



(Adapted from Jhpiego' s PFP Choices Project in Kenya)

Facility Needs Assessment Tool Post pregnancy Family Planning

Instructions to assessor: Please administer this form as an interview to key staff involved in delivery of PFP services. Please feel free to make notes on this form about any additional relevant information that is collected during the course of this facility assessment.

Interviewer's name: _____

Date of visit: _____

Name of facility: _____

Facility In-Charge (or contact person): _____

Type of facility (tick Public or Private, then tick sub-type of the Public or Private facility):

Public _____
Level: Hospital _____ Health Center _____
Dispensary _____

Private _____
Level: Hospital _____ Nursing Home _____ Medical Centre _____

City: _____

MFL/Facility Code (KENYA ONLY): _____

GENERAL

Please place an "x" in the appropriate section to indicate the interviewees' response.

1. Are the following guidelines/management protocols available at the site? <i>(Interviewer: ask "Do you have a guideline for xxx? Can I see it?")</i>	REPORTED		OBSERVED		COMMENTS	
	YES	NO	YES			NO
			Location Available	Guideline Year		
ANC						
Family Planning						
Infection Prevention and Control						
Quality Obstetric and Perinatal Care (KENYA)/ Labor and Delivery						
Postnatal Care						
PAC						
Essential Drug List						

2. What sources of energy are available at the facility?	Yes		No	COMMENTS
	REPORTED	FUNCTIONAL		
Electricity				
Generator				
Solar				
Gas				
Other, specify _____				

3. Is there reliable running water at the facility?	Yes			No	COMMENTS
	Less than 10000	10000 to 20000	More than 20000		
Running Water					
Water Storage Capacity					

4. What days/hours are the following services officially provided (Indicate: Morning, Afternoon or Whole Day)?

Service	Monday (Indicate Morning, Afternoon, whole day [8-5], 24 hours)	Tuesday (Indicate Morning, Afternoon, whole day [8-5], 24 hours)	Wednesday (Indicate Morning, Afternoon, whole day [8-5], 24 hours)	Thursday (Indicate Morning, Afternoon, whole day [8-5], 24 hours)	Friday (Indicate Morning, Afternoon, whole day [8-5], 24 hours)	Saturday (Indicate Morning, Afternoon, whole day [8-5], 24 hours)	Sunday (Indicate Morning, Afternoon, whole day [8-5], 24 hours)
Antenatal							
Labor & Delivery							
Postnatal							
Adolescent Reproductive Health							
Family Planning							
Post abortion Care							

STAFFING

5. What is the current staffing structure at this facility?

Ask the facility in-charge for the number of staff by cadre, specialization and distribution and fill in the table below. There may be multiple responses.

CADRE	No. staff at facility	No. Trained in FP (in the past 12 mo.)	Number trained in and currently active in providing:							
			LARCs (Implant/IUD)	Permanent Method	MVA*	EVA*	Curettage	FANC*	ASRH*	IPC*
Ob/Gyn										
Other Doctors										
Clinical Officers										
Nurse (non-midwife)										
Midwives										
Community Health Volunteers										
Health Records and information officers										
Pharmacists/ Tech										
Lab Technologist/ technicians										
Lay counselors										
Youth counselors										
Clerks										

Other (specify)										
Other (specify)										
Are any clinicians currently providing these listed service, but who were not trained in the provision of these services? If yes, please specify.										

*MVA = Manual Vacuum Aspiration; EVA = Electronic Vacuum Aspiration; FANC = Focused Antenatal Care; ASRH = Adolescent Sexual and Reproductive Health; IPC = Infection Prevention and Control

ANTENATAL CARE

6. What is the attendance at ANC?

Please complete the below table using the Ministry of Health ANC Register for the past three months:

	Month 1	Month 2	Month 3
Number of NEW women who attended ANC in this facility			
Number of REVISIT women who attended ANC in this facility			
Number of women who attended first antenatal visit at 28 weeks or after			
Number of women who have completed 4 ANC visits in this facility			
Number of women who attended an ANC visit age 15 to 18 at this facility			
Number of women who attended an ANC visit UNDER the age of 15			

FAMILY PLANNING COUNSELING

7. ANC: Fill the following questions about pregnant women counseled on Family Planning at this site:

	Month 1	Month 2	Month 3
Number counseled on FP in the past 3 months			
Number under the age of 18 counseled in the past 3 months			

8. At which service delivery points do clients receive FP counseling?	ANC		L&D		PNC		PAC		CCC		Outpatient		2 week PP		6 weeks PP	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

9. Do the rooms/areas provide privacy to ensure clients are comfortable discussing private issues?	ANC		L&D		PNC		PAC		CCC		Outpatient	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Visual Privacy*												
Audible Privacy**												

* Visual Privacy: is there a wall and door or screen preventing others from seeing clients during counseling?

**Audible Privacy: is there a wall and door preventing others from hearing clients during counseling?

10. What Family Planning methods are women counseled on at this facility? (Do not read answers – place X in REPORTED box if a method is mentioned. Then ask to see if the methods are available)	REPORTED COUNSEL- ING	METHOD AVAILABLE		COMMENTS
		YES	NO	
Male condoms				
Female condoms				
Combined Oral Contraceptives (COCs)				
Progesterone Only Pills (POPs)				
Injectables (DEPO)				
IUDs				
Implants				
Emergency Contraceptive Pills				
Dual Methods				
Lactational Amenorrhea Methods (LAM)				
Tubal Ligation				
Vasectomy				
Others, specify _____				

LABOUR AND DELIVERY SERVICES

11. Please indicate the total number of beds for:

	Total No. beds
Labor and Delivery (delivery room)	
Postpartum/Recovery	

	Month 1	Month 2	Month 3
12. Number of Normal deliveries that were conducted here over the past three months?			
Number of women with normal deliveries at this site who were aged 15 to 18?			
Number of women with normal deliveries at this site who were under the age of 15?			
13. Number of women counseled on Family Planning at labor and delivery at this site?			
Number of women counseled on Family planning at labor and delivery at this site who were aged 15 to 18?			
Number of women counseled on Family planning at labor and delivery at this site who were under the age of 15?			

POSTNATAL

14. What topics are included in routine pre-discharge counseling? (do not read answers, tick in the box under REPORTED only those mentioned)	REPORTED	COMMENTS
Return for first postnatal visit with baby within 14 days following delivery		
Return date for next PPF		
Discussed PPF Options		
Instructions on PPF method given		
Benefits of waiting two years before attempting to conceive / HTS		
Return to fertility		
Other: Specify _____		

15. Are there any materials about Family Planning given to women to take home during postnatal care? (Tick YES or NO)	YES	NO
If YES, What materials are provided?		

ADOLESCENT REPRODUCTIVE HEALTH

16. Is this facility providing Youth-friendly services? (Tick YES or NO)	REPORTED YES	REPORTED NO

17. How does the facility provide youth friendly services? <i>(do not read answers, tick in the box under REPORTED only those mentioned)</i>	REPORTED	COMMENTS
Adolescent Reproductive Health services are provided at convenient (and separate) hours for youth clients		
Decor and surroundings are inviting to youth clients		
Counseling and examination rooms ensure privacy for youth clients		
Facilities are conveniently located for youth easy access		
Education materials are displayed and available to youth clients to take away		
Peer youth education outreach program available		
Existence of Dedicated Youth Counselors		
Reported that youth are involved in decision making on youth friendly services provision		
Community informed on the benefits and availability of youth friendly services		
Other: Specify _____		

18. Is there a sign at the site indicating that ARH services are offered?	YES	NO	COMMENTS
Outside Building			
Inside Building			

POSTABORTION CARE

19. Does this facility provide PAC services?	MVA	EVA	D&C	Misoprostol	PAC not provided at this facility
Tick the box under each service available at the facility					
Tick box if service provided in Outpatient Ward					
Tick box if service provided in Gynae Ward					
Tick box if service provided in Obstetric Ward					
Tick box if service provided in Labour Ward					
Tick box if service provided in Maternity Ward					
Tick box if service provided in Theatre					
Tick box if service provided in other ward					
(Specify)					

20. Where do clients recover after PAC treatment?	MVA	EVA	D&C	Misoprostol	PAC not provided at this facility
Tick box if recovery is in Outpatient Ward					
Tick box if recovery is in Gynae Ward/					
Tick box if recovery is in Obstetric Ward					
Tick box if recovery is in Labour Ward					
Tick box if recovery is in Maternity Ward					
Tick box if recovery is in Theatre Recovery Ward					
Tick box if recovery is in Casualty Observation Ward					
Tick box if they are discharged immediately					
Tick box if recovery is in other ward					
(Specify)					

	Month 1	Month 2	Month 3
21. How many PAC clients received care at this facility last quarter?			
Number of women who received PAC care at this site who were aged 15 to 18?			
Number of women who received PAC care at this site who were under the age 15?			
22. How many women received post abortion family planning counseling and services at this facility last quarter?			
How many who received post abortion family planning counseling and services at this facility last quarter were aged 15 to 18?			
How many who received post abortion family planning counseling and services at this facility last quarter were under the age 15?			

23. What topics are included in routine PAC pre-discharge counseling? (do not read answers, tick in the box under REPORTED only those mentioned)	REPORTED	COMMENTS

Benefits of waiting six months before attempting to conceive / Health Timing and Spacing of Pregnancies		
Return for follow-up visit		
Counseling on FP method options		
Instructions on FP method given		
Counseling on return to fertility		
Other: Specify _____		

RECORD KEEPING AND DATA COLLECTION

24. Are the following tools available for data collection and reporting?

Tool (Tick YES or NO)	YES Available	NO Not available	If NO, Alternative (write in)
FP DAR (KENYA)			
Maternity Register MOH 333 (KENYA)			
Postnatal Register (KENYA)			
PAC Register (KENYA)			
CDRR (KENYA)			
MOH 711 (KENYA)			

LABOR AND DELIVERY SPACE AND EQUIPMENT

25. Are Family Planning methods provided in the following areas?

	YES		NO
	YES, and there is a dedicated room for FP services in this ward.	YES, but there no room dedicated for Family Planning services in this ward.	
Delivery Ward			
Post Natal Ward			

26. Does the labor and delivery unit have the following materials and supplies?	Yes		No	Supplied by Government (tick if yes)	COMMENTS
	Number available	Completeness / Function (tick if yes)			
Sharps container					
Chlorine bleach					

Waste bin					
Personal protective gear					
Emergency kit					
Examination gloves					
Sterile gloves					
Disposable syringes and needles					
Cotton swabs					
Gauze swabs					
Iodine					
1% Lidocaine					
Povidone					
Elastoplast					
Surgical blade					
Sharps container					
Bin liners					
Instrument processing buckets					

27. Does the facility have the following Family Planning equipment and commodities?	Yes		No	Location in the Facility	Supplied by Government (tick if yes)	If not supplied by government, price paid per item
	Number available	Complete/Functions (Yes or No)				
Equipment						
Blood Pressure Machine						
Stethoscope						
Adult Weighing scale						
Autoclave	Electric					
	Non-electric					
FP Method Provision Equipment: (NOTE: If facility has kits, check the completion of kits. If facility does not have kits or the kits are not complete, check each item individually)						
PPIUCD Kit: Kidney dish, Sim's speculum, Kelly forceps, sponge holding forceps, gallipot						
Interval IUCD Kit: Kidney dish 1 large and 1 medium, 2 sponge forceps, pair of large curved scissors, 1 Tenaculum, 1 uterine sound, 2 speculum, gallipot						

Implant Kit: Mosquito forceps 1 straight and 1 curved, Kidney dish, gallipot						
Kidney Dish, large						
Kidney Dish, medium						
Sim's speculum						
Kelly forceps						
Mosquito forceps, straight						
Mosquito forceps, curved						
Sponge holding forceps						
Scissors, large curved						
Tenaculum						
uterine sound						
Gallipot						

Family Planning Commodities

	Available (Tick locations where available)				Any stock outs within the last three months		Observe a sample. Tick if any FP methods are expired	Supplied by Government (tick if yes)	If not supplied by government, price paid per item by facility
	Labor and Delivery Ward	Maternity Ward	Pharmacy	Other (specify)	YES	NO			
Injectable (DMPA)									
Injectable – NET-EN									
Injectable – Sayana Press									
IUCD - Copper									
IUCD - Hormonal									
Implant – 1 rod									
Implant – 2 rod									
Oral pills (COCs)									
Progestin-only pills (POPs)									

Emergency contraceptive pills									
Condoms (male)									
Condoms (female)									

28. Of the following supplies, which have experienced stock out in the past 3 months?		
Supply	Experienced Stock out (tick if YES)	Comment
1% Lidocaine		
Sterile gloves		
Povidone		
Sterile gauze swabs		
Syringes and needles		
Elastoplast		

29. Are facilities for storing contraceptives adequate? <i>(Data Collector must observe locations where contraceptives are stored. Tick under YES or NO for each of the following)</i>	Yes (OBSERVED by Data Collector)	No	COMMENTS
Contraceptives are kept dry*			
Contraceptives are stored off of the ground/on shelves			
Contraceptives are protected from extreme cold and heat**			
Other Specify: _____			

*FP methods should be stored where they are not at risk of becoming wet or damp. They should be protected from humidity

**FP methods should be stored at 20-25°C (Not below 15°C and not above 30°C);

INFECTION PREVENTION

30. How are surgical instruments finally processed at the facility?	Yes		No	COMMENTS
	OBSERVED*	REPORTED		
HLD (boiling, chemical, steaming)				
Steam under pressure (autoclave)				
Dry heat sterilization				
Chemical sterilization				
Other, specify				

*If observation of cleaning is not possible, observe that the instruments are in working order

PROVIDER SUGGESTIONS

31. What suggestions do you have for improving PPF services at this facility?

32. What suggestions do you have for what needs to be done at the community level to improve PPF services?
