



Contraceptive Implant Removal: Rapid Service Readiness Assessment Tool

The goal of this assessment is to gather key information about the status of implant removal services in any given facility, to inform program planning. Specifically, it is intended to reveal:

- What **resources and systems are available** to support provision of quality implant removal services at this site;
- What **gaps or challenges** facility managers and healthcare providers might face in offering implant removal services at this site;
- **Opportunities to improve or expand** contraceptive implant removal services at this site

To utilize this tool: This tool contains seven modules, including an action planning module. Program managers may adapt the tool and deploy it with facility managers to gain a deeper understanding of a service delivery site’s readiness to provide quality implant removal services. Facility managers may also use this tool for self-assessment.

Notes: This is a general guide and some fields may need to be adapted to one’s context and needs. Also, it is not intended to disqualify sites from service provision, but rather to prioritize actions that optimize services in facilities offering family planning. Family planning programs offer a variety of methods and services to clients; this tool can be used to assess readiness for a single service, or incorporated into a larger activity to assess family planning services.

Section 1: General Information	
Date of Visit	
Name of Facility	
County/District	
Facility Level	Hospital <input type="checkbox"/> Health Centre <input type="checkbox"/> Dispensary <input type="checkbox"/> Health Centre <input type="checkbox"/> Community Clinic <input type="checkbox"/>
Facility Ownership	Ministry of Health <input type="checkbox"/> NGO <input type="checkbox"/> Faith Based Organization <input type="checkbox"/> Private Institution <input type="checkbox"/>
Facility or Department In-Charge	Name _____ Tel No. _____ Email. _____

Section 2: Health Workforce for Implant Services		Comment
How many service providers are eligible and competent to provide the following services in this facility and/or department?		
Implant Insertion	#	
Implant Removal (standard)	#	
Non-palpable Implant Removal	#	
Is there capacity to remove deeply placed implants, including non-palpable implants, in this facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have referral mechanisms in place for difficult removals?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes where do you typically refer to?		
Does this facility have quality improvement team that addresses FP, including implants?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there structures for on-the-job learning, mentorship, or training related to FP at this facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, do those on-the-job learning opportunities cover implant removal?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 3: Contraceptive Implant Service Availability		Comment
How many implant clients does this facility serve? <i>[review prior three months of data from FP register and insert in cells]</i>		
Implant Insertion		
Implant Removal		
How much do clients pay for implant services?		
Implant Insertion		
Implant Removal		
When are implant services available in your facility/department?		
5 days a week 8am -5pm	YES <input type="checkbox"/> NO <input type="checkbox"/>	
7 days a week 8 am – 5 pm	YES <input type="checkbox"/> NO <input type="checkbox"/>	
24 hours, 7 days a week	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Specific days of the week (specify): _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does this facility conduct any community-based FP outreaches?		YES <input type="checkbox"/> NO <input type="checkbox"/>
a. If yes, when was the last time you had an outreach?	Month: Year:	

b. Do you provide implant insertions during the community-based outreaches?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. Do you provide implant removals during the community-based outreaches?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Section 4: Contraceptive Implant Resources		Comment
Does this facility or department have the following equipment and supplies available, processed, and in adequate volumes to support implant removal services?		
Kidney dish	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Gallipot	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mosquito artery forceps straight	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Mosquito artery forceps curved	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Surgical blade	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Green towel	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lidocaine without epinephrine	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sterile gauze	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sterile band aid/ Elastoplast	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sterile gloves	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Povidone iodine	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Ultrasound (5 MHz or 10 MHz) <i>[for difficult removals]</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
X-ray Machine <i>[for difficult removals]</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Modified vasectomy straight blunt forcep <i>[for difficult removals]</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Autoclave in working condition	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Examination Couches	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Source of light	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Running water	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Decontamination buckets	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Safety boxes	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Soap	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Chlorine	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Section 5: Implant Data Collection and Use		Comment
Do you have a family planning daily activity register?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you keep records of implant removal services in this register?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does the facility display data on FP services (e.g., on a wall chart)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, is implant removal data included in facility displays of data?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does the facility team routinely review data during meetings and/or supervision visits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, is implant removal data included in data review meetings and/or supervision visits?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Section 6: Current experience with implant removals						
<i>In this section, a small group of providers can be queried to provide some insight on their experience.</i>						
On a scale of 1 to 5 how confident are you performing the following procedures? <i>1 being "not confident", 2 being "somehow confident", 3 being "moderately confident", 4 being "confident" and 5 being "fully confident"</i>						
Contraceptive implant insertion	1	2	3	4	5	I don't provide this service
Contraceptive implant removal	1	2	3	4	5	I don't provide this service
Have you ever removed implants from a client?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever had any challenges when removing an implant?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, which one(s)? (tick all that apply)	1. Deeply inserted [] 2. Excessive bleeding [] 3. Missing rods [] 4. Inadequate/lack of instruments/equipment [] 5. Inadequate/Lack of consumables [] 6. Heavy workload [] 7. Lack of skills [] 8. Others (specify) _____					
Have you experienced situations where a client presents with a removal that is very difficult because it was placed too deeply?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
In the last three months have you encountered any difficult implant removals?	Yes <input type="checkbox"/> No <input type="checkbox"/>					

