

The Evaluation of Service Provision of Family Planning Services in Seicha Health Center

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Abstract

Family planning is a means of promoting the health of women and families and part of a strategy to reduce the high maternal, infant and child mortality. People shall be offered the opportunity to determine the number and spacing of their own children. Information about FP should be made available and should actively promote access to FP services for all individuals. This project work is important for providing data and information that will help health care providers and administer officials regards to services family planning in the Seicha health center. Finally, this project work gives us the way to establish how to tackle the major problems that obstacle service provision and visualize ways to use to satisfy client needs in all aspects of family planning methods. Therefore, the result of this project will be used as a data for the family planning in the Seicha health center.

Keywords: Family Planning Services; Seicha Health Center

Abbreviations

FP: Family Planning; HIV: Human Immune Virus; NGOs: Non Government Organization; FGAE: Family Guidance Association of Ethiopia; AIDS: Acquired Immune Deficiency Syndromes; HC: Health Center; MCH: Maternal and Child Health; LAM: The Lactational Amenorrhea Method; IUD: Intra Uterine Device; OPD: Out Patient Department; U5OPD: Under Five Out Patient Department; EDHS: Ethiopian Demographic Health Surveys; BSc: Bachelor of Science; SDM: Standard Day's Method; WDA: Women Development Army; ROC: Screening for Reproductive Organ Cancers; MDGs: Millennium Development Goals; HCT: HIV Counseling and Testing; CPR: Contraceptive Prevalence Rate; RH: Reproductive Health; HMIS: Health Management Information System; WHO: World Health Organization

Introduction

Background and Statements of problem

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods [1]. Family planning is a means of promoting the health of women and families and part of a strategy to reduce the high maternal, infant and child mortality. People shall be offered the opportunity to determine the number and spacing of their own children. Information about FP should be made available, and should actively promote access to FP services for all individuals desiring them [2]. Increasing access to and use of family planning is not one of the Millennium Development Goals (MDGs); but it can make valuable con-

tributions to achieving many of the goals. Increased contraceptive use can significantly reduce the costs of achieving selected MDGs and directly contribute to reductions in maternal and child mortality [3].

Family planning is crucial to achieving the MDGs:

- **End poverty and hunger:** Family planning generates wealth. For example, the per capita Gross National Product is correlated with the prevalence of modern contraceptive methods. Moreover, family planning also reduces the aggregate demand for increasing scarce food products [4].
- **Universal education:** Family planning prolongs education. Unintended pregnancy is a major obstacle to school attendance, since many youth drop out of school once pregnancies occur. Less than half of all African girls complete primary school [5].
- **Gender equality:** Family planning empowers women. Unplanned pregnancies interrupt work and career plans. In Egypt, women who use contraception are more likely to be employed than nonusers. In Brazil and Indonesia, use of long-acting or permanent contraceptive methods was associated with a greater likelihood of working for pay [6].
- **Child health:** Family planning saves infant lives. Spacing planned births and limiting unintended births increases child survival [7]. Currently, 1.2 million infant deaths are averted globally each year by preventing unintended pregnancies. Another 640,000 newborn deaths would be prevented if we could meet unmet contraceptive need [5,8].
- **Maternal health:** Family planning improves maternal health. Unintended pregnancy affects a woman's health in several ways: the risks of unsafe abortion are among the main causes of maternal death in young women. In low-resource settings without safe delivery services, the risks of maternal mortality are high. By preventing unintended pregnancy, wider family planning access reduces the risk of abortion or childbearing [9].
- **Combat HIV/AIDS:** Family planning prevents HIV. Contraception is the best kept secret in HIV prevention. Women with HIV who have unintended pregnancies run the risk of transmitting the virus to their child [10]. Three times as many infants are spared HIV infection by current contraceptive use compared to providing antiretroviral treatment to mothers during pregnancy, birth and breastfeeding [11].
- **Environmental sustainability:** Family planning protects the environment. Environmental degradation is fueled by (1) per capita consumption, (2) the technology used to produce what is consumed and (3) population growth. Preventing unintended pregnancy is the factor in population growth most amenable to intervention [9]. Moreover, family planning is environmentally cost efficient. Family planning is five times cheaper than conventional green technologies for reducing CO2 climate change [11].
- **Global partnerships:** Family planning promotes global partnerships. Four decades of global investment in family planning programs has contributed to strong collaboration among international agencies, governmental ministries, and multinational organizations and local community groups. The current move towards strengthening health services has been founded on linkages between family planning and HIV services [12].

Rationale for family planning services

To prevent harm arising from pregnancy and childbirth and in order to safeguard their health, women have the right to FP education, information and capacity.

Health benefits

According to WHO 1995, Family planning saves lives of women and children and improves the quality of life for all. It is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities. Use of FP prevents the depletion of maternal nutritional reserves and reduces the risk of anemia from repeated pregnancies and birth. If properly and consistently used condom provides protection from sexually transmitted infections including HIV. The Lactational Amenorrhea Method, LAM, provides special nutritional benefits to the infant and protects the infant from infections. In addition, LAM establishes mother-child bonding early in life that continues through later life. It also reduces the risk of breast cancer in the mother [13].

Social and economic benefits

- **Individual:** Repeated pregnancies and childbirth restrict women from education, employment and productivity resulting in poor status of women in the community with the resultant poor living standard. Family planning helps women to pursue their education for a better employment opportunities and payment.
- **Family:** Increased family size leads to income and resource sharing. Repeated and too many pregnancies entail early weaning with the consequent high infant morbidity and mortality as well as the high cost of alternative infant feeding options.
- **Community:** Increase in population size leads to increased man/land ratio reduced production and income with consequent urban migration. Furthermore, increase in population size results in poor social services, poor education, compromised women empowerment, increased non-productive segment of the population, deforestation, and over consumption of resources that aggravates poverty.
- **Global:** Uncontrolled population growth intensifies famine, war and migration which is collectively termed 'demographic entrapment'. Moreover, deforestation, erosion and resource depletion and global warming are consequences of population explosion. FP is one of the most powerful health interventions to achieve MDGs.

Meeting individual/couples fertility benefits

Meeting individual fertility needs promotes women's right to whether to be pregnant, when to be pregnant. Furthermore, meeting individual fertility needs is essential to attain sexual and reproductive health and rights of women [14].

Any reproductive age person, male or female regardless marital status is eligible for Family Planning services including information, education and counseling.

The following services shall be offered at each level of the health system

1. **Counseling:** Counseling is an important task of service providers. All clients have to be counseled to assist them make an informed voluntary choice and decision regarding fertility and contraception [14].
2. **Provision of contraceptives:** Contraceptive methods is classified as modern or traditional methods. Modern methods include female and male sterilization, intrauterine contraceptive device (IUD), implants, Injectables, pills, male and female condoms, emergency contraception, standard day's method (SDM), and lactation amenorrhea method (LAM). Methods such as rhythm, withdrawal, and folk methods are grouped as traditional [15].
3. **Screening for reproductive organ cancers (ROC):** Family Planning offers a unique opportunity to screen and teach the client

to do self examination for some of the ROC cancers.

4. **Education on, screening and treatment of sexually transmitted diseases:** All clients should be given information on sexually transmitted infections including HIV.
5. **Prevention and management of infertility:** More than 80% of female infertility is due to infections. The role of Family Planning is mainly in STI prevention, by promotion of responsible sex behavior, use of condoms, screening and treatment, counseling, referral and services where indicated.
6. **Integration of FP and other RH services:** Integration of FP with other RH service delivery is cost effective and enables maximum utilization of health care services in one visit.
7. **HIV counseling and testing (HCT):** HCT services can be good entry points to FP services and vice versa [16].

Modern FP services in Ethiopia are pioneered by The Family Guidance Association of Ethiopia, FGAE that was established in 1966. The national reproductive health strategy endorsed by federal ministry of health had given due emphasis to family planning [14].

Met need and Unmet need

Women using contraception are considered to have a met need. Women using contraception who say they want no (more) children are considered to have a met need for limiting, and women who are using contraception and say they want to delay having a child or are unsure if or when they want a (another) child are considered to have a met need for spacing [15].

In Ethiopia according to EDHS 2016, overall 36 percent of currently married women are using a method of family planning: 35 percent are using a modern method, and 1 percent are using a traditional method. By region, contraceptive prevalence rate ranges from 2 percent in Somali to 56 percent in Addis Ababa. A comparison of results from the past EDHS surveys reveals that the CPR among currently married women in Ethiopia has increased steadily from 8 percent in 2000 to 36 percent in 2016 [15].

Unmet need

Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone their next birth (spacing) or stop childbearing altogether (limiting).

According to EDHS 2016, 22 percent of currently married women have an unmet need for family planning services, 13 percent for spacing and 9 percent for limiting [15].

Situational analysis

Secha health center is one of the two health centers in Arba Minch town where the capital city of Gamo Gofa zone. The health center provides a comprehensive primary health care service with the help of different professionals. It covers the catchment of three kebeles and has three health posts.

Strength

- Availability of different types of health professionals like health officers, midwives, Bsc nurses, and others as standard.

- Chance for training regarding family planning to build capacity and up-to-date their information.
- Friendly environment at the family planning service provision.

Weakness

- No separate room for family planning
- Scarcity of equipments
- And not integrating the Fp services with others
- Low achievement of long term family planning methods
- Health professionals slightly enforce clients to use long acting family planning methods
- Poor recording and documentation system.

Opportunities

- Supportive health policy.
- WDAs, 1 to 5 Networks in the catchment.

Threats

- Cultural Beliefs of the community towards long acting methods
- Rumors
- No ongoing support from NGOs.

Significance of the study

This project work is important for providing data and information that will help health care providers and administer officials regards to services family planning in the Seicha health center. In addition to that, it is important to carry out the technical and skill gaps that existed within the health professionals that are providing family planning services and to give direction to improve this existed gaps by discussing the way how to overcome the major challenges with head of the health center as well with Arbaminch town health office. Furthermore it is important to understand the problems that affect the achievement of long term and short term methods according to the health center annual plan. Finally this project work gives us the way to establish how to tackle the major problems that obstacle service provision and visualize ways to use to satisfy client needs in all aspects of family planning methods. Therefore the result of this project will be used as a data for the family planning in the Seicha health center.

Objectives of the Study

General objective

To assess family planning service provision in Seicha health center in July, 2017.

Specific objectives

- To assess availability and accessibility of methods in Seicha health center
- To identify problems affecting method use
- To assess client satisfaction towards family planning service
- To assess challenges to provide family planning services.

Methodology

Project area

It is the Arbaminch town capital city of Gamo Gofa zone, which located 505 km from Addis Ababa and about 280 Km from Hawassa. Arbaminch has two sub cities, namely Seicha and Sikela.

Study setting

Is in ArbaMinch Seicha Health Center and it was established in 2001 as a Clinic and changed to HC in 2006 E.C. The Health center has a total of 82 workers. Among these 45 are health professionals, and 37 are administrative staffs. According to the information given from Head of HC, the catchment has three kebeles and it serves for more than 27654 population. The HC has Adult and U5 OPD, MCH, Youth Friendly, ART Services and TB room.

The project was conducted to evaluate services utilization at Family planning in Arba Minch Health Center, Gamo Gofa Zone, and southern Ethiopia.

Population study

- The Arba Minch Seicha health center staff members from Family planning rooms and clients who are attended in Family planning rooms to get services.

Project period was July 25-28/2017.

Study materials and Tools

The structured questionnaires and observational checklist was prepared by the group members after reviewing different standard related guidelines with the topic. Then we used face to face interview with some of staff members and clients and we also include observational parts in service provision.

Ethical consideration

The permission letter was obtained from the AMU Department of Public Health. Then the head of health center permitted us to collect the data from the appropriate case team. The verbal informed consent was obtained from the mothers before data collection. All collected information will be kept confidential.

Result

Assessment of man power

There is 82 staff members in the health center and out them 45 are health professionals and the rest 37 are administrative staffs. From 45 health professionals 6 health officers, 3 BSC nurses, 7 midwives, the remaining 29 are other health professionals. In the family planning service room, there are 7 midwives and all are trained for both short and long term family planning methods.

Assessment of equipments in the room

There no separate room for family planning service provision, no separate coach they use the delivery coach to insert both IUD and implants, no water in the room and it is not comfortable for the service provision and problem in privacy for counseling because it is too narrow. It has also no enough benches, but the room somehow cleans well ventilated and adequate light. There are no posters, plan Vs achievement chart, SOPs (standard operational procedures) on the wall and also no leaflets flip charts to show and teach the clients clearly about the methods.

Assessment of availability of service and contraceptive methods

In the health center there is functional family planning service and it is offered in all days including weekends and holidays. The available contraceptive methods in the health center are male condom, combined oral contraceptives (COC), injectable (DEPO provera), implants (jedell, Implanon) and intrauterine device (IUD) and the rest female condom, progesterone only pills (POP), diaphragm, female and male sterilization are not available. There is also no provision of post abortion family planning service because there is no post abortion care service. The midwife said that the reason why the service (PAC) is not available is, due to lack of materials and trained personnel in the health center. There is youth friendly service in the health center but it is not providing family planning service by integrating with other services.

Assessment of technical skill of the health professionals

In the service room there is a gap in counseling steps, the care provider ask why the client is there, tell about the available methods including side effects, help them to decide their own choice and respect their choice but slightly they enforce them towards long term methods, explain the procedures and their questions well but they didn't start with greeting and introduce themselves. They try to check to make sure that whether understand or not about the key messages.

The care giver didn't assess for abnormal medical condition like chronic diseases, anemia, and any drug abusers which may have adverse interaction with the contraceptive methods. They check the BP, weight immunization of TT, abnormal vaginal bleeding, current pregnancy status, HIV/AIDS, but they didn't check for STIs, hepatitis virus, RBS (random blood sugar) in the laboratory.

When the client comes to health center for removal service, they ask them the reason why they want to remove and answer any question the client raises and they review their short or long time reproductive plan. Also before applying the removal procedure they describe a step the procedure. After the removal they assist client in selecting and obtaining new contraceptive method if client wants to use. They give appointment date and card properly.

There is sometimes a refusal in removing the long term methods, when the clients comes for removal before the appropriate date of the removal because the provider wants the client not to discontinue the method due to minor side effects and rumors.

Assessment of infection prevention in the room

There is a problem in infection prevention in the room, they didn't practice proper hand washing procedure, wearing gloves while giving injections and use disposable syringes, no hand rub for hand hygiene but they follow client cleansing procedure and "no touch" technique in long term methods. They use chlorine 0.5% solution for disinfecting and sterilize the equipments using non electrical autoclave. There is also problem in waste disposal system the health center has no placenta pit, but they have incinerator in the health center and sharp boxes in the family planning room.

Assessment of plan and achievement

There is a good achievement in short term methods (above 100%) they achieve the lowest in long act methods. As the care giver said that the reason behind the low achievement of long term methods is the refusal of clients because mainly fear of side effects, rumors like, shifting from the insertion site, sucking the blood, they think they can't able to confront the method because of their economic status. The other one is there is a negligence and lack support to HEWs from health professionals of the health center and lack of collaboration between WDAs and HEWs (Health Extension Workers) in the field. According to the clients that why they didn't use long term methods are

- Lack of husband permission and support
- Refusal of the health professional to remove when they want to remove
- It is not comfortable because we have workload
- Has vaginal bleeding disturbance.

Assessment of client satisfaction

Out 5 respondents who were there to get family planning service, 3 were saying the waiting time is short and the rest 2 are saying they are there for the last 40 minutes and they said there no keeping of privacy in the room but it is somehow nit. Most the methods they want to use are available for the clients but sometimes there is a shortage of methods. From 5 respondents 4 are not tested for HIV status in the previous visit. The methods are free of charge and they get the service always when they come. They said that they never seen when the health professionals give group education about family planning in the health center compound but they answers our questions including any problem related to the method when we come to get the service. They also tell us to return any time when we face a problem and give an appointment card for second visit.

Assessment of record handling

There is a HMIS registration book in the room but it is not handled properly and there is a gap in recording all necessary information which are included in the registration book such as appointment dates, HIV test result, registration date and insertion and removal date missing of registering repeat clients information. There is no patient history card and appointment card of the client.

Conclusion

Based on the findings we conclude the following:

- In the health center there is poor infection prevention practice.

- The health center has low performance for long acting family planning methods.
- The service of the family planning services is provision lacks of integration such as Youth Friend Services and post partum.
- The care givers not assess all abnormal conditions of the clients which contradiction with the contraception the method.
- Poor ventilation of room and it also overcrowded.
- Privacy of the clients is not kept during counseling.
- There is no service of PAC and post abortion FP service.
- The health center has no separate room for the family planning service for better privacy keeping.
- The counseling of the patient is no appropriate and not follows the standard.

Recommendation

- Appropriate counseling of the clients and avoid Overcrowdings.
- Improve the ventilation and it should work to facilitate privacy of the clients.
- Integration of family planning services with youth center, HEWs and community.
- The health center should improve water supply in FP rooms.
- The health center should give separate room for the family planning service for better privacy clients.
- They should use also separate coach for the insertion of long acting methods.
- There is no water supply in the room, so they should facilitate the opportunity to give supply of water in the room.
- The health center should improve service on family planning supply all methods Health center avail the additional, couches and benches for the clients.
- The room should have posters, leaflets for teaching and plan achievement chart, SOPS on the wall.
- The family planning service provision should be integrated to youth friendly service of the health center.
- They should start the PAC and post abortion FP service at the health center.
- The care givers should assess all abnormal conditions of the clients which are come to use the method.
- The health center should improve their infection prevention practice.
- They should improve achievement long acting methods.

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Annex

Structured questioner for family planning service

Health center information

1. How many staffs are present in the health center _____
2. How many health professionals are present in the health center _____
3. The number of population in the catchment area _____
4. When HC was it established _____
5. Number of annual flow of patients in the health center _____
6. What type services available in the health center _____
 - i. Adult OPD _____
 - ii. U5 OPD _____
 - iii. Youth friendly services _____
 - iv. MCH _____
 - v. Strength _____
 - vi. Weakness _____
 - vii. Opportunities _____
 - viii. Threats _____
7. **Health services organization**
8. Has Family Planning counseling room been established? Yes ___ No ___
9. Is there any available seating area for client/s? Yes ___ No ___
10. Enough space to see client/s? Yes ___ No ___

11. Chair and table for health worker and client/s? Yes___No___
12. Flip chart in use? Yes___No___
13. Family planning materials on wall? Yes___No___
14. Family planning pamphlets available to give to client? Yes___No___
15. Enough space and well organized storage family planning commodities and equipment? Yes___No___
16. Group education to clients on child spacing/family planning? Yes___No___
 - a. Family planning facilities
17. Procedure done in private room? Yes___No___
18. Hand-washing available in procedure room (disposable towels, gloves, assisted hand washing procedure if no running water is available) Yes___No___
19. Adequate lighting available in procedure room Yes___No___
20. Sharps box with cover? Yes___No___
21. Well ventilated room for family planning procedure Yes___No___
22. Autoclave for sterilization equipment's Yes___No___
23. 0.5% chlorine solution or other disinfectant for cleaning equipment Yes___No___
24. Disinfectants for sterilization Yes___No___
25. Water and soap/alcohol hand rub for hand hygiene within the Family planning procedure room? Yes___No___
 - a. Availability of contraceptive methods
26. Are family planning services available to clients at this facility? YES _____NO ____
 - a. Male Condoms Yes___No___
 - b. Female condom Yes___No___
 - c. Intra-uterine device (IUD) Yes___No___
 - d. Injections Yes___No___
 - e. Implanon Yes___No___
 - f. Progesterone only pill (POP) Yes___No___
 - g. Combined oral contraceptive (COC) Yes___No___

- h. Complete equipment kit available for FP procedure? Yes___No___
 - i. Diaphragm Yes___No___
 - j. Female sterilization Yes___No___
 - k. Male sterilization Yes___No___
 - l. Provision of FP for post-abortion and postpartum clients Yes___No___
 - m. Others specify_____
27. Typically, how many days per week is family planning services offered?
- a. days per week _____
28. How many providers have been trained to offer family planning services?
29. Number of provider's _____

Infection Prevention and Control in Family Planning Procedure Room

30. Use disposable syringes during IM/IV injection Yes___No___
31. Safety precaution taken while giving injection: wearing gloves Yes___No___
32. Hand rub for hand hygiene with water and soap/alcohol in the Family planning procedure room? Yes___No___
33. Disinfect or clean equipment Yes___No___
34. Sharps box within arm's length of provider Yes___No___
35. Sterilize family planning equipment Yes___No___
36. Proper waste disposal mechanism (incinerator with fence, covered pit etc.) Yes___No___
37. Quality of family planning counseling
- a. Asking
 - b. Introducing themselves to clients
 - c. Greeting
 - d. Telling
 - e. Helping
 - f. Explaining
 - g. Referring/follow up

Client's satisfaction according to the provided services

1. Waiting time _____
2. Privacy in the examination room Yes___No___
3. How many days of the services are available in a week? _____
4. Cleanliness of the examination room Yes___No___
5. Availability of the methods at the clinic Yes___No___
6. Quality of the family planning methods Yes___No___
7. Cost for the family planning methods Yes___No___
 - a. Client's satisfaction according to the providers of the services
 - b. Health education of the provider:
8. Are you able to discuss problems or concerns about your health with the provider? Yes___No___
 - a. Explanation method of the provider about how to use family planning methods Yes___No___
 - b. Information's explained by the Provider if there are any problems/side effects Yes___No___
 - c. Explanation of the provider to return to the health center for follow-up Yes___No___
 - d. Time you spend with the provider during health education Yes___No___
9. Quality of the examination in the examination room. Yes___No___
10. Privacy during giving health education from the provider. Yes___No___
11. Respect of the provider to you. Yes___No___

Screening components

- a. Medical History
- b. Current pregnancy status
- c. Alcohol and other drug uses
- d. Tobacco use
- e. Immunizations TT
- f. Depression

12. Physical examination
 - a. Height BP
 - b. Weight
 - c. Abnormal vaginal bleeding
 - d. BMI
 - e. Any chronic diseases
 - f. Thyroid exams
13. Laboratory testing
 - a. Pregnancy test
 - b. STIs
 - c. Syphilis
 - d. HIV/AIDS
 - e. Hepatitis C
 - f. RBS
14. Explains findings and reassures the client Yes___No___
15. Do you explains possible side effects FP and reassures client. Yes___No___
16. Explains eligibility criteria and procedures for assessing client eligibility. Yes___No___
17. Explains the procedures. Yes___No___
18. Checks to make sure that client understands key messages conveyed. Yes___No___
19. Answers any questions the client has. Yes___No___
20. Assists client in making a decision about using the method. Yes___No___
21. Respects client’s choice of family planning methods and does not try to convince her to use one method over another. Yes___No___
22. Performs pre-insertion counseling according protocol. Yes___No___
23. Reviews client’s reproductive health history to ensure that client meets initial criteria for the method. Yes___No___
24. If client does meet criteria, provider proceeds with clinical screening. Yes___No___

- 25. Tells the client what is going to be done and answers any questions she may have. Yes___No___
- 26. Checks for signs of severe anemia. Yes___No___
- 27. Puts new exam (disposable) or sterile (reusable) gloves on both hands. Yes___No___
- 28. Performs a speculum exam and checks to make sure the string is visible and that there is no partial or complete expulsion. Yes___No___
- 29. Do you obtain informed consent during Inserts speculum? Yes___No___
- 30. Explains to client why and how she will do the pelvic exam Explains to client why and how she will do the pelvic exam. Yes___No___
- 31. Gives client a referral card for follow-up if does not provide follow-up care. Yes___No___
- 32. Records insertion according to record keeping protocols. Yes___No___

Conducts of preremoval counseling.

- a. Asks the client her reason for removal and answers any questions she may have. Yes___No___
 - b. Reviews the client’s present reproductive goals. Yes___No___
 - c. Describes the removal procedure and what to expect. Yes___No___
33. Assists client in selecting and obtaining new contraceptive method if desired Yes___No___

Infection Prevention

- 34. Practices proper infection prevention. Yes___No___
- 35. Practices proper infection prevention procedures before, during, and after the procedure. Yes___No___
- 36. FP method package is not opened until after it is loaded and at time of procedure. Yes___No___
- 37. Procedures for hand washing and use of exam gloves are followed. Yes___No___
- 38. Proper client cleansing procedures are followed. Yes___No___
- 39. “No touch” technique is used when inserting the IUD. Yes___No___
- 40. Instruments, gloves, and other items are processed and stored according to protocol Yes___No___

Cases Observed

- 41. Washes hands with soap and water. Yes___No___
- 42. Water supply. Yes___No___

43. Enough rooms for clients. Yes___No___
44. Cleanses of room. Yes___No___
45. Enough bench. Yes___No___
46. Prepares the client while ensuring dignity and privacy. Yes___No___
47. Coach to procedure for IUDs, and Implants. Yes___No___
48. Respect Clients Choices. Yes___No___
49. Counseling the clients appropriately. Yes___No___
50. Schedules a follow-up appointment with client for after insertion. Yes___No___
51. Reviews key messages for women who have just had a FP. Yes___No___
52. Assesses client to make sure that she feels well and observes her for 15 minutes before sending her home. Yes___No___
53. Conducts client assessment according to protocol
 - a. Assesses client's satisfaction with the method Yes___No___
 - b. Assesses for common side effects Yes___No___
 - c. Screens for warning signs (PAINS) Yes___No___
 - d. Addresses any questions or concerns the client may have Yes___No___
 - e. Reviews key messages with client Yes___No___

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