



## Performance Improvement Assessment Tool

LGA/LCDA NAME	
FACILITY NAME	
FACILITY PHYSICAL ADDRESS	
FACILITY TYPE	
DATE OF VISIT	
NAME OF RESPONDENT	
POSITION/CADRE OF RESPONDENT	

<b>1a. Facility Working Hours (insert the time range)</b>	<b>Weekdays</b>	<b>Weekends</b>
<b>1b. Does facility have flexible working hours for youths? (Answer; YES/NO/NA)</b>		

**2 | Please provide the number of each of the following types of providers you have in this facility**

	Number		Number
General physician		Record Officer	
Obstetrician/Gynecologist		Record Technician	
General surgeon		Health Educator	
Pediatrician		Community Health Extension Worker (CHEW)	
Nurse		Junior Community Health Extension Worker (JCHEW)	
Midwife		Community Health Officer (CHO)	
Nurse/Midwife		Community outreach worker	
Pharmacist		Voluntary health worker	
Pharmacy Technician		Health Assistant	
Medical Laboratory Scientist		Health Attendant	
Medical Laboratory Technician		Social worker	

<b>3. Does this facility provide the following services (Answer; YES/NO/DON'T KNOW)</b>			
	Adults (24yrs & above)	Youths (18-24yrs)	Youths (15-17yrs)
a. Family Planning			
b. OPD			
c. Antenatal Care			
d. Delivery			
e. Postnatal Care			
f. Post-abortion Care			
g. Immunization			
h. PMTCT			
i. HIV Counseling and Testing			
j. Sexually Transmitted Infection Management			

<b>4. Is the Family Planning Unit a standalone unit?</b>	Yes- [ ] No- [ ] NA- [ ]
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<b>5. Family planning services offered in this facility (Answer; YES/NO/NA)</b>			
	Adults (24yrs & above)	Youths (18-24yrs)	Youths (15-17yrs)
Counselling			
Daily pill			
M/condom			
F/condom			
Diaphragm			
Injectables			
Implant			
IUD			
Vaginal Ring			
M/sterilization			
F/sterilization			
E/contraception			
Others (specify)			

<b>6. Does this facility provide advice on family planning to clients during any of the following services (Answer; YES/NO/NA)</b>			
	Adults (24yrs & above)	Youths (18-24yrs)	Youths (15-17yrs)
a. OPD			
b. Antenatal Care			
c. Delivery			
d. Postnatal Care			
e. Post-abortion Care			
f. Immunization			
g. PMTCT			
h. HIV Counseling and Testing			
i. Sexually Transmitted Infection Management			

7. Does this facility typically offer family planning services to clients who come for the following services (Answer; YES/NO/NA)			
	Adults (24yrs & above)	Youths (18-24yrs)	Youths (15-17yrs)
a. OPD			
b. Antenatal Care			
c. Delivery			
d. Postnatal Care			
e. Post-abortion care			
f. Immunization			
g. PMTCT			
h. HIV Counseling and Testing			
i. Sexually Transmitted Infection Management			

8. Does this facility typically refer clients for family planning services during any of the following services (Answer; YES/NO/NA)			
	Adults (24yrs & above)	Youths (18-24yrs)	Youths (15-17yrs)
a. OPD			
b. Antenatal Care			
c. Delivery			
d. Postnatal Care Post-abortion care			
e. Immunization			
f. PMTCT			
g. HIV Counseling and Testing			
h. Sexually Transmitted Infection Management			

9. Does this facility ever refer clients to other health care facilities for Family Planning services?	Yes [ ] No [ ] Don't know [ ] NA [ ]
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10. If Yes to Q9, what method of Family Planning does this facility refer clients for  SELECT ALL THAT APPLY FOR EACH COLUMN		Adults (24yrs & above)	Youths (18-24yrs)	Youths (15-17yrs)
	Daily pill			
M/condom				
F/condom				
Diaphragm				
Injectables				
Implant				
IUD				
Vaginal Ring				
M/sterilization				
F/sterilization				
E/contraception				
Others (specify)				

11. What brands of contraceptives does this facility stock  LIST SPECIFIC BRAND NAMES	Combined oral pill.....  Progestin only pill .....  Emergency contraceptive.....  Male condom.....  Female condom.....  Injectable .....
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	Implants..... IUD ..... Vaginal Ring..... Others (specify).....
<b>12. What is the cost for consumable for each of the methods of family planning.</b> (In Naira; to the nearest hundred)	Daily pill = M/condom = F/condom = IUD = Vaginal Ring = Diaphragm = Injectables = Implant = M/sterilization = F/sterilization = E/contraception = Others (specify) =
<b>13. When the facility runs out of stock, how long does it take to replace them</b>	One week or less [ ] Between 2-4 weeks [ ] Between 5-8 weeks [ ] More than 8 weeks [ ] Irregular
<b>14. Where does your stock come from?</b> CHOOSE ALL THAT APPLIES.	Government [ ] International NGO [ ] Local NGO [ ] Pharmacy/shop [ ] Wholesaler/ dealer/ supplier [ ] Other (specify)

<b>15. Are there any written guidelines or service protocols in this facility for family planning services?</b> PROBE BEYOND RESPONSE	
<b>a. General Family Planning</b>	Yes,document observed [ ] Yes, document reported but not seen [ ] No [ ]
<b>b. Youth Friendly Health Services (YFHS) Specific</b>	Yes,document observed [ ] Yes, document reported but not seen [ ] No [ ]

<b>16. Is there any type of quality assurance committee or staff meetings that assure quality control for family planning service delivery, e.g. QIT/WDC/VDC, etc</b>	Yes [ ] No [ ] Don't know [ ] If yes, specify.....
<b>17. Are there linkages between the facility and corp members or other youth volunteers in the community?</b>	Yes [ ] No [ ] Don't know [ ] If yes, specify.....

**18. Please list the names of the permanent staff involved in providing Reproductive Health Services (RHS), including family planning (FP), Adolescent and Youth Friendly Sexual Reproductive Health (AYFSRH) and Maternal Health (MH) and Child Health (CH).**

S/N	Name	Work full time (YES/NO)	Position code (check below the table)	Sex (MALE/FEMALE)	Which service does Name provide (list as applicable; FP, MH, CH)	Has Name been trained on any AYFHS? (YES/NO) If yes, specify the year of training	Has Name been trained on any other RHS? (YES/NO)	If yes, please specify training and year
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

CODE:  
 General physicians = 1      Obstetrician/Gynecologists = 2      Pediatricians = 3      Nurses = 4  
 Midwives = 5      Nurse/Midwives = 6      Community health officer (CHO) = 7  
 Health Educator = 8      CHEW = 9      JCHEW = 10  
 Community outreach workers = 11      Voluntary health worker = 12      Social Worker = 13      Others (Specify) = 14

<b>SOCIAL BEHAVIOURAL CHANGE AND COMMUNICATION (SBCC) MATERIALS</b>		
<b>19. Do you have the following family planning SBCC materials displayed and/or available for use?</b>		
a) Posters	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
b) Informational flip chart	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
c) Brochures	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
d) Pamphlets	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
e) Information sheets	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
f) Other Job aids	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
g) Demonstration models; <b>Penile, vaginal, arms, etc</b>	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
h) Counseling cards	Yes and Observed [ ] Yes but not seen [ ] No [ ]	
i) Other (specify)		
<b>20. Does the facility have youth focused SBCC materials in English and local languages? (Specify)</b>	Yes and Observed [ ] Yes but not seen [ ] No [ ]	

Now let us talk about out reaches in this facility:

<b>21a</b>	Do you have a health outreach program for SBCC?	Yes [ ] No [ ] Don't know [ ]
<b>b</b>	Does this outreach program discuss family planning/birth spacing?	Yes [ ] No [ ] Don't know [ ]
<b>c</b>	Does this outreach program discuss Adolescent and Youth related issues?	Yes [ ] No [ ] Don't know [ ]
<b>d</b>	How many communities do you regularly visit?	NUMBER ..... [ ] [ ]
<b>e</b>	About how often do you visit these communities?	WEEKLY [ ] MONTHLY [ ] QUARTERLY [ ] ANNUALLY [ ] OTHER .....
<b>f</b>	Does this facility give health talks for members of the community?	Yes [ ] No [ ] Don't know [ ]
<b>g</b>	Has this facility ever given a health talk on family planning/birth spacing to the community?	Yes [ ] No [ ] Don't know [ ]
<b>h</b>	How often does this facility give health talks to the community?	WEEKLY [ ] MONTHLY [ ] QUARTERLY [ ] ANNUALLY [ ]

		OTHER .....
<b>i</b>	How often do the topics of the health talks change?	EVERY TALK [ ] OTHER (Specify) .....
<b>j</b>	Does this facility supervise CBDs (community-based distributors of contraceptives)?	Yes [ ] No [ ] Don't know [ ]
<b>k</b>	What organization sponsors the CBDs?	MOH [ ] MARIE STOPES [ ] PPFN [ ] SFH [ ] OTHER (Specify) _____

<b>22. Now, I would like to ask you some questions about the infrastructure that you have at this facility.</b>		
<b>INFRASTRUCTURE</b>		
Are the following types of facilities available on a functioning basis at the service location? INTERVIEWER NEEDS TO CHECK FUNCTIONING WHERE POSSIBLE.		
<b>a</b>	DOES THIS FACILITY HAVE A SIGN-POST WITH ITS HOURS OF OPERATION AND SERVICES?	Observed [ ] Reported, not seen [ ] None [ ]
<b>b</b>	Electricity	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>c</b>	Back-up generator	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>d</b>	Solar	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>e</b>	Inverter	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>f</b>	Running water supply (waterboard)	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>g</b>	Borehole	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>h</b>	Other source of water (specify)	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>i</b>	Toilet facilities (Specify if water-system or pit latrine)	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>j</b>	Facility Telephone	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>k</b>	Storage area for drugs and supplies	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>l</b>	Laboratory	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>m</b>	Delivery room with bed and lighting	Not available [ ] Available but not functioning [ ] Available and functioning [ ] Not Applicable [ ]

<b>n</b>	Operating theatre with basic/required equipment	Not available [ ] Available but not functioning [ ] Available and functioning [ ] Not Applicable [ ]
<b>o</b>	PAC Room	Not available [ ] Available but not functioning [ ] Available and functioning [ ] Not Applicable [ ]
<b>p</b>	Mini lap and minor procedures Theatre	Not available [ ] Available but not functioning [ ] Available and functioning [ ] Not Applicable [ ]
<b>Family Planning Unit</b>		
<b>q</b>	Private Counselling Room/Space	Not available [ ] Available but no <b>Audio-Visual</b> Privacy [ ] Available but no <b>Visual</b> Privacy only [ ] Available but no <b>Audio</b> Privacy only [ ] Available with <b>Visual</b> Privacy only [ ] Available with <b>Audio</b> Privacy only [ ] Available with <b>Audio-Visual</b> Privacy [ ]
<b>r</b>	Private examination/Procedure Room	Not available [ ] Available but no <b>Audio-Visual</b> Privacy [ ] Available but no <b>Visual</b> Privacy only [ ] Available but no <b>Audio</b> Privacy only [ ] Available with <b>Visual</b> Privacy only [ ] Available with <b>Audio</b> Privacy only [ ] Available with <b>Audio-Visual</b> Privacy [ ]
<b>s</b>	Counselling Room well furnished	Not available [ ] Available [ ] Not Applicable [ ]
<b>t</b>	Examination/Procedure Room well equipped	Not available [ ] Available [ ] Not Applicable [ ]
<b>u</b>	Family Planning Waiting Area	Not available [ ] Available but not standalone [ ] Available and standalone for FP [ ] Not Applicable [ ]

<b>23. Now, I would like to ask you some questions about the Equipment that you have at this facility.</b>		
<b>EQUIPMENT</b>		
Are the following equipment available on a functioning basis at the service location? INTERVIEWER NEEDS TO CHECK FUNCTIONING WHERE POSSIBLE.		
<b>a</b>	Weighing scale for adults	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>b</b>	Infant weighing scale	Not available [ ] Available but not functioning [ ] Available and functioning [ ] Not Applicable [ ]
<b>c</b>	Blood pressure apparatus	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>d</b>	Stethoscope	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>e</b>	Fetal stethoscope	Not available [ ] Available but not functioning [ ] Available and functioning [ ] Not Applicable [ ]
<b>f</b>	Sterilizer	Not available [ ] Available but not functioning [ ] Available and functioning [ ]



<b>g</b>	Autoclave (Specify; Manual or Electric)	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>h</b>	Oxygen apparatus	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>i</b>	Centrifuge	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>j</b>	Microscope	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>k</b>	Thermometer	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>l</b>	Dustbin	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>m</b>	Containers for disposing waste (Red, Yellow & Black)	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>n</b>	Cheattle Forceps	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>o</b>	Forceps Jar	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>p</b>	Drum(different sizes)	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>q</b>	Mackintosh	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>r</b>	Long needle holder	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>s</b>	Vacuum extractor	Not available [ ] Available but not functioning [ ] Available and functioning [ ]
<b>i</b>	Manual vacuum aspiration (MVA) kit	Not available [ ] Available but not complete [ ] Available and complete [ ]
<b>ii</b>	IUD Insertion Kit	Not available [ ] Available but not complete [ ] Available and complete [ ]
<b>iii</b>	IUD Removal Kit	Not available [ ] Available but not complete [ ] Available and complete [ ]
<b>iv</b>	Implant Insertion Kit	Not available [ ] Available but not complete [ ] Available and complete [ ]
<b>v</b>	Implant Removal Kit	Not available [ ] Available but not complete [ ] Available and complete [ ]
<b>vi</b>	Minilaparatomy kit	Not available [ ] Available but not complete [ ] Available and complete [ ]
<b>vii</b>	Vasectomy kit	Not available [ ] Available but not complete [ ] Available and complete [ ]
<b>viii</b>	Delivery Kit	Not available [ ] Available but not complete [ ]

		Available and complete	[ ]
ix	Bowl with cover for disinfection	Not available	[ ]
		Available but not in use	[ ]
		Available and in full use	[ ]
x		Not available	[ ]
	Bowls for Handwashing	Available but not in use	[ ]
		Available and in full use	[ ]

**24. Now, I would like to ask you some questions about Consumables that you have at this facility.**

**Consumables**

Are the following consumable/supplies available always, sometimes, or never?

<b>a</b>		Always	[ ]
	Betadyne Cervical Preparation	Sometimes	[ ]
		Never	[ ]
<b>b</b>		Always	[ ]
	Latex Gloves	Sometimes	[ ]
		Never	[ ]
<b>c</b>		Always	[ ]
	Sterile/surgical disposable gloves	Sometimes	[ ]
		Never	[ ]
<b>d</b>		Always	[ ]
	Elbow Length Gloves	Sometimes	[ ]
		Never	[ ]
<b>e</b>		Always	[ ]
	Cotton wool	Sometimes	[ ]
		Never	[ ]
<b>f</b>		Always	[ ]
	Gauze	Sometimes	[ ]
		Never	[ ]
<b>g</b>		Always	[ ]
	Disposable syringes and needles?	Sometimes	[ ]
		Never	[ ]
<b>h</b>		Always	[ ]
	Scalpels	Sometimes	[ ]
		Never	[ ]
<b>i</b>		Always	[ ]
	Sutures	Sometimes	[ ]
		Never	[ ]
<b>j</b>		Always	[ ]
	Sterile Underlay	Sometimes	[ ]
		Never	[ ]
<b>k</b>		Always	[ ]
	Antibacterial Handwash	Sometimes	[ ]
		Never	[ ]
<b>l</b>		Always	[ ]
	2% Xylocaine without Adrenaline	Sometimes	[ ]
		Never	[ ]
<b>m</b>		Always	[ ]
	Methlylated Spirit	Sometimes	[ ]
		Never	[ ]
<b>n</b>		Always	[ ]
	Aqua	Sometimes	[ ]
		Never	[ ]
<b>o</b>		Always	[ ]
	Plaster	Sometimes	[ ]
		Never	[ ]
<b>p</b>		Always	[ ]
	Iodine	Sometimes	[ ]
		Never	[ ]
<b>q</b>		Always	[ ]
	Injection Safety Box	Sometimes	[ ]
		Never	[ ]

<b>r</b>	Savlon	Always [ ] Sometimes [ ] Never [ ]
<b>s</b>	Jik	Always [ ] Sometimes [ ] Never [ ]
<b>t</b>	Surgical Blade	Always [ ] Sometimes [ ] Never [ ]
<b>u</b>	Medical Waste Bin	Always [ ] Sometimes [ ] Never [ ]
<b>v</b>	Pregnancy Test Kit	Always [ ] Sometimes [ ] Never [ ]
<b>w</b>	Rape Kit	Always [ ] Sometimes [ ] Never [ ]
<b>x</b>	Intravenous kit?	Always [ ] Sometimes [ ] Never [ ]

<b>25. What is this facility's standard precaution measures</b>		
<b>A</b>	Do you practice standard routine hand washing before and after all procedures, if yes describe	Yes [ ] No [ ]
<b>b</b>	Do you practice standard gloving, if yes describe	Yes [ ] No [ ]
<b>c.</b>	Does this facility dispose medical waste (soiled gauze, swabs, gloves) in medical waste bag	Yes [ ] No [ ]
<b>d.</b>	Does this facility dispose sharps in sharp boxes	Yes [ ] No [ ]
<b>e</b>	Does this facility practice the following when disinfecting used equipment (ask them to describe themselves);  <b>i. Decontaminate instrument in 0.5% chlorine solution for 10 minutes</b>  <b>ii. Wash with soapy water and rinse under running water</b>  <b>iii. Sterilize via HLD (either by boiling, autoclave or immersing in 0.5% chlorine solution for 20min)</b>  <b>iv. If Chlorine solution is adopted, rinse in boiled cooled water and dry</b>  <b>v. Use instrument if need be or store in a sterile container</b>	Yes [ ] No [ ]

e.	How does this facility sterilize instruments  CHOOSE ALL THAT APPLY	Use a sterilizer [ ] Use an Autoclave [ ] Boil instruments and count 20 minutes from the time the water starts to boil [ ] High Level Disinfection (probe how) [ ]
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<b>26. Family Planning Data Tools: Check for availability of the following tools</b>		
a	Clients' Cards	Not available [ ] Available with shortfall [ ] Available [ ]
b	NHMIS Register (Family Planning Register)	Not available [ ] Available [ ]
c	Daily Consumption Record (DCR)	Not available [ ] Available [ ]
d	Requisition, Issue and Report Form (RIRF)	Not available [ ] Available [ ]
e	Referral Slip	Not available [ ] Available [ ]

Now let us talk about the support from other organizations:

27	<b>Is this facility currently receiving any form of support from any other organizations?</b> If yes, please list the organizations and describe the support.	Yes [ ] No [ ] Don't Know [ ]
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Please write general comprehensive notes on each of the following: (if the space is not enough, you can get extra sheets and write more)

<b>28. Please write a comprehensive note on the space available for counseling/examination room in this facility. Please make sure that you comment on the size, whether there is need for painting, flooring etc</b>

**29. Please write a comprehensive note on the waiting area. Is there a space for this purpose? Please make sure that you comment on the size, whether it is a general waiting area or specific for FP, whether there is need for painting, flooring, furnishing, etc**

**30. Please write a comprehensive note on other items that you feel may be useful for the PIP of this site.**

**Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept confidential. Have a good day!**