MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF FAMILY PLANNING CONSULTATION

1. Facility Identification

QTYPE | O | F | P |

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . | | | | | |

2. Provider Information

Provider category:

GENERALIST MEDICAL DOCTOR	01
SPECIALIST MEDICAL DOCTOR	02
NON-PHYSICIAN CLINICIAN	03
NURSING PROFESSIONALS [EXCLUDING DEGREE NURSES]	05
DEGREE NURSES [E.G., BSN NURSE]	06
MIDWIFERY PROFESSIONALS [EXCLUDING DEGREE MIDWIFES]	07
DEGREE MIDWIFES	08
ENROLLED NURSE / ENROLLED MIDWIFE	09
NURSE AIDE / NO TECHNICAL QUALIFICATION	95

PROVIDER CATEGORY | | |

SEX OF PROVIDER: (1=Male; 2=Female) — SEX OF PROVIDER . . . . . | |

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] — PROVIDER SL NUMBER . . . . . | | |

3. Information About Observation

Date: . . . . .

DAY . . . . . | | |

MONTH . . . . . | | |

YEAR . . . . . | 2 | 0 | 1 | |

Name of the observer: _____

OBSERVER CODE . . . . . | | |

Client code: . . . . .

CLIENT CODE . . . . . | | | |

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the [IMPLEMENTING ORG] We are conducting a study of health facilities in [COUNTRY] with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how family planning services are provided in this facility.

Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.

Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.

Do I have your permission to be present at this consultation?

Interviewer's signature

(Indicates respondent's willingness to participate)

	DAY	MONTH	YEAR
			2 0 1

100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ **END**

READ TO CLIENT: Hello, I am_____. I am representing the [IMPLEMENTING ORG] We are conducting a study of health services in [COUNTRY]. I would like to be present while you are receiving services today in order to understand how family planning services are provided in this facility.

We are not evaluating the [PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of services will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.

After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ **END**
102	RECORD THE TIME THE OBSERVATION STARTED.	:	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES . . . . . 1 NO 2	
104	RECORD THE SEX OF CLIENT.	MALE . . . . . 1 FEMALE 2	

NO.	QUESTIONS / OBSERVATIONS	CODES

CLIENT HISTORY (FEMALE CLIENTS ONLY)

105	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Last delivery date or age of youngest child	A
02	Last menstrual period (assess if currently pregnant)	B
03	Breastfeeding status	C
04	Regularity of menstrual cycle	D
05	None of the above	Y

CLIENT HISTORY (ALL CLIENTS)

106	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Age of client	A
02	Number of living children	B
03	Desire for a child or more children	C
04	Desired timing for birth of next child	D
05	None of the above	Y

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:	
01	Took the client's blood pressure	A
02	Weighed the client	B
03	Asked the client about his/her smoking habits	C
04	Asked the client about symptoms of STIs (e.g., abnormal vaginal/urethral discharge)	D
05	Asked the client about any chronic illnesses (heart disease, diabetes, hypertension, liver disease, or breast cancer)	E
06	None of the above	Y

PARTNER AND STIS

108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.	
01	Partner's attitude toward family planning (in favor of, or against idea of family planning)	A
02	Partner status (number of client's sexual partners, or of client's partner; periods of partner's absence)	B
03	Client's perceived risk of STIs/HIV	C
04	Use of condoms to prevent STIs/HIV	D
05	Using condoms along with another method (dual method) to prevent both pregnancy and STIs/HIV	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES

QUESTIONS/CONCERNS

109	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING	
01	Provider asked client is he/she had questions or concerns regarding current method	A
02	Client expressed concerns about method, or asked questions about method, including possible side effects of method.	B
03	None of the above	Y

PRIVACY/CONFIDENTIALITY

110	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY	
01	Ensured visual privacy	A
02	Ensured auditory privacy	B
03	Assured the client orally of confidentiality	C
04	None of the above	Y

METHODS PROVIDED OR PRESCRIBED

111

VERIFY METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED OR PRESCRIBED DURING THIS VISIT. IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.

IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUCD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B.

CAUTION!

AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUNMS
IF NO METHOD IS PRECRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A"

	METHOD	(A) PRESCRIBED TO BE FILLED LATER/DIFFERENT LOCATION	(B) PROVIDED TO CLIENT IN FACILITY
01	COMBINED ORAL PILL	A	A
02	PROGESTIN-ONLY ORAL PILL	B	B
03	ORAL PILL (TYPE UNSPECIFIED)	C	C
04	COMBINED INJECTABLE (MONTHLY)	D	D
05	PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY)	E	E
06	MALE CONDOM	F	F
07	FEMALE CONDOM	G	G
08	IUCD	H	H
09	IMPLANT	I	I
10	EMERGENCY CONTRACEPTION	J	J
11	CYCLE BEADS FOR STANDARD DAYS METHOD	K	K
12	COUNSELING ON PERIODIC ABSTINENCE	L	L
13	VASECTOMY (MALE STERILIZATION)	M	M
14	TUBAL LIGATION (FEMALE STERILIZATION)	N	N
15	LACTATIONAL AMENORHEA	O	O
16	OTHER (E.G., SPERMICIDE, DIAPHRAGM)	X	X
17	NO METHOD	Y	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
	FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.	
112	CHECK Q111: ARE "A", "B", "C", "D" OR "E" CIRCLED IN EITHER OR BOTHCOLUMNS? YES ☐ NO ☐ →	114
113	**PILLS OR INJECTIONS**	
01	When to take (pill daily; injection either every month or every 2 or 3 months)	A
02	Changes that may occur with menstruation (decreased flow or amenorrhea, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	C
04	What to do if forget pill or do not get injection on time	D
05	Method does not protect against STIs, including HIV	E
06	Should return to clinic if side effects appear or persist	F
07	None of the above	Y
114	CHECK Q111: ARE "F" OR "G" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ →	116
115	**CONDOMS**	
01	Client cannot use if allergic to latex	A
02	Each condom can be used only one time	B
03	Some lubricants may be used (male condom— water soluble only; female condom —any lubricant)	C
04	Can be used as backup method if client fears other method will fail	D
05	Dual protection (from pregnancy and against STIs, including HIV)	E
06	None of the above	Y
116	CHECK Q111: IS "H" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ →	118
117	**INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)**	
01	Good for up to 5 years or 12 years	A
02	Should return to the clinic 3-6 weeks post insertion or after first menses	B
03	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps)	C
04	Should return to clinic if side effects continue	D
05	User should regularly check strings after each menstruation	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
118	CHECK Q111: IS "I" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 120	
119	**IMPLANTS**	
01	Good for 3-5 years	A
02	Changes that may occur with menstruation (irregular bleeding, decreased flow, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, breast tenderness)	C
04	Should return to clinic if side effects continue	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 122	
121	**EMERGENCY CONTRACEPTION**	
01	Take another dose if vomit within 2 hours of taking a dose	A
02	Return for pregnancy check if period is unusually light or fails to occur within 4 weeks	B
03	First dose to be taken within 120 hours of unprotected sexual contact	C
04	Second dose should be taken 12 hours after first dose	D
05	Not for routine contraception and therefore regimen not to be repeated or taken more than three times in any one month	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y
122	CHECK Q111: IS "K" OR "L" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ → 124	
123	**PERIODIC ABSTINENCE OR STANDARD DAYS METHOD**	
01	How to identify a woman's fertile period	A
02	No intercourse during woman's fertile period without alternative method (condom)	B
03	Method does not protect against STIs, including HIV	C
04	None of the above	Y
124	CHECK Q111: IS "M" CIRCLED IN EITHER COLUMN "A" OR COLUMN "B"? YES ☐ NO ☐ → 126	
125	**VASECTOMY**	
01	Partner is protected from pregnancy after 3 months	A
02	Use of a back-up method for the next 3 months	B
03	Procedure intended to be permanent; slight risk of failure	C
04	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	D
05	Should return to clinic if experience warning signs	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
126	CHECK Q111: IS "N" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ →	128
127	**FEMALE STERILIZATION**	
01	Protect from pregnancy immediately	A
02	Procedure intended to be permanent, slight risk of failure	B
03	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	C
04	Should return to clinic if experience warning sign	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
128	CHECK Q111: IS "O" CIRCLED IN EITHER OR BOTH COLUMNS? YES ☐ NO ☐ →	130
129	**LACTATIONAL AMENORRHEA (LAM)**	
01	Slight risk of pregnancy during the time shortly before regular menstruation resumes	A
02	Must be exclusively (or near-exclusively) breastfeeding	B
03	Not effective after menstruation begins again	C
04	Infant must be less than 6 months	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

ADDITIONAL PROVIDER ACTIONS

130	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	Look at client's health card at any time before beginning the consultation, while collecting information or while examining the client	A
02	Wrote on the client's health card	B
03	Used any visual aids for health education or counseling about family planning methods	C
04	Discussed a return visit	D
05	None of the above	Y

CONFIRM WITH PROVIDER

131	CONFIRM THE FOLLOWING WITH THE PROVIDER AT THE END OF THE CONSULTATION. CHECK THE CLIENT CARD OR REGISTER IF NECESSARY.		
01	Has this client had any previous contact with a family planning provider in this facility?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. 8	
02	Has this client ever been pregnant?	YES. . . . . 1 NO. . . . . 2 MALE CLIENT. . . . . 3 DON'T KNOW. 8	

NO.	QUESTIONS / OBSERVATIONS	CODES

5. CLINICAL OBSERVATION

201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT		
01	PELVIC EXAMAMINATION	A	
02	IUCD INSERTION AND/OR REMOVAL	B	
03	INJECTABLE GIVEN	C	
04	IMPLANT INSERTION AND/OR REMOVAL	D	
05	NONE OF THE ABOVE	Y	→ 301
202	IS THE CLINICAL PROVIDER THE SAME PERSON WHO PROVIDED COUNSELLING?	YES . . . . . 1 NO 2	→ 206

READ TO PROVIDER: Hello, I am representing the [IMPLEMENTING ORG]. We are conducting a study of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Ms. ___] has agreed that she has no objection to my presence. Observing all components of the services provided to [Ms. ___] will help us to better understand how health services are provided.

Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me.

Do you have any questions for me? Do I have your permission to be present during this procedure?

Interviewer's signature

(Indicates respondent's willingness to participate)

DAY	MONTH	YEAR
		2 0 1

203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ 301
204	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	GENERALIST MD. . . . . 01 SPECIALIST MEDICAL DOCTOR . . . . . 02 NON-PHYSICIAN CLINICIAN . . . . . 03 NURSING PROFESSIONALS [EXCLUDING ASSOCIA 05 ASSOCIATE DEGREE NURSES [E.G., BSN NURSE] 06 MIDWIFERY PROFESSIONALS [EXCLUDING ASSO(07 ASSOCIATE DEGREE MIDWIFES. . . . . 08 ENROLLED NURSE / ENROLLED MIDWIFE. . . . . 09 NURSE AIDE . . . . . 95 OTHER _____ 96 (SPECIFY)	
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE . . . . . 1 FEMALE 2	

NO.	QUESTIONS / OBSERVATIONS	CODES

6. PELVIC EXAMINATION

206	**CHECK Q201:** WAS A PELVIC EXAMINATION CONDUCTED?	YES. . . . . 1 NO. 2	→ 210

BEFORE PROCEDURE

207	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	Prepared all instruments before starting procedure	D
05	Washed hands with soap and water or disinfected hands before starting procedure	E
06	Put on latex gloves before starting procedure	F
07	NONE OF THE ABOVE	Y

DURING PROCEDURE

208	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE	
01	Used sterilized or high level disinfected (HLD) instruments	A
02	Asked the client to take slow deep breaths and to relax muscles	B
03	Inspected the external genitalia	C
04	Explained speculum procedure to client (if speculum used)	D
05	Inspected the cervix and vaginal mucosa (using speculum and light)	E
06	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	F
07	NONE OF THE ABOVE	Y

AFTER PROCEDURE

209	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Wiped contaminated surfaces with disinfectant	C
04	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	D
05	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES

7. IUCD INSERTION AND/OR REMOVAL

210	**CHECK 201:** WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION . . . . . A IUCD REMOVAL . . . . . B IUCD CHECKUP . . . . . C NONE OF THE ABOVE. . . . . Y	→ 215

BEFORE PROCEDURE

211	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	**(FOR NEW CLIENT)** Reconfirmed client choice of method	D
05	**(FOR NEW CLIENT)** Confirmed client is not pregnant	E
06	Prepared all instruments before starting procedure	F
07	Washed or disinfected hands before starting procedure	G
08	Put on latex gloves before starting procedure	H
09	Clean cervix and vagina with antiseptic	I
10	None of the above	Y

DURING PROCEDURE

212	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.	
01	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	A
02	Conducted a speculum examination before performing bimanual examination	B
03	Inspected the cervix and vaginal mucosa (USING SPECULUM AND LIGHT)	C
04	Used a tenaculum	D
05	Sounded the uterus before inserting IUCD	E
06	Explained any of the above procedures	F
07	Used the no-touch technique for IUCD insertion	G
08	Used sterilized or high level disinfected (HLD) instruments	H
09	None of the above	Y

AFTER PROCEDURE

213	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Asked client to wait and rest for 5 minutes after inserting IUCD	C
04	Wiped contaminated surfaces with disinfectant	D
05	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	E
06	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES

CLIENT - PROVIDER INTERACTION

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUCD is good for up to 5 or 12 years	A
02	Client instructed to return to the clinic 3 to 6 weeks after insertion or after first menses	B
03	Client instructed to regularly check the strings after each menstruation	C
04	Client told she may experience side effects (e.g., heavy bleeding for first few months, spotting, or mild abdominal cramps)	D
05	Client instructed to return to clinic if side effects persisted	E
06	Client provided with a card stating the date IUCD was inserted and the follow-up date	F
07	**(IF IUCD REMOVED)**: Show the removed IUCD to client	G
08	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES

8. INJECTABLE CONTRACEPTIVES

215	**CHECK Q201:** WAS AN INJECTABLE CONTRACEPTIVE GIVEN?	YES . . . . . 1 NO 2	→ 219

BEFORE PROCEDURE

216	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	(With a **new client**) Reconfirmed the client's choice of method	A
02	(With a **new client**) Verified that client was not pregnant	B
03	(**Continuing client**) Checked the client's card to ensure giving injection at correct time	C
04	Ensured visual privacy	D
05	Ensured auditory privacy	E
06	Washed/disinfected hands before giving the injection	F
07	Prepared injection in area with clean table or tray to set items on	G
08	None of the above	Y

DURING PROCEDURE

217	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE	
01	(**If using disposables**) Used new syringe and needle from a sterile sealed pack	A
02	Opened new packet of syringe and needle	B
03	Removed needle from multiple dose vial each time	C
04	Stirred or mixed the bottle *before* drawing dose (Depo)	D
05	Cleaned and air-dried the injection site *before injection*	E
06	Drew back plunger *before* giving injection	F
07	Allowed dose to self-disperse instead of massaging the site	G
08	None of the above	Y

AFTER PROCEDURE

218	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE	
01	Disposed of sharps in puncture-resistant container (not overflowing or pierced)	A
02	Tell client not to massage injection site	B
03	Tell the client when to come back for her next injection	C
04	None of the above	Y

219	INDICATE WHETHER 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	

NO.	QUESTIONS / OBSERVATIONS	CODES

9. IMPLANT INSERTION AND/OR REMOVAL

220	CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED?	IMPLANT INSERTION. . . . . A IMPLANT REMOVAL. . . . . B NONE OF THE ABOVE. . . . . Y	→ 301

BEFORE PROCEDURE

221	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	(With a **new client**) Reconfirmed the client's choice of method	A
02	(With a **new client**) Verified that client was not pregnant	B
03	Ensured visual privacy	C
04	Ensured auditory privacy	D
05	Explained the procedure to client before starting	E
06	Prepared all instruments before the procedure	F
07	Used sterilized or high-level disinfected instruments	G
08	Washed/disinfected hands *before* the procedure	H
09	Put on sterile gloves and maintain sterility during insertion	I
10	None of the above	Y

DURING PROCEDURE

222	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.	
01	Cleaned skin where incision was made with antiseptic	A
02	Used sterile towel to protect area	B
03	Used new or sterilized needle and syringe for local anesthetic	C
04	Allowed time for local anesthetic to take effect prior to making incision	D
05	None of the above	Y

AFTER PROCEDURE

223	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Disposed of sharps in puncture-resistant containers	A
02	Wiped contaminated surfaces with disinfectant	B
03	Placed instruments in a chlorine solution immediately after completing the procedure	C
04	Removed gloves	D
05	Washed/disinfected hands *after* removing gloves	E
06	Explained care of incision area and removal of the bandage	F
07	Discussed return visit to remove plaster	G
08	Provided client with card stating date implant was inserted and date when the lifespan of the implant will be completed (3 or 5 years later)	H
09	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES

PROVIDER/CLIENT INTERACTION

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 3-5 years (# OF YEARS DEPENDS ON TYPE)	A
02	Client told about possible menstrual changes and/or side effects	B
03	Client told about other (NON-MENSTRUAL) side effects such as nausea, weight gain, or breast tenderness	C
04	Client instructed to return to clinic if side effects persisted	D
05	**(IN THE CASE OF REMOVAL):** Client shown each implant stick that was removed and assured that all have been removed	E
06	Provided client with a card stating date that implant was inserted and date when implant should be removed	F
07	None of the above	Y

225	INDICATE WHETHER 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	

NO.	QUESTIONS / OBSERVATIONS	CODES

10. CLIENT'S FAMILY PLANNING STATUS

TO BE ASKED OF PROVIDER AFTER CONSULTATION

AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS

301	What was the client's family planning status at the beginning of this consultation?	CURRENT USER . . . . . 1 NONUSER, USED IN PAST . . . 2 NONUSER, NO PAST USE . . . 3 NOT DETERMINED 8	→ 304 → 304 → 304
302	What was the client's principal reason for the visit?	RESUPPLY/ROUTINE FOLLOW-UP . . . . . 1 DISCUSS PROBLEM WITH METHOD. . . . . 2 DESIRE TO CHANGE METHOD (NO PROBLEM). . . . . 3 DESIRE TO DISCONTINUE FP (NO PROBLEM). . . . . 4 DISCUSS OTHER PROBLEM. . . . 5	
303	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD . . . . . 1 SWITCHED METHOD . . . . . 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	→ 305 → 305 → 305 → 305 → 306
304	What was the outcome of the visit? (IF NOT A CURRENT USER)	ACCEPTED TO START METHOD . . . . . 1 DID NOT DECIDE ON METHOD 2	→ 306
305	Did the client leave the facility with a method? IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD . . . 1 NO, METHOD NOT IN STOCK . . 2 NO, REQUIRES APPOINTMENT . . . . . 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM . . . 4 NO, PREGNANCY STATUS UNCERTAIN . . . . . 5 OTHER. 6	
306	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION.	YES . . . . . 1 NO . . . . . 2 NO INDIVIDUAL CARD USED . . 3 DON'T KNOW 8	
307	RECORD THE TIME THE OBSERVATION ENDED.	☐☐ : ☐☐	
308	**Observer's comments:**		