

**Tools to Assess  
Family Planning Counseling:  
Observation and Interview**

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## Preface and Acknowledgements

The interaction between service providers and their clients lies at the heart of family planning programs. Good counseling provides a client with complete and accurate information so that she or he can choose an appropriate family planning method. It also gives the client the knowledge and support needed to continue using a method effectively and knowledge to cope with possible side effects. Improving interaction between service providers and their clients is a crucial part of the new United States Agency for International Development's (USAID) initiative "Maximizing Access and Quality" (MAQ).

Good counseling does not come easily, however. It requires well-trained and properly supervised service providers who have mastered the art of interpersonal communication as well as technical knowledge about modern family planning. Thus the evaluation of counseling is crucial. Family planning program managers may find it difficult to assess the strengths and weaknesses of counselors because of wide variation in counselors' training and experience and because they are dispersed over many service delivery sites. To help program managers improve the quality of family planning counseling, the Africa and Research and Evaluation divisions of the Johns Hopkins Center for Communication Programs (JHU/CCP) has worked with program managers and researchers in many countries to develop a series of assessment tools that focus on the interaction between provider and client. These tools draw on the "Situation Analysis" methodology developed by the Population Council to gather information for program managers about service delivery.

This publication makes these assessment tools readily available to program managers and researchers. The goal is to encourage program managers to assess the state of family planning counseling so that they can take the steps needed to enhance its quality. While the research instruments must, of course, be revised to fit local conditions, they provide a detailed model for researchers to follow.

Young Mi Kim, of the Population Communication Services Research and Evaluation Division, initiated the design of these research tools and wrote the text of this paper, in collaboration with Cheryl L. Lettenmaier of the Africa Division. The authors wish to thank the many people who have helped to develop and refine this project: Miriam Amissah, J.K. Ofori, Mary Kotei, and G.K. Osae of the Ministry of Health, Health Education Unit, Ghana; Margaret Thuo of the Family Planning Association of Kenya (FPAK), Abel Mugenda, and Olive Mugenda, FPAK Consultants; I.V. Mako and Sebioniga Lawal of the Ogun State Ministry of Health, Nigeria; Carol Corso of the Program for Appropriate Technology in Health; Dale Huntington and Robert Miller of the Population Council; consultants Shanyasia Khasiani and Kate White; Gary Lewis, Dan Odallo, Phyllis Tilson Piotrow, Jose G. Rimón II, Sharon Rudy, and Ian Tweedie from the Johns Hopkins Center for Communication Programs; and several former JHU/CCP employees, Opia Mensah Kumah, now with the United Nations Population Fund, Corinne Shefner, Health Communication Consultant, and Kim Winnard, now with Population Services International. The authors also

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# Introduction

The assessment tools published here are designed to help program managers improve the quality of family planning counseling. In accordance with the USAID initiative, "Maximizing Access and Quality (MAQ)," these tools are designed to help program managers and supervisors assess and enhance the quality of client/provider interactions, specifically counseling and other forms of interpersonal communication between the client and provider. The first step in any effort to enhance counseling is to evaluate the strengths and weaknesses of the service providers who counsel clients. This set of four research instruments serves to collect the information managers need through a combination of first-hand observation and highly structured interviews. Researchers visit service delivery sites to collect four kinds of data regarding counseling:

- The quality of family planning counseling and interpersonal communication,
- The availability and use of information, education, and communication (IEC) materials during family planning consultations,
- Sources of information about and referral to family planning services, and
- The exposure of clients to specific mass-media and clinic-based materials.

With this information, program managers can design interventions to improve the quality of counseling, for example, developing training courses in interpersonal communication for service providers or distributing a wider range of IEC materials to service delivery sites. Program managers also can use the instruments to evaluate the impact of a communication project on the quality of counseling. For trainers, the instruments provide an objective way to evaluate trainee skills and the course curriculum.

The first two instruments—those for new and continuing clients—focus directly on interactions between client and provider. First, a trained observer completes an observation guide while sitting in on a family planning consultation. Then the client is interviewed for her or his perspective on the consultation. Both the observation and interview guides are organized to follow the Greet, Ask, Tell, Help, Explain, Recommend (GATHER) model of family planning counseling, which organizes the counseling process into six steps. In addition to sections on each of these steps, the instruments include sections on interpersonal communication skills and the use of informational materials. The interview guides also ask about referral sources, media exposure, and client satisfaction.

Because the observation and interview overlap to a great extent, program managers may be tempted to streamline the research by eliminating one or the other. Interviews offer several advantages: they collect some additional information, require less training for field researchers, and do not disrupt the consultation. Interviews rely on client recall, however, and may be influenced by client biases. Hence, interviews yield less reliable data than those collected by

observers. Because observation and interview data reflect different perspectives, it may be best to conduct both and to limit the extent of the research by reducing the sample size or by shortening the instruments.

The third instrument is a questionnaire directed toward service providers. Interviewers gather data on the providers' experience, training, exposure to family planning messages broadcast by the mass media, and use of IEC materials.

The fourth instrument is an observation guide for the study site. Field researchers examine the availability of family planning methods at the site, inventory the IEC materials, and, if possible, observe a group talk. As much of this information as possible is collected by direct observation of the site, but some is drawn from interviews with the people in charge.

No matter which instruments program managers or researchers decide to use, the instruments must be adapted to suit local circumstances. Questions may be revised, added, or eliminated to reflect the particular delivery system, and the cultural context of a locale, local health concerns, and the objectives of the research.

## Part I

### Assessing Family Planning Counseling

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Consistent use of standard, detailed evaluation instruments to elicit information from family planning counselors and clients enables family planning program managers to conduct the evaluation necessary to establish and maintain high-quality client counseling. The same set of assessment tools can serve in preliminary *needs assessment* for IEC interventions and materials; in *impact evaluation* to gauge the effectiveness of training in improving counseling; and in the *training, supervision, and monitoring* of family planning counselors. This chapter reports on the uses of and findings from comparable assessment instruments in Ghana, Kenya, Nigeria, and Zimbabwe.





## Chapter I-1

# Using the Assessment Tools

Public health program managers and analysts must first evaluate the current quality of family planning counseling offered on a daily basis at service delivery sites before they can plan training courses, communication campaigns, or other interventions designed to strengthen counseling. This document provides a set of assessment tools that can help program managers and researchers evaluate interactions between service providers and clients, including the use of information, education, and communication (IEC) materials by providers. (A list of abbreviations used appears as the Appendix.) These tools also gather information on several related topics, including the availability of IEC materials at service delivery sites, referral sources, exposure to mass-media and clinic-based family planning materials, and client satisfaction.

There are four assessment tools:

- Instrument for observing and interviewing new clients,
- Instrument for observing and interviewing continuing clients,
- Instrument for interviewing service providers, and
- Instrument for observation of the study site.

These tools were designed primarily for trained observers and interviewers to use during visits to service delivery sites. Field researchers are instructed to observe and record the actions of service providers counseling family planning clients, to interview both clients and providers, and to monitor IEC materials and activities at the site.

Together, the four instruments can provide a detailed picture of the state of family planning communication at service delivery sites. This kind of research enables researchers and program managers to identify areas of weakness and strength in client-provider interactions. The instruments can be used in supervising and monitoring ongoing activities, to assess the need for further training or better distribution systems, or to evaluate the impact of an IEC project. They can be applied to any service setting where family planning counseling takes place, from hospitals and clinics to community-based distribution (CBD) systems that provide services to individuals and couples at home. Regardless of the context, effective use of the tools and the resulting findings should improve the quality of family planning counseling.

This chapter discusses the relevance of these observation and interview instruments to family planning programs, how they were developed, and how they are organized. Then it shows how the instruments can be tailored to suit various service delivery systems and cultural contexts as well as different investigations.

## Programmatic Relevance

Continuous training and evaluation cycles are needed to establish and maintain high-quality counseling in a family planning program (Kim 1992). Instruments such as these have a wide range of practical applications for both training and evaluation purposes. They can be used for:

- *Needs assessment*—assessing the strengths and weaknesses of family planning counseling and the use of IEC materials in order to design an appropriate intervention;
- *Impact evaluation*—measuring whether training programs have improved the quality of counseling; and
- *Training, supervision, and monitoring*—helping providers learn and maintain interpersonal communication skills as well as checking the dissemination of IEC materials.

**Needs assessment.** The instruments can help program planners identify strengths and pinpoint areas that need to be improved. For example, a 1991 study in Ghana assessed the counseling skills of nurses working at Ministry of Health service delivery sites so that managers could determine the need for further training (Kim, Amissah *et al.* 1994). The study pointed out specific strengths and weaknesses, noting, for example, that, while nurses generally showed new clients how to use the Pill, they seldom explained how to manage potential side effects (see Figure 1).

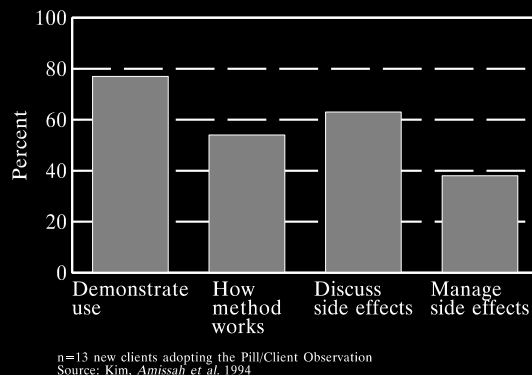
Also, a 1993 analysis in Kenya found that some service delivery points still lacked the full range of IEC materials, although a communication project had made materials far more widely available than they had been (see Figure 2). In response, managers from the five participating organizations are planning to strengthen further the distribution system for IEC materials (Kim, Odallo *et al.* 1994).

Depending on the purpose of the study and the service delivery system, researchers and program managers might examine the behavior of individual providers or of different types of providers. Training supervisors might evaluate individual trainees to assess the quality of their counseling skills and to determine their training needs. Managers of a large family planning program might

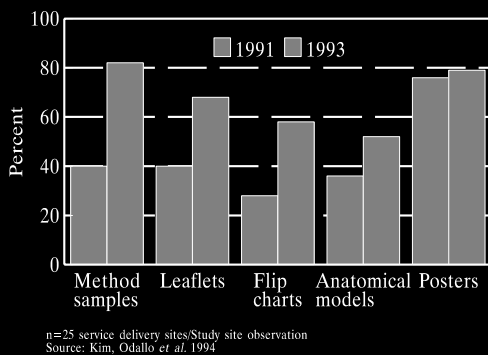
**Counseling evaluation from Ghana, Kenya, Nigeria, and Zimbabwe, 1991 and 1993; Data gathered by observation and interview techniques**

(Data from surveys conducted by the Johns Hopkins School of Public Health, Population Communication Services)

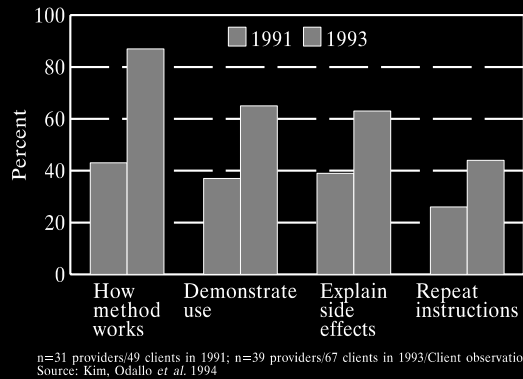
**Figure 1. How Ghanaian Nurses Explained Pill Use to New Clients in 1991**



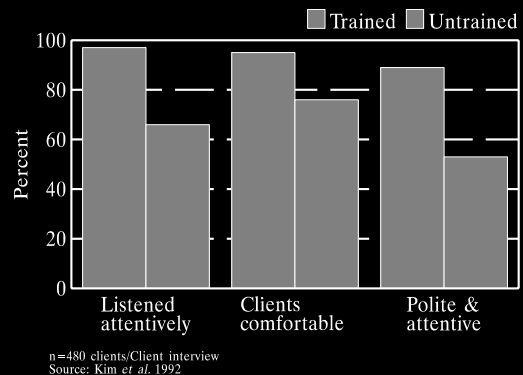
**Figure 2. Changes in the Availability of IEC Materials at Service Delivery Points in Kenya, 1991-1993**



**Figure 3. Changes in CBD Counseling Performance in Kenya, 1991 to 1993**



**Figure 4. Impact of Training on Nurses' Counseling Skills in Ogun State, Nigeria, 1989**



**Figure 5. Changes in Nurses' Counseling Skills Before & After Training in Zimbabwe, 1992**



want to compare the quality of counseling offered by different types of service providers. The 1993 research in Kenya, for example, analyzed community-based distribution (CBD) workers and clinic providers separately (Kim, Odallo *et al.* 1994). To make comparisons of this kind, of course, a large number of providers or sites from each comparison group must be assessed.

**Impact evaluation.** Frequently, managers evaluate the impact of training on the quality of counseling by comparing the results of two rounds of research, conducted before and after a training program. For example, CBD workers in Kenya were assessed both before (1991) and after (1993) undergoing a training program in interpersonal communication and counseling. As Figure 3 shows, the quality of counseling improved. CBD workers were more likely to explain how a method works, demonstrate use of the method, discuss potential side effects, and ask clients to repeat instructions (Kim, Odallo *et al.* 1994).

Another commonly used approach to impact evaluation involves only a single round of data collection. This method compares the counseling skills of trained and untrained providers. A 1989 study in Ogun State, Nigeria, for example, assessed not only family planning nurses who had received three days of training in interpersonal communication but also nurses who were not so trained (Kim, Rimon *et al.* 1992). The results showed that trained nurses performed better than their untrained counterparts in many areas. For instance, they were more likely to listen attentively to clients, make them feel comfortable, and treat them politely (Figure 4).

Even though the primary objective of these types of studies is to evaluate the impact of the training program, findings may also identify areas that need further improvement. In Egypt, for example, a 1992 study found that, while training had enhanced the exchange of information between providers and clients, many weaknesses remained. For example, neither trained nor untrained providers consistently asked clients about partners' opinions of family planning or explained how the chosen family planning method worked (Abdel-Tawab 1993).

**Training, supervision, and monitoring.** The observation guides for new and continuing clients also serve as useful tools for the training and supervision of providers. Trainers and supervisors who observe a consultation can use the guide to help analyze the provider's performance. Afterwards, they can discuss with the provider how the session could have been improved. This process can be repeated until the provider acquires the necessary skills. In a similar fashion, the client interview questionnaires can be used to provide feedback to providers who want to improve their skills.

During training workshops in The Gambia and Zimbabwe, for example, trainers used a modified version of the instrument to rate trainees' counseling skills during sessions with a "coached" client, that is, a trainer or trainee playing the role of client (Kim 1992; Lettenmaier *et al.* 1993).

The training curriculum in Zimbabwe was revised when results showed that training had not improved nurses' skills in asking clients questions about themselves, such as the purpose of their visit or their problems with their current method (see Figure 5).

Program staff also can use the observation guide for the service site to monitor the availability and distribution of communication materials. By inventorying all family planning materials available at a sample of sites, managers can discover how well sites are stocked and how well their distribution systems are working.

## **Development of the Instruments**

The research instruments published here have evolved over several years. Together with their counterparts in Egypt, The Gambia, Ghana, Kenya, Nigeria, and Zimbabwe, researchers from the Johns Hopkins Center for Communication Programs (JHU/CCP) have developed, tested, and fielded many variations of these instruments. The instruments have provided baseline assessments of interpersonal communication before the launch of communication projects; served in evaluating the effectiveness of training programs, client materials, and mass-media programming; and helped trainers rate their trainees.

The instruments draw on analytic methods developed by the Population Council to gather information about service delivery for program managers (Population Council 1994). This Situation Analysis approach has a practical goal: to help managers recognize program strengths and weaknesses and so improve program design. In its original form, a Situation Analysis gathers data about every aspect of service delivery, ranging from signage and equipment to provider knowledge and record-keeping. While retaining the Population Council's methodology (a combination of direct observations and structured interviews), JHU/CCP has narrowed the focus to communication issues. (For other evaluation indicators and instruments used to assess counseling skills, see References.)

The client observation and interview instruments are organized to follow the six basic steps of the family planning counseling process. The acronym GATHER helps providers remember each of these steps, which are:

- G** Greet clients and make them comfortable;
- A** Ask clients about themselves;
- T** Tell clients about the family planning methods available;
- H** Help clients choose a method;
- E** Explain how to use or obtain the chosen method; and
- R** Recommend and schedule a return visit or refer to other services if needed.

In addition to a section on each of these steps, the instruments also contain a section on interpersonal communication skills and the use of informational materials. Table 1 lists the various counseling skills covered in each of these sections and the questions that address them.

Because of the emphasis on assessing provider skills, the instruments do not measure client behavior during the consultation. No data are collected, for example, on the extent to which the client asks questions or otherwise directs the discussion. Other kinds of research, such as analyzing transcripts of consultations, focused on the *interaction* between provider and client, recognizing that client behavior also affects the quality of counseling (Kim 1994). Transcript analysis has provided additional insights into the quality of family planning counseling in Ghana and Kenya, for example, by looking at the style of interaction between providers and their clients (Kim, Amisshah *et al.* 1994; Kim, White *et al.* 1994).

## Tailoring the Instruments

**Observation versus interview.** Depending on the purpose of the study, the availability of field researchers, and budget limitations, program managers may decide to limit the research. Either the client observations or the client interviews may be omitted, since one largely duplicates the other. The two instruments do offer different perspectives on the counseling process, however. While the observation guide records what actually takes place during a consultation, the interview notes the client's perceptions of these events. Consider, for example, a discussion of the advantages and possible side effects of a family planning method. If the provider covers the topic but the client does not understand what is said, the observation and interview data may well be contradictory. Only with both the observation and interview data can the researcher understand the real nature of the problem.

Interviews offer several advantages over observation. First, managers may be more interested in the impression providers make on their clients than in what the provider actually does. Second, interviewers collect some additional information that observers cannot—for example, clients' source of referral, their exposure to a family planning communication campaign, and their satisfaction with the counseling session. A third advantage is that conducting interviews requires far less training than making observations. While interviewers need only to record client responses, observers must make judgments about the provider's accuracy and attitudes.

Observation has one other disadvantage: an observer's presence may be disruptive, especially in certain cultural settings. An upcoming study in Oman, for example, will rely solely on interviews because both providers and clients find the presence of strangers too uncomfortable. In fact, the presence of an observer always affects interactions between people. It can be assumed that, when observed, providers try harder, while clients may feel inhibited and talk less freely. This well-known problem is unavoidable, although providers may eventually become accustomed to the presence of an observer who works with them for several days. To minimize such disruption in Zimbabwe, observers did not sit in on consultations; instead they analyzed videotapes of the sessions (Lettenmaier *et al.* 1993). Even though observation may not record normal, everyday behavior, it still offers valuable insights. Observation shows providers at their best, but a lack of basic skills cannot be hidden by "good behavior."

Given all the disadvantages, why carry out observations? The answer is that observations gather more objective and more reliable data than do interviews. First, the additional training required for observers helps assure that the same criteria are applied to every counseling session. In contrast, every client uses different, idiosyncratic standards to evaluate a provider's performance: what one client considers responsive and concerned behavior, another might feel is inadequate attention. Second, data collected from interviews may suffer from problems of recall. Even though the interview is conducted immediately after the counseling session, a client may not remember every detail of what took place. Indeed, observers who also interview clients sometimes note that the client's responses do not accurately reflect the provider's behavior. Third, information based on observation may be more appropriate for management or training interventions because it records what *actually happened* rather than what the client *thought happened*.

When resources are limited, researchers and program managers should consider other options before deciding to eliminate either client observations or interviews. One possibility is to reduce the coverage of the study, that is, to collect a full range of data from fewer sites. Another option is to shorten the observation guide and interview questionnaire by omitting less useful questions. The choice should depend on the purpose of the study, the cultural setting, costs, and the availability of well-trained field researchers.

**Making revisions and additions.** No matter which instruments are selected, they must be adapted to the local situation before they can be used effectively. Questions can be revised, omitted, or added to fit the local delivery system and to respect the cultural context. Some questions demand only routine editing—for example, revising the lists of service providers, contraceptives, and IEC materials. Other items touch on culturally sensitive issues. Greeting skills, for example, vary from one country to the next depending on cultural expectations about eye contact, shaking hands, and the like. Questions that may need to be revised are marked with an asterisk (\*) in each instrument.

In addition, managers should feel free to modify the instruments to suit the interests and needs of their own programs. For example, managers might decide to focus more on client exposure to mass-media programs or to add a section on sexually transmitted diseases (STDs). A study focused narrowly on continuing support for current family planning users would drop the "New Client" instrument entirely and revise the "Continuing Client" instrument to address only couples currently using modern methods of family planning. Pretesting is essential, both to assess any changes made in the instruments and to see whether the instruments make sense in the local setting. While it is important to check the clarity and comprehensibility of all items, questions directed to clients are especially sensitive. These questions must use language that is familiar, readily understood, and unambiguous. Sometimes questions may need to be reworded or even replaced so that clients with little formal education can understand them. In Egypt, for example, pretesting found that questions asking clients to rate providers on qualities such as kindness and information-giving were too abstract (Abdel-Tawab 1993). They were replaced by questions

asking clients which qualities they liked most and least in providers they had seen. Thus pretesting is a critical step even when working with instruments that have proven useful in other countries.

Depending on the maturity of the family planning program and on research aims, managers may also want to redefine "new" and "continuing" clients. These instruments define a new client as anyone who has never used family planning. A client who has used a family planning method in the past, no matter how many years have elapsed, is considered to be a continuing client. Thus the definition depends entirely on family planning experience and has nothing to do with prior visits to the program or service site. These definitions assume that people who have used family planning in the past but currently are not have more in common with current users than those who have never tried family planning. Depending on the local client base, however, former users of family planning may actually have more in common with never-users. Researchers also may want to consider defining a "new" client as someone who has never attended the service site before, if that distinction determines the provider's approach to counseling a client.

**Producing a finished instrument.** Once decisions are made concerning which instruments and which questions a study will use, the instruments must be renumbered and the instructions, revised. Renumbering is facilitated by the three-digit system used here. Every number in the same section of an instrument starts with the same digit, and questions are numbered sequentially within each section. Each new section begins with a new number. Thus the identification section begins with question 101; the section on greeting skills, with question 201; the section on asking skills, with question 301; and so on. Whenever a question is added or deleted, the change affects the numbering in only one section.

Every change in the instruments also demands corresponding changes in the instructions. Detailed instructions preceding each instrument follow the same numbering pattern as the instruments themselves, making revisions straightforward. Certain changes also call for modifications in the "Guide for Observers and Interviewers." For example, if the study does not include client interviews, the interview guidelines should be dropped. Adding detailed information about the study, including its purpose, design, and potential benefits, will also strengthen the guide.

## **Methodological Considerations**

Research methodology will vary, depending on the purpose of the study as well as the resources available. Research procedures for monitoring and supervision, for example, need not be as rigorous as those for needs assessments and impact evaluation studies. When managers make decisions about the future of a program, however, they require unbiased data collected from a sample of service delivery points, providers, and clients in the study area. Random selection is highly recommended to ensure that the findings accurately represent the entire service delivery system. In practice, it may be difficult to select study sites, providers, and clients at random. Limited resources, for example, may force the use of geographic clusters of service delivery sites or sites with substantial case loads. Likewise, field researchers are limited to observing and



interviewing clients who happen to seek services during the researchers' stay at a study site; the clients are not randomly selected from the universe of clients. While true random sampling may not be feasible, the selection procedures—while purposive—can be randomly based to avoid selection biases.

**Sampling.** There are no strict rules to determine how many study sites should be inventoried, how many consultation sessions should be observed, or how many clients should be interviewed. Researchers should follow the general rules and statistical procedures governing the calculation of sample size (Kish 1965; Sudman 1976). They must also consider the overall pattern of service delivery, including the type and number of service delivery points and their client load. Service delivery points may include both fixed facilities (such as government clinics, mission hospitals, or private clinics) and CBD workers who visit couples at home. Depending on the total number of service delivery points in the region under study, researchers may decide to survey all the points or just a sample of them. In Kenya, for example, where the communication project encompassed more than 1,000 service delivery points, researchers selected 25 sites for the study.

Once a site has been chosen for study, the field researchers have to decide which consultations to observe and which clients to interview. There are three possibilities, depending on client load at the site and other logistical issues. At sites that serve few family planning clients, researchers must interview them all in order to collect sufficient data in a reasonable period of time. At busier sites, researchers may sample clients systematically, for example, observing every third family planning consultation. The last and most challenging option is random sampling.

**Scheduling the field work.** Client load also helps decide how long observers and interviewers should remain at each site. It takes much longer to accumulate data at service delivery points that see few family planning clients than at busier sites. In Ghana, for example, evaluators chose sites with fairly heavy client loads so that observers and interviewers stayed just one day at each location. In Kenya some of the sites selected for the study were much less busy, and a field researcher remained 10 to 12 days at each site to observe consultations with 16 family planning clients.

**Observation and interview: one job or two?** When sites are scattered and have light client loads, it is most efficient for one person to complete both the observations and the interviews, as was done in Kenya. At busy sites, however, it may be better to divide the work so that one person observes the consultations and a second interviews the clients. Field researchers in Ghana visited sites in teams of two, one researcher to observe and the other to interview. This division of labor reduces the likelihood that the field researcher will simply copy answers from the observation guide to the interview questionnaire. It also reduces the risk that an interviewer will try to influence client responses to match her or his own observations.

**Link numbers.** The data collected are far more meaningful when information from the various instruments can be linked. At a minimum, researchers should be able to link data gathered while

observing a consultation with data from that same client's interview. It may also be useful to link provider information with data on the clients they serve. For this reason, each instrument carries a three-digit link number in the upper right-hand corner. Matched sets of client observations and interviews carry the same link number, and these client link numbers are recorded on provider questionnaires as well. The link number appears on every page of an instrument so that individual pages can still be identified even if they are separated.

For more guidelines on study design, sampling, and data collection, researchers can consult the Population Council's handbook on conducting Situation Analyses, which use a similar methodology (Population Council 1994). General rules of research and evaluation methodology also apply.

## **Using This Document**

The remainder of this document is a model research manual, similar to that drafted for a JHU/CCP project in Kenya. Its audience is the interviewers and observers who will be conducting the field work. The opening section is a general guide that introduces the study, stresses the importance of the research, and lists useful tips on how to conduct the field work. This section also can serve as the basis for training observers, interviewers, and supervisors.

Next come the research instruments themselves, in the following order:

- Instrument for New Clients,
- Instrument for Continuing Clients,
- Instrument for Interviewing Service Providers, and
- Instrument for Observation of the Study Site.

Each instrument opens with a series of detailed instructions, keyed to specific questions, which explain how the forms should be filled out. Observers and interviewers must review these instructions and become familiar with the instruments before they begin collecting data. The instruction sections also serve as a quick reference when questions arise in the field.

The research manual is a model that must be revised to fit the local situation before being used. To expedite this process, questions that require editing are marked with an asterisk. Researchers also should review the instructions for each instrument and the "Guide for Observer/Interviewers" and make changes as needed.

**Table 1. TOPICS COVERED IN CLIENT OBSERVATION AND INTERVIEW INSTRUMENTS, BY QUESTION NUMBER**

	<u>New Client Instrument</u>		<u>Continuing Client Instrument</u>	
	Observation	Interview	Observation	Interview
<b>• GREET</b>				
Greet	201	201	201	201
Welcoming and friendly	202	202	202	202
Treat with respect	203	203	203	203
Arrange for privacy	204	204	204	204
<b>• ASK</b>				
Medical history	301	301	306	306
Breastfeeding	302	302	307	307
Living arrangements	303	303	308	308
Reproductive goals	304	304	304, 309	304, 309
Previous FP experience	305	305	301, 310, 516	301, 310
FP knowledge	306, 401	306, 403	401	403
Preferred FP method	307, 310-311	307, 310-311	311, 314-315	311
Concerns about FP	308	308	312	312
Ability to read	309	309	313	313
Problems with method	NA	NA	302	302
Satisfaction with method	NA	NA	303	303
Desire to switch methods	NA	NA	305, 510	305, 509
<b>• TELL</b>				
Pill	402	402	402	402
Injectable	403	402	403	402
IUD (Intrauterine Device)	404	402	404	402
Spermicide	405	402	405	402
Diaphragm	406	402	406	402
Condom	407	402	407	402
Female sterilization	408	402	408	402
Male sterilization	409	402	409	402
Norplant	410	402	410	402
Natural family planning	411	402	411	402

Lactational amenorrhea	412	402	412	402
Misinformation	413	NA	413	NA
Provider bias	415-418	405-408	415-418	405-408
Use IEC materials	414	404	414	404
<b>● HELP</b>				
Discuss health condition	501	501	501	501
Reason for seeking FP	502	502	502	502
Discuss partner's attitude	503	503	503	503
Communicate understanding	504	504	504	504
Address client's concerns	505-506	505-506	505-506	505-506
Address misconceptions	507-508	NA	507-508	NA
Explain why some methods inappropriate	509	507	511	510
Explain physical exam	NA	508	NA	507
Encourage participation in decision making	510	509	512	511
<b>● EXPLAIN</b>				
How to use method	601-602	601-602, 611	601-602	601-602, 611
How method works	603-604	603-604	603-604	603-604
Managing problems	605	605	605	605
Potential side effects	606	606, 613	606	606, 613
Advantages of method	NA	612	NA	612
Client repeats instructions	607	607	607	607
Give back-up method	608	608	608	608

<b>● RECOMMEND</b>				
Schedule next appointment	701	701	703	703
Ask to return for problems	702	702	704	704
Referral for FP Services	703	703	705	705
Referral for health services	704	704	706	706
<b>● INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS</b>				
Be polite	801	801	801	801
Speak clearly	802	802	802	802
Use simple words	803	803	803	803
Treat kindly	804	804	804	804
Listen attentively	805	805	805	805
Use flip chart	806	806	806	806
Use brochures, leaflets	807	807	807	807
Use posters	808	808	808	808
Use contraceptive samples	809	809	809	809
Use anatomical models	810	810	810	810
Use other materials	811	811	811	811
Exposure to project materials	812-813	812, 816	812-813	812, 816
Read project materials	NA	813-814	NA	813-814
Share project materials	NA	815	NA	815
Take action after seeing project materials	NA	817-818	NA	817-818
Exposure to mass media	NA	819-820	NA	819-820
Discuss FP with partner	NA	821	NA	821
Referral sources	NA	822-824	NA	822-824
<b>● SATISFACTION WITH SERVICES</b>				
Satisfied with consultation	NA	901	NA	901
Recommend service provider	NA	902	NA	902
Provider competent	NA	903	NA	903
Provider trustworthy	NA	904-905	NA	904-905

## **PART II**

### **Model Research Manual**

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Part II is a model research manual comprising both the actual research instruments and instructions on how to complete them. It is designed primarily for the interviewers, observers, and supervisors who conduct the field work; trainers also will find it useful. Before reproducing and distributing it, however, program managers and researchers must revise both the instruments and their instructions to fit the demands of their projects.



## Chapter II-1

# Guide for Observers and Interviewers

Service providers play a critical role in determining the quality of family planning services: their abilities largely determine whether a client chooses an appropriate method, can use it competently, is prepared for side effects or other problems, and will remain satisfied with the method. This study—part of a larger effort to improve family planning services by assessing the interactions between service providers and clients—will assess how well service providers are counseling their family planning clients. The information gathered about their strengths and weaknesses can then be used to improve services, for example, by designing a training program or by making brochures and flip charts more widely available.

Your dedication, commitment, and professionalism in collecting and reporting data are of vital importance to this study. The thoroughness of the study and, ultimately, the effectiveness of any changes made in the family planning program depend on the quality of the data that you and the other field researchers will collect. These guidelines will help you complete your assignment accurately and on schedule. Before going out to gather data, you must:

- Understand what information is being collected and why,
- Know how to conduct observations and interviews,
- Know how to record your observations and the respondent's answers on the research instruments, and
- Be prepared to handle problems that arise during field work.

Successful data collection is more than a mechanical process. It takes attention to interpersonal communication skills as well as research expertise. Consider each observation and interview a new challenge and a new source of information. Make your assignment as interesting and pleasant as possible by viewing it as an opportunity to learn new skills and to contribute to improvements in family planning services.

This section presents some guidelines that will help you in your job. Please review this guide, as well as the detailed instructions that accompany each instrument, before you begin collecting data. Refer to this guide or to the detailed instructions whenever questions arise during your field work. If these do not resolve the problem, please confer with your supervisor.



## General Guidelines

✓ ***Establish rapport with the service providers.***

A good first impression is crucial. Take time to introduce yourself and the project to the service providers. Don't forget the other staff members at the site, including the receptionist and the office clerks; introduce yourself to them, too.

✓ ***Ask for permission at an early stage.***

On the first day of your visit to a study site, explain to the head of the staff and all service providers why you are there, how long you intend to stay, and what you will be doing. Emphasize the importance of your work and request their cooperation. Before you begin collecting data, ask for permission to:

- Observe consultations,
- Record or videotape consultations (if applicable),
- Interview clients,
- Interview providers,
- Check communication materials, and
- Review records and service statistics.

✓ ***Emphasize confidentiality.***

Service providers may worry that the results of their evaluations will be reported to their superiors. Assure them that all data will be kept confidential and that no names will be mentioned in the survey report.

Clients also will be concerned about confidentiality. Before the consultation, explain that the information you are collecting is private, that no names will be used for any purpose, and that all information will be pooled to write the report.

✓ ***Be respectful and professional.***

Each organization has its own norms and established procedures. Learn these as quickly as you can, and follow the clinic's rules as much as possible. When in doubt, ask the service providers for guidance.

Dress appropriately; behave in a professional manner; and answer all questions—whether from providers or clients—frankly, concisely, and courteously.

✓ ***Complete every item in the research instruments.***

Never skip a question, even if you have trouble deciding what the correct response should be. Mark what seems to be the best response, and then write any doubts you may have directly on the questionnaire. If you do not write them down, you may forget about them. It does not matter how messy the questionnaire looks.

✓ ***Stay in close contact with your supervisor.***

Whenever problems arise, consult your supervisor. She or he can advise you on how to deal with any difficulties that you may have in filling out the questionnaires or in dealing with the staff at the study site. Your supervisor also is responsible for checking each completed instrument and will point out any errors or omissions.

## Guidelines for Observing Consultations

✓ ***Before starting, introduce yourself to the client and ask for her or his cooperation.***

Ask the service provider to introduce you to the client. Greet the client with a smile, and explain briefly what you wish to do. Emphasize the usefulness of the study and the confidentiality of the information. Ask for permission to observe the consultation and to interview the client afterwards. If a client is reluctant to be observed and interviewed, she or he should not be pressed too hard. Stress again the importance of the information and the benefits it may offer the client in terms of improved services in years to come. If the client is still unwilling, however, do not pursue it further.

This is also the time to ask for the client's permission to audiotape or videotape the consultation, if that is what you plan to do. Remember: both the client and service provider must sign the permission form before taping begins.

✓ ***Observe only those clients who agree to remain for an interview.***

If a study involves both client observations and interviews, every client observed must be interviewed. Before the consultation begins, ask the client if she or he is willing to remain for a 15- to 20-minute interview afterwards. Explain the importance of the client's cooperation. If a client is in a hurry and cannot stay for the interview, do not observe the consultation.

✓ ***Be present from the start of the consultation.***

Make sure you do not miss the beginning of the consultation. It is important to observe how providers greet their clients and establish rapport.

✓ ***Minimize your presence during the observation.***

Try to disrupt the consultation as little as possible by sitting quietly and out of the way. Keep still, and avoid direct eye contact with provider and client during the session. If you are taping the session, place the recorder or microphone where it will least disturb the provider and client. Avoid having to change tapes during the session.

✓ ***Fill in the observation guide during the consultation.***

It is a challenge to observe the consultation and fill in the observation guide at the same time. You must judge each situation quickly and mark your answers promptly. If you wait, you will forget what you saw or get confused. Always record your responses directly on the questionnaire; do **not** take notes and plan to fill in the observation guide afterwards.

Although you must work quickly, try to keep your answers legible. For most questions, you need only circle the appropriate response. Sometimes, however, you will be asked to write a number, a name, or a few words. Make sure these are easy to read. Whenever you select "other," be sure to fill in the blank with a specific answer.

✓ ***Be prepared to complete the items out of order.***

Providers may not follow the same sequence of topics as that set out in the observation guide. Therefore you must be prepared to skip back and forth through the guide as needed. *Read over the guide beforehand* to become familiar with all the items and their location. Then, during the consultation, stay alert so as not to miss anything.

✓ ***Conclude the observation by thanking the client and provider.***

In concluding the observation, always thank both the client and the service provider for cooperating with you. Emphasize again the importance of the observation, and stress that the information is strictly confidential.

## Guidelines for Interviewing Clients

✓ ***Conduct the interview immediately after the consultation, in a private place.***

If the study includes both observations and client interviews, interview the client immediately after the consultation. This is the time when clients can best recall what happened during the session. Conduct the interview in a private place, so that the client will feel free to speak frankly. Do your best to make the client feel at ease; a few well- chosen words can put the client in a cooperative frame of mind.

✓ ***Do not let your observations influence the client's responses.***

During the interview you are seeking the client's own interpretation of the consultation. Any of your own observations should be kept separate from the opinions of the client. For example, you may have seen the service provider use a family planning flip chart, but in this section you are trying to find out if the client remembers it. If the client says the provider did not use a flip chart, accept and record that answer without comment.

✓ ***Speak clearly and use simple language.***

Speak slowly and clearly when you ask a question so that the client will have no difficulty hearing or understanding the question.

✓ ***Be neutral throughout the interview.***

Instead of responding frankly, some people, in order to be polite, may give answers that they think will please you. To avoid this problem, you must remain absolutely neutral as you ask each question. Make sure that neither your face nor tone of voice gives the impression that there is a "right" or "wrong" answer. Do not appear to approve or disapprove any of the client's answers. If the client asks you about your own views, you should reply, "My view does not matter. It is your opinion that's important."

✓ ***Do not change the sequence of the questions.***

The sequence of the questions must be maintained. Otherwise you may alter the purpose or neutrality of the question.

✓ ***Make sure the client understands each question.***

If the client does not understand a question, repeat it slowly and clearly. Then give the client enough time to think about the question and give a considered response. If the client's answer is still ambiguous or inadequate, you should probe for a clear answer. Be careful, however, not to explain the question or suggest an answer, and do not annoy the client with your insistence.

Some examples of probes are:

"Can you explain a little more?"

"Could you be a little more specific?"

"I did not quite hear you. Could you please tell me again?"

"There's no hurry. Take a moment to think about it."

✓ ***Do not rush the interview.***

Ask each question slowly to ensure that the client understands what you are asking. After you ask a question, pause to give the client time to think. Be patient and let the client set the pace. If clients feel hurried or are not allowed to think through their answers, they may say "don't know" or give an answer that does not reflect accurately their views.

✓ ***Record the responses to open-ended questions word-for-word.***

A few open-ended questions on the questionnaire do not provide the interviewer with a list of possible answers. Instead, you are given space to record the client's answer word-for-word. While it may be impractical to write down everything the client says in reply to such a question, be sure to record the significant parts of the response completely and intelligibly. Do not edit or rephrase the client's response; write it down in the client's own words.

✓ ***Complete the questionnaire before leaving the client.***

Before leaving the client, review the completed questionnaire. Make sure that every applicable question has been asked and that all answers are clear and to the point. Ask for the client's help to check inconsistencies or any omissions.

Do **not** recopy the questionnaire. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. As long as the answers are clear and readable, the questionnaire does not need to look neat. For this same reason, always record all information on the questionnaire itself. Do not take notes and copy the responses on to the questionnaire later.

Give the completed questionnaire to your supervisor to be checked. Your supervisor may ask you to make corrections or changes. If so, please cooperate.

✓ ***Conclude the interview by thanking the client.***

In concluding the interview, always thank the client for cooperating with you. Emphasize again the importance of the interview and stress that the information is strictly confidential.

## Chapter II-2

# Instrument for New Family Planning Clients

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## INSTRUCTIONS FOR NEW CLIENT OBSERVATION

Before beginning, make sure the "3-Digit Link Number," located in the top right-hand corner of each page of the questionnaire, has been filled in. (This should be done ahead of time by the supervisor.)

Do not proceed without asking whether the client has ever used any modern contraceptive method. New clients are defined as those people who have **never** used any modern contraceptive method before. If the client has used a modern method at some time—even if they have never before been a client at this study site—use the instrument for continuing clients instead.

### 1. IDENTIFICATION

- 101) Copy the 3-digit link number from the top, right-hand corner.
- 102) Write the name of the site exactly as it appears on the list of study sites.
- 103) Copy the 2-digit ID number for the site from the list of study sites.
- 104) Your full name. Please write legibly!
- 105) Copy your ID number from the list of observer/interviewers.
- 106) Circle the NEW CLIENT observation number, for example, "5" for the fifth observation, and so on. Make sure you count only *new* clients that *you* have observed at *this* study site. Do not count continuing clients, clients observed at other study sites, or clients observed by other researchers.
- 107) At the start of the consultation, write down the time in the blanks provided and circle "AM" or "PM." Be sure to time from the very start of the session, that is, the moment the provider receives the client. Leave question 107b blank until the consultation ends, when you will be reminded to fill it in.
- 108) At the end of the consultation, calculate the length of the session **in minutes**, based on the beginning and ending times recorded in question 107. Do not write "1 hour and 5 minutes" but rather "65."
- 109) At some clinics the client may be seen by more than one service provider. If this is the case, fill out questions 110 through 113.
- 110/114) Clearly write the service provider's name.
- 111/115) Copy the service provider's ID number from the list of service providers.
- 112/116) Circle the service provider's gender.
- 113/117) Select only **one** category from the list provided, that is, the one category that best identifies the service provider. For instance, if the service provider is a nurse who sometimes counsels clients, circle "yes" for nurse (the provider's primary identity) and "no" for all other categories, including "counselor."
- 118-122) Self-explanatory.

## **2. GREET**

- 201) Observe whether the service provider greets the client with "hello," "good morning," "how are you," and so on.
- 202) Observe whether the service provider makes any welcoming gestures, such as standing up, shaking hands, gesturing for the client to sit down, greeting a baby, and so on. Use your judgment to decide whether the service provider's gestures are friendly and welcoming.
- 203) Observe whether the service provider uses a respectful form of address when addressing the client, for example, calling the client "Mrs. \_\_\_\_\_" or "Mr. \_\_\_\_\_" rather than using just a first name.
- 204) Did the provider try to keep the consultation as private as possible? Depending on the setting, this might mean using an empty room, shutting a door, or moving out of earshot of other people.

## **3. ASK**

- 301) Did the provider review the client's medical history?
- 302) If the client was a women, did the provider ask whether she was currently breastfeeding? If the client was a man, circle "NA."
- 303) Did the provider inquire about whether the client lived full-time with a spouse or partner or only saw him or her intermittently?
- 304) Did the provider ask whether the client wanted to have more children and, if so, when?
- 305-308) Observe how completely the provider probes the client about their knowledge of and attitudes toward modern family planning.
- 309) Did the provider check whether the client would be able to read the labels and instructions accompanying a family planning method?
- 310) Answer "yes" if the client brings up a specific method while talking to the provider, even if the client does not directly ask about that method. For instance, answer "yes" if the client says, "My neighbor uses the IUD and is satisfied with it."
- 311) Circle "yes" if the client mentions or asks about any particular method(s) either by name or description. The lactational amenorrhea method refers to breastfeeding women who have not resumed menstruating since the birth of their child. These women may not adopt a modern method of family planning, relying instead on the anovulation associated with lactational amenorrhea.

## **4. TELL**

- 401) Circle "yes" for any method that the client seems to have heard something about, whether the client refers to the method by name or description.
- 402-412) These questions deal with specific methods of family planning, and each has four sections, "a" through "d." Write "0" or "1" in each box depending on whether the topic is discussed. Do not leave any of the boxes blank.
- 413) During your training you will learn to identify misinformation about family planning methods. If you have



any questions, write a note to yourself and check with your supervisor.

- 414) These might include a flip chart, poster, leaflet, or contraceptive samples.
- 415/417) These questions assess whether the service provider is impartial when presenting methods. If the provider seems to be presenting **any** methods more or less favorably than others, circle "yes."
- 416/418) You may circle "yes" for more than one method.

## **5. HELP**

- 501-510) The service provider may address these issues in a different order than listed here, and so be alert. It will help if you become familiar with the questions ahead of time.
- 506) If the client does not express any concerns, circle "NA."
- 508) If the client is not misinformed about family planning, circle "NA."
- 511-512) Make sure you understand the difference between the service provider presenting a method favorably (question 415) and actually recommending a method to a client (question 511). Does the service provider directly suggest that a client choose a particular method?
- 513) Did the client decide on a family planning method during the consultation? Bear in mind that this may be a method that she or he may not be able to get the same day, such as tubal ligation or vasectomy.
- 514) Some clients may choose a combination of methods, but mark "yes" for only **one** method here—the main method that the client will rely on.
- 515) In some cases the service provider may refuse to give a client the chosen method, perhaps because of her breastfeeding status, a health problem, or because the provider could not be certain the client was not pregnant. In other cases, there may simply be a delay before the client can receive the chosen method, for example, because she must be referred to another facility to receive a tubal ligation. In both of these circumstances, circle "no."
- 516) Be as specific as possible in recording the reason. For example, if the clinic has temporarily run out of supplies of the Pill, mark "Out of stock" rather than "Method not available today."

- 517-518) These questions refer only to methods that the client actually takes home from the clinic today. This may be different from the method that the client chooses. For instance, the client who chooses a vasectomy and is referred elsewhere may be given condoms to use until he undergoes the procedure.

## **6. EXPLAIN**

- 601-608) The client may choose or receive more than one method. Answer these questions for only **one** method: the method—that the client will primarily rely on in the future. Be alert because the service provider may raise these issues in a different order.
- 602) If the method is administered by a provider (for example, the IUD or injection), circle "NA."
- 608) If the client can begin using their primary method that same day, circle "NA."

## **7. RECOMMEND**

- 701-702) Self-explanatory.
- 703-704) During the course of the consultation, the service provider may discover that the client has another health problem, such as high blood pressure. Circle "yes" if the service provider makes the appropriate referral, "no" if the service provider does not make the referral, and "NA" if the client does not need other health services.

## **8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

- 801-805) The goal of these questions is to assess how well the service provider communicated with the client throughout the **entire** consultation. Think back over the consultation and judge the service provider's overall performance.
- 806-811) These questions refer to **any** family planning materials, not just those materials produced by the project.
- 812-813) These questions refer only to the project materials of which you have been given samples. Make sure you are familiar with these materials so that you can recognize them easily during the consultation.

# INSTRUCTIONS FOR NEW CLIENT INTERVIEW

Before beginning, make sure the "3-Digit Link Number," located in the top right-hand corner of each page of the questionnaire, has been filled in. (This should be done ahead of time by the supervisor.)

## 1. IDENTIFICATION

- 101) Write the client's name clearly, putting the first name on the top line and the last name underneath.
- 102) Mark the client's **primary** reason for attending the clinic. Be sure that you understand the difference between a client seeking information about family planning and coming with the intention of adopting a method.
- 103) Record the client's age in years as of her or his last birthday.
- 104) Record the highest level of education that the client **completed**. For instance, if the client began but did not finish secondary school, write down "1" for primary education.
- 105-106) Self-explanatory.
- 107) Note that the wording of this question depends on the sex of the client. Make sure that you ask the client the correct question. Regardless of whether the client is a woman or a man, you should record the response in the same place, circling "no" or "yes" as appropriate.
- 108) Write down whatever number the client tells you. Do not make an issue of whether stillbirths or other children who have died are included.

## 2. GREET

- 201-204) If you observed the consultation, it may be tempting to record what you saw rather than what the client says. Remember that in this portion of the instrument you are recording the client's perceptions of the consultation, not your own. Always accept the client's answer, even if differs from what you observed.

## 3. ASK

- 301-310) Read these questions to the client exactly as written, and circle the answers you are given.
- 309) If the client is a man, skip the question and circle "NA." If the client is a woman, ask the question and circle the answer given.
- 311) Do not read the list of methods. Simply mark as "yes" whatever method(s) the client mentions either by name or description. Circle "no" for the remaining methods. The lactational amenorrhea method refers to breastfeeding women who have not resumed menstruating since the birth of their child. These women may not adopt a modern method of family planning, relying instead on the absence of ovulation that accompanies lactational amenorrhea.

## 4. TELL

- 401-402) Do not prompt the client with the names of any family planning methods. Instead, circle any methods

that she or he remembers spontaneously, whether by name or description.

- 403) Prompt the client with the name of each method, and circle the appropriate answer.
- 404-405) Read this question to the client exactly as written, and circle the answer you are given.
- 406/408) Prompt the client with the name of each method. The provider may have presented multiple methods more or less favorably, so the client may answer "yes" more than once.
- 407) Read this question to the client exactly as written, and circle the appropriate response.

## **5. HELP**

- 501-505) Read these questions to the client exactly as written, and circle the answers you are given.
- 506) If the client never expressed to the provider any concern or worry about using a modern family planning method, circle "NA."
- 507) Read this question to the client exactly as written, and circle the answer you are given.
- 508) If the provider never gave the client a physical examination, circle "NA."
- 509-10) Read these questions to the client exactly as written, and circle the answers you are given.
- 511) Prompt the client with the name of each method, and allow her or him to respond "yes" to more than one method.
- 512) Read this question exactly as written, and circle the answer you are given.
- 513) Do not read the list of methods; let the client answer spontaneously. If the client lists more than one method, follow up by asking, "Which one is the main method you chose?" Circle "yes" only for that one main method.
- 514) This question refers to the main method chosen, that is, the one marked "yes" in question 513.
- 515) Match the client's explanation as closely as possible with the list of answers given. If it does not fit any of the first six categories, choose "other" and write the reason in the blank space.
- 516) Read this question exactly as written, and circle the answer you are given.
- 517) Do not read the list of methods; let the client answer spontaneously. If the client lists more than one method, circle "yes" for all those the methods.

## **6. EXPLAIN**

- 601-608) Explain to the client that you want to ask about the instructions the service provider gave **after** the client decided on a method. If more than one method was chosen or received, tell the client you are asking only about the method that the client will primarily rely on in the future.
- 602) If the method chosen is administered by a provider (for example, the IUD or injection), circle "NA."
- 608) If the client can begin using the primary method that same day, circle "NA."

- 609-611) Write down the client's own words in answer to these questions. Do not paraphrase or summarize her or his answer. If the client talks at length, write down the most important phrases or sentences.

## **7. RECOMMEND**

- 701-702) Ask these questions exactly as written, and circle the answer you are given.
- 703) If the client did not need further family planning services, circle "NA."
- 704) If the provider did not discover any health problems in the client, answer "NA."

## **8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

- 801-805) Remember: you are interested in the **client's** perceptions of how the service provider communicated, not your own. Record whatever the client answers, no matter what you may have observed yourself.
- 806-811) These questions refer to **any** family planning materials that may be available to the provider, not just those materials produced by the project.
- 812-818) These questions refer to one of the sample project materials you were given. Show the client the leaflet as you ask the questions.
- 814/818) Read the entire list of answers to the client and circle "no" or "yes" for each one. Make sure the client understands that she or he may respond "yes" to more than one answer.
- 819-820) These questions refer to a specific mass-media program that you must mention by name.
- 821) Ask this question exactly as it is written, and record the client's response.
- 822-823) Prompt the client by reading the list of possible responses. Make sure the client understands that she or he may respond "yes" to more than one answer.
- 824) This question refers back to the media sources and people listed in questions 823 and 824. Write down the number of the answer from one of those lists. For example, if a client says she or he came to clinic after hearing an organized talk, write down "822e." If a client reports that her spouse persuaded her to come, write down "823b."

## **9. SATISFACTION WITH SERVICES**

- 901-905) Make sure the client understands that his or her answers to these questions will be kept completely confidential and will not be shared with the service provider.



**INSTRUMENT FOR NEW FAMILY PLANNING CLIENTS  
PART ONE: OBSERVATION SECTION**

---

**Note to observer: Before proceeding with the questionnaire, answer the question below:**

**Has the client ever used any contraceptive method? 0 = No 1 = Yes**

**If no, proceed with this questionnaire.  
If yes, stop here and use the instrument for continuing clients instead.**

---

***How to fill out this questionnaire:  
If there is a choice of answers, circle the appropriate answer(s).  
If there is a dashed line, write the correct number neatly on the dashed line.  
If there is a blank line, print the answer neatly on the line.***

**1. IDENTIFICATION**

- 101) 3-digit link number (from top of page) \_\_\_ \_\_ \_
- 102) Name of site \_\_\_\_\_
- 103) Study site ID number \_\_\_ \_\_
- 104) Name of observer \_\_\_\_\_
- 105) Observer ID number \_\_\_ \_\_
- 106) Observation number 1 2 3 4 5 6 7 8 9 10
- 107) What time did the consultation:
  - 107a) Begin? \_\_\_ \_\_ : \_\_\_ \_\_ AM/PM
  - 107b) End? \_\_\_ \_\_ : \_\_\_ \_\_ AM/PM
- 108) Length of consultation in minutes \_\_\_ \_\_ \_\_

**\* Asterisks indicate questions and responses that must be revised to reflect local conditions.**

**Service Provider Information**

\* 109) Are there two service providers counseling the client? 0 = No    1 = Yes  
*If no, skip to question 114.*

110) Name of service provider \_\_\_\_\_

111) Service provider ID number \_\_\_\_\_

112) Sex of service provider 0 = Male    1 = Female

\* 113) Type of service provider:

113a) CBD worker	0 = No	1 = Yes	113d) Counselor	0 = No	1 = Yes
113b) Registered nurse	0 = No	1 = Yes	113e) Medical doctor	0 = No	1 = Yes
113c) Enrolled nurse	0 = No	1 = Yes	113f) Other: _____	0 = No	1 = Yes

114) Name of service provider \_\_\_\_\_

115) Service provider ID number \_\_\_\_\_

116) Sex of service provider 0 = Male    1 = Female

\* 117) Type of service provider:

117a) CBD worker	0 = No	1 = Yes	117d) Counselor	0 = No	1 = Yes
117b) Registered nurse	0 = No	1 = Yes	117e) Medical doctor	0 = No	1 = Yes
117c) Enrolled nurse	0 = No	1 = Yes	117f) Other: _____	0 = No	1 = Yes

**Session and Client Information**

118) Was the consultation audiotaped or videotaped? 0 = No    1 = Yes

119) Sex of client 0 = Male    1 = Female

\* 120) Today's date (in numbers) \_\_\_/\_\_\_/19\_\_\_  
day / month / year

121) Did a spouse/partner attend the consultation? 0 = No    1 = Yes

\* 122) Language of interview \_\_\_\_\_

**2. GREET**

● **At the beginning of the consultation, did the service provider:**

201) Greet the client? 0 = No    1 = Yes

\* 202) Make any welcoming gestures? 0 = No    1 = Yes

\* 203) Address the client respectfully? 0 = No    1 = Yes

\* 204) Arrange for privacy? 0 = No    1 = Yes



**3. ASK**

• **During the consultation did the service provider ask about:**

- 301) Medical history? 0 = No    1 = Yes
- 302) Breastfeeding status? 9 = NA    0 = No    1 = Yes
- 303) Living arrangement with partner? 0 = No    1 = Yes
- 304) Future childbearing plans? 0 = No    1 = Yes
- 305) Previous family planning experience? 0 = No    1 = Yes
- 306) Prior knowledge of modern family planning methods? 0 = No    1 = Yes
- 307) Interest in a particular family planning method? 0 = No    1 = Yes
- 308) Feelings about using a modern method? 0 = No    1 = Yes
- 309) Client's ability to read? 0 = No    1 = Yes

• **During the consultation did the client:**

- 310) Express interest in a specific method? 0 = No    1 = Yes  
*If no, skip to question 401.*

\* 311) Which method(s) interested the client? *(Multiple responses possible)*

- |                  |        |         |                               |        |         |
|------------------|--------|---------|-------------------------------|--------|---------|
| 310a) Pill       | 0 = No | 1 = Yes | 310g) Tubal ligation          | 0 = No | 1 = Yes |
| 310b) Injectable | 0 = No | 1 = Yes | 310h) Vasectomy               | 0 = No | 1 = Yes |
| 310c) IUD        | 0 = No | 1 = Yes | 310i) Norplant                | 0 = No | 1 = Yes |
| 310d) Foam       | 0 = No | 1 = Yes | 310j) Natural Family Planning | 0 = No | 1 = Yes |
| 310e) Diaphragm  | 0 = No | 1 = Yes | 310k) Lactational amenorrhea  | 0 = No | 1 = Yes |
| 310f) Condom     | 0 = No | 1 = Yes |                               |        |         |



416a) Pill	0 = No	1 = Yes	416g) Tubal ligation	0 = No	1 = Yes
416b) Injectable	0 = No	1 = Yes	416h) Vasectomy	0 = No	1 = Yes
416c) IUD	0 = No	1 = Yes	416i) Norplant	0 = No	1 = Yes
416d) Foam	0 = No	1 = Yes	416j) Natural Family Planning	0 = No	1 = Yes
416e) Diaphragm	0 = No	1 = Yes	416k) Lactational amenorrhea	0 = No	1 = Yes
416f) Condom	0 = No	1 = Yes			

**• During the consultation did the service provider:**

417) Present some methods less favorably than others? 0 = No    1 = Yes  
*If no, skip to question 501.*

\* 418) Which method(s) were presented less favorably? *(Multiple responses possible)*

418a) Pill	0 = No	1 = Yes	418g) Tubal ligation	0 = No	1 = Yes
418b) Injectable	0 = No	1 = Yes	418h) Vasectomy	0 = No	1 = Yes
418c) IUD	0 = No	1 = Yes	418i) Norplant	0 = No	1 = Yes
418d) Foam	0 = No	1 = Yes	418j) Natural Family Planning	0 = No	1 = Yes
418e) Diaphragm	0 = No	1 = Yes	418k) Lactational amenorrhea	0 = No	1 = Yes
418f) Condom	0 = No	1 = Yes			

**5. HELP**

**• While the provider was helping the client decide on a family planning method, did the service provider:**

501) Discuss the client's health?		0 = No	1 = Yes
502) Discuss the client's motivation for seeking services?		0 = No	1 = Yes
503) Find out the attitude of the client's partner(s) toward using family planning?		0 = No	1 = Yes
504) Show understanding of the client's family planning needs?		0 = No	1 = Yes
505) Ask what worried the client about using a modern family planning method?		0 = No	1 = Yes
506) Acknowledge and respond to the client's concerns, if any?	9 = NA	0 = No	1 = Yes
507) Find out if the client was misinformed about family planning?		0 = No	1 = Yes
508) Clarify the client's family planning misinformation, if any?	9 = NA	0 = No	1 = Yes
509) Discuss reasons that some methods might not be appropriate for the client?		0 = No	1 = Yes
510) Encourage the client to participate in choosing a method?		0 = No	1 = Yes

● **During the consultation did the service provider:**

511) Recommend any of the methods? 0 = No    1 = Yes  
*If no, skip to question 513.*

\* 512) Which method(s) were recommended? *(Multiple responses possible)*

512a) Pill	0 = No	1 = Yes	512g) Tubal ligation	0 = No	1 = Yes
512b) Injectable	0 = No	1 = Yes	512h) Vasectomy	0 = No	1 = Yes
512c) IUD	0 = No	1 = Yes	512i) Norplant	0 = No	1 = Yes
512d) Foam	0 = No	1 = Yes	512j) Natural Family Planning	0 = No	1 = Yes
512e) Diaphragm	0 = No	1 = Yes	512k) Lactational amenorrhea	0 = No	1 = Yes
512f) Condom	0 = No	1 = Yes			

**Choosing a Method**

513) Did the client choose a method today? 0 = No    1 = Yes  
*If no, skip to question 517.*

\* 514) Which method did the client choose? *(List only main method chosen)*

514a) Pill	0 = No	1 = Yes	514g) Tubal ligation	0 = No	1 = Yes
514b) Injectable	0 = No	1 = Yes	514h) Vasectomy	0 = No	1 = Yes
514c) IUD	0 = No	1 = Yes	514i) Norplant	0 = No	1 = Yes
514d) Foam	0 = No	1 = Yes	514j) Natural Family Planning	0 = No	1 = Yes
514e) Diaphragm	0 = No	1 = Yes	514k) Lactational amenorrhea	0 = No	1 = Yes
514f) Condom	0 = No	1 = Yes			

515) Was the chosen method given to the client today? 0 = No    1 = Yes  
*If yes, skip to question 517.*

516) If not, what was the reason? \_\_\_\_\_

- 1 = Health reasons
- 2 = Method not available at this facility today
- 3 = Method never available at this facility
- 4 = Out of stock
- 5 = Told to return during menses
- 6 = Told to talk to spouse/partner
- 7 = Other: \_\_\_\_\_

517) Did the client leave with a method today? 0 = No    1 = Yes  
*If no, skip to question 601.*

\* 518) What method(s) did the client leave with today? *(Multiple responses possible)*

518a) Pill	0 = No	1 = Yes	518g) Tubal ligation	0 = No	1 = Yes
518b) Injectable	0 = No	1 = Yes	518h) Vasectomy	0 = No	1 = Yes
518c) IUD	0 = No	1 = Yes	518i) Norplant	0 = No	1 = Yes
518d) Foam	0 = No	1 = Yes	518j) Natural Family Planning	0 = No	1 = Yes
518e) Diaphragm	0 = No	1 = Yes	518k) Lactational amenorrhea	0 = No	1 = Yes
518f) Condom	0 = No	1 = Yes			

**6. EXPLAIN**

● **After the client chose or received a family planning method, did the service provider:**

601) Explain how to use or obtain the method?		0 = No	1 = Yes
602) Demonstrate how to use the method correctly?	9 = NA	0 = No	1 = Yes
603) Explain how the method works?		0 = No	1 = Yes
604) Use any visual aids to help explain the method?		0 = No	1 = Yes
605) Explain how to deal with possible problems related to its use?		0 = No	1 = Yes
606) Explain possible side effects of the method?		0 = No	1 = Yes
607) Ask the client to repeat important instructions?		0 = No	1 = Yes
608) Give a "back-up" family planning method, if needed?	9 = NA	0 = No	1 = Yes

**7. RECOMMEND**

● **Before ending the consultation, did the service provider:**

701) Schedule a follow-up appointment?		0 = No	1 = Yes
702) Tell the client to come back for any problems, even before the follow-up appointment?		0 = No	1 = Yes
703) Refer the client for further family planning services, if needed? <i>(for example, for vasectomy or tubal ligation)</i>	9 = NA	0 = No	1 = Yes
704) Refer the client for other health services, if needed?	9 = NA	0 = No	1 = Yes

**8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

● **During the consultation did the service provider:**

801) Treat the client politely?		0 = No	1 = Yes
802) Speak clearly?		0 = No	1 = Yes

803) Use words that the client understood? 0 = No 1 = Yes

804) Use a kind and warm tone of voice? 0 = No 1 = Yes

805) Listen attentively? 0 = No 1 = Yes

**• Did the service provider use any of the following materials?**

\* 806) Flip charts 0 = No 1 = Yes

\* 807) Leaflets 0 = No 1 = Yes

\* 808) Posters 0 = No 1 = Yes

\* 809) Contraceptive samples 0 = No 1 = Yes

810) Anatomical models 0 = No 1 = Yes

\* 811) Other items 0 = No 1 = Yes

**• Did the service provider use or show any of the following project materials?**

*(Compare with sample materials)*

\* 812) *[List here materials distributed by your project.]* 0 = No 1 = Yes

**• Did the service provider give the client any of the following project materials:**

*(Compare with sample materials)*

\* 813) *[List materials distributed by your project here.]* 0 = No 1 = Yes

**END OF OBSERVATION**

**Check the time, and complete questions 107 and 108 on the first page of the observation guide.**

**Then proceed with the interview, if applicable.**

**INSTRUMENT FOR NEW FAMILY PLANNING CLIENTS  
PART TWO: INTERVIEW SECTION**

**1. IDENTIFICATION**

101) Client's Given name: \_\_\_\_\_

Sur name: \_\_\_\_\_

102) Why did you visit the clinic and/or see a service provider today? \_\_\_\_\_

- 1 = To learn about family planning methods
- 2 = To adopt a family planning method
- 3 = Other: \_\_\_\_\_

103) What is your age in years? \_\_\_\_\_

\* 104) What level of education have you completed? \_\_\_\_\_

- 0 = None
- 1 = Primary
- 2 = Secondary
- 3 = Higher education/university
- 9 = Don't know/No answer

\* 105) What is your religion? \_\_\_\_\_

- 1 = Catholic
- 2 = Protestant
- 3 = Muslim
- 4 = Traditional
- 5 = Other: \_\_\_\_\_

106) What is your marital status? \_\_\_\_\_

*If the answer is 1, continue to question 107.  
Otherwise, skip to question 108.*

- 0 = Single
- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widowed
- 5 = Other: \_\_\_\_\_
- 6 = No answer

107) Ask one of the following questions, depending on the client's gender:

*For a woman: Are you the only wife?  
For a man: Do you have only one wife?*

0 = No    1 = Yes

108) How many children do you have? \_\_\_\_\_

**2. GREET**

● **At the beginning of the consultation, did the service provider:**

- 201) Greet you? 0 = No 1 = Yes
- \* 202) Make any welcoming gestures, such as \_\_\_\_\_? 0 = No 1 = Yes
- \* 203) Address you respectfully? 0 = No 1 = Yes
- \* 204) Arrange for privacy? 0 = No 1 = Yes

**3. ASK**

● **During the consultation did the service provider ask:**

- 301) About your medical history? 0 = No 1 = Yes
- 302) Whether you were breastfeeding? 9 = NA 0 = No 1 = Yes
- 303) How much of the time you and your partner live together? 0 = No 1 = Yes
- 304) Whether you plan to have more children? 0 = No 1 = Yes
- 305) If you had used family planning before? 0 = No 1 = Yes
- 306) What you already knew about modern family planning methods? 0 = No 1 = Yes
- 307) If you were interested in using any particular family planning method? 0 = No 1 = Yes
- 308) If you were concerned about using a modern method? 0 = No 1 = Yes
- 309) If you were able to read? 0 = No 1 = Yes

● **During the consultation did you:**

- 310) Say you were interested in any specific methods?  
*If no, skip to question 401.* 0 = No 1 = Yes
- \* 311) Which methods did you express interest in? *(Multiple responses possible)*
  - 311a) Pill 0 = No 1 = Yes
  - 311b) Injectable 0 = No 1 = Yes
  - 311c) IUD 0 = No 1 = Yes
  - 311d) Foam 0 = No 1 = Yes
  - 311e) Diaphragm 0 = No 1 = Yes
  - 311f) Condom 0 = No 1 = Yes
  - 311g) Tubal ligation 0 = No 1 = Yes
  - 311h) Vasectomy 0 = No 1 = Yes
  - 311i) Norplant 0 = No 1 = Yes
  - 311j) Natural Family Planning 0 = No 1 = Yes
  - 311k) Lactational amenorrhea 0 = No 1 = Yes

**4. TELL**

- \* 401) Which family planning methods are there for you to choose from?



*Do not prompt client with names of methods. Circle all methods mentioned by name or description.*

Pill	Diaphragm	Norplant
Injectable	Condom	Natural Family Planning
IUD	Tubal ligation	Lactational amenorrhea
Foam	Vasectomy	

- \* 402) Which family planning methods did the service provider talk about today?  
*Do not prompt client with names of methods. Circle all methods mentioned by name or description.*

Pill	Diaphragm	Norplant
Injectable	Condom	Natural Family Planning
IUD	Tubal ligation	Lactational amenorrhea
Foam	Vasectomy	

- \* 403) Which methods were you familiar with before the consultation? *(Multiple responses possible)*

403a) Pill	0 = No	1 = Yes	403g) Tubal ligation	0 = No	1 = Yes
403b) Injectable	0 = No	1 = Yes	403h) Vasectomy	0 = No	1 = Yes
403c) IUD	0 = No	1 = Yes	403i) Norplant	0 = No	1 = Yes
403d) Foam	0 = No	1 = Yes	403j) Natural Family Planning	0 = No	1 = Yes
403e) Diaphragm	0 = No	1 = Yes	403k) Lactational amenorrhea	0 = No	1 = Yes
403f) Condom	0 = No	1 = Yes			

404) Did the service provider use any visual materials while describing the methods? 0 = No 1 = Yes

**• During the consultation did the service provider:**

405) Present some methods more favorably than others? 0 = No 1 = Yes  
*If no, skip to question 407.*

- \* 406) Which methods were presented more favorably? *(Multiple responses possible)*

406a) Pill	0 = No	1 = Yes	406g) Tubal ligation	0 = No	1 = Yes
406b) Injectable	0 = No	1 = Yes	406h) Vasectomy	0 = No	1 = Yes
406c) IUD	0 = No	1 = Yes	406i) Norplant	0 = No	1 = Yes
406d) Foam	0 = No	1 = Yes	406j) Natural Family Planning	0 = No	1 = Yes
406e) Diaphragm	0 = No	1 = Yes	406k) Lactational amenorrhea	0 = No	1 = Yes
406f) Condom	0 = No	1 = Yes			

**• During the consultation did the service provider:**

407) Present some methods less favorably than others? 0 = No 1 = Yes  
*If no, skip to question 501.*

\* 408) Which methods were presented less favorably? *(Multiple responses possible)*

408a) Pill	0 = No	1 = Yes	408g) Tubal ligation	0 = No	1 = Yes
408b) Injectable	0 = No	1 = Yes	408h) Vasectomy	0 = No	1 = Yes
408c) IUD	0 = No	1 = Yes	408i) Norplant	0 = No	1 = Yes
408d) Foam	0 = No	1 = Yes	408j) Natural Family Planning	0 = No	1 = Yes
408e) Diaphragm	0 = No	1 = Yes	408k) Lactational amenorrhea	0 = No	1 = Yes
408f) Condom	0 = No	1 = Yes			

**5. HELP**

• While the service provider was helping you decide on a family planning method, did the provider:

501) Discuss your health?		0 = No	1 = Yes
502) Discuss your motivation for coming today?		0 = No	1 = Yes
503) Find out your spouse/partner's attitude toward using a family planning method?		0 = No	1 = Yes
504) Show understanding of your family planning needs?		0 = No	1 = Yes
505) Ask what worried you about using a modern family planning method?		0 = No	1 = Yes
506) Acknowledge and respond to your concerns, if any?	9 = NA	0 = No	1 = Yes
507) Discuss the reasons that some methods might not be appropriate for you?		0 = No	1 = Yes
508) Explain the results of your physical examination?	9 = NA	0 = No	1 = Yes
509) Encourage you to participate in choosing a method?		0 = No	1 = Yes

• During the consultation did the service provider:

510) Recommend any of the methods? <i>If no, skip to question 512.</i>		0 = No	1 = Yes
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\* 511) Which method(s) were recommended? *(Multiple responses possible)*

511a) Pill	0 = No	1 = Yes	511g) Tubal ligation	0 = No	1 = Yes
511b) Injectable	0 = No	1 = Yes	511h) Vasectomy	0 = No	1 = Yes
511c) IUD	0 = No	1 = Yes	511i) Norplant	0 = No	1 = Yes
511d) Foam	0 = No	1 = Yes	511j) Natural Family Planning	0 = No	1 = Yes
511e) Diaphragm	0 = No	1 = Yes	511k) Lactational amenorrhea	0 = No	1 = Yes
511f) Condom	0 = No	1 = Yes			

**Choosing a Method**

512) Did you choose a method today? <i>If no, skip to question 516.</i>		0 = No	1 = Yes
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\* 513) Which method did you choose? *(List only main method chosen)*

513a) Pill	0 = No	1 = Yes	513g) Tubal ligation	0 = No	1 = Yes
------------	--------	---------	----------------------	--------	---------

513b) Injectable	0 = No	1 = Yes	513h) Vasectomy	0 = No	1 = Yes
513c) IUD	0 = No	1 = Yes	513i) Norplant	0 = No	1 = Yes
513d) Foam	0 = No	1 = Yes	513j) Natural Family Planning	0 = No	1 = Yes
513e) Diaphragm	0 = No	1 = Yes	513k) Lactational amenorrhea	0 = No	1 = Yes
513f) Condom	0 = No	1 = Yes			

514) Were you given your chosen method today? 0 = No    1 = Yes  
*If yes, skip to question 516.*

\* 515) If not, what was the main reason? \_\_\_\_\_

- 1 = Health reasons
- 2 = Method not available at this facility today
- 3 = Method never available at this facility
- 4 = Out of stock
- 5 = Told to return during menses
- 6 = Told to talk to spouse/partner
- 7 = Other: \_\_\_\_\_

516) Are you leaving with any methods today? 0 = No    1 = Yes  
*If no, skip to question 601.*

\* 517) What method(s) are you leaving with today? *(Multiple responses possible)*

517a) Pill	0 = No	1 = Yes	517g) Tubal ligation	0 = No	1 = Yes
517b) Injectable	0 = No	1 = Yes	517h) Vasectomy	0 = No	1 = Yes
517c) IUD	0 = No	1 = Yes	517i) Norplant	0 = No	1 = Yes
517d) Foam	0 = No	1 = Yes	517j) Natural Family Planning	0 = No	1 = Yes
517e) Diaphragm	0 = No	1 = Yes	517k) Lactational amenorrhea	0 = No	1 = Yes
517f) Condom	0 = No	1 = Yes			

**6. EXPLAIN**

● **After you chose or were given a modern family planning method, did the service provider:**

601) Explain how to use or obtain the method?		0 = No	1 = Yes
602) Demonstrate how to use the method?	9 = NA	0 = No	1 = Yes
603) Explain how the method works?		0 = No	1 = Yes
604) Use any visual aids to help explain the method?		0 = No	1 = Yes
605) Explain how to deal with possible problems related to its use?		0 = No	1 = Yes
606) Explain possible side effects of the method?		0 = No	1 = Yes
607) Ask you to repeat important instructions?		0 = No	1 = Yes
608) Give you a "back-up" family planning method, if needed?	9 = NA	0 = No	1 = Yes
609) If you were given a method, how will you use it?	_____		

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610) What are the advantages of your method? \_\_\_\_\_

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611) Does your method have any disadvantages or side effects? What are they? \_\_\_\_\_

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**7. RECOMMEND**

• **Before ending the consultation, did the provider:**

- 701) Schedule a follow-up appointment? 0 = No    1 = Yes
- 702) Tell you to come back if you have any problems, even before the follow-up appointment? 0 = No    1 = Yes
- 703) Refer you for further family planning services, if needed? 9 = NA    0 = No    1 = Yes  
*(for example, for vasectomy or tubal ligation)*
- 704) Refer you for other health services, if needed? 9 = NA    0 = No    1 = Yes

**8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

• **During the consultation did the service provider:**

- 801) Treat you politely? 0 = No    1 = Yes
- 802) Speak clearly? 0 = No    1 = Yes
- 803) Use words you could understand? 0 = No    1 = Yes
- 804) Use a kind and warm tone of voice? 0 = No    1 = Yes
- 805) Listen attentively? 0 = No    1 = Yes

• **Did the service provider use any of the following materials?**

- \* 806) Flip charts 0 = No    1 = Yes
- \* 807) Leaflets 0 = No    1 = Yes

- \* 808) Posters 0 = No    1 = Yes
- \* 809) Contraceptive samples 0 = No    1 = Yes
- \* 810) Anatomical models 0 = No    1 = Yes
- \* 811) Other items: \_\_\_\_\_ 0 = No    1 = Yes

**\* Print Materials**

*(Show the client each project material as you ask about it)*

812) Before coming here, had you ever seen this leaflet? 0 = No    1 = Yes  
*If no, skip to question 819.*

813) Have you read the leaflet? 0 = No    1 = Yes  
*If no, skip to question 815.*

814) What did you learn from the leaflet? *(Multiple responses possible)*

- 814a) Sources of information and services 0 = No    1 = Yes
- 814b) Clarified rumors and misinformation 0 = No    1 = Yes
- 814c) How methods are used 0 = No    1 = Yes
- 814d) Benefits of using modern family planning 0 = No    1 = Yes
- 814e) Other: \_\_\_\_\_ 0 = No    1 = Yes

815) Did you share the leaflet with someone else? 0 = No    1 = Yes

816) Do you still have the leaflet? 0 = No    1 = Yes

817) Did you take any action related to family planning after seeing the leaflet? 0 = No    1 = Yes  
*If no, skip to question 820.*

818) What actions did you take? *(Multiple responses possible)*

- 818a) Came to the clinic for a method 0 = No    1 = Yes
- 818b) Came to the clinic for information 0 = No    1 = Yes
- 818c) Talked to spouse or partner about family planning 0 = No    1 = Yes
- 818d) Talked to friend or relative about family planning 0 = No    1 = Yes
- 818e) Talked to a service provider about family planning 0 = No    1 = Yes
- 818f) Other: \_\_\_\_\_ 0 = No    1 = Yes

**Mass Media**

- \* 819) Have you heard about family planning on the radio in the last 3 months? 0 = No    1 = Yes
- \* 820) Have you heard the program " \_\_\_\_\_ " in the past 3 months? 0 = No    1 = Yes

**Referral Sources**

- 821) Have you talked to your spouse/partner about using a family planning method in the last 3 months? 0 = No    1 = Yes
- \* 822) Did the following media sources influence you to come to the clinic today?  
*(Multiple responses possible)*
  - 822a) " \_\_\_\_\_ " radio program 0 = No    1 = Yes
  - 822b) Another radio program 0 = No    1 = Yes
  - 822c) Television spots or programs 0 = No    1 = Yes
  - 822d) Posters 0 = No    1 = Yes
  - 822e) Organized talks 0 = No    1 = Yes
  - 822f) Newspaper articles 0 = No    1 = Yes
  - 822g) Booklets or leaflets 0 = No    1 = Yes
  - 822h) Dramas or folk songs 0 = No    1 = Yes
  - 822i) Other media: \_\_\_\_\_ 0 = No    1 = Yes

- \*823) Did any of the following people influence you to come to the clinic today?  
*(Multiple responses possible)*
  - 823a) Friends 0 = No    1 = Yes
  - 823b) Spouse or partner 0 = No    1 = Yes
  - 823c) Health worker 0 = No    1 = Yes
  - 823d) CBD worker 0 = No    1 = Yes
  - 823e) Religious leaders 0 = No    1 = Yes
  - 823f) Community leaders 0 = No    1 = Yes
  - 823g) Others: \_\_\_\_\_ 0 = No    1 = Yes

824) Which of these sources—either media or people—was most influential in your coming to the clinic today?  
*Write a number on the line from one of the lists above.* \_\_\_ \_ \_ \_

**9. SATISFACTION WITH SERVICES**

- 901) Are you satisfied with the consultation you had today? 0 = No    1 = Yes
- 902) Would you recommend the service provider you saw today to a friend? 0 = No    1 = Yes

**• Do you believe the service provider who attended you today:**

- 903) Is competent to provide family planning services? 0 = No    1 = Yes
- 904) Would not give you anything harmful? 0 = No    1 = Yes

905) Could be trusted with a secret?

0 = No    1 = Yes

Name of supervisor: \_\_\_\_\_

Review date (in numbers): \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 19 \_\_\_ \_\_\_  
day / month / year





## Chapter II-3

# Instrument for Continuing Family Planning Clients

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## INSTRUCTIONS FOR CONTINUING CLIENT OBSERVATION

Some portions of this instrument apply only to clients who are currently using a family planning method or to clients who are considering adopting a new method. Depending on the client's responses, you may be asked to skip ahead in the questionnaire. Make sure you are familiar with these skip patterns before you start your field work.

Before beginning, make sure the "3-Digit Link Number," located in the top right-hand corner of each page of the questionnaire, has been filled in. (This should be done ahead of time by the supervisor.)

Do not proceed without asking whether the client has ever used any modern family planning method. Continuing clients are defined as those people who have some experience with a modern family planning method, regardless of whether they have attended this facility before. If the client has **never** used a modern method before, use the instrument for new clients instead.

### **1. IDENTIFICATION**

- 101) Copy the 3-digit link number from the top, right-hand corner.
- 102) Write the name of the site exactly as it appears on the list of study sites.
- 103) Copy the 2-digit ID number for the site from the list of study sites.
- 104) Your full name. Please write legibly!
- 105) Copy your ID number from the list of observer/interviewers.
- 106) Circle the CONTINUING CLIENT observation number, for example, "5" for the fifth observation, and so on. Make sure you count only *continuing* clients that *you* have observed at *this* study site. Do not count new clients, clients from other study sites, or clients observed by other researchers.
- 107) At the start of the consultation, write down the exact time in the blanks provided and circle "AM" or "PM." Be sure to time from the very start of the session, that is, from the moment the provider receives the client. Leave question 107b blank until the consultation ends, when you will be reminded to fill it in.
- 108) At the end of the consultation, calculate the length of the session **in minutes**, based on the beginning and ending times recorded in question 107. Do not write "1 hour and 5 minutes" but rather "65."
- 109) At some clinics the client may be seen by more than one service provider. If this is the case, fill out questions 108 through 111.
- 110/114) Clearly write the service provider's name.
- 111/115) Copy the service provider's ID number from the list of service providers.
- 112/116) Circle the service provider's gender.

113/117) Select only **one** category from the list provided, that is, the one category that best identifies the service provider. For instance, if the service provider is a nurse who sometimes counsels clients, circle "yes" for nurse (the provider's primary identity) and "no" for all other categories, including "counselor."

118-122) Self-explanatory.

## **2. GREET**

201) Observe whether the service provider greets the client with "hello," "good morning," "how are you," and so on.

202) Observe whether the service provider makes any welcoming gestures, such as standing up, shaking hands, gesturing for the client to sit down, greeting a baby, and so on. Use your judgment to decide whether the service provider's gestures are friendly and welcoming.

203) Observe whether the service provider uses a respectful form of address when addressing the client, for example, calling the client "Mrs. \_\_\_\_\_" or "Mr. \_\_\_\_\_" rather than using just a first name.

204) Did the provider try to keep the consultation as private as possible? Depending on the setting, this might mean using an empty room, shutting a door, or moving out of earshot of other people.

## **3. ASK**

301) If the client is not currently using a family planning method, skip ahead to question 306.

302-305) The service provider may not discuss these issues in the same order as they are listed, and so be alert when filling out the instrument.

305) If the continuing client is satisfied with his or her current family planning method and does not ask about changing methods, answer "no" here and skip the next section, going instead to question 501. If the continuing client wants to discuss other methods, answer "yes" here and continue on to question 306.

306) Did the provider review the client's medical history?

307) If the client was a woman, did the provider ask whether she was currently breastfeeding? If the client was a man, circle "NA."

308) Did the provider inquire about whether the client lived full-time with a spouse or partner or only saw him or her intermittently?

309) Did the provider ask whether the client wanted to have more children and, if so, when?

310-312) Observe how completely the provider probes the client about their knowledge of and attitudes toward modern family planning.

313) Did the provider check whether the client would be able to read the labels and instructions accompanying a family planning method?

314) Answer "yes" if the client brings up a specific method while talking to the provider, even if the client does

not directly ask about that method. For instance, answer "yes" if the client says, "My neighbor uses the IUD and is satisfied with it."

- 315) Circle "yes" if the client mentions or asks about any particular method(s) either by name or description. The lactational amenorrhea method refers to breastfeeding women who have not resumed menstruating since the birth of their child. These women may not adopt a modern method of family planning, relying instead on the absence of ovulation that accompanies lactational amenorrhea.

#### **4. TELL**

- 401) Circle "yes" for any method that the client seems to have heard about, whether the method is referred to by name or description.
- 402-412) These questions deal with specific methods of family planning, and each has four sections, "a" through "d." Write "0" or "1" in each box depending on whether the topic is discussed. Do not leave any of the boxes blank.
- 413) During your training you will learn to identify misinformation about family planning methods. If you have any questions about what the provider tells the client, write a note to yourself and check with your supervisor.
- 414) These might include a flip chart, poster, leaflet, or contraceptive samples.
- 415/417) These questions assess whether the service provider is presenting all methods equally. If the provider seems to be presenting **any** methods more or less favorably than others, circle "yes."
- 416/418) You may circle "yes" for more than one method.
- 419-420) Make sure that you understand the difference between the service provider presenting a method favorably and actually recommending that a client adopt it. Does the service provider directly suggest that a client choose a particular method?

#### **5. HELP**

- 501-508) The service provider may address these issues in any order, and so be alert. It will help if you are familiar with the questions ahead of time.
- 506) If the client does not express any concerns about using modern family planning, circle "NA."
- 508) If the client is not misinformed, circle "NA."
- 509) If the client is not currently using a family planning method, circle "NA" and skip to question 511. If the client does currently use a method but decides to change methods, circle "yes" and continue on to the next question. (Remember that this may be a method that she or he cannot get right away, such as tubal ligation or vasectomy.) If the client decides to continue using her or his current method, answer "no" here and skip ahead to question 609.
- 510-512) Self-explanatory.
- 513) The client may choose more than one method, but mark "yes" for only **one** method here, the main method that the client will be relying on in the future.
- 514) In some cases the service provider may refuse to give a client the chosen method, perhaps because of

her breastfeeding status, a health problem, or because the provider could not be certain the client was not pregnant. In other cases, there may be a delay before the client can receive the chosen method, for example, because she must be referred to another facility to receive a tubal ligation. In both of these circumstances, circle "no."

- 515) Be as specific as possible in recording the reason. For example, if the clinic has temporarily run out of supplies of the pill, mark "Out of stock" rather than "Method not available today."
- 516) Do **not** record all methods with which the client has had experience. Answer "yes" only for the last method or combination of methods that the client used before this meeting with the provider.

## **6. EXPLAIN**

- 601-607) The client may choose or receive more than one method. Answer these questions for only **one** method, however—the method that the client primarily will rely on in the future. Also, be alert because the service provider may raise these issues in a different order.
- 602) If the method is administered by a provider (for example, the IUD or injectable), circle "NA."
- 608) If the client receives a new method that day, circle "NA."

## **7. RECOMMEND**

- 701-702) These questions refer only to methods that the client actually takes home from the clinic today. This may be different from the method that the client chooses. For instance, the client who chooses a vasectomy and is referred elsewhere may be given condoms to use until the procedure.
- 703-704) Self-explanatory.
- 705) If the client does not need further family planning services, circle "NA."
- 706) During the course of the consultation, the service provider may discover that the client has another health problem, such as high blood pressure. Circle "yes" if the service provider makes the appropriate referral, "no" if the service provider does not to make the referral, and "NA" if the client does not need other health services.

## **8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

- 801-805) The goal of these questions is to assess how well the service provider communicates with the client throughout the **entire** consultation. Think back over the consultation and judge the service provider's overall performance.
- 806-811) These questions refer to **any** family planning materials, not just those materials produced by the project.
- 812-813) These questions refer only to the project materials of which you have been given samples. Make sure you are familiar with these materials so that you can recognize them easily during the consultation.

# INSTRUCTIONS FOR CONTINUING CLIENT INTERVIEW

Before beginning, make sure the "3-Digit Link Number," located in the top right-hand corner of each page of the questionnaire, has been filled in. (This should be done ahead of time by the supervisor.)

## 1. IDENTIFICATION

- 101) Write the client's name clearly, putting the first name on the top line and the last name underneath.
- 102) Mark the client's **primary** reason for attending the clinic. Be sure that you understand the difference between a client wanting counseling about family planning methods and coming with the intention of changing her or his method.
- 103) Record the client's age in years at her or his last birthday.
- 104) Record the highest level of education that the client **completed**. For instance, if the client began but did not finish secondary school, write down "1" for primary education.
- 105-106) Self-explanatory.
- 107) Note that the wording of this question depends on the sex of the client. Make sure that you ask the client the correct question. Regardless of whether the client is a woman or a man, you should record the response in the same place, circling "no" or "yes" as appropriate.
- 108) Write down whatever number the client tells you. Do not make an issue of whether stillbirths or other children who have died are included in this number.

## 2. GREET

- 201-204) If you observed the consultation, it may be tempting to record what you saw rather than what the client says. Remember that you are recording the client's perceptions of the consultation here, not your own. Always accept the client's answer, even if differs from what you observed.

## 3. ASK

- 301) If the client is not currently using a family planning method, skip ahead to question 306.
- 302-304) Read these questions to the client exactly as written, and circle the answer you are given.
- 305) If the continuing client was not interested in changing methods today, answer "no" here and skip ahead to question 501. If the continuing client wanted at least to consider changing methods, answer "yes" here and continue on to question 307.
- 306-313) The service provider may not discuss the issues covered in these questions in the same order as they are listed, and so be alert when filling out the instrument.
- 307) If the client is a man, skip the question and circle "NA." If the client is a woman, ask the question and circle the answer given.

#### **4. TELL**

- 401-402) Do not prompt the client with the names of any family planning methods. Simply circle the methods that she or he remembers spontaneously, whether by name or description. The lactational amenorrhea method refers to breastfeeding women who have not resumed menstruating since the birth of their child. These women may not adopt a modern method of family planning, relying instead on the absence of ovulation that accompanies lactational amenorrhea.
- 403) Prompt the client with the name of each method, and circle the appropriate answer.
- 404) Self-explanatory.
- 405/407) Read these questions exactly as written, and circle the answers you are given.
- 406/408) After reading the question, prompt the client with the name of each method. The provider may have presented multiple methods more or less favorably, and so the client may answer "yes" more than once.
- 409) Read this question exactly as written, and circle the answer you are given.
- 410) After reading the question, prompt the client with the name of each method. The client may respond "yes" to more than one method.

#### **5. HELP**

- 501-505) Read these questions exactly as written, and circle the answers you are given.
- 506) If the client never expressed to the provider any concerns about using a modern family planning method, circle "NA."
- 507) If the client says there was no physical exam, circle "NA."
- 508) If the client is not currently using a family planning method, circle "NA" and skip ahead to question 510. If the client decides to adopt a new method, answer "yes" here and continue on to the next question. Remember that this may be a method that she or he cannot get that day, such as tubal ligation or vasectomy. If the client decides not to change methods, answer "no" here and skip ahead to question 608.
- 509-511) Self-explanatory.
- 512) Do not read the list of methods; let the client answer spontaneously. If the client lists more than one method, follow up by asking, "Which one is the main method you chose?" Mark "yes" for only one method.
- 513) This question refers to the main method chosen, that is, the one marked "yes" in question 512.
- 514) Match the client's explanation as closely as possible with the list of answers given. If it does not fit any of the first six categories, choose "other" and write the reason in the blank space.

#### **6. EXPLAIN**

- 601-607) Explain to the client that you want to ask about the instructions that the service provider gave **after** the client chose or was given a new method. If more than one method was chosen or received, tell the client you are asking only about the method the client primarily will rely on in the future.
- 602) If the method chosen is administered by a provider (for example, the IUD or injection), circle "NA."
- 608) If the client can begin using the primary method that same day, circle "NA."
- 609-611) Write down the client's own words in answer to these questions. Do not paraphrase or summarize her or his answer. If the client talks at length, write down the most important phrases or sentences.

## **7. RECOMMEND**

- 701-702) These questions refer only to methods that the client actually takes home from the clinic today. This may be different from the method that the client chooses. For instance, the client who chooses a vasectomy and is referred elsewhere may be given condoms to use until the procedure.
- 703-704) Self-explanatory.
- 705) If the client does not need further family planning services, circle "NA."
- 706) If the provider did not discover any health problems in the client, circle "NA."

## **8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

- 801-805) Remember: you are interested in the **client's** perceptions of how the service provider communicated, not your own. Record whatever the client answers, no matter what you may have observed yourself.
- 806-811) These questions refer to **any** family planning materials that may be available to the provider, not just those materials produced by the project.
- 812-818) These questions refer to one of the sample project materials you were given. Show the client the leaflet as you ask the questions.
- 814/818) Read the list of answers to the client and circle "yes" or "no" for each one. Make sure the client understands that she or he may respond "yes" to more than one answer.
- 819) Self-explanatory.
- 820) This question refers to a specific mass-media program, which you must mention by name.
- 821) Self-explanatory.
- 822-823) Read the list of answers to the client and circle "yes" or "no" for each one. Make sure the client understands that she or he may respond "yes" to more than one answer.
- 824) This question refers back to the media sources and people listed in questions 822 and 823. Write down the number of the answer from one of those lists. For example, if a client says she or he came to clinic after hearing an organized talk, write down "822e." If a client reports that her spouse persuaded her to come, write down "823b."

## **9. SATISFACTION WITH SERVICES**

901-905) Make sure the client understands that his or her answers to these questions will be kept completely confidential and will not be shared with the service provider.



**INSTRUMENT FOR CONTINUING FAMILY PLANNING CLIENTS  
PART ONE: OBSERVATION SECTION**

**Note to observer: Before proceeding with this questionnaire, answer the question below:**

Has the client ever used any contraceptive method? 0 = No    1 = Yes

If yes, proceed with this questionnaire.  
If no, stop here and use the instrument for new clients instead.

**How to fill out this questionnaire:**

*If there is a choice of answers, circle the appropriate answer(s).*

*If there is a dashed line, write the correct number neatly on the dashed line.*

*If there is a blank line, print the answer neatly on the line.*

**1. IDENTIFICATION**

101) 3-digit link number (from top of page) \_\_\_ \_ \_

102) Name of site \_\_\_\_\_

103) Study site ID number \_\_\_ \_

104) Name of observer \_\_\_\_\_

105) Observer ID number \_\_\_ \_

106) Observation number 1 2 3 4 5 6 7 8 9 10

107) At what time did the consultation:

107a) Begin? \_\_\_ : \_\_\_ AM/PM

107b) End? \_\_\_ : \_\_\_ AM/PM

108) Length of consultation in minutes \_\_\_ \_

**Service Provider Information**

\* 109) Are there two service providers counseling the client? 0 = No    1 = Yes  
*If no, skip to question 114.*

110) Name of service provider \_\_\_\_\_

\* Asterisks indicate questions and responses that must be revised to reflect local conditions.

**Continuing Clients—Observation**

**3-Digit Link Number** \_\_\_ \_\_ \_

111) Service provider ID number

112) Sex of service provider

0 = Male 1 = Female

\* 113) Type of service provider

113a) CBD worker

0 = No 1 = Yes

113d) Counselor

0 = No 1 = Yes

113b) Registered nurse

0 = No 1 = Yes

113e) Medical doctor

0 = No 1 = Yes

113c) Enrolled nurse

0 = No 1 = Yes

113f) Other: \_\_\_\_\_

0 = No 1 = Yes

114) Name of service provider \_\_\_\_\_

115) Service provider ID number

\_\_\_ \_\_ \_

116) Sex of service provider

0 = Male 1 = Female

\* 117) Type of service provider

117a) CBD worker

0 = No 1 = Yes

117d) Counselor

0 = No 1 = Yes

117b) Registered nurse

0 = No 1 = Yes

117e) Medical doctor

0 = No 1 = Yes

117c) Enrolled nurse

0 = No 1 = Yes

117f) Other: \_\_\_\_\_

0 = No 1 = Yes

**Session and Client Information**

118) Was the consultation audiotaped or videotaped?

0 = No 1 = Yes

119) Sex of client

0 = Male 1 = Female

\* 120) Today's date (in numbers)

\_\_\_/\_\_\_/19\_\_\_  
day / month / year

121) Did a spouse/partner attend the consultation?

0 = No 1 = Yes

\* 122) Language of interview \_\_\_\_\_

**2. GREET**

● **At the beginning of the consultation, did the service provider:**

201) Greet the client?

0 = No 1 = Yes

\* 202) Make any welcoming gestures?

0 = No 1 = Yes

\* 203) Address the client respectfully?

0 = No 1 = Yes

\* 204) Arrange for privacy?

0 = No 1 = Yes

**3. ASK**

301) Is the client currently using a family planning method?

0 = No 1 = Yes

*If no, skip to question 306.*

● **Did the service provider ask current users about:**

- 302) Problems with the client's current family planning method? 0 = No 1 = Yes
- 303) Satisfaction with the current family planning method? 0 = No 1 = Yes
- 304) Any changes in childbearing plans? 0 = No 1 = Yes
- 305) Did the client express interest in changing methods today?  
*If no, skip to question 501.* 0 = No 1 = Yes

● **Did the service provider ask clients about:**

- 306) Medical history? 0 = No 1 = Yes
- 307) Breastfeeding status? 9 = NA 0 = No 1 = Yes
- 308) Living arrangement with partner? 0 = No 1 = Yes
- 309) Future childbearing plans? 0 = No 1 = Yes
- 310) Previous family planning experience? 0 = No 1 = Yes
- 311) Interest in a particular family planning method? 0 = No 1 = Yes
- 312) Feelings about using a modern method? 0 = No 1 = Yes
- 313) Client's ability to read? 0 = No 1 = Yes

● **During the consultation did the client:**

- 314) Express interest in a specific method?  
*If no, skip to question 401.* 0 = No 1 = Yes

\* 315) Which method(s) interested the client? *(Multiple responses possible)*

- |                  |        |         |                               |        |         |
|------------------|--------|---------|-------------------------------|--------|---------|
| 315a) Pill       | 0 = No | 1 = Yes | 315g) Tubal ligation          | 0 = No | 1 = Yes |
| 315b) Injectable | 0 = No | 1 = Yes | 315h) Vasectomy               | 0 = No | 1 = Yes |
| 315c) IUD        | 0 = No | 1 = Yes | 315i) Norplant                | 0 = No | 1 = Yes |
| 315d) Foam       | 0 = No | 1 = Yes | 315j) Natural Family Planning | 0 = No | 1 = Yes |
| 315e) Diaphragm  | 0 = No | 1 = Yes | 315k) Lactational amenorrhea  | 0 = No | 1 = Yes |
| 315f) Condom     | 0 = No | 1 = Yes |                               |        |         |

**4. TELL**

- \* 401) Did the client state that she or he knew about any of these methods before coming to the consultation?  
*(Multiple responses possible)*

- 401a) Pill                                    0 = No     1 = Yes     401g) Tubal ligation                    0 = No     1 = Yes
- 401b) Injectable                         0 = No     1 = Yes     401h) Vasectomy                         0 = No     1 = Yes
- 401c) IUD                                    0 = No     1 = Yes     401i) Norplant                             0 = No     1 = Yes
- 401d) Foam                                  0 = No     1 = Yes     401j) Natural Family Planning        0 = No     1 = Yes
- 401e) Diaphragm                         0 = No     1 = Yes     401k) Lactational amenorrhea        0 = No     1 = Yes
- 401f) Condom                              0 = No     1 = Yes

• **During the consultation did the service provider discuss each of these topics?**

Write 0 or 1 in each box:            0 = Not discussed  
     1 = Discussed

	How it is used or given	How it works	Advantages	Disadvantages
402) Pill	402a)	402b)	402c)	402d)
403) Injectable	403a)	403b)	403c)	403d)
404) IUD	404a)	404b)	404c)	404d)
405) Foam	405a)	405b)	405c)	405d)
406) Diaphragm	406a)	406b)	406c)	406d)
407) Condom	407a)	407b)	407d)	407d)
408) Tubal ligation	408a)	408b)	408c)	408d)
409) Vasectomy	409a)	409b)	409c)	409d)
410) Norplant	410a)	410b)	410c)	410d)
411) Natural Family Planning	411a)	411b)	411c)	411d)
412) Lactational amenorrhea	412a)	412b)	412c)	412d)

413) Did the service provider give any misinformation about the methods?                                    0 = No     1 = Yes

414) Did the service provider use any visual materials while describing the methods?                                    0 = No     1 = Yes

• **During the consultation did the service provider:**

415) Present some methods more favorably than others?                                    0 = No     1 = Yes  
*If no, skip to question 417.*

\* 416) Which method(s) were presented more favorably? *(Multiple responses possible)*

416a) Pill	0 = No	1 = Yes	416g) Tubal ligation	0 = No	1 = Yes
416b) Injectable	0 = No	1 = Yes	416h) Vasectomy	0 = No	1 = Yes
416c) IUD	0 = No	1 = Yes	416i) Norplant	0 = No	1 = Yes
416d) Foam	0 = No	1 = Yes	416j) Natural Family Planning	0 = No	1 = Yes
416e) Diaphragm	0 = No	1 = Yes	416k) Lactational amenorrhea	0 = No	1 = Yes
416f) Condom	0 = No	1 = Yes			

● **During the consultation, did the service provider:**

417) Present some methods less favorably than others? 0 = No    1 = Yes  
*If no, skip to question 419.*

\* 418) Which method(s) were presented less favorably? *(Multiple responses possible)*

418a) Pill	0 = No	1 = Yes	418g) Tubal ligation	0 = No	1 = Yes
418b) Injectable	0 = No	1 = Yes	418h) Vasectomy	0 = No	1 = Yes
418c) IUD	0 = No	1 = Yes	418i) Norplant	0 = No	1 = Yes
418d) Foam	0 = No	1 = Yes	418j) Natural Family Planning	0 = No	1 = Yes
418e) Diaphragm	0 = No	1 = Yes	418k) Lactational amenorrhea	0 = No	1 = Yes
418f) Condom	0 = No	1 = Yes			

419) Did the service provider recommend any of the methods? 0 = No    1 = Yes  
*If no, skip to question 501.*

\* 420) Which method(s) were recommended? *(Multiple responses possible)*

420a) Pill	0 = No	1 = Yes	420g) Tubal ligation	0 = No	1 = Yes
420b) Injectable	0 = No	1 = Yes	420h) Vasectomy	0 = No	1 = Yes
420c) IUD	0 = No	1 = Yes	420i) Norplant	0 = No	1 = Yes
420d) Foam	0 = No	1 = Yes	420j) Natural Family Planning	0 = No	1 = Yes
420e) Diaphragm	0 = No	1 = Yes	420k) Lactational amenorrhea	0 = No	1 = Yes
420f) Condom	0 = No	1 = Yes			

**5. HELP**

● **During the consultation, did the service provider:**

501) Discuss the client's health? 0 = No    1 = Yes

502) Discuss the client's motivation for seeking services? 0 = No    1 = Yes

503) Find out the attitude of the client's partner(s) toward using family planning or toward changing methods? 0 = No    1 = Yes

504) Show understanding of the client's family planning needs? 0 = No    1 = Yes

505) Ask what worried the client about using a modern family planning method? 0 = No    1 = Yes

- 506) Acknowledge and respond to the client's concerns, if any? 9 = NA 0 = No 1 = Yes
- 507) Find out if the client was misinformed about family planning? 0 = No 1 = Yes
- 508) Clarify the client's family planning misinformation, if any? 9 = NA 0 = No 1 = Yes

● **Choosing a Method**

**Note to observer: Carefully consider the answer to this question, and follow the appropriate instructions to determine which question comes next.**

**509) Did the client decide to change family planning methods today? 9 = NA 0 = No 1 = Yes**

**If the client is not currently using a family planning method, answer "NA" to question 509 and skip to question 511.**

**If the client is a current user but decides to change methods today, answer "yes" to question 509 and continue on to question 510.**

**If the client decides to continue using her or his current method, answer "no" to question 509 and skip to question 609.**

510) Did the service provider discuss the reason for changing methods with the client? 0 = No 1 = Yes

511) Did the service provider discuss reasons that some methods might not be appropriate for the client? 0 = No 1 = Yes

512) Did the service provider encourage the client to participate in choosing the method? 0 = No 1 = Yes

\* 513) Which method did the client choose? (*List only main method chosen*)

- |                  |        |         |                               |        |         |
|------------------|--------|---------|-------------------------------|--------|---------|
| 513a) Pill       | 0 = No | 1 = Yes | 513g) Tubal ligation          | 0 = No | 1 = Yes |
| 513b) Injectable | 0 = No | 1 = Yes | 513h) Vasectomy               | 0 = No | 1 = Yes |
| 513c) IUD        | 0 = No | 1 = Yes | 513i) Norplant                | 0 = No | 1 = Yes |
| 513d) Foam       | 0 = No | 1 = Yes | 513j) Natural Family Planning | 0 = No | 1 = Yes |
| 513e) Diaphragm  | 0 = No | 1 = Yes | 513k) Lactational amenorrhea  | 0 = No | 1 = Yes |
| 513f) Condom     | 0 = No | 1 = Yes |                               |        |         |

514) Was the chosen method given to the client today? 0 = No 1 = Yes  
*If yes, skip to question 516.*

515) If no, what was the reason? \_\_\_\_\_

- 1 = Health reasons
- 2 = Method not available today at this facility
- 3 = Method never available at this facility

- 4 = Out of stock
- 5 = Told to return during menses
- 6 = Told to talk to spouse/partner
- 7 = Other: \_\_\_\_\_

\* 516) What method(s) did the client use most recently before today? *(Multiple responses possible)*

516a) Pill	0 = No	1 = Yes	516g) Tubal ligation	0 = No	1 = Yes
516b) Injectable	0 = No	1 = Yes	516h) Vasectomy	0 = No	1 = Yes
516c) IUD	0 = No	1 = Yes	516i) Norplant	0 = No	1 = Yes
516d) Foam	0 = No	1 = Yes	516j) Natural Family Planning	0 = No	1 = Yes
516e) Diaphragm	0 = No	1 = Yes	516k) Lactational amenorrhea	0 = No	1 = Yes
516f) Condom	0 = No	1 = Yes			

**6. EXPLAIN**

● After the client chose or received a new family planning method, did the service provider:

601) Explain how to use or obtain the new method?	0 = No	1 = Yes
602) Demonstrate how to use the new method correctly?	9 = NA	0 = No 1 = Yes
603) Explain how the method works?	0 = No	1 = Yes
604) Use any visual aids to help explain the new method?	0 = No	1 = Yes
605) Explain how to deal with possible problems related to its use?	0 = No	1 = Yes
606) Explain possible side effects of the method?	0 = No	1 = Yes
607) Ask the client to repeat important instructions?	0 = No	1 = Yes
608) Give a "back-up" family planning method, if needed?	9 = NA	0 = No 1 = Yes

**7. RECOMMEND**

701) Did the client leave with a method? <i>If no, skip to question 703.</i>	0 = No	1 = Yes
---	--------	---------

\* 702) What method(s) did the client leave with today? *(Multiple responses possible)*

702a) Pill	0 = No	1 = Yes	702g) Tubal ligation	0 = No	1 = Yes
702b) Injectable	0 = No	1 = Yes	702h) Vasectomy	0 = No	1 = Yes
702c) IUD	0 = No	1 = Yes	702i) Norplant	0 = No	1 = Yes
702d) Foam	0 = No	1 = Yes	702j) Natural Family Planning	0 = No	1 = Yes
702e) Diaphragm	0 = No	1 = Yes	702k) Lactational amenorrhea	0 = No	1 = Yes
702f) Condom	0 = No	1 = Yes			

● Before ending the consultation, did the service provider:

**Continuing Clients—Observation**

**3-Digit Link Number** \_\_\_ \_\_ \_

- |  |               |         |
|--|---------------|---------|
| 703) Schedule a follow-up appointment?   | 0 = No        | 1 = Yes |
| 704) Tell the client to come back for any problems, even before the follow-up appointment?                                       | 0 = No        | 1 = Yes |
| 705) Refer the client for further family planning services, if needed?<br><i>(for example, for vasectomy and tubal ligation)</i> | 9 = NA 0 = No | 1 = Yes |
| 706) Refer the client for other health services, if needed?  | 9 = NA 0 = No | 1 = Yes |

**8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

**• During the consultation did the service provider:**

- |  |        |         |
|--|--------|---------|
| 801) Treat the client politely?            | 0 = No | 1 = Yes |
| 802) Speak clearly?                        | 0 = No | 1 = Yes |
| 803) Use words that the client understood? | 0 = No | 1 = Yes |
| 804) Use a kind and warm tone of voice?    | 0 = No | 1 = Yes |
| 805) Listen attentively?                   | 0 = No | 1 = Yes |

**• Did the service provider use any of the following materials?**

- |                              |        |         |
|------------------------------|--------|---------|
| * 806) Flip charts           | 0 = No | 1 = Yes |
| * 807) Leaflets              | 0 = No | 1 = Yes |
| * 808) Posters               | 0 = No | 1 = Yes |
| * 809) Contraceptive samples | 0 = No | 1 = Yes |
| * 810) Anatomical models     | 0 = No | 1 = Yes |
| * 811) Other items: _____    | 0 = No | 1 = Yes |

**• Did the service provider use or show any of these project materials?**

*(Compare with sample materials)*

- \* 812) *[List here the materials distributed by your project.]*

**• Did the service provider give the client any of these project materials?**

*(Compare with sample materials)*

- \* 813) *[List here the materials distributed by your project.]*



**END OF OBSERVATION**

**Check the time,**

**and then complete questions 107 and 108 on the first page of the observation guide.**

**Then proceed with the interview, if applicable.**

**INSTRUMENT FOR CONTINUING FAMILY PLANNING CLIENTS  
PART TWO: INTERVIEW SECTION**

**1. IDENTIFICATION**

101) Client's given name: \_\_\_\_\_

Surname: \_\_\_\_\_

102) Why did you visit the clinic and/or see a service provider today? \_\_\_\_\_

- 1 = To get counseling about family planning methods
- 2 = To discontinue a family planning method
- 3 = To be resupplied with contraceptives
- 4 = To change my family planning method
- 5 = To deal with side effects
- 6 = Other: \_\_\_\_\_

103) What is your age in years? \_\_\_\_\_

\* 104) What level of education have you completed? \_\_\_\_\_

- 0 = None
- 1 = Primary
- 2 = Secondary
- 3 = Higher education/university
- 9 = Don't know/No answer

\* 105) What is your religion? \_\_\_\_\_

- 1 = Catholic
- 2 = Protestant
- 3 = Muslim
- 4 = Traditional
- 5 = Other: \_\_\_\_\_

106) What is your marital status? \_\_\_\_\_

*If the answer is 1, continue to question 107.  
Otherwise, skip to question 108.*

- 0 = Single
- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widowed
- 5 = Other: \_\_\_\_\_
- 6 = No answer

\* 107) Ask one of the following questions, depending on the client's gender.

*For a woman:* Are you the only wife? 0 = No 1 = Yes  
*For a man:* Do you have only one wife?

108) How many children do you have? \_\_\_\_\_

**2. GREET**

● **At the beginning of the consultation, did the service provider:**

201) Greet you? 0 = No 1 = Yes

\* 202) Make any welcoming gestures, such as \_\_\_\_\_? 0 = No 1 = Yes

\* 203) Address you respectfully? 0 = No 1 = Yes

\* 204) Arrange for privacy? 0 = No 1 = Yes

**3. ASK**

301) Are you currently using a method of family planning? 0 = No 1 = Yes  
*If no, skip to question 306.*

● **During the consultation, did the service provider ask:**

302) If you have had any problems with your current family planning method? 0 = No 1 = Yes

303) If you are satisfied with your current family planning method? 0 = No 1 = Yes

304) Whether you plan to have more children? 0 = No 1 = Yes

305) Did you express interest in changing methods today? 0 = No 1 = Yes  
*If no, skip to question 501.*

● **During the consultation, did the service provider ask:**

306) About your medical history? 0 = No 1 = Yes

307) Whether you were breastfeeding? 9 = NA 0 = No 1 = Yes

308) How much of the time you and your partner live together? 0 = No 1 = Yes

309) Whether you plan to have more children? 0 = No 1 = Yes

310) What kind of family planning you have used before? 0 = No 1 = Yes

311) If you were interested in using any particular family planning method? 0 = No 1 = Yes

312) If you were worried about using a modern method? 0 = No 1 = Yes

313) If you are able to read? 0 = No 1 = Yes

**4. TELL**

\* 401) Which family planning methods are there for you to choose from?  
*Do not prompt client with names of methods. Circle all methods mentioned by name or description.*

- |            |                |                         |
|------------|----------------|-------------------------|
| Pill       | Diaphragm      | Norplant                |
| Injectable | Condom         | Natural Family Planning |
| IUD        | Tubal ligation | Lactational amenorrhea  |
| Foam       | Vasectomy      |                         |

\* 402) Which family planning methods did the service provider talk about today?  
*Do not prompt client with names of methods. Circle all methods mentioned by name or description.*

- |            |                |                         |
|------------|----------------|-------------------------|
| Pill       | Diaphragm      | Norplant                |
| Injectable | Condom         | Natural Family Planning |
| IUD        | Tubal ligation | Lactational amenorrhea  |
| Foam       | Vasectomy      |                         |

\* 403) Which methods did you know about before coming to the consultation today?  
*(Multiple responses possible)*

- |                  |        |         |                               |        |         |
|------------------|--------|---------|-------------------------------|--------|---------|
| 403a) Pill       | 0 = No | 1 = Yes | 403g) Tubal ligation          | 0 = No | 1 = Yes |
| 403b) Injectable | 0 = No | 1 = Yes | 403h) Vasectomy               | 0 = No | 1 = Yes |
| 403c) IUD        | 0 = No | 1 = Yes | 403i) Norplant                | 0 = No | 1 = Yes |
| 403d) Foam       | 0 = No | 1 = Yes | 403j) Natural Family Planning | 0 = No | 1 = Yes |
| 403e) Diaphragm  | 0 = No | 1 = Yes | 403k) Lactational amenorrhea  | 0 = No | 1 = Yes |
| 403f) Condom     | 0 = No | 1 = Yes |                               |        |         |

404) Did the service provider use any visual materials while describing the methods? 0 = No 1 = Yes

• **During the consultation did the service provider:**

405) Present some methods more favorably than others? 0 = No 1 = Yes  
*If no, skip to question 407.*

406) Which methods were presented more favorably? *(Multiple responses possible)*

- |                  |        |         |                               |        |         |
|------------------|--------|---------|-------------------------------|--------|---------|
| 406a) Pill       | 0 = No | 1 = Yes | 406g) Tubal ligation          | 0 = No | 1 = Yes |
| 406b) Injectable | 0 = No | 1 = Yes | 406h) Vasectomy               | 0 = No | 1 = Yes |
| 406c) IUD        | 0 = No | 1 = Yes | 406i) Norplant                | 0 = No | 1 = Yes |
| 406d) Foam       | 0 = No | 1 = Yes | 406j) Natural Family Planning | 0 = No | 1 = Yes |
| 406e) Diaphragm  | 0 = No | 1 = Yes | 406k) Lactational amenorrhea  | 0 = No | 1 = Yes |
| 406f) Condom     | 0 = No | 1 = Yes |                               |        |         |

• **During the consultation did the service provider:**

407) Present some methods less favorably than others? 0 = No 1 = Yes  
*If no, skip to question 409.*

\* 408) Which methods were presented less favorably? *(Multiple responses possible)*

408a) Pill	0 = No	1 = Yes	408g) Tubal ligation	0 = No	1 = Yes
408b) Injectable	0 = No	1 = Yes	408h) Vasectomy	0 = No	1 = Yes
408c) IUD	0 = No	1 = Yes	408i) Norplant	0 = No	1 = Yes
408d) Foam	0 = No	1 = Yes	408j) Natural Family Planning	0 = No	1 = Yes
408e) Diaphragm	0 = No	1 = Yes	408k) Lactational amenorrhea	0 = No	1 = Yes
408f) Condom	0 = No	1 = Yes			

409) Did the service provider recommend any of the methods?  
*If no, skip to question 501.* 0 = No 1 = Yes

\* 410) Which methods were recommended? *(Multiple responses possible)*

410a) Pill	0 = No	1 = Yes	410g) Tubal ligation	0 = No	1 = Yes
410b) Injectable	0 = No	1 = Yes	410h) Vasectomy	0 = No	1 = Yes
410c) IUD	0 = No	1 = Yes	410i) Norplant	0 = No	1 = Yes
410d) Foam	0 = No	1 = Yes	410j) Natural Family Planning	0 = No	1 = Yes
410e) Diaphragm	0 = No	1 = Yes	410k) Lactational amenorrhea	0 = No	1 = Yes
410f) Condom	0 = No	1 = Yes			

**5. HELP**

• **During the consultation did the service provider:**

501) Discuss your health?	0 = No	1 = Yes
502) Discuss your motivation for seeking services today?	0 = No	1 = Yes
503) Find out the attitude of your spouse/partner toward using a family planning method and toward changing methods?	0 = No	1 = Yes
504) Show understanding of your family planning needs?	0 = No	1 = Yes
505) Ask what worried you about using a modern family planning method?	0 = No	1 = Yes
506) Acknowledge and respond to your concerns, if any?	9 = NA 0 = No	1 = Yes
507) Explain the results of your physical examination?	9 = NA 0 = No	1 = Yes

- Choosing a Method

**Note to interviewer: Carefully consider the client's answer to this question, and follow the appropriate instructions to determine which question comes next.**

**508) Did you decide to change family planning methods today? 9 = NA 0 = No 1 = Yes**

**If the client is not currently using a family planning method, answer "NA" to question 508 and skip to question 510.**

**If the client is a current user but decided to change methods today, answer "yes" to question 508 and continue on to question 509.**

**If the client decided to continue using her or his current method, answer "no" to question 508 and skip to question 608.**

509) Did the service provider discuss the reason for changing methods with you? 0 = No 1 = Yes

510) Did the service provider discuss reasons that some methods might not be appropriate for you? 0 = No 1 = Yes

511) Did the service provider encourage you to participate in choosing a method? 0 = No 1 = Yes

\* 512) Which method did you choose? (*List only main method chosen*)

512a) Pill	0 = No	1 = Yes	512g) Tubal ligation	0 = No	1 = Yes
512b) Injectable	0 = No	1 = Yes	512h) Vasectomy	0 = No	1 = Yes
512c) IUD	0 = No	1 = Yes	512i) Norplant	0 = No	1 = Yes
512d) Foam	0 = No	1 = Yes	512j) Natural Family Planning	0 = No	1 = Yes
512e) Diaphragm	0 = No	1 = Yes	512k) Lactational amenorrhea	0 = No	1 = Yes
512f) Condom	0 = No	1 = Yes			

513) Did you receive your chosen method today? 0 = No 1 = Yes  
*If yes, skip to question 601.*

514) If not, what was the main reason? \_\_\_\_\_

- 1 = Health reasons
- 2 = Method not available today at this facility
- 3 = Method never available at this facility
- 4 = Out of stock
- 5 = Told to return during menses
- 6 = Told to talk to spouse/partner
- 7 = Other: \_\_\_\_\_

## **6. EXPLAIN**

• After you chose or were given a new family planning method, did the service provider:

- 601) Explain how to use or obtain the new method? 0 = No    1 = Yes
- 602) Demonstrate how to use the new method? 9 = NA    0 = No    1 = Yes
- 603) Explain how the method works? 0 = No    1 = Yes
- 604) Use any visual aids to help explain the method? 0 = No    1 = Yes
- 605) Explain how to deal with possible problems related to its use? 0 = No    1 = Yes
- 606) Explain possible side effects? 0 = No    1 = Yes
- 607) Ask you to repeat important instructions? 0 = No    1 = Yes
- 608) Give you a "back-up" family planning method? 9 = NA    0 = No    1 = Yes

609) How will you use your new method? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

610) What are the advantages of your new method? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

611) Does your new method have any disadvantages or side effects? What are they? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. RECOMMEND**

- 701) Did you leave with a method today? 0 = No    1 = Yes  
*If no, skip to question 703.*
- \* 702) With what method(s) did you leave? *(Multiple responses possible)*
- 702a) Pill 0 = No    1 = Yes 702g) Tubal ligation 0 = No    1 = Yes
- 702b) Injectable 0 = No    1 = Yes 702h) Vasectomy 0 = No    1 = Yes
- 702c) IUD 0 = No    1 = Yes 702i) Norplant 0 = No    1 = Yes

702d) Foam	0 = No	1 = Yes	702j) Natural Family Planning	0 = No	1 = Yes
702e) Diaphragm	0 = No	1 = Yes	702k) Lactational amenorrhea	0 = No	1 = Yes
702f) Condom	0 = No	1 = Yes			

● **Before ending the consultation, did the service provider:**

703) Schedule a follow-up appointment?		0 = No	1 = Yes
704) Tell you to come back if you have any problems, even before the follow-up appointment?		0 = No	1 = Yes
705) Refer you for further family planning services, if needed? (for IUD, injectable, vasectomy, tubal ligation, Norplant)	9 = NA	0 = No	1 = Yes
706) Refer you for other health services, if needed?	9 = NA	0 = No	1 = Yes

**8. INTERPERSONAL COMMUNICATION SKILLS AND USE OF MATERIALS**

● **During the consultation did the service provider:**

801) Treat you politely?		0 = No	1 = Yes
802) Speak clearly?		0 = No	1 = Yes
803) Use words which you understood?		0 = No	1 = Yes
804) Use a kind and warm tone of voice?		0 = No	1 = Yes
805) Listen attentively?		0 = No	1 = Yes

● **Did the service provider use any of the following materials?**

* 806) Flip charts		0 = No	1 = Yes
* 807) Leaflets		0 = No	1 = Yes
* 808) Posters		0 = No	1 = Yes
* 809) Contraceptive samples		0 = No	1 = Yes
* 810) Anatomical models		0 = No	1 = Yes
* 811) Other items: _____			

\* **Print Materials**

*(Show the client each project material as you ask about it.)*

812) Before coming here today, had you ever seen this leaflet? <i>If no, skip to question 819.</i>		0 = No	1 = Yes
---	--	--------	---------



**Continuing Clients—Interview**

**3-Digit Link Number** \_\_\_ \_\_ \_

- 813) Have you read the leaflet?  
*If no, skip to question 815.* 0 = No 1 = Yes
- 14) What did you learn from the leaflet? *(Multiple responses possible)*
- 814a) Sources of information and services 0 = No 1 = Yes
  - 814b) Clarified rumors and misinformation 0 = No 1 = Yes
  - 814c) How methods are used 0 = No 1 = Yes
  - 814d) Benefits of using modern family planning 0 = No 1 = Yes
  - 814e) Other: \_\_\_\_\_ 0 = No 1 = Yes
- 815) Did you share the leaflet with someone else? 0 = No 1 = Yes
- 816) Do you still have the leaflet? 0 = No 1 = Yes
- 817) Did you take any action related to family planning after seeing the leaflet?  
*If no, skip to question 819.* 0 = No 1 = Yes
- 818) What action(s) did you take? *(Multiple responses possible)*
- 818a) Came to the clinic today for a method 0 = No 1 = Yes
  - 818b) Came to the clinic for information 0 = No 1 = Yes
  - 818c) Talked to spouse or partner about family planning 0 = No 1 = Yes
  - 818d) Talked to friend or relative about family planning 0 = No 1 = Yes
  - 818e) Talked to a service provider about family planning 0 = No 1 = Yes
  - 818f) Other: \_\_\_\_\_ 0 = No 1 = Yes

**Mass Media**

- \* 819) Have you heard about family planning on the radio in the last 3 months? 0 = No 1 = Yes
- \* 820) Have you heard the program " \_\_\_\_\_ " in the last 3 months? 0 = No 1 = Yes

**Referral Sources**

- 821) Have you talked to your spouse/partner about using a family planning method in the last 3 months? 0 = No 1 = Yes
- \* 822) Did the following media sources influence you to come to the clinic today?  
*(Multiple responses possible)*
- 822a) " \_\_\_\_\_ " radio program 0 = No 1 = Yes
  - 822b) Another radio program 0 = No 1 = Yes
  - 822c) Television spots or programs 0 = No 1 = Yes
  - 822d) Posters 0 = No 1 = Yes
  - 822e) Organized talks 0 = No 1 = Yes

**Continuing Clients—Interview**

**3-Digit Link Number** \_\_\_ \_\_ \_

- |                             |        |         |
|-----------------------------|--------|---------|
| 822f) Newspaper articles    | 0 = No | 1 = Yes |
| 822g) Booklets or leaflets  | 0 = No | 1 = Yes |
| 822h) Dramas or folk songs? | 0 = No | 1 = Yes |
| 822i) Other media: _____    | 0 = No | 1 = Yes |

\* 823) Did any of the following people influence you to come to the clinic today?  
(Multiple responses possible)

- |                         |        |         |
|-------------------------|--------|---------|
| 823a) Friends           | 0 = No | 1 = Yes |
| 823b) Spouse or partner | 0 = No | 1 = Yes |
| 823c) Health worker     | 0 = No | 1 = Yes |
| 823d) CBD worker        | 0 = No | 1 = Yes |
| 823e) Religious leaders | 0 = No | 1 = Yes |
| 823f) Community leaders | 0 = No | 1 = Yes |
| 823g) Others: _____     | 0 = No | 1 = Yes |

824) Which of these sources—either media or people—was the most influential in your coming to the clinic today? \_\_\_\_\_  
*Write number on the line from one of the lists above.*

**9. SATISFACTION WITH SERVICES**

901) Are you satisfied with the consultation you had today? 0 = No 1 = Yes

902) Would you recommend the service provider you saw today to a friend? 0 = No 1 = Yes

● **Do you believe the service provider who attended you today:**

903) Is competent to provide family planning services? 0 = No 1 = Yes

904) Would not give you anything harmful? 0 = No 1 = Yes

905) Could be trusted with a secret? 0 = No 1 = Yes

**END OF INTERVIEW**

Name of supervisor: \_\_\_\_\_

Review date (in numbers): \_\_\_ \_\_\_/\_\_\_ \_\_\_/19\_\_\_ \_\_\_  
day / month / year

## Chapter II-4

# Instrument for Interviewing Service Providers

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## INSTRUCTIONS FOR INTERVIEWING SERVICE PROVIDERS

You must complete a questionnaire for each service provider that you observe or whose clients you interview. If a client sees more than one service provider, be sure to interview each of the providers.

Before beginning, make sure the "3-Digit Link Number" located in the top right-hand corner of each page of the questionnaire has been filled in. (This should be done ahead of time by the supervisor.)

### **1. IDENTIFICATION**

- 101) Copy the 3-digit link number from the top right-hand corner.
- 102) Write the name of the site exactly as it appears on the list of study sites.
- 103) Copy the 2-digit ID number for the site from the list of study sites.
- 104) Your full name. Please write legibly!
- 105) Copy your ID number from the list of observer/interviewers.
- 106) Circle the type of facility where the provider works.
- 107) Clearly write the service provider's name.
- 108) Copy the service provider's ID number from the list of service providers.
- 109-110) Self-explanatory.
- 111) List all of the service provider's clients whom you have observed or interviewed.

### **2. EXPERIENCE AND TRAINING**

- 201) Circle "yes" for only one category, that is, the category that best describes the service provider's primary identity. For example, if the provider is a nurse who sometimes acts as a counselor, circle "yes" for nurse and "no" for all other categories, including counselor.
- 202) Try to record the length of time that the service provider has been providing family planning services as exactly as possible, to the nearest month.
- 203) If the service provider has not attended a training course in the past year, skip ahead to the next section (question 301).

- 204-208) Try to elicit exact answers from the service provider. If the service provider cannot remember the details, record his or her best estimates.
- 209-210) Read the questions exactly as written, and circle the answer that you are given.
- 211) Service providers may give more than one answer to this question. Record only one reason: the one that the service provider considers most important.

### **3. MEDIA**

- 301-303) This series of questions is designed to assess the impact of a radio program produced by the project.

### **4. PROJECT MATERIALS**

- 401-402) These questions refer only to the project materials of which you have been given samples. Show each material to the service provider as you ask about it.

## INSTRUMENT FOR INTERVIEWING SERVICE PROVIDERS

**Note to interviewer: Complete this instrument for each service provider that you observe or whose clients you interview. If a client sees more than one service provider, be sure to interview each of the providers.**

***How to fill out this questionnaire:***

***If there is a choice of answers, circle the appropriate answer(s).***

***If there is a dashed line, write the correct number neatly on the dashed line.***

***If there is a blank line, print the answer neatly on the line.***

### **1. IDENTIFICATION**

101) 3-digit link number (*from top of page*) \_\_\_\_\_

102) Name of site \_\_\_\_\_

103) Study site ID number \_\_\_\_\_

104) Name of interviewer \_\_\_\_\_

105) Interviewer ID number \_\_\_\_\_

\* 106) Type of service facility 0 = FP Clinic    1 = Health Center

### **Service Provider Information**

107) Service provider's

Given name: \_\_\_\_\_

Surname: \_\_\_\_\_

108) Service provider ID number \_\_\_\_\_

109) Sex of service provider 0 = Male    1 = Female

110) Age of service provider in years \_\_\_\_\_

**\* Asterisks indicate questions and responses that must be revised to reflect local conditions.**

111) List all names and link numbers of clients seen by this service provider:

	Client's Name	Client's 3-Digit Link Number
111a)	_____	___ __ _
111b)	_____	___ __ _
111c)	_____	___ __ _
111d)	_____	___ __ _
111e)	_____	___ __ _
111f)	_____	___ __ _

**2. EXPERIENCE AND TRAINING**

\* 201) What type of service provider are you?

- |                        |        |         |                      |        |         |
|------------------------|--------|---------|----------------------|--------|---------|
| 201a) CBD worker       | 0 = No | 1 = Yes | 201d) Counselor      | 0 = No | 1 = Yes |
| 201b) Registered nurse | 0 = No | 1 = Yes | 201e) Medical doctor | 0 = No | 1 = Yes |
| 201c) Enrolled nurse   | 0 = No | 1 = Yes | 201f) Other: _____   | 0 = No | 1 = Yes |

202) How long have you been providing family planning services? \_\_\_\_\_ years, \_\_\_\_\_ months

203) Have you attended a refresher training course in the past year? 0 = No 1 = Yes  
*If no, skip to question 301.*

\* 204) What topics were covered at this refresher course? (Multiple responses allowed)

- |                 |        |         |                          |        |         |
|-----------------|--------|---------|--------------------------|--------|---------|
| 204a) "GATHER"  | 0 = No | 1 = Yes | 204d) Pill               | 0 = No | 1 = Yes |
| 204b) Vasectomy | 0 = No | 1 = Yes | 204e) Use of visual aids | 0 = No | 1 = Yes |
| 204c) Norplant  | 0 = No | 1 = Yes | 204f) Other: _____       | 0 = No | 1 = Yes |

205) What group organized the course? \_\_\_\_\_

\* 206) What date did the course begin? \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_  
day / month / year

207) Where was the course held? \_\_\_\_\_

208) How long was the course, in days? \_\_\_\_\_

209) Did the training improve your professional counseling and interpersonal skills? 0 = No 1 = Yes  
*If no, skip to question 301.*

210) Have you been able to apply these new skills at work with your clients? 0 = No 1 = Yes  
*If yes, skip to question 301.*

211) If you have not been able to apply these skills, why not? *(List only one main reason)* \_\_\_\_\_

- 1 = Time constraints
- 2 = Clients don't need them
- 3 = Uncomfortable with skills
- 4 = Interpersonal counseling done by others on staff
- 5 = Other: \_\_\_\_\_

**3. MASS MEDIA**

- \* 301) Have you heard the radio program " \_\_\_\_\_ " in the last 3 months? 0 = No    1 = Yes
- \* 302) Have you ever heard any of your clients talk about the program " \_\_\_\_\_ " ? 0 = No    1 = Yes
- \* 303) Have you recommended the program " \_\_\_\_\_ " to your clients? 0 = No    1 = Yes

**4. PROJECT MATERIALS**

● **Have you received any of the following project materials?**  
*(Show the service provider each material as you ask about it.)*

- \* 401) *[List here the materials distributed by your project.]* 0 = No    1 = Yes

● **Do you find the following project materials helpful in your work with clients?**  
*(Show the provider each material as you ask about it.)*

- \* 402) *[List here the materials distributed by your project.]* 0 = No    1 = Yes

Name of supervisor \_\_\_\_\_

Review date (in numbers): \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 19 \_\_\_ \_\_\_  
day / month / year





## Chapter II-5

# Instrument for Observation of the Study Site

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### INSTRUCTIONS FOR STUDY SITE OBSERVATION

You must complete a questionnaire for each study site that you visit. As much of the questionnaire as possible should be based on your own observations. To answer some questions, however, you will need to talk with the person in charge of the study site or, if she or he is unavailable, a knowledgeable service provider.

Before beginning, make sure the "3-Digit Link Number," located in the top right-hand corner of each page of the questionnaire, has been filled in. (This should be done ahead of time by the supervisor.)

#### **1. IDENTIFICATION**

- 101) Copy the 3-digit link number from the top right-hand corner.
- 102) Write the name of the site exactly as it appears on the list of study sites.
- 103) Copy the 2-digit ID number for the site from the list of study sites.
- 104) Your full name. Please write legibly!
- 105) Copy your ID number from the list of observer/interviewers.

#### **2. METHODS AVAILABLE**

- 201-202) To answer these questions, talk to the person in charge of the site or, if she or he is not available, talk to a knowledgeable service provider.
- 202) While a method may, in theory, be offered on a regular basis, insufficient supplies or staff may limit its actual availability. Record here how often each method is **actually** available at the site.

#### **3. MATERIALS AVAILABLE**

- 301-307) Answer "yes" only if you see a material with your own eyes. If a service provider or other staff member tells you that there are more materials at the site than you see in use, ask to see the other materials.
- 301-306) These questions refer to **any** family planning materials, not just materials produced by the project.
- 307) This question refers only to the project materials of which you have been given samples.

#### **4. GROUP TALKS**

- 401) Try to attend a group talk given by the staff at each study site you visit. If you do not attend such a talk, this question is the last one you need to answer on this instrument. If you do attend a talk, complete the rest of the questionnaire.
- 402-407) These questions refer to **any** family planning materials, not just materials produced by the project.
- 408) This question refers only to the project materials of which you have been given samples. Make sure you are familiar with these materials so that you can recognize them easily.
- 409) You may circle "yes" for more than one response, for example, "Provider discussed issues with clients" and "Contraceptive samples were shown."
- 410) Write down the time when the talk starts so that you can calculate its length accurately.
- 411) Wait until the end of the talk before counting the number of clients present so that latecomers will be included.

## INSTRUMENT FOR OBSERVATION OF THE STUDY SITE

**Note to observer: Be sure to complete this instrument for each study site that you visit.**

**How to fill out this questionnaire:**

*If there is a choice of answers, circle the appropriate answer(s).*

*If there is a dashed line, write the correct number neatly on the line.*

*If there is a blank line, print the answer neatly on the line.*

### **1. IDENTIFICATION**

101) 3-digit link number (from top of page) \_\_\_\_\_

102) Name of site \_\_\_\_\_

103) Study site ID number \_\_\_\_\_

104) Name of observer \_\_\_\_\_

105) Observer ID number \_\_\_\_\_

### **2. METHODS AVAILABLE**

\* 201) Are the following family planning methods **ever** available at this site?

201a) Pill	0 = No	1 = Yes	201g) Tubal ligation	0 = No	1 = Yes
201b) Injectable	0 = No	1 = Yes	201h) Vasectomy	0 = No	1 = Yes
201c) IUD	0 = No	1 = Yes	201i) Norplant	0 = No	1 = Yes
201d) Foam	0 = No	1 = Yes	201j) Natural Family Planning	0 = No	1 = Yes
201e) Diaphragm	0 = No	1 = Yes	201k) Lactational amenorrhea	0 = No	1 = Yes
201f) Condom	0 = No	1 = Yes			

<p><b>* Asterisks indicate questions and responses that must be revised to reflect local conditions.</b></p>
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## Study Site

3-Digit Link Number \_\_\_ \_\_ \_

\* 202) How often is each method available at this site?

1 = Every day

2 = At least once a week but not every day

3 = At least once a month but not every week

4 = Less than once a month

202a) Pill	_____	202g) Tubal ligation	_____
202b) Injectable	_____	202h) Vasectomy	_____
202c) IUD	_____	202i) Norplant	_____
202d) Foam	_____	202j) Natural Family Planning	_____
202e) Diaphragm	_____	202k) Lactational amenorrhea	_____
202f) Condom	_____		

### **3. MATERIALS AVAILABLE**

● Does the site have any of the following family planning materials?

301) Flip charts	0 = No	1 = Yes
302) Leaflets	0 = No	1 = Yes
303) Posters	0 = No	1 = Yes
304) Contraceptive samples	0 = No	1 = Yes
305) Anatomical models	0 = No	1 = Yes
306) Audiotapes, videotapes, or films	0 = No	1 = Yes

● Does the site have any of these project materials?

*(Compare with project materials)*

\* 307) *[List here the materials distributed by your project.]* 0 = No 1 = Yes

### **4. GROUP TALKS**

401) Did you attend any group talks given by staff at this site? 0 = No 1 = Yes  
*If no, stop here. The instrument is complete.*

● During these talks, were any of the following materials used?

402) Flip charts	0 = No	1 = Yes
403) Leaflets	0 = No	1 = Yes
404) Posters	0 = No	1 = Yes
405) Contraceptive samples	0 = No	1 = Yes
406) Anatomical models	0 = No	1 = Yes

407) Audiotapes, videotapes, or films 0 = No 1 = Yes

● **In these talks, were any of the following project materials used?**  
(Compare with project materials)

\* 408) [List here the materials distributed by your project.] 0 = No 1 = Yes

**Format for Talk**

409) What was the format for the talk? (Multiple responses possible)

- |  |        |         |
|--|--------|---------|
| 409a) Only the provider spoke                            | 0 = No | 1 = Yes |
| 409b) Provider discussed issues with clients             | 0 = No | 1 = Yes |
| 409c) Provider asked clients for questions               | 0 = No | 1 = Yes |
| 409d) Tape, video, or film was played without discussion | 0 = No | 1 = Yes |
| 409e) Tape, video, or film was played with discussion    | 0 = No | 1 = Yes |
| 409f) Contraceptive samples were shown                   | 0 = No | 1 = Yes |

410) Length of talk in minutes \_\_\_\_\_

411) Number of clients who attended the talk \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Review date (in numbers) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 19 \_\_\_ \_\_\_  
day / month / year

## Appendix

### Abbreviations

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CBD	Community-based distribution
FP	Family planning
FPAK	Family Planning Association of Kenya
IEC	Information, education, communication
IUD	Intrauterine device
MAQ	Maximizing Access and Quality
JHU/CCP	Johns Hopkins University Center for Communication Programs
STD	Sexually transmitted disease
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

### References

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Abdel-Tawab, Nahla. The Clinical Services Improvement Project (CSI) Counseling Training Program: Impact on providers and clients. Final Report. Johns Hopkins University School of Public Health, Population Communication Services/Population Information Programs, Baltimore, 1993.

Access to Voluntary Surgical Contraception (AVSC) International. Counseling: A curriculum prototype. New York. March 1995.

Access to Voluntary Surgical Contraception (AVSC) International. Evaluation of Indonesian Counseling Training. Final Report. New York. October, 1994.

Access to Voluntary Surgical Contraception (AVSC) International. Evaluation of a Nepalese Counseling Training. Final Report. New York. April, 1994.

Bertrand, Jane and Lisanne Brown. Working group on the evaluation of family planning training. The Evaluation Project, Carolina Population Center, University of North Carolina, 1994.

Katz, Karen, Hardee, Karen, and Villinski, Michele. Quality of care in family planning: A catalog of assessment and improvement tools. Family Health International, Durham, March, 1993.

Kim, Young Mi. Evaluation as a cornerstone for quality family planning counseling. Counseling Evaluation Workshop for Family Planning Providers, March 31-April 3, 1992, Baltimore, Johns Hopkins University School of Public Health, Population Communication Services/Population Information Programs. Draft.

Kim, Young Mi. Toward a framework for counseling training evaluation. Presented at the Counseling Evaluation Workshop for Family Planning Providers, March 31-April 3, 1992, at the Johns Hopkins Center for Communication Programs, Baltimore, MD.

Kim, Young Mi, Lettenmaier, Cheryl, Piotrow, Phyllis T., Valente, Thomas W., Mugenda, Olive, Mugenda, Abel, Gachukia, D., Mukolwe, Jennifer, and Yoon, Steve. Improving the quality of care by counseling training for clinic-based distributors and family

planning clinic providers in Kenya. Paper presented at the Annual Conference of the American Public Health Association, San Francisco, November, 1992.

Kim, Young Mi, Mirian Amissah, J.K. Ofori, and Kate White. Measuring the quality of family planning counseling: Integrating observation and transcript analysis in Ghana. Ministry of Health/Health Education Unit, Accra, and the Johns Hopkins University Center for Communication Programs, Baltimore, May 1994.

Kim, Young Mi, Margaret Thuo, and Kate White. Quality of family planning counseling: Observation, interview, and transcript analysis in Kenya. Johns Hopkins University Center for Communication Programs, Baltimore, forthcoming..

Kim, Young Mi, Dan Odallo, Ian Tweedie, Cheryl Lettenmaier, Sharon Rudy, and Corinne Shefner. Evaluation of provider-client project "Haki Yako" campaign in Kenya. Presented at the 122th Annual Meeting of the American Public Health Association (APHA), November 1994, Washington, D.C.

Kim, Young-Mi, José Rimon, Kim Winnard, Carol Corso, I.V. Mako, Sebioniga Lawal, Stella Babalola, and Dale Huntington. Improving the quality of service delivery in Nigeria. *Studies in Family Planning* 23(March/April 1992):118-27.

Kish, Leslie. Survey sampling. John Wiley & Sons, Inc., New York, 1965.

Lettenmaier, Cheryl, Ronnie Lovich, Young Mi Kim, and Lucy Botsh. Coached client evaluation of family planning counseling training in Zimbabwe. Presented at the 1993 Annual Meeting of the American Public Health Association (APHA).

Lettenmaier, Cheryl, and Gallen, Moira. Counseling guide. **Population Reports**, Series J, No. 36. Baltimore, Johns Hopkins School of Public Health, Population Information Program, December 1987. 28 p.

Population Council. Guidelines and instruments for a family planning situation analysis study. February 1994.

Sudman, Seymour. Applied sampling. Academic Press, Inc., New York, 1976.