
FAMILY PLANNING SUPPORTIVE SUPERVISION A SELF ASSESSMENT CHECKLIST FOR PRIVATE HEALTH FACILITIES

Name of Provider: _____

Cadre: _____

Phone no: _____

Name of Facility: _____

LGA: _____

Date of Assessment: _____

INSTRUCTIONS;

1. Please review each question below and mark the response that you feel best reflects your understanding of the present situation in your facility/Hospital by ticking YES or NO in the box that corresponds to each question & sub-question
2. Make comments if necessary, to support your answers
3. Indicate the number selected (as applicable) in the rating section

S/N	Questions	Yes	No	Comments/Remarks	Score
Clinic Management (Setting/ Organization, System etc.)					
1a	Does this facility have a Family planning Counselling Room	Yes	No	<i>If No is selected then go to 2a</i>	1
1b	Is this FP room neat and organized	Yes	No		1
1c	Does this FP room provide privacy for clients (other people cannot see or hear when you counsel)	Yes	No		1
2a	Does this facility have a room for carrying out Family Planning Procedures	Yes	No	<i>If No is selected then go to 3a</i>	1
2b	Does this room have the following	Yes	No	Select one	

	<p>I. Equipment e.g. Speculum Uterine sound Forceps Tenaculum Kidney dishes Trolley Decontamination bowls</p> <p>II. Privacy, good ventilation, and lighting</p>				8
3a	Are there FP Job aids/guidelines in your facility?	Yes	No	<i>If No is selected then go to 4a</i>	1
3b	<p>Does this facility have the following job aids/guidelines available</p> <ul style="list-style-type: none"> • Standard Operating Procedures • Performance standard • MEC wheel • Balanced Counselling Strategy (BCS) cards • Others (specify in the comments section) 			Provide space for string for others	5
4	Are there FP registers and logistics tools available in your facility?	Yes	No	<i>If No is selected then go to 5a</i>	1
4b	<p>Does your facility have the following</p> <ul style="list-style-type: none"> • FP register • Daily Consumption Record • Monthly Summary forms • IRIF 			Multiple select String for others	3
5a	Does this facility have FP commodities?	Yes	No	<i>If No is selected then go to 6a</i>	1
5b	Does the facility have these five commodities currently? Pills, Condoms, Implants, IUD, Injectables				1
5c	<p>How does this facility procure commodities</p> <ul style="list-style-type: none"> • Government • Social marketing organization (e.g. DKT) • Pharmacy • Open market 			Multiple select	

Quality Improvement

6a	Is there a Quality Improvement team (QIT) in your facility?	Yes	No		1
6b	Do you have regular monthly QIT meeting using the QI guidelines?	Yes	No		1
6c	Have you integrated QIT meeting into your monthly meeting or routine staff meeting	Yes	No		1

Infection prevention Practices

7	Do you carry out the following infection prevention measures in your facility?	Yes	No		
7b	<ul style="list-style-type: none"> • Handwashing facilities • Disinfection and sterilization • Waste segregation • Others 			Multiple select String for others	4
8a	What are the types of waste segregation processes available in your facility <ol style="list-style-type: none"> i. None available ii. Black color bin only iii. Red only iv. Yellow only v. Black, Red, Yellow bin & Sharp box (1) 			Multiple select	
8b	How do you decontaminate& sterilize instruments in your facility?				
	(indicate the bowls available)- <ol style="list-style-type: none"> I. None available II. 1 bowl (Chlorine solution) III. 2 bowls (Chlorine Solution &soapy water) IV. 3 bowls (Chlorine solution, Soapy water, and clean water) V. 3 Disinfection bowls and sterilizer/ autoclave (1) 			Select one option	

Human Resource for Health and training

9a	Do you have a trained service provider that can provide Long-acting reversible contraceptives (LARC)				1
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9b	Do you have a trained service provider that can provide Interpersonal Communication and Counselling (IPCC)&injectables				1
9c	Do you conduct step down on FP training for your newly employed staff				1
Knowledge, skills and service provision					
10a	Do you watch the FP Distance Learning Education (DLE) videos i.e. My family planning guide App?	Yes	No		
10b	Did you watch the FP Distance Learning Education (DLE) videos in the last 3months?				1
10c	What type of information do you provide on FP methods? i. Benefit of the methods ii. How to use the methods iii. Side-effects of the methods and how to manage them iv. Effectiveness/ Success rate of the methods v. Expiration date	Yes	No	Multiple select	5
Validation and Planning					
Overall Rating & Comment I. Urgent attention (Red) II. Immediate Attention (yellow) III. Routine Follow-Up Comments					

Follow up Actions.