

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY  
 OBSERVATION OF FAMILY PLANNING CONSULTATION

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

**FACILITY IDENTIFICATION**

QTYPE 

F	P	O
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FACILITY NUMBER ..... 

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] ..... 

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CLIENT CODE [FROM CLIENT LISTING FORM] ..... 

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**PROVIDER INFORMATION**

<p><u>PROVIDER QUALIFICATION CATEGORY:</u></p> <p>PROVIDER TYPE 1 ..... 01</p> <p>PROVIDER TYPE 2 ..... 02</p> <p>PROVIDER TYPE 3 ..... 03</p> <p>PROVIDER TYPE 4 ..... 04</p> <p>PROVIDER TYPE 5 ..... 05</p> <p>PROVIDER TYPE 6 ..... 06</p> <p>PROVIDER TYPE 7 ..... 07</p> <p>PROVIDER TYPE 8 ..... 08</p> <p>PROVIDER TYPE 9 ..... 09</p> <p>OTHER TYPE ..... 96</p> <p>SEX OF PROVIDER: (1=MALE; 2=FEMALE)</p>	<p>PROVIDER CATEGORY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>SEX OF PROVIDER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table></p>			

**INFORMATION ABOUT OBSERVATION**

<p>DATE: .....</p> <p>INTERVIEWER'S NAME: _____</p>	<p>DAY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>2</td><td> </td></tr></table></p> <p>INTERVIEWER'S NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p>					2	0	2					
2	0	2											

LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> (YES = 1, NO = 2)	
0	1									
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      03 LANGUAGE 3      05 LANGUAGE 5 02 LANGUAGE 2      04 LANGUAGE 4      06 LANGUAGE 6								

TEAM <table border="1" style="margin: 0 auto;"><tr><td> </td><td> </td></tr></table> NUMBER			TEAM SUPERVISOR _____ NAME		
	<table border="1" style="margin: 0 auto;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> NUMBER				

**OBSERVATION OF FAMILY PLANNING CONSULTATION**

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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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.

INTRODUCTION AND PROVIDER CONSENT

READ THE FOLLOWING CONSENT STATEMENT TO THE PROVIDER

Good day! My name is \_\_\_\_\_. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

Your facility was selected to participate in this study. We will be observing your consultation with this client in order to understand how family planning services are provided in this facility. At the end of the consultation, we will ask you questions about the types of services that you provided. The observation usually takes about 15-20 minutes.

Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor the names of your clients participating in this study will be included in the dataset or in any report; however, there is a small chance that the facility can be identified. Still, we are asking for your help to ensure that the information we collect is accurate.

Participation in the survey is voluntary. You may refuse to answer any question, or you can ask me to leave at any point, if you feel uncomfortable. There is no penalty for refusing to participate, however, we hope you won't mind our observing your consultation.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your facility manager.

Do you have any questions?

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

SIGNATURE OF INTERVIEWER \_\_\_\_\_

DATE

DAY .....				
MONTH .....				
YEAR ....	2	0	2	

PROVIDER AGREES  
TO BE OBSERVED .. 1

PROVIDER DOES NOT AGREE  
TO BE OBSERVED ..... 2 → END



100	<p><u>CLIENT CONSENT</u></p> <p>READ THE FOLLOWING CONSENT STATEMENT TO THE CLIENT</p> <p>Good day! My name is _____. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].</p> <p>This facility was selected to participate in the study. 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. The observation usually takes about 15-20 minutes.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this observation is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this observation may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.</p> <p>Neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>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. There is no penalty for refusing to participate, however, we hope you won't mind our observing the consultation.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. In case you need more information about the survey, you may contact the in-charge manager of this health facility.</p> <p>Do you have any questions for me at this time?</p> <p>Do I have your permission to be present at this consultation?</p> <p>SIGNATURE OF INTERVIEWER _____</p> <p style="text-align: center;">             CLIENT AGREES TO BE OBSERVED .. 1              ↓         </p> <p style="text-align: center;">             CLIENT DOES NOT AGREE TO BE OBSERVED ..... 2 → END         </p>				
101	<p>RECORD THE TIME THE OBSERVATION STARTED</p> <p>HOURS ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>				
102	<p>IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE? .....</p> <p>YES ..... 1</p> <p>NO ..... 2</p>				

**CLIENT HISTORY AND REPRODUCTIVE INTENTION**

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
103	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:		
01	AGE OF CLIENT .....	A	
02	LAST MENSTRUAL PERIOD (ASSESS IF CURRENTLY PREGNANT) .....	B	
03	NUMBER OF LIVING CHILDREN .....	C	
04	LAST DELIVERY DATE OR AGE OF YOUNGEST CHILD .....	D	
05	BREASTFEEDING STATUS .....	E	
06	REGULARITY OF MENSTRUAL CYCLE .....	F	
07	DESIRE FOR A CHILD OR MORE CHILDREN .....	G	
08	DESIRED TIMING FOR BIRTH OF NEXT CHILD .....	H	
09	NONE OF THE ABOVE .....	Y	

**PHYSICAL EXAMINATION AND RISK FACTOR ASSESSMENT**

104	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 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	ASKED THE CLIENT ABOUT ANY MEDICATION THAT SHE CURRENTLY TAKES .....	F	
07	NONE OF THE ABOVE .....	Y	

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**SEXUALLY TRANSMITTED INFECTIONS**

105	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV	
01	CLIENT'S PERCEIVED RISK OF STIs/HIV ..... A	
02	USE OF CONDOMS TO PREVENT STIs/HIV ..... B	
03	USING CONDOMS ALONG WITH ANOTHER METHOD (DUAL METHOD) TO PREVENT BOTH PREGNANCY AND STIs/HIV ..... C	
04	NONE OF THE ABOVE ..... Y	

**CONTRACEPTIVE COUNSELING**

106	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING:	
01	PROVIDER ASKED OR CLIENT TOLD ABOUT HISTORY OF FAMILY PLANNING USE ..... A	
02	PROVIDER ASKED OR CLIENT TOLD ABOUT CONCERNS OR PROBLEMS WITH METHODS USED IN THE PAST ..... B	
03	PROVIDER ASKED OR CLIENT TOLD ABOUT IF SHE USES ANY METHODS CURRENTLY ..... C	
04	PROVIDER ASKED IF SHE HAD QUESTIONS OR CONCERNS REGARDING THE METHOD SHE CURRENTLY USES, IF SHE USES ANY METHODS ..... D	
05	CLIENT TOLD ABOUT CONCERNS ABOUT METHOD, OR ASKED QUESTIONS ABOUT METHOD, INCLUDING POSSIBLE SIDE EFFECTS OF METHOD ..... E	
06	PROVIDER ASKED CLIENT IF SHE HAS A PREFERRED METHOD OR METHOD OF CHOICE ..... F	
07	PROVIDER ASKED CLIENT IF SHE HAS ANY QUESTIONS ..... G	
08	PROVIDER AND CLIENT TALKED SWITCHING IF SHE WANTS TO STOP USING A METHOD ..... H	
09	PROVIDER AND CLIENT TALKED ABOUT TWO OR MORE METHODS ..... I	
10	NONE OF THE ABOVE ..... Y	

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
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**PRIVACY/CONFIDENTIALITY**

107	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 VERBALLY OF CONFIDENTIALITY .....	C	
04	NONE OF THE ABOVE .....	Y	

**METHODS PROVIDED, PRESCRIBED, OR DISCUSSED**

108	<p><b>VERIFY</b> METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED, PRESCRIBED, OR DISCUSSED DURING THIS VISIT.</p> <p>FOR EXAMPLE, IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS. IF OTHER METHOD(S) WAS DISCUSSED, IN ADDITION, CIRCLE THAT METHOD(S) IN COLUMN C. "DISCUSSION" REFERS TO PROVISION OF SOME INFORMATION ABOUT THE METHOD SUCH AS HOW THE METHOD WORKS, WHAT SIDE EFFECTS MAY OCCUR, OR COMPARISON AGAINST METHODS PRESCRIBED OR PROVIDED.</p> <p>IF CLIENT IS CONTINUING, CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B.</p> <p><b>CAUTION!</b> AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUMNS IF NO METHOD IS PRESCRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A".</p>
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NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES			GO TO
	METHOD	(A)	(B)	(C)	
		PRESCRIBED TO BE FILLED OUTSIDE THE FACILITY	PROVIDED TO CLIENT IN THE FACILITY	DISCUSSED	
01	COMBINED ORAL PILL .....	A	A	A	
02	PROGESTIN-ONLY ORAL PILL .....	B	B	B	
03	ORAL PILL (TYPE UNSPECIFIED) .....	C	C	C	
04	COMBINED INJECTABLE (MONTHLY) .....	D	D	D	
05	PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY) INTRAMUSCULAR (DMPA-IM) ..	E	E	E	
06	[PER COUNTRY GUIDELINES] (FN1) PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) .....	F	F	F	
07	MALE CONDOM .....	G	G	G	
08	FEMALE CONDOM .....	H	H	H	
09	IUD .....	I	I	I	
10	IMPLANT .....	J	J	J	
11	EMERGENCY CONTRACEPTIVE PILL .....	K	K	K	
12	FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD, CYCLE BEADS, OR PERIODIC ABSTINENCE .....	L	L	L	
13	VASECTOMY (MALE STERILIZATION) .....	M	M	M	
14	TUBAL LIGATION (FEMALE STERILIZATION) ..	N	N	N	
15	LACTATIONAL AMENORRHEA METHOD ..	O	O	O	
16	SPERMICIDE .....	P	P	P	
17	DIAPHRAGM .....	Q	Q	Q	
18	OTHER .....	X	X	X	
19	NO METHOD .....	Y	Y	Y	









NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO
119	CHECK Q109 COLUMNS 'A' AND 'B'. IS CODE 'M' OR 'N' CIRCLED IN EITHER OR BOTH COLUMNS?  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>YES <input type="checkbox"/></span> <span>NO <input type="checkbox"/></span> </div> <div style="margin-left: 150px;">↓</div> <div style="margin-left: 350px;">→</div>		121
120	<b>MALE OR FEMALE STERILIZATION</b>		
01	PROCEDURE INTENDED TO BE PERMANENT .....	A	
02	NONE OF THE ABOVE .....	Y	

**ADDITIONAL PROVIDER ACTIONS**

121	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:		
01	LOOKED 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 .....	C	
04	WASHED HANDS BEFORE AND AFTER ANY PROCEDURE SUCH AS PELVIC EXAM, INSERTING IMPLANT .....	D	
05	ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS .....	E	
06	ASKED PERMISSION BEFORE CARRYING OUT ANY EXAMS OR PROCEDURES .....	F	
07	EXPLAINED WHY THEY WERE CARRYING OUT ANY EXAMS OR PROCEDURES .....	G	
08	EXPLAINED THE FINDINGS OF ANY EXAMS OR CONSULTATIONS .....	H	
09	NONE OF THE ABOVE .....	Y	

**QUESTIONS TO PROVIDER**

AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS:			
200	Has this client ever visited this facility for family planning services?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
201	Has this client ever been pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
202	What was the client's family planning status at the beginning of this consultation?	CURRENT USER ..... 1 NOT CURRENT USER BUT EVER USED IN THE PAST ..... 2 NOT CURRENT USER AND NEVER USED IN THE PAST ..... 3 NOT DETERMINED ..... 8	→ 205

NO.	QUESTIONS / OBSERVATIONS	CODING CATEGORIES	GO TO				
203	What was the client's main reason for the visit?  (FOR CURRENT USER)	RESUPPLY/ROUTINE FOLLOW-UP ..... 1 DISCUSS PROBLEM WITH METHOD ..... 2 DESIRE TO CHANGE METHOD ..... 3 DESIRE TO DISCONTINUE FF..... 4 DISCUSS OTHER PROBLEM.. 5					
204	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 FP METHODS..... 5	→206				
205	What was the outcome of the visit?  (FOR NON CURRENT USER)	ACCEPTED TO START METHOD ..... 1 DID NOT DECIDE ON METHOD ..... 2					
206	RECORD THE TIME THE OBSERVATION ENDED	HOURS ..... <table border="1" data-bbox="1214 976 1349 1031"><tr><td></td><td></td></tr></table> MINUTES ..... <table border="1" data-bbox="1214 1031 1349 1085"><tr><td></td><td></td></tr></table>					
THANK THE SERVICE PROVIDER AND THE CLIENT AND MOVE TO THE NEXT DATA COLLECTION POINT.							
<b>Interviewer's comments:</b>							

OBSERVATION OF FAMILY PLANNING CONSULTATION: FOOTNOTES

(FN1) Verify country program and adapt as per country needs or specific injectable. For example, in countries with a Sayna Press program, you may specify "DMPA-SC/ Sayana Press "