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MINISTRY OF HEALTH-ETHIOPIA
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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

FAMILY PLANNING SERVICE INTEGRATION NATIONAL IMPLEMENTATION GUIDELINE

MCHN directorate, MoH

August, 2021
Addis Ababa, Ethiopia

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FOREWORD

The Government of Ethiopia believes that family planning is one of the key strategies to improving maternal health and bringing about overall socio-economic development to the country. This commitment is in line with the health policy which clearly indicates that the health and wellbeing of the society shall be kept through providing and regulating the highest possible quality of a comprehensive package of health services in an equitable manner. This had been proved by the successful integration of FP services to HIV/AIDS care and treatment and the health extension service package. As a result; the Contraceptive prevalence rate (CPR) has steadily increased to 41% and unmet need has declined to 22% in the past two decades. The FP service uptake has also showed a nation-wide increase due to the integration of the FP service with HIV/AIDS and HEP in the country.

MoH is also committed to improve the maternal and child health outcomes through attaining the HSTP II, and the SDG goals and targets using FP as one of the key strategies. Moreover; MoH considers that access to FP service is among the reproductive health rights of a woman and it is one of the tools to prevent unintended pregnancy and reduce maternal mortality and morbidity. Additionally, the 2021-2025 National RH strategic plan highlighted that provision of quality FP service to every woman, newborn, adolescent and youth requires effective service integration across the RMNCH-N spectrum.

Hence; this guideline, the first of its kind to outline implementation issues encompassing FP service integration; is intended to provide guidance to initiate, support and sustain FP program through RH and non-RH service outlets including in HIV/ART, PMTCT, ANC, Labor and delivery, PNC, EPI < 5 child health care and adult OPD. It also outlines the importance of linkage of clients coming to FP services to other RH services. We sincerely hope that, this guideline will help bridge the existing service gaps and addressing missed opportunities through linkage of clients who come for other health care services like Child health care, ANC, labor and delivery, PNC, Abortion Care, EPI, adult OPD, AYH etc., to FP services; increasing FP service uptake and ultimately contributing to mitigation of maternal mortality and morbidity that follows unplanned pregnancy.

Dr. Meseret Zelalem (MD, Pediatrician)
Maternal, Newborn, Child and Nutrition Directorate Director

Ministry of Health

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ACRONYMS

ABRI	Access for Better Reproductive Health Initiative
ANC	Antenatal Care
CAC	Comprehensive Abortion Care
CPR	Contraceptive Prevalence Rate
CSA	Central Statistics Agency
EC	Emergency Contraception
EH	Engender Health
FP	Family planning
HEP	Health Extension Program
HIV/AIDS	Human Immuno-deficiency Virus / Acquired Immuno- Deficiency Syndrome
HTC	HIV Testing and Counseling
HSTP	Health Sector Transformation Plan
IEC	Information Education Communication
ICF	International Counseling Firm
IUCD	Intra Uterine Contraceptive Device
EDHS	Ethiopian Demographic Health Survey
LAM	Long-Acting Method
LARC	Long-Acting Reversible Contraception
LB	Live Birth
MCHN	Maternal and Child Health & Nutrition
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
OPD	Outpatient Department
PITC	Provider Initiated Testing and Counselling
PMTCT	Prevention of Maternal to Child Transmission
PPIUCD	Postpartum Intrauterine Contraceptive Device
RMNCAH-N	Reproductive, Maternal, New born, Child, Adolescent Health and Nutrition
PNC	Postnatal Care
RH	Reproductive Health
SAM	Short Acting Method
SDA	Standard Day Method
SDG	Sustainable Development Goal
TFR	Total fertility Rate
WDA	Women Development Army

ACKNOWLEDGEMENTS

The development of the National FP service integration implementation guideline is the product of repeated consultative meetings held among a wide cross-section of partners and stakeholders organized and led by the FP case team and MCHN directorate of the Ministry of Health.

The MoH, MCHN directorate would like to acknowledge all stakeholders in general and EngenderHealth Ethiopia in particular; for their technical and financial support provided for the development of this FP service Integration National guideline.

Moreover, the Ministry is grateful and appreciate the comments, inputs and suggestions forwarded by individuals who had worked tirelessly to make this guideline a reality

OPERATIONAL DEFINITIONS

Service Integration

Service integration has been defined in many different ways; however, the Cochrane Group has defined it as – "A variety of managerial or operational changes to health systems to bring together inputs, delivery, management and organization of particular service functions". It aims at "improving the service in relation to efficiency and quality, thereby maximizing use of resources and opportunities" (Briggs & Garner, 2009).

Family panning service integration- It refers to "an incorporation of managerial or operational changes to health system/service to bring together inputs, delivery, management and organization of family planning service with the aims of improving access, quality and efficiency thereby maximizing use of resources and opportunities".

Smart integration/ one stop shopping approach: refers to "Providing a comprehensive SRH services at a service area in a given facility". Examples of one stop shopping are FP service integration in CAC and ART service.

FP Service Linkage

It is "the bidirectional synergies in programs, services, and advocacy between maternal and Child health care, AYH, HIV, and other SRH services with FP". It could be internal (within the same facility) or external (between different facilities), also termed as internal and external referrals respectively.

1. INTRODUCTION

In the past two decades, Ethiopia has succeeded in improving the overall maternal and child health services in general and FP/RH services in particular. Hence; the contraceptive prevalence rate (CPR) has steadily increased to 41.4 % by the year 2019 from its baseline value of 8% in 2000. Unmet need has also declined to 22 % in 2016 from 37% in 2000 and total fertility rate (TFR) from 5.5 in 2000 to 4.1 in 2019 (EDHS 2000, 2016 and Mini-DHS 2019). However; there still exists a huge disparity across regions and among various socio-demographic groups.

Similarly, Ethiopia has made a significant progress in decreasing maternal mortality ratio (MMR) and under-five mortality in its stride to attain MDG 4 and 5 goals. However, according to the 2017 estimate by the UN; the MMR in Ethiopia still stands at 401/100,000 live birth (LB) and under-five mortality at 67/1000 LB.

On the other hand, in the 2nd Health Sector Transformation Plan (HSTP-II); the Ministry of Health has put ambitious targets to attain: increasing CPR (41%) to 50%, a decrease in unmet need for FP (22 %) to 19%, a decrease in TFR (4.1) to 3.23, a decrease in teenage pregnancy (12.5 %) to 7%; to reduce MMR from 401 to 279/100, 000 LB and under five mortalities from 59 to 43/1000 LB in 2024/25.

Global evidences show that maternal mortality ratio (MMR) could be decreased by 1/3 while under five mortalities by 10% with the use of FP service (Sufedin et al, the lancet, June 2012). Hence; strategies like integration of FP services will have paramount importance in increasing FP service uptake, improving CPR coverage, addressing the unmet need for FP and ultimately contributing to reduce MMR and child mortality.

The National health policy of Ethiopia; hence, states the need of providing a comprehensive package of health services; and it recognizes reproductive health (RH) and equitable access to service as essential strategies to do so.

Furthermore, the Government of Ethiopia considers access to FP service as women's reproductive rights and as one of the interventions of preventing unintended pregnancy to reduce maternal and child mortality.

Consequently, MoH is committed to attain the 2nd Health sector transformation plan (HSTP -II) and the sustainable development Goals (SDG) targets, to improve maternal and child health and bring about socioeconomic development of the country using Family planning services as one of the key strategies. The ministry has shown this commitment through exerting a concerted effort with the partners and stakeholders in expanding access to quality and equitable FP services across the country.

Moreover, the national RH strategic plan document (2021-2025) recognizes integrated service delivery as a key strategy to provide every woman, newborn, adolescent and youth access with good-quality care. Therefore, there should always be a way to look for opportunities to integrate and link reproductive health services with other health and non-health interventions.

The concept of Service Integration is not a new undertaking for the Ethiopian health care system. It was initiated more than two decades ago while FP service was integrated with HEP and HIV/AIDS care and treatment services. It has recently progressed to include MCH services like ANC, postpartum care and Comprehensive Abortion care services with a documented success in increasing access to and uptake of FP service through addressing the missed opportunities of clients visiting health facilities for other health services.

Hence, to achieve the various RH targets and goals in general and that of FP in particular, MoH has planned to build-up on the stated experiences and expand access to quality and comprehensive FP service through integration/ linkage to ANC, Labor and delivery, PNC, abortion care, child health, EPI, HIV/STI, AYH and other health service areas.

2. RATIONALE

Missed opportunities for FP service still exist in all health service delivery points across all levels of health facilities with corresponding increase in unintended pregnancies, higher maternal, neonatal and under five deaths which could have been easily averted.

Hence, it is important to increase FP service utilization using integration/ linkage as a strategy to increase access through the continuum of essential health care services and avert these high mortality rates.

Therefore, the rationale of this guideline is to provide a practical guide for health managers and health care providers during implementation of FP service integration at all levels of the health care system.

3. OBJECTIVES

3.1 General Objective

The general objective of this guideline is:

To enhance/ increase uptake of quality FP service through its integration/linkage with other health services;
Specific objectives:

- To set standards and minimum requirements for FP service integration and linkage implementation, monitoring and evaluation.
- To guide policy makers, partners, managers and service providers to expand quality FP services through integration and linkage.
- To be used as a tool to facilitate the integration of FP services with RMNCH and other relevant health services.

4. BENEFICIARIES OF THE GUIDELINE

The guideline is meant to be used by:

1. Policy makers
2. Health managers
3. Service providers
4. Academic institutions
5. Partners
6. Other relevant stakeholders

5. INTEGRATION OF FP SERVICES

With an understanding of the concept of integration in relation to FP and other services, we now move to a description of systems considerations for FP-integrated services. The following section provides an overview of what the policy, service delivery and community requirements are for operationalizing integration, as well as a description of selected systems to support FP-integrated services.

The FP service Integration can be operationalized at the following four levels:

1. Policy Level: The health system at all level will coordinate and jointly plan, monitor and evaluate the service integration.
2. Program Level: The planning, monitoring and evaluation of FP service including managing the services, human resource, and finance will be incorporated into existing activities at the central, regional, and district levels.
3. Health facility Level: Health facilities will establish enabling environment for FP integration such as incorporating FP in to their health service planning, staff capacity building, supplies and logistics management strengthening, referral network and M and E of activities.
4. Community Level: The FP service would reflect responsiveness to clients' and communities' using community structures such as HEW and WDA.

6. BENEFITS OF FP SERVICE INTEGRATION AND LINKAGE

The key benefits of integrated models of service delivery includes:

1. Improve quality of care and clinical outcomes
2. Broadens client opportunity for FP information and services,
3. Addresses missed opportunities and increase uptake of contraception
4. Improve client satisfaction
5. Ensure efficient use of resources
6. Increase CPR and decrease the unmet need for FP

7. FACTORS PROMOTING INTEGRATION AND LINKAGE

- Stakeholder support for integration/linkage
- Competent, experienced and motivated staff
- Ownership by the staff and managers, training, supportive supervision and M & E
- Adequate allocation of resource

- Involvement of community and male partners
- Client acceptance and convenience
- Quality of care and ongoing quality improvement activity
- Integrated electronic client record systems and notes across services
- Availability of method mix
- Client-centered counselling

8. POTENTIAL CHALLENGES AND MITIGATION PLANS IN FP SERVICE INTEGRATION

- **Staff Resistance/Lack of staff motivation:**

  Staff may be concerned that integration and provision of a comprehensive package will require more time due to an increase in the total number of clients visiting the clinic. Resistance resulting from these concerns could be compounded with absence of a unified incentive mechanism. unifying the incentive system will be necessary to discourage providers from favoring the provision of certain services over others.

- **Shortage and high turnover of skilled providers:**

  Deploying Adequate number of trained staff makes the integration effort successful. Therefore, mentorship and refresher, and gap filling trainings have to be organized as required.

- **Shortage and interruption of commodities, supplies and equipment:**

  Appropriate commodity forecasting, timely procurement and distribution of all the necessary commodities, supplies and instruments needs to be considered to provide uninterrupted services. Inadequate physical space/infrastructure

  More attention should be given to ensure adequate space to provide the integrated service. Maintain client's privacy by using curtails and screens

- **Lack of good governance and leadership**

  Regular supportive supervision and coordination should be planned and conducted to improve the quality of FP service. Committed leaders and managers for FP integration should be available at all levels of the health system.

- **Failure or improper documentation and reporting**

  Strengthen proper documentation and reporting at all levels through capacity building, improving data quality using data verification mechanisms and using electronic health information system.

9. PROGRAM COORDINATION, IMPLEMENTATION AND MANAGEMENT APPROACH

The overall management of the FP service integration should take the following important steps. Activities in general should begin with capacity assessment of health facilities; followed by capacity building, service initiation support, arrangement of referral links (internal and external) and FP commodity logistics management.

i. Health facility/unit/service area Assessment

Facility assessment to see the existing capacity, infrastructure, available space, etc. shall be done by health managers or partners using a standardized format before initiation of the integration of FP (see annex I) on annex 1 **Orientation**

A one day onsite/ offsite orientation on service integration and linkage will be given for managers, service providers, … at various levels of the service integration /linkage. (Refer the one-day agenda on annex 2).

ii. Capacity Building/Trainings

This is a 2 day onsite/offsite training for providers on comprehensive FP, PPFP, permanent FP methods and FP integration. (Refer to the two days agenda on annex 2).

iii. Service Initiation Support

FP service integration initiation support should be given by RHB, Zonal Health Office (ZHO) or Woreda Health Office (WrHO) in collaboration with partners.

iv. Internal and external Referral

Internal or external referral as part of the linkage should be made available to all FP services that are not provided at the specific service integration site (see Annex V).

v. FP Commodity Supply chain Management

The FP commodities and logistics management should be similar to what the individual facility, the Woreda health office, Zonal and RHB and Ethiopian Pharmaceutical Supply Agency (EPSA) has been doing in the rollout of the FP integration. However, each facility has to make additional considerations to procure, store, and collect the service utilization data report.

vi. Use the data collection and reporting formats

There is a specific data collection format (see M & E section, table 3) to be used for documentation and reporting at each unit to timely document and report service statistics.

10. HEALTH SERVICE REQUIREMENTS FOR INTEGRATION AND LINKAGE OF FP SERVICE

Integration and linkage of FP service should be considered in a health facility that has any one or more of the following services based on the assessment result on the availability of physical space, trained providers, essential equipment and commodities conducted using the standard assessment tool (annex 1).

a. Child health services (Under five clinic and & GM),

b. EPI unit

c. Maternal health services - ANC, Labor and–delivery, postnatal care services

d. CAC unit

e. HIV/AIDS services - HCT, PMTCT and ART service

f. Adult OPD's

g. Adolescent and Youth Health service.

The selected service area/unit needs to have the necessary minimum service requirement in place includes among others adequate infrastructure, manpower, infection prevention (IP) standard, commodity availability etc. confirmed by the assessment results conducted using the standardized assessment tool. (See annex 2).

Any facility that is unable to provide the integrated FP service should avail a referral linkage, be it internal or external, so as to make sure clients get the required SRH service including FP.

11. STRATEGIC CONSIDERATIONS FOR THE FP SERVICE INTEGRATION

Pursuing strategically stronger integration of FP with other health services, managers should consider the following four questions and corresponding activities:

i) Which service areas shall FP integration to be considered?

ii) What type, level or extent of service integration, if any, is needed?

iii) What steps are needed to establish and sustain high-quality integrated services?

iv) What information is needed to measure program success and inform service delivery improvement, replication, or scale-up (M&E)?

The above four issues are detailed in the following sections.

11.1 Service areas on which FP should be integrated

Child health care, EPI, ANC, Labor and delivery, PNC, CAC, adult OPD and AYH with adequate, infrastructure, and man power can be considered for integration.

11.2 Levels of FP services integration

A one-size-fits-all approach to FP or other health services in general, and service integration in particular, does not exist. Even in countries with greater resources, it is often not feasible for every facility to offer all contraceptive services in the same place at the same time by the same provider together with other services. Public and private Health facilities should have to make decisions about which specific FP and other health care services to integrate, when and where to integrate them, and the extent to which they should be integrated.

For example, managers of facilities offering RMNCAH-N or HIV care and treatment services could determine that it is feasible for their health care providers to incorporate FP counselling into their discussions with clients. They might also provide selected methods (such as condoms, pills, and injectable), monitor ongoing use, and make referrals for all other methods. Another facility might offer both HIV counselling and testing and FP services, but in separate rooms by separate providers. Managers in this case might determine that the best use of limited resources is to enable HIV counsellors to screen clients for risk of unintended pregnancy, offer basic information about FP, and provide a same-day referral to the FP room if needed.

In this document, the level of FP services integration is labeled as level-A, B, C and D for practical purposes. At each level of integration, a given type of FP service will be provided. At level A, counselling on LAM, Condoms, EC and referral (both internal and external) is provided. At each successive level, the activities at the preceding level plus additional services with referral shall be provided (as shown in the table below) irrespective of the level of the facility (be it health post, health center, primary hospital, general hospital or referral hospital and their private counterparts).

If facilities or programs providing Level A functions are not immediately prepared to provide oral contraceptives for ongoing uses, they may provide emergency contraceptive pills with referral for ongoing FP management. If the facility or program already provides oral contraceptives (Level B), it can also offer emergency contraceptive pills. (Table 1).

Table 1. Level of service integration depicting types of services to be provided at each level

Level A	Level B	Level C	Level D
All of the following functions provided/performed: FP information provided to clients accessing other health Services. Risk assessment for pregnancy and intention for spacing or limiting. Counseling on • Recommended timing and spacing when pregnancy is desired; • timing of return to fertility; • FP methods (including LAM for postpartum/postnatal clients); • FP methods' ability to prevent STI and HIV infection, • Method choices available and where to access methods not available on site. • Condoms, with instruction; demonstration on correct and consistent use. • Emergency Contraceptive Pills, with instructions for appropriate use. Referral for other FP methods not offered on site.	**All of Level A functions plus:** • Oral contraceptive pills (OCP) with instructions for appropriate use. • Injectable with appropriate counselling and schedule for return visit. • Counselling and referral for other methods.	**All of Level B functions plus:** • IUD with counselling. • Implants with counselling • Implant or IUD follow-up or referral for follow-up.	**All of Level C functions plus:** • Permanent FP (surgical: tubal occlusion, vasectomy) methods with instructions for self-care and follow-up.

11.3 Steps to FP service Integration

STEP 1* → **STEP 2*** → **STEP 3** → **STEP 4** → **STEP 5**

* Steps 1 and 2 are interchangeable depending on Stakeholders' pre-existing desires for Level of Integration and linkage to be implemented.

** Include orientation of stakeholders to staff tasks and system functions required to support levels of integration and linkage

12. LINKAGE OF CLIENTS WITH OTHER SRH SERVICES

Linkage is an important activity in prevention of STIs, including HIV/AIDS, and reproductive organ cancers (ROC) in FP settings. Visits at FP clinics (be it integrated or not) offer clients an opportunity for detection and management of RTIs/STIs, and provide a mechanism for early detection and referral for management of cancers of the reproductive organs.

➢ FP service providers are expected to link clients to get other RH services like reproductive Organ Cancer (ROC) screening, PICT, STI prevention and care etc. as required by adopting the following practices.

- Provide clients with information on high-risk sexual behavior; risks of contracting STIs and HIV/AIDS and their mode of transmission.
- Educate clients on common reproductive cancers and the importance of early detection and treatment of premalignant lesions.
- Screen clients for cervical cancer using visual inspection and acetic acid (VIA).
- Promote the use of condoms (male and female) for clients who are at risk of acquiring STIs, even if they are using other methods of FP (see dual protection, above).
- Provide Health Information/educate all clients about high-risk sexual behavior – The protective benefits of male and female condoms – The need to have sexual partner(s) evaluated and treated if a client is found to have an STI – The importance of knowing one's HIV status and information on where HTC services may be obtained.

13. ROLES AND RESPONSIBILITIES

a. MoH and RHB's

MoH and RHB's should provide all the necessary policy and strategic oversight regarding the integration of FP service. Moreover, they could be involved in resource (budget) allocation, training, coordination and follow-up of program implementation and contraceptive commodity security.

b. Zonal and Woreda health Offices

Should provide all support including coordination, mentorship and involving facilities

(Public and private) in review meetings and supportive supervision.

c. Implementing Partners/ Donor Organizations

Provide technical and financial support to the FP service integration in their respective catchment facilities.

d. Health Facilities (public & private)

Avail FP services, trained man power, equipment and commodities at their potential integration units and document and report the service uptake regularly. Assign adequate rooms to ensure quality FP

service provision. They should also facilitate onsite/offsite training or orientation on service integration, review performance and monitor progress.

e. Service Providers

Providers should properly counsel clients on FP options, provide available methods and refer (internal or externally) for methods not available including permanent methods of contraception. Additionally, they should document and report the services delivered using data capturing tools.

f. Community

Communities should be involved in RMNCH and FP service integration through the existing community health platforms such as Women Development Army (WDA), who could engage and convince the community to seek and request integrated FP services at each health facilities including health posts.

14. QUALITY ASSURANCE OF THE INTEGRATED FP SERVICE

In line with the HSTP II, quality has been recognized as a key issue in establishing and delivering accessible, effective and responsive RH care and services. And the quality of an RH service delivery encompasses several aspects including:

- availability of equipment, supplies, guidelines and protocols;
- knowledge, skills, training, experiences and motivation of health workers;
- supportive supervision of facilities received; and
- satisfaction of clients with the care they received which applies to FP service as well (RH strategic plan 2021-2025, pages 45-46).

The same will be true for FP service integrated at the various primary care areas (ANC, Labor & Delivery, PNC, PMTCT, ART, child health care, EPI, adult OPD, AYH, etc….).

Combining FP and other services is essential to provide quality care to women at risk of unwanted and unplanned pregnancy. Given the significant overlap in populations served FP service integration to other services can help meet client's reproductive health needs in a more holistic manner; it increases access to essential information and tools that can improve health, wellbeing, and support advancement toward reaching global and national FP goals.

Monitoring FP service delivery in any setting is extremely important to ensure the provision of high-quality voluntary services that adhere to principles of human rights, informed choice and evidence-based programming.

The purpose of the annexed (annex 3) quality assurance tool is to help service providers and managers ensure that their health service delivery site is providing high-quality, voluntary FP services. Careful and routine monitoring is needed in order to improve the service quality and to ensure improvement efforts are effective through offering insights into the strengths and weaknesses of key elements of FP service delivery.

Through element-specific scoring, the tool will help users ensure that global and national standards and best practices are being met, and crucial components of client support are being offered. The tool provides a

comprehensive dashboard and element-specific score that will show users how well are their overall and specific performances. For areas that need improvement, there is an option to develop an action plan that helps the user identify the next steps, benchmarks and a time frame for quality improvement.

The process of completing this tool and identifying specific actions to improve quality can also serve as a starting point for broader discussions with stakeholders and/or partners interested in improving the quality of FP services (annex 3).

15. MONITORING AND EVALUATION (M&E)

The successful implementation of the FP service integration, to some extent, relies on putting in place a functional monitoring and evaluation mechanism. Hence; continuous and regular monitoring of the integration progresses and evaluation of outcomes and impacts will provide the required evidence for decisions that foster effective, efficient and synergistic implementation of the integrated FP program. Moreover, it will be incorporated into the knowledge management efforts that will help document lessons learned and sharing of best experiences. (2021 RH strategy page 98)

Accordingly, to advance the FP service integration, we need to investigate the following key questions; document and disseminate the lessons learned and the knowledge gained:

1. Does integrating FP services with other RH and non-RH health services results in improved health outcomes, such as
   - fewer unintended pregnancies when compared to implementing these services and programs separately?
2. Are the costs of integrating services equal to or less than the cost of providing services separately?
3. How effective are referral-based models of FP integration for uptake of methods not immediately offered in the other service areas or for uptake of the other services? And how effective are these referrals for the continuation of methods that were initiated within the other service?
4. Does integrating FP service with other services improve the quality-of-care clients receive without compromising the quality of existing systems?
5. What are the most effective ways of communicating messages about dual protection and dual method use in integrated FP and HIV service settings?
6. Is it feasible to integrate FP services into FP and PMTCT, HIV testing and counselling, HIV care and treatment services, ANC, Labor and delivery, PNC, Under 5 OPD, EPI, Nutritional screening and counselling services, AYH, abortion care service and adult OPD services?
7. With programming primarily limited to facility-based information and contraceptive supply, will integration result in long-term, widespread FP use?

   Additionally, the following activities should be done for regular performance tracking incorporating FP integration and linkage in:

   a. Conducting a regular supportive supervision

   b. Conducting regular review meetings

   c. Documentation and reporting of the service statistics using the standardized format below, (Tables 2, 3, 4 and 5)

Table 2. M & E indicators for Integrated FP services

Unit	No. of trained FP providers currently Working in the unit	Availability of FP Methods				Required infrastructure is in place (NA may be an option)			No. of clients counselled for FP at the unit	Number of clients who received specific method of FP							Number of clients who got removal services		No. of clients referred for FP services		Method client Referred for?		
		SAM	Implant	IUCD	others	Water	Electricity	Room		EC	Condoms (M & F)	Pill	Injectable	Implant	IUCD	SDM/LAM	IMPLANT	IUCD	Internal	External	SAM	LAM	Others
Labor & delivery																							
PNC																							
Under 5																							
GM																							
EPI																							
ART																							
ANC																							
ART																							
PMTCT																							
OPD																							
CAC																							
AYH																							
Total																							

Table 3. Monitoring Tool for FP Service Integration

Indicators	Source of data/ where to document	Disaggregate	Who keeps record?	Who report	Frequency of report	Requirement at each unit
# Of clients who received FP counselling (in units other than FP service) by method and age)	Medical card	By age group 15-24 25-49	Referring service area	FP service area	Quarter HF report	Medical card in each service area
# Of clients who received FP method (in units other than FP service) by method and age	Register	By age group 15-24 25-49 Method SAM | LAM | Others	Offering service area	FP service area	Quarter HF report	Register in each service area
# Of clients referred) to FP unit for FP services	Register	By Age group & Method; 15-24 SAM | LAM | Others 25-49	Referring service area	FP service area	Quarter HF report	Register in each service area
# Clients who received FP service at FP service area -internal referral	FP register	By age group & method 15-24 SAM | LAM | Others 25-49 SAM | LAM | Others	FP service area	FP service area	Quarter HF report	Internal referral slip
# Clients of clients who were referred to other HFs	FP register	By age group & method 15-24 SAM | LAM | Others 25-49 SAM | LAM | Others	FP service area	FP service area	Quarter HF report	External referral slip
# Of clients received FP counselling following CAC services at CAC service Area	CAC register	By Age group & Method; 15-24 SAM | LAM | Others 25-49 SAM | LAM | Others	CAC service area	FP service area	Quarter HF report	CAC register with section on FP

Table 4. Registration for tracking service utilization at FP integration unit

Personal information					Registration			IPPFP	Clinical exam and contraceptive			Follow-up and remark	
S. N	MRN	Name of Client	Age	Sex (M/F)	Reg. date (DD/MM/YY)	New acceptor (√)	Repeat acceptor (√)	Planning (0-48hr) (0-48 hrs.) (√)	Visit No.	Visit date (DD/MM/YY)	Contraceptive provided	Appointment date	Remark/ Name &signature
									1				
									2				
									3				
									4				
									5				
									1				
									2				
									3				
									4				
									5				
									1				
									2				
									3				
									4				
									5				
									1				
									2				
									3				
									4				
									5				

**Use the following abbreviations (Male condom-Mc; Female Condom-Fc; Oral contraceptive-OC; Implants-Imp; Tubal ligation-TL; Vasectomy-VC; Others-Oth).*

Table 5: Long-acting FP method removal registration at FP integration unit

SN	MRN	Name of the client	Age	Reg. Date DD/MM/YY	Insertion date	Type of LA in use	*Place LA inserted	LA method to be removed	**Duration of use of LA	***Reason for removal	Remark!

***Reason for removal*

a) On recommended time
b) Side effects
c) Want to get pregnant
d) Misconception e) others

* *Place LA inserted*

in the same Unit in the same facility----WiF,
Outside the facility==OiF

Hospital-1; Health center-2; Health post-3,
Private cinic-4

***Duration of LA use*

Type of Contraceptive	<6 Months	> 6 months
Nexplanon		
Sino implant		
Jadell		
IUCD		
Others		
Total		

ANNEXES

ANNEX 1. LOGICAL FRAMEWORK FOR FP SERVICE INTEGRATION

CONTEXTUAL CHALLENGES	INPUTS	PROCESSES	OUTPUTS	OUTCOMES	MPACT

ANNEX II

Assessment Tool for Integration of FP with Other Services

Region: _____ Zone: _____ Woreda: _____Name of facility: _____

Date of assessment _____ / _____ / _____

	Questions	Response	Skip
Section 1: Service availability and staffing			
1	Which of the following services are offered in this facility? **(Circle all that apply)**	**Unit** — **1=Yes** — **2=No** 1 PMTCT 1 2 2 HCT 1 2 3 HIV care & Tx 1 2 4 ANC 1 2 5 Labor and delivery 1 2 6 PNC 1 2 7 Under 5 OPD 1 2 8 EPI 1 2 9 AYH 1 2 10 CAC 1 2 11 Adult OPD 1 2	
2	How many staffs do you have working in these units? **(Enter the number)**	1. PMTCT ..... 2. HCT ..... 3. HIV care & Tx ..... 4. ANC ..... 5. Labor and delivery ..... 6. PNC ..... 7. Under 5 OPD ..... 8. EPI ..... 9. AYH ..... 10. CAC ..... 11. Adult OPD	
3	How many staffs are trained in Comprehensive FP provisions in this facility? **(Enter the number)**	1. trained personnel on Comprehensive FP _____	
Section 2: Service integration (counselling and method use)			
4	Do clients receive FP information /counselling after receiving other services **(other than FP)** in this facility as per the standard?	1. Yes 2. No	 Skip to Q-7
5	If yes, in which unit of the facility **(other than FP)** is FP information/ counselling offered? **(Put a tick mark in the appropriate cell)**	**Unit** — **1=Yes (offered)** — **2=No (not offered)** 1 PMTCT 1 2 2 HCT 1 2 3 HIV care & Tx 1 2 4 ANC 1 2 5 Labor and delivery 1 2 6 PNC 1 2 7 Under 5 OPD 1 2 8 EPI 1 2 9 AYH 1 2 10 CAC 1 2 11 Adult OPD 1 2	

6	If clients are not receiving FP information /counselling in the same unit **(other than FP)** they receive other services, where do they get the information?	1. In another facility (Other than this facility) 2. In the FP unit in this facility 3. Not offered at all	
7	If clients receive FP information or method in another unit of this facility, how does the client access the other unit?	1. Accompany her to the unit 2. Send client with somebody 3. Give client a referral slip (Check and verify) 4. Send client with her card 5. Tell client to go to the FP unit	
8	If a client who comes for services **(other than FP) wants to** receive FP service, is she able to receive this service on the same day of her visit, or is she asked to come back on a different day?	1. Always receives on same day of her visit 2. Sometimes receives on same day 3. Always asked to come back 4. Receive the info on a different day 5. Other specify	
9	Do clients in this facility receive FP method in the same unit **(other than FP)** where they receive other services?	1. Yes 2. No	 Skip to Q-14

10	If yes, (if a method is offered), in which unit of the facility is the methods offered? **(Circle all that apply)**		**Unit**	**1=Yes (offered)**	**2=No (not offered)**
		1	PMTCT	1	2
		2	HCT	1	2
		3	HIV care &Tx	1	2
		4	ANC	1	2
		5	Labor and delivery	1	2
		6	PNC	1	2
		7	Under 5 OPD	1	2
		8	EPI	1	2
		9	AYH	1	2
		10	CAC	1	2
		11	Adult OPD	1	2

		Unit	**Pills**	**Injectables**	**Condom**	**Implant**	**IUD**	**Permanent method**
11	If yes (if a method is offered), what method is offered in each unit of the facility from the list in **Q-11** above? **(Indicate by tick mark)**	PMTCT HCT HIV care &Tx ANC Labor and delivery PNC Under 5 OPD EPI AYH CAC Adult OPD						

				Unit	**1=Yes**	**2=No**	
12	If FP methods are **not provided** in the same unit where women receive other services, what are the main difficulties to providing the methods? **(Circle all that apply-more than one answer possible; Don't read the options)**	1	There is no competent provider		1	2	
		2	Lack of supplies		1	2	
		3	Lack of equipment		1	2	
		4	Not enough time to counsel clients		1	2	
		5	Other (specify)				

Section 3: Referral			
13	If clients who came for other services asked for an FP **method**, where do they receive the method of their choice?	1. In the same unit (other than FP) where they receive the services 2. In the FP unit of the facility 3. Other specify: _____	
14	Do you have any way to verify clients referred to other units received FP information /counselling or method at the other unit?	1. Yes 2. No	
15	Do you have a register/record of clients referred to other units of the facility **(other than this unit)** for FP counselling?	1. Yes in all units (Check and verity the register) 2. No 3. Yes in some of the units Specify the units: _____	
Section 4. Recording and Reporting			
16	Do you have registers for clients who receive FP method from this unit? Or referred to other units for service?	1. Yes (Check and verity the register) 2. No	

			Unit	# Received FP counselling	# Received FP method	
17	What is the number of clients who received FP information /counselling and FP method during the last six months in these units	1	PMTCT			
		2	HCT			
		3	HIV care & Tx			
		4	ANC			
		5	Labor and delivery			
		6	PNC			
		7	Under 5 OPD			
		8	EPI			
		9	AYH			
		10	CAC			
		11	Adult OPD			

			Unit	# Received FP counselling	# Received FP method	
18	Number of clients who received FP information/ counseling and method at FP unit after being referred from a different unit during the 6 months	1	PMTCT			
		2	HCT			
		3	HIV care & Tx			
		4	ANC			
		5	Labor and delivery			
		6	PNC			
		7	Under 5 OPD			
		8	EPI			
		9	AYH			
		10	CAC			
		11	Adult OPD			

Section 5. Availability of document and guideline in the units																			
No		Availability of Document / Guidelines in the unit																	
No	Type of Document and Guidelines	CAC		ANC		PNC		Immediate PP		HIV C & Tx		HCT		Under-5 clinic		Adult OPD		Immunization	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	FP national guideline	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
2	Internal Referral form	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
3	External referral form	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
3	IP Guideline	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
4	Medical Eligibility Criteria (date of copy)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
5	Daily Service register /log book	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
6	Monthly Service Reporting form	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
7	Space to keep client records (private)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

Section 6. Availability of Infrastructure																									
No	Infrastructure	Availability of Infrastructure																							
		PMTCT		HCT		HIV care &Tx		ANC		Labor and delivery		PNC		Under 5 OPD		EPI		OTP and SC		AYH		CAC		Adult OPD	
		yes	No	yes	No	yes	No	yes	No	yes	No	yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Counselling room (private)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
2	Procedure room (private)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
3	Hand washing facility (Piped or improvised)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
4	Cupboard to keep medications safe (locked)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

Section 7. Availability of IEC/BCC Material

No	IEC/BCC Materials	Availability of IEC/BCC Materials in the unit																							
		PMTCT		HCT		HIV care &Tx		ANC		Labor and delivery		PNC		Under 5 OPD		EPI		OTP and SC		AYH		CAC		Adult OPD	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Comprehensive FP Method Chart	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
2	Desktop counselling card	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
3	Flipchart	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
4	Quick Provider reference	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
5	Pre service client brochure	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
6	Post service client brochure	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
7	Penile Model	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
8	Pelvic Model	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
9	Contraceptive display	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

Assessment Tool Guide for Integration of FP with Other Services		
	Region	Enter the name of the region
	Zone	Enter the name of the Zone
	Woreda	Enter the name of the Woreda
	Name of facility	Enter the name of the facility
	Name of unit	Enter the name of the unit or service area
	Date of assessment ___ / ___ / _____	Enter the date of the assessment (DD/MM/YY)
	Questions	
Section 1: Service availability and staffing		
1	Which of the following services are offered in this facility?	Ask by reading the list of services and indicate by circling 1 for available and 2 for not available
2	How many staffs do you have working in these units? (Enter the number)	Ask the total number of staffs working in the facility and for each unit write the number of providers who are working in these units
3	How many staffs are trained in CC and PPFP service provisions in this facility? (Enter the number)	Ask the total number of trained staffs working in the facility and for each training type, write the number of providers who are working in the facility
Section 2: Service integration (counselling and method use)		
4	Do clients receive FP information /counselling after receiving other services **(other than FP)** in this facility?	Ask if clients who are visiting the facility for services other than FP receive FP information in the unit where they come for services. Then circle the response accordingly. If the answer is no, skip to question Q-7 If the answer is yes, continue to the next question
5	If yes, in which unit of the facility **(other than FP)** is FP information/ counselling offered?	If the answer for question 4 above is yes then ask in which unit of the facility the FP information is provided to a client who seeks service (other than FP). Then tick from the list of the units,
6	If FP information/counselling is offered in the unit where the client receives other services **(other than FP),** who offer the information/ counselling?	Ask if the information/counselling is offered in the same unit where the client receives other services who is offering the information and circle the answer from the list of the answers
7	If clients are not receiving FP information / counselling in the same unit **(other than FP)** where they receive other services, where do they get the information?	Ask if the client is not given information in the same unit where she receives other services, where they get information on FP and circle the answer from the list
8	If clients receive FP information or method in other units of this facility, how does the client access the other unit?	Ask where clients who do not receive FP information or method in the same unit and to be sent to other units, how the clients are sent to these units and circle the answer from the list.
9	If a woman who comes for services **(other than FP) wants to** receive information about FP, is she able to receive this information on the same day of her visit, or is she asked to come back on a different day?	Ask if a woman who comes for other services **(other than FP) wants to** receive information about FP, when will she receive this information? Prompt if she receives the information same day or some other day and circle the answer from the list
10	Do clients in this facility receive FP method in the same unit **(other than FP)** where they receive other services?	Ask if clients who come for other services also receive FP method in addition to FP information/counselling and circle the answer from the list
11	If yes, (if a method is offered), in which unit of the facility is the methods offered?	Ask if clients who come for other services also receive FP method in addition to FP information /counselling, enquire in which unit of the facility the methods are offered and from the list of service units, indicate by circling 1 for the unit is offering and 2 for not offering a method
12	If yes (if a method is offered), what method is offered in each unit of the facility from the list in **Q-11** above?	If yes (if a method is offered), indicate what method is offered in the units mentioned above each unit of the facility from the list in **Q-11** above?
13	If yes, (if a method is offered) in unit other than FP, who provides the FP method to clients?	If a method is offered in a unit other than FP where the client received other services, ask who provide the FP method to the client and circle the answer from the list
14	If FP methods are **not provided** in the same unit where women receive other services, what are the main difficulties to provide the methods?	Ask if FP methods are **not provided** in the same unit where women receive other services, what are the main difficulties to provide the methods and circle all that apply from the list of options. Don't read the choices as this result in distorting the answer

Section 3: Recording, reporting and referral		
15	If a client who came for other services asks for a FP **method**, where do they receive the method of their choice?	Ask, suppose a client who comes to the facility for another service ask for a family planning method, where does she get the method (for those facilities that are not offering a method) and from the list of answers circle one.
16	Do you have a way to verify client referred to another unit received FP information /counselling or method at the other unit?	For clients who are referred to other units of the facility for a method or information, ask if the facility has a mechanism to verify whether the clients have received the services and circle the answer from the list
17	Do you have a register/record of clients referred to other units of the facility **(other than this unit)** for FP counselling?	Ask if there is a register to document clients who are referred to other units of a facility for FP counselling and method
18	Do you register clients who receive FP method from this unit? Or referred to other units for service?	Ask if there is a register to document clients who receive information /counselling or FP method from the unit other than FP and circle the answer from the list
19	Please record clients who received FP information /counselling and FP method uptake during the last six months in **these units**	Enter the number of clients served in the unit for FP counselling and information separately for the last six months in each unit
20	Please record the number of clients who received FP information/counselling and method in a different unit **through referral** during the 6 months	Enter the number of clients referred to other units for FP counselling and information separately for the last six months in each unit
Section 4. Staff /Providers?		
		Write name of staff working in each unit including the unit they are working, Profession, Training Attended, Year of training and their interest to provide counselling and Family planning
Section 5 Is the Guideline available?		
		If the guideline is available in the respective unit, circle 1(Yes) if not circle 2 (No)
Section 6 Is Infrastructure available in the unit?		
		If the infrastructure is available in the respective unit, circle 1(Yes) if not circle 2 (No)
Section 7 Are IEC/BCC Materials available?		
		If the IEC/BCC material is available in the respective unit, circle 1(Yes) if not circle 2(N)

ANNEX III

Agenda: On/Off site Orientation on Service Integration for service providers and managers

(Integrating FP with HIV and maternal and child health services)

Date: ----------

Purpose: To enhance participants' knowledge on service integration and enable facilities to integrate family planning methods in *RMNCAH-N.*

Learning Objectives: During this training course, participants will:

- Explain the global trends in Integration, definitions, concepts, integration levels and approaches
- Explain the RH status in Ethiopia
- Discuss current information on short-acting, long-acting and permanent FP methods
- Explain the role of emergency contraception, PAFP, PPFP in women's health
- Explain the current recommended practices in family planning for HIV- positive clients
- Use updated FP information to strengthen integrated counselling
- Update knowledge on infection prevention practices in relation to FP-integrated services
- Discuss realistic referral mechanisms to ensure method options and recording and reporting to reflect FP service activities
- Use a service monitoring system to monitor Family Planning integration within other services
- Develop action plans for implementation of FP-integrated services

Note: Health facility and/or Health office Managers and other partners will join on the third day (day 3) of the orientation.

Date	Time	Session	Session Objective	Facilitator
Day 1/ Friday	08:00-9:30(90')	Registration, Welcoming, Introduction of participants, Participants' expectations Objectives of the Training Group norms, Logistics, Pre-test	Familiarization of the participant with each other and with course facilitators, to align participant expectation and course objectives, and set norms for the length of stay, explain the logistics during the training	
	9:30-10:45(15')	Tea Break		
	10:45-11:15(30')	Overview of reproductive health in Ethiopian context	Power point presentation on RH, National coverage of reproductive health programs.	
	12:15 (75')	Introduction to family planning methods	Highlights of short-acting FP methods	
		Daily wrap-up and evaluation		
Day 2 / Saturday	08:30-08:45(15')	Recap	To review what had been learned on day one	Participants
	08:45-10:45(120')	Overview of LAPM of contraception	▪ Highlights of long-acting and permanent family planning methods(Implants, IUCD and permanent methods)	
	10:45-11:00(15')	Tea Break		
	11:00-12:30(90')	EC, Post-abortion and post-partum family planning	▪ Discussion on Emergency contraception, post-abortion and post-partum family planning	
	12:30-1:30(60')	Lunch		
	1:30-2:30(60')	Family planning for HIV positive clients	▪ Discussion on the family planning needs of HIV positive clients and other clients, MEC for HIV positive clients and the role of dual protection	
	2:30-3:30(60')	Counselling in family planning	▪ To discuss the general concept of counselling ▪ Introduce REDI framework; apply the new FP content to the counselling framework	
	3:30-3:45(15')	Tea break		
	3:45-5:30(105')	Counselling in family planning –(continued)	▪ Counselling role play	
	05:30-05:40(10')	Daily wrap-up and evaluation.		
Day 3/ Sunday	08:30-08:45(15')	Recap	▪ To review what had been learnt on day two	Participants
	08:45-9:45(60')	Infection Prevention	▪ Highlight on IP practices and Standard precautions in relation to FP-integrated services	
	09:45-10:15(30')	Overview of service integration	▪ Overview of service integration (definition, concepts, levels, approaches, etc.)	
	10:15-10:30 (15')	Tea break		
	10:30-11:30	**Monitoring of integration service**: Referral, recording and reporting	Discussion on referral, recording and reporting of services. Sharing referral, recording and reporting formats	
	11:30-12:30(50')	Action planning	Develop joint action plans for represented sites	Participants
	12:30-1:00(30')	Post-test, reflection on the course and adjournment		

ANNEX IV

FP service Integration Quality assurance tool

This tool is designed to assess the extent to which facilities offering integrated FP and other services are meeting the basic minimum standards for the provision of quality Services, to identify any gaps in the provision of integrated services, and serve as a starting point for improving FP service delivery. This assessment tool is intended to be used in health service delivery settings that have integrated FP into the constellation of services they provide. A health service site would be considered an integrated site if they also offer:

- FP education and screening,
- Counselling for specific FP methods, and
- Provision of FP methods or a referral for FP methods not available on-site or on the same day.

This document contains a brief introduction, guidance on how and when the tool should be used, the assessment tool, a results dashboard that shows how the facility scored in each section, guidance on how to interpret the scores, resources for further reading, and a template for creating an action plan to improve the quality of services provided at the site based on the assessment results.

Introduction to the quality tool

Combining FP and other health services is essential to providing quality care to populations at risk of unwanted and unplanned pregnancy. Given the significant overlap in populations served by both FP and other programs, FP integration can help meet client's reproductive health needs in a more holistic manner and increase access to essential information and tools that can improve health, wellbeing, and support advancement toward reaching global and national goals.

Monitoring the delivery of FP services in any setting is extremely important to ensure the provision of high-quality voluntary FP services that adhere to principles of human rights, informed choice and evidence-based programming.

The purpose of this quality assurance tool is to help service delivery providers and managers ensure that their health site is providing high-quality, voluntary FP services. In order to improve the quality of services, careful and routine monitoring is needed to ensure improvement efforts are effective. This tool will offer insights into the strengths and weaknesses of key elements of FP service delivery. Through element-specific scoring, the tool will help users ensure that global and national standards and best practices are being met, and that crucial components of client support are being offered.

The tool provides a comprehensive dashboard and element-specific score that will show users how well they performed overall and in specific areas. For areas that need improvement, there is an option to develop an action plan that helps the user identify the next steps, benchmarks and a time frame for quality improvement. The process of completing his tool and identifying specific actions to improve quality can also serve as a starting point for broader discussions with stakeholders and/or partners interested in improving the quality of FP services.

Who can use the FP Integration Monitoring Tool?

The tool can be used by a wide range of stakeholders, including:

- Facility managers
- Health providers
- Program or project managers
- Implementing agencies
- Community based organizations
- MoH/RHB/WoHO staff.

Scoring

At the end of each section, follow the instructions to score the section. The maximum possible score for each section is 100%. Below is an example of how to score section 4:

SECTION 4: SUPERVISION

Question	Yes	No
1. Do staff that provides FP service outside supervision monitor their performance?		0
If no, skip the section and record the score as 0%		
2. Do supervisory visits that include a review of FP services happen at least 4 times per year?	1	
3. Is feedback provided to service providers after supervision is conducted?		0
4. Is there a mechanism for documenting supervision visits?		0
5. When gaps are found during supervision, is a plan developed to address gaps that include the following information:		
Action identified to address gaps?		0
Person assigned to complete actions?	1	
Due date for completion of actions?		0
6. Is additional FP training available to service providers, if needed? This could include: on-the-job training, extra support, on-site mentorship, off-site training, etc.	1	
HOW TO SCORE THIS SECTION		
1. Sum the circled responses and record this in row A 2. Divide by the number of questions, 8 3. Multiply by 100 and record this value as the score.		
A. SUM OF CIRCLED RESPONSES:		
SCORE:	%	

SECTION 1: COUNSELLING

Question	Yes	No
1. Does this facility routinely assess clients' need for FP services based on his/her clinical history and reproductive intentions?	1	0
2. When a client is found to have a need for FP, does this facility routinely screen the client to determine what FP services are appropriate? Depending on the individual client and their needs, screening topics can include reproductive goals, prior pregnancies, living and family situation, FP knowledge, previously used FP methods and satisfaction with use, and any FP-related concerns.	1	0
3. Does this facility provide FP counselling? FP counselling may include a discussion of topics such as marital/relationship status, number of living children, desire for more children, timing of next child, partner's attitude about FP, and HIV/STIs. Note that counselling on FP methods in order of effectiveness may help to improve women's retention of information on long-acting reversible contraceptives.	1	0
4. **Does FP counselling include correct and consistent condom use for dual protection against HIV/STI infection and unintended pregnancy?** Dual method use describes the use of two contraceptive methods: a barrier method for protection against sexually transmitted infections (STIs) and another method for protection against unintended pregnancy. The contraceptives that offer the best pregnancy prevention do not protect against STIs. Thus, simultaneous condom use for disease prevention should be recommended to all clients.	1	0
5. Does this facility provide safe pregnancy counselling for HIV+ girls and women who are currently pregnant or wish to become pregnant?	**1**	**0**
6. Does FP counselling for HIV+ girls and women include messages about potential drug interactions between hormonal family planning methods and ARVs?	1	0
7. Does FP counselling for HIV+ women include messages about potential drug interactions between hormonal family planning methods and TB medications?	1	0
8. Does this facility provide and promote couples counseling and male engagement in FP?	**1**	**0**
HOW TO SCORE THIS SECTION		
1. Sum the circled responses and record this in row A. 2. Divide by the number of questions, 9. 3. Multiply by 100 and record this value as the score.		
A. SUM OF CIRCLED RESPONSES:		
SCORE:		

SECTION 2: SERVICES

Question	Response

1. Does this facility provide or refer for any of the following family planning methods?

Select "Yes" if the facility provides the method or refers patients to another facility for the method. Please select one response for each line.

Note, if an outside organization comes to the facility to provide the method, but otherwise the method is not provided, do not select provided at this facility.

Family Planning Method	Yes – Provided or Referred for	No – Do not provide or refer
Fertility Awareness Method (FAM) counseling	1	0
Standard Days Method (SDM) counseling /cycle beads/ calendar method	1	0
Male condoms	1	0
Female condoms	1	0
Lactational Amenorrhea Method (LAM) counseling	1	0
Oral contraceptive pills	1	0
Emergency Contraception	1	0
Injectable contraceptives	1	0
IUD insertion	1	0
IUD removal	1	0
Contraceptive implant insertion	1	0
Contraceptive implant removal	1	0
Female sterilization	1	0
Vasectomy	1	0

2. **Typically, how many days per week are clients able to access the following family planning methods?**

Please select one response for each line.

Family Planning Method	Less than once per week	Weekly, but not every day the facility is open	Every day the facility is open	Not provided at this facility
Fertility Awareness Method (FAM) counselling	0	0.5	1	NA
Standard Days Method (SDM) counselling /cycle beads/ calendar method	0	0.5	1	NA
Male condoms	0	0.5	1	NA
Female condoms	0	0.5	1	NA
Lactational Amenorrhea Method (LAM) counselling	0	0.5	1	NA
Oral contraceptive pills	0	0.5	1	NA
Emergency Contraception	0	0.5	1	NA
Injectable contraceptives	0	0.5	1	NA
IUD insertion	0	0.5	1	NA
IUD removal	0	0.5	1	NA
Contraceptive implant insertion	0	0.5	1	NA
Contraceptive implant removal	0	0.5	1	NA
Female sterilization	0	0.5	1	NA
Vasectomy	0	0.5	1	NA

Question	Yes	No	NA
3. Does this facility provide STI screening prior to IUD insertion? This assessment may be syndromic or clinical. Select "NA" if the facility does not provide IUD insertion	1	0	NA
4. Does this facility provide male-friendly services to promote male engagement in FP? Examples include: condom demonstrations for men and boys, inclusion of men and boys in ANC visits, etc.	1	0	NA
5. Does this facility have written protocols/guidelines for delivering integrated FP and RMNCAH-N? These may include algorithms for service provision, standard operating procedures, national guidelines, USG family planning compliance policies/procedures, or checklists for services.	1	0	NA
6. Does this facility have the most recent versions of such protocols/guidelines? Select "NA" if this facility does not have written protocols/guidelines.	1	0	NA
7. Are data on the FP services provided to RMNCAH-N service clients being captured at this facility?	1	0	NA
8. Do the captured FP data break down patients by FP method? Select "NA" if this facility does not capture FP data for RMNCAH-N service clients	1	0	NA
9. In the past 6 months, have RMNCAH-N service clients at this facility who are waiting to access FP services ever left before receiving services because the wait time is too long?	1	0	NA

HOW TO SCORE THIS SECTION

1. Sum the circled responses and record in row A.
2. Count the number of circled NAs and record it in row B.
3. Subtract the value in row B from the maximum number of questions, 31. Record this in row C.
4. Divide the number in row A by the number in row C.
5. Multiply by 100 and record this as the score.

A. SUM OF CIRCLED RESPONSES:	
B. NUMBER OF NA:	
C. NUMBER OF RELEVANT QUESTIONS:	
SCORE:	%

SECTION 3: STAFFING AND TRAINING

Question	Response		
1. **How many staff in this facility provide FP services to HIV service** Clients This question is not scored.			
	1	2	3
2. How many staff have received the following training, either pre-service or in-service, in the last three years? For rows a – g below, in column 1 report the total number of staff trained in the specified topic area who provide FP services to HIV service clients (the staff in question 1). In column 2, report the total number of staff trained in the specified topic area, even if they do not currently provide FP services. Only the first column is scored.	**Number of staff trained who provide FP services to HIV service clients**	**Total number of staff trained**	**Score**
a. Training on FP			
b. Training on the provision of youth or adolescent-friendly services			
c. Training on the provision of key-population or high-risk population friendly services Examples of key and high-risk populations include: female sex workers, long-distance truck drivers, Sero-discordant couples, etc.			
d. Training on the provision and removal of IUDs If IUDs are not provided at this facility, record NA in the Response and the Score columns.			
e. Training on the provision and removal of contraceptive implants If contraceptive implants are not provided at this facility, record NA in the Response and the Score columns.			
f. Training on the sexual and reproductive health of people living with HIV			
g. Training on voluntarism and informed choice This could include USG family planning and HIV compliance training.			

Question	Yes	No
3. In the past 6 months, have clients been turned away or asked to return a different day because there were no trained staff available to provide the method they requested?	1	0
4. Do you think the facility has enough staff trained in FP services to handle the current demand for FP services?	1	0

HOW TO SCORE THIS SECTION

1. For question 2a- 2g, divide the number of trained providers (in the Response column), by the number of total providers (Response to question 1). Record this in the score column. Note the maximum score is 1.
2. Sum the circled responses and the numbers in the score column. Record this number in row A. 3. Count the number of NAs in the score column, if any, and record it in row B.
4. Subtract the value in column B from the maximum number of questions, 9. Record this in row C.
5. Divide the number in column A by the number in row C.
6. Multiply by 100 and record this as the score.

A. SUM OF CIRCLED RESPONSES:	
B. NUMBER OF NA:	
C. NUMBER OF RELEVANT QUESTIONS:	
SCORE:	%

SECTION 4: SUPERVISION

Question	Yes	No
1. Do staffs that provide FP services receive outside supervision to monitor their performance?	1	0
If no, skip the section and record the score as 0%.		
2. Do supervisory visits that include a review of FP services happen at least 4 times per year?	1	0
3. Is feedback provided to service providers after supervision is conducted?	1	0
4. Is there a mechanism for documenting supervision visits?	1	0
5. When gaps are found during supervision, is a plan developed to address gaps that include the following information:		
Actions identified to address gaps?	1	0
Person assigned to complete actions?	1	0
Due date for completion of actions?	1	0
6. Is additional FP training available to service providers, if needed? This could include: on-the-job training, extra support, on-site mentorship, off-site training, etc.	1	0

HOW TO SCORE THIS SECTION

1. Sum the circled responses and record this in row A.
2. Divide by the number of questions, 8.
3. Multiply by 100 and record this value as the score.

A. SUM OF CIRCLED RESPONSES:		
SCORE:	%	

SECTION 5: FACILITY INFRASTRUCTURE

Question	Yes	No	NA
1. Go to the room where FP clients are examined. Are the following true of the exam room?			
	1	0	NA
Has respective seating areas for the patient and the provider	1	0	NA
Is well-lit	1	0	NA
Provides visual privacy for individual client encounters	1	0	NA
Has a sound barrier for privacy (The room should be completely enclosed. A tarp is not a sound barrier.)	1	0	NA
Has a hand washing station			
Has soap for hand washing	1	0	NA
Has a receptacle for waste disposal	1	0	NA
Has clinical equipment for vaginal exams	1	0	NA
Has equipment for IUD insertions (Select NA if facility does not insert IUDs)	1	0	NA
Has equipment for IUD removals (Select NA if facility does not remove IUDs)	1	0	NA
Has equipment for implant insertions (Select NA if facility does not insert implants)	1	0	NA
Has equipment for implant removals (Select NA if facility does not remove implants)	1	0	NA
	1	0	NA
2. Go to the room where FP counselling takes place. Are the following job aids available?			
Samples of available FP methods/FP demonstration tray	1	0	NA
FP choices chart or posters	1	0	NA
FP Screening Checklists	1	0	NA
Penile model	1	0	NA
Pelvic mode	1	0	NA
3. Go to the room where FP clients wait to be seen. Are the following true of the waiting area?			
	1	0	NA
Seating is available for patients	1	0	NA
The area is shaded or covered by a roof	1	0	NA
4. What types of FP information, education, and counselling (IEC) materials are available for clients?			
	1	0	NA
Posters	1	0	NA
Flip chart	1	0	NA
Brochure/pamphlet/information sheet for participant to keep (at least 10)	1	0	NA
5. Are the IEC materials comprehensible by those who cannot read or translated into the local language?	1	0	NA
6. Are permanent signs displayed on the street or on the exterior indicating that FP services are available at this facility?	1	0	NA
7. Does the facility have a space for appropriately storing contraceptives, away from water, heat, and direct sunlight?	1	0	NA
HOW TO SCORE THIS SECTION			
1. Sum the circled responses and record this in row A. 2. Divide by the number of questions, 25. 3. Multiply by 100 and record this value as the score.			
A. SUM OF CIRCLED RESPONSES:			
SCORE:		%	

SECTION 6: REFERRALS

Question	Yes	No	NA
1. Does this facility provide referrals for FP services? This question is not scored.	Yes	No	-
IF NO, skip this section and record the score as "NA"			
2. Does this facility maintain a directory of referral sites?	Yes	No	NA
3. Is the directory easily retrievable and accessible to all staff making referrals?	Yes	No	NA
4. Is the directory regularly updated? For example, if something were to change at a facility, would the directory be updated to reflect that change?	Yes	No	NA

Question	Escort client, written, or graphical	Verbal	Other
5. What method is used to refer clients?	1	0.5	0.25

Question	Yes	No	NA
6. In the last 3 months, has this facility ever run out of referral forms? Select "NA" if referral forms are not used.	1	0	NA
7. What information is provided to the client in the referral? Select one answer for each line.			
Location of site	1	0	NA
Hours that the services are available	1	0	NA
Expected fees	1	0	NA
Contact person	1	0	NA
Instructions for reaching the site	1	0	NA
8. In your opinion, are the facilities to which you refer clients for FP services easily accessible by all clients? For a facility to be easily accessible, transport to the facility should be readily available and affordable, and services should be provided at a reasonable price for all clients.	1	0	NA
9. Is there a system in place to track whether a client has completed a referral?	1	0	NA
10. If a referral is not complete, is an attempt made to contact the patient? Select "NA" if there is no system in place to track referrals.	1	0	NA
11. Is the status of tracked referrals recorded? Each referral should be recorded as complete or not complete. Select "NA" if there is no system in place to track referrals.	1	0	NA

Question	0-25%	26-50%	51-75%	76-100%
12. What percentage of referrals are tracked? Verify referral records for at least 10 referrals. If referrals were not tracked because they were made recently, they can be skipped. Use your best judgement. Select "NA" if there is no system in place to track referrals.	0.25	0.5	0.75	1
13. What percentage of tracked referrals are completed? Verify referral records for at least 10 tracked referrals. Select "NA" if there is no system in place to track referrals	0.25	0.5	0.75	1
HOW TO SCORE THIS SECTION				
1. Sum the circled responses and record in row A. 2. Count the number of circled NAs and record it in row B. 3. Subtract the value in column B from the maximum number of questions, 16. Record this in row C. 4. Divide the number in column A by the number in row C. Multiply by 10 and record this as the score.				
D. SUM OF CIRCLED RESPONSES:				
E. NUMBER OF NA:				
F. NUMBER OF RELEVANT QUESTIONS				
SCORE:				

SECTION 7: DRUGS AND SUPPLIES

Question	Response		
1a. Of the contraceptive methods provided at this facility, which are available today? If the method is available for demonstration but none are available for provision, select no. If the method is not offered select "NA"			
	Yes	**No**	**Not offered**
Male condoms	1	0	NA
Female condoms	1	0	NA
Oral contraceptives-POPs	1	0	NA
Oral contraceptives-COCs	1	0	NA
Emergency Contraception	1	0	NA
Injectable contraceptives	1	0	NA
IUDs	1	0	NA
Contraceptive implants	1	0	NA
Cycle beads	1	0	NA
1b. Of the contraceptive methods provided at this facility, which have experienced a stock out? To determine if there has been a stock out in the last 3 months, you may (1) ask a staff member in charge of FP services or the person in charge of logistics, and/or (2) verify if any method has been out of stock by checking records, if available. If a stock out is indicated, either by a staff member or by the records, choose 'yes' even if the method is available today. If the method is not offered select "NA".			
	Yes	**No**	**Not offered**
Male condoms	1	0	NA
Female condoms	1	0	NA
Oral contraceptives-POPs	1	0	NA
Oral contraceptives-COCs	1	0	NA
Emergency Contraception	1	0	NA
Injectable contraceptives	1	0	NA
IUDs	1	0	NA
Contraceptive implants	1	0	NA
Cycle beads	1	0	NA
2. Of the following services offered at this facility, which have been available at all times in the last 3 months? This means that adequate supplies, equipment and trained staff have always been available. If the method is not offered select "NA".			
	Yes	**No**	**Not offered**
Female sterilization	1	0	NA
Vasectomy	1	0	NA
Implant insertion	1	0	NA
Implant removal	1	0	NA
IUD insertion	1	0	NA
IUD removal	1	0	NA
Question	Yes	No	NA
3. Does the facility have pregnancy tests onsite?	1	0	NA

Question	One week or less	Between one week and one month	Between one month and six months	More than six months	NA
4. In the last year, when you have experienced a stock out of one or more contraceptives, what is the longest time it has taken to replace them?	1	0.75	0.5	0.25	NA

Question	Yes	No	NA
4. Does this facility have a supply management system that is used to track FP commodities? This can include stock cards, LMIS, monthly summaries, etc.	1	0	NA
5. Have the staff providing FP at this facility received training on how to track FP commodities?			
HOW TO SCORE THIS SECTION			
1. Sum the circled responses and record in row A. 2. Count the number of circled NAs and record it in row B. 3. Subtract the value in column B from the maximum number of questions, 28. Record this in row C. 4. Divide the number in column A by the number in row C. 5. Multiply by 10 and record this as the score.			
A. SUM OF CIRCLED RESPONSES:			
B. NUMBER OF NA:			
C. NUMBER OF RELEVANT QUESTIONS:			
SCORE:			

RESULTS SUMMARY

Once each section is complete and scored, enter the score in the table below.

Note that the maximum possible score for each section is 10.

Section	Score
Counselling	%
Services	%
Staffing and Training	%
Supervision	%
Facility Infrastructure	%
Referrals	%
Drugs and Supplies	%

ACTION PLAN

Performing routine quality assurance assessments followed by targeted quality improvement efforts will help ensure that programmatic weaknesses are addressed in an effective and realistic manner, while also helping to identify and maintain any programmatic elements that are functioning well. In completing this tool, you have identified both strengths and weaknesses in the delivery of FP services in your facility. Below you will find the comprehensive action plan template, where you can outline actionable steps towards addressing any issues affecting the quality of services, identify responsible persons, and set a timeline for each action. You may also consider establishing benchmarks for quality improvement. Informed by baseline data, benchmarks are reasonable milestones or outcomes toward improvements over a specific time period, and allow progress to be routinely tracked by comparing data.

The action plan can be printed for distribution, or used as a focal point for group discussions and/or stakeholder meetings. It is also important to identify the date of the next assessment. Depending on the timeline for the action steps, you may wish to repeat this assessment quarterly, every six months, or annually and compare the results over time to ensure action items are effective in leading to improved quality.

After scores have been tallied for each section, take a moment to assess how the facility performed. When reflecting on the scores, the following questions can be asked:

- For which section was the highest score received?
- For which section was the lowest score received?
- Were the results surprising, or along the lines of what was expected?
- Where do you see the greatest room for improvement?
- What areas should be the focus of any quality improvement efforts?
- How can the areas that are performing well be maintained?

For any area that you wish to improve, the action plan template below can help you outline specific steps to address any weaknesses or ensure any well-performing areas are maintained. Preparing an action plan should be a participatory process and involve discussions with relevant persons at the facility to brainstorm solutions, who would be responsible for implementing those solutions, and identifying a timeline. If the action that needs to be taken to improve a certain area is beyond the control of the facility (e.g., a district or nationwide shortage of a particular contraceptive method), it is still good to discuss the issue so that people are aware of it.

SPECIFY DATE OF NEXT ASSESSMENT:

Section	Challenge or gap	Action to be taken	Person(s) responsible	Due date
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

ANNEX V

REFERRAL FORM MINISTRY OF HEALTH, ETHIOPIA

Date _____

Client Full Name _____

Age _____ sex_____ Medical record number_____

Address: Region _____ Woreda _____ Kebele _____ Village_____ House number _____

Reason for Referral: _____
_____

Referred to _____

Referring Institution _____

Referred By: _____

Occupation _____

Signature_____

Date_____

REFERRAL FEEDBACK

Date _____

Client Full Name _____

Age _____ Sex_____ Medical record number_____

Address: Region _____ Woreda _____ Kebele _____ Village_____ House number _____

Name of Facility: _____

Feedback to (Institution) _____

Type of Service provided

_____ _____
_____
_____

Follow up plan _____
___ _____

Appointment date:_____

Service Provider:_____
Occupation_____
Signature_____
Date_____

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MINISTRY OF HEALTH-ETHIOPIA
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HEALTHIER CITIZENS FOR PROSPEROUS NATION!