **national** level?		**If yes, who are some of the member agencies?**
Is there an SRH coordination group at the **national** level?		**If yes, who are some of the member agencies?**
Is there a Protection coordination group at the **national** level?		**If yes, who are some of the member agencies?**
Is there a separate GBV coordination group at the **national** level?		**If yes, who are some of the member agencies?**
Is there a separate HIV coordination group at the **national** level?		**Who leads the HIV coordination group?**
Is there an SRH focal point appointed at the **national** level?		

4a. Questions	4b. Y/N	4c.
Is there a Protection focal point appointed at the **national** level?		
Is there a separate GBV focal point appointed at the **national** level?		
Is there a separate HIV focal point appointed at the **national** level?		
Is emergency and disaster risk management for health (EDRM-H) and/or preparedness integrated into the UNFPA Country Program?		
Subnational level *(Provincial or regional level that houses the particular district of interest)*		
Is there a **Subnational** Platform for Disaster Risk Reduction?		**If yes, what agencies?**
Is there a **Subnational** emergency **preparedness** plan?		**If yes, what is this plan called, and when is this from?**
Is there a **Subnational** emergency **response** plan?		**If yes, what is this plan called, and when is this from?**
Are minimum services of SRH as described in the MISP integrated into the **response** plan(s) for health at the **sub-national** level?		**If yes, what services are integrated?** **If no, what services are yet to be integrated?**
Are minimum services of SRH as described in the MISP integrated in **preparedness** plan(s) for health at the **sub-national** level?		**If yes, what services are integrated?** **If no, what services are yet to be integrated?**
Is there a health coordination group at the **sub-national** level?		**If yes, who are members?**
Is there an SRH coordination group at the **sub-national** level?		**If yes, who are members?**
Is there a Protection coordination group at the **sub-national** level?		**If yes, who are members?**
Is there a separate GBV coordination group at the **sub-national** level?		**If yes, who are members?**
Is there a separate HIV coordination group at the **sub-national** level?		**If yes, who are members?**
Is there an SRH focal point appointed at the **sub-national** level?		
Is there a Protection focal point appointed at the **sub-national** level?		
Is there a separate GBV focal point appointed at the **sub-national** level?		

4a. Questions	4b. Y/N	4c.
Is there a separate HIV focal point appointed at the **sub-national** level?		
District level		
Is there a **district** emergency **preparedness** plan?		**If yes, what is this plan called, and when is this from (date)?**
Is there a **district** emergency **response** plan?		**If yes, what is this plan called, and when is this from (date)?**
Are minimum services of SRH as described in the MISP integrated into the **response** plan(s) for health at the **district** level?		**If yes, what services are integrated?** **If no, what services are yet to be integrated?**
Are minimum services of SRH as described in the MISP integrated in **preparedness** plan(s) for health at the **district** level?		**If yes, what services are integrated?** **If no, what services are yet to be integrated?**
Is there a health coordination group at the **district** level?		**If yes, who are members?**
Is there an SRH coordination group at the **district** level?		**If yes, who are members?**
Is there a Protection coordination group at the **district** level?		**If yes, who are members?**
Is there a separate GBV coordination group at the **district** level?		**If yes, who are members?**
Is there a separate HIV coordination group at the **district** level?		**If yes, who are members?**

The remaining questions are specific to the district level.

RISKS AND VULNERABILITIES

5. **Who**, within your community, may be most at-risk or vulnerable when a crisis occurs?

   5.1 Probe for persons with disabilities, the elderly, LGBTQIA persons, persons who engage in sex work, persons from minority groups, adolescents, etc.

   5.2 Probe: **How and why** are such persons more vulnerable?

6. **Are such persons currently engaged** to ensure health services, especially sexual and reproductive health services, best meet their needs? How so, and to what extent?

RESOURCES, CAPACITIES, AND PREPAREDNESS FOR SRH

7. **What health-related resources and capacities** would you say the district has to respond to an emergency?

8. What is the **coordination mechanism** in this district to coordinate the work of the health and humanitarian sector in the event of an emergency?

8.1 Does the health and humanitarian sector have regular meetings during an emergency response?

9. What are the **main challenges the district has experienced when responding to the community's sexual and reproductive health needs in past emergencies**?

9.1 What services were disrupted, and how did that affect the community?

9.2 What attempts were made to continue providing disrupted services?

9.3 Which of these challenges could have been addressed before the emergency, and in what way?

10a. Now, I would like to ask about the district's emergency preparedness efforts.	**10b. Y/N**	**10c.**
Does the district have a process to review building codes and standards, and rehabilitation and reconstruction practices?		**If yes, please describe the process.** **Does the district have the ability to enforce these codes to ensure structures are disaster-resistant**?
Does the district periodically assess disaster risks, vulnerability, capacity, exposure, hazard characteristics, and their possible sequential effects for risk assessment, prevention, mitigation, preparedness, and response purposes?		**If yes, what does the district assess, and how often?** **If not, why not?**
Does the district have a multi-hazard, multisectoral forecasting and early warning system?		**If yes, what does this look like?** **If not, why not?**
Does the district have emergency communications mechanisms to alert the community to potential hazards and risks in the event of an emergency?		**If yes, what does this look like?** **If not, why not?**
Does the district allocate a budget for preparedness and contingency planning?		**If yes, how much, or what proportion of the health budget?** **If not, why not?**
Does the district systematically allocate a proportion of the budget to disability inclusion, and inclusion of and outreach to other at-risk groups?		**If yes, how much?** **If not, why not?**

10a. Now, I would like to ask about the district's emergency preparedness efforts.	10b. Y/N	10c.
Does the district routinely review the supply chain for commodity risk management and pre-positioning?		**If yes, how often, and what is reviewed?** **If not, why not?**
Does the district routinely implement disaster response simulations/drills?		**If yes, how often, and who takes part?** **If not, why not?**
Does the district routinely train or retrain key personnel in emergency response?		**If yes, who is trained/retrained, how often, and what topics are covered?** **If not, why not?**
Does the district support and train community groups in disaster risk reduction approaches in health programs?		**If yes, what does this look like?** **If not, why not?**
Is there anything else you would like to share?		**If yes, please describe.**

11. How is this district **addressing emergency preparedness for sexual and reproductive health in particular**?

11a. Now I would like to ask more specifically about emergency preparedness for SRH.	11b. Y/N	11c.
Are there **national or sub-national** policies, laws, protocols, and strategies that **hinder the provision** of comprehensive SRH services to at-risk groups at the district level at any given time?		**If yes, what are they?**
Are there **national or sub-national** policies, laws, protocols, and strategies that are **conducive to the provision** of comprehensive SRH services to at-risk groups at the district level at any given time?		**If yes, what are they?**
Does the **district itself** have laws, policies, or protocols that are conducive to the provision of comprehensive SRH services?		**If yes, what are they?**
Does the district routinely undertake a gender/SRH/disability risk assessment?		**If yes, how often are the assessments?** **When was the last one, and what was assessed**?

11a. Now I would like to ask more specifically about emergency preparedness for SRH.	11b. Y/N	11c.
Has the district identified an SRH focal point for emergencies?		**If yes, who plays this role?** **If not, why not?**
Does the district allocate a budget for SRH preparedness and contingency planning specifically?		**If yes, how much, or what proportion of the health budget?** **If not, why not?**
Has the district developed an action plan to address preparedness for SRH that includes all components of the MISP for SRH?		**If yes, what does this look like?** **If not, why not?**
Does the district have mechanisms to monitor the implementation of action plans to address preparedness for SRH?		**If yes, what does this look like?** **If not, why not?**
Does the district routinely implement disaster response simulations/drills for SRH specifically?		**If yes, how often, and who takes part?** **If not, why not?**
Does the district have staff trained in the MISP specifically?		**If yes, how many?** **If not, why not?**
Does the district routinely train or retrain key personnel in emergency response for SRH (MISP) specifically?		**If yes, who is trained/retrained, how often, and what topics are covered?** **If not, why not?**
Does the district work with groups serving at-risk populations to ensure their voices are heard in processes to build community resilience?		**If yes, what does this look like?** **If not, why not?**
Has the district pre-positioned supplies and equipment to provide MISP for SRH services should an emergency occur?		**If yes, what supplies have been pre-positioned, and how many weeks/months supply?** **If not, why not?**
Is there anything else you would like to share?		**If yes, please describe.**

12. What do you think **needs to be strengthened or improved** for this district to better address preparedness for sexual and reproductive health in emergencies?

13. Do you foresee any barriers that could impede efforts to strengthen or improve the district's capacity to address preparedness for sexual and reproductive health in emergencies? If so, what are they?

13.1 *Probe for institutional support, time, and financial, logistic (equipment and supplies/commodities) or policy barriers, especially to providing maternal and newborn care, family planning, care for sexually transmitted infections/HIV/AIDs, comprehensive abortion care, and gender-based violence, etc.*

14. What are ways you think the barriers can be addressed?

14.1 *Probe for financial support, district/sub-national/national political support, coordination, technical support, logistics (equipment and supplies/commodities) technology, etc.*

15. What are your **priorities for preparedness** for this district?

Thank you for your excellent work. We applaud all that you do.

GROUP 2: Health Provider

Capacity and Needs Assessment Tool to Build Community Resilience
Interview Guide for Health Providers

This tool should be used in interviews with the health facility manager and other clinical providers that specifically provide sexual and reproductive health (SRH) services.

The focus is to solicit feedback from the health facility around resources, capacities, and gaps to respond to SRH needs in emergencies that can be used to inform and shape the *Community-based Preparedness for Sexual and Reproductive Health and Gender* training. Gaps as they pertain to the Minimum Initial Service Package (MISP) objectives/services and SRH preparedness are particularly important to identify, as action planning during the training can focus on these areas.

Please refer to the *Facilitator's Guide* for more information on selecting participants, conducting the interview, data analysis tips, and what to pull from the findings.

GROUP 2: Health Provider

Date:	**Location:** Health facility (name) _____
Facilitator(s):	District _____
Facility type ☐ Health post ☐ Health center ☐ Hospital ☐ Other _____	State/Province _____ Country _____
Interviewee characteristics ☐ Female ☐ Male ☐ Other _____	**Interviewee occupation** ☐ Health facility manager _____ ☐ Physician ☐ Nurse ☐ Midwife ☐ Other clinical staff (specify) _____
Translation used: Yes No	If yes, translation from _____ (language) to _____ (language)
Begin time:	**End time:**

I verify that informed consent was obtained.

_____
(Signature of facilitator)

Hello and thank you for making yourself available for this interview. My name is _____ and I am from the ACCESS Project. I am interested in examining this community's capacity and resilience, to identify priorities for preparedness and "building back better," especially for health and protection. You were identified for this interview since you are a clinical provider who provides sexual and reproductive health services at this health facility.

The information you share will not be connected with your name or position. The information may be shared in a general, non-identifiable way, with interested agencies and organizations that can address preparedness in this community. Your participation is completely voluntary. You are welcome to stop this interview at any time.

This discussion will last roughly one hour. I would like to take notes of what you say, if that is alright with you.

Thank you again for your time. If you have any questions after the end of our discussion, please contact _____.

INTRODUCTION

1. What is your role in this health facility?

RISKS AND VULNERABILITIES

2. What were the health and sexual and reproductive health-related challenges that people in this community faced during the most recent emergency?

3. **Who**, within your community, may be most at-risk or vulnerable when a crisis occurs?

   3.1 *Probe for persons with disabilities, elderly people, LGBTQIA persons, persons who engage in sex work, persons from minority groups, adolescents, etc.*

   3.2 **How** are such persons more vulnerable?

4. Are persons from these at-risk groups (persons with disabilities, elderly people, LGBTQIA persons, persons who engage in sex work, persons from minority groups, adolescents, etc.) able to access health services, especially sexual and reproductive health services?

   4.1 Do such persons face any particular challenges to access health and reproductive health information and services? What are these challenges?

   4.2 Does your health facility have any special measures in place to ensure that these persons can access services, despite these challenges? (*For example, mobile outreach teams to reach persons with disabilities and/or elderly people.*)

5. **How are such persons currently engaged** to ensure health services, especially sexual and reproductive health services, best meet their needs? (*For example, working with persons who engage in sex work as outreach workers to reach other persons engaged in sex work.*)

RESOURCES, CAPACITIES, AND PREPAREDNESS FOR SEXUAL AND REPRODUCTIVE HEALTH

6. What are the sexual and reproductive health services that your facility provides?

7. What are the **main challenges that you have experienced when responding to the community's sexual and reproductive health needs in the last emergency**?

   7.1 What services were disrupted, and how did that affect the community? What caused these disruptions?

   7.2 What attempts were made to continue providing disrupted services? Were these attempts successful? Why or why not?

   7.3 Are there any preparations that you think could have been made in advance to prevent or help with these challenges?

Only ask 8 and 9 if you are not concurrently implementing the facility assessment tool.

8. How is this facility **addressing emergency preparedness overall**?

8a. Probe	8b. Y/N	8c.
Does the facility have a process to review building codes and standards, and rehabilitation and reconstruction practices?		**If yes, please describe the process.** **Does the facility have the ability to enforce these codes to ensure structures are disaster-resistant?**
Does the facility periodically assess disaster risks, vulnerability, capacity, exposure, hazard characteristics, and their possible sequential effects for risk assessment, prevention, mitigation, preparedness, and response purposes?		**If yes, what does the facility assess, and how often?** **If not, why not?**
Does the facility have a multi-hazard, multisectoral forecasting and early warning system?		**If yes, what does this look like, and how effective is it?** **If not, why not?**
Does the facility have emergency communications mechanisms to alert the community to potential hazards and risks in the event of an emergency?		**If yes, what does this look like, and how effective is it?** **If not, why not?**
Does the facility allocate a budget for preparedness and contingency planning?		**If yes, how much, or what proportion of the health budget?** **If not, why not?**
Does the facility systematically allocate a proportion of the overall budget to disability inclusion, and inclusion of and outreach to other at-risk groups?		**If yes, how much?** **If not, why not?**
Does the facility routinely review the supply chain for commodity risk management and pre-positioning?		**If yes, how often, and what is reviewed?** **If not, why not?**
Does the facility routinely implement disaster response simulations/drills?		**If yes, how often, and who takes part?** **If not, why not?**
Does the facility routinely train or retrain key personnel in emergency response?		**If yes, who is trained/retrained, how often, and what topics are covered?** **If not, why not?**

8a. Probe	8b. Y/N	8c.
Does the facility support and train community groups in disaster risk reduction approaches in health programs?		**If yes, what does this look like?** **If not, why not?**
Is there anything else you would like to share?		**If yes, please describe.**

9. How is this facility **addressing emergency preparedness for sexual and reproductive health in particular**?

9.1 What training(s) have you had, if any, to build your current capacity in responding to sexual and reproductive health needs in emergencies (MISP for SRH training, inter-agency guidelines, etc.)?

9a. Additional probes	9b. Y/N	9c.
Does the facility routinely undertake a gender/SRH/ disability risk assessment specifically?		**If yes, how often are the assessments?** **When was the last one, and what was assessed**?
Has the facility identified an SRH focal point for emergencies?		**If yes, who plays this role?** **If not, why not?**
Does a representative of the facility attend any standing SRH coordination meetings?		**If yes, how often?** **If not, why not?**
Does the facility allocate a budget for SRH preparedness and contingency planning specifically?		**If yes, how much, or what proportion of the health budget?** **If not, why not?**
Does the facility routinely implement disaster response simulations/drills for SRH specifically?		**If yes, how often, and who takes part?** **If not, why not?**
Does the facility have staff trained in the MISP specifically?		**If yes, how many?** **If not, why not?**

9a. Additional probes	9b. Y/N	9c.
Does the facility routinely train or retrain key personnel in emergency response for SRH (MISP) specifically?		**If yes, who is trained/retrained, how often, and what topics are covered?** **If not, why not?**
Does the facility work with groups serving at-risk populations to ensure their voices are heard in processes to build community resilience?		**If yes, what does this look like?** **If not, why not?**
Has the facility pre-positioned supplies and equipment to provide MISP for SRH services should an emergency occur?		**If yes, what supplies have been pre-positioned, and how many weeks/months supply?** **If not, why not?**
Is there anything else you would like to share?		**If yes, please describe.**

10. What do you think **needs to be strengthened or improved** for this facility to better address preparedness for sexual and reproductive health in emergencies?

11. What **barriers** could prevent the facility from strengthening or improving its capacity to address preparedness for sexual and reproductive health in emergencies?

11.1 *Probe for institutional support, time, and financial, logistic (equipment and supplies/commodities), or policy barriers, especially to providing maternal and newborn care, family planning, care for sexually transmitted infections/HIV/AIDs, comprehensive abortion care, and gender-based violence, etc.*

12. What are ways you think the barriers can be addressed?

12.1 *Probe for financial support, district/sub-national/national political support, coordination, technical support, logistics (equipment and supplies/commodities) technology, etc.*

13. What are your **priorities for preparedness** or "building back better" for this health facility?

Thank you for your excellent work. We applaud all that you do.

Facility ID

Capacity and Needs Assessment Tool to Build Community Resilience
Assessment of MISP-related service availability

The aim of the facility assessments is to understand the availability and functioning of sexual and reproductive health (SRH) services, to identify gaps that should be prioritized for preparedness efforts. Availability is defined as services available in the past three months. The tool is a structured interview and observation guide to be used with the health facility manager or equivalent representative.

This tool includes an accompanying excel data entry spreadsheet, which auto-populates once the data are inputted. The summary data can be fed into the "Baseline" column of the action plan that will be developed on Day 3 of the *Community-based Preparedness for Sexual and Reproductive Health and Gender* training. The action plan uses the *Inter-agency Field Manual on Reproductive Health in Crises*' Minimum Initial Service Package (MISP) checklist as a template.

Please refer to the *Facilitator's Guide* for more information on selecting facilities, conducting the assessment, data analysis tips, and what to pull from the findings.

Facility ID

IDENTIFICATION INFORMATION

ID1: Facility Name	**ID2:** District Name	**ID3:** Country Name

ID4: Date of data collection			**ID5:** Data collector	
Day	Month	Year	Name	Organization

ID6	Type of facility *(circle one)*	Hospital 1 Health center 2 Health post 3 Other (specify)_____4
ID7	Type of operating agency *(circle one)*	Government/Public 1 Private 2 NGO 3 Faith-based Organization 4 Government facility managed by other partner 5 Other (specify)_____6
ID8	Population in the catchment area of this facility	_____
ID9	Number of women of reproductive age (15-49) (~25% of population)	_____
ID10	Number of sexually active men (~20% of population)	_____
ID11	Crude birth rate	_____

Facility ID

A. GENERAL

Find an appropriate staff member (facility director) and introduce yourself and proceed with the assessment tool as indicated. This staff member should be capable of linking you to additional respondents as needed.

No.	Item	Response	Skip to
Hello, my name is ..... I am representing the ACCESS project, who is looking at preparedness for sexual and reproductive health in emergencies. We are assessing SRH services availability in many health facilities in this area. We thank you for allowing us to visit this facility and speak with your staff. Your participation in this assessment is completely voluntary, and responses will not be connected with individuals at this facility in any way. We are grateful for your time. Do you have any questions? May I continue with the interview? _____(Data collector Initials)			
First, I'd like to ask you some basic questions about the facility itself.			
A1	Is there a functioning system for power?	No 0 Yes 1	
A2	What is the source of power for this facility? ***[Probe for all sources. Ask about a back-up generator.]***	***1=mentioned, 0=not mentioned*** a. Power lines 1 0 b. Solar 1 0 c. Generator 1 0 d. Other(specify)_____ 1 0	
A3	Is there a functioning system for clean water?	No 0 Yes 1	
A4	How is the facility's clean water supplied? ***[Probe for all sources of water]***	***1=mentioned, 0=not mentioned*** a. Inside plumbing (external source) 1 0 b. Inside plumbing (from within the facility) 1 0 c. Outdoor pump 1 0 d. Outdoor protected well 1 0 e. Rainwater catchment 1 0 f. Water delivery 1 0 g. Other (specify) _____ 1 0	
A5	Is there a functioning cold chain?	No 0 Yes 1	

Facility ID

WASTE MANAGEMENT

Data collectors should ask and observe these components

Now I'd like to explore the ways this facility handles medical waste			
No.	**Item**	**Response**	**Skip to**
A6	How is solid medical waste disposed of?	***1=mentioned, 0=not mentioned*** a. Burned in the incinerator 1 0 b. Dumped in a covered waste pit 1 0 c. Dumped in an uncovered pit/hole 1 0 d. Transported off-site for disposal 1 0	
A7	Are sharps bins/boxes used for sharps disposal?	No 0 Yes 1	
A8	Where / How are sharps disposed? ***[If sharps boxes are used, how are they disposed of when they are full?]***	In a pit latrine 1 Waste pit 2 Burned / incinerator 3 Other (specify) _____4	

TRANSPORT AND COMMUNICATION

Now I would like to ask you about the extent to which communication and transportation are available.			
No.	**Item**	**Response**	**Skip to**
A9	Does the facility have a communications network available 24/7?	No 0 Yes 1	→ A13
A10	What type(s) of communication networks are available and functioning 24/7 in this facility? ***[Probe for all sources.]***	***1=mentioned, 0=not mentioned*** a. Land telephone(s) (external lines) 1 0 b. Mobile phone(s) 1 0 c. Satellite phone(s) 1 0 d. Radio communication 1 0 e. Other (specify)_____ 1 0	
A11	Does the facility have a back-up communications network?	No 0 Yes 1	→ A13
A12	What type(s) of communication networks are available as back-up?	***1=mentioned, 0=not mentioned*** a. Land telephone(s) (external lines) 1 0 b. Mobile phone(s) 1 0 c. Satellite phone(s) 1 0 d. Radio communication 1 0 e. Other (specify)_____ 1 0	
A13	Does this facility have a means of transporting patients from the community to the facility 24/7?	No 0 Yes 1	→ A17

Facility ID

No.	Item	Response	Skip to
A14	What are the means of transport that is available and functioning 24/7? ***[Probe for all sources.]***	***1=mentioned, 0=not mentioned*** Designated Emergency Vehicle (Ambulance) 1 0 Other motor vehicle (4 wheel) 1 0 Motorcycle 1 0 Boat 1 0 Bicycle 1 0 Animal-drawn cart 1 0 Other:_____ 1 0	
A15	Does the facility have a back-up means of transporting patients from the community to the facility?	No 0 Yes 1	→ A17
A16	What type(s) of transportation are available as back-up?	***1=mentioned, 0=not mentioned*** Designated Emergency Vehicle (Ambulance) 1 0 Other motor vehicle (4 wheel) 1 0 Motorcycle 1 0 Boat 1 0 Bicycle 1 0 Animal-drawn cart 1 0 Other:_____ 1 0	
A17	Does this facility have a means of transporting patients from the facility to a higher-level facility 24/7?	No 0 Yes 1	→ A21
A18	What are the means of transport that is available and functioning 24/7? ***[Probe for all sources.]***	***1=mentioned, 0=not mentioned*** Designated Emergency Vehicle (Ambulance) 1 0 Other motor vehicle (4 wheel) 1 0 Motorcycle 1 0 Boat 1 0 Bicycle 1 0 Animal-drawn cart 1 0 Other:_____ 1 0	
A19	Does the facility have a back-up means of transporting patients from the facility to a higher level facility?	No 0 Yes 1	→ A21
A20	What type(s) of transportation are available as back-up?	***1=mentioned, 0=not mentioned*** Designated Emergency Vehicle (Ambulance) 1 0 Other motor vehicle (4 wheel) 1 0 Motorcycle 1 0 Boat 1 0 Bicycle 1 0 Animal-drawn cart 1 0 Other:_____ 1 0	

Facility ID

If the facility has an ambulance or designated emergency vehicle, go to A21.
If they have no ambulance or vehicle for emergencies, please go to A29.

No.	Item	Response	Skip to
A21	Is there an available source of maintenance/ repair for vehicles (or other transportation means) when necessary?	No 0 Yes 1	
A22	Who is responsible for ensuring that vehicles (or other transportation means) are in working order?	Facility director 1 Community 2 District health office 3 NGO 4 Other (specify) _____ 5 No one takes this responsibility 6	
A23	Are there funds available today for maintenance/repair if they were needed?	No 0 Yes 1	
A24	Is sufficient fuel available today for any motor vehicles, in case a patient requires emergency transport?	No 0 Yes 1	
A25	Is there a prepositioned supply of fuel for a largescale emergency?	No 0 Yes 1	→ A27
A26	How many days of fuel is available?	_____days	
A27	How do you contact the ambulance when a patient requires emergency transport?	***1=mentioned, 0=not mentioned*** With facility communication device 1 0 With personal mobile phone (facility provides credit) 1 0 With personal mobile phone (using my own credit) 1 0 Other (specify)_____ 1 0	
A28	How far is the nearest referral hospital?	_____km	
A29	How long does it take to get to the nearest referral hospital in a working vehicle? ***[Record hours OR minutes under normal circumstances]***	_____hours _____minutes	

Facility ID

No.	Item	Response	Skip to
A30	Consider the last time an emergency patient was transferred to the hospital. How long did it take from the time the decision to transfer was made until she reached the hospital? ***[Record hours OR minutes]***	_____hours _____minutes	
A31	If the time mentioned above is greater than the transfer time under normal circumstances, ask for the causes of delay.	**Causes of delay:**	

Skip SRH preparedness section if questions have already been answered through the qualitative tool.

SRH PREPAREDNESS

Now I would like to ask you about preparedness.

No.	Item	Response	Skip to
A32	When was the last gender, SRH, disability and disaster risk assessment conducted for this facility's catchment area?	a. Within the last 12 months 1 b. Within the last 1-5 years 2 c. More than 5 years ago 3 d. Never 4 d. Don't know 5	
A33	Has the facility identified an SRH focal point?	No 0 Yes 1	
A34	Does a representative of the facility routinely attend SRH coordination meetings?	No 0 Yes 1	
A35	How often are building codes and standards reviewed for this facility to foster disaster resistant structures?	a. Once a year 1 b. Once every 2-5 years 2 c. Other _____ 3 c. Never 4 d. Don't know 5	
A36	Does this facility have an early warning system or emergency communications mechanism to alert communities about potential hazards and risks in an emergency?	No 0 Yes 1	
A37	Does this facility have a contingency budget to adapt services or procure additional supplies in the event of an emergency?	No 0 Yes 1	

Facility ID

No.	Item	Response	Skip to
A38	Does this facility have a mechanism to routinely engage at-risk populations in the community to ensure their needs are met?	No 0 Yes 1	
A39	How often are disaster response simulations or drills conducted at this facility?	a. More than once a year 1 b. Once a year 2 c. Once every 2-5 years 3 d. Other _____ 4 e. Never 5 f. Don't know 6	
A40	How often are clinical staff at this facility re-trained in the priority SRH services in the event of an emergency?	a. Once a year 1 b. Once every 2-5 years 2 c. Other _____ 3 d. Never 4 e. Don't know 5	
A41	How often is the supply chain reviewed for commodity risk management and pre-positioning?	a. More than once a year 1 b. Once a year 2 c. Once every 2-5 years 3 d. Other _____ 4 e. Never 5f. Don't know 6	

Facility ID

B. HUMAN RESOURCES (Adapt list to local context)

Instructions: *The following questions should be directed towards the facility director and the person responsible for obstetrics / maternity.*

Now, I would like to ask about the clinical staff (e.g. doctors, nurses, midwives, clinical officers, etc.) currently working at this facility, particularly those providing SRH services.			
No.	**Clinical staff**	**Yes**	**No**
B1	Is there at least one trained medical doctor present at the facility 24/7?	1	0
B2	Is there at least one trained mid-level provider (nurse, midwife, clinical officer) present at the facility 24/7?	1	0
B3	Is there at least one staff member who routinely attends health coordination meetings?	1	0
B4	Is there at least one trained clinical staff to provide short-acting contraceptive methods?	1	0
B5	Is there at least one trained clinical staff to provide long-acting contraceptive methods (IUDs and/or implants)?	1	0
B6	Is there at least one trained clinical staff to remove long-acting contraceptive methods (IUDs and/or implants)?	1	0
B7	Is there at least one trained clinical staff trained to provide permanent contraceptive methods (tubal ligation and/or vasectomy)?	1	0
B8	Is there at least one trained clinical staff to provide basic EmONC services?	1	0
B9	Is there at least one trained clinical staff on duty per 50 outpatient consultations per day?	1	0
B10	Is there at least one trained clinical staff to provide caesarean sections?	1	0
B11	Is there at least one trained clinical staff on duty 24/7 per 20-30 inpatient beds for the obstetrics ward?	1	0
B12	Is there at least one team of doctor/nurse/midwife/anesthetist on duty 24/7 to address obstetric complications?	1	0
B13	Is there at least one trained clinical staff to provide blood transfusions?	1	0
B14	Is there at least one trained clinical staff to provide essential newborn care?	1	0
B15	Is there at least one trained clinical staff to provide post-abortion care with manual vacuum aspiration and/or misoprostol?	1	0
B16	Is there at least one trained clinical staff to provide induced abortions by manual vacuum aspiration and/or misoprostol and mifepristone and/or misoprostol alone?	1	0
B17	Is there at least one female clinical staff trained to provide care for survivors of sexual assault?	1	0
B18	Is there at least one male clinical staff trained to provide care for survivors of sexual assault?	1	0
B19	Is there at least one trained clinical staff to provide HIV care and treatment?	1	0
B20	Is there at least one trained clinical staff to provide STI diagnosis and treatment?	1	0
B21	Is there at least one clinical staff trained to provide adolescent-friendly services?	1	0
B22	Is there at least one clinical staff trained to address disability inclusion?	1	0
B23	Is there at least one clinical staff trained to work with the LGBTI population?	1	0

Facility ID

C. SRH SERVICE AVAILABILITY

The questions in this section should be directed to the director of obstetrics/maternity, midwives or those responsible for the specific services.

White fields indicate that an activity, service, or commodity is part of both the MISP for SRH and comprehensive SRH. Pink fields indicate that an activity, service, or commodity is only part of the MISP for SRH, and is not included as part of comprehensive SRH. Purple fields indicate that an activity, service, or commodity is only part of comprehensive SRH, and is not included in the MISP for SRH.

Color scheme:	**MISP only**	Both MISP and comprehensive SRH	**Comprehensive SRH only**

Preventing unintended pregnancies

No	Item	Response	Skip to
C1	Is contraceptive counseling available at this facility?	No 0 Yes 1	 → C3
C2	What is the main reason that this service is not provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
C3	Have OCPs been provided in the past three (3) months?	No 0 Yes 1	 → C5
C4	What is the main reason that this method has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	 *All to* → C6
C5	What OCPs have been provided in the past three (3) months?	a. Combined OCPs 1 b. Progestin-only OCPs 2 c. Both 3	
C6	Have injectable contraceptives been provided in the past three (3) months?	No 0 Yes 1	 → C8
C7	What is the main reason that this method has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	 *All to* → C9
C8	What injectable contraceptives have been provided in the past three (3) months?	a. Depo Provera 1 b. Sayana Press 2 c. Both 3	
C9	Have IUDs been inserted in the past three (3) months?	No 0 Yes 1	 → C11
C10	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	 *All to* → C12

Facility ID

No	Item	Response	Skip to
C11	What IUD has been inserted in the past three (3) months?	a. Copper IUD 1 b. Progestin IUD 2 c. Both 3	
C12	Have IUDs been removed in the past three (3) months?	No 0 Yes 1	→ C14
C13	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
C14	Have contraceptive implants been inserted in the past three (3) months?	No 0 Yes 1	→ C16
C15	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
C16	Have contraceptive implants been removed in the past three (3) months?	No 0 Yes 1	→ C18
C17	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
C18	Has tubal ligation (TL) been performed in the past three (3) months?	No 0 Yes 1	→ C20
C19	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
C20	Has vasectomy been performed in the past three (3) months?	No 0 Yes 1	→ C22

1. *Lack of skilled staff/training*

a. Authorized cadre is available, but not trained

b. Lack of confidence in providers' skills

2. *Lack of supplies/equipment*

a. Supplies/equipment are not available, not functional, or are broken

b. Needed drugs are unavailable

3. *Not authorized to provide*

a. Required level of staff are not posted to this facility in adequate numbers (or at all)

b. National policies do not allow function to be performed

c. Not mandated at this facility

Facility ID

No	Item	Response	Skip to
C21	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
C22	Has emergency contraception (EC) been provided outside of care for survivors of sexual violence in the past three (3) months?	No 0 Yes 1	→ C24
C23	What is the main reason that this method has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → C25
C24	What types of emergency contraception have been provided in the past three (3) months?	***1=mentioned, 0=not mentioned*** a. Progestin-only (levonorgestrel) 1 0 b. Ulipristal acetate 1 0 c. Combined hormonal oral contraceptive pills 1 0 d. Copper IUD 1 0 e. Other _____ 1 0	
C25	Have condoms been provided for contraception in the past three (3) months?	No 0 Yes 1	→ C27
C26	What is the main reason that this method has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → C28
C27	What type of condoms was provided?	Male condom 1 Female condom 2 Both 3	
C28	Does this facility offer community-based distribution (by community health workers) of contraceptive methods?	No 0 Yes 1	
C29	Does this facility provide SRH services through mobile teams or outreach services?	No 0 Yes 1	→ C31
C30	Which SRH services are conducted through mobile clinics or outreach services?	***1=mentioned, 0=not mentioned*** a. Short acting contraceptive methods 1 0 b. Long acting contraceptive methods 1 0 c. Emergency contraception 1 0 d. Post-abortion care 1 0 e. Ante-natal care (ANC) 1 0 f. Post-natal care (PNC) 1 0 f. Other_____	

Facility ID

No	Item	Response	Skip to
C31	Does this facility create demand for contraceptive services?	No 0 Yes 1	→ D1
C32	How does this facility create demand for contraceptive services?	***1=mentioned, 0=not mentioned*** a. Through volunteers (including peers) 1 0 b. Through women's/youth/other groups 1 0 c. Other_____ 1 0	

Post-Abortion Care (PAC)/Comprehensive Abortion Care (CAC) Services

No	Item	Response	Skip to
D1	Is post-abortion counseling available at this facility?	No 0 Yes 1	 → D3
D2	What is the main reason that this service is not provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
D3	Has PAC (removal of retained products of conception) with MVA been provided in the past three (3) months?	No 0 Yes 1	 → D5
D4	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
D5	Has PAC using medication (misoprostol) been provided in the last 3 months at this facility?	No 0 Yes 1	 → D7
D6	What is the main reason that this service is not provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
D7	Has PAC with any other method been provided in the past three (3) months?	No 0 Yes 1	→ D9
D8	What other method of PAC has been provided?	***1=mentioned 0=not mentioned*** a. Dilatation and curettage (D&C) 1 0 b. Dilatation and evacuation (D&E) 1 0 c. Other_____ 1 0	
D9	Has induced abortion been provided in the past three (3) months?	No 0 Yes 1	 → D11
D10	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → D14

Facility ID

No	Item	Response	Skip to
D11	What trimester abortion is the facility able to administer?	***1=yes, 0=no*** a. First trimester 1 0 b. Second trimester 1 0 c. Third trimester 1 0	
D12	What methods for induced abortion have been provided to women and girls up to 12 weeks of pregnancy in the past three (3) months?	***1=yes, 0=no*** a. Mifepristone and Misoprostol 1 0 b. Misoprostol only 1 0 c. Manual Vacuum Aspiration 1 0 d. Other_____ 1 0	
D13	What methods for induced abortion have been provided to women and girls in their second trimester and beyond in the past three (3) months?	***1=yes, 0=no*** a. Mifepristone and Misoprostol 1 0 b. Misoprostol only 1 0 c. Dilation and evacuation (D&E) 1 0 d. Other_____ 1 0	
D14	Is contraception offered to all clients who receive abortion services (PAC or induced) before they leave the facility?	No 0 Yes 1	→ D16
D15	What is the main reason contraception is not offered to all clients who receive abortion services (PAC or induced) before they leave the facility?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E1
D16	What methods of contraception have been provided to clients who receive abortion services (PAC or induced) before they leave the facility in the past three (3) months?	***1=mentioned, 0=not mentioned*** a. Male condoms 1 0 b. Female condoms 1 0 c. OCPs 1 0 d. Emergency contraception 1 0 e. Injectable contraceptives 1 0 f. Implants 1 0 g. IUDs 1 0	

Preventing excess maternal and newborn morbidity and mortality

No	Item	Response	Skip to
E1	Has a normal delivery been performed in the past three (3) months?	No 0 Yes 1	→ E3
E2	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E3	Have parenteral antibiotics been administered for obstetric cases in the past three (3) months?	No 0 Yes 1	→ E5

Facility ID

No	Item	Response	Skip to
E4	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E5	Have parenteral uterotonics (or misoprostol) been administered (for complications such as prolonged labor) in the past three (3) months? ***[Do not include routine use such as AMTSL]***	No 0 Yes 1	→ E7
E6	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E8
E7	What type(s) of uterotonics were used?	***1=mentioned, 0=not mentioned*** a. Oxytocin 1 0 b. Ergometrin 1 0 c. Misoprostol 1 0 d. Tranexamic acid 1 0 d. Other (specify) _____ 1 0	
E8	Have parenteral anticonvulsants been administered for obstetric cases in the past three (3) months?	No 0 Yes 1	→ E10
E9	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E11
E10	Which types of medication were used?	***1=mentioned, 0=not mentioned*** a. Magnesium Sulfate 1 0 b. Diazepam 1 0 c. Other (specify) _____ 1 0	
E11	Has manual removal of the placenta been performed in the past three (3) months?	No 0 Yes 1	→ E13
E12	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E13	Has assisted vaginal delivery been performed in the past three (3) months?	No 0 Yes 1	→ E15

Facility ID

No	Item	Response	Skip to
E14	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E16
E15	What instrument was used?	Vacuum extractor 1 Forceps 2 Both 3	
E16	Has newborn resuscitation with bag and mask been performed in the past three (3) months?	No 0 Yes 1	→ E18
E17	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E18	Has blood transfusion been performed in the past three (3) months?	No 0 Yes 1	→ E20
E19	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E24
E20	What is the source of the blood supply?	Blood comes from an external blood bank 1 Blood comes from facility blood bank 2 Blood is collected from family or friends as needed (live transfusion) 3 Other _____4	
E21	How many units of blood have been donated in the past three (3) months?	Units: _____	
E22	How many units of donated blood have been screened in the past three (3) months?	Units: _____	
E23	Which of the following is blood screened for: **[READ LIST]**	***1=yes, 0=no*** a. HIV 1 0 b. Syphilis 1 0 c. Hepatitis B 1 0 d. Hepatitis C 1 0 e. Malaria 1 0	
E24	Has a cesarean delivery been performed in the past three (3) months?	No 0 Yes 1	→ E26

Facility ID

No	Item	Response	Skip to
E25	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E27
E26	What type of anesthesia is provided at facility?	***1= mentioned, 0= not mentioned*** a. General 1 0 b. Spinal (rachianesthesia) 1 0 c. Ketamine 1 0 d. Other (specify) _____ 1 0	
E27	Have corticosteroids been administered for pre-term labor in the past three (3) months?	No 0 Yes 1	→ E29
E28	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E29	Has the partograph been used to manage labor in the past three (3) months?	No 0 Yes 1	→ E31
E30	What is the main reason the partograph was not used?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E31	Is active management of 3rd stage of labor (AMTSL) performed at this facility?	No 0 Yes 1	→ E33
E32	What is the main reason AMTSL has not been performed?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E34
E33	Which components of AMTSL are routinely done?	***1=mentioned, 0=not mentioned*** Immediate Oxytocin 1 0 Immediate Misoprostol 1 0 Immediate Ergometrine 1 0 Controlled cord traction 1 0 Uterine massage 1 0 Other_____ 1 0	
E34	Is essential newborn care provided routinely at this facility?	No 0 Yes 1	→ E36

Facility ID

No	Item	Response	Skip to
E35	What is the main reason essential newborn care is not routinely provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → E37
E36	What components of essential newborn care are routinely done?	***1=Yes , 0=No*** Thermal care (drying, warming, skin-to-skin contact, delayed bathing) 1 0 Infection prevention/hygiene (Clean birth practices, hand washing, clean cord/skin/ eye care) 1 0 Feeding support (Skin-to-skin, immediate and exclusive breastfeeding, not discarding colostrum) 1 0 Monitoring (frequent assessment of serios infections and other conditions) 1 0 e. Post-natal care checks 1 0	
E37	Is care for prematurity and low birthweight provided at this facility?	No 0 Yes 1	→ E39
E38	Why is care for prematurity and low birthweight care not provided at this facility?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E39	Can the facility manage signs of possible bacterial infections in newborns?	No 0 Yes 1	→ E41
E40	Why can the facility not manage newborn infections?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E41	Does the facility promote Kangaroo Mother Care for clinically stable mothers and babies?	No 0 Yes 1	→ E43
E42	Why does the facility not promote Kangaroo Mother Care for clinically stable mothers and babies?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E43	Has the community been informed of the danger signs of pregnancy and childbirth, and where to seek care, in the past three (3) months?	No 0 Yes 1	→ E45

Facility ID

No	Item	Response	Skip to
E44	How has the community been informed of the danger signs of pregnancy and childbirth, and where to seek care, in the past three (3) months?	***1=yes, 0=no*** a. Community outreach session 1 0 b. Fliers 1 0 c. Text messaging 1 0 f. Other (specify) _____ 1 0	→ All to E49 if emergency response
E45	Has antenatal care been provided to pregnant women?	No 0 Yes 1	→ E47
E46	Why has antenatal care not been provided to pregnant women?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E47	Has postnatal care been provided to mothers within 6 weeks of delivery?	No 0 Yes 1	→ E49 if emergency; otherwise, F1
E48	Why has postnatal care not been provided to mothers within 6 weeks of delivery?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
E49	Have clean delivery kits been distributed to visibly pregnant women in the past three (3) months?	No 0 Yes 1	→ E51
E50	What is in the clean delivery kit?	***1= mentioned, 0= not mentioned*** One sheet of plastic 1 0 Bar of soap 1 0 Pair of gloves 1 0 One clean razor blade 1 0 Three pieces of umbilical tape 1 0 Two pieces of cotton cloth 1 0 Misoprostol tablets (600 mcg) 1 0 Chlorhexidine gel/solution 7.1% (delivering 4%) 1 0 Other_____	
E51	Have newborn kits been distributed to new mothers in the past three (3) months?	No 0 Yes 1	→ F1

Facility ID

No	Item	Response	Skip to
E52	What is in the newborn kits?	***1= mentioned, 0= not mentioned*** a. Baby blanket (50x75 cm or eq.) 1 0 b. Polyester fleece 1 0 c. Newborn cap, cotton 1 0 d. Newborn romper suit, cotton 1 0 e. Baby socks, size extra small 1 0 f. Small, cotton towel 1 0 g. Tetracycline hydrochloride 1% 1 0 h. Other (specify) _____1 0	

Prevent sexual violence and respond to the needs of survivors

No	Item	Response	Skip to
F1	Are there Standard Operating Procedures in place for referral of survivors of sexual violence?	No 0 Yes 1	→ F3
F2	What is included in the Standard Operating Procedures?	***1=mentioned, 0=not mentioned*** Safety and security 1 0 Confidentiality 1 0 Respect 1 0 Non-discrimination 1 0 Roles and responsibilities of different sectors 1 0 Links with community groups 1 0 Other: _____ 1 0	*All to* → F4
F3	Why are there no Standard Operating Procedures in place?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of political support 1 0 c. Other: _____ 1 0	
F4	Does the facility have sex-segregated latrines?	No 0 Yes 1	
F5	Do all latrines lock from the inside?	No 0 Yes 1	
F6	Is there adequate lighting around the health facility?	No 0 Yes 1	
F7	Does the facility have a system to control who is entering or leaving the facility?	No 0 Yes 1	
F8	Can privacy be ensured for confidential care for survivors of sexual violence?	No 0 Yes 1	

Facility ID

No	Item	Response	Skip to
F9	Number of incidents of sexual violence reported to this health facility in the past three (3) months	***Number*** _____	→ F32
F10	Has emergency contraception been provided following sexual violence in the past three (3) months?	No 0 Yes 1	→ F12
F11	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → F13
F12	What types of emergency contraception have been provided following sexual violence in the past three (3) months?	***1=mentioned, 0=not mentioned*** a. Progestin-only (levonorgestrel) 1 0 b. Ulipristal acetate 1 0 c. Combined hormonal oral contraceptive pills 1 0 d. Copper IUD 1 0 e. Other _____ 1 0	
F13	Has pregnancy testing been provided following sexual violence in the past three (3) months?	No 0 Yes 1	→ F15
F14	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
F15	Has post-exposure prophylaxis (PEP) been provided following sexual violence in the past three (3) months?	No 0 Yes 1	→ F17
F16	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → F18
F17	What drugs are used for HIV-PEP?	***1=yes, 0=no*** a. Two drug regimen 1 0 b. Three drug regimen 1 0 c. Other 1 0	
F18	Has antibiotics to prevent sexually transmitted infections (STI) been provided following sexual violence in the past three (3) months?	No 0 Yes 1	→ F20
F19	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	

Facility ID

No	Item	Response	Skip to
F20	Has tetanus toxoid/tetanus immunoglobulin been provided following sexual violence in the past three (3) months?	No 0 Yes 1	→ F22
F21	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
F22	Has Hepatitis B vaccine been provided following sexual violence in the past three (3) months?	No 0 Yes 1	→ F24
F23	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
F24	Has the HPV vaccine been provided following sexual violence to anyone age 26 or younger?	No 0 Yes 1	→ F26
F25	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
F26	Has safe abortion care been provided to survivors of sexual violence in the past three (3) months?	No 0 Yes 1	→ F28
F27	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
F28	Has referral to psychological or social support services been provided to survivors of sexual violence in the past three (3) months?	No 0 Yes 1	→ F30
F29	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
F30	Has a follow-up visit been provided at the health facility to survivors of sexual violence in the past three (3) months?	No 0 Yes 1	→ F32

Facility ID

No	Item	Response	Skip to
F31	What is the main reason that a follow-up visit has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0 d. Survivor did not follow-up 1 0	
F32	Has information to communities on the benefits and location of care for survivors of sexual violence been provided in the past three (3) months?	No 0 Yes 1	→ F34
F33	What is the main reason that information has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	*All to* → G1
F34	How has the community been informed of the benefits and location of care for survivors of sexual violence been provided in the past three (3) months?	***1=yes, 0=no*** a. Community outreach session 1 0 b. Fliers 1 0 c. Text messaging 1 0 f. Other (specify) _____1 0	

Prevent and respond to HIV/Sexually Transmitted Infections

No	Item	Response	Skip to
G1	Is equipment sterilized in this facility?	No 0 Yes 1	→ G3
G2	What is the main reason that equipment is not sterilized in this facility?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G3	How does this facility sterilize equipment?	***1=yes, 0=no*** a. Autoclave 1 0 b. Hot air sterilizer 1 0 c. Steam sterilizer (electric) 1 0 d. Steam sterilizer/pressure cooker (non-electric) 1 0 e. High level disinfection1 0 f. Other (specify) _____1 0	
G4	Are lubricated condoms available free of charge at the health facility?	No 0 Yes 1	→ G6
G5	What is the main reason that condoms are not available at the health facility?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	→ All to G9

Facility ID

No	Item	Response	Skip to
G6	Are lubricated condoms available free of charge to? **[READ LIST]**	***1=yes 0=no*** a. Adolescents 1 0 b. LGBTQIA persons 1 0 c. Persons with disabilities 1 0 d. Sex workers 1 0	
G7	Roughly how many condoms were taken this period from health facility in the past three (3) months?	***Number*** _____	
G8	How many condoms were replenished in the health facility in the past three (3) months?	***Number*** _____	
G9	For mothers with unknown HIV status, has rapid testing been performed in the maternity /labor ward in the past three (3) months?	No 0 Yes 1	→ G11
G10	What is the main reason that this service has not been performed?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G11	Have antiretrovirals been given to mothers in maternity / labor ward (PMTCT) in the past three (3) months?	No 0 Yes 1	→ G13
G12	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G13	Have antiretrovirals been given to newborns in maternity / labor ward (PMTCT) in the past three (3) months?	No 0 Yes 1	→ G15
G14	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G15	Have syndromic diagnosis and treatment of STIs/ reproductive tract infections been performed in the past three (3) months?	No 0 Yes 1	→ G17

Facility ID

No	Item	Response	Skip to
G16	What is the main reason that this service has not been performed?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G17	Has cotrimoxazole prophylaxis for opportunistic infections been provided in the past three (3) months?	No 0 Yes 1	→ G19
G18	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G19	Has post-exposure prophylaxis (PEP) been provided following occupational exposure in the past three (3) months?	No 0 Yes 1	→ G21
G20	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G21	Has antiretroviral treatment (ART) for people living with HIV (PLWH) been provided in the past three (3) months?	No 0 Yes 1	→ I1 if emergency response. Otherwise, G23
G22	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	→ All to I1 if emergency response
G23	Have laboratory diagnosis and treatment of STIs/ reproductive tract infections been performed in the past three (3) months?	No 0 Yes 1	→ G25
G24	What is the main reason that this service has not been performed?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G25	Has voluntary HIV counseling and testing (non-PMTCT) been provided in the past three (3) months?	No 0 Yes 1	→ G27

Facility ID

No	Item	Response	Skip to
G26	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	
G27	Has non-ART care for PLWH been provided in the past three (3) months (*Tuberculosis treatment, food and nutrition support, psychosocial care, etc.*)?	No 0 Yes 1	→ H1
G28	What is the main reason that this service has not been provided?	***1=mentioned, 0=not mentioned*** a. Lack of skilled staff/training 1 0 b. Lack of supplies / equipment 1 0 c. Not authorized to provide 1 0	

Other SRH Services

Instructions: *Please answer the following questions about these other SRH services. Record whether the function has been performed in the past three (3) months, and why not.*

No.	Item	Response	Skip to
H1	Have patients with cervical or breast cancer been referred to a tertiary care hospital for specialist diagnosis and treatment in the past three (3) months?	No 0 Yes 1	→ H3
H2	What is the main reason that this service has not been provided?	Lack of skilled staff/training 1 0 Lack of supplies / equipment 1 0 Not authorized to provide 1 0 No Indication/No Clients 1 0	
H3	Has the human papillomavirus (HPV) vaccine been provided outside of the context of sexual violence in the past three (3) months?	No 0 Yes 1	→ H5
H4	What is the main reason that this service has not been provided?	Lack of skilled staff/training 1 0 Lack of supplies / equipment 1 0 Not authorized to provide 1 0 No Indication/No Clients 1 0	
H5	Has counseling for patients presenting with infertility been provided in the past three (3) months?	No 0 Yes 1	→ H7
H6	What is the main reason that this service has not been provided?	Lack of skilled staff/training 1 0 Lack of supplies / equipment 1 0 Not authorized to provide 1 0 No Indication/No Clients 1 0	

Facility ID

No.	Item	Response	Skip to
H7	Has health care specific to care for transgender clients (e.g. hormone therapy) been provided in the past three (3) months?	No 0 Yes 1	→ I1
H8	What is the main reason that this service has not been provided?	Lack of skilled staff/training 1 0 Lack of supplies / equipment 1 0 Not authorized to provide 1 0 No Indication/No Clients 1 0	

Access to SRH Services

No	Item	Response	Skip to
I1	Is the facility set up to ensure privacy and confidentiality for clients seeking SRH services (e.g. *auditory and visual privacy for consultations and service delivery, SRH clients are not forced to identify themselves through separate waiting areas, etc.*)?	No 0 Yes 1	
I2	Is the facility open during hours that are convenient for adolescents (particularly in the evenings or at the weekend)?	No 0 Yes 1	
I3	Are there specific clinic times or spaces set aside for adolescents?	No 0 Yes 1	
I4	Can adolescents be seen in the facility without the consent of their parents or spouses?	No 0 Yes 1	
I5	Does the facility have accommodations for persons with disabilities?	No 0 Yes 1	→ I6
I6	What accommodations are available for persons with disabilities?	***1=mentioned, 0=not mentioned*** Wheelchair accessible ramps 1 0 Accessible toilets 1 0 Sign interpreter 1 0 Accessible IEC materials 1 0 Other: _____ 1 0	
I7	Is the facility able to provide interpretation for clients speaking different languages?	No 0 Yes 1	

Facility ID

D. PAYMENT FOR SERVICES

Now I would like to ask you about payment for services, specifically during obstetric/gynecological emergencies.

No.	Item	Response	Skip to
J1	Is there a user fee (i.e. formal payment) required for consultation and/or treatment?	No 0 Yes 1	→ K1
J2	In an obstetric/gynecological emergency, is any payment required before a woman can receive treatment (e.g. procedure)?	No 0 Yes 1	
J3	In an obstetric/gynecological emergency, is payment required for medications before a woman can receive them?	No 0 Yes 1	
J4	Is there a fee schedule posted in a visible and public place?	No 0 Yes 1	
J5	What is the standard, unadjusted cost (in local currency) of the following services or methods: **[Write N/A if service not available]** ***Exchange Rate*** *US$1= _____ currency*	1. Outpatient consultation _____1 2. Manual vacuum aspiration (MVA) _____2 3. Dilation and curettage (D&C) _____3 4. Removal of retained products with medication (misoprostol) _____4 5. Oral contraceptives _____5 6. Injectable contraceptives _____6 7. IUD _____7 8. Implant _____8 9. Tubal Ligation _____9 10. Vasectomy _____10 11. Emergency Contraception _____11 12. Male condoms _____12 13. Female condoms _____13 14. Normal delivery _____14 15. Vacuum delivery _____15 16. Cesarean section _____16	
J6	Are costs adjusted for clients who have limited resources?	No 0 Yes 1	
J7	Do the costs of care differ between refugees/displaced and the local population?	No 0 Yes 1	

Facility ID

E. Data

Please review clinic records from the past three months.

Contraception

	Year:	Month 1	Month 2	Month 3	Total
Number of clients who start a modern contraceptive method (Please include any client who starts a modern method, including those switching from another method.)					
K1	Number of clients who start an IUD				
K2	Number of clients who had an IUD removed				
K3	Number of clients who start an implant				
K4	Number of clients who had an implant removed				
K5	Number of clients who receive tubal ligation				
K6	Number of clients who receive vasectomy				
K7	Number of clients who start OCPs				
K8	Number of clients who start injectables				
K9	Number of clients who start using male condoms for contraception				
K10	Number of clients who start using female condoms for contraception				
K11	Number of clients receiving EC outside of care for survivors of sexual violence[12]				

[12] Do NOT include GBV clients. This should include new and repeat EC clients.

Facility ID

Comprehensive Abortion Care (CAC) and Emergency Obstetric Care Data

	Year:	Month 1	Month 2	Month 3	Total
K12	Number of clients treated for complications of abortion				
K13	Number of clients who received induced abortions at the facility				
K14	Number of clients who received abortion services* obtaining IUD				
K15	Number of clients who received abortion services* obtaining implant				
K16	Number of clients who received abortion services* obtaining tubal ligation				
K17	Number of clients who received abortion services* obtaining OCPs				
K18	Number of clients who received abortion services* obtaining injectables				
K19	Number of deliveries in the facility				
K20	Number of stillbirths				
K21	Number of women with direct obstetric complications treated in the facility				
K22	Number of cesarean deliveries in the facility				
K23	Number of maternal deaths among women treated for direct obstetric complications in the facility				
K24	Number of newborn deaths (within 28 days of birth)				
K25	Number of antenatal care visits in the facility				
K26	Number of clean delivery kits distributed to visibly pregnant women				
K27	Number of newborn kits distributed				

**Abortion services are defined as those treated for complications of abortion and those who received induced procedures.*

Facility ID

Other SRH Indicators

	Year:	Month 1	Month 2	Month 3	Total
K28	Number of sexual violence clients eligible for EC				
K29	Number of sexual violence clients who received EC				
K30	Number of sexual violence clients eligible for PEP				
K31	Number of sexual violence clients who received PEP				
K32	Number of HIV+ women who delivered at facility				
K33	Number of HIV+ women/ infant pairs who delivered and who completed PMTCT protocol after delivering at the facility				
K34	Number of HIV+ clients who received ARVs				
K35	Number who received syndromic STI treatment				

Facility ID

F. Essential Drugs, Equipment, and Supplies

No.	Item	Is at least 1 available and functional?	
		Yes	No
L1	Blood pressure cuff	1	0
L2	Stethoscope	1	0
L3	Needles and syringes	1	0
L4	Speculum	1	0
L5	Uterine sound	1	0
L6	Sponge forceps	1	0
L7	Artery forceps	1	0
L8	Tenaculum	1	0
L9	Scalpel handle (No. 3) and scalpel blade	1	0
L10	Suture needles and sutures	1	0
L11	MVA syringe, adapters and cannulae	1	0
L12	Vacuum extractor	1	0
L13	Partograph	1	0
L14	Ambu bag and infant face mask	1	0
L15	Infant scale	1	0
L16	Foetoscope	1	0
L17	Plastic sheeting	1	0
L18	Non-sterile gloves	1	0
L19	Sterile gloves	1	0
L20	Washing station with soap	1	0
L21	Antiseptics	1	0
L22	Apron	1	0
L23	Autoclave (or other appropriate equipment for sterilization)	1	0

Facility ID

Please check the availability of the following supplies and note whether the item is available and un-expired in the pharmacy (main pharmacy store plus distribution area). If only expired drugs are available, mark No.

SRH Commodities		Yes	No
L24	Magnesium sulfate	1	0
L25	Oxytocin	1	0
L26	Misoprostol	1	0
L27	Dexamethasone	1	0
L28	Penicillin	1	0
L29	Erythromycin	1	0
L30	Chlorhexidine gel/solution	1	0
L31	Tetracyline hydrochloride 1%	1	0
L32	Ampicillin	1	0
L33	Gentamycin	1	0
L34	Ceftriaxone	1	0
L35	Injectable Metronidazole	1	0
L36	ARVs for PMTCT for the mother	1	0
L37	ARVs for PMTCT for the infant	1	0
L38	Post-Exposure Prophylaxis for HIV (PEP)	1	0
L39	Emergency Contraception (progestin-only pills)	1	0
L40	Combined oral contraceptive pills	1	0
L41	Progestin-only contraceptive pills	1	0
L42	Injectable contraceptives (Depo Provera)	1	0
L43	Injectable contraceptives (Sayana Press)	1	0
L44	Copper IUD	1	0
L45	Progestin IUD	1	0
L46	Implants	1	0

Facility ID

Have any of the following Inter-agency Emergency Reproductive Health Kits been ordered in the past three (3) months?

Inter-agency Emergency Reproductive Health Kits		Yes	No
L47	Kit 0: Administration and Training	1	0
L48	Kit 1A: Male Condoms	1	0
L49	Kit 2A: Clean Delivery (Individual packages)	1	0
L50	Kit 2B: Clean Delivery (Supplies for birth attendants)	1	0
L51	Kit 3: Post-Rape Treatment	1	0
L52	Kit 4: Oral and Injectable Contraception	1	0
L53	Kit 5: Sexually Transmitted Infections	1	0
L54	Kit 6A: Clinical Delivery Assistance (Reusable equipment)	1	0
L55	Kit 6B: Clinical Delivery Assistance (Drugs and disposable equipment)	1	0
L56	Kit 7A: Intrauterine Device (IUD)	1	0
L57	Kit 7B: Contraceptive Implant	1	0
L58	Kit 8: Management of Complications of Miscarriage or Abortion	1	0
L59	Kit 9: Repair of Cervical and Vaginal Tears	1	0
L60	Kit 10: Assisted Delivery with Vacuum Extraction	1	0
L61	Kit 11A: Obstetric Surgery and Severe Obstetric Complications (Reusable)	1	0
L62	Kit 11B: Obstetric Surgery and Severe Obstetric Complications (Consumable)	1	0
L63	Kit 12: Blood Transfusion	1	0

Have any of the complementary commodities been ordered in the past three (3) months?

Complementary Commodities		Yes	No
L64	Kit 1A: Female Condoms (Kit 1B)	1	0
L65	Kit 2A: Chlorhexidine Gel	1	0
L66	Kit 2B: Misoprostol	1	0
L67	Kit 2A/B: UNICEF/Save the Children Newborn care supply kit - community	1	0
L68	Kit 4: Depot-medroxyprogesterone acetate-sub-cutaneous (DMPA-SC)	1	0
L69	Kit 4: Intrauterine Device (IUD) (Kit 7A)	1	0
L70	Kit 4: Contraceptive Implant (Kit 7B)	1	0
L71	Kit 6A: Non-Pneumatic Anti-Shock Garment	1	0
L72	Kit 6B: Oxytocin	1	0
L73	Kit 6A/B: UNICEF/Save the Children Newborn care supply kit - primary health facility	1	0
L74	Kit 8: Mifepristone	1	0
L75	Kit 10: Hand-held Vacuum Assisted Delivery System	1	0
L76	Kit 11A: Interagency emergency health kit supplementary malaria module	1	0
L77	Kit 11A/B: UNICEF/Save the Children Newborn care supply kit -hospital	1	0

Proceed to the next section only if site is actively implementing the MISP.

Facility ID

G. Planning for comprehensive SRH services

Now, I would like to ask you about planning for comprehensive SRH services

No	Item	Response	Skip to
M1	Have the SRH needs in the community been identified?	No 0 Yes 1	→ M3
M2	What are the SRH needs that have been identified?	***1=mentioned, 0=not mentioned*** a. Need to improve accessibility for certain populations 1 0 b. Need to improve availability of specific services 1 0 c. Need to improve service quality 1 0 d. Other: _____ 1 0	
M3	Have suitable sites for SRH service delivery been identified?	No 0 Yes 1	→ M5
M4	Where are the suitable site(s)?	***Location(s)*** _____	
M5	Have staffing needs been identified?	No 0 Yes 1	→ M7
M6	What are the needs?	***1=mentioned, 0=not mentioned*** a. Need more staff 1 0 b. Need more training 1 0 c. Other: _____ 1 0	
M7	Have trainings for SRH have been designed and planned?	No 0 Yes 1	→ M9
M8	What SRH trainings are planned?	***Training(s)*** _____	
M9	Is SRH information included in health information systems?	No 0 Yes 1	
M10	Have SRH commodity needs been identified?	No 0 Yes 1	→ M13
M11	What are the SRH commodity needs that have been identified?	**SRH commodity needs** _____	
M12	What is the timeframe of the SRH commodity needs the facility is planning for?	***1=mentioned, 0=not mentioned*** a. Current service provision 1 0 b. Next 1 month 1 0 c. Next 3 months 1 0 d. Prepositioning for future emergency 1 0 e. Other: _____1 0	

Facility ID

No	Item	Response	Skip to
M13	Have SRH commodity supply lines been identified, consolidated, or strengthened?	No 0 Yes 1	
M14	Have SRH funding possibilities been identified?	No 0 Yes 1	
M15	Have SRH-related laws, policies, and protocols been reviewed?	No 0 Yes 1	

Capacity and Needs Assessment Tool to Build Community Resilience
Focus Group Discussion Guide for Community Health Resource Persons

Focus Group Discussions[13]

This tool should be used during small group discussions with 4 to 10 participants that work in the community. Participants can be community health workers (CHWs), traditional birth attendants (TBAs), community outreach workers, or peer educators, among other community health resource persons. The discussion should not last more than 1.5-2 hours.

The focus is to solicit feedback around sexual and reproductive health (SRH) risks, vulnerabilities, protective strategies, coping capacities, and resources that can be used to inform and shape the *Community-based Preparedness for Sexual and Reproductive Health and Gender* training. It also examines community capacity to implement the Minimum Initial Service Package (MISP) for SRH in emergencies.

Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion, considering the safety of the location and of the respondent.

While this tool is appropriate for use with members of diverse health cadres, if there are significant differences in the roles and responsibilities of particular cadre members that could affect the discussion, and if time and capacity allows, you may wish to conduct separate focus group discussions with these different cadres.

Please review the Women's Refugee Commission's Ethical Guidelines for Working with Displaced Populations to implementing focus group discussions for details on how to organize and implement activities.[14] Also refer to the *Facilitator's Guide* for more information on selecting participants, conducting the interview, data analysis tips, and what to pull from the findings.

Participant Recruitment

- Before mobilizing community health resource persons, meet with community leaders and/or local government representatives to explain the purpose of the exercise and the presence of the team in the community.
- Ensure broad representation in the focus group discussions if such persons also work as a community health resource person, including persons with disabilities, LGBTI persons, persons engaged in sex work, and persons from other minority or at-risk groups.
- Obtain parental consent for adolescents if needed (script provided).

[13] Adapted from FGD guides used in the MISP assessments and in-depth studies from the IAWG on RH in Crises 2012-2014 Global Evaluation of Reproductive Health in Humanitarian Settings.

[14] Women's Refugee Commission. Ethical Guidelines for Working with Displaced Populations, May 2016. Other resources include: Reproductive Health Response in Crises Consortium, "Focus Group Discussion Protocol," RHRC Consortium Monitoring and Evaluation Toolkit, 2004. Another good resource is: Morgan, David L. Focus Groups as Qualitative Research. Sage Publications, Thousand Oaks, CA. 1997.

SCRIPT FOR PARTICIPANT RECRUITMENT

Hello, we are from the ACCESS Project. We would like to talk to you about a study we are doing. We are asking you to join a group discussion because program staff from [collaborating agency] or a community member gave us your name as a community health resource person.

If you agree to join this activity, you will be asked to join a group with around 4 to 10 other participants. We would like to understand concerns and health needs for women, adolescent girls, and others at-risk in the community; and to discuss your roles as community health resource persons in the community.

The activity will take about 1.5-2 hours total. You will only need to participate this one time. We will be taking notes during the activity, but we will not record your name anywhere. The information we collect will be kept private.

You may feel there are some questions you do not wish to answer. That is okay. You do not have to answer all of the questions and you may leave at any time.

You will not receive any direct benefits from joining this group activity. However, we may learn something that may help improve your ability to serve your community.

You do not have to join this activity. It is up to you. You can say okay now, and you can change your mind later. All you have to do is tell us. No one will be upset with you if you change your mind.

Before you say yes to joining this activity, we will answer whatever questions you have.

Only if under age of majority and not emancipated from parents:
If you have said yes, because you are under x age, we would like to ask permission from your parent or guardian for you to participate.

PARENT/GUARDIAN PERMISSION IF PARTICIPANT IS UNDER AGE OF MAJORITY AND NOT EMANCIPATED

Hello, we are from the ACCESS Project and we would like to talk to your child about her/his/their work as a community health resource person. We would like to understand concerns and health needs for women, adolescent girls, and others at-risk in the community; and to discuss the role of adolescents who are serving their community. We are asking your child to help us in our work because she/he/they were identified by [collaborating agency]. Your child has expressed interest in participating, but you do not have to give permission, it is your choice.

If you say yes, we will ask your child to join a group activity with around 4 to 10 other participants. The activity will take about 1.5-2 hours total.

We will be taking notes during the discussion, but we will not record your name or your child's name anywhere. The information we collect will be kept private.

You or your child will not receive any direct benefits from participating in this activity. We will use the answers to reach out to policy makers, program managers, and health staff to improve the community's access to and quality of health services and help prepare for an emergency.

We will not pay you or your child to help us. We can help pay you back for any travel costs that your child might have for participating in this group activity.

Do you have any questions? You may contact [local name and study contact info] about your questions or problems with this work.

Can your child participate in the group activity?
___ Yes, parent/guardian gives permission for child to participate.

___ No, parent/guardian does not give permission for child to participate.

Before the Focus Group Discussion

- Review the tool for appropriateness, especially if they have been translated. If time allows, it may be beneficial to pre-test the translated tool among persons similar to potential participants and translate responses back into English to determine the appropriateness of the translation, including questions and wording.
- Consider whether potential *Community-based Preparedness for Sexual and Reproductive Health and Gender* workshop participants may be involved as facilitators, notetakers, or interpreters. While this may add bias, it may help gain buy-in and commitment from community stakeholders to realize the action plan that will be developed, if they are move involved in processes from the beginning.
- If the discussion will be conducted in another language, decide whether to use translator facilitation or translated facilitation. Translator facilitation is when trained interpreter(s) facilitate the activity in the participants' language with no interrupted interpretation. Translated facilitation is when the interpreter interprets what the facilitator and participants say, at each interval. See the *Facilitator's Guide* for more information.
- Find a private location—such as a central office—that is convenient, comfortable, and accessible for all participants, including participants with disabilities.
- Make sure you have identified a referral pathway for health/psychosocial/protection concerns that may be raised by participants.
- Identify appropriate local contacts for any complaints, concerns, or follow up regarding the focus group and the prevention of sexual exploitation and abuse.
- Identify a means of sharing findings with participants and the community.
- For groups where persons with disabilities will be present, consult with them in advance to be able to provide any helpful accommodations. Often, the most requested accommodation is transport to/from the venue (physical or funding), sign interpretation if working with those that sign, or accessible restrooms for persons with certain mobility impairments.
- Plan on reimbursing participants for transport if they incurred costs, especially persons with disabilities and any personal assistants.
- If you do not feel it is safe to have this discussion, or that it may cause risk for staff or participants, do not proceed. For example, if it is not possible to control any crowds that huddle, or if the security situation in the area is not safe, it may be better to find a safer space.

INTRODUCTORY SCRIPT

Thank you for coming today. My name is [facilitator's name] and with me are [notetaker's name] and [observer or other's name]. We are here in [location] with [collaborating agencies] as part of the ACCESS Project. We would like to understand concerns and health needs for women, adolescent girls, and others at-risk in the community; and to discuss your roles as community health resource persons in the community.

If you still agree to participate today, we will ask you some questions about your role helping women and girls during the last emergency. We are going to ask you these questions as a group, which will give you a chance to comment on each other's thoughts. Each of you has important ideas, and I hope to hear from each of you. Please try to help us along by making sure that your perspective is heard.

The activity will take about 1.5-2 hours in total. You will only need to participate this one time. We will be taking notes during the discussion, but we will not note your name anywhere. The

information we collect will be kept private and will not be traced back to you. We will destroy our notes once we have analyzed the information.

Your participation is completely up to you. You may decide to participate or not. Although we would value your participation, you will not experience bad things for not participating. You may feel there are some questions you do not wish to answer. That is okay. You do not have to answer all of the questions and you may leave at any time.

There is also no right or wrong answer to the questions, so please do not worry if you are not sure about the answers. Since we are interested in learning about the experiences of community health resource persons in general, please try to think about and share experiences that are common to others, rather than your own personal experience. So that we can all feel comfortable sharing our thoughts, we ask that you keep each other's comments private, and that you do not to talk to people outside of this group about what was said here. This is very important.

We do not think any of the questions will be upsetting to you, but if you do become upset, we can help find someone for you to talk to or link you to services. If you share information that shows that you or someone else may be in danger, we will need to talk to someone who can help the situation. We will not be paying you or giving you anything to take part in this activity. There will be no direct benefit to you for participating in today's activity.

Once we have gathered all of the information, we will share key points with policy makers, program managers, and health staff to improve the community's access to and quality of health services and help prepare for an emergency, but again, no names will be shared.

Do you have any questions?

You can contact [local name and study contact information] with questions or any problems.

Would you like to take part in the group activity? Please raise your hand if you agree to participate. Please raise your hand if you do not wish to participate.

___ Yes, respondents consent to participate.

Let those that do not wish to participate leave the venue before beginning the group activity.

Tips of Facilitation

- Make sure you and your co-facilitators, note-takers, and any interpreters are well trained in facilitating focus group discussions. All of you should be familiar with the ethics of facilitation and your respective roles.
- Wherever possible, limit the number of observers present during the discussion, particularly if the group is comprised of a smaller number of participants.
- Engaging a trained facilitator with a disability or someone with similar characteristics as the groups convened may offer opportunities for their professional growth and empowerment, as well as create a conducive environment for other participants with similar traits to openly share their thoughts.
- Ask open-ended, non-leading questions.
- Do not probe about sexual violence or abuse, or try to identify victims of or perpetrators of violence (i.e., one specific armed *group).*
- Maintain a neutral and encouraging environment.
- Give opportunities to encourage shy participants to speak, so that no one person dominates the discussion.
- Encourage the notetaker to focus on documenting key points and phrases if it is not possible to record the discussion verbatim. There is no need to audio-record the discussion.

After the Focus Group

- Make sure to debrief immediately following the focus group discussion with the notetaker(s) and interpreter—question-by-question—to see what information was recorded, adding data from memory to fill gaps, reaching consensus on local terms or phrases, and reconciling the information if recorders wrote very different things in response to a specific question. This can serve as the basis for preliminary data analysis.
- Make sure to identify a secure means of storing data.
- Follow through on plans to share findings with participants and the community.
- See the *Facilitator's Guide* for information on data analysis tips and what to pull from the findings. Analysis does not need to be formal or detailed.
    - In Module 1.5 "Understanding Resilience within the Health Systems Building Blocks" (Day 1), concepts of resilience are addressed. Questions 15 may be useful for this purpose.
    - Day 2 is further spent discussing SRH topics and the priorities of the MISP standard. Risks and barriers/challenges that prevent access to care will be helpful to identify in this regard. Questions 3-9 may be helpful for this purpose.
    - In Module 3.2 "Community Preparedness" (Day 3), participants explore social assets and human resources in the community that can address SRH and gender protection in emergencies. The *Table of SRH Service Provision by Type of Community Health Resource Person* can be pulled into the social assets and human resources table (Health Workforce section) in this Module.
    - Day 3 is dedicated to developing an action plan for SRH preparedness and gender protection. Findings around additional gaps and barriers, community resources and capacities, and inclusion of marginalized and underserved communities can serve useful for this process.

Capacity and Needs Assessment Tools to Build Community Resilience
Focus Group Discussion Guide for Community Health Resource Persons

Date:	**Location:** Community _____
Focus group discussion facilitator:	State/province _____
Notetaker (if applicable):	County/district _____ Country _____
Translation used for focus group: Yes /No	If yes, translation from _____ (language) to _____(language)

Number of Participants in this group (total): _____ ☐ Female _____ ☐ Male _____ ☐ Other _____	**Important note regarding specific status:*** *If the focus group will be implemented among a certain group of participants with similar characteristics (e.g., outreach workers who are all sex workers, etc.), participants can self-identify with the group. The facilitator should never probe disability status, sexual orientation, profession, and other factors that could lead to discrimination.* *Be sure to revisit the* WHO guidelines on Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.
FGD participant characteristics: ☐Type of community health resource ☐ Community health worker (specify number) _____ ☐Traditional birth attendant (specify number) _____ ☐ Community outreach worker (specify number) _____ ☐ Adolescent peer educator (specify number) _____ ☐ Other outreach worker (specify type* and number) _____ ☐ Other (specify number) _____	

I verify that the introduction to this focus group was read to all participants, and that informed consent was obtained from all participants in a language which was understood by all.

_____

(Signature of facilitator)

QUESTIONS

First, I would like to ask about your role in the community.

1. What kind of work do you do in this community to help members with their health concerns?

2. What was the **last big emergency**, such as an outbreak of conflict or a natural disaster, where there was a major disruption to your daily activities?

   2.1 Was there any warning from any source that gave you information on what risks or hazards may be present during this emergency, and how to prepare for them? If yes, what did this look like? Who gave you information and how?

   2.2 What role did you play as community health resource persons in warning communities about possible risks and hazards during the emergency, and what communities can do to protect themselves?

   2.3 How did you provide and share information in such times? Were you prepared and supported to do this?

   2.4 Thinking back, what information do you wish you had that was not provided?

Please continue to refer to this emergency when we talk about the last emergency. We will be focusing on sexual and reproductive health issues in today's discussion. If you are unsure what is included in sexual and reproductive health; please do not worry. I will guide you through the discussion.

Minimum Initial Services Package (MISP) for sexual and reproductive health (SRH)-related challenges and capacities

3. In the last emergency, **what role did you play for pregnant women and girls**?

   3.1 What challenges did pregnant women/adolescent girls face as they prepared for or delivered their babies?

   3.2 *Probe if any populations, such as unmarried women and girls, adolescents, LGBTI persons, persons with disabilities, or other marginalized groups faced additional challenges, and what those challenges were.*

   3.3 What role did you play as community health resource persons in addressing these challenges?

   3.4 If a pregnant woman/adolescent girl faced a complication during pregnancy, what challenges did she face in accessing care? What if she was from an at-risk group?

   3.5 What role did you play as community health resource persons in addressing these challenges?

   3.6 In your specific role, can you directly provide:*
   a. Misoprostol to prevent bleeding after delivery
   b. Chlorohexidine to clean the umbilical cord

**If multiple health cadres are represented in your group, review the table in Annex I with participants per SRH category. If the group is only comprised of one cadre, proceed with the discussion as written.*

4. In the last emergency, what role did you play if **community members wished to prevent or postpone becoming pregnant** (*probe for awareness-raising sessions, community-based distribution, etc.*)?

   4.1 Where did community members go to access family planning/contraceptive services?

4.2 What challenges did community members face in accessing family planning/ contraceptive services?

4.3 *Probe if any populations, such as unmarried women and girls, adolescents, LGBTI persons, persons with disabilities, or other marginalized groups faced additional challenges, and what those challenges were.*

4.4 What role did you play as community health resource persons in addressing these challenges?

4.5 In your specific role, can you directly provide:*
a. Male and female condoms
b. Oral contraceptive pills
c. Injectable contraceptives (Depo Provera)
d. Injectable contraceptives (Sayana Press)
e. Emergency contraceptives
f. What other methods, if any?

**If multiple health cadres are in your group, review the table in Annex I.*

5. In the last emergency, what role did you play if women/adolescent girls in this community were **pregnant but did not wish to be**?

5.1 What challenges did women/adolescent girls face if they wanted to seek services so that they did not remain pregnant?

5.2 *Probe if any populations, such as unmarried women and girls, adolescents, LGBTI persons, persons with disabilities, or other marginalized groups faced additional challenges, and what those challenges were.*

5.3 What role did you play as community health resource persons in addressing these challenges?

5.4 What role did you play to inform community members of the benefits of seeking care and where to access services after a spontaneous or induced miscarriage?

5.5 If a pregnant woman needed a referral, what role did you play, and how did you follow-up on the care they received?

5.6 In your specific role, can you directly provide:*
a. Mifepristone
b. Misoprostol

**If multiple health cadres are in your group, continue adding to the table.*

6. In the last emergency, what role did you play to **prevent the spread of HIV or other sexually transmitted infections**?

6.1 What challenges did the community face in accessing free condoms?

6.2 *Probe if any populations, such as unmarried women and girls, adolescents, LGBTI persons, persons with disabilities, or other marginalized groups faced additional challenges, and what those challenges were.*

6.3 What role did you play as community health resource persons in addressing these challenges?

6.4 What challenges did pregnant mothers face to access services to prevent mother-to-child transmission of HIV? How about those from at-risk groups?

6.5 What role did you play as community health resource persons in addressing these challenges?

6.6 In your specific role, can you directly provide:*
a. Co-trimoxazole to prevent infections for persons already diagnosed with HIV.
b. Post-exposure prophylaxis (PEP) to prevent HIV.

**If multiple health cadres are in your group, continue adding to the table.*

7. In the last emergency, what role did you play to **help persons living with HIV access or continue accessing treatment** (*probe for outreach via cell phone, etc.*)?

7.1 What challenges did the community face in accessing anti-retroviral treatment?

7.2 *Probe if any populations, such as unmarried women and girls, adolescents, LGBTI persons, persons with disabilities, or other marginalized groups faced additional challenges, and what those challenges were.*

7.3 What role did you play as community health resource persons in addressing these challenges?

8. In the last emergency, what role did you play to **protect community members from violence, including sexual violence**?

8.1 What role did you play to **inform community members of the benefits of seeking care and where to access services after sexual violence** (*probe for awareness-raising sessions, outreach via text-messaging, etc.*)?

8.2 What issues or challenges did survivors face in accessing care after sexual violence?

8.3 *Probe if any populations, such as unmarried women and girls, adolescents, LGBTI persons, persons with disabilities, or other marginalized groups faced additional challenges, and what those challenges were.*

8.4 What role did you play as community health resource persons in addressing these challenges?

8.5 In your specific role, can you directly provide:*

a. Emergency contraception to prevent pregnancy.
b. Pregnancy test to confirm pregnancy.
c. Post-exposure prophylaxis to prevent HIV (including PEP initiation).
d. Antibiotics to prevent and treat sexually transmitted infections.
e. Tetanus toxoid/Tetanus immunoglobulin to prevent tetanus/lock jaw.
f. Hepatitis B vaccine to prevent liver disease.
g. Basic wound care for injuries.

**If multiple health cadres are in your group, continue adding to the table.*

9. In the last emergency, did you take part in distributing any **sexual and reproductive health supplies** to women or girls in the community? These would include supplies for women to manage their menstruation, delivery kits for pregnant women, newborn kits for newly born babies, and hygiene kits.

9.1 What supplies did you distribute?

9.2 What did the community think about these distributions?

9.3 Were there any challenges to note with regards to distribution?

9.4 If an emergency were to occur again, what would you like to see improved or done differently in terms of these distributions?

Accessibility and Quality

10. Overall, how was **access to sexual and reproductive health services affected** during the last emergency? By sexual and reproductive health, we mean all of the issues we have discussed, including pregnancy, family planning, STIs and HIV/AIDS, and violence.

10.1 Did adolescents have **the same level of access** as adults? Why or why not?

10.2 Did unmarried adolescents have the same level of access as married adolescents? Why or why not?

10.3 How about unmarried adult women or widows? Why or why not?

10.4 How about persons with disabilities? Why or why not?

10.5 How about persons who have a different gender identity or expression, or sexual orientation (LGBTQIA persons)? Why or why not?

10.6 Were there other groups of people in the community who had a hard time accessing services, and if so, in what way (*Probe for persons who engage in sex work, persons from minority groups, adolescents, etc.*)?

10.7 **What norms or perceptions** in the community may have been perpetuating violence, vulnerability, or inequality in your community?

10.8 What role did you play, if any, to help these groups access the information and services they needed?

11. How was **quality of sexual and reproductive health services affected** during the last emergency?

11.1 *Probe for availability of supplies, provider turnover, provider skills, and damages to health facilities/infrastructure that may have affected service provision.*

11.2 From your perspective, what services suffered the most loss in quality? Why?

Capacity

12. From your experience, how would you evaluate your **capacity to provide SRH services** in emergencies?

12.1 Are there areas you feel you need additional training?

12.2 How do you feel about the level of supervision (*probe for who supervises*)?

12.3 What would you need for you to do your work better?

13. From your knowledge, have women/adolescents or women's groups/youth groups been **involved in designing or delivering services** in this community? If yes, how and to what extent?

13.1 What other groups have been involved in designing or delivering services in the community? (*Probe around groups of marginalized people, including persons with disabilities, LGBTI persons, persons engaged in sex work, and persons living with HIV/AIDs.*) How, and to what extent?

13.2 How often do the district staff reach out to you to hear your concerns or suggestions?

13.3 Overall, how receptive is the district to your feedback?

14. Overall, **how do you think services for women, adolescent girls, and other persons at-risk in the community can be improved** in the next emergency?

14.1 In what additional ways would you like to help women and girls or other persons at-risk in this community in an emergency?

14.2 What would you need for you to be able to do this?

Resilience

15. Lastly, **what do you envision your community would look like** when it can recover better from a sudden disaster or another outbreak of violence? For example, what services would need to be in place?

15.1 Do you have any other suggestions or recommendations?

I thank you for your time. You have all helped to provide a good understanding of your experiences in the past, and how we can better prepare for future emergencies. Your contributions are greatly appreciated, and we will share your perspectives with those with the means to design policies and programs. If you have any concerns, or think of additional information that you would like to share, you can contact us in this manner through the following contacts.

We plan to give you an update of what has become of your suggestions and recommendations, in xx time.

(Provide each participant with information about local contacts for complaints, concerns, or follow up.)

Annex I

TABLE OF SRH SERVICE PROVISION BY TYPE OF COMMUNITY HEALTH RESOURCE PERSON

Please add columns for the different levels of community health resource persons in the community, who are represented in the focus group. Note "Yes" if the cadre can provide the service/commodity, and "No" if policy or other restrictions exist around their provision by the particular cadre.

SRH services provided by cadres		**Cadre**		
SRH	**Service**	**CHW**	**TBA**	
Pregnancy Care	*Misoprostol to prevent bleeding after delivery*	*e.g. Yes*	*e.g. Yes*	*e.g. No*
	Chlorohexidine to clean the umbilical cord			
Contraception	*Male and female condoms*			
	Oral contraceptive pills			
	Injectable contraceptives (Depo Provera)			
	Injectable contraceptives (Sayana Press)			
	Emergency contraception			
Abortion care	*Mifepristone*			
	Misoprostol			
HIV/STI care	*Co-trimoxazole to prevent infections for persons already diagnosed with HIV*			
	Post-exposure prophylaxis (PEP) to prevent HIV			
Care for survivors of sexual violence	*Emergency contraception to prevent pregnancy*			
	Pregnancy test to confirm pregnancy			
	Post-exposure prophylaxis to prevent HIV (including PEP initiation)			
	Antibiotics to prevent and treat sexually transmitted infections			
	Tetanus toxoid/Tetanus immunoglobulin to prevent tetanus/lock jaw			
	Hepatitis B vaccine to prevent liver disease			
	Basic wound care for injuries			

Capacity and Needs Assessment Tool to Build Community Resilience **Focus Group Discussion Guide for Community Members**

Focus Group Discussions[15]

This tool should be used during small group discussions with 4 to 10 members of the community to discuss concerns and health needs for women, adolescent girls, and others at-risk in the community to improve access to services and better prepare for emergencies. The discussion should not last more than 2-2.5 hours.

The focus is to solicit feedback around sexual and reproductive health (SRH) risks, vulnerabilities, protective strategies, coping capacities, and resources in the community that can be used to inform and shape the *Community-based Preparedness for Sexual and Reproductive Health and Gender* training. Other critical areas to explore are gender and norms that perpetuate violence, vulnerability, and inequality, as well as definitions of resilience and "building back better". "Building back better" aims to ensure that recovery efforts after a crisis build resilience and reduce a community's vulnerability to future emergencies.

Some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion, considering the safety of the location and of respondents.

Please review the Women's Refugee Commission's Ethical Guidelines for Working with Displaced Populations to implementing focus group discussions for details on how to organize and implement activities.[16] Also refer to the *Facilitator's Guide* for more information on selecting participants, conducting the interview, data analysis tips, and what to pull from the findings.

[15] Adapted from FGD guides used in the MISP assessments and in-depth studies from the IAWG on RH in Crises 2012-2014 Global Evaluation of Reproductive Health in Humanitarian Settings.

[16] Women's Refugee Commission. Ethical Guidelines for Working with Displaced Populations, May 2016. Other resources include: Reproductive Health Response in Crises Consortium, "Focus Group Discussion Protocol," RHRC Consortium Monitoring and Evaluation Toolkit, 2004. Another good resource is: Morgan, David L. Focus Groups as Qualitative Research. Sage Publications, Thousand Oaks, CA. 1997.

Participant Recruitment

- Each group should be convened based on similar characteristics of participants, so that participants can feel comfortable sharing similar experiences. Participants should be grouped by age (15-19 years; 20-40 years; or >41 years), membership in a societal group (persons with disabilities, LGBTQIA persons, persons engaged in sex work, persons from minority groups, or other), or marital status (unmarried, married). Groups should be convened in a manner that minimizes discrimination against certain participants.
- For persons with disabilities, their disability can be self-identified; it is unnecessary to "prove" a reported disability. Persons with disabilities can include those in the community who have trouble:
  - seeing, even if wearing glasses; or
  - hearing, even if using a hearing aid; or
  - walking or climbing steps; or
  - remembering or concentrating; or
  - caring for her or himself, such as washing all over or dressing; or
  - understanding or being understood in their usual language.
- Before mobilizing participants, meet with community leaders and/or local government representatives to explain the purpose of the exercise and the presence of the team in the community.
- Where possible, link with a range of local women's leaders – formal and informal – and representatives from community networks of at-risk groups during participant recruitment. Community-based organization leaders may be involved in one group, but should not be present in other groups to ensure that participants feel free to speak openly.
- Obtain parental consent for adolescents if needed (script provided).
- For anyone whose capacity to provide informed consent is questionable, review the interactive questions (script provided) to gauge their level of understanding.

SCRIPT FOR PARTICIPANT RECRUITMENT

Hello, we are from the ACCESS Project. We would like to talk to you about a group discussion we are holding. We are asking you to join the discussion because a program staff from [collaborating agency] or a community member gave us your name.

If you agree to join this activity, you will be asked to join a group with around 4 to 10 other people. We would like to understand concerns and health needs for women, adolescent girls, and others at-risk in the community, to improve access to services and better prepare for emergencies.

The activity will take about 2-2.5 hours in total. You will only need to participate this one time. We will be taking notes during the activity, but we will not record your name anywhere. The information we collect will be kept private.

You may feel there are some questions you do not wish to answer. That is okay. You do not have to answer all of the questions and you may leave at any time.

You will not receive any direct benefits from joining this group activity. However, we may learn something that may help improve your ability to serve your community.

You do not have to join this activity. It is up to you. You can say okay now, and you can change your mind later. All you have to do is tell us. No one will be mad at you if you change your mind.

Before you say yes to joining this activity, we will answer whatever questions you have.

If the person has a mild intellectual impairment or you are concerned about their level of understanding, go through the steps below.[17] Otherwise, skip to the next section.

I would also like to make sure I have explained everything properly by asking you a few questions:

1. ***What will we be talking about in the group activity?**
2. **How long will the group activity be?**
3. **Can you think of a reason why you might not want to join the group activity?**
4. ***If you do not want to answer any of the questions, what can you do?**

Questions 1 and 4 must be answered correctly.

For persons with mild intellectual impairments: *If the person does not answer questions 1 and 4 correctly, but still says "yes" to participate, obtain caregiver/family member permission.*

Since you have said yes, we would like to ask permission from your caregiver or family member for you to participate.

If under age of majority and not emancipated from parents:
If you have said yes, because you are under x age (*age of majority in local context*), we would like to ask permission from your parent or guardian for you to participate.

PARENT/GUARDIAN PERMISSION

Hello, we are from the ACCESS Project and we would like to talk to your child about her/his/their experiences in this community. We would like to understand concerns and health needs for women, adolescent girls, and others at-risk in the community, to improve access to services and better prepare for emergencies. We are asking your child to help us in our work because she/he/they were identified by [collaborating agency]. Your child has already said yes, but you do not have to give permission. It is your choice.

If you say yes, we will ask your child to join a group activity with around 4 to 10 other people. The activity will take about 2-2.5 hours in total.

We will be taking notes during the discussion, but we will not record your name or your child's name anywhere. The information we collect will be kept private.

You or your child will not receive any direct benefits from participating in this activity. We will use the answers to reach out to policy makers, program managers, and health staff to improve the community's access to and quality of health services and help prepare for an emergency.

We will not pay you or your child to help us. We can help pay you back for any travel costs that your child might have for participating in this group activity.

Do you have any questions? You may contact [local name and contact info] about your questions or problems with this work.

Can your child participate in the group activity?

___ Yes, parent/guardian gives permission for child to participate.

___ No, parent/guardian does not give permission for child to participate.

[17] From Tanabe M, Nagujjah Y, Rimal N, Bukania F, Krause S. Intersecting Sexual and Reproductive Health and Disability in Humanitarian Settings: Risks, Needs, and Capacities of Refugees with Disabilities in Kenya, Nepal, and Uganda. Sex Disabil. 2015;33(4):411–427. doi:10.1007/s11195-015-9419-3.

Before the Focus Group Discussion

- Review the tool for appropriateness, especially if they have been translated. If time allows, it may be beneficial to pre-test the translated tool among persons similar to potential participants and translate responses back into English to determine the appropriateness of the translation, including questions and wording.
- Consider whether potential *Community-based Preparedness for Sexual and Reproductive Health and Gender* workshop participants may be involved as facilitators, notetakers, or interpreters. While this may add bias, it may help gain buy-in and commitment from community stakeholders to realize the action plan that will be developed, if they are move involved in processes from the beginning.
- If the discussion will be conducted in another language, decide whether to use translator facilitation or translated facilitation. Translator facilitation is when trained interpreter(s) facilitate the activity in the participants' language with no interrupted interpretation. Translated facilitation is when the interpreter interprets what the facilitator and participants say, at each interval. See the *Facilitator's Guide* for more information.
- Find a private location—such as a central office—that is convenient, comfortable, and accessible for all participants, including those with disabilities.
- Make sure you have identified a referral pathway for health/psychosocial/protection concerns that may be raised by participants.
- Identify appropriate local contacts for any complaints, concerns, or follow-up regarding the focus group and the prevention of sexual exploitation and abuse.
- Identify a means of sharing findings with participants and the community.
- For groups where persons with disabilities will be present, consult with them in advance to be able to provide any helpful accommodations. Often, the most requested accommodation is transport to/from the venue (physical or funding), sign interpretation if working with those that sign, or accessible restrooms for persons with certain mobility impairments.
- Plan on reimbursing participants for transport if they incurred costs, especially persons with disabilities and any personal assistants.
- If you do not feel that it is safe to have this discussion, or that it may cause risk for staff or participants, do not proceed. For example, if it is not possible to control any crowds that huddle, or if the security situation in the area is not safe, it may be better to find a safer space.

Supplies: Large sheet of paper and five different colored markers (black, blue, red, green, and yellow).

INTRODUCTORY SCRIPT

Thank you for coming today. My name is [facilitator's name] and with me are [notetaker's name] and [observer or other's name]. We are here in [location] with [collaborating agencies] as part of the ACCESS Project. We would like to understand concerns and health needs for women, adolescent girls, and others at-risk in the community to improve access to services and better prepare for emergencies.

If you still agree to participate today, we will ask you some questions about your experiences in the last emergency. We are going to ask you these questions as a group, which will give you a chance to comment on each other's thoughts. Each of you has important ideas that I would hope to hear for each question. Please try to help us along by making sure that your perspective is heard for each question.

The activity will take about 2-2.5 hours in total. You will only need to participate this one time. We will be taking notes during the discussion, but

we will not note your name anywhere. The information we collect will be kept private and will not be traced back to you. We will throw away our notes once we have analyzed the information.

Your participation is completely up to you. You may decide to participate or not. Although we will value your participation, you will not experience bad things for not participating. You may feel there are some questions you do not wish to answer. That is okay. You do not have to answer all of the questions and you may leave at any time.

There is also no right or wrong answer to the questions, so please do not worry if you are not sure about the answers. Since we are interested in learning about the experiences of women, girls, and other persons at-risk in the community in general, please try to think about and share experiences that are common to others, rather than your own personal experience. So that we can all feel comfortable sharing our thoughts, we ask that you keep each other's comments private, and that you do not to talk to people outside of this group about what was said here. This is very important.

We do not think any of the questions will be upsetting to you, but if you do become upset, we can help find someone for you to talk to or link you to services. If you share information that shows that you or someone else may be in danger, we will need to talk to someone who can help the situation. We will not be paying you or giving you anything to take part in this activity. There will be no direct benefit to you for taking part in today's activity.

Once we have gathered all of the information, we will share some key points with policy makers, program managers, and health staff to improve the community's access to and quality of health services and help prepare for an emergency, but again, no names will be shared.

Do you have any questions?

You can contact [local name and study contact information] about your questions or any problems.

If the group includes persons with mild intellectual impairments, or you are concerned about the comprehension level of some participants, go through the steps below.[18] Otherwise, skip to the next section.

I would like to make sure I have explained everything clearly by asking you a few questions:

1. *What will we be talking about in the group activity?

2. How long will the group activity be?

3. Can you think of a reason why you might not want to join the group activity?

4. *If you do not want to answer any of the questions, what can you do?

5. *When would I have to tell someone else what you have told me?

6. *Would you still like to take part in this activity?

Questions 1, 4 and 5 must be answered correctly. Question 6 must be answered "yes" by each person.

Would you like to take part in the group activity? Please raise your hand if you agree to participate. Please raise your hand if you do not wish to participate.

___ Yes, respondents consent to participate.

Let those that do not wish to participate leave the venue before beginning the group activity.

[18] From Tanabe M, Nagujjah Y, Rimal N, Bukania F, Krause S. Intersecting Sexual and Reproductive Health and Disability in Humanitarian Settings: Risks, Needs, and Capacities of Refugees with Disabilities in Kenya, Nepal, and Uganda. Sex Disabil. 2015;33(4):411–427. doi:10.1007/s11195-015-9419-3.

Tips for Facilitation

- Make sure you and your co-facilitators, note-takers, and any interpreters are well trained in facilitating focus group discussions. All of you should be familiar with the ethics of facilitation and your respective roles.
- Wherever possible, limit the number of observers present during the discussion, particularly if the group is comprised of a smaller number of participants.
- Engaging a trained facilitator with a disability or someone with similar characteristics as the groups convened may offer opportunities for their professional growth and empowerment, as well as create a conducive environment for other participants with similar traits to openly share their thoughts.
- Ask open-ended, non-leading questions.
- Do not probe about sexual violence or abuse or try to identify victims or perpetrators of violence (i.e., one specific armed group).
- Maintain a neutral and encouraging environment.
- Give opportunities to encourage shy participants to speak, so that no one person dominates the discussion.
- Encourage the notetaker to focus on documenting key points and phrases if it is not possible to record the discussion verbatim. There is no need to audio-record the discussion.

After the Focus Group

- Make sure to debrief immediately following each focus group discussion with the notetaker(s) and interpreter—question-by-question—to see what information was recorded, adding data from memory to fill gaps, reaching consensus on local terms or phrases, and reconciling the information if recorders wrote different things to a specific question. This can serve as the basis for preliminary data analysis.
- Make sure to identify a secure means of storing data. The security mapping diagrams will be used during Module 3.2 of the *Community-based Preparedness for Sexual and Reproductive Health and Gender* training.
- Follow through on plans to share findings with participants and the community.
- See the *Facilitator's Guide* for information on data analysis tips and what to pull from the findings. Analysis does not need to be formal or detailed.
    - » In Module 1.5 "Understanding Resilience within the Health Systems Building Blocks" (Day 1), concepts of resilience are addressed. Questions 16 may be useful for this purpose.
    - » Day 2 is further spent discussing SRH topics and the priorities of MISP standard. Risks and barriers/challenges that prevent access to care will be helpful to identify in this regard. Questions 3-10 may be helpful for this purpose.
    - » Day 3 is dedicated to developing an action plan for SRH preparedness and gender protection. Findings around additional gaps and barriers, community resources and capacities, and inclusion of marginalized and underserved communities can serve useful for this process.

Capacity and Needs Assessment Tools to Build Community Resilience
Focus Group Discussion Guide for Community Members

Date:	**Location:** Community _____
Focus group discussion facilitator:	County/district _____
Notetaker (if applicable):	State/province _____
	Country _____
Translation used for focus group: Yes /No	If yes, translation from _____
	(language) to _____(language)
Number of Participants in this group (total):	**Important note regarding age:** *Given the nature of these focus groups, it is recommended that adults (≥20 years) and adolescents (15-19 years) be separated during focus group discussions.*
FGD participant characteristics: ☐ Female (specify number) _____ ☐ 15-19 years (specify number) _____ ☐ 20-40 years (specify number) _____ ☐ Over 41 years (specify number) _____ ☐ Male (specify number) _____ ☐ 15-19 years (specify number) _____ ☐ 20-40 years (specify number) _____ ☐ Over 41 years (specify number) _____ ☐ Persons from at-risk groups (specify number) _____ ☐ PWD (specify number) _____ ☐ LGBTQIA (specify number) _____ ☐ Person engaged in sex work (specify number) _____ ☐ Person from minority group (specify number) _____ ☐ Other (specify number) _____ ☐ Marital status (specify number) _____ ☐ Unmarried (specify number) _____ ☐ Married (specify number) _____	**Important note regarding specific status:** *Participants can self-identify their disability status, sexual orientation, and membership in a particular group. Proof of membership is not required.* *Be sure to revisit the* WHO guidelines on Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.

I verify that the introduction to this focus group was read to all participants, and that informed consent was obtained from all participants in a language which was understood by all.

_____

(Signature of facilitator)

QUESTIONS

First, I would like to begin by asking what made you smile today (ice breaker).

Now, I would like to ask you some general questions about the situation for women and girls (replace with persons with disabilities, LGBTQIA persons, persons who engage in sex work, persons from your group, etc., as relevant**) in this community.**

General

1. What are the issues of **greatest concern** among (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) in this community?

Next, I would like to ask you some questions about health services for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) **now, and in the last emergency** (*outbreak of violence, natural disaster, or an event that participants can pinpoint*).

2. What was the **last big emergency**, such as an outbreak of conflict or a natural disaster, where there was a major disruption to your daily activities?
   - **2.1** Was there any warning from the government or another source that gave you information on what risks or hazards may be present, and how to prepare for them? If yes, what did this look like? How did you receive this information?
   - **2.2** Did these warning messages give you the information you needed to effectively act?
   - **2.3** Thinking back, what information do you wish you had that was not provided?

Please refer to this emergency when we talk about the last emergency.

SRH Concerns and Gaps per the MISP for SRH

3. Where do women/adolescent girls seek **health care when they are pregnant**? How about when they are giving birth? How about after they give birth?
   - **3.1** In the last emergency, what challenges did pregnant women/adolescent girls face as they prepared for or delivered their babies?
   - **3.2** Were these challenges different for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)? If so, how?
   - **3.3** How were the challenges overcome?
4. If a woman is having **problems with her pregnancy or the delivery** of her child, what will she do? Where will she go?
   - **4.1** In the last emergency, if a pregnant woman/adolescent girl faced a complication during pregnancy or delivery, what challenges did she face in accessing care?
   - **4.2** Were these challenges different for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)? If so, how?
   - **4.3** How were the challenges overcome?
5. What do women and men do to **prevent or postpone having babies**?
   - **5.1** Where would they find trusted sources of information about contraception and family planning?
   - **5.2** In the last emergency, what challenges did women/adolescent girls face in accessing contraceptives and family planning services?

5.3 Were these challenges different for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)? If so, how?

5.4 What would you like to see improved around access to contraceptives and family planning services when an emergency occurs?

5.5 Are there any improvements that would be especially important for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)?

6. What do women/adolescent girls in this community do when they think or know they are **pregnant but do not want to be**?

6.1 Were there additional difficulties that (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) faced when they know they are pregnant and do not want to be in the last emergency?

6.2 How were the challenges overcome?

7. What do women/adolescent girls in this community do after they have a **miscarriage**?

7.1 Were there additional difficulties that (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) faced around accessing care after a miscarriage in the last emergency?

7.2 How were the challenges overcome?

8. Are there places in this community where **free male and female condoms** can be easily found?

8.1 How have community members learned about where these condoms can be found?

8.2 What barriers do (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) face in accessing them?

8.3 What additional barriers did (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) face in accessing condoms in the last emergency?

8.4 How were the barriers overcome?

Now, we are going to work on a group activity. Can we draw what this community looks like on this paper?

Pass out a large piece of paper and markers. The facilitator should allow participants to work by themselves to draw their own communities for approximately 10-15 minutes. If a group is having a hard time getting started, the facilitator can step in, and help the group identify what they consider to be the "center" of their community. They can then identify the "edges of their community". The facilitator can guide the activity, by suggesting that they draw the parts of their community between the center and the boundary.

Guide participants to add homes and residential areas, schools and places of learning, places of worship, places where people socialize, and places people go to collect water, food, and other social services.

9. Where on this map are the places that are currently **safe** for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)? Can you circle those in blue?

9.1 Were those places safe for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) during the last emergency? What about after the emergency?

9.2 Where on this map are the places that are currently **unsafe** for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)? Can you circle those in red?

9.3 In the last emergency, were there other locations that were not safe for (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)? Can you circle those in yellow?

9.4 What measures are currently in place to **protect** (*women/girls with disabilities, LGBTQIA, women/girls who engage in sex work, women/girls from your group, etc.*) from violence in this community?

10. When a woman or girl is a **victim of violence**, what would she do?

10.1 What options or services are currently available to her in this community? Can you circle the services in green on the map?

10.2 How is **information about available services shared** with the community?

10.3 What reasons might (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) not use these services?

10.4 What issues or challenges did (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*) face in accessing these services in the last emergency?

10.5 How were the challenges overcome?

11. In the last emergency, were any **sexual and reproductive health supplies distributed** to women or girls in the community? These would include menstruation supplies, delivery kits, and hygiene kits. Who distributed these supplies?

11.1 What did the community think about these distributions?

11.2 If an emergency were to occur again, what would you like to see improved or done differently in terms of these distributions?

Accessibility and Quality

12. Was **access to sexual and reproductive health services affected** during the last emergency? How?

12.1 Did adolescents have **the same level of access** as adults?

12.2 Did unmarried adolescents have the same level of access as married adolescents?

12.3 How about unmarried adult women or widows?

12.4 How about (*women/girls with disabilities, LGBTQIA women/girls, women/girls who engage in sex work, women/girls from your group, etc.*)?

12.5 Were there other groups of people who had a hard time accessing services, and if so, in what way?

13. Was the **quality of sexual and reproductive health services affected** during the last emergency? How?
    - 13.1 What services suffered the most loss in quality?

Capacity

14. What **resources and capacities currently exist** within the community for the community to respond to a crisis?

15. From your knowledge, to what extent have women/adolescents or women's groups/ youth groups been **involved in designing or delivering services** in this community?
    - 15.1 What other groups have been involved in designing or delivering services in the community?
    - 15.2 How often do the district staff reach out to the community for community members to voice their concerns or make suggestions?
    - 15.3 Overall, how receptive is the district to feedback from different members of the community?

16. Overall, **how do you think services for women and adolescent girls and other persons in the community can be improved** in the next emergency?
    - 16.1 If you could help women and girls or other persons in this community in an emergency, in what ways would you like to help?
    - 16.2 What would you need for you to be able to do this?

Resilience

17. Lastly **what do you envision your community would look like** when it can recover better from a sudden disaster or another outbreak of violence? For example, what services or resources would need to be in place?
    - 17.1 Do you have any other suggestions or recommendations?

I thank you for your time. You have all helped to provide a good understanding of your experiences in the past, and how we can better prepare for future emergencies. Your contributions are greatly appreciated, and we will share your perspectives with those with the means to design policies and programs. If you have any concerns, or think of additional information that you would like to share, you can contact us in this manner through the following contacts.

(Provide each participant with information about local contacts for complaints, concerns, or follow up.)

Capacity and Needs Assessment Tool to Build Community Resilience
Interview Guide for Community Representatives

This tool should be used in interviews with community leaders, civil society representatives, and first responders.

The focus is to solicit feedback around sexual and reproductive health (SRH) risks, vulnerabilities, protective strategies, coping capacities, and resources in the community that can be used to inform and shape the *Community-based Preparedness for Sexual and Reproductive Health and Gender* training. Other critical areas to explore are gender and norms that perpetuate violence, vulnerability, and inequality, as well as definitions of resilience and "building back better". "Building back better" aims to ensure that recovery efforts after a crisis build resilience and reduce a community's vulnerability to future emergencies.

In Module 1.5 "Understanding Resilience within the Health Systems Building Blocks" (Day 1), concepts of resilience are addressed. Questions 4-5 and 13 may be useful for this purpose.

Day 2 is further spent discussing SRH topics and the priorities of the Minimum Initial Service Package (MISP) standard. Risks and barriers/challenges that prevent access to care will be helpful to identify in this regard. Questions 2-3 and 10 may be helpful for this purpose.

Day 3 is dedicated to developing an action plan for SRH preparedness and gender protection. Findings around additional gaps and barriers, community resources and capacities, and inclusion of marginalized and underserved communities can serve useful for this process.

Please refer to the *Facilitator's Guide* for more information on selecting participants, conducting the interview, data analysis tips, and what to pull from the findings.

Group 4: Community Member

Date:	**Location:** Community _____
Facilitator(s):	County/district _____
Interviewee sex (if relevant) ☐ Female ☐ Male ☐ Other	State/province _____ Country _____
Interviewee characteristics ☐ Adolescent ☐ Person with a disability ☐ Other (please specify) _____	**Interviewee occupation** ☐ Community leader (specify) _____ ☐ Representative of community organization (specify) _____ ☐ Social service provider (specify) _____ ☐Teacher (specify) _____ ☐ First responder (specify) _____ ☐ Other (specify) _____
Translation used: Yes No	If yes, translation from _____ (language) to _____(language)
Begin time:	**End time:**

I verify that informed consent was obtained.

_____
(Signature of facilitator)

Hello and thank you for making yourself available for this interview. My name is _____ and I am from the ACCESS project. I am interested in examining this community's capacity and resilience, to identify priorities for preparedness and "building back better," especially for health and protection. "Building back better" aims to ensure that recovery efforts in the aftermath of a crisis build resilience and reduce a community's vulnerability to future emergencies. You were identified for this interview since you are you represent a community-based organization/network that is integral to serving the community in times of crisis.

The information you share will not be connected with your name or position. The information may be shared in a general, non-identifiable way, with interested agencies and organizations that can address preparedness in this community. Your participation is completely voluntary. None of the questions should be upsetting to you, but you are welcome to stop this interview at any time.

This discussion will last roughly 1-1.5 hours. I would like to take notes of what you say, if that is alright with you.

Thank you again for your time. If you have any questions after the end of our discussion, please contact _____.

INTRODUCTION

1. What is your role in helping the community prepare for and respond to emergencies, such as a sudden natural disaster or an outbreak of violence?
   - 1.1 *If representative of a community-based organization:* What does your organization do in the community to prepare for and respond to emergencies?
   - 1.2 What role does your organization play in in warning communities about possible risks and hazards during the emergency, and what communities can do to protect themselves?

RISKS AND VULNERABILITIES

2. **Who**, within your community, may be most at-risk or vulnerable when a crisis occurs?
   - 2.1 *Probe for persons with disabilities, elderly, LGBTQIA, persons who engage in sex work, persons from minority groups, adolescents, etc.*
   - 2.2 **How** are such persons more vulnerable?
3. **What norms or perceptions** in the community may be perpetuating violence, vulnerability, or inequality in your community?

RESILIENCE

4. What does **"resilience"** mean to you?
5. What does a **"resilient community"** mean to you? When would you say resilience has been achieved in this community?
   - 5.1 Would resilience look different for different at-risk groups in this community, and if so, how?

INDIVIDUAL AND COMMUNITY RESOURCES AND CAPACITIES

6. **What resources and capacities** would you say you have to respond to a crisis based on your occupation and role in this community?
   - 6.1 How about in health specifically, especially sexual and reproductive health? (*If the respondent is unsure of what comprises SRH, briefly review the scope of SRH in the MISP.*)
   - 6.2 How about in protecting people in this community, including those at-risk?
   - 6.3 What training(s) have you had, if any, to build your current capacity in health and/or in protecting people (*emergency response, etc.*)?

7. **What resources and capacities currently exist within the community** for the community to respond to a crisis?
   - 7.1 *Probe for community networks for PWDs, women, and minorities, as well as community leaders, social networks, sports, religious groups, etc.*

8. What are the **main challenges that you have experienced when responding to the community's sexual and reproductive health needs in the last emergency**?
   - 8.1 What services were disrupted, and how did that affect the community?
   - 8.2 What attempts were made to continue providing services?
   - 8.3 How could the community have better prepared for these challenges before the emergency?

9. What do you think **needs to be strengthened or improved** for the community to be able to adequately respond to a crisis?
   - 9.1 How about to address sexual and reproductive health needs?

10. What **barriers** might prevent efforts to strengthen or improve capacity to adequately respond to the community's sexual and reproductive health needs in a crisis?
    - 10.1 *Probe for institutional support; time; and financial, logistic (equipment and supplies/commodities) or policy barriers, especially to providing maternal and newborn care, family planning, care for sexually transmitted infections/HIV/AIDs, and comprehensive abortion care; etc.*

11. What are ways you think the barriers can be addressed?
    - 11.1 *Probe for financial support, national/regional political support, coordination, technical support, logistics (equipment, supplies/commodities) technology, etc.*

12. Given the risks and vulnerabilities that we discussed, and your role in this community, how would you go about **addressing the inclusion of at-risk and vulnerable groups** to build this community's capacity and resilience?

13. What are the **priorities for preparedness** and "building back better" for you in your role in the community?

Thank you for your excellent work. We applaud all that you do.

NOTES:

NOTES:

NOTES:

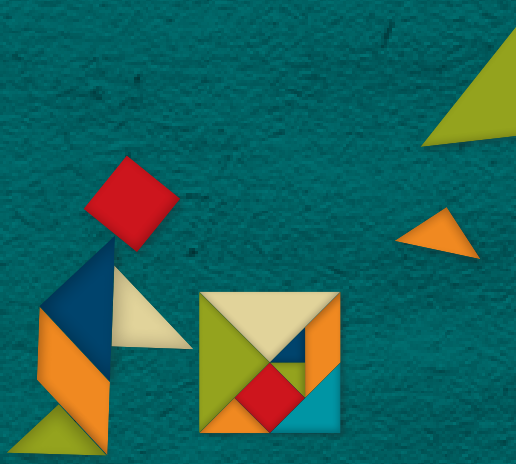
WOMEN'S REFUGEE COMMISSION

RESEARCH. RETHINK. RESOLVE.

Women's Refugee Commission
15 West 37th Street, 9th Floor
New York, NY 10018

(212) 551 3115

info@wrcommission.org
womens**refugee**commission.org



ACCESS CONSORTIUM