

Observation of Family Planning Consultation

100 **READ TO PROVIDER:** Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide health services with the goal of finding ways to improve service delivery. I would like to observe your consultation with this woman in order to better understand how health care is provided in this country.

This information is completely confidential. You may choose to stop the interview at any time. Do you have any questions for me? May I be present at this consultation?

_____ DATE

INTERVIEWER'S SIGNATURE

(Indicates respondent's willingness to participate)

100a	PERMISSION RECEIVED FROM PROVIDER?	YES	1	➔ STOP
		NO	2	

READ TO CLIENT: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide health services. I would like to observe your consultation with this Provider in order to better understand how health care is provided.

This information is completely confidential and will not affect the level of care you receive here now or in the future. After the consultation, my colleague would like to talk with you about your experiences here today.

You may tell me to stop the interview at any time. Do you have any questions for me? May I stay?

_____ DATE

INTERVIEWER'S SIGNATURE

(Indicates respondent's willingness to participate)

100b	PERMISSION RECEIVED FROM CLIENT?	YES	1	➔ STOP
		NO	2	

1. Client Counseling

NO.	QUESTIONS	CODING CLASSIFICATION		
	OBSERVER: PLEASE COMPLETE THE FOLLOWING ITEMS FOR ALL CLIENTS.			
101	INDICATE WHETHER THE CLIENT HAD ANY PREVIOUS CONTACT WITH A PROVIDER AT THIS FAMILY PLANNING CLINIC.	YES.....	1	
		NO	2	
		NOT DETERMINED	8	
	Client information and history: Indicate below whether the provider asked about /client offered information for each of the following items:			
102	INDICATE IF THE CLIENT HAS EVER BEEN PREGNANT	YES.....	1	
		NO	2	
		DON'T KNOW.....	8	
103	CLIENT HISTORY	YES	NO	UNSURE
	1) Age of client?	1	2	8
	2) Number of living children?	1	2	8
	3) Last delivery date/ Last abortion date?	1	2	8
	4) Age of youngest child?	1	2	8
	5) History of complications with pregnancy?	1	2	8
	6) Current pregnancy status?	1	2	8
	7) Desire for a child or more children?	1	2	8
	8) Desired timing for birth of next child?	1	2	8
	9) Breast feeding status?	1	2	8
	10) Regularity of menstrual cycle?	1	2	8
	11) Smoking?	1	2	8
	12) Symptoms of STIs (e.g. abnormal discharge)?	1	2	8
	13) Chronic illnesses (heart disease, diabetes, hypertension, liver /jaundice problem; breast cancer)?	1	2	8
104	EXAMINATION			
	1) Take Blood pressure?	1	2	8
	2) Take weight?	1	2	8
	3) Take urine specimen?	1	2	8
	4) Take blood specimen?	1	2	8
105	DID THE PROVIDER			
	1) Ensure VISUAL PRIVACY?	1	2	8
	2) Ensure AUDITORY PRIVACY?	1	2	8
	3) Assure CLIENT of CONFIDENTIALITY?	1	2	8
	4) Ask about questions or CONCERNS WITH METHODS discussed or with currently used method?	1	2	8
	DISCUSS:			
	5) Husband/wife attitude toward family planning ?	1	2	8
	6) Husband/wife status: (Husband have more than one wife? Husband away for extended periods of time?)	1	2	8
	7) Discuss risk of STIS?	1	2	8
	8) Discuss use of condoms to prevent STIs?	1	2	8
	9) Discuss using condoms WITH another method (duel method) for preventing STIs?	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
106	INDICATE WHICH METHOD(S) WERE PRESCRIBED DURING THIS VISIT. IF CONDOM WAS PRESCRIBED WITH ANOTHER METHOD, CIRCLE BOTH METHODS. [IF CONTINUING CLIENT RECEIVED REFILL FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUD DURING THIS VISIT, CIRCLE THAT METHOD]	ORAL PILLA CONDOM.....B IUD C SPERMICIDE D DIAPHRAGME INJECTABLEF NORPLANT.....G IMPLANON.....H NATURAL METHODS (RHYTHM) I BREASTFEEDING/LAM J FEMALE STERILIZATIONK EMERGENCY CONTRACEPTION L OTHERX NO METHODY	→108
FOR THE METHOD(S) IN QUESTION 106 INDICATE IF THE RELEVANT INFORMATION INDICATED WAS ASSESSED/DISCUSSED			
107	METHOD	INFORMATION	YES NO UNSURE
	PILLS/ INJECTIONS	1) When to take (PILL DAILY; INJECTION EITHER EVERY 1,2 OR 3 MONTHS)	1 2 8
		2) Changes which may occur with menstruation (decrease; spotting or amenorrhea)	1 2 8
		3) Initial side-effects which may occur (nausea; weight gain, breast tenderness)	1 2 8
		4) What to do if forget pill/do not get injection on time.	1 2 8
	NORPLANT/ IMPLANON	5) Good for 3- 5 years	1 2 8
		6) Changes which may occur with menstruation (decrease; spotting)	1 2 8
		7) Initial side-effects which may occur (nausea; weight gain, breast tenderness)	1 2 8
	EMERGENCY CONTRACEPTION	8) If vomit within 2 hours need another dose	1 2 8
		9) If next period unusually light or not within 4 weeks, return for pregnancy check	1 2 8
	IUD	10) Check string	1 2 8
		11) May have HEAVY BLEEDING/SPOTTING	1 2 8
	STERILIZATION	12) Permanent: -will not become pregnant again	1 2 8
		13) May be slight discomfort at incision site	1 2 8
	CONDOMS	14) Any allergy to latex	1 2 8
		15) Use only one time	1 2 8
		16) Leave space at the top of the condom	
		17) Can use lubricant (water soluble only)	1 2 8
		18) Use as back-up if you fear other method failure	1 2 8
		19) Dual protection (pregnancy and STI)	1 2 8
	SPERMICIDE/ FOAM	20) May cause irritation	1 2 8
		21) Insert before each occurrence of intercourse	1 2 8
	RHYTHM/ PERIODIC ABSTINENCE	22) How to identify fertile period	1 2 8
		23) Should not have intercourse during fertile period without alternate method (condom/spermicide)	1 2 8

NO.	QUESTIONS		CODING CLASSIFICATION			GO TO
	METHOD	INFORMATION	YES	NO	UNSURE	
	LACTATIONAL AMMENORRHEA	24) Slight risk of pregnancy at time shortly before restarting menstruation	1	2	8	
		25) Most effective with exclusive breast-feeding	1	2	8	
		26) Not effective after menstruation begins again	1	2	8	
108	Did the provider refer to or look at the individual client record either prior to or during the consultation?		YES	1		
			NO	2		
			DON'T KNOW	8		
109	Were any visual aids or models used for health education or counseling about different methods?		YES	1		
			NO	2		
			DON'T KNOW	8		
110	DID THE PROVIDER DISCUSS A RETURN VISIT?		YES	1		
			NO	2		
			DON'T KNOW	8		

2. CLINICAL OBSERVATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	INDICATE IF ANY CLINICAL PROCEDURE WAS CONDUCTED DURING THIS VISIT.	PELVIC EXAM A IUD INSERTED B IUD REMOVAL C GIVEN INJECTABLE D NORPLANT INSERTED E NORPLANT REMOVAL F IMPLANON INSERTED G IMPLANON REMOVAL H BREAST EXAMINATION I NO PROCEDURE Y	→301
202	INDICATE IF CLINICAL PROVIDER SAME PERSON WHO PROVIDED COUNSELING	YES 1 NO 2	→205a
<p>READ TO PROVIDER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide health services with the goal of finding ways to improve service delivery. I would like to observe the procedure you will conduct. [Mrs. _____] has agreed that she has no objection to my presence. Observing all components of the services provided to [Mrs. _____] will help us be better understand the how health services are provided.</p> <p>Any information from this examination is completely confidential. Do you have any questions for me? May I be present during this procedure?</p> <p style="text-align: center;">_____ DATE</p> <p style="text-align: center;">INTERVIEWER'S SIGNATURE (Indicates respondent's willingness to participate)</p>			
203	PERMISSION RECEIVED FROM PROVIDER	YES 1 NO 2	→STOP
204	Provider performing most of clinical examination	OB/GYN DOCTOR 11 FAMILY PLANNING PHYSICIAN 12 PEDIATRICIAN 13 FAMILY PHYSICIAN 14 OTHER PHYSICIAN SPECIALIST 15 GENERAL PRACTITIONER 16 NURSE W/ MIDWIFRY 21 NURSE 22 OTHER _____ 96 (SPECIFY)	
205	Sex of provider conducting clinical examination	MALE 1 FEMALE 2	
205a	Did the provider examine the breasts?	YES 1 NO 2 DON'T KNOW 8	→206 →206
205b	Did the provider teach the client how to conduct self breast exam?	YES 1 NO 2 DON'T KNOW 8	
206	INDICATE CLINICAL PROCEDURE(S) CONDUCTED DURING THIS VISIT.	PELVIC EXAM A IUD INSERTED B IUD REMOVAL C GIVEN INJECTABLE D NORPLANT INSERTED E NORPLANT REMOVED F IMPLANON INSERTED G IMPLANON REMOVED H NO CLINICAL PROCEDURE Y	→207 →208a →208a →209 →210 →210 →210 →210 →210

PELVIC EXAM

207	DID THE PROVIDER:		YES	NO	N A
	1) ENSURE CLIENT HAS VISUAL PRIVACY?	VISUAL PRIVACY	1	2	
	2) ENSURE CLIENT HAS AUDITORY PRIVACY?	AUDITORY PRIVACY	1	2	
	3) EXPLAIN PROCEDURE PRIOR TO BEGINNING?	EXPLAIN PROCEDURE	1	2	
	4) PREPARE ALL INSTRUMENTS <u>BEFORE</u> EXAM?	PREPARED INSTRUMENTS	1	2	
	5) USE STERILIZED OR HIGH-LEVEL DISINFECTED INSTRUMENTS ?	DISINFECTED INSTRUMENTS	1	2	
	6) WASH HIS/HER HANDS, USING SOAP, BEFORE THE EXAM?	WASHED HANDS	1	2	
	7) PUT ON NEW OR DISINFECTED GLOVES BEFORE EXAM?	PUT ON GLOVES	1	2	
	8) ASK THE CLIENT TO TAKE SLOW, DEEP BREATHS, AND RELAX ALL MUSCLES?	ASK CLIENT TO RELAX MUSCLES	1	2	
	9) INSPECT THE EXTERNAL GENITALIA?	INSPECT GENITALIA	1	2	
	10) (IF USED) EXPLAIN SPECULUM PROCEDURE?	EXPLAIN SPECULUM	1	2	5
	11) INSPECT THE CERVIX AND VAGINAL MUCOSA? (AIM LIGHT INSIDE INSERTED SPECULUM)	INSPECT CERVIX	1	2	5
	12) PERFORM BIMANUAL EXAM (ONE HAND INSIDE VAGINA, OTHER PALPATING UTERUS THROUGH ABDOMEN)	BIMANUAL EXAM.....	1	2	
	13) WASH HANDS <u>AFTER</u> REMOVING GLOVES?	WASH HANDS AFTER	1	2	
	14) WIPE CONTAMINATED SURFACES WITH DISINFECTANT?	DISINFECT AREA.....	1	2	
	15) PLACE REUSABLE GLOVES AND INSTRUMENTS IN A CHLORINE SOLUTION IMMEDIATELY AFTER COMPLETING PROCEDURE? (ASK THE PROVIDER)	DECONTAMINATE GLOVES/INSTRUMENTS...	1	2	

Check 206 if there is another procedure skip to it or other wise skip to 301.

IUD INSERTION AND REMOVAL

208a	INDICATE PROCEDURE CONDUCTED	IUD INSERTION.....A IUD REMOVAL.....B			
208b	DID THE PROVIDER:		YES	NO	NA
	1) ENSURE CLIENT HAD VISUAL PRIVACY?	VISUAL PRIVACY	1	2	
	2) ENSURE CLIENT HAD AUDITORY PRIVACY?	AUDITORY PRIVACY.....	1	2	
	3) (NEW CLIENT) RECONFIRM THE METHOD CHOICE?	RECONFIRM CHOICE	1	2	5
	4) EXPLAIN PROCEDURE PRIOR TO BEGINNING?	EXPLAIN PROCEDURE	1	2	
	5) PREPARE ALL INSTRUMENTS <u>BEFORE</u> EXAM?	PREPARED INSTRUMENTS	1	2	
	6) USE STERILIZED/HIGH-LEVEL DISINFECTED INSTRUMENTS?	STERILE INSTRUMENTS ..	1	2	
	7) WASH HANDS WITH SOAP <u>BEFORE</u> PUTTING ON GLOVES?	WASH HANDS BEFORE	1	2	
	8) GLOVE HANDS (STERILE GLOVES)?	STERILE GLOVES.....	1	2	
	9) GLOVE HANDS (CLEAN GLOVES)?	CLEAN GLOVES.....	1	2	
	10) SPECULUM EXAM FOR REPRODUCTIVE TRACT INFECTIONS/STIS BEFORE BIMANUAL EXAM?	SPECULUM EXAM	1	2	
	11) CONDUCT BIMANUAL PELVIC EXAM? (ONE HAND INSIDE VAGINA OTHER PALPATE UTERUS THROUGH ABDOMEN)	BIMANUAL EXAM.....	1	2	5
	12) VISUALIZE CERVIX DURING CLEANING? (SHINE LIGHT IN INSERTED SPECULUM)	VISUALIZE CERVIX.....	1	2	
	13) USE TENACULUM?	USE TENACULUM.....	1	2	5
	14) SOUND THE UTERUS <u>BEFORE</u> IUD INSERTION?	SOUND UTERUS.....	1	2	
	15) USE THE NO-TOUCH TECHNIQUE FOR INSERTING THE IUD?	NO-TOUCH TECHNIQUE	1	2	
	16) WASH HANDS <u>AFTER</u> REMOVING GLOVES?	WASH HANDS AFTER	1	2	
	17) ENSURE NO VAGINA BLEEDING AFTER IUD INSERTION AND BEFORE LEAVING THE EXAMINATION TABLE?	ENSURE NO BLEEDING	1	2	
	18) WIPE CONTAMINATED SURFACES WITH DISINFECTANT?	DISINFECT AREA.....	1	2	
	19) PLACE REUSABLE INSTRUMENTS OR GLOVES IN A CHLORINE SOLUTION IMMEDIATELY AFTER COMPLETING PROCEDURE?	DECONTAMINATE GLOVES/INSTRUMENTS...	1	2	
	20) SHOW REMOVED IUD TO THE CLIENT?	SHOW REMOVED IUD.....	1	2	5
	21) DISCUSS RETURN VISIT AFTER NEXT CYCLE?	DISCUSS RETURN VISIT	1	2	

→301

INJECTABLE

209	WHEN GIVING THE INJECTABLE , DID THE PROVIDER:		YES	NO	N A
	1) (NEW CLIENT) RECONFIRM METHOD CHOICE?	RECONFIRM CHOICE	1	2	5
	2) (NEW CLIENT) VERIFY CLIENT NOT PREGNANT?	NOT PREGNANT.....	1	2	5
	3) (CONTINUING CLIENT) CHECK CLIENT CARD (TO ENSURE GIVING INJECTION AT CORRECT TIME)?	CORRECT TIME.....	1	2	5
	4) WASH HANDS <u>BEFORE</u> INJECTION?	WASH HANDS.....	1	2	
	5) USE NEW NEEDLE AND SYRINGE?	NEW NEEDLE.....	1	2	5
	6) SEE PROVIDER OPEN NEW PACKET WITH NEEDLE AND SYRINGE?	SEE SYRINGE PACKET	1	2	5
	7) STIR/MIX BOTTLE <u>BEFORE</u> DRAWING DOSE? (DEPO)	STIR BOTTLE	1	2	5
	8) CLEAN AND AIR-DRY INJECTION SITE <u>BEFORE</u> INJECTION?	CLEAN AND AIR DRY SITE.....	1	2	
	9) DRAW BACK PLUNGER <u>BEFORE</u> INJECTION?	DRAW BACK PLUNGER	1	2	
	10) MASSAGE INSTEAD OF ALLOWING DOSE TO SELF-DISPERSE?	MASSAGE.....	1	2	
	11) DISPOSE OF SHARPS IN PUNCTURE RESISTANT CONTAINERS?	DISPOSE OF SHARPS.....	1	2	
	12) INDICATE IF THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT	PROVIDED BY FACILITY 1 PROVIDED BY CLIENT 2 DON'T KNOW 8			

➔301

NORPLANT/IMPLANON INSERTION OR REMOVAL

210	INDICATE THE PROCEDURE CONDUCTED	INSERTIONA REMOVALB			
	DID THE PROVIDER:		YES	NO	NA
211	1) RECONFIRM METHOD CHOICE (EITHER INSERTION OR REMOVAL)	RECONFIRM CHOICE.....	1	2	5
	2) VERIFY CLIENT NOT PREGNANT	VERIFY NOT PREGNANT	1	2	5
	3) ENSURE CLIENT VISUAL PRIVACY?	VISUAL PRIVACY.....	1	2	
	4) ENSURE CLIENT AUDITORY PRIVACY?	AUDITORY PRIVACY.....	1	2	
	5) EXPLAIN PROCEDURE PRIOR TO BEGINNING	EXPLAIN PROCEDURE	1	2	
	6) PREPARE ALL INSTRUMENTS <u>BEFORE</u> EXAM?	PREPARED INSTRUMENTS	1	2	
	7) USE STERILIZED INSTRUMENTS ?	STERILIZED INSTRUMENTS.	1	2	
	8) WASH HIS/HER HANDS BEFORE BEGINNING PROCEDURE?	WASHED HANDS.....	1	2	
	9) PUT ON STERILE GLOVES AND MAINTAIN STERILITY DURING INSERTION	GLOVES AND STERILITY..	1	2	
	10) CLEAN SKIN WHERE INCISION(INSERTION) WILL BE MADE WITH ANTISEPTIC	ANTISEPTIC.....	1	2	
	11) USE NEW NEEDLE AND SYRINGE FOR LOCAL ANESTHETIC	NEW NEEDLE.....	1	2	
	12) ALLOW TIME FOR LOCAL ANESTHETIC TO TAKE EFFECT PRIOR TO MAKING INCISION(INSERTION)	TIME FOR ANESTHETIC TO WORK.....	1	2	
	13) DISPOSE OF SHARPS IN PUNCTURE RESISTANT CONTAINERS	DISPOSE SHARPS	1	2	
	14) WIPE CONTAMINATED SURFACES WITH DISINFECTANT?	DISINFECT AREA.....	1	2	
	15) PLACE REUSABLE GLOVES AND INSTRUMENTS IN A CHLORINE SOLUTION IMMEDIATELY AFTER COMPLETING PROCEDURE?	DECONTAMINATE GLOVES/INSTRUMENTS...	1	2	
	16) WASH HANDS <u>AFTER</u> REMOVING GLOVES?	WASH HANDS AFTER	1	2	
	17) EXPLAIN CARE OF INCISION(INSERTION) AREA	EXPLAIN INCISION CARE .	1	2	
	18) DISCUSS RETURN VISIT TO REMOVE PLASTER?	RETURN VISIT.....	1	2	
212	1) PROVIDE WOMAN WITH CARD STATING DATE IMPLANT WAS INSERTED AND DATE WHEN 5 YEARS OF NORPLANT, OR WHEN 3 YEARS OF IMPLANON IS COMPLETED	PROVIDE CARD	1	2	5
	2) REINFORCE SIDE EFFECTS OF IMRPLANT?	REINFORCE SIDE EFFECTS	1	2	5
213	SHOW EACH STICK REMOVED TO CLIENT AND REASSURE WHEN ALL REMOVED?	SHOW REMOVED NORPLANT	1	2	5
214	INDICATE IF THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT	PROVIDED BY FACILITY 1 PROVIDED BY CLIENT 2 DON'T KNOW 8			

3. Client's Family Planning Status

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	INDICATE CLIENT'S FAMILY PLANNING STATUS AT THE BEGINNING OF THE CONSULTATION.	CURRENT USER..... 1 NONUSER, USED IN PAST 2 NONUSER, NO PAST USE 3 NOT DETERMINED..... 8	→ 304 → 306 → 306
302	INDICATE PRINCIPAL REASON FOR VISIT.	RESUPPLY/ROUTINE FOLLOWUP 1 WANT METHOD CHANGE- NO PROBLEM 2 DISCUSS PROBLEM WITH CURRENT METHOD 3 DISCUSS OTHER HEALTH PROBLEM (NOT METHOD)..... 4 WANT TO DISCONTINUE FP (NO PROBLEM) 5 OTHER _____ 6 (SPECIFY)	
303	INDICATE OUTCOME OF VISIT.	CONTINUED WITH CURRENT METHOD..... 1 SWITCHED METHOD, RECEIVED TODAY 2 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD..... 3 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD..... 4 DECIDED TO STOP USING FAMILY PLANNING 5	→ 308 → 308 → 307 → 307 → 308
304	INDICATE TIMING OF CLIENT'S MOST RECENT USE OF CONTRACEPTION.	WITHIN PAST 6 MONTHS 1 SIX MONTHS OR MORE AGO..... 2 NOT DETERMINED..... 8	
305	INDICATE OUTCOME OF VISIT.	RESTARTED PRIOR METHOD 1 ADOPTED DIFFERENT METHOD RECEIVED TODAY 2 PLANNED DIFFERENT METHOD, NOT RECEIVED TODAY..... 3 RECEIVED INFORMATION/ COUNSELING ONLY..... 4 NOT DETERMINED..... 8	→ 308 → 308 → 307 → 308 → 308
306	INDICATE OUTCOME OF VISIT.	RECEIVED/PRESCRIBED METHOD..... 1 PLANNED METHOD, NOT RECEIVED TODAY 2 DID NOT DECIDE ON METHOD..... 3	→ 308 → 308
307	WHY WAS METHOD NOT RECEIVED TODAY?	VAGINAL INFECTION A PREGNANCY STATUS UNSURE... B WILL CHECK WITH HUSBAND C METHOD NOT IN STOCK..... D OTHER _____ X (SPECIFY)	
308	Did the provider write in an individual client record or card after the consultation?	YES 1 NO 2 DON'T KNOW 8	

309	TIME OBSERVATION ENDED.	HOUR..... <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
310	Observer Comment:	