



National Family Planning Standard for Health Care Facilities

Dissemination brief

Introduction

The National Family Planning (FP) Standards for Healthcare Facilities is a tool for health care providers, supervisors and program managers to assess FP service delivery at all types of facilities in Kenya. The previous version of the tool was developed in 2012. Since then, there have been a lot of important national and international developments that affect the provision of FP services in Kenya. These include the devolution of health services in Kenya in 2013; the revision of the World Health Organisation (WHO) medical eligibility criteria for contraceptive use in 2015 and the launch of the Kenya Quality Model for Health in 2018.



Objectives of the tool

The tool is designed to enable providers, supervisors and/or program managers to:

- assess the quality of FP services in the facilities with a standard tool.
- identify strengths, gaps and challenges in FP service provision.
- provide feedback of the assessment to the facility staff and management.
- develop action plans to address identified gaps in service provision.
- monitor and evaluate quality improvement in FP service provision.

Who is the tool for?

The tool will be used for self-assessment, peer assessment and external assessment. It can be used by Quality Improvement Teams (QITs) within health facilities for self- assessment; QITs from different facilities for peer assessments; and national, county, sub-county supervisors for external assessment to ensure compliance with standards of practice.

How are the FP standards assessed?

The tool has adopted the WHO Quality of Care assessment format which sets **standards** and uses **quality statements** and **quality measures** to determine the quality of health care services. It is designed to assess service delivery against 15 FP standards (see table on next page). For each standard, there are a set of quality statements and quality measures. Each quality measure has specific means of verification. For each standard to be "achieved", all the quality measures should be "YES" or "NA" (Not Applicable). If any of the quality measures are not met, the standard should be scored as "Not achieved". The number of standards achieved should be written and score achieved calculated in percentage. Summary of the results achieved should be entered in the results "summary form".

Sample results summary form

Standard 1: Leadership and Governance: The health care system shall ensure effective leadership and governance, providing active oversight, coalition building, guidance, motivation and ensuring conformity to policies, guidelines, and standards						
Quality statement	Quality Measure	Means of verification	Y	N	N/A	Comments
1.5: Policies, guidelines and standards are available to ensure services are offered in line with the set standards	a. Copies of relevant policy documents, standard operating procedures, and guidelines available and in use. <ul style="list-style-type: none"> i. RH policy, ii. National Family Planning Guidelines for service providers iii. FP standards iv. National IPC guidelines 	Ask Physical check				
1.6 Health facility has in place the following:	a. There is a committee that discusses finance issues <ul style="list-style-type: none"> i. Schedule of meetings ii. Meeting minutes 	Ask Physical check				
1.6a. An allocated budget towards FP commodities, equipment and services which is reviewed every quarter	b. The facility has annual workplan which has a budget for FP commodities <ul style="list-style-type: none"> i. Minutes of the budgetary allocation meeting ii. Copy of annual workplan 	Ask Physical check				
1.6b: Maintains financial records	c. There is a system for generating funds for FP services including user fees where applicable	Ask/Interview				
	a. Check that the facility has:	Ask/Interview staff				

When can the tool be used?

The tool is designed to be used as a quality assurance and quality improvement tool for FP service delivery and the quality assurance exercise should be undertaken annually. The assessment should be followed by a comprehensive report highlighting gaps identified, prioritized activities to be undertaken and an action plan developed for follow up by relevant levels. The facility on the other hand can use the tool to monitor the progress by conducting self-assessments and action plans. On achievement of the first activity in the action plan, the next activity should be started using same process while sustaining the already achieved improvement.

What are the latest FP standards?

There are 15 FP performance standards in the 2021 version of the tool, as outlined in the table below. This represents a considerable change from the 2012 version where there were only 6 standards; as shown in the right hand column of the table below.

	2021 FP Standard	2012 Standard
	Leadership and governance: The health care system shall ensure effective leadership and governance, providing active oversight, coalition building, guidance, motivation and ensuring conformity to policies, guidelines and standards.	
	Quality improvement: The facility strives to provide quality family planning services at all times, to improve efficiency of staff in service delivery and improve health outcomes for clients seeking services.	
	Health and logistics management information system: The health facility shall have a well performing system that ensures the production, analysis, dissemination and use of timely and reliable information.	Management systems
	Physical infrastructure: The health facility has an appropriate conducive physical environment, with adequate safe water, sanitation facilities and energy supplies for provision of quality FP services.	Human and physical resources
	Human resource: Health care providers (HCPs) are well trained and motivated in provision of safe and quality FP services in line with the national policies and guidelines.	
	Commodities, equipment, supplies and drugs: The health care facility has in place a comprehensive commodity supply chain and equipment management system to ensure consistent availability of FP products, equipment and supplies for continuity of care.	FP Methods
	Infection prevention and control: The facility implements infection prevention and control (IPC) practices in accordance with the national guidelines to minimize risk of infection to clients, staff and community.	
	FP counseling: The client receives information, education and communication in a conducive environment to make informed choice of the family planning method.	Information, education, communication for FP
	Service provision: Clients have access to quality FP methods and services that are safe and delivered in a way that ensures continuity of care and follow-up.	
	Follow up and management of side effects: Clients have an opportunity to discuss satisfaction or dissatisfaction with the contraceptive method chosen and those with adverse effects are managed appropriately.	Follow-up visit, management of side effects, problems, and removal of IUCD and implants
	Safe and timely removal of IUD/ implants: Clients have access to safe and timely IUD and implant removal services.	
	Respect and provision of clients' dignity: Family planning clients receive care that is safe and delivered in a way that ensures respect, dignity without any discrimination, autonomy, privacy, confidentiality, continuity of care and follow-up.	
	Integration of services: Clients who come to the facility for other health services should be able to access FP services to ensure that there are no missed opportunities for FP information and services.	
	Referral: There is an effective referral mechanism for continuity of care.	
	Outreach/in reach services: Every hard to reach and vulnerable populations have access to family planning services through outreach or in reach approach to service delivery.	

Where to access the tool

The full version of the National FP Standards for Healthcare Facilities can be accessed from the MoH website (<https://www.health.go.ke/>) or hard copies from the Division of Reproductive and Maternal Health.