BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

FACILTY ASSESSMENT GUIDE

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Assessment Guide

Rapid Assessment of Family Planning Services for the Integration of Health Timing and Spacing of Pregnancy in Child Health Programs

For interviews with District Public Health Officer, Family Planning Coordinators or MCH Coordinators at the District hospital, community health center or health post.

Date of Assessment:

Facility Name:……………………………………………………………………………………………

Name of sub District:………………………………. **Name of District**……………………………………

Type of Facility: ☐ **Hospital** ☐ **Community Health Center** ☐**Health Post** ☐**Others**

Assessment Team (Name of Interviewers):

Name of Interviewee(s)

Facility Contact Person: ______________________________ **Phone:** …………………………………..

General

Ask to speak with the District Health Program Officer, Midwife or person in charge health facility who is present today.

Introduce yourself, briefly explain the purpose of your visit and ask if she/he would be willing to answer few questions about healthy timing and spacing of pregnancy and family planning services in the facility.

Hello. My name is ________________. My colleagues and I are here on behalf of the Ministry of Health and TAIS project to conduct a joint rapid assessment to learn more about your services in birth healthy timing and spacing of pregnancy and family planning. The information you provide is very important and valuable to us and will be used for the purpose of improving standard of acre fo family planning services in health facilities. The information will be kept anonymous and will not be used as an assessment relating to your career. If you agree to participate we will need about ______________________ minutes to complete our questionnaire. We do appreciate your time and responses.

THANK YOU

General Information of your Health Facility

Type of Facility: ☐ Hospital ☐ Community Health Center ☐ Health Post ☐ Others

Type of Site: ☐ Public (Government) ☐ Private (NGO) ☐ Private (FBO) ☐ Others (specify:)

Location of facility: ☐ Urban ☐ Semi-urban ☐ Rural

Services offered at your facility (check as many as apply): ☐ Out-patient MCH ☐ Antenatal

☐ Labor and Delivery ☐ Post natal ☐ In-patient (ward) ☐ pediatric admissions

☐ Immunization ☐ Nutrition services ☐ Family planning ☐ Community mobilization

☐ BedNet/ITN ☐ VCT/HCT ☐ PMTCT/ART

Selected Services Statistics at your Health Facility

Population of catchment area (adult +children)……………………………………__________

Population of children under 5 years of age ……………………………………___________

Number of women of reproductive age in your catchment area…………… ……____________

Number of hospital beds…………………………………………………………___________

Number of deliveries in one year (2007)…………………………………………..__________

Number of children accessing IMCI Services at your facility………………………__________

Number of immunizations (DPT 1) (2007))………………………………………__________

Number of women who received family planning in 2007 …………………………___________

Number of new contraceptive users in 2007 ………………………………………__________

ORGANIZATIONS WORKING AT THE HEALTH FACILITIES IN THE DISTRICT

(Check as many services as may apply)

Name:

❍ Child Health ❍ Maternal Health ❍ STI
❍ Care and Treatment /Adults ❍ VCT
❍ Care and Treatment /Peds ❍ PMTCT ❍ HBC
❍ OVC ❍ Family Planning ❍ Immunization

Name:

❍ Child Health ❍ Maternal Health ❍ STI
❍ Care and Treatment /Adults ❍ VCT
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Name:

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❍Care and Treatment /Peds ❍ PMTCT ❍ HBC
❍ OVC ❍ Family Planning ❍ Immunization

Guidelines and Protocols for Health Services

Guidelines present on site	**Response**
Guidelines for Clinical Management of IMCI	☐ Yes ☐ No ☐ N/A ☐ Observed ☐ Told is in a nearby office
Guidelines for family planning	☐ Yes ☐ No ☐ N/A ☐ Observed ☐ Told is in a nearby office
Guidelines for counseling and testing for adults	☐ Yes ☐ No ☐ N/A ☐ Observed ☐ Told is in a nearby office
Guidelines for PMTCT	☐ Yes ☐ No ☐ N/A ☐ Observed ☐ Told is in a nearby office
Guidelines for Clinical Management of HIV/AIDS (ART, OIs)	☐ Yes ☐ No ☐ N/A ☐ Observed ☐ Told is in a nearby office
Other relevant guidelines	☐ Yes ☐ No ☐ N/A ☐ Observed ☐ Told is in a nearby office
Are there information, education and communication (IEC) materials available for the patients	☐ General health education ☐ General Nutrition issues ☐ HIV and ART side effects and their management ☐ Birth spacing and family planning ☐ Pediatric HIV and AIDS

STAFFING AND CAPACITY FOR FAMILY PLANNING SERVICES AT THE DISTRICT/HEALTH FACILITY

	Total Number at Facility	# of each type provider providing family planning services	# trained in birth spacing (counseling on birth spacing)	# trained in and family planning (clinical skills)
Doctors				
MCH Coordinators				
Nurse Midwife				
Nurse				
Others				
GRAND TOTAL				

Laboratory Capacity at Health Facility

Question	**Response**
Does your site have laboratory facility	☐Yes ☐ No
Laboratory services performed in this laboratory	☐ Hemoglobin ☐ Urinalysis ☐Stool test ☐ ☐RNA-PCR ☐CD4 Count ☐Total lymphocyte count ☐Liver Function Tests ☐Renal Function Tests ☐Other (specify:__________)
Are other laboratory facilities available offsite? If yes, please provide the name(s)	☐Private or commercial lab ☐Public lab ☐Not available A.____ B. ____

Pharmacy Practice	
Do you have a pharmacy shop in this facility?	☐ Yes ☐ No
Do you provide contraceptives to clients at the pharmacy?	☐ Yes ☐ No
Do you stock contraceptive in the pharmacy that can last for 3 months?	☐ Yes ☐ No
. Where do you obtain your contraceptive supplies?	☐ Yes ☐ No
How often do you place order for contraceptives ?	☐ Yes ☐ No
Do you maintain a separate register for contraceptives at this facility?	☐ Yes ☐ No
Do clients receive their contraceptive supplies from the pharmacy	☐ Yes ☐ No
In the past three months, how many clients have you supplied with contraceptives? Specify number	☐ Yes ☐ No
What quantity do you order at a time?	☐ Yes ☐ No
Do you have stock out of contraceptives? If yes; how often does this occur? (please specify:)	☐ Yes ☐ No
When was the last time you had stock out for contraceptives at the pharmacy? Specify date:	☐ Yes ☐ No

PATIENT RECORDS AND MANAGEMENT

Sample of 5 patient records/unit at the facility and look for the following records	
MCH CARD #1 (LISIO) (kept by caretaker)	**Item completed**
Unique patient identifier	□ Yes □ No
Date of birth	□ Yes □ No
Sex of patient	□ Yes □ No
Weight at birth	□ Yes □ No
Weight *	□ Yes □ No
Height *	□ Yes □ No
Who is the caretaker? (Mum/dad/family member/institution…)*	□ Yes □ No
Mother's HIV serostatus (PMTCT Status)	□ Yes □ No
Disclosure of HIV status of the child to caretaker	□ Yes □ No □ N/A
Immunizations	
OPV 1 AND BCG	□ Yes □ No
OPV 2-4;DPT 1-3	□ Yes □ No
Measles	□ Yes □ No
Mother counseled in birth spacing	□ Yes □ No

ANC CARD (kept by pregnant woman) ***Sample of 5 patient records/unit at the facility and look for the following records***	**Item completed**
Unique patient identifier	□ Yes □ No
Date of birth	□ Yes □ No
Weight *	□ Yes □ No
Height *	□ Yes □ No
Last menstrual period	□ Yes □ No
Expected date of delivery	□ Yes □ No
Estimated gestational age	□ Yes □ No
No. of pregnancies	□ Yes □ No
Parity	□ Yes □ No
Abortion	□ Yes □ No
No. of living children	□ Yes □ No
Last confinement	□ Yes □ No
Blood group	□ Yes □ No
Mother's HIV serostatus (PMTCT Status)	□ Yes □ No
Previous contraceptive user	□ Yes □ No
Duration of contraceptive use before pregnancy	

Family Planning Card (client hand held card) ***Sample of 5 patient records/unit at the facility and look for the following records***	**Item completed**
Unique patient identifier	□ Yes □ No
Date of birth/Age	□ Yes □ No
Weight *	□ Yes □ No
Height *	□ Yes □ No
Blood Pressure	□ Yes □ No
Last menstrual period	□ Yes □ No
Last date of delivery	□ Yes □ No
No. of pregnancies	□ Yes □ No
Parity	□ Yes □ No
Abortion	□ Yes □ No
No. of living children	□ Yes □ No
Previous contraceptive use	□ Yes □ No
New contraceptive user	□ Yes □ No
Method initiated/Started	□ Yes □ No
Method discontinued/removed/replaced	□ Yes □ No
Date of next Appointment	□ Yes □ No

Family Planning Register (Record maintained at FP clinic) ***Sample of 5 patient records/unit at the facility and look for the following records***	**Item completed**
Unique patient identifier	□ Yes □ No
Date of birth/Age	□ Yes □ No
Weight *	□ Yes □ No

Height *	□ Yes □ No
Blood Pressure	□ Yes □ No
Last menstrual period	□ Yes □ No
Last date of delivery	□ Yes □ No
No. of pregnancies	□ Yes □ No
Parity	□ Yes □ No
Abortion	□ Yes □ No
No. of living children	□ Yes □ No
New contraceptive user	□ Yes □ No
Previous contraceptive use	□ Yes □ No
Method used	□ Yes □ No
Date initiated/inserted	□ Yes □ No
Date discontinued/replaced/removed	□ Yes □ No
Quantity supplied	□ Yes □ No
Manufacture date of method	□ Yes □ No
Expiration date of method	□ Yes □ No
Date of next Appointment	□ Yes □ No

Additional Questions for the DPHO or Administrative Head at Health Facility/District

1. What challenges do you face providing child spacing messages and services in this facility/district? Please specify:

2. How do you think that child spacing services in this facility/district could be improved?

3. Which programs in your facility do you currently use to provide family planning messages to clients? Please specify:

4. Where in your programs do you think could be used to provide child spacing messages to people that visit the health facilities? Please specify:

5. Are there any other comments you would like to add regarding child spacing services in this facility/district?

Thank You Very Much for Your Time

Rapid Facility Functionality Assessment for Integration of Health Timing and Spacing of Pregnancy in Health Facilities

For interviews with FP Program Officer, MCH Coordinators and Midwives at hospitals, community health centers and health posts at FP Clinics

Date of Assessment:

Facility Name:………………………………………………………………………………………………

Name of sub District:……………………………… **Name of District**……………………………………

Type of Facility: ☐ **Hospital** ☐ **Community Health Center** ☐ **Health Post** ☐ **Others**

Assessment Team (Name of Interviewers):

Name of Interviewee(s)

Facility Contact Person: ____________________________ **Phone:** …………………………………

General

Ask to speak with the District Health Program Officer, MCH Coordinator, Midwife or person in charge of the family planning services who is present today at the health facility.

Introduce yourself, briefly explain the purpose of your visit and ask if she/he would be willing to answer few questions about healthy timing and spacing of pregnancy and family planning services in the facility.

Hello. My name is _______________. My colleagues and I are here on behalf of the Ministry of Health and TAIS project to conduct a joint rapid assessment to learn more about your services in healthy timing and spacing of pregnancy and family planning. The information you provide is very important and valuable to us and will be used for the purpose of improving child spacing services in the country. The information will be kept anonymous and will not be used as an assessment relating to your career. If you agree to participate we will need about ____________________ minutes to complete our questionnaire. We do appreciate your time and responses.

THANK YOU

A. General Information about your Family Planning Services

Type of Facility: ☐ Hospital ☐ Community Health Center ☐ Health Post ☐ Others

Type of Site: ☐ Public (Government) ☐ Private (NGO) ☐ Private (FBO) ☐ Others (specify:)

Location of facility: ☐ Urban ☐ Semi-urban ☐ Rural

Family Planning Methods offered at your facility (check as many as apply):

☐ Natural Family Planning/ Fertility Awareness Methods

☐ Lactation Amenorrhea Method (LAM)

☐ Barrier Methods: ☐ Male Condoms ☐ Female Condoms ☐ Diaphragms ☐ Cervical Caps ☐ Spermicides

☐ Hormonal Methods: ☐ Combined Oral Pills ☐ Progestin Only Pills ☐ Combination Injectables ☐ Implants

☐ Intrauterine Devise

☐ Permanent Methods: ☐ Tubectomy (BTL) ☐ Vasectomy

Number of staff in the family planning clinic: ____________ Cadre of staff __________________________

Number of staff trained in HTSP in the last 2 years: ______________

Number of staff trained in FP in the last 2 years: ________________

Number of staff competent to deliver all methods of FP: _____________________

Number of staff competent to deliver only pills/IUD/Injectables/Implants,________________________

Which persons do you provide birth spacing counseling to?	☐ Men ☐ Women with few children (1-2 children) ☐ Women many children (≥5 children ☐ Youths younger than 18 years
Which days of the week do you provide family planning services?	☐ All week days ☐ Weekdays and Saturdays ☐ Three days in a week ☐ Two days in a week ☐ Others
What are your opening and closing hours for family planning services at your facility?	☐ All day ☐ 8.AM-12 noon ☐ 12 noon -5pm ☐ Others
Do you provide all contraceptives free of charge to clients?	☐ Yes ☐ No ☐ Depends on method ☐ Depends on season
If No, how much do clients pay for these FP methods?	☐ Pills Cost: ☐ IUD Cost: ☐ Injectables Cost: ☐ Implants Cost: ☐ Tubectomy/Vasectomy Cost:

B. Explain the process for providing FP in your facility including from the first time you receive a client and when the method is provided. Describe any follow for clients who do not show up for appointments.

C. Tools and approaches for birth spacing and family planning (Check one box for each item)

1	Is a timetable/schedule for family planning service provision available at this health facility?	☐ Yes	☐ No
2	Availability of Policy and Guideline for child spacing and family planning	☐ Yes	☐ No
3	Family Planning methods are visibly displayed for clients to see	☐ Yes	☐ No
4	Availability of curriculum or protocol for delivery of family planning services: please specify	☐ Yes	☐ No
5	Availability of Family Planning Handbook	☐ Yes	☐ No
6	Availability job aids and flip charts on family planning at the facility List available ones:	☐ Yes	☐ No
7	Availability of health promotion materials on family planning in the waiting area	☐ Yes	☐ No
8	Availability of health promotion materials on family planning in the waiting area for distribution to clients.	☐ Yes	☐ No
9	Availability of referral form for family planning services.	☐ Yes	☐ No

C. Family Planning Infrastructure and equipment

Explain that you would like to be shown the facilities to gather other information through observation. Check one box for each item listed below on the form.

1. Which of the following items are available and in satisfactory condition?		Not available	Available but not satisfactory	Available and satisfactory	Not applicable for this facility
	Counseling Room				
a.	Family planning register	☐	☐	☐	☐
b.	Family planning client card	☐	☐	☐	☐
c.	Facility has a separate room for FP counseling	☐	☐	☐	☐
d.	Chairs and table for counseling	☐	☐	☐	☐

1. Which of the following items are available and in satisfactory condition?		Not available	Available but not satisfactory	Available and satisfactory	Not applicable for this facility
e.	Privacy maintained for counseling	☐	☐	☐	☐
f.	Comfortable sitting positions for client and provider	☐	☐	☐	☐
g.	Adequate light in counseling room	☐	☐	☐	☐
h.	Ventilation fan/ AC	☐	☐	☐	☐
i.	Hand washing facility with clean water	☐	☐	☐	☐
j.	Table and stool for gynecological examinations	☐	☐	☐	☐
k.	Instrument table: not rusty, with wheel	☐	☐	☐	☐
l.	Examination light	☐	☐	☐	☐
m.	Functioning Blood pressure apparatus	☐	☐	☐	☐
n.	Functioning Weighing scale	☐	☐	☐	☐
o.	Functioning Sterilizer	☐	☐	☐	☐
p.	Vaginal speculum	☐	☐	☐	☐
2. Equipment for Family Planning methods					
a	**IUD Instrument Set – sterile** ❑ Bivalve speculum medium-1 ❑ Bivalve speculum large-1 ❑ Sponge forceps straight 200mm-1 ❑ Long strait artery forceps 200mm-1 ❑ Uterine sound Simpson 300mm graduated in 200mm-1 ❑ Tenaculum forceps, 280mm-1 ❑ Scissors, ❑ Uterine curved Sims 200mm-1 ❑ Cup solution 180ml stainless steel-1 ❑ Stainless steel instrument tray with cover-1 ❑ Disposal surgical drapes / pre-sterilized cloth drapes ❑ Sterile gloves ❑ Antiseptic lotion ❑ Cotton balls or swabs *Code as unsatisfactory if have missing parts, are not functional, are unhygienic*	☐	☐	☐	☐
b	**Implant Set – sterile** ❑ Dissecting forceps-1 ❑ Bisturi tang-1 ❑ Surgical knife handle (surgical blade optional) ❑ Tweezers-1 ❑ Trocar with plunger-1 ❑ Forceps for removal implants-1 ❑ Cup solution 180ml stainless steel-1 ❑ Stainless steel instrument tray with cover-1 ❑ Disposal surgical drapes / pre-sterilized cloth drapes ❑ Sterile gloves ❑ Antiseptic lotion ❑ Cotton balls or swabs ❑ Elastoplast ❑ Anesthetic agent *Code as unsatisfactory if have missing parts, are not functional, are*	☐	☐	☐	☐

	1. Which of the following items are available and in satisfactory condition?	Not available	Available but not satisfactory	Available and satisfactory	Not applicable for this facility
	unhygienic				
c	**Vasectomy set:** ❑ Cup, solution, 180 ml, stainless steel – 1 ❑ Forceps, dressing, 250 mm - 1 ❑ Forceps, tissue, Allis, 150mm – 2 ❑ Forceps, haemostatic, straight, 140 mm – 4 ❑ Forceps, haemostatic, curved, 125 mm – 2 ❑ Needle holder, straight – 1 ❑ Scalpel, handle, no 3 – 1 ❑ Scissors, curved – 1 ❑ Kidney basin, stainless steel ❑ Sterile gloves ❑ Antiseptic lotion ❑ Cotton balls or swabs ❑ Elastoplast ❑ Anesthetic agent *Code as unsatisfactory if have missing parts, are not functional, are unhygienic*	☐	☐	☐	☐
d	**Mini-laporatomy kit for BTL** ❑ Cup solution 1 ❑ Forceps dressing 1 ❑ Forceps Allis 1 ❑ Forceps Babcock 2 ❑ Forceps Kelly 2 ❑ Forceps mosquito curved 4 ❑ Forceps tenaculum 1 ❑ Forceps straight Forester 2 ❑ Needle holder 2 ❑ Uterine elevator 1 ❑ Tubal hook 1 ❑ Abdominal retractor 2 ❑ Scissors Melzenbaum 1 ❑ Scissors Mayo 1 ❑ Scalpel #3 1 ❑ Sterile gloves ❑ Antiseptic lotion ❑ Cotton balls or swabs ❑ Elastoplast ❑ Anesthetic agent Surgical sutures. *Code as unsatisfactory if have missing parts, are not functional, are unhygienic*	☐	☐	☐	☐

D. **Contraceptives availability**

Explain that you would like to be shown the pharmacy stock room to gather the following information. Conduct interview with the FP provider that stores FP or pharmacist (if applicable) and review stock logbook. Compare quantity of available commodities with required min stock for 3 months

CHECK AND ASK	Status (Check "*X" in the different boxes as may apply*)			
	Available and within expiry date (identify quantity)	Available but some are expired	Not available	Stock out in the last three months
Condoms				
Combined oral contraception (Ethinylestradiol/Levonorgestral 0.03mg/0.15mg)				
Progesteron only pills (Levenorgestral 0.03mg)				
Depo-Provera (Medroxyprogesterone acetate (depo provera)150mg/ml)				
Norplant (Levenorgestral implants (Norplant))				
Intra-uterine device (Multi load CU 375SL(IUD))				
Standard Days Methods (Beads)				
Other FP methods				

E. Contraceptives Procurement and Logistics

1.	Have you been trained on family planning commodities logistic?	☐ Yes	☐ No
2	Where do you obtain your contraceptives from?	□ Districts □ District Hospital □ Facility Pharmacy □ Other pharmacies	
3	How often do you place order for your contraceptive supplies	□ Monthly □ Quarterly □ Semi-annually □ Annually □ Any time it finishes or irregularly	
4.	In your health facility did you ever run out of contraceptives before new supplies arrived in the last year? *Tick one box*	□ often □ sometimes □ never	

5.	Did you have to throw away family planning methods because they had expired? If YES please identify quantity	□ Yes □ No
	Condoms	
	Pills	
	Depo Provera	
	IUD	
	Norplant	
6.	How do you decide how many of each contraceptives to order? (Check one best response)	□ order based on consumption □ order based on estimated need □ order the same as last time □ order two times what we need □ never order commodities □ other - specify:
7.	How do you decide when to re-order contraceptives? (Check one best response)	□ order same time each month/quarter □ order when stocks reach "re-order level" □ re-order when we run out □ never order contraceptives □ other – specify:

F. Human Resources & Capacity Assessment

	Total Number at Facility	**# of each type provider providing family planning services**	**# trained in birth spacing in the last 24 months**	**# trained in family planning in the last 24 months**	**# competent in IUD, Implant insertions, BTL, Vasectomy**				
					IUD	Implant	BTL	NFP	Vas
Nurse Midwife									
Nurse									
Community Midwife									
Others									
GRAND TOTAL									

G. Health facility statistic on FP services

Ask to see the family planning logbook and reports on family planning activities. Tally information on the number of users of various contraceptive methods for the last year. For sterilization, it may be necessary to look at the operating theatre register.

Is the logbook/register on family planning services available? □YES □NO

Total New Clients in 2007 ___________________________ Total Clients in 2007 _______________________________

Total New Clients in 2008 ___________________________ Total Clients in 2008 ______________________________

	Total 2007	01/08	02/08	03/08	04/08	05/08	06/08	07/08	08/08	09/08	10/08	11/08	Total 2008
Total number on Natural Family Planning Methods													
Total on Lactation Amenorrhea Method													
Total number of new users of modern family planning methods													
Number of new users of pills													
Number of new users of Depo Provera													
	Total 2007	01/08	02/08	03/08	04/08	05/08	06/08	07/08	08/08	09/08	10/08	11/08	Total 2008
Number of new users of IUD													
Number of new users of condom													
Number of new users on Implants													
Number of BTL clients													
Number of vasectomy clients													
Number of visits to health facility for FP services													

H. Community involvement in birth spacing and family planning issues

1	Do you carry out community mobilization or awareness activities for birth spacing and family planning at the community? If yes; how often: (specify time)	☐ Yes	☐ No
2	Do you have programs that involve or reach out to men in birth spacing and family planning matters?	☐ Yes	☐ No
3	Do you involve women's group in your birth spacing programs?	☐ Yes	☐ No
4	Do you involve youth/adolescents in your birth spacing programs?	☐ Yes	☐ No
5	Do you involve faith-based/religious leaders and groups in birth spacing activities or programs?	☐ Yes	☐ No
6	Do you involve other key decision makers like grand father, grand mothers and in-laws in birth spacing activities or programs?	☐ Yes	☐ No
7	Do you involve community health volunteers in your birth spacing activities?	☐ Yes	☐ No
8	Do you involve Community leaders in birth spacing and family planning activities at your facility	☐ Yes	☐ No

I. Reporting for birth spacing and family planning services

1	Do you report on birth spacing and family planning activities in your facility?	☐ Yes	☐ No
2	If yes, how often do you make reports on family planning?	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Yearly	
3	Where do you send your family planning reports to?	☐ District Head ☐ Hospital Director ☐ Sub District Coordinator. ☐ Facility Coordinator	
4	Do you receive any supervision support on family planning services by your Supervisor?	☐ Yes	☐ No
5	If yes, how often are you supervised on family planning?	☐ Weekly ☐ Monthly ☐ Quarterly ☐ Yearly	
6	Do you receive feedback from your supervisors regarding your family planning services?	☐ Yes	☐ No

J. Additional Comments from FP provider

1. **List the challenges you have in providing birth spacing and family planning services and support to your clients?**

2. **How best do you think that birth spacing and family planning services could be improved in you center? Give examples**

3. **Are there any lessons learned in your FP program?**

4. **What are the key priority areas to address in your family planning services.**

5. **Please provide other comments that might be relevant to the FP services to clients:**

K. Summary of Assessment from Assessment Team

1. General Comments

2. Essential Strengths

3. Weaknesses and gaps identified

4. Suggested remedies and Recommendations

5. Next steps and follow up actions