

## NURHI Phase 2 Performance Improvement Assessment Tool

LGA/LCDA NAME	
FACILITY NAME	
FACILITY PHYSICAL ADDRESS	
FACILITY TYPE	
DATE OF VISIT	
NAME OF INTERVIEWER	
POSITION OF PERSON INTERVIEWED	

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

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

### 2. Does this facility provide the following services

	Yes	No	Don't Know
a. Family Planning			
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			

### 3. If Yes to Q2a, is the Family Planning Unit a standalone unit?

Yes.....  
No.....  
Don't know.....

### 4. Does this facility provide advice on family planning to clients during any of the following services

	Yes	No	Don't Know

a. Antenatal Care			
b. Delivery			
c. Postnatal Care Post-abortion care			
d. Immunization			
e. PMTCT			
f. HIV Counseling and Testing			
g. Sexually Transmitted Infection Management			

**5. Does this facility typically offer family planning services to clients who come for the following services**

	Yes	No	Don't Know
a. Antenatal Care			
b. Delivery			
c. Postnatal Care Post-abortion care			
d. Immunization			
e. PMTCT			
f. HIV Counseling and Testing			
g. Sexually Transmitted Infection Management			

**6. Does this facility typically refer clients for family planning services during any of the following services**

	Yes	No	Don't Know
a. Antenatal Care			
b. Delivery			
c. Postnatal Care Post-abortion care			
d. Immunization			
e. PMTCT			
f. HIV Counseling and Testing			
g. Sexually Transmitted Infection Management			

**7. Does this facility ever refer clients to other health care facilities for Family Planning services?**

Yes.....  
 No.....  
 Don't know.....

**8. If Yes to Q7, what method of Family Planning does this facility refer clients for**

SELECT ALL THAT APPLY

Daily pill	
M/condom	
F/condom	
IUD	
SFJ	
Diaphragm	
Injectables	
Implant	
M/sterilization	
F/sterilization	
E/contraception	
Others (specify)	

**9. 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 .....  
 Implants.....  
 M/sterilization  
 F/sterilization

	Others (specify)
<b>10. What is the cost for consumable for each of the methods of family planning.</b>	Daily pill M/condom F/condom IUD SFJ Diaphragm Injectables Implant M/sterilization F/sterilization E/contraception Others (specify)
<b>11. 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 ..... Other (specify)
<b>12. Where does your stock come from?</b>  CHOOSE ALL THAT APPLIES.	Govt..... Intl NGO ..... Local NGO..... Pharmacy/shop..... Wholesaler/ dealer/ supplier..... Other (specify)

<b>13. Are there any written guidelines or service protocols in this facility for family planning services?</b> PROBE BEYOND RESPONSE	Yes, document observed..... Yes, document reported but not seen..... No.....
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<b>14. Is there any type of quality assurance committee or staff meetings that assure quality control for family planning service delivery</b>	Yes..... No..... Don't know.....
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<b>15. Please list the names of the permanent staff involved in providing reproductive health services, including family planning and maternal and child health.</b>									
	Name	Work full time	Position code	sex	Which service does Name provide	Has Name been trained on any reproductive health service?	If yes, please specify training and year		
1		Yes---- 1  No----2	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			Male-----1  Female---2	FP-----1  MH-----2  CH-----3	Yes-----1  No-----2	

2		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
3		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
4		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
5		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
6		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
7		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
8		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
9		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	
10		Yes---- 1 No----2	<input type="checkbox"/>	Male-----1 Female---2	FP-----1 MH-----2 CH-----3	Yes-----1 No-----2	

CODE:  
 General physicians =1      Obstetrician/Gynecologists = 2      General surgeons = 3      Pediatricians = 4  
 Nurses = 5      Midwives = 6      Nurse/Midwives = 7      Pharmacist = 8  
 Pharmacy technician = 9      Med lab Scientist = 10      Medical Laboratory Technician = 11  
 Record Officer = 12      Record Technician =13      Health Educator = 14      CHEW = 15  
 Community health officers=16      Community outreach workers=17      Voluntary health worker = 18  
 Health Assistant = 19      Health Attendant = 20      Social Worker = 21

**16 IEC MATERIALS AND OUTREACH ACTIVITIES**

Do you have the following family planning IEC materials displayed and/or available for use?

- |            |                       |
|------------|-----------------------|
| 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) Job aids	Yes and Observed..... Yes but not seen..... No.....
g) Demonstration models	Yes and Observed..... Yes but not seen..... No.....
h) Counseling cards	Yes and Observed..... Yes but not seen..... No.....
i) Other (specify)	.....

Now let us talk about out reaches in this facility:

<b>17A</b>	Do you have a health outreach program for IEC (Information, Education and Communication)?	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>	How many communities do you regularly visit?	NUMBER ..... [     ]
<b>D</b>	About how often do you visit those communities?	WEEKLY..... MONTHLY ..... QUARTERLY ..... ANNUALLY ..... OTHER .....
<b>E</b>	Does this facility give health talks for members of the community?	Yes ..... No ..... Don't know.....
<b>F</b>	Has this facility ever given a health talk on family planning/birth spacing to the community?	Yes ..... No ..... Don't know.....
<b>G</b>	How often does this facility give health talks to the community?	EVERY DAY ..... WEEKLY ..... MONTHLY..... QUARTERLY..... OTHER .....
<b>H</b>	How often do the topics of the health talks change?	EVERY TALK ..... MONTHLY ..... OTHER .....
<b>I</b>	Does this facility supervise CBDs (community-based distributors of contraceptives)?	YES ..... NO .....
<b>J</b>	What organization sponsors the CBDs?	MOH ..... MARIE STOPES ..... PPFN..... SFH..... OTHER .....  _____ (SPECIFY)

**18. Now, I would like to ask you some questions about the infrastructure and equipment that you have at this facility.**

**INFRASTRUCTURE AND EQUIPMENT**

Are the following types of facilities/equipment available on a functioning basis at the service location?  
**INTERVIEWER NEEDS TO CHECK FUNCTIONING WHERE POSSIBLE.**

1	DOES THIS FACILITY HAVE A SIGN POSTED WITH ITS HOURS OF OPERATION AND SERVICES?	Observed. . . . . Reported, not seen. . . . . No sign.....
2	Electricity	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
3	Back-up generator	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
4	Solar	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
5	Inverter	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
4	Running water supply	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
5	Borehole	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
6	Other source of water (specify)	Available but not functioning . . . . . Available and functioning . . . . .
7	Toilet facilities/latrine	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
8	Facility Telephone	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
9	Storage area for drugs and supplies	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
10	Sharps container for needles	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
11	Laboratory	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
12	Private examination room (for example, a private room for pelvic exams and IUD insertion)	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
13	Private counseling room/space	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable.....
14	Exam table for gynecological examination	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable.....
15	Examination light	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
16	Delivery room with bed and lighting	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable.....
17	Operating theatre with basic/required equipment	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable.....

18	Weighing scale for adults	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
19	Infant weighing scale	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable.....
20	Blood pressure apparatus	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
19	Stethoscope	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
20	Fetal stethoscope	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable.....
21	Sterilizer	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
22	Microscope	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
23	Oxygen apparatus	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
24	Centrifuge	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
25	Thermometer	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
26	Scalpels	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
27	Sutures	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
28	Antiseptic	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
<b>29</b>	Two pairs of scissors	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
30	Needles	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
31	Long needle holder	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
32	Cheattle Forceps	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
	Forceps Jar	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
33	Vaginal speculum (small size)	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
34	Vaginal speculum (medium size)	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
35	Vaginal speculum (large size)	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .
36	Vacuum extractor	Not available . . . . .

		Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
37	Manual vacuum aspiration (MVA) kit	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
38	Drum(different sizes)	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
39	Bowl with cover for disinfection	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
40	Elbow Length Gloves	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
41	Sterilizer/Sterilizing equipment	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
42	Sterile Drape	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
43	Mackintosh	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
44	Bowls for Handwashing	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
45	Dustbin	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
46	Elbow Length Gloves	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Mosquitoe Artery Forcep (Straight)	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Gallipot with cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Gallipot without cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Kidney Dish with cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
47	(IUD Removal & Insertion KIT ) Tenaculum	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Cuscus Vaginal Speculum (In sizes)	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . .



		Not applicable . . . . .
	Uterine Sound	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Gallipot with cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Gallipot without cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Kidney Dish with cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Kidney Dish without cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Large Tray with cover	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Sponge Holding Forceps	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
	Long Needle Holder	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
48	Minilaparotomy kit	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
49	Vasectomy kit	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
50	Delivery Kit	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
51	PAC Room	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
52	Mini lap and minor procedures Theatre	Not available . . . . . Available but not functioning . . . . . Available and functioning . . . . . Not applicable . . . . .
53	NHMIS Register (Family Planning Register)	Not available . . . . . Available . . . . .
54	Daily Consumption Record	Not available . . . . . Available . . . . .
55	Requisition form	Not available . . . . . Available . . . . .
56	Referral Slip.	Not available . . . . . Available . . . . .
<b>18b. Are the following consumable/supplies available always, sometimes, or never?</b>		
1	Betadyne Cervical Preparation	Always . . . . . Sometimes . . . . . Never . . . . .

2	Latex Gloves	Always . . . . . Sometimes . . . . . Never . . . . .
3	Sterile disposable latex gloves?	Always . . . . . Sometimes . . . . . Never . . . . .
4	Long gloves?	Always . . . . . Sometimes . . . . . Never . . . . .
5	Cotton wool	Always . . . . . Sometimes . . . . . Never . . . . .
6	Gauze	Always . . . . . Sometimes . . . . . Never . . . . .
7	Disposable syringes and needles?	Always . . . . . Sometimes . . . . . Never . . . . .
8	2% Xylocaine without Adrenaline	Always . . . . . Sometimes . . . . . Never . . . . .
9	Methylated Spirit	Always . . . . . Sometimes . . . . . Never . . . . .
10	Aqua	Always . . . . . Sometimes . . . . . Never . . . . .
11	Plaster	Always . . . . . Sometimes . . . . . Never . . . . .
12	Iodine	Always . . . . . Sometimes . . . . . Never . . . . .
13	Injection Safety Box	Always . . . . . Sometimes . . . . . Never . . . . .
14	Savlon	Always . . . . . Sometimes . . . . . Never . . . . .
15	Jik	Always . . . . . Sometimes . . . . . Never . . . . .
16	Surgical Blade	Always . . . . . Sometimes . . . . . Never . . . . .
17	Medical Waste Bin	Always . . . . . Sometimes . . . . . Never . . . . .
18	Pregnancy Test Kit	Always . . . . . Sometimes . . . . . Never . . . . .
19	Rape Kit	Always . . . . . Sometimes . . . . . Never . . . . .
20	Intravenous kit?	Always . . . . . Sometimes . . . . . Never . . . . .

<b>19. What is this facility's standard precaution measures</b>		
a	Do you practice standard gloving, if yes describe	Yes..... No.....
b.	Does this facility dispose medical waste (soiled gauze, swabs, gloves) in medical waste bag	Yes..... No.....

c.	Does this facility dispose sharps in sharp boxes	Yes..... No.....
d	Does this facility practice the following when disinfecting used equipment i. rinse under running water ii. disinfect in jik solution (6:1) for 20 minutes iii. wash with soapy water iv. rinse under running water	Yes..... No.....
e.	How does this facility sterilize instruments  CHOOSE ALL THAT APPLY	Use a sterilizer..... Boil instruments and count 20 minutes from the time the water starts to boil..... High Level Disinfection (probe how).....

Now let us talk about the support from other organizations:

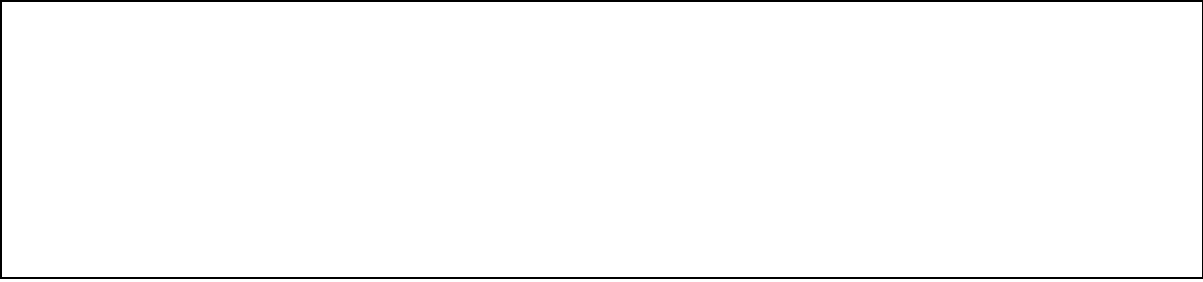
<b>20</b>	<b>Is this facility currently receiving any form of support from any other organizations?</b>	Yes ..... No ..... Don't know.....  IF yes, Please describe the support
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Please write general comprehensive notes on each pf the following:

<b>21. 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>

<b>22. 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 there is need for painting, flooring etc</b>

<b>23. Please write a comprehensive note on other items that you feel may be useful for the PIP of this site.</b>



**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!**