

Instrument 6: Inventory of Facilities and Services

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INSTRUCTIONS TO DATA COLLECTOR: Complete this inventory using observation and discussion with the person in charge of reproductive health services. Verify existence of equipment and supplies and the condition of the facility through observation. If you cannot observe the equipment, supplies or conditions, then indicate this in the margins.

Note: The respondent should be the manager of the facility.

Background Characteristics

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	____ / ____ / ____
5	Level of facility where observation took place:	1 Referral hospital 2 Hospital 3 Health center 4 Health post 5 Mobile health clinic 6 Pharmacy 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers, kiosks) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
	Name of interviewer:	
	Signature of team leader:	

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1	What time is the clinic scheduled to open? (Observe)	____ ____: ____ ____
2	What time did staff actually arrive? (Observe)	____ ____: ____ ____
3	What time (at or after the clinic opened) did the first client arrive? (Observe)	____ ____: ____ ____
4	What time was the first client seen? (Observe)	____ ____: ____ ____
5	What is the official closing time for this health facility? (Observe)	____ ____: ____ ____
6	How many days per week are reproductive health services offered at this health facility?	_____ days per week
7	Is there a sign announcing that reproductive health services are available?	1 Outside building 2 Inside building 3 Both inside and outside building 4 No sign visible
8	Is there a sign for youth clients announcing that reproductive health services are available?	1 Outside building 2 Inside building 3 Both inside and outside building 4 No sign visible
9	Are there special hours or days for youth clients?	1 Special hours 2 Special days 3 Special hours and days 4 None

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Section 1: Equipment and Commodities Inventory

- 10 Which contraceptive methods are usually provided at this facility? (Record responses below.) If the method is provided, determine if it is available today. If yes, count the approximate number of non-expired units of each method available either in the facility or the storeroom. For each method provided, ask whether there has been a stockout in the last six months. If yes, determine the duration of the *last* stockout.)

Type of Contraception	Usually provides method?	Available today?	# Available (approx. # of units)	Stockout in last 6 months?	If yes, duration of last stockout
A Combined pills	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
B Progesterone-only pill	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
C Condoms	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
D Spermicides	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
E IUD	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
F Injectables	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
G Diaphragm	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
H Emergency contraception	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months
I Other (<i>specify</i>):	Yes	Yes		Yes	___ days
	No	No		No	___ weeks ___ months

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Section 1: Equipment and Commodities Inventory (continued)

11	Record the types of tests that are provided at this facility:					
	Type of Test	Usually provides test?	Available today?	# Available (approx. # of units)	Stockout in last 6 months	If yes, duration of last stockout
	A Pregnancy test	Yes	Yes		Yes	___ days
		No	No		No	___ weeks ___ months
B Anemia test	Yes	Yes		Yes	___ days	
	No	No		No	___ weeks ___ months	
12	Which services are offered at this facility? (For each service, first record if it is provided, and then record whether the service has been available at <i>all</i> times in the last six months. If the service has <i>not</i> been available at all times in the last six months, mark the reason why it was <i>last</i> not available and record the length of time it was not available.) (<i>Observe and ask</i>)					
	Type of Service	Provided?	Available at all times in last 6 months?	If no, reason last not available	Length of time not available (the last time)	
	A Pregnancy testing	Yes	Yes	1 Supplies not available	___ days	
		No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months	
	B Maternity care/delivery services	Yes	Yes	1 Supplies not available	___ days	
		No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months	
	C STI screening and treatment	Yes	Yes	1 Supplies not available	___ days	
No		No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months		
D HIV/AIDS testing	Yes	Yes	1 Supplies not available	___ days		
	No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months		
E Contraceptive method counseling	Yes	Yes	1 Supplies not available	___ days		
	No	No	2 Equipment not available 3 Trained staff not available 4 Other:	___ weeks ___ months		

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Section 1: Equipment and Commodities Inventory (continued)

	Type of Service	Provided?	Available at all times in last 6 months?	If no, reason last not available	Length of time not available (the last time)
12	F Abortion/post-abortion services	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	G Risk-reduction counseling	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	H Infertility consultation	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	I Gynecological exams	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	J Breastfeeding counseling	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	K Anemia testing	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	L Nutrition counseling	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	M Parenting classes	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	N Other (specify):	Yes No	Yes No	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months

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Section 1: Equipment and Commodities Inventory (continued)

13	Is any laboratory testing available for STIs?	Yes No
14	Is there a test available at this facility, or are clients' specimens, or the clients themselves, sent elsewhere?	
	STI Test	Available at this facility?
		Clients' specimens sent elsewhere?
	A Syphilis	Yes No
	B Gonorrhea	Yes No
	C Chlamydia	Yes No
	D Candida	Yes No
	E Cervical cancer	Yes No
	F Other:	Yes No
15	Which of the equipment listed below is available and in working order? (Ask to see each type of equipment. Count how many of each are in working order and put the number available in the corresponding box on the table.)	
	Equipment and Supplies	Number Available
	Flashlight/lamp	
	Scale	
	Blood pressure gauge	
	Stethoscopes	
	Sterile needles and syringes	
	Specula for adults	
	Specula for youth	
	Tenacula	
	Alligator forceps	
	Sponge-holding forceps	
	Uterine sounds	
	Artery forceps	
	Dressing forceps	
	Tissue forceps	
	Mosquito forceps	

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Section 1: Equipment and Commodities Inventory (continued)

	Equipment and Supplies	Number Available
15	Flashlight/lamp	
	Scale	
	Blood pressure gauge	
	Stethoscopes	
	Sterile needles and syringes	
	Specula for adults	
	Specula for youth	
	Tenacula	
	Alligator forceps	
	Uterine sounds	
	Artery forceps	
	Dressing forceps	
	Tissue forceps	
	Intestinal forceps	
	Babcock forceps	
	NSV ringed forceps	
	Scalpels	
	Sutures	
	Needle holder	
	Tubal hook	
	Sharp trocars	
	Sterilizers	
	Iodine	
	Xylocaine or lignocaine	
	Antiseptic	
	Chlorine solution	
	Sterile gloves	
	Disposal containers for contaminated waste/supplies	
	Sharps containers for used sharps	
	Plastic buckets for containers for decontamination	
	Clean-instrument containers	
	Instrument trays	
	Swab containers with sterile swabs or sterile gauze	
	Examination couch or table	
	Examination table capable of trendelenburg	

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Section 1: Equipment and Commodities Inventory (continued)		
	Equipment and Supplies	Number Available
15	Operation theater	
	Recovery room	
	Microscopes	
	Cotton wool	
	Thermometer	
	Dettol	
	Audiovisual equipment for presentations	
16	Is there a system for monitoring and maintaining materials, equipment and supplies?	1 Yes
		2 No <i>Skip to Q. 18</i>
17	If yes, could I see protocols on how the system works? (<i>Observe</i>)	Describe briefly:
18	Are facilities for storing contraceptives adequate in the following respect: (<i>Observe</i>)	
	A Products are protected from the rain	1 Yes 2 No
	B Products are off the floor and on shelves	1 Yes 2 No
	C First In First Out (FIFO) procedures are in place and followed	1 Yes 2 No

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Section 2: Conditions of Facility

19	Is there a client waiting area with shelter from sun and rain at the clinic? (Note: The waiting area must have some form of seating for at least 10 people. Verify if such an area is available.) (<i>Observe</i>)	1 Yes 2 No
20	Observe where pelvic exams and STI testing (if available) take place. (Choose the response that best describes this area.) (<i>Observe and ask</i>)	1 Separate room, with no ability to see into the room from outside 2 Behind a curtain 3 Other area that ensures privacy (Explain: _____) 4 No privacy
21	Is there a working lamp for use during examinations? (<i>Observe and ask</i>)	1 Yes 2 No 3 No information
22	What is the source of water for this facility? (<i>Observe and ask</i>)	1 Water piped into facility 2 Water piped from public tap 3 Well water on facility premises 4 Well water from public well 5 Other: _____ 6 No running water available

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Section 3: IEC Materials and Activities

23	Which IEC materials are available on the following subjects? (<i>Observe and ask</i>)		
		Subject	Flipchart Available? Brochure/Pamphlet Available? Posters Available?
		Contraception	Yes No Yes No Yes No
		HIV/AIDS	Yes No Yes No Yes No
		STIs	Yes No Yes No Yes No
		Nutrition	Yes No Yes No Yes No
		Pregnancy	Yes No Yes No Yes No
		Abortion	Yes No Yes No Yes No
		Other	Yes No Yes No Yes No
24	Are any of these IEC materials targeted toward youth? (<i>Observe and ask</i>)	1 Yes 2 No 98 Don't know	<i>Skip to Q. 26</i> <i>Skip to Q. 26</i>
25	Which topic or topics are targeted toward youth?	1 Contraception 2 HIV/AIDS 3 STIs 4 Nutrition 5 Pregnancy 6 Abortion 7 Other: _____	
26	Was a "health talk" (group lecture or discussion with clients) held today?	1 Yes 2 No 98 Don't know	<i>Skip to Q. 28</i> <i>Skip to Q. 28</i>

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Section 3: IEC Materials and Activities (continued)

27 If yes, which topics did the health talk include?

Topic	Topic Included?
Contraception	Yes No
HIV/AIDS	Yes No
STIs	Yes No
Infertility	Yes No
Treatment of incomplete abortion	Yes No
Nutrition	Yes No
Pelvic exams	Yes No
Pregnancy	Yes No
Other:	Yes No

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Section 4: Supervision		
28	What was the date of the last “outside” supervisory visit that included reproductive health? (<i>Observe and ask</i>)	____ / ____ month year
29	What did the supervisor do? (<i>Do not read, but probe by asking, “Any other actions?”</i>)	
	Actions	Mentioned?
	Observed delivery of different services	Yes No
	Observed only service(s) respondent is responsible for	Yes No
	Inquired about service problems	Yes No
	Examined the records	Yes No
	Made suggestions for improvements	Yes No
	Offered praise for good work	Yes No
	Other:	Yes No

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Section 5: Protocols and Guidelines

30	Review any written guidelines and protocols for delivering reproductive health services issued in the last five years. (Record "yes" if at least one set of written guidelines is available.)	1 Yes 2 No <i>Skip to Q. 32</i> 98 Don't know <i>Skip to Q. 32</i>
31	Are youth mentioned in any of these guidelines and protocols? (<i>Observe and ask</i>)	1 Yes 2 No 98 Don't know
32	Ask to see where informed consent forms are kept at the facility.	1 Forms kept at facility 2 No forms kept at facility 3 No procedures performed at facility that would require informed consent 98 Don't know
33	Ask to see where the confidentiality protocols are kept at this facility.	1 Protocols kept at facility 2 No protocol kept at facility 3 No procedures performed at facility that would require a confidentiality protocol 98 Don't know

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Section 6: Use of Information in Facility Management		
34	What methods do you have for soliciting client opinions? <i>(Mark all that apply.)</i>	1 Client suggestion box 2 Provider asks client 3 Other staff ask client 4 Other: _____ 5 No method available to solicit client opinion
35	In the past year, have any changes been made in the program based on feedback from clients?	1 Yes 2 No 98 No information
36	What changes have taken place?	Explain:
37	What methods do you have for soliciting provider opinions? <i>(Mark all that apply.)</i>	1 Staff suggestion box 2 Staff meetings 3 Internal facility evaluations 4 Other: _____ 5 No method available to solicit provider opinion
38	In the past year, have any changes been made as a result of provider opinions?	1 Yes 2 No <i>Skip to Q. 40</i> 98 No information <i>Skip to Q. 40</i>
39	What changes have taken place?	Explain:
40	In the past year, have any changes been made as a result of new organizational priorities?	1 Yes 2 No <i>Skip to Q. 42</i> 98 No information <i>Skip to Q. 42</i>
41	What changes have taken place?	Explain:

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Section 7: Service Statistics

42	How many youth clients received the services listed below in the past 12 months? (999 = no data available) (Compile statistics for the number of youth clients [ages 10–24 years] served in a continuous period of 12 months in any of the last 24 months. In those cases where a continuous 12-month period is not available, use the longest continuous period for which there are statistics, and record the number of months in the last column.)			
	Type of Service	New Clients	Repeat Clients	Based on _____ (Number of) Months of Continuous Records
	A Pregnancy testing			
	B Maternity care/delivery services			
	C STI screening			
	D STI treatment			
	E HIV/AIDS testing			
	F Contraceptive counseling			
	G Abortion services			
	H Post-abortion services			
	I Infertility counseling			
	J Gynecological exams			
	K Breastfeeding counseling			
	L Anemia testing			
	M Nutrition counseling			
N Parenting classes				
O Other:				
43	What is the total number of clients who received services (of any type) in the past 12 months? (999 = no data available)			
	Clients	Number		
	New Clients			
	New Youth Clients			
	Repeat Clients			
	Repeat Youth Clients			
44	Indicate the calendar month and year of the most recent month reported in the table above:	Month: _____ Year: _____		
45	Do you keep a record for each patient/client? (Observe and ask)	1 Yes 2 No		
46	Is client follow-up conducted here?	1 Yes 2 No Skip to Q. 48		
47	Do you keep the address of the patient/client for follow-up? (Observe and ask)	1 Yes 2 No		

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Section 8: Staffing

48	How many of the staff positions listed bellow are assigned at this facility?			
	Staff Position	# Working Full-time	# Working Part-time	# On Duty Today
	A Medical doctor			
	B Nurse			
	C Nurse-midwife			
	D Community-based distributor			
	E MCH assistant			
	F Peer educator			
	G Young adult counselor			
	H Social worker			
	I Other:			

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Section 9: Fees for Services

49	Is there a fee for services at this facility?	1 Yes 2 No	<i>Skip to Q. 51</i>	
50	For the following methods and services, how much are clients (both adult and youth) charged? <i>(Read each method)</i>			
	Service/Method	Provided?	General Client Fee	Youth Client Fee
	A Oral contraceptive	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	B IUD	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	C Injectable	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	D Condom	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	E Diaphragm	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	F Spermicide	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	G Antenatal care	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	H Maternity care/delivery services	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	I Postnatal care	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	J HIV/AIDS counseling/IEC	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	K HIV/AIDS testing	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	L Other STI counseling/IEC	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	M Other STI diagnosis	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	N Other STI treatment	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	O Infertility consultation	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	P Treatment of incomplete abortion	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____
	Q Post-abortion counseling/IEC	Yes No	\$ _____ Not available: _____	\$ _____ Not available: _____

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Section 9: Fees for Services (continued)				
	Service/Method	Provided?	General Client Fee	Youth Client Fee
50	R Pregnancy testing	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
	S Nutrition counseling	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
	T Risk reduction counseling/IEC	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
	U Parenting counseling/IEC	Yes	\$ _____	\$ _____
		No	Not available: _____	Not available: _____
51	Is there a consultation fee for new clients?	1 Yes 2 No <i>Skip to Q. 55</i> 98 Don't know <i>Skip to Q. 55</i>		
52	How much is this fee?			
53	Is this fee the same for youth clients?	1 Yes <i>Skip to Q. 55</i> 2 No 98 Don't know <i>Skip to Q. 55</i>		
54	If no, how much is the fee for youth clients?			
55	Is there anything else you would like to tell me about your services for youth?			

Thank you very much for your time and help!

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INSTRUCTIONS TO OBSERVER: Obtain the consent of both the youth client and the provider before proceeding to observe the interaction between them. Make sure that the provider knows you are not there to evaluate her or him and that you are not an "expert" who can be consulted during the session. When observing, be as discreet as possible: Try to sit so that you are behind the client but not directly in view of the provider, and make notes quickly. For each question, check the response that most accurately represents your observation of what happened during the interaction.

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Provider ID number:	
5	Date of observation:	____/____/____
6	Observer (name and number):	
7	Level of facility where observation took place:	1 Referral hospital 2 Hospital 3 Pharmacy 4 Health center 5 Health post 6 Mobile health clinic 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts) 8 Other: _____
8	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
9	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
10	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
11	Time observed session began:	____:____
	IF YOUTH CLIENT REFUSES TO BE OBSERVED, CHECK THIS BLANK AND PROCEED TO THE NEXT OBSERVATION.	
12	Provider providing most of the counseling session:	1 Nurse 2 Nurse-midwife 3 Doctor 4 Peer educator 5 Health worker 6 Other: _____
13	Sex of provider:	1 Female 2 Male

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Counseling Observation			
20	Main reason for visit:	1 New client 2 Contraceptive information and/or counseling 3 Contraceptive resupply 4 Follow-up 5 STI testing 6 STI treatment 7 HIV/AIDS testing 8 Pregnancy testing 9 Nutrition counseling 10 Other: _____	
21	Family planning status:	1 Current user 2 Not using now but has used 3 Has never used 4 Not determined	
22	Did the provider:	Yes	No
	A Greet client in a friendly manner		
	B Ask open-ended questions		
	C Encourage client to ask questions		
	D Treat client with respect		
	E See client in private		
	F Discuss return visit		
	G Ask client about concerns with contraceptive method		
	H Use visual aids		
	I Use client's records		
	J Explicitly mention that the condom protects against STIs/HIV/AIDS		
23	Information provided:	Provider Question	Client Question
	A Previous contact with provider		
	B Current age		
	C School status		
	D Education level		
	E Marital status		
	F Whether sexually active or abstinent		
	G Number of sexual partners in last year		
	H Whether partner had more than one sexual partner in last year		
	I Pregnancy history		
	J Abortion history		
	K Current pregnancy status		
	L Living children		

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Counseling Observation (continued)

23	Information provided:	Provider Question	Client Question	Not Determined
	M History of contraceptive use			
	N Current method use			
	O History of pregnancy complications			
	P History of STIs			
	Q Vaginal bleeding			
	R Vaginal discharge			
	S Genital itching			
	T Lower abdominal pain/pelvic pain			
	U Whether discussed contraceptives with partner(s)			
	V Ease of returning to facility			

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Contraceptive Methods		
24	What methods were discussed during the consultation? <i>(Circle all that apply.)</i>	1 Oral contraceptives 2 Condoms 3 IUD 4 Spermicide 5 Diaphragm 6 Injectable 7 Natural methods (e.g., rhythm) 8 Breastfeeding
25	Was more than one method discussed during the visit?	1 Yes 2 No
26	Which IEC materials were used during the visit? <i>(Circle all that apply.)</i>	1 Flipchart 2 Brochures/handouts 3 Contraceptive samples 4 Posters 5 Anatomical models 6 Other: _____
27	Did the provider promote or overemphasize one method in particular?	1 Yes 2 No <i>Skip to Q. 29</i>
28	Which method did the provider promote or overemphasize?	1 Oral contraceptives 2 Condoms 3 IUD 4 Spermicide 5 Diaphragm 6 Injectable 7 Natural methods (e.g., rhythm) 8 Breastfeeding
29	Did the provider promote the use of condoms for STI prevention along with the use of another method?	1 Yes 2 No
30	Did the provider mention explicitly that condoms protect against STIs and HIV?	1 Yes 2 No
31	Was the client asked which method she or he would prefer to use?	1 Yes 2 No <i>Skip to Q. 33</i>
32	Did the client receive her or his preferred method?	1 Yes <i>Skip to Q. 35</i> 2 No
33	Did the client decide to use a contraceptive method during the consultation?	1 Yes <i>Skip to Q. 35</i> 2 No

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Contraceptive Methods (continued)

34	What was the main reason that the client did not choose a method at the consultation?	1 Medical contraindications 2 Changed mind 3 Wanted information only 4 Pregnancy suspected 5 Method not available 6 Not currently sexually active 7 No obvious reason 8 Other: _____	<i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i> <i>Skip to Q. 42</i>
35	Did the provider give a medical or other explanation for why a particular method was inappropriate for the client?	1 Yes 2 No	
36	Which method did the client decide to use?	1 Oral contraceptives 2 Condoms 3 IUD 4 Spermicide 5 Diaphragm 6 Injectable 7 Natural methods (e.g., rhythm) 8 Breastfeeding 9 Other: _____	
37	When the client selected a method, did the provider ask the client to explain why he or she chose this method?	1 Yes 2 No	
38	What information did the health service provider offer the client in relation to the chosen method? (<i>Circle all that apply.</i>)	1 How to use the method 2 Advantages/benefits 3 Disadvantages 4 Possible side effects 5 What to do if problems arise 6 Possibility of changing methods 7 Prevention of STIs/HIV 8 Other: _____	
39	Was the client told when to return for resupply or follow-up?	1 Yes 2 No	
40	Was the client told where to go for resupply or follow-up?	1 Yes 2 No	<i>Skip to Q. 42</i>
41	If yes, where? (<i>Circle all that apply.</i>)	1 This health facility 2 Another health facility 3 Pharmacy/shop/chemist/private doctor 4 Community-based distributor (CBD) 5 Other: _____	

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Discussion of STIs and Other Health Issues		
42	Did the provider indicate that the client might have an STI?	1 Yes 2 No <i>Skip to Q. 44</i>
43	What did the provider do? <i>(Circle all that apply.)</i>	1 Requested laboratory tests 2 Treated STI 3 Referred elsewhere 4 Provided counseling 5 Other: _____ 77 No actions taken
44	What other health issues were mentioned at any time during the consultation? <i>(Circle all that apply.)</i>	1 HIV/AIDS 2 Other STIs 3 Infertility 4 Abortion 5 Nutrition 6 Breastfeeding 7 Sexual relations 8 Social/economic factors 9 Drugs/alcohol/smoking 10 Pregnancy testing 11 Other: _____ 77 None of these issues

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Medical Procedures

		Yes	No	
45	Did the health worker:			
	A Take blood pressure			
	B Check weight			
	C Check height			
	D Perform a laboratory test for an STI			
	E Refer for an STI lab test			
	F Perform a physical exam			
	G Perform a breast exam			
	H Perform/request a blood test			
	I Perform/request urinalysis			
	J Perform/request a pregnancy test			
46	Was a pelvic exam performed?	1 Yes	<i>Skip to Q. 52</i>	
		2 No		
47	Was the client given a choice of postponing the pelvic exam?	1 Yes		
		2 No		
48	Were people other than the client, the provider and other necessary medical staff (and interviewer) present during this exam?	1 Yes		
		2 No		
49	Did the provider:	Yes	No	
	A Explain the procedure to the client			
	B Wash his or her hands before the exam			
	C Perform a Pap smear			
	D Wash his or her hands after the exam			
50	Was a speculum used during the exam?	1 Yes	<i>Skip to Q. 52</i>	
		2 No		
51	Did the health worker use a sterile speculum?	1 Yes		
		2 No		
		98 Don't know		
52	Did the health worker wear gloves during the exam?	1 Yes	<i>Skip to Q. 54</i>	
		2 No		
53	Were sterile gloves used?	1 Yes		
		2 No		
		98 Don't know		

Instrument 7: Observation Guide for Counseling and Clinical Procedures

Interviewer Impressions of Consultation			
54	Did the client:	Yes	No
	A Ask questions of the provider		
	B Express worry or concern		
	C Volunteer relevant information		
	D Appear anxious, uneasy or worried		
	E Maintain eye contact with the provider <i>(if this is appropriate in cultural setting)</i>		
55	Did the provider:	Yes	No
	A Use the client's name when talking to him or her		
	B Treat the client with respect		
	C Use a kind and inviting tone of voice		
	D Listen to the client		
	E Maintain eye contact with the client <i>(if this is appropriate in cultural setting)</i>		
56	Characterize the way the provider presented information during the consultation:	1 Standard presentation (like a tape recorder) 2 Standard presentation, but involved client with questions 3 Adjusted presentation based on client information 98 Don't know	
57	Did the provider use a language that the client seemed to understand?	1 Yes 2 No	
58	Did the provider seem to genuinely like youth, in general?	1 Yes 2 No	
59	Mark the time:	___ ___ : ___ ___	

Instrument 8: Interview Guide for Staff Providing RH Services

INSTRUCTIONS TO INTERVIEWER: All health facility staff who are responsible for providing reproductive health services should be interviewed individually and in private at the end of the working day. It should be made clear that you are seeking their assistance in finding ways to improve the functioning and quality of the services offered by facilities, and are not evaluating the performance of the facility or of themselves individually. For each item, please check the correct response, or describe as appropriate.

Background Characteristics

1	Health facility (name and number):	
2	District (name and number):	
3	Region (name and number):	
4	Date of interview:	____ / ____ / ____
5	Level of facility where interview took place:	1 Referral hospital 2 Hospital 3 Health center 4 Health post 5 Mobile health clinic 6 Pharmacy 7 Clinic in non-permanent facility (e.g., schools, rotating rural health outposts, youth centers) 8 Other: _____
6	Type of facility:	1 Government/Ministry of Health 2 Government/other 3 Family planning association 4 Other NGO 5 Missionary 6 Private
7	Structure of facility:	1 Youth-only facility 2 Youth-only facility hours 3 Integrated services
8	Locality of facility:	1 Rural 2 Urban 3 Peri-urban
9	Position of person interviewed:	1 Doctor 2 Professional nurse/midwife 3 Auxiliary nurse 4 Clinic officer 5 Peer educator 6 Outreach worker 7 Other: _____
10	Sex of person interviewed:	1 Female 2 Male
11	Beginning time:	____ : ____

Instrument 8: Interview Guide for Staff Providing RH Services

	Name of interviewer:																																																																	
Experience and Training in Reproductive Health Services																																																																		
20	I would like to ask you about the services you provide to youth clients at this facility. What services do you yourself provide to clients of the age groups below at this health facility? (Check the appropriate boxes for each row.)																																																																	
		<table border="1"> <thead> <tr> <th></th> <th>10–14 Years</th> <th>15–19 Years</th> <th>20–24 Years</th> </tr> </thead> <tbody> <tr><td>A Contraceptive counseling</td><td></td><td></td><td></td></tr> <tr><td>B Antenatal care</td><td></td><td></td><td></td></tr> <tr><td>C Maternity care/delivery services</td><td></td><td></td><td></td></tr> <tr><td>D Postnatal care</td><td></td><td></td><td></td></tr> <tr><td>E HIV/AIDS counseling/IEC</td><td></td><td></td><td></td></tr> <tr><td>F HIV/AIDS testing</td><td></td><td></td><td></td></tr> <tr><td>G Other STI counseling/IEC</td><td></td><td></td><td></td></tr> <tr><td>H Other STI diagnosis</td><td></td><td></td><td></td></tr> <tr><td>I Other STI treatment</td><td></td><td></td><td></td></tr> <tr><td>J Treatment of incomplete abortions</td><td></td><td></td><td></td></tr> <tr><td>K Nutrition counseling</td><td></td><td></td><td></td></tr> <tr><td>L Infertility consulting</td><td></td><td></td><td></td></tr> <tr><td>M Gynecological exam</td><td></td><td></td><td></td></tr> <tr><td>N Pregnancy testing</td><td></td><td></td><td></td></tr> <tr><td>O Reproductive health education</td><td></td><td></td><td></td></tr> </tbody> </table>		10–14 Years	15–19 Years	20–24 Years	A Contraceptive counseling				B Antenatal care				C Maternity care/delivery services				D Postnatal care				E HIV/AIDS counseling/IEC				F HIV/AIDS testing				G Other STI counseling/IEC				H Other STI diagnosis				I Other STI treatment				J Treatment of incomplete abortions				K Nutrition counseling				L Infertility consulting				M Gynecological exam				N Pregnancy testing				O Reproductive health education			
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21	How many years have you been working in this facility?	_____ years 00 Less than one year 98 Don't know																																																																
22	How many years ago did you finish your basic training?	_____ years 00 Less than six months 97 No basic training 98 Don't know																																																																
23	Did your basic training cover this? (Read A-J and circle if yes)	A Contraceptive counseling B Antenatal care C Maternity care/delivery services D Postnatal care E Treatment of incomplete abortions F Nutrition counseling G Infertility consulting H Gynecological exam I Pregnancy testing J Reproductive health education																																																																

Instrument 8: Interview Guide for Staff Providing RH Services

Experience and Training in Reproductive Health Services (continued)

24	Have you ever had refresher training in these areas? (Read A-J and check if yes. For those areas checked yes, indicate the month of the training.)	A Refresher Training? Check if yes	B What was the month/year of your last refresher training?
	A Contraceptive counseling		/
	B Antenatal care		/
	C Maternity care/delivery services		/
	D Postnatal care		/
	E Treatment of incomplete abortions		/
	F Nutrition counseling		/
	G Infertility consulting		/
	H Gynecological exam		/
	I Pregnancy testing		/
	J Reproductive health education		/
25	Have you attended any refresher or post-basic training courses specifically on contraceptive clinical skills, program management or HIV/STI counseling diagnosis and treatment?	1 Yes 2 No 98 Don't know	Skip to Q. 28 Skip to Q. 28
26	Did that training include the following areas? (Read A–O and circle if yes)	A General clinical skills in contraceptive methods B Contraceptive counseling C Natural family planning methods D Management E Supervision F Record keeping G Stock keeping H STI risk assessment/screening I STI counseling J STI laboratory diagnosis K Syndromic approach to diagnosis and treatment L HIV/AIDS counseling M HIV/AIDS testing N Special needs of youth O Counseling youth	

Instrument 8: Interview Guide for Staff Providing RH Services

Experience and Training in Reproductive Health Services (continued)

27	How long ago was that training? (If topic was covered)	
	A General clinical skills in contraceptive methods	____ years 0 less than 1 year 98 don't know
	B Contraceptive counseling	____ years 0 less than 1 year 98 don't know
	C Natural family planning methods	____ years 0 less than 1 year 98 don't know
	D Management	____ years 0 less than 1 year 98 don't know
	E Supervision	____ years 0 less than 1 year 98 don't know
	F Record keeping	____ years 0 less than 1 year 98 don't know
	G Stock keeping	____ years 0 less than 1 year 98 don't know
	H STI risk assessment/screening	____ years 0 less than 1 year 98 don't know
	I STI counseling	____ years 0 less than 1 year 98 don't know
	J STI laboratory diagnosis	____ years 0 less than 1 year 98 don't know
	K Syndromic approach to diagnosis and treatment	____ years 0 less than 1 year 98 don't know
	L HIV/AIDS counseling	____ years 0 less than 1 year 98 don't know

Instrument 8: Interview Guide for Staff Providing RH Services

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Experience and Training in Reproductive Health Services (continued)

27	How long ago was that training? (If topic was covered)	
	M HIV/AIDS testing	_____ years 0 less than 1 year 98 don't know
	N Special needs of youth	_____ years 0 less than 1 year 98 don't know
	O Counseling youth	_____ years 0 less than 1 year 98 don't know

Instrument 8: Interview Guide for Staff Providing RH Services

Contraceptives		
28	In the last three months, have you yourself actually provided contraceptive counseling to youth clients?	1 Yes 2 No <i>Skip to Q. 30</i> 98 Don't know <i>Skip to Q. 30</i>
29	If yes, which methods have you yourself actually provided to youth clients in the last three months? <i>(Circle all that apply.)</i>	1 Oral contraceptives 2 IUD 3 Injectable 4 Norplant 5 Condom 6 Diaphragm 7 Spermicide 8 Female sterilization 9 Vasectomy 10 Natural family planning 11 Emergency contraceptives 12 Other: _____
30	Is there a minimum age below which you yourself will not prescribe <i>(Read A-E)</i> , in the absence of medical contraindications? <i>(Circle if yes.)</i>	A Pill B Condom C IUD D Injectable E Sterilization
31	If yes, what is that minimum age?	
	A Pill	
	B Condom	
	C IUD	
	D Injectable	
	E Sterilization	
32	Is there a minimum number of children a young woman must have before you yourself will prescribe <i>(Read A-E)</i> , in the absence of medical contraindications? <i>(Circle if yes.)</i>	A Pill B Condom C IUD D Injectable E Sterilization

Instrument 8: Interview Guide for Staff Providing RH Services

Contraceptives (continued)

33	If yes, what is that minimum number of children?	
	A Pill	
	B Condom	
	C IUD	
	D Injectable	
	E Sterilization	
34	Would you yourself prescribe (<i>Read A-E</i>) to an unmarried youth, in the absence of medical contraindications? (<i>Circle if yes.</i>)	A Pill B Condom C IUD D Injectable E Sterilization
35	Do you require parental consent before you will provide (<i>Read A-E</i>) to a youth client? (<i>Circle if yes.</i>)	A Pill B Condom C IUD D Injectable E Sterilization
36	In the past month, have you advised any youth clients to use contraception specifically for preventing pregnancy?	1 Yes 2 No 98 Don't remember/don't know
37	If a youth client comes to you for contraception and is breastfeeding an infant under six months old, what advice would you give her?	1 You treat her like any other client 2 You advise her to stop breastfeeding and use a contraceptive method 3 You advise her to continue breastfeeding and also begin a contraceptive method 4 You advise her to continue full breastfeeding and not use any contraception until her menses begin 98 Don't know
38	If a 14-year-old client who admits to being sexually active comes to you for contraception, what advice would you give her or him?	1 You ask the client what type of method he or she prefers and prescribe that method for the client 2 You advise the client to abstain from having sex and do not prescribe any contraception 3 You advise the client to abstain from having sex, but give the client some condoms, just in case 4 Other: _____ 98 Don't know

Instrument 8: Interview Guide for Staff Providing RH Services

Contraceptives (continued)		
39	If a youth client visiting for resupply of contraceptive pills appears to be at high risk of infection by STIs or HIV/AIDS, what advice would you offer?	1 To continue to use only the pill 2 To continue with the pill but also use condoms 3 To change from the pill to condoms 4 To stop using any type of contraceptive method 5 To not have sex 98 Don't know
40	What methods would you NOT recommend for youth clients with an STI? <i>(Circle all that apply.)</i>	1 Pill 2 Condom 3 Spermicide 4 IUD 5 Injectable 6 Norplant 7 Natural family planning 8 Diaphragm 9 None 10 Other: _____
41	Are there any methods you would never recommend under any circumstances?	1 Yes 2 No <i>Skip to Q. 43</i> 3 Depends on client's health <i>Skip to Q. 43</i> 4 Depends on client's preference <i>Skip to Q. 43</i> 98 Don't know <i>Skip to Q. 43</i>
42	What are those methods? <i>(Circle all that apply.)</i>	1 Pill 2 Condom 3 Spermicide 4 IUD 5 Injectable 6 Norplant 7 Natural family planning 8 Diaphragm 9 Other: _____
43	Are you aware of any institutional policies on providing contraceptives to youth?	1 Yes 2 No <i>Skip to Q. 47</i>
44	If so, please describe these policies:	
45	Do you agree with the above policies?	1 Yes <i>Skip to Q. 47</i> 2 No
46	If not, which policies do you think should be changed?	

Instrument 8: Interview Guide for Staff Providing RH Services

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Other Reproductive Health Practices

47	How do you determine the pregnancy status of a client who comes to the facility and is not having her menses? <i>(Circle all that apply.)</i>	1 Don't determine pregnancy status 2 Tell her to return at menses 3 Ask if no sex since last menses 4 Ask if less than six weeks since delivery 5 Ask if less than six months since delivery, with no supplemental feeding 6 Perform pregnancy test 7 Perform physical exam 8 Other: _____
48	If you think that a youth client has an STI, what do you do for your client? <i>(Circle all that apply.)</i>	1 Request laboratory test 2 Diagnose STI 3 Treat STI 4 Refer for diagnosis 5 Refer for treatment 6 Provide counseling 7 Refer for counseling 8 Issue a contact or partner notification slip 9 Other: _____
49	Consider the following case: A 16-year-old girl is quite sick when she comes to your clinic. She has a fever (39.5), a genital discharge and lower abdominal pain. It is very difficult to examine her, as her adnexa seem very painful. She had her period two weeks ago and does not use contraception. There is no other health facility in the community. How will you treat her?	1 Admit her 2 Tell her to wait until the lab is open 3 Prescribe or give: <ul style="list-style-type: none"> A Ciprofloxin B Kanamycin C Gentamycin D Spectinomycin E Tetracycline F Erythromycin G Metronidazole H Clotrimazole I Nystatinin J Injections of benzathine penicillin K GV paint L Painkillers M Other medication: _____ 4 Other: _____
50	What advice will you give her? <i>(Circle all that apply.)</i>	1 Abstain from sex 2 Notify and bring her partner 3 Other: _____

Instrument 8: Interview Guide for Staff Providing RH Services

Other Reproductive Health Practices (continued)

51	What do you do for a youth client who presents to you with complaints suggesting that he or she may be HIV positive or have AIDS? (Circle all that apply.)	1 Counsel client 2 Refer for counseling 3 Make a diagnosis 4 Treat the condition in clinic 5 Refer for treatment 6 Provide follow-up after treatment 7 Refer for follow-up after treatment 8 Refer for testing 9 Other: _____ 98 Don't know
52	In the past month, have you advised any youth clients to use condoms specifically for preventing STIs or HIV infection?	1 Yes 2 No 98 Don't remember/don't know
53	Would you provide reproductive health services to a client who has HIV or AIDS?	1 Yes 2 No 98 Don't know
54	How comfortable are you discussing sexual behavior related to STIs/HIV with youth clients? Would you say you are very uncomfortable, somewhat uncomfortable, comfortable, or very comfortable?	1 Very uncomfortable 2 Somewhat uncomfortable 3 Comfortable 4 Very comfortable
55	As far as you know, do female youth come to this facility for advice on termination of pregnancies?	1 Yes 2 No 98 Don't know
56	As far as you know, do female youth come to this facility for medical treatment as a consequence of incomplete induced abortion?	1 Yes 2 No 98 Don't know

Instrument 8: Interview Guide for Staff Providing RH Services

Socio-Demographic Characteristics

57	To end this interview, I would like to ask you a few questions about yourself. How old are you?	_____ years old 98 Don't know
58	What is your current marital status?	1 Married/monogamous 2 Married/polygamous 3 Cohabiting/living together 4 Single, never married 5 Divorced/separated 6 Widowed
59	How many living children of your own do you have?	_____ children 99 No response
60	Do you take care of anyone else's children?	1 Yes 2 No <i>Skip to Q. 62</i>
61	If yes, how many children?	_____ children
62	What is your religion?	1 Protestant 2 Catholic 3 Moslem 4 Hindu 5 Buddhist 6 Traditional 7 None 8 Other: _____ 98 Don't know
63	Are you and/or your partner currently using contraceptives?	1 Yes 2 No <i>Skip to end</i>
64	What contraceptive methods are you or your partner currently using? <i>(Circle all that apply.)</i>	1 Pill 2 Condom 3 Spermicide 4 IUD 5 Injectable 6 Norplant 7 Natural family planning 8 Diaphragm 9 Male and/or female sterilization 10 Other: _____

Thank you very much for having spent so much time with me.

