FAMILY PLANNING/HIV INTEGRATION QUALITY ASSURANCE TOOL

ABOUT THIS TOOL

This tool is designed to assess the extent to which facilities offering integrated family planning (FP) and HIV services are meeting basic minimum standards for the provision of quality FP services, identify any gaps in the provision of integrated services, and serve as a starting point for improving FP service delivery. While FP/HIV integration may occur in any HIV or FP service delivery setting, this assessment tool is intended to be used in HIV service delivery settings that have integrated family planning into the constellation of HIV services they provide. An HIV site would be considered an integrated FP/HIV service delivery site if they also offer:

• FP education and screening
• Counseling for specific FP methods
• 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 in both excel and printable formats, a results dashboard that shows how the facility scored in each section, guidance on how to interpret your 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

Combining FP and HIV services is essential to providing quality care to populations at risk of and living with HIV. Given the significant overlap in populations served by both FP and HIV programs, FP/HIV 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 HIV goals. Monitoring the delivery of FP services in any setting, including HIV service delivery points, is extremely important to ensuring 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 HIV 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 weakness 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 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 quality of FP services.

Why is it important to monitor quality in integrated FP/HIV service delivery?

The importance of quality of care in reproductive health and FP programs was brought to the forefront of public health dialogue in the 1990s with the Bruce/Jain framework, which outlined six elements of FP programs that collectively define quality of care: choice of methods, information given to clients, technical competence, interpersonal relations, follow-up mechanisms, and appropriate constellation of services. (Bruce, 1990) This framework was designed to measure quality from the client's perspective, and when adhered to, it will help ensure that clients receive rights-based services and are empowered to make informed choices about their fertility. High quality FP services can also lead to increased uptake of contraceptive methods, improved continuation rates, and an overall increase in contraceptive prevalence and satisfaction. (MEASURE Evaluation, 2016)

While the elements of quality FP services are widely known and accepted, programs face innumerable challenges in fully realizing all the components that would enable them to consistently provide high quality FP services. Yet as demand for FP continues to grow, and the integration of FP services by various health and non-health platforms expands, there is a great to routinely measure quality and engage in quality improvement efforts. 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. Also, where resources are limited it may be that not all weaknesses can, or should be addressed at the same time. Quality assurance assessments can help identify the most critical areas which need to be improved, thereby allowing stakeholders to strategically plan and prioritize quality improvement interventions.

This tool can be used either as a stand-alone monitoring system, or in conjunction with other systems. Many countries have established monitoring systems for stand-alone HIV and FP services, but in-depth tools to specifically assess integrated FP and HIV services are limited. Facilities supported by U.S. government foreign assistance funds, however, may be familiar with various monitoring efforts to ensure compliance with certain legislative and policy requirements, and guiding principles of voluntarism and informed choice. For example, the choice to accept an FP method should be voluntary; free of coercion, duress, or stigmatization; and informed by accurate information. The provision of health services should also never be predicated on the acceptance of an FP method.

Facilities supported by The President's Emergency Plan for AIDS Relief (PEPFAR) may also be familiar with PEPFAR-specific monitoring efforts. As part of the USG response to HIV/AIDS, PEPFAR has evolved greatly from an "emergency response" in 2004, to its current focus on sustainable control of the epidemic and achieving an AIDS-free generation through the 90-90-90 global goals: 90 percent of people with HIV diagnosed, 90 percent of them on ART and 90 percent of them achieving viral suppression by 2020. Currently, PEPFAR's Site Improvement through Monitoring System (SIMS) aims to assess adherence to PEPFAR standards of care and service delivery and track certain aspects of FP service delivery that would help ensure all clients of HIV services have access to high quality, voluntary FP counseling and services. However, SIMS is not meant to help users assess the quality of FP services or the strengths and weaknesses of programs. Thus when implemented either in addition to SIMS or as a stand-alone tool, users will find that completing this assessment will help facilities understand in greater detail why a site may not be performing up to standard, and assist them in identifying actionable steps they can take to make lasting improvements.

Who can use the FP/HIV 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
• Donors
• MOH staff

When should this tool be used?

This tool can be used at any time and with any frequency that the facility feels is appropriate. It may be used early in the course of introducing FP services in an HIV service delivery point for the purpose of determining where to focus quality improvement measures, it may be used in conjunction with SIMS monitoring, or it may be used on a quarterly or annual basis to ensure quality of care is being maintained over time.

1. Bruce J (1990) Fundamental Elements of the Quality of Care: A Simple Framework. Stud Fam Plann 21: 61–91.
2. MEAUSRE Evaluation. (2016). Quick investigation of quality (QIQ): a user's guide for monitoring quality of care in family planning (2nd ed.). Chapel Hill, North Carolina: MEASURE Evaluation, University of North Carolina.

ELEMENTS OF FP-HIV INTEGRATION

This tool contains questions divided into seven sections:

1. Counseling
2. Services
3. Staffing and training
4. Supervision
5. Facility infrastructure
6. Referrals
7. Drugs and supplies

A brief description of each section is provided below.

1. Counseling

At a minimum, all sites offering integrated services should provide quality counseling on FP to increase knowledge about FP options, connect girls and women and couples to FP services, ensure those in need of FP receive a method, and that HIV+ girls and women, sero-discordant couples, and HIV+ couples desiring a child receive safe conception/safe pregnancy services.

High quality, voluntary FP counseling is essential to ensuring the delivery of quality, rights-based FP services. FP counseling should cover a range of topics specific to the individual client, and include the following topics:

• Fertility intentions to help girls and women determine if and when they wish to become pregnant

• Information on FP methods, including effectiveness, duration of effectiveness, and side effects

• The importance of dual method use to prevent both HIV and unintended pregnancy

• Hormonal contraceptive use and HIV acquisition

• Hormonal contraceptive use and ART interactions for girls and women using Efavirenz (EFV) based ART

• Safe conception to help HIV-positive women and sero-discordant couples achieve their fertility intentions.

A chart review or observation of client-provider interactions can be beneficial to ensure a quality assessment of counseling services.

2. Services

While HIV service delivery sites may not be able to offer all FP methods, those sites can still offer high quality FP services that include referring clients for any method or service not provided on-site. Services should be offered at times and places convenient to PLHIV and HIV affected populations. This section also covers the presence of standards and/or guidelines within the facility to guide service delivery. The latest standards for practices and procedures are more likely to be adhered to if staff have reference material available. Therefore, it is also important that the site has copies of the most up to date guidelines and/or protocols.

3. Staffing and Training

Training in FP is essential to delivering high-quality FP services within HIV service delivery settings. Within an integrated setting, training that addresses attitudes, in addition to knowledge and skills, can help ensure that providers are able to adhere to the principles of informed choice and rights-based care. Training should emphasize the following principles:

- HIV-positive individuals should be provided with information on, and be able to exercise voluntary choices about, their health, including their reproductive health.
- The USG, including PEPFAR, supports a person's right to choose the number, timing, and spacing of their children, as well as use of family planning methods, regardless of their HIV/AIDS status.
- FP use should always be a choice, made freely and voluntarily, independent of the person's HIV status.
- The decision to use or not to use FP should be free of any discrimination, stigma, coercion, duress, or deceit and informed by accurate, comprehensible information and access to a variety of methods.
- Access to and provision of health services, including ARVs, for an HIV-positive person should never be conditioned on that person's choice to accept or reject any other service (other than what may be necessary to ensure the safe use of ART).
- HIV-positive women who wish to have children should have access to safe and non-judgmental pregnancy counseling services.

As a good practice, any training should be followed up with supportive supervision and regular refresher trainings.

4. Supervision

Supervision helps facilities comply with guidelines and standards, and reminds staff to maintain a high level of care in their work. Good supervision that includes supportive, constructive and thoughtful feedback can also serve to motivate and encourage staff to perform to the best of their abilities, empower staff through continued education, and promote teamwork and communication.

A strong supervision system includes a mechanism for documenting supervision visits, including written feedback; and a system of continuous follow-up and improvements.

5. Facility Infrastructure

To fully support FP/HIV integration, basic infrastructure is required. Infrastructure that supports the delivery of FP services within HIV service delivery points includes:

1. A waiting area that provides seating, and is shaded or covered by a roof.
2. Private space for examination, counselling and service provision to ensure client's privacy.
3. A source of clean water, a receptacle for waste disposal, and a hand washing station.
4. Functional sterilizing equipment, where appropriate.
5. A reliable lighting source where examinations are conducted

The facility should also have information, education, and counseling (IEC) materials and a secure place to store contraceptive methods away from elements that may compromise their integrity. Relevant checklists and job aids should also be available to service providers to help them perform to standard.

6. Referrals

Many facilities will not be able to provide all FP methods, thus a strong referral system should be in place to ensure clients are able to access their FP method of choice if is not available on-site or on the same day. Unless a client is escorted to the site to which they are being referred, all referrals should be provided to the client in written or graphic form, and include detailed information including the location name, hours, fees, contact person(s), and instructions for reaching the site. A referral can be designated once an individual is confirmed to have visited the location to which they were referred.

7. Drugs and Supplies

In order to provide quality services to clients, facilities should be fully stocked with all the contraceptive methods they provide on-site, as well as any supplies related to providing such methods (e.g. antiseptic, sterile gloves, disposal containers for waste and contaminated supplies, sharps containers, and clean instrument containers). A reliable stock of drugs and supplies is needed so that clients can obtain their preferred method without interruption. Ideally, a wide range of short and longer acting methods as well as permanent methods should be available either on site or through a referral. Stock outs impact a site's ability to deliver consistent services, and therefore client's may either seek services elsewhere or discontinue using contraception. It is also important that a site is able to store contraceptive methods so they are not damaged, and have a logistics system that supports a reliable supply of drugs and supplies. Ensuring that staff have received training on tracking commodities will enable them to make accurate supply forecasts and related decisions.

INSTRUCTIONS

General Guidance

This tool is designed to be used at HIV service delivery points to ensure they are providing high quality voluntary FP services. The tool can be used by a variety of people, but should be completed by someone familiar with the facility, either a facility manager or healthcare provider.

Questions may be answered by a mix of visual observation, asking facility staff, and/or examining facility records. Specific instructions will appear in italics. The tool may be administered by a single individual or a team. Depending on the availability of facility staff to work with the individual or team administering the tool and the availability of various records and other information, the tool may take between 1 and 2 hours to complete.

Instructions

Review each question and select the response that you feel best reflects your understanding of the present situation in the facility by circling the number in the corresponding box. Some questions are short response- in this case, enter the number in the response column.

Some questions require the user to verify something by physical observation. These questions have an eye graphic to indicate that you must verify the answer by observation. 👁

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 provide FP services receive outside supervision to monitor their performance?	(1)	0	
If no, skip the section and record the score as 0%.			**Step 1.** Sum of responses is 5, so record this in row A.
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	**Step 2.** 2. 5 divided by 8 is 0.625
5. When gaps are found during supervision, is a plan developed to address gaps that includes the following information:			
Actions identified to address gaps?	(1)	0	**Step 3.** 0.625* 100 = 62.5%. Record this as the score
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:	5		
SCORE:	62.5 %		

Section 1: Counseling

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 counseling? FP counseling 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 counseling 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 counseling 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 counseling for HIV+ girls and women who are currently pregnant or wish to become pregnant?	1	0
6. Does FP counseling for HIV+ girls and women include messages about potential drug interactions between hormonal family planning methods and ARVs?	1	0
7. Does FP counseling for HIV+ women include messages about potential drug interactions between hormonal family planning methods and TB medications?	1	0
8. Does counselling for HIV negative girls and women include messages about the potential for increased risk of HIV acquisition while using a hormonal contraceptive method?	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:		%

End Section 1

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) counseling	0	0.50	1	NA
Standard Days Method (SDM) counseling /cycle beads/ calendar method	0	0.50	1	NA
Male condoms	0	0.50	1	NA
Female condoms	0	0.50	1	NA
Lactational Amenorrhea Method (LAM) counseling	0	0.50	1	NA
Oral contraceptive pills	0	0.50	1	NA
Emergency Contraception	0	0.50	1	NA
Injectable contraceptives	0	0.50	1	NA
IUD insertion	0	0.50	1	NA
IUD removal	0	0.50	1	NA
Contraceptive implant insertion	0	0.50	1	NA
Contraceptive implant removal	0	0.50	1	NA
Female sterilization	0	0.50	1	NA
Vasectomy	0	0.50	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 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/HIV services? *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 HIV 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 HIV service clients.*	1	0	NA
9. In the past 6 months, have HIV 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:		%	

End Section 2

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, MSM, 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 rights 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:	**%**

End Section 3

Section 4: Supervision

Question	Yes	No
1. Do staff 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 includes 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:	%	

End Section 4

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?			
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	1	0	NA
Has soap for handwashing	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
2. Go to the room where FP counseling takes place. Are the following job aids available?			
Samples of available FP methods/FP demonstration tray	1	0	NA
FP choices chart or poster	1	0	NA
FP Screening Checklists	1	0	NA
Penile model	1	0	NA
Pelvic model	1	0	NA
3. Go to the room where FP clients wait to be seen. Are the following true of the waiting area?			
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 counseling (IEC) materials are available for clients?			
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:	%

End Section 5

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?	1	0	NA
3. Is the directory easily retrievable and accessible to all staff making referrals? 👁	1	0	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?*	1	0	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

Question	Yes	No	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				
6. Sum the circled responses and record in row A. 7. Count the number of circled NAs and record it in row B. 8. Subtract the value in column B from the maximum number of questions, 16. Record this in row C. 9. Divide the number in column A by the number in row C. 10. Multiply by 10 and record this as the score.				
D. **SUM OF CIRCLED RESPONSES:**				
E. **NUMBER OF NA:**				
F. **NUMBER OF RELEVANT QUESTIONS:**				
SCORE:				

End Section 6

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 stockout? *To determine if there has been a stockout 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 stockout 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?	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 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:	

End Section 7

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
Counseling	%
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 actions 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

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

Resource List

Key Resources for 'Counseling' Section:

FHI 360 and U.S. Agency for International Development. 2013. A Webinar on Safer Conception and Pregnancy Options for Women and Couples with HIV in Resource-Constrained Settings. YouTube video, from a presentation given Feb. 26, 2013, posted by FHI 360, April 3, 2013.

Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs and World Health Organization. 2011. *Family Planning: A Global Handbook for Providers*. Baltimore: Johns Hopkins Bloomberg School of Public Health.

Mmeje, Okeoma, Betty Njoroge, Eliud Akama, Anna Leddy, Brooke Breitnauer, Lynae Darbes, Joelle Brown. 2016. *Safer Conception Toolkit for HIV-Affected Individuals and Couples and Healthcare Providers*. San Francisco, CA: HIVE/BAPAC.

Nanda, Kavita, Gretchen S. Stuart, Jennifer Robinson, Andrew L. Gray, Naomi K. Tepper, and Mary E. Gaffield. 2017. "Drug Interactions between Hormonal Contraceptives and Antiretrovirals." *AIDS* (London, England), 31(7), 917–52. doi:10.1097/QAD.0000000000001392.

Population Council. 2015. *The Balanced Counseling Strategy Plus (BCS+): A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings* (Third Edition). New York: Population Council.

Rinehart, Ward, Sharon Rudy, and Megan Drennan. 1998. *GATHER Guide to Counseling*. Population Reports, Series J. No. 48. Baltimore: Population Information Program, Johns Hopkins Bloomberg School of Public Health.

U.S. Agency for International Development (USAID) Bureau of Global Health, Global Health eLearning Center. 2007. Course: Family Planning Counseling. Washington, DC: USAID.

U.S. Agency for International Development (USAID). 2016. *Decreased Contraceptive Efficacy Reported in Women Living with HIV Who Use Implants While Taking the Antiretroviral Efavirenz*. Issue Brief. Washington, DC: USAID.

U.S. Agency for International Development (USAID). 2014. *Drug Interactions between Hormonal Contraceptive Methods and Anti-Retroviral Medications Used to Treat HIV*. Technical Issue Brief. Washington, DC: USAID.

U.S. Agency for International Development (USAID). 2013. *Hormonal Contraception and HIV*. Technical Brief. Washington, DC: USAID.

U.S. Agency for International Development (USAID). 2012. *Family Planning and HIV Prevention Integration*. Issue Brief. Washington, DC: USAID.

World Health Organization (WHO). 2017. *Hormonal Contraceptive Eligibility for Women at High Risk of HIV: Guidance Statement*. Geneva: WHO.

World Health Organization (WHO). 2017. *Hormonal Contraceptive Eligibility for Women at High Risk of HIV: Frequently Asked Questions*. Geneva: WHO.

Key Resources for 'Services' Section:

Freyder, Mary, Leslie Craig, and Aiko Kaji. 2016. *Monitoring the Integration of Family Planning and HIV Services: A Manual to Support the Use of Indicators to Measure Progress toward PEPFAR's 90-90-90 Targets and Protect Women's Reproductive Rights*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Population Council. 2013. "Improving Quality of Care in Family Planning." http://www.popcouncil.org/news/improving-quality-of-care-in-family-planning.

Population Reference Bureau. 2002-2003. *New Perspectives on Quality of Care Series*. Washington, DC: Population Reference Bureau.

World Health Organization (WHO). 2017. *Consolidated Guideline on Sexual and Reproductive Health and Rights of Women Living with HIV*. Geneva: WHO.

Key Resources for 'Staffing & Training' Section

FHI 360. 2013. *Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV*. Durham, NC: FHI 360.

U.S. Agency for International Development, World Health Organization. 2015. The Training Resource Package for Family Planning (TRP). https://www.fptraining.org/. Baltimore, MD: Knowledge for Health (K4Health), Johns Hopkins University.

Population Services International (PSI). 2014. *Making Your Health Services Youth-Friendly: A Guide for Program Planners and Implementers*. Washington, DC: PSI.

U.S. Agency for International Development, Bill and Melinda Gates Foundation, FHI 360, University of Manitoba. 2016. *Monitoring Guide and Toolkit for Key Population HIV Prevention, Care, and Treatment Programs*. Durham, NC: FHI 360.

World Health Organization (WHO). 2015. *Medical Eligibility Criteria for Contraceptive Use*. Geneva: WHO.

World Health Organization (WHO), United Nations Population Fund, Joint United Nations Program on HIV/AIDS, Global Network of Sex Work Projects, The World Bank. 2013. *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions*. Geneva: WHO.

Key Resources for 'Supervision' Section

Buxbaum, Ann, Nancy Murray, and Ricardo Vernon, eds. (Management Sciences for Health). 1993. "Using CQI to Strengthen Family Planning Programs." Special issue, *The Family Planning Manager*, 2(1) January/February.

EngenderHealth. 2003. *COPE® Handbook: A Process for Improving Quality in Health Services* (Revised Edition). New York: EngenderHealth.

EngenderHealth. 2003. *COPE® for Reproductive Health Services: A Toolbook to Accompany the COPE® Handbook*. New York: EngenderHealth.

Marquez, Lani and Linda Kean. 2002. "Making Supervision Supportive and Sustainable: New Approaches to Old Problems," Maximizing Access and Quality Papers No. 4, supplement, *Population Reports* 30 (4):1-28.

Key Resources for 'Facility Infrastructure' Section

FHI 360. 2015. Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives. Durham, NC: FHI 360.

FHI 360. 2015. Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN). Durham, NC: FHI 360.

FHI 360. 2015. Checklist for Screening Clients Who Want to Initiate Use of the Copper IUD. Durham, NC: FHI 360.

FHI 360. 2017. Checklist for Screening Clients Who Want to Initiate Use of the LNG-IUS. Durham, NC: FHI 360.

FHI 360. 2015. Checklist for Screening Clients Who Want to Initiate Contraceptive Implants. Durham, NC: FHI 360.

FHI 360. 2015. How to Be Reasonably Sure a Client Is Not Pregnant. Durham, NC: FHI 360.

Johns Hopkins Center for Communication Programs (JHCCP). 2017. *Do You Know Your Family Planning Choices?* (wall chart). Baltimore, MD: JHCCP.

USAID and FHI 360. 2016. *WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4* (wall chart). Durham, NC: FHI 360.

World Health Organization (WHO). 2015. *Medical Eligibility Criteria Wheel for Contraceptive Use*. Geneva: WHO.

Key Resources for 'Referrals' Section

Lebetkin, Elena. 2015. *Situation Analysis of Community-Based Referrals for Family Planning: A Review of the Evidence and Recommendations for Future Research and Programs*. Arlington, VA: Advancing Partners & Communities.

MEASURE Evaluation. 2013. *Referral Systems Assessment and Monitoring Toolkit*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

Key Resources for 'Drugs & Supplies' Section

U.S. Agency for International Development|Deliver Project, Task Order 1. 2011. The Logistics Handbook: A Practical Guide for the Supply Chain Management of Health Commodities. Arlington, VA: USAID|Deliver Project.

U.S. Agency for International Development|Deliver Project, Task Order 4., 2014. *Family Planning and HIV Integrated Supply Chains*. Arlington, VA: USAID|Deliver Project.

U.S. Agency for International Development (USAID) Bureau of Global Health, Global Health eLearning Center. 2012. Course: Logistics for Health Commodities. Washington, DC: USAID.

FP/HIV Programming

EngenderHealth. 2014. *Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model*. New York: EngenderHealth.

Family Planning 2020 (FP2020). 2017. "Rights-Based Family Planning Programs." http://www.familyplanning2020.org/microsite/rightsinfp. Washington, DC: FP2020.

Farrell, Betty L. 2007. Family planning–integrated HIV services: A framework for integrating family planning and antiretroviral therapy services. New York: The ACQUIRE Project/EngenderHealth.

FHI 360. 2013. *Integrating Family Planning into HIV Programs: Evidence-Based Practices*. Durham, NC: FHI 360.

Freyder, Mary, Leslie Craig, and Aiko Kaji. 2016. *Monitoring the Integration of Family Planning and HIV Services: A Manual to Support the Use of Indicators to Measure Progress toward PEPFAR's 90-90-90 Targets and Protect Women's Reproductive Rights*. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

K4Health. 2017. "Family Planning and HIV Services Integration Toolkit." Last modified March 10. Baltimore, MD: Johns Hopkins University Center for Communication Programs.

Ippoliti, Nicole B., Geeta Nanda, and Rose Wilcher. 2017. "Meeting the Reproductive Health Needs of Female Key Populations Affected by HIV in Low- and Middle-Income Countries: A Review of the Evidence." *Studies in Family Planning* 48(2): 121-51. doi:10.1111/sifp.12020.

Petruney, Tricia. 2014. "Meeting the Family Planning Needs of Women and Couples Affected by HIV." Guest Post, EngenderHealth. August 20.

Petruney, Tricia. 2014. "From Roots to Results: Evidence-Based Practices for Integrating Family Planning into HIV Programs." April 21. https://prezi.com/mwk7mypyw9q7/integrating-family-planning-into-hiv-programs/.

U.S. Agency for International Development (USAID) Bureau of Global Health, Global Health eLearning Center. 2017. Course: Family Planning and HIV Service Integration. Washington, DC: USAID.

Wilcher, Rose, Tricia Petruney, Willard Cates Jr. 2013. "The Role of Family Planning in Elimination of New Pediatric HIV Infection." *Current Opinion HIV AIDS* 8(5): 490-97. doi:10.1097/COH.0b013e3283632bd7.

Wilcher, Rose, Willard Cates Jr., and Simon Gregson. 2009. "Family Planning and HIV: Strange Bedfellows No Longer." supplement, *AIDS* 23: S1-S6. doi: 10.1097/01.aids.0000363772.45635.35.

Wilcher, Rose, and Willard Cates. 2009. "Reproductive Choices for Women with HIV." *Bulletin of the World Health Organization* 87: 833-39.

World Health Organization (WHO), U.S. Agency for International Development, Family Health International. 2009. *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services*. Geneva: WHO.

World Health Organization (WHO) and International Planned Parenthood Foundation (IPPF). 2016. "Sexual and Reproductive Health and Rights and HIV Linkages Toolkit." http://toolkit.srhhivlinkages.org. Geneva: WHO.

Quality of Care

Bruce, Judith. 1990. "Fundamental Elements of the Quality of Care: A Simple Framework." *Studies in Family Planning* 21 (2): 61-91.

Creel, Liz C., Justine C. Sass, and Nancy V. Yinger. 2002. *Overview of Quality of Care in Reproductive Health: Definitions and Measurements of Quality*. New Perspectives on Quality of Care Services. Washington, DC: Population Council and Population Reference Bureau.

John Snow (JSI) and Family Planning Service Expansion and Technical Support (SEATS II). 2000. Mainstreaming Quality Improvement in Family Planning and Reproductive Health Services Delivery: Context and Case Studies. Washington, DC: U.S. Agency for International Development.

MEASURE Evaluation. 2016. *Quick Investigation of Quality: A User's Guide for Monitoring Quality of Care in Family Planning* (Second Edition). Chapel Hill, NC: MEASURE Evaluation, University of North Carolina.

World Health Organization (WHO). 2017. *Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for Health Care Providers*. Geneva: WHO.