



Voluntary Rights-Based Family Planning Service Delivery Measurement Tool

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Acronyms

FP	family planning
FP2020	Family Planning 2020
FP2030	Family Planning 2030
IUD	intrauterine device
LAM	Lactation Amenorrhea Method
QIQ	Quick Investigation of Quality
SDM	Standard Days Method
USAID	U.S. Agency for International Development
VRBFP	voluntary rights-based family planning

Executive Summary

Despite a growing body of guidance and increased attention to voluntary rights-based family planning (VRBFP), particularly since 2012, there has been a paucity of measurement tools to assess whether services adhere to the full range of relevant human rights and related principles and standards. In response, researchers from several organizations jointly developed the *Voluntary Rights-Based Family Planning Service Delivery Measurement Tool*, consisting of four data collection instruments intended to assess adherence to internationally agreed rights within family planning (FP) service delivery environments across countries. The instruments were designed by rights and FP experts to ensure face validity. They were field tested during two first-of-their-kind pilots in Uganda and Nigeria in 2016–2017. The instrument items were narrowed down based on data from the field tests—including thresholds for variability in responses and missingness of specific questions. The finalized Tool presented herein consists of four questionnaires: the Facility Audit, Client Exit Interview, Simulated Client, and Provider Interview data collection instruments. It is accompanied by detailed guidance for users, including a description of each instrument, key considerations for use, and recommendations for data collector training.

The indicators and measurement tools presented here represent a mapping of international legal human rights constructs onto FP service delivery efforts. They represent an important start in measuring rights-based FP at the service delivery level, with further work needed to assess construct validity and external validity across settings. Undertaking the studies in Uganda and Nigeria showed that measuring human rights-based FP is complicated—in general, and particularly at the service delivery level. In their current form, these four instruments can be used by program managers at global and country levels to assess their FP programs services from a rights angle, including for these purposes: (1) measuring the readiness of facilities to offer VRBFP; (2) conducting a one-time or periodic diagnostic of which aspects of programming need to be improved to adhere more fully to VRBFP; and (3) evaluating an intervention to improve VRBFP by administering the full Tool at baseline and endline.

1. Introduction

1.1. Background

The 2012 London Summit on Family Planning highlighted the importance of implementing global family planning (FP) programming using a voluntary human rights-based FP (VRBFP) approach (Hardee and Jordan, 2019; FP2020 and UNFPA, 2019; FP2020 and IPPF, 2016, 2017; FP2020, 2018), including within the Family Planning 2030 (FP2030) partnership (FP2030, 2021). Grounded in international human rights agreements (OHCHR, 2006; OHCHR and WHO, n.d.), guidance documents to assist in implementing rights-based FP programming have emerged (UNFPA and WHO, 2015; WHO, 2017a; FP2020, 2018; UNFPA and WWA, 2021; FP2030, UNFPA, and WWA, 2021), with the goal of supporting “governments and programs [that] still struggle with what a rights-based approach to family planning entails and how to operationalize it” (Kumar and Hardee, 2018, p. 5). For example, drawing on the rights enshrined in international agreements—such as the right to the highest attainable standard of health¹ (UNCESCR, 2000; UNCESCR, 2000, 2016)—the World Health Organization (WHO, 2014) and Family Planning 2020 (2015), now FP2030, articulated the rights and empowerment principles for FP (Table 1). Additional guidance documents include a conceptual framework and corresponding theory of change, showcasing how VRBFP² operates at the policy, service delivery, community, and individual levels (Hardee et al., 2013, 2014).

A human rights-based approach to voluntary family planning uses a set of standards and principles to guide program assessment, planning, implementation, monitoring, and evaluation that enables individuals and couples to decide freely and responsibly the number and spacing of their children, to have the information and services to do so, and to be treated equitably and free of discrimination (FP2030, UNFPA, and WWA, 2021).

Despite this growing body of guidance and increased attention to human rights-based approaches, there is a paucity of evidence on the benefits of taking a voluntary rights-based approach to FP. This knowledge gap is partially due to the lack of accepted measures of whether a program adheres to rights and empowerment principles.

To date, many measures of the individual components of rights-based FP have been proposed, most notably related to quality of care (Jain and Hardee, 2018; Jarvis et al., 2018; Chakrobotti et al., 2019; Jain, et al., 2018; Jain et al., 2019a, 2019b; Elewonibi et al., 2020; Holt et al., 2017, 2019), accountability (Weggs et al., 2016; Gullo et al., 2017; Sebert Kuhlmann et al., 2017; Boydell et al., 2018; Steyn et al., 2020), contraceptive autonomy (Senderowicz, 2020), and reproductive empowerment (Edmeades et al., 2018; MEASURE Evaluation, 2020), including reproductive empowerment for adolescents (Upadhyay et al., 2021), among other rights. Yet vetted instruments to measure whether FP services adhere to the full range of rights and empowerment principles have been missing. Such instruments would enable program managers at global and country levels to comprehensively assess their FP services from a rights angle, and allow managers and researchers alike to improve existing measurement efforts.

¹ In 2016, the UN Committee on Economic Social and Cultural Rights (UNCESCR) published a general comment on the right to the highest attainable standard of sexual and reproductive health (UNCESCR, 2016).

² Various terminology is used to describe human rights and FP programming, including a human rights-based approach to voluntary FP (HRBA to FP), a rights-based approach (RBA) to FP, and voluntary rights-based FP (VRBFP). This document uses the term VRBFP.

Availability	Healthcare facilities, trained providers, and contraceptive methods are available to ensure that individuals can exercise full choice from a full range of contraceptive methods.
Accessibility	Healthcare facilities, trained providers, and contraceptive methods are accessible—without discrimination or physical, economic, sociocultural, or informational barriers.
Acceptability	Healthcare facilities, trained providers, and contraceptive methods are respectful of medical ethics and individual preferences.
Quality	Individuals have access to contraceptive services and information of good quality that are scientifically and medically appropriate.
Informed Choice and Decision Making	Individuals have the ability to access accurate, clear, and readily understood information about a variety of contraceptive methods and their uses.
Privacy and Confidentiality	Individuals should not be subject to interference with their privacy and should enjoy legal protection in this respect. Confidentiality, which implies the duty of providers to keep secret or private the medical information they receive from patients and protect an individual's privacy, has an important role to play in sexual and reproductive health.
Equity, Equality, and Nondiscrimination	Individuals have the ability to access quality, comprehensive contraceptive information and services free from discrimination, coercion, and violence.
Agency, Autonomy, and Empowerment	Individuals have the ability to decide freely the number and spacing of their children, and are empowered as principal actors and agents to make decisions about their reproductive lives; they can execute these decisions through access to contraceptive information, services, and supplies.
Participation	Individuals, particularly beneficiaries, have the ability to participate meaningfully in the design, provision, implementation, and evaluation of contraceptive services, programs, and policies.
Accountability	Accountability for the provision of high-quality contraceptive services consists of mechanisms at the facility level for communities and clients to provide feedback and receive redress for any problems experienced with service received. Additionally, mechanisms for remedy and redress of any alleged or confirmed neglect of rights should be in place, and clients and providers should be aware of these mechanisms.
<i>Note: More complete definitions of these rights and empowerment principles are available in FP2020, 2015 and WHO, 2014.</i>	

1.2. Purpose of the Tool

This *VRBFP Service Delivery Measurement Tool* (henceforth the Tool) offers an important start in measuring VRBFP at the service delivery level³. The Tool can be used to determine what additional measures should be included in existing facility and/or quality assessment tools to ensure that rights are being explicitly addressed at the service level. It can be used in a variety of ways, including the following:

- To measure the readiness of a facility (or sample of facilities) to offer VRBFP
- To perform a one-time or periodic diagnostic for which aspects of programming should be improved to adhere more fully to VRBFP
- To evaluate an intervention to improve VRBFP by administering the full Tool at baseline and reflecting the intervention implemented, administering relevant components of the Tool following implementation of the intervention (endline)

This Tool is not intended to cover all issues for a full evaluation of FP service delivery. Moreover, these instruments are better suited for special studies as opposed to routine data collection. If used in a research study, appropriate ethical approval should be obtained (FHI360, 2009).

³ Complementary tools are needed to investigate VRBFP at policy, community, and individual levels.

1.3. Developing and Field Testing the VRBFP Service Delivery Measurement Tool

Beginning in 2015, the Population Council and the International Planned Parenthood Federation (IPPF) through the Evidence Project, and Palladium through the Voluntary, Rights-Based Family Planning project, undertook implementation research studies in Uganda and Nigeria, respectively. These studies were intended to (1) operationalize a comprehensive VRBFP approach across health facilities; and (2) measure its outcomes at the service delivery level. Because there was no existing way to measure all aspects of VRBFP within service delivery, the two projects collaborated to jointly design a four-instrument quantitative tool specifically for this purpose—the *VRBFP Service Delivery Measurement Tool*. Built on the foundations of the VRBFP conceptual framework (Hardee et al., 2014), the Tool consisted of four data collection instruments: the Facility Audit, Provider Interview, Client Exit Interview, and Simulated Client—commonly used tools in FP program research. Each instrument was formally field tested in 2016–2017, during the implementation phase of both projects.

The Evidence Project, funded by the United States Agency for International Development (USAID), tested the Tool as part of implementing rights-based interventions in Uganda in collaboration with the Reproductive Health Uganda and the Sustainable Networks Project (SIFPO II), implemented by IPPF with funding from USAID. The VRBFP project tested the Tool in Kaduna State, Nigeria, with funding from the Bill & Melinda Gates Foundation. The study in Uganda received ethical approval from the Population Council’s Institutional Review Board and the Makerere University School of Public Health. The study in Nigeria received ethical approval from the Kaduna State Health Research and Ethics Committee. All respondents in both countries provided their informed consent before participating in each study.

The interventions in Uganda and Nigeria included building provider capacity on the human rights-based approach to voluntary FP, implementing facility-level action plans, increasing clients’ knowledge of their rights, and strengthening local health committee structures to support VRBFP. Both interventions built on existing programs and resulted in beneficial outcomes (Hardee et al., 2019). For example, in Kaduna, findings from the post-intervention survey—including all four instruments—demonstrated significant improvements in provider rights literacy and VRBFP practice, including decreased provider bias and improved client choice. Privacy and confidentiality were enhanced at endline, and both providers and clients expressed increased recognition of what constitutes violations of rights. Likewise, there was a statistically significant increase in the percentage of providers and clients saying they would report the abusive behavior of another provider if observed—for example, if a provider slapped a client during a consultation or yelled at or humiliated a client. During follow-up focus group discussions, providers spoke about the benefit of taking a VRBFP approach to serving clients—particularly the importance of supporting clients in making their own decisions and choices about FP (Hardee et al., 2019). They also reported passing on this information to new health staff in their facilities who had been hired after the intervention.

Wright et al. (2017) provide findings from the baseline in Uganda, which showed that providers, facility managers, and clients had low knowledge of client rights, with clients having particularly low knowledge of rights and redress mechanisms. Providers and facility managers consistently reported higher adherence to rights-based FP service delivery than clients, and clients frequently reported high satisfaction despite concurrent reporting of negative experiences or rights vulnerabilities. Some providers imposed personal biases on their delivery of contraceptive services and also demonstrated clinical competence that was lower than expected.

With support from the Bill & Melinda Gates Foundation, the What Works Association and Palladium subsequently revised and finalized each of the four instruments in the *VRBFP Service Delivery*

Measurement Tool based on lessons learned during their application in various types and levels of facilities in Uganda and Nigeria. In 2016–2017, the group working on the Uganda study attempted to psychometrically validate the measurement tools by using an item response theory framework; however, the instruments did not provide psychometrically validated outputs by rights indicators. We hypothesize several reasons for this finding: (1) rights are tricky to operationalize, especially because translating legal language to a service delivery context can be difficult; (2) these projects initially were not intended to participate in validation testing, and thus the instruments were not designed to do so from the start; and (3) for Uganda in particular, the sample sizes were quite small. Additional follow-up studies in other countries designed to test external validity will help move this work forward.

Instead, we undertook reduction exercises between 2019 and 2021 based on objective criteria to narrow down the questionnaire items we retained in the measurement tools presented here. First, we reviewed the existing measures with study staff for face validity to discuss whether any items did not accurately represent the constructs we were trying to measure. Second, we retained only questions that had less than 80 percent endorsement for any one answer category—that is, the answers to the question were not unanimous. Finally, we removed questions that had missing responses for more than 20 percent of respondents. This approach ensures that the retained questions in the measurement tools had enough variability to measure changes across different contexts.

This set of tools is not presented as a validated set of measurements or an index that comprehensively measures rights; rather, it should be considered a first important attempt to develop a robust tool that will benefit from further study and validation. The set of four instruments presented here represent a mapping of international legal human rights constructs onto FP service delivery efforts. They also represent a set of measures that have face validity, with further work needed to assess construct and/or external validity across settings, with adequate sample sizes.

1.4. Structure of the Tool

This guide details each of the four data collection instruments comprising the *VRBFP Service Delivery Measurement Tool*, including guidance for using each, along with suggestions for training data collection staff on these instruments, including an orientation to VRBFP and adapting the instruments to geographic and program contexts.

To ascertain specific information from a range of points of views, each instrument serves a particular purpose. Using the four instruments together allows for the triangulation of information from managers, providers, clients, and direct observations. Some items are repeated across instruments to identify how facility managers, providers, and clients respond to similar questions.

A description of the four instruments follows:

- 1. Facility Audit:** This instrument consists of a verbal interview with the facility manager and observation of counseling rooms, infrastructure, and available contraceptive commodities. It collects information on the extent to which a facility is ready to deliver VRBFP services and assesses the facility managers' familiarity with VRBFP; facility-level policies and practices; staffing; existing infrastructure, equipment, commodities, and services; and supervision and information management systems.
- 2. Client Exit Interview:** Through verbal interviews with clients, undertaken when they leave the facilities just after having received FP services, this instrument collects quantitative information about each individual's direct experience at a given health facility and the services received from the client's perspective; that is, the instrument captures a clients' subjective experiences with rights-based service delivery.

- 3. Simulated Client:** Like the client exit interview, the Simulated Client instrument is a method for understanding a client’s experience at a given health facility. Trained data collectors posing as clients seek FP services from a local provider according to a memorized profile and complete an observation checklist at the end of the visit, detailing their experience of the counseling session. This method is complementary to that of the Client Exit Interview instrument and is thought to be more objective than direct observation of provider activity in the facility because providers do not know they are being observed.
- 4. Provider Interview:** Through verbal interviews, providers are asked about their familiarity with VRBFP and rights; their background, training, clinical knowledge, and attitudes about contraceptives; infrastructure at the workplace; and their counseling skills and behaviors, using a quantitative questionnaire.

Data collected through the instruments correspond to 26 indicators across the five components of service delivery⁴. These indicators fall within five overarching categories:

1. High-quality patient-client interactions—information and counseling
2. Training, supervision, and performance improvement
3. Equitable service access
4. Method mix, supply, equipment, and infrastructure
5. Monitoring and accountability

These 26 indicators were drawn from existing quality of care, situation analysis, and other national survey instruments (Sullivan and Bertrand, 2000; MEASURE Evaluation, 2016; EngenderHealth, 2003; MEASURE DHS, 2012; Miller et al., 1997). MEASURE Evaluation’s 2001 Quick Investigation of Quality (QIQ) was used as the foundation for the data collection instruments and expanded on to measure additional rights other than quality of care. The MEASURE Evaluation project subsequently has updated the QIQ (MEASURE Evaluation, 2016). Where there was little to no representation of one of the 26 indicators in existing surveys, we developed new questions, most notably on autonomy, accountability, and on equity and nondiscrimination. Some rights and empowerment principles that have a strong history in FP programming (e.g., quality of care) are over-represented in the Tool. The instruments were developed with extensive overlap to identify which types of questions best worked for specific rights indicators. Table 2 outlines the 26 indicators included in this Tool under the five service delivery components.

The four instruments that comprise the Tool—the Facility Audit, Client Exit Interview, Simulated Client, and Provider Interview—reflect the breadth of questions needed to measure the rights and empowerment principles (Table 1) and link to the five elements of the service delivery level in the VRBFP conceptual framework (Table 2). Definitions of the indicators are found in Annex 2. Annex 3 captures the human rights and rights-related principles and standards reflected in each indicator. Annex 4 maps the number of measurement items in each of the four data collection instruments for each indicator. Annexes 5–8 present the four instruments.

⁴ This correspondence is described in “Voluntary Family Planning Programs that Respect, Protect and Fulfill Human Rights: A Conceptual Framework,” shown in Annex 1 (Hardee et al., 2013).

Table 2. Indicators of Voluntary Rights-Based Family Planning Service Delivery

*Section A: High-Quality Patient-Client Interactions—Information and Counseling	
A-1	Clients' information is kept confidential
A-2	Provider and staff treat clients with respect/courtesy
A-2	Clients are actively engaged in discussion/consultation with provider and selection of method
A-3	Facility offers privacy for all elements of service delivery
A-5	Clients experience free choice
A-6	Clients experience full choice
A-7	Clients experience informed choice
A-8	Provider bias is minimized
A-9	Clients and staff have access to education and communication materials about rights and have an understanding of rights
Section B: Training, Supervision, and Performance Improvement	
B-1	Facility has an established supervisory system that includes providers' responsibilities for respecting, protecting, and fulfilling clients' human rights; has rewards for protecting clients' human rights; and has consequences for compromising clients' human rights
B-2	Facility has received a supervisory visit in past X months
B-3	Facility has service delivery guidelines based on international standards that explicitly cite the role of providers in respecting, protecting, and fulfilling clients' human rights
B-4	Providers have adequate knowledge and skills to provide quality, rights-based services to clients
B-5	Providers and other staff have adequate support to ensure rights-based services in their jobs
B-6	There are no policies, plans, or operational guidelines that operate at the facility level that compromise clients' human rights
Section C: Equitable Service Access	
C-1	Facility has the ability to track characteristics of its clients and to provide services to these populations
C-2	Facility has established referral and follow-up system
C-3	Facilities offer a range of integrated medical services, along with offering FP information and counseling at non-FP services
C-4	Clients experience easy access to facilities and services, including geographic, financial, and social accessibility and convenience
C-5	Facilities provide referral for removal of implants and intrauterine devices (IUDs) on demand
Section D. Method Mix, Supply, Equipment, and Infrastructure	
D-1	Facility has a regular supply of unexpired commodities and offers a range of methods to meet the needs of different clients
D-2	Facility has basic supplies and equipment needed for delivery of methods available through facility
D-3	Facility adequately stores contraceptives and medicines on premises
Section E: Monitoring and Accountability Systems	
E-1	Facility has mechanisms to make programmatic changes based on client and community feedback
E-2	Facility has a mechanism to identify and address rights vulnerabilities and abuses by providers or other staff
E-3	Facility manages and uses health services data for improving programming
*The QIQ contains an indicator "provider demonstrates good counseling skills." We found that this indicator is too diffuse to assist in accurate measurement; instead, what we present here as the indicators under "Section A: High-Quality Patient-Client Interactions—Information and Counseling" all represent specific elements of providers demonstrating good counseling skills.	

2. Description of Each Instrument

This section describes each of the four data collection instruments (Facility Audit, Client Exit Interview, Simulated Client, and Provider Interview) in detail. For each, the purpose of the instrument and topics it covers are included. Considerations for use, such as sampling, also are outlined.

All questionnaires are provided in English and should be translated into local languages.

2.1. Facility Audit

The Facility Audit data collection instrument is found in Annex 5.

This instrument, a quantitative questionnaire, is a comprehensive review of a health facility's readiness to deliver VRBFP. The instrument covers the policies, procedures, infrastructure, equipment, and supplies of a facility. It provides a "snapshot of how the various systems and components are operating" (Szuba et al., 2003). This instrument combines an interview with the facility manager and observations of counseling rooms, contraceptive commodities, and infrastructure.

What this instrument measures:

- Facility manager's knowledge of human rights, as well as those related to FP
- Facility's delivery of integrated services through multiple service delivery mechanisms (including at the facility and via outreach, referrals, and other non-facility-based delivery)
- Facility availability and accessibility of diverse FP methods and services, including services offered in a private and confidential manner
- Adherence to program, national, and global FP service delivery guidelines, including guidelines that explicitly mention clients' rights
- Provider training standards
- Supervisory and feedback systems at the facility that respect, protect, and fulfill clients' and providers' rights
- Payment and reimbursement systems
- Facility monitoring and evaluation systems
- Infrastructure, equipment, and commodities

Considerations for use:

- **Sequencing:** If feasible, this instrument should be completed before the other questionnaires.
- **Technical expertise:** The data collector should have a medical background, such as that of a physician, nurse, or medical or nursing student, to better and more effectively administer the facility audit—notably the observation portion.
- **Sampling:** The data collector will administer the facility audit to the facility manager at participating facilities, using a pre-tested questionnaire/checklist. The manager will be asked to complete the facility audit, a questionnaire/checklist with pre-tested questions administered by the data collector. Facilities should be selected based on established inclusion criteria, including the following:
 - Facilities must provide either integrated or stand-alone FP services.
 - District health authorities (or other relevant authorities) agree that the facility will be included in the assessment, and the facility manager agrees to complete the facility audit.

- **Triangulation:** The facility audit provides information on the readiness of the facility to offer VRBFP services. It provides the context for the provider interviews, client exit interviews, and simulated client visits. Triangulating the findings from the various instruments highlights the perspectives of managers, providers, and clients. The facility audit also indicates gaps in services that arise from infrastructure, equipment, commodity, or human resource constraints, among others.

Facility audits provide a snapshot of the operations of a health facility at a point in time. The conditions measured might not be representative of the ongoing conditions of the facility. Also, the conditions of the facilities included in the audit might not be representative of a broader grouping of facilities. The number of observations would generally be small and may not provide statistical power.

2.2. Client Exit Interview

The Client Exit Interview data collection instrument is found in Annex 6.

This instrument, a quantitative questionnaire, collects information about the client's experience at a given health facility and the services received from the client's perspective. A Client Exit Interview is a verbal interview that should be conducted by a trained data collector as a client exits a facility. The interview should be conducted with both new and continuing clients, with new clients defined as contraceptive clients who have (1) never used a contraceptive method, (2) are switching to a different contraceptive method, or (3) are restarting a contraceptive method after a period of not using it for at least six months. Continuing clients are those who come to the facility to obtain another dose of the method they were using at the time.

What this instrument measures:

- Client background characteristics
- Client overall facility experience
- Client FP service experience, including receipt of referral services
- Client perceptions of their FP service experience, including interactions with their provider(s)
- Client decisionmaking related to FP
- Client knowledge and perceptions of human rights, including behaviors that constitute vulnerabilities or violations
- Client ability to report violations or vulnerabilities

Considerations for use:

- **Sequencing:** All Client Exit Interviews should be conducted before the provider interviews to minimize any effects on provider behaviors learned from those interviews.
- **Sampling:** On selected dates in participating facilities, FP clients should be approached following their FP visit and asked to participate in an interview. A private location close to the facility should be identified before the interviews to ensure participants' comfort and confidentiality. Participants should be recruited based on the following inclusion criteria:
 - Accessing FP services in selected health facilities
 - Accessing services on selected dates (dates should be selected based on which FP services are provided in the selected facilities)
 - Consenting to participate
 - Noting that an age requirement may be included, depending on the study

- **Methodological considerations:** Client Exit Interviews on service quality and satisfaction have been shown to have degrees of courtesy and recall bias (León et al., 2007). Studies show that clients may be reluctant to share negative experiences due to the proximity of services providers and may tend to overreport positive experiences (Hameed et al., 2018; see Tumlinson, 2016 for a list of studies on courtesy bias). Therefore, it may be useful to triangulate findings from the client exit interviews with findings from the Simulated Client visits. Moreover, it reinforces the importance of conducting the client exit interviews soon after the client’s facility visit, if possible, and away but at a comfortable distance from the facility, thus ensuring visual and auditory privacy for the client.

2.3. Simulated Client

The Simulated Client data collection instrument is found in Annex 7.

Like the Client Exit Interview instrument, the Simulated Client instrument is a method for understanding a client’s experience at a given health facility, as well as assessing a provider’s technical knowledge when provided with specific patient profiles. It is similar to provider observation but is thought to be more objective because the provider does not know s/he is being observed. Trained data collectors posing as clients seek FP services from a local provider according to a memorized profile. Following the visit, they complete an observation checklist detailing their experience of the counseling session. This instrument relies on the Service Test methodology, in which trained data collectors act as clients attending a health facility (León et al., 1994). Although providers consent to the visits in advance and know that simulated clients will come to their facility during a certain timeframe, they are not aware of the identity of the person. Moreover, the simulated clients interact with providers and subsequently detail their experience up to the end of the counseling session; the fictitious clients do not receive the actual service for which they are being counseled (e.g., injection, implant, IUD, etc.).

The Simulated Client instrument is composed of two parts—the client profile and the observation checklist. The profile details the general characteristics and background of the fictitious client and includes sufficiently detailed information such that a provider who conducts a quality counseling session would conclude that a specific method is appropriate for the client. For example, a client profile in which a husband refuses to use condoms, the client is afraid of needles, and believes she can remember to take a pill daily would likely be directed toward oral contraceptives. By contrast, a client who does not want her husband to know she is using a method and has no fear of needles would be directed toward injectables. The individual trained as the simulated client is expected to memorize a specific profile.

The observation checklist should be completed by each simulated client as soon as possible after she leaves the facility. It is structured around seven thematic areas related to the visit and interaction with the health provider:

1. Overall interaction with the provider
2. Needs assessment
3. Method information
4. Contraindications for the profile method
5. Use instructions for the profile method
6. Side effects and risks for the profile method
7. Method choice and follow-up

The simulated client has three answer choices for each of the 72 short prompts across the thematic areas: yes – indicative of a favorable/desired condition during the counseling session; no – indicative

that a favorable condition was not experienced/observed; and do not know/do not remember. All items on the checklist are coded 1 for observed and 0 if not observed.

This tool features two simulated client profiles and accompanying checklists: one for the combined oral contraceptive pill and the second for progestin-only injectables (e.g., depot medroxyprogesterone acetate norethisterone enanthate). The client profiles and checklists were designed using the guidance of the 2015 Balanced Counseling Strategy Plus (Population Council, 2015) as well as the WHO Medical Eligibility Criteria for Contraceptive Use, 5th edition (WHO, 2015). These profiles and checklists can be further adapted for other methods of contraception, such as implants and the IUD.

What this instrument measures:

- Provider/client interaction (e.g., respect, courtesy)
- Provider counseling skills overall, as well as skills specific to the profile method
- Extent to which the provider engages the client during the counseling session
- Client experience of privacy and confidentiality
- Client experience of free, full, and informed choice, including whether the simulated client was offered or referred to the method recommended for her and whether it was the one for which her profile was designed

Considerations for use:

- **Sequencing:** The simulated client visits can be done before or after the Client Exit Interview, Provider Interview, and Facility Audit, but should not be conducted concurrently so as to experience the facility during normal service.
- **Technical expertise:** The simulated clients must look, dress, and behave as women do in the community around the facility; they should be able to act as the persona of their profile and remember the basic elements therein. They likewise should have a basic understanding of the various FP methods available at the facility.
- **Methodological considerations:**
 - Depending on the number of chosen simulated clients, the methodology is still valid if the occasional provider recognizes that the simulated client is not a real client.
 - The simulated client must complete the checklist as soon as possible after she leaves the facility at the end of the visit to avoid recall bias.
 - The profiles and checklists can be adapted for additional methods. In addition to adjusting the profile to match the desired method, the observation checklist requires the following revision types:
 - Adjust the method information in Section C (Method information) only to those contraceptives for which the client would be recommended based on responses to Section B (Needs assessment). For instance, if developing an IUD profile and one of the characteristics of the client is that she is unsure whether she can remember to take a pill or monitor beads, then the contraceptive pill and the Standard Days Method should be excluded from Section C based on the Balanced Counseling approach.
 - Adjust the contraindications (Section D), use instructions (Section E), and method side effects and risks (Section F) to reflect only those of the new profile method⁵.

⁵ This information can be sourced from the Method Brochures of The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings (Third Edition) (Population Council, 2015).

- **Thematic analysis:** In addition to the composite checklist score across all 72 items, the analysis can be done at the thematic area level. The scores for items related to a theme can be added and the total then divided by the number of visited facilities and number of items contributing to the thematic area. This approach results in scores ranging from 0–1 for each of the seven thematic areas, where 1 is best; these scores then can be compared directly across profiles and facilities.

The Simulated Client checklist includes items similar to questions in the Client Exit Interview, and responses can be compared directly, with the findings then triangulated between them.

2.4. Provider Interview

The Provider Interview data collection instrument is found in Annex 8.

This instrument is a quantitative questionnaire that collects information from the perspective of the healthcare providers who serve clients with FP. The instrument includes items related to the provider’s background, familiarity with VRBFP, training, clinical knowledge and attitudes about contraceptives, infrastructure at the workplace, counseling skills, and performance expectations. Here we refer to healthcare providers as those involved in directly providing contraceptive services to clients. Provider interviews are verbal and should be conducted by trained data collectors when providers are available and will not disrupt the flow of service provision.

What this instrument measures:

- Provider background characteristics
- Provider pre- and in-service training in health and FP
- Provider knowledge and attitudes about FP methods
- Provider counseling behaviors
- Provider performance expectations
- Available resources, systems, and supplies at the facility in which providers work
- Provider knowledge and perceptions of human rights, including behaviors that constitute vulnerabilities or violations, and an ability to respond to them

Considerations for use:

- **Sequencing:** Provider interviews should be conducted after the Client Exit Interviews to minimize bias if providers know that clients will be interviewed after them. They should not be offered on the same day as a simulated client visit.
- **Sampling:** Selected adult (18+) service providers from participating facilities should be approached and asked to participate in an interview. A private location within the facility should be found before the interview to ensure participants’ confidentiality. Participants should be recruited based on the following inclusion criteria:
 - Employed at participating health facilities
 - Currently providing FP services
 - Consented to participate
- **Triangulation:** The provider interview includes some questions similar to those asked in the Client Exit Interview to examine the differences in knowledge and perspectives of providers and clients regarding FP services and rights literacy.

Providers may have a more positive perception of the services they provide and their interaction with clients (Williams et al., 2015; Hardee et al., 2001); thus, it is beneficial to triangulate the findings from the provider interviews with those from Client Exit Interview and simulated clients.

3. Process for Using the Tool

3.1. Guidance on Contextualizing to Geography and Program Context

The instruments in the *VRBFP Service Delivery Measurement Tool* should be adapted to suit each individual context in which they are applied. A review of the contextual suitability of the instruments should be conducted by the study teams at the outset. Within each questionnaire, questions and response categories that require contextual adaptation are marked as “adapt to local context.” For example, within the Client Exit Interview instrument, the response categories to the following three questions should reflect prevailing demographic and sociocultural realities, which can be assessed by using a recent household survey or census:

- Q110, What is your ethnic group?
- Q111, What is your religion?
- Q112, What language is normally spoken in your home?

Below we highlight the question numbers within each survey that require adaptation by the study team:

Instrument	Question #
Client Exit Interview	04; 110; 111; 112; 201; 202; 206; 334
Simulated Client	No adaptation required; however, study teams may develop profiles that best match the prevailing contraceptive use norms in their country
Provider Interview	06
Facility Audit	04; 208; 400; 702; 703

3.2. Training Data Collectors

It is important to take sufficient time to train data collectors on research ethics and consent, rights, FP, and the instruments themselves. It is recommended that the training take four to five days. The data collectors should be retrained before administering any data collection set.

Suggested sessions for training data collectors are as follows:

Session I: Introduction and background

This session should focus on familiarizing data collectors with FP and the objectives and key concepts of VRBFP.

- 1) Introduction to FP: This segment should include an overview of the benefits of FP; the importance of voluntary choice in FP programs and services; key attributes of FP methods; a description of most common short-acting, long-acting, and permanent methods of FP available in the country; and discussion of quality of and access to FP services. Resources are available at: <https://www.fptraining.org/project-cm>.

- 2) Introduction to basic human rights: This segment provides a summary of the legal and social constructs of human rights, and the philosophy supporting them.
- 3) Objectives of VRBFP: The objective of the VRBFP is to use a set of globally agreed human rights standards and principles to guide program assessment, planning, implementation, monitoring, and evaluation, enabling individuals and couples to decide freely and responsibly on the number and spacing of their children, possess the information and services to do so, and be treated equitably and free of discrimination.
- 4) Key concepts in VRBFP: Rights-Based Approaches to Family Planning: Training should include the underlying human rights and empowerment principles as well as the details of the key principles and standards, and how they are operationalized in programming. Resources are available at: <http://www.whatworksassociation.org/human-rights-based-programming.html#training>

Session II: How to conduct interviews

This session should focus on interviewing techniques, including the following:

- Ask questions correctly, using only the wording in the questionnaire. The questions must be asked in the exactly the same way to each respondent, reading the exact wording written in a neutral tone of voice.
- Always remain neutral when conducting interviews to prevent bias and ensure that the respondent does not feel pressured or judged, regardless of how they answer the questions in the data collection instrument.
- Maintain eye contact and listen.

Session III: Ethical considerations

This session should address ethical issues related to the study process, including the following:

- The importance of ethics in research with human subjects
- The three basic research ethics principles: respect for persons, beneficence, and justice⁶
- The voluntary nature of participation
- How to guard the privacy of respondents and confidentiality of the information they provide
- How to obtain informed consent from both providers and clients

Various research ethics training curricula are available online to support data collectors—for example: <https://www.fhi360.org/sites/default/files/webpages/RETCCR/en/RH/Training/trainmat/ethicscurr/RETCCREn/index.html>.

Session IV: Introduction to the Tool and the instruments

This short session should provide an overview of the Tool, including why and how it was developed, and the purpose of each of the four instruments.

⁶ Respect for persons means that “individuals should be treated as autonomous agents, and that persons with dimensioned autonomy are entitled to protection.” Beneficence means that “persons are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being.” Justice asks “Who ought to receive the benefits of research and bear its burdens? This is a question of justice, in the sense of ‘fairness in distribution’ or what is deserved.’ An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly.” Available at: <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html#xbasic>.

Session V: How to select respondents

During this session, the data collection team will learn how to select respondents for the different instruments. The selection procedure will be based on the agreed sampling framework and eligibility criteria described in Table 3.

Facilities should be selected based on the following criteria:

- They provide either integrated or stand-alone FP services.
- District health authorities (or other relevant authorities) agree the facility can be included in the assessment.
- The facility manager agrees to complete the facility audit.

Table 3. Selection Criteria for Each Instrument

Facility Audit	Respondent is the facility manager of all selected facilities
Client Exit Interview	<p>Respondents should be recruited based on the following inclusion criteria:</p> <ul style="list-style-type: none"> • They access FP services in the selected health facilities. • They access services on selected dates. • They consent to participate after being administered the informed consent form. • Depending on institutional review board/ethics committee or local requirements, vulnerabilities of potential clients should be analyzed—for example, in some settings only adults (18+) should be asked to participate; in others, depending on partner attitudes toward contraception, it may be safe to interview only those women who attend the clinic alone.
Simulated Client	<p>The simulated clients selected should be able to do the following:</p> <ul style="list-style-type: none"> • Look, dress, and behave as women do in the community around the facility • Act as the persona of their profile and remember the basic elements therein • Have a basic understanding of the various FP methods available at the facility
Provider Interview	<p>Respondents should be recruited based on the following inclusion criteria:</p> <ul style="list-style-type: none"> • They are currently employed at the selected health facilities. • They currently provide FP services. • They consent to participate.

Session VI: Completing the questionnaire

During this session, trainers should go through each instrument question by question with the group. Each question should be read to ensure that all of the data collectors understand the purpose of the question and can identify any potential problems. During this stage, it is important to explain how the forms should be completed.

The review of the instruments should include defining terms, reviewing the meaning of questions and how to record answers, and adapting the methodology to local conditions as necessary. If the instruments are translated into the local language, the session can also include a check that they were translated correctly and the meaning of questions has not changed from the original.

Because each instrument has a slightly different consent form, a review of them should be included in the discussion of each respective instrument. Role play that uses the instruments should be included in this session to increase the data collector's familiarity with the instruments. Interviewers should be paired up and practice asking each other the questions. This approach can help identify any mistakes in how questions are asked and how the questionnaires are filled.

Session VII: Field testing

The trainers and data collectors should go to the field together to practice the entire data collection process, from selecting the respondents to conducting interviews under observation. Facilities similar to the selected facilities and meeting the selection criteria should be selected for field testing. Each data collector can practice conducting interviews, and supervisors can monitor the interviews and check the filled-out questionnaires for missing data and inconsistencies that may indicate an issue with some questions.

Session VIII: Preparing for fieldwork

In this session, data collectors and supervisors report on their experiences during field testing and potential problems with the survey instruments. The questionnaire itself then can be corrected before starting data collection. Information should also be provided to interviewers about plans for fieldwork, such as transportation, lodging, and supervision.

Suggested Agenda for Training	
DAY	SESSION
Day One	Session I: Introduction and background
	Session II: How to conduct interviews
Day Two	Session III: Ethical considerations
	Session IV: Introduction to the Tool and the instruments
	Session V: How to select respondents
Day Three	Session VI: Completing the questionnaire (review of instruments)
Day Four	Session VI: Completing the questionnaire (role play)
Day Five	Session VII: Field testing
	Session VIII: Preparing for fieldwork

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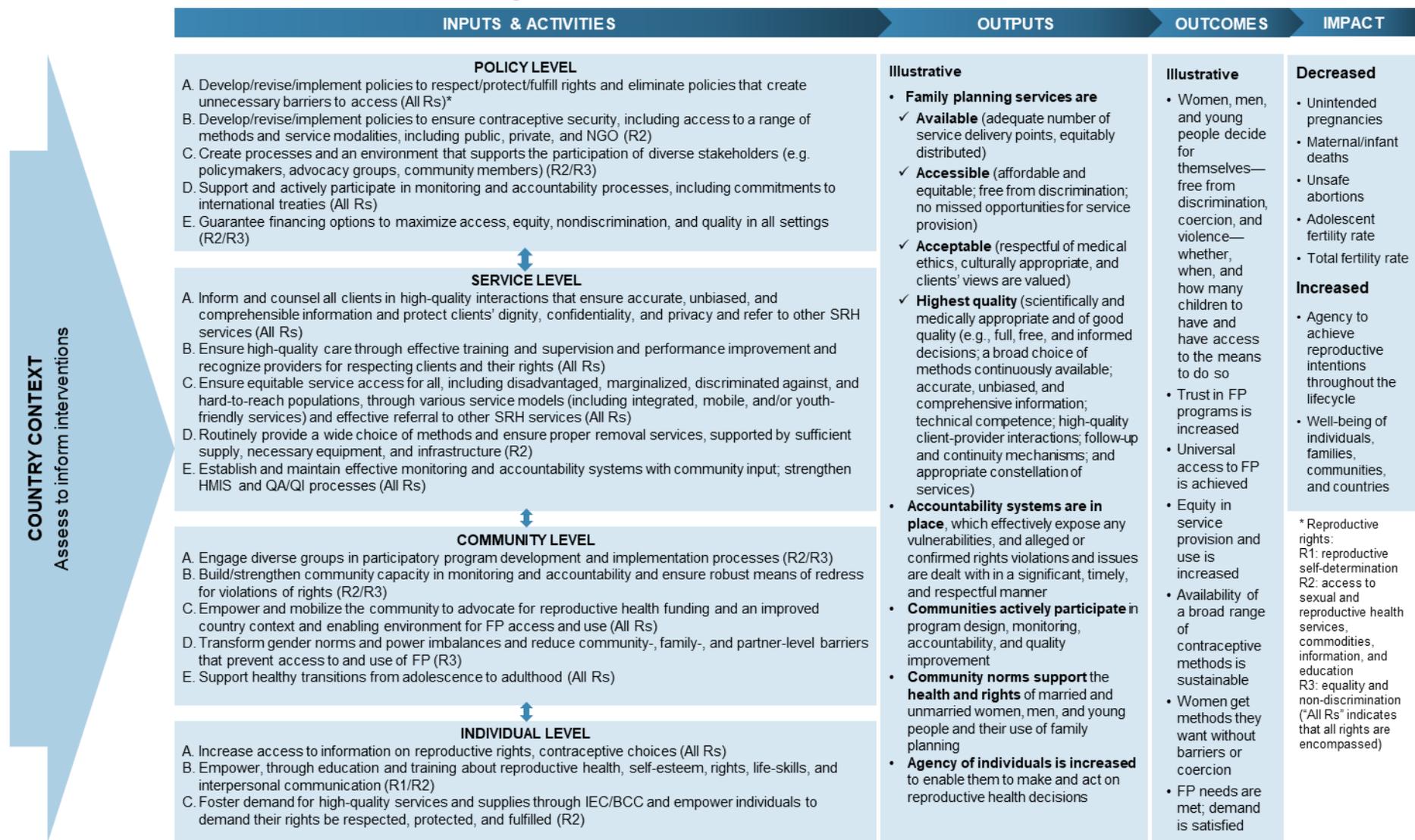
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Annex 1. Framework for Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights



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Annex 2. Definition of the Indicators

Section A: High-Quality Patient-Client Interactions—Information and Counseling

A-1. Clients' information is kept confidential

This indicator measures two dimensions of confidentiality—whether the provider assures clients that the details of the counseling session are confidential and whether the client believes the information shared will remain confidential. “It is important that providers assure that the client-provider exchange will remain confidential so that the client will feel comfortable talking about sensitive topics and will be open and honest about personal issues. In small communities in particular, clients may be more likely to seek services if they feel confident that their privacy will be protected” (MEASURE Evaluation, 2016, pp. 6-7). Furthermore, “if a client is to access care and continue contraceptive use, it is important that she feel that the information that she discloses about herself is kept confidential. This indicator is also important because a client's health may be jeopardized if she does not feel comfortable disclosing personal information (e.g., number of sexual partners or previous abortions)” (MEASURE Evaluation, 2016, p. 10).

A-1 combines two indicators from the QIQ—Indicator I-2: Provider assures client of confidentiality; and I-17: Client believes provider will keep his/her information confidential.

A-2. Provider and staff treat client with respect/courtesy

Actions to take in treating clients with respect generally include such things as greeting clients in a friendly tone, making eye contact, addressing them by their proper name, answering questions, and making sure they are comfortable during the service visit. “How a provider shows respect will be dictated by cultural norms. Regardless of the form it takes, it is important that a client leave the clinic feeling like she was treated well by the provider. A client that feels respected may be more likely to continue to seek services at the clinic, and consequently will be more likely to continue contraceptive use” (MEASURE Evaluation, 2016, p. 8). Respectful treatment by all staff and providers is important because how welcome the clients feel at the service site leaves an impression on them. “Clients who feel they are treated well by the staff may be more likely to access services at the clinic in the future and to continue contraceptive use” (MEASURE Evaluation, 2016, p. 9).

A-2 combines two indicators from the QIQ—Indicator I-7: Provider treats client with respect/courtesy; and Indicator I-14: Staff treats client with dignity and respect and staff treats client with dignity and respect.

A-3. Client is actively engaged in discussion/consultation with provider and selection of method

Clients are considered to be actively engaged if they participate in the discussion and feel comfortable/are able to ask questions of the provider about the method or service they are receiving, including stating their preferences and expressing any concerns they might have.

A-3 comes from Indicator I-15 from the QIQ: Client participates actively in discussion and selection of method [is “empowered”].

A-4. Facility offers privacy for all elements of service delivery

This indicator includes having visual and auditory privacy at the facility. Visual privacy can be a separate room with a door that closes or an area enclosed by a curtain. Auditory privacy means that counseling is conducted out of hearing range of others in the facility.

A-4 is adapted from Indicator I-20 from the QIQ: Facility offers privacy for pelvic exam/IUD insertion).

A-5. Clients experience free choice

Clients should be able to make their own decisions about contraceptive use without unwanted influence from others, including providers, partners, or family members. Facilities that ensure clients are making their own voluntary decisions show commitment to promoting agency, autonomy, and empowerment.

A-6. Clients experience full choice

Clients should be given a choice among a range of contraceptive methods. Although there is no prescribed range of methods that should be available at health facilities, and each country will have policies on the methods included in its FP program, WHO (2014) recommends five types of methods: (1) emergency contraception, (2) methods for disease prevention (e.g., male/female condom), (3) short-term reversible methods (e.g., pills, injectables), (4) long-term reversible methods (e.g., IUDs, implants), and (5) permanent methods (e.g., male/female sterilization). Natural methods – Standard Days Method (SDM) and Lactation Amenorrhea Method (LAM) should also be available. This broad range of options also gives clients the choice between hormonal and non-hormonal methods, and client-controlled vs. provider-controlled methods.

A-6 also incorporates I-16 from the QIQ: Client receives his/her method of choice, which is also important for ensuring that clients are able to exercise full choice. “A client may have a method of choice when s/he arrives at the clinic. If there are no contraindications for the client to receive that method, providers should give that method. If a client does not receive his/her method of choice due to provider preference for other methods, or because the method is not in stock, this is a reflection on the quality of services provided at the clinic. A client may prefer a method because s/he is familiar with it (i.e., other members of the family or community use it), which may make the client more likely to use it correctly and consistently” (MEASURE Evaluation, 2016, p. 10).

A-7. Clients experience informed choice

Clients should have sufficient accurate information about a range of contraceptive methods and more detailed information about the method they choose. “A good counseling and clinical session with a provider will include the determination of a client’s needs based on his/her clinical history and reproductive intentions,” with the session guided accordingly (MEASURE Evaluation, 2016, p. 8).

Once a client has selected a method, she/he should be told and understand its effectiveness (theoretical and in actual practice), how to use it, potential side effects and complications, what to do if he/she has any issues with the method, and that she/he can switch methods if he/she wants. “By describing the possible advantages and disadvantages of a particular method, a provider can help the client make an informed choice about the method s/he would like to use” (MEASURE Evaluation, 2016, p. 8).

A-7 is adapted from two indicators from the QIQ—Indicator I-8: Provider tailors key information to the particular needs of the specific client; and Indicator I-9: Provider gives accurate information on the method accepted [how to use it, side effects, complications].

A-8. Provider bias is minimized

Providers should give medically accurate information to clients to allow her/him to make decisions about contraceptive use. Providers should be objective and not interject their own views or biases into the information provided to clients so as not to influence the clients’ decisions. Providers should be unbiased with respect to both methods and client groups. This point is particularly important when serving youth, unmarried clients, and when working in contexts in which cultural pressure

exists for clients to obtain the permission of someone else (e.g., a partner) to use FP or a method of contraception. Providers should show respect for the rights of people to receive counseling and services irrespective of age, sex, and relationship status.

Bias should not be confused with medically accurate information that indicates, for example, that a certain method of contraception is contraindicated for a client (e.g., according to the WHO Medical Eligibility Criteria).

A-8 is adapted from QIQ Indicator I-12: Provider recognizes/identifies contraindications consistent with guidelines.

A-9. Clients and staff have access to education and communication materials about rights and have an understanding of rights

Literacy among clients, providers, and staff regarding rights related to FP and reproductive health is critical for implementing rights-based programming. With rights literacy, clients know to what they are entitled, and providers and staff also know those rights and the information and services needed to ensure those entitlements are respected, protected, and fulfilled. Facilities with education and communication materials for clients, providers, and staff that cover the relevant rights and rights and empowerment principles thereby demonstrate a commitment to rights-based programming.

Section B: Training, Supervision, and Performance Improvement

B-1. Facility has an established supervisory system that includes providers' responsibilities for respecting, protecting, and fulfilling clients' human rights; rewards for protecting clients' human rights; and consequences for compromising clients' human rights

Providers need to be supported in providing rights-based services; a supervisory system that provides positive reinforcement for adhering to rights-based programming and the consequences of compromising clients' rights indicates that a facility takes seriously the need for services to be client centered and rights based. Providers should not be penalized if they have not been trained adequately or do not have other supports in place (see Indicator B-5) to provide rights-based services.

B-2. Facility has received a supervisory visit in past X months

Supervisory visits serve to reinforce skills and mentor and support staff. Furthermore, supervisory visits provide routine oversight to ensure that facilities "are compliant with guidelines. Supervisory visits remind staff of the need to maintain a certain standard of quality in their work and can be used effectively to motivate staff to continue performing well" (MEASURE Evaluation, 2016, p. 11).

B-2 is adapted from Indicator 1.22 from the QIQ: Facility has received a supervisor visit in X months.

B-3. Facility has service delivery guidelines based on international standards that explicitly cite the role of providers in respecting, protecting, and fulfilling clients' human rights

The presence of service delivery guidelines indicates that standards for care are in place. It is important that the guidelines are up to date and based on the latest scientific evidence to guide practices. Although the presence of service delivery guidelines does not guarantee they will be used, "acceptable procedures and practices are more likely to occur if clinic personnel are able to easily refer to the guidelines.... they are a minimum requirement for good service delivery" (MEASURE Evaluation, 2016, p. 11). Furthermore, the guidelines should explicitly include the roles and responsibilities of healthcare staff in respecting, protecting, and fulfilling individuals' human rights.

B-3 is adapted from Indicator 1.24 from the QIQ: Facility has state-of-the-art guidelines.

B-4. Providers have adequate knowledge and skills to provide quality, rights-based services to clients

To provide quality, rights-based services, in addition to technical training on the provision of FP information and services supported by guidelines, providers need to receive skills-based training on relevant human rights and rights and empowerment principles (Table 1 in this Tool and WHO, 2014; UNFPA and WHO, 2015; WHO, 2017a, b; FP2020, 2015 2018), and how they should ensure compliance with them in the services provided. Training materials on rights-based FP are available from: <http://www.whatworksassociation.org/human-rights-based-programming.html#training>.

B-5. Providers and other staff have adequate support to ensure rights-based services in their jobs

Programs committed to providing clients with rights-based information and services will support providers to do so through adequate training, supervision, policies and guidelines, reliable availability of a range of contraceptives and supplies, infection control procedures, job aids and client education materials, and space that can afford privacy. In addition, staff will have clear performance expectations, receive adequate compensation on a regular basis, and not be subject to numerical performance targets or quotas for contraceptive users or incentives for specific methods.

B-6. There are no policies, plans, or operational guidelines that operate at the facility level that compromise clients' human rights

Policies, plans, and guidelines that govern facilities and service provision should be developed and/or revised to support rights and rights and empowerment principles that relate to FP and reproductive health. Policies related to the range of methods offered by the program, method-specific promotion, eligibility criteria, incentives, performance targets, and performance-based financing all have implications for human rights that must be considered. Definitions of and guidance on operationalizing the rights and rights and empowerment principles, shown in Table 1 in this Tool, are available from WHO, 2014; UNFPA and WHO, 2015; WHO, 2017a, b; FP2020, 2015, 2018; FP2030, 2021; UNFPA and WWA, 2021).

Section C: Equitable Service Access

C-1. Facility has the ability to track characteristics of its clients and provide services to these populations

To ensure they are reaching all potential clients equitably and meeting the varied needs of the clients they serve, facilities should have the ability to track client characteristics through disaggregating data by various sociodemographic characteristics, including age, and monitor who is receiving services and who is not based on the sociodemographic profile of community.

C-2. Facility has established referral and follow-up systems

Facilities that provide continuity of care by having well-established follow-up systems that let clients clearly know when they should return for services (e.g., for re-check or resupply, or in the case of side effects or complications). Such facilities also have strong referral systems for services not offered at the facility, to show that they aim to meet the full range of clients' needs. Moreover, these facilities demonstrate their commitment to ensuring that clients are supported in continuing to use FP services, including switching methods or discontinuing one if clients want to do so.

C-3. Facilities offer a range of integrated medical services, along with offering FP information and counseling on non-FP services

Facilities that offer clients reproductive health information and services beyond FP, and those that offer FP information and services beyond the other health services they primarily offer, should have a system in place to make those internal referrals, thus showing commitment to treating clients as whole people with multiple needs and meeting those needs holistically while protecting the right to information and services.

C-4. Facility offers life-cycle segmented services for FP counseling and provision

Facilities should offer information and services appropriate to people's changing needs over the course of their reproductive lives.

C-5. Clients experience easy access to facilities and services, including geographic, financial, and social accessibility and convenience

FP programs that reduce barriers to accessing services, including (1) having a sufficient number of facilities (or mobile outreach programs) sufficiently well distributed that they are close enough for clients and potential clients to reach; (2) providing mobile outreach services to serve hard-to-reach groups; (3) ensuring that accessing services is affordable (regarding both transportation costs and services fees); (4) have social mobility that permits them to visit service sites, thus eliminating social stigma for use; and (5) services ensuring convenience in service hours and waiting times, indicating their commitment to ensuring service access.

For waiting times, QIQ Indicator I-25 uses as a rule of thumb that although acceptable waiting times can vary across cultures, waiting times longer than 30 minutes show disrespect for clients (MEASURE Evaluation, 2016).

C-6. Facilities provide referrals for removal of implants and IUDs on demand

Access to removal of provider-dependent methods, such as implants and IUDs, is critical to ensuring that clients have free choice regarding FP use. Access to these services also supports clients' agency and autonomy related to method discontinuation or switching. Facilities that have the capacity to offer removal (e.g., a higher-level health facility with trained staff and the necessary equipment and supplies) should offer removal on demand. Lower-level facilities that can provide effective referrals for such removals indicate a focus on meeting clients' needs. The FP program should ensure that removals are available at a sufficient number of facilities so referrals are readily acted on.

Section D. Method Mix, Supply, Equipment, and Infrastructure

D-1. Facility has a regular supply of unexpired commodities and offers a range of methods to meet clients' varied needs

It is critical to ensure a regular supply of contraceptive methods and that a range of methods to meet clients' changing needs over time is available for their choice. WHO (2014) recommends five types of methods to ensure full choice of methods: (1) emergency contraction, (2) methods for disease prevention (e.g., male/female condoms), (3) short-term reversible methods (e.g., pills, injectables), (4) long-term reversible methods (e.g., IUDs, implants), and (5) permanent methods (e.g., male/female sterilization).

The definition of D-1 is adapted from QIQ Indicator 1.18 from the QIQ: Facility has a regular supply of unexpired commodities and offers a range of methods to meet the needs of different clients. "Facilities

that are fully stocked with all contraceptive methods approved* [see note below] for the site and that have a referral mechanism in place for methods the facility does not provide are prepared to ensure full choice to clients. Facilities that have experienced one or more stockouts in the last six months are not able to consistently deliver services, and this may be a deciding factor for potential clients. If the facility does not consistently stock all methods, clients will either seek services at facilities that are reliable, or they may discontinue contraceptive use” (MEASURE Evaluation, 2016, p. 10).

** Note: Approved methods are those that the facility is licensed to provide. Some facilities are able to provide a range of methods (both re-supply and clinical methods); others do not have properly trained personnel to deliver all methods (i.e., those that require substantial clinical training to deliver).*

D-2. Facility has basic supplies and equipment needed for delivery of the methods available through facility

Facilities should have equipment and supplies as stipulated by national and/or local guidelines for the safe provision of contraception. Although the lists may vary, including by type of facility, some items “serve as ‘markers’ for the adequacy of equipment and supplies” (MEASURE Evaluation, 2016, p. 10). The QIQ lists such supplies and equipment as, for example, “sterilizing equipment, gloves, blood pressure cuff, specula, IUD kits, surgical instruments and supplies necessary to perform sterilization, where offered, adequate light, and water.” Supplies and equipment for implant insertion and removal should be included, where relevant.

D-2 is adapted from QIQ Indicator I-19: Facility has all basic items needed for the delivery of methods available through the service delivery point. As with the QIQ list, the list in D-2 reflects the key supplies and equipment indicative of the safe provision of contraception.

D-3. Facility adequately stores contraceptives and medicines on premises

Contraceptives must be stored properly to ensure they work as intended to prevent pregnancy. Contraceptives and medicines need to be protected from damage by sunlight, heat, and water, and thus “need to be stored in such a way as to protect their integrity” (MEASURE Evaluation, 2016, p. 11).

D-3 derives from QIQ Indicator I-23: Facility has adequate storage of contraceptives and medicines (away from water, heat, direct sunlight) on premises.

Section E: Monitoring and Accountability Systems

E.1. Facility has mechanisms to make programmatic changes based on client and community feedback

Soliciting client feedback and making programmatic changes based on that feedback is integral to ensuring the programs remain accountable to clients. “Facilities that have mechanisms in place to both collect and act on client [and community] feedback demonstrate that they are sensitive and responsive to client needs. Facilities that are willing to make programmatic changes based on client [and community] feedback are more likely to have satisfied clients that return on a regular basis” (MEASURE Evaluation, 2016, p. 11).

E-1 derives from QIQ Indicator I-21: Facility mechanisms make programmatic changes based on client feedback).

E.2. Facility has a mechanism to identify and address rights vulnerabilities and abuses by providers or other staff

Facilities that have mechanisms in place to identify and address rights vulnerabilities and abuses by providers or staff as identified by clients or by providers/staff demonstrate a commitment to respecting, protecting, and fulfilling clients' rights. This commitment involves protocols for investigating and documenting alleged human rights violations and managing confirmed abuses, including how to help clients access formal redress and remedy mechanisms. The mechanism includes the existence of protocols or procedures for investigating rights violations, including identification of the individual(s) responsible for managing the investigation, as well as the process for remedy and redress of any confirmed violations.

E.3. Facility manages and uses health services data for improving programming

Facilities that collect, manage, and use data collected as part of monitoring systems to improve services demonstrate a commitment to client-oriented programming and making evidence-based improvements.

Annex 3. VRBFP Indicators and Links to the Rights and Empowerment Principles

Indicator		Rights and Empowerment Principles									
#	Description	Acceptability	Accessibility	Availability	Quality	Accountability	Agency/ Autonomy/ Empowerment	Equity, Equality and Non-Discrimination	Informed choice	Participation	Privacy and Confidentiality
Section A: High Quality Provider-Client Interactions – information and counseling											
A-1	Clients' information is kept confidential				X						X
A-2	Provider and staff treat client with respect/ courtesy	X			X		X	X			
A-2	Client is actively engaged in discussion/ consultation with provider and selection of method	X	X		X		X		X		
A-3	Facility offers privacy for all elements of service delivery	X									X
A-5	Clients experience free choice	X			X		X		X		
A-6	Clients experience full choice	X	X	X	X		X	X	X		
A-7	Clients experience informed choice	X	X	X	X		X				
A-8	Provider bias is minimized		X		X		X	X			
A-9	Clients and staff have access to education and communication materials about rights and have an understanding of rights	X	X	X	X	X	X	X	X	X	X
Section B: Training, Supervision and Performance Improvement											
B-1	Facility has an established supervisory system that includes providers' responsibilities for respecting, protecting, and fulfilling clients' human rights, has rewards for protecting clients' human rights, and has consequences for compromising clients' human rights				X	X	X		X		
B-2	Facility has received a supervisory visit in X months				X	X					
B-3	Facility has service delivery guidelines based on international standards that explicitly cite the role of providers in respecting, protecting, and fulfilling clients' human rights	X	X	X	X	X	X	X	X		X
B-4	Providers have adequate knowledge and skills to provide quality, rights-based services to clients	X	X	X	X	X		X	X		X
B-5	Providers and staff have adequate support to ensure rights-based services in their jobs	X	X	X	X	X		X	X		X

Indicator		Rights and Empowerment Principles									
#	Description	Acceptability	Accessibility	Availability	Quality	Accountability	Agency/ Autonomy/ Empowerment	Equity, Equality and Non-Discrimination	Informed choice	Participation	Privacy and Confidentiality
B-6	There are no policies, plans, or operational guidelines that operate at the facility level that compromise clients' human rights			X		X	X	X			
Section C: Equitable Service Access											
C-1	Facility has the ability to track characteristics of its clients and provide services to these populations					X		X			
C-2	Facility has established referral and follow-up system		X	X	X	X					
C-3	Facilities offer a range of integrated medical services, along with offering FP information and counseling at non-FP services		X	X							
C-4	Facility offers life-cycle segmented services for FP counseling and provision	X			X		X	X			
C-5	Clients experience easy access to facilities and services, including geographic, financial, and social accessibility and convenience	X	X	X	X		X	X			
C-6	Facilities provide referral for removal of implants and IUDs on demand			X	X		X		X		
Section D: Method Mix, Supply, Equipment and Infrastructure											
D-1	Facility has a regular supply of unexpired commodities and offers a range of methods to meet the needs of different clients		X	X	X						
D-2	Facility has basic supplies and equipment needed for delivery of methods available through the facility		X	X	X						
D-3	Facility adequately stores contraceptives and medicines on premises				X						
Section E: Monitoring and Accountability											
E-1	Facility has mechanisms to make programmatic changes based on client and community feedback					X				X	
E-2	Facility has mechanism to identify and address rights vulnerabilities and abuses by providers or other staff					X				X	
E-3	Facility manages and uses health services data for improving programming				X	X					

Annex 4. Number of Measurement Items for the VRBFP Indicators, by Instrument

Indicator	Number of Measurement Items±				
	Facility Audit	Client Exit Interview	Simulated Client*	Provider Interview	
Background Questions (labeled as Z)	0	28	0	5	
Section A: High Quality Patient-Client Interactions—information and counseling					
A-1	Clients' information is kept confidential	0	3	1	0
A-2	Provider and staff treat client with respect/courtesy	0	7	2	0
A-3	Client is actively engaged in discussion/consultation with provider and selection of method	0	4	4	0
A-4	Facility offers privacy for all elements of service delivery	2	2	3	2
A-5	Clients experience free choice	0	8	4	2
A-6	Clients experience full choice	1	3	1	1
A-7	Clients experience informed choice	1	7	16	0
A-8	Provider bias is minimized	0	0	0	4
A-9	Clients and staff have access to education and communication materials about rights and have an understanding of rights	4	6	0	7
Section B: Training, Supervision and Performance Improvement					
B-1	Facility has an established supervisory system that includes providers' responsibilities for protecting, respecting, and fulfilling clients' human rights, has rewards for protecting clients' human rights, and has consequences for compromising clients' human rights	8	0	0	12
B-2	Facility has received a supervisory visit in past X months	1	0	0	4
B-3	Facility has service delivery guidelines based on international standards that explicitly cite the role of providers in respecting, protecting and fulfilling clients' human rights	2	0	0	0
B-4	Providers have adequate knowledge and skills to provide quality, rights-based services to clients	4	2	40	6
B-5	Providers and other staff have adequate support to ensure rights-based services in their jobs	4	0	0	16
B-6	There are no policies, plans, or operational guidelines that operate at the facility level that compromise clients' human rights	8	0	0	4
Section C: Equitable Service Access					
C-1	Facility has the ability to track characteristics of its clients and to provide services to these populations	4	0	0	0
C-2	Facility has established referral and follow-up system	4	3	0	2
C-3	Facilities offer a range of integrated medical services, along with offering FP information and counseling at non-FP services	3	0	0	0
C-4	Clients experience easy access to facilities and services, including geographic, financial, and social accessibility and convenience	14	15	1	0
C-5	Facilities provide referral for removal of implants and IUDs on demand	3	0	0	0
Section D. Method Mix, Supply, Equipment, and Infrastructure					
D-1	Facility has a regular supply of unexpired commodities and offers a range of methods to meet the needs of different clients	6	0	0	0

Indicator		Number of Measurement Items±			
		Facility Audit	Client Exit Interview	Simulated Client*	Provider Interview
D-2	Facility has basic supplies and equipment needed for delivery of methods available through facility	4	0	0	3
D-3	Facility adequately stores contraceptives and medicines on premises	4	0	0	0
Section E: Monitoring and Accountability Systems					
E-1	Facility has mechanisms to make programmatic changes based on client and community feedback	11	0	0	3
E-2	Facility has a mechanism to identify and address rights vulnerabilities and abuses by providers or other staff	0	3	0	5
E-3	Facility manages and uses health services data for improving programming	4	4	0	0
<p>± A measurement item consists of a single or multi-part question designed to get at a specific concept. Therefore "Have you used a contraceptive in the last month?" which a yes/no answer option is a measurement item; so is "Please name all of the following counseling behaviors you believe are required at each patient visit" with multiple options being read out to the interviewee.</p> <p>*The simulated client instrument offers two scenarios for simulated clients. Each scenario has the same set of indicators; here we report the distribution for one scenario.</p>					

Annex 5. Facility Audit Data Collection Instrument

COVER DATA FOR FACILITY INSTRUMENT

01	Health Facility Name						
02	District						
03	Date of interview	DAY		MONTH		YEAR	
04	Interviewer ID						
05	Interviewee ID						
06	Language of interview	<i>Adapt to local context</i>				1	
						2	
						3	
						4	
		Other (Specify)_____				96	
07	Type of service delivery point where interview took place	Hospital				1	
		Family Planning Clinic				2	
		Health Center				3	
		Health Post				4	
		Outreach				5	
		Other (Specify)_____				96	
08	Type of sector	Government				1	
		Other NGO				2	
		Missionary				3	
		Private				4	
		Other (Specify)_____				96	
10	Ensured privacy and confidentiality for the interview?	Yes				1	
		No				0	
11	Consent form signed?	Yes				1	
		No				0	
12	Result of interview?	Complete				1	
		Incomplete				2	
		Refused				3	
		Other (Specify)_____				96	
13	Supervisor check list completed	Yes				1	
		No				0	
14	Supervisor signature						

No.	QUESTIONS	CODING CATEGORIES	CODE	INDICATOR				
100	INT: Record the time.	Hour..... Minutes.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					
MODULE 1: HUMAN RIGHTS EXPOSURE AND KNOWLEDGE								
INT: For questions 101-103, ask the facility manager or a knowledgeable/senior provider.								
INT READ OUT: "I am going to begin the interview by asking you some background questions."								
101	Do you know what client rights are?	Yes No	1 0... SKIP TO MODULE 2	A-9				
102	Do you know what client rights are related to family planning?	Yes No	1 0... SKIP TO MODULE 2	A-9				
103	Please name all the client rights that you are aware of that relate to family planning: INT: Allow spontaneous response. Circle all answers that are mentioned or described; probe "Anything else?" Note: Respondents can describe the concept, they don't have to say the exact phrases.	Availability: services are available to all clients Accessibility: easily accessible services Acceptability: services are acceptable to clients Quality: high quality care Informed choice: clients have accurate and comprehensible information Autonomy/agency/empowerment: clients can make decisions about own healthcare Equity and non-discrimination: all clients have access to the same services and treatment as others Privacy: clients have the right to privacy Confidentiality: clients have the right to confidentiality Other (Specify)_____	A B C D E F G H I X	A-9				

MODULE 2: SERVICES PROVIDED AT FACILITY				
INT: For questions 200-211, READ OUT: "Next, I am going to ask you about all the services provided at this facility."				
200	Does facility provide any services besides family planning services?	Yes No	1 0... SKIP TO MODULE 3	C-3
201	Are the following services offered by the same providers who offer family planning at this facility: INT: Read out answers, pause in between		Yes No Not offered at this facility	C-3
	a) Antenatal care	1	0	98
	b) Maternity care/delivery services	1	0	98
	c) Child health services (including immunizations, nutrition, growth monitoring and	1	0	98

	answers to allow respondent to say “Yes” or “No” and circle their answer.	Integrated management of childhood illness (IMCI)				
		d) Postnatal care	1	0	98	
		e) HIV/AIDS and other Sexually Transmitted Infections (any services, including voluntary counseling and/or testing and care and treatment)	1	0	98	
		f) Treatment of incomplete abortion	1	0	98	
		g) Adult health services (including curative services and management of chronic illness)	1	0	98	
202	Does this facility provide any referrals to clients for services that are not available here?	Yes 1 No 0... SKIP TO 206				C-2
203	For which of these services do you give clients referrals? INT: Read out answers, pause in between answers to allow respondent to say “Yes” or “No” and circle their answer.		Yes	No		C-2
		a) Antenatal care	1	0		
		b) Maternity care/delivery services	1	0		
		c) Child health services (including immunizations, nutrition, growth monitoring and Integrated management of childhood illness (IMCI)	1	0		
		d) Postnatal care	1	0		
		e) HIV/AIDS and other Sexually Transmitted Infections (any services, including voluntary counseling and/or testing and care and treatment)	1	0		
		f) Treatment of incomplete abortion	1	0		
		g) Adult health services (including curative services and management of chronic illness)	1	0		
204	How are client referrals made? INT: Allow spontaneous response; circle all answers that are mentioned.	Standard referral/slip/voucher Referral directory Call and arrange appointment Provide client with information on where to go Other (Specify)_____	A B C D X			C-2
205	Is there a record of client referrals for this facility?	Yes 1 No 0				C-2

206	Does this facility provide family planning services outside of the clinic?	Yes No	1 0... SKIP TO MODULE 3	C-4
207	Where are these services provided?	Satellite office In community In Mobile unit Other (specify)_____	A B C X	C-4
208	Does the facility offer the following services outside of the clinic?		Yes No	C-4
	<i>Adapt to local context</i>	a) Antenatal care	1 0	
	INT: Read out answers, pause in between answers to allow respondent to say "Yes" or "No" and circle their answer.	b) Maternity care/delivery services	1 0	
		c) Child health services (including immunizations, nutrition, growth monitoring and IMCI)	1 0	
		d) Postnatal care	1 0	
		e) HIV/AIDS and other STDs (any services, including VC and/or T and care and treatment)	1 0	
		f) Treatment of incomplete abortion	1 0	
		g) Adult health services (including curative services and management of chronic illness)	1 0	
209	Who provides these services? INT: Allow spontaneous response; circle all answers that are mentioned.	Doctors Nurses/midwives VHTs Peer counselors Community Health Officer (CHO) Pharmacist Community Health Volunteers Other (Specify):_____	A B C D E F G X	C-4
210	Are these services provided routinely?	Yes No Depends on funding	1 0 2	C-4

MODULE 3: FAMILY PLANNING SERVICES

		Provides	No-Does not routinely provide	No-never provides		
300	INT: READ OUT “First, I will ask you about the family planning methods the facility provides.” Read out each method and ask the interviewee whether it is provided (i.e., they stock the commodity). Circle the response and continue onto the next method.	a) Progestin-only injectables b) Combined hormonal injectables c) Progestin-only pills d) Combined hormonal pills e) Condoms f) IUD/Intrauterine Device g) Implants h) Natural family planning methods i) Emergency Contraception j) Permanent Methods	01 01 01 01 01 01 01 01 01 01	02 02 02 02 02 02 02 02 02 02	03 03 03 03 03 03 03 03 03 03	C-3
301	Were ALL the family planning methods that the facility provides available for the entire last 6 months?	Yes No	1... SKIP TO 303 0		C-4	
302	What was the reason that the family planning methods were not available at the last time? INT: Allow spontaneous response; circle all mentioned.	Supplies not available Equipment not available Trained staff not available Other (specify)_____	A B C X		C-4	
303	Is there an established system for receiving clients at this facility, and what is it? INT: Allow spontaneous response; circle only one option.	By appointment First paid, first served First come, first served Grouped by reason for visit Other (specify)_____	1 2 3 4 96		B-3	
304	Does the facility have any services that are specifically for young people and adolescents?	Yes No	1 0		C-1	
305	Who is responsible for ordering family planning methods at this facility?	Facility Manager Procurement/Logistics Officer Medical Officer	1 2 3		D-1	

	INT: Allow spontaneous response; circle only one option.	In charge Accountant No internal principal person Other (Specify): _____	4 5 0 96	
306	Does this facility have a logistics management information system to monitor the amount of family planning methods available?	Yes No	1 0	D-1
307	How does the facility determine family planning resupply quantities? INT: Allow spontaneous answers and circle all that are mentioned.	Formula (any calculation) Completed stock/bin cards Patient records/Family Planning Register Requests from lower-level health facilities DOH Orders Other (specify): _____	A B C D E X	D-1
308	Where does the facility usually get THE MAJORITY of its family planning methods? (Your direct supplier)? INT: Allow spontaneous response; circle all that are mentioned.	National medical store/warehouse Local warehouse NGO (specify): _____ Donor Private sources DHO Other (specify): _____	A B C D E F X	D-1
309	When you run out of family planning methods, how long does it take to replace them? INT: Average time in weeks.	Within one week Within two weeks Within a month More than a month Other (specify): _____	1 2 3 4 96	D-1
310	Are family planning methods reviewed to ensure that they are within their expiration date?	Yes No	1 0	D-3

MODULE 4: STAFFING

INT READ OUT: "The next series of questions are about staffing at this facility."

400	<p>INT: READ OUT "For each of the staff categories that I read out, please tell me how many staff currently assigned to, employed by or seconded to this facility, including full-time or part time staff."</p> <p><i>Adapt to local context</i></p> <p>INT: Record number of staff for each category</p>	Doctors		B-5
		Nurses-Certificate		
		Nurses-Diploma		
		Nurses-Degree		
		Midwives		
		VHTs (number of members)		
		Pharmacist		
		Lab technician/assistant		
		Data clerks		
		Managerial staff		
	Other (Specify) _____			
401	Does this facility currently have enough staff to meet the demand for family planning services?	Yes	1	B-5
		No	0	
402	How many days per week are family planning services offered at this facility, including weekend days?	Number of days per 7-day week	<input type="text"/>	B-5
403	About how many family planning clients are seen in a typical week in this facility?	Number of family planning patients	<input type="text"/>	B-5

MODULE 5: FAMILY PLANNING POLICIES

INT READ OUT: "Now I'd like to ask you questions about the policies at your facility related to family planning service delivery."

500	<p>Please tell me all of the family planning methods for which clients' must be a <u>minimum age</u> to obtain the method, per facility policy.</p> <p>INT: Allow spontaneous response. Ask "Anything else?" Then read out remaining responses and circle all indicated by respondent.</p>	Progestin-only injectables	A	B-6
		Combined hormonal injectables	B	
		Progestin-only pills	C	
		Combined hormonal pills	D	
		Condoms	E	
		IUD/Intrauterine Device	F	
		Implants	G	
		Natural family planning methods	H	
		Emergency Contraception	I	
		Permanent Methods	J	
	None	W		
501	<p>Please tell me all of the family planning methods for which clients' must have a <u>minimum number of children</u> to be able to obtain the method, per facility policy.</p>	Progestin-only injectables	A	B-6
		Combined hormonal injectables	B	
		Progestin-only pills	C	
		Combined hormonal pills	D	
		Condoms	E	
		IUD/Intrauterine Device	F	
		Implants	G	
		Natural family planning methods	H	

	INT: Allow spontaneous response. Ask “Anything else?” Then read out remaining responses and circle all indicated by respondent.	Emergency Contraception Permanent Methods None	I J W	
502	Please tell me all of the family planning methods for which clients much have their <u>partner’s permission</u> in order to obtain the method, per facility policy. INT: Allow spontaneous response. Ask “Anything else?” Then read out remaining responses and circle all indicated by respondent.	Progestin-only injectables Combined hormonal injectables Progestin-only pills Combined hormonal pills Condoms IUD/Intrauterine Device Implants Natural family planning methods Emergency Contraception Permanent Methods None	A B C D E F G H I J W	B-6
503	Please tell me all of the family planning methods for which clients must have <u>permission from a parent or guardian</u> in order to obtain the method, per facility policy. INT: Allow spontaneous response. Ask “Anything else?” Then read out remaining responses and circle all indicated by respondent.	Progestin-only injectables Combined hormonal injectables Progestin-only pills Combined hormonal pills Condoms IUD/Intrauterine Device Implants Natural family planning methods Emergency Contraception Permanent Methods None	A B C D E F G H I J W	B-6
504	Does the facility have policies on how to manage patient information?	Yes No	1 0	B-3

MODULE 6: PROVIDER AND STAFF TRAINING

INT READ OUT: "Now I'd like to discuss the training of providers at this facility."

600	Are providers regularly assessed on their family planning technical skills?	Yes 1 No 0... SKIP TO 602	B-4
601	How are providers assessed on their family planning technical skills? INT: Allow spontaneous response. Circle all the responses that are mentioned.	Unspecified Clinical practicums Verbal tests Written tests Continuing Medical Education credits Supervisor observation Other (Specify):_____	A B C D E F X B-4
602	Do providers at this facility regularly receive family planning training to acquire new skills or maintain existing skills?	Yes 1 No 0... SKIP TO MODULE 7	B-4
603	What topics do these trainings generally cover? INT: Allow spontaneous response. Circle all answer categories that fit most closely to respondent answer.	Updates for service delivery guidelines Updates on family planning methods Family Planning counseling Administration of family planning methods Treatment of family planning side effects Family planning for special populations (HIV+, youth) Client rights General clinical skills Management skills Reporting Procurement Ethical guidelines Other (specify)_____ Other (specify)_____ Other (specify)_____	A B C D E F G H I J K L X X X B-4

MODULE 7: PROVIDER/STAFF REIMBURSEMENT

INT READ OUT: "Next, I will ask you questions about how staff are reimbursed."

700	Does this facility charge a fee for any component of family planning services?	Yes No	1 0... SKIP TO 705	C-4
701	What part(s) of family planning services do clients have to pay separate fees for? INT: Allow spontaneous answers; circle all that are mentioned.	Registration Counseling Clinical visit Method discontinuation/removal Medicine commodities Consumables (e.g., bandages, anesthetics, disposable syringes etc.) Other (Specify): _____	A B C D E F X	C-4
702	What is the procedure if a client is unable to pay for the fees in this facility? <i>Adapt to local context</i> INT: Allow spontaneous answers; circle all that are mentioned.	Fee exempted/discounted, no payment expected Fee exempted/discounted, payment expected later Service not provided, asked to come back when able to pay Sliding scale (Smaller fees for lower-income clients, larger fees for higher-income clients) Referred to in charge Accept payment in kind Other (specify) _____	A B C D E F X	C-4
703	Who provides the majority of funding for this facility? <i>Adapt to local context</i> INT: Allow spontaneous response; circle <u>only one</u> option.	National Ministry of Health District Health Office Reproductive Health Uganda Marie Stopes Uganda PACE Other (Specify) _____	1 2 3 4 5 96	B-6
704	Does the facility have to provide certain family planning methods to obtain funding from any donors?	Yes No	1 0... SKIP TO 706	B-6
705	In order to obtain funding this/these donors, which methods or types of methods does the facility have to provide? INT: Allow spontaneous response. Then read out remaining responses and circle all indicated by respondent.	Progestin-only injectables Combined hormonal injectables Progestin-only pills Combined hormonal pills Condoms IUD/Intrauterine Device Implants Natural family planning methods Emergency Contraception Permanent Methods	A B C D E F G H I J	A-9
706	Is there any reward or incentive system for improving provider performance at this facility?	Yes-increased funding Yes-facility prioritized for training Yes-facility recognition Other (specify) _____ No	1 2 3 96 0	B-6

MODULE 8: SUPERVISORY AND FEEDBACK SYSTEMS

INT READ OUT: “Now I will ask you questions about supervision at this facility, and systems for providing feedback.”

800	Does this facility do performance appraisals for family planning providers?	Yes 1 No 0... SKIP TO 807		B-1
801	How are performance appraisals conducted? INT: Allow spontaneous answers; circle all that are mentioned.	Verbal evaluation Observation of staff on-the-job Written evaluation Other (Specify): _____	A B C X	B-1
802	What criteria is used to evaluate providers' performance? INT: Allow spontaneous response and circle answers that most closely resemble respondents answer.	Job descriptions Organizational performance guide/guidelines Number of clients reached/served Supervisor's discretion Number of clients reached Number of clients reached with LARCS Number of clients reached with specific family planning method Complications with providers' clients Other (Specify) _____	A B C D E F G H X	B-1
803	Do performance appraisals include any assessment of clients' rights?	Yes 1 No 0... SKIP TO 805		B-1
804	What clients' rights do they include? INT: Allow spontaneous response and circle answers that most closely resemble respondents answer.	Acceptability of services for clients Accessibility of services for clients Availability of services for clients Providing quality family planning services Autonomy of clients Accountability of facilities to clients Accountability of facilities to providers Accountability of providers to clients Informed choice Non-discrimination in providing services Privacy and confidentiality Other (specify): _____ Other (specify): _____ Other (specify): _____	A B C D E F G H I J K X X X	B-1
805	Do performance expectations include any consequences for violating clients' human rights?	Yes 1 No 0... SKIP TO 807		B-1
806	What are the consequences for violating clients' human rights?	Legal action Let go from facility Transferred to another facility	A B C	B-1

	INT: Circle all answers that are mentioned; probe "Anything else?"		Lose clinical license D Probation at work E Scolding from supervisor F Clients will no longer come here G Training provided H Supervision/mentoring provided I Salary docked or withheld J Cautionary letter K Other (specify): _____ X Other (specify): _____ X Other (specify): _____ X	
807	How often in the last 6 months has an external supervisor come here to supervise family planning service delivery?	In # times over last 6 months		B-2
808	Which organizations have sent an external supervisor in the last 6 months to supervise family planning service delivery? <i>Adapt to local context</i>	MOH Fill in: _____ Fill in: _____ Fill in: _____	A B C D	B-6
809	Does the facility have a mechanism for getting staff input on problems in family planning service delivery?	Yes 1 No 0... SKIP TO MODULE 9		E-1
810	What is that mechanism? INT: Allow spontaneous answers and circle all that are mentioned.	Staff suggestion box Staff meetings Internal clinic evaluations Conversation with in-charge Other (specify): _____ None	A B C D X W	E-1
811	Is there an established community-facility committee for this facility?	Yes 1 No 0... SKIP TO Q813		E-1
812	Does the committee regularly provide input and feedback into this facility (i.e., on a routine basis)?	Yes 1 No 0		E-1
813	Does this facility have any system for determining clients' opinions about the facility's family planning services?	Yes 1 No 0... SKIP TO MODULE 9		E-1
814	Please tell me all the ways that this facility elicits clients' opinions.	Suggestion box Client survey form Client exit interviews Official meeting with community leaders	A B C D	E-1

	INT: Allow spontaneous answers and circle all that are mentioned.	Informal discussion with clients or the community Email Website Letters from clients/community Provider or other staff asks clients Phone lines Peer educators Radio talk shows Other (specify): _____	E F G H I J K L X	
815	Does client feedback have any effect on whether providers receive additional compensation?	Yes 1 No 0		E-1
816	Has any client feedback been received in the last six months?	Yes 1 No 0... SKIP TO MODULE 9		E-1
817	Who followed up with the client feedback? INT: Allow spontaneous answers and circle all that are mentioned.	Manager 1 Doctor 2 Nurse/Midwife 3 VHT 4 In charge 5 No one 6 Other (specify): _____ 96		E-1

MODULE 9: MONITORING AND EVALUATION

INT READ OUT: "I will now ask you about your systems and procedures for monitoring and evaluation."

900	Is data collected on family planning clients at this facility?	Yes 1 No 0... SKIP TO 909	E-3
901	How is family planning data collected? INT: Allow spontaneous answers and circle all that are mentioned.	Client register A Facility register B Receptionist C Medical Records D DOH forms E NGO forms F Other (Specify): _____ X	E-3
902	Does this facility have a designated person who is responsible for family planning service delivery data?	Yes 1 No 0... SKIP TO 904	E-3
903	Who is responsible for family planning service data in this facility? INT: Allow spontaneous answers and circle all that are mentioned.	Data manager/HMIS person A Facility manager B Service Provider C In-charge D Administrative assistant E Receptionist F Other (Specify): _____ X	E-3
904	Is the family planning data that is collected used by this facility?	Yes 1 No 0... SKIP TO 906	E-1
905	What is the data used for? INT: Allow spontaneous answers and circle all that are mentioned.	Determining provider pay A Determining provider work hours B Commodity ordering C Outreach strategies D Determining which services will be offered E Management F Other (Specify) _____ X Other (Specify) _____ X Other (Specify) _____ X	E-1
906	In what categories is data from this facility broken down? INT: Allow spontaneous answers and circle all that are mentioned.	Sex A Age B New or Continuing family planning users C Ethnicity D Income E Disability status F HIV status G Other (Specify) _____ X	C-1
907	Are client record cards stored at this facility? INT: Allow spontaneous response. Circle only one option.	Yes 1 No, clients keep own cards 2... SKIP TO 909 No client cards 3... SKIP TO 909	C-1
908	How are the clients record cards stored at this facility? INT: Allow spontaneous answer and circle one response that most	Locked closet or drawer-all staff have key 1 Locked closet or drawer-clinical staff only have key 2 Locked closet or drawer-administrative staff only have key 3	C-1

	<i>closely resembles respondents answer.</i>	Other (Specify) _____	In the open	4	
				96	
909	Are sterilization procedures offered at this facility?		Yes No	1 0... SKIP TO MODULE 10	A-6
910	Are informed consent forms for sterilizations kept at the facility?		Yes No	1 0	A-7

MODULE 10: OBSERVATION

INT READ OUT: “Finally, I will now ask you about availability of various items in and around the facility. I will ask you to assist me in identifying or locating these items”

1000	INT: Do staff members have written job descriptions? <i>INT: Observe written job descriptions</i>	Observed, all job descriptions available Observed, some but not all job descriptions available No job descriptions available Not Observed	1 2 0 97 97	B-1
1001	INT: Are client payment records recorded? <i>INT: Observe client payment records</i>	Observed, all records available Observed, some but not all records available No records available Services are free Not observed	1 2 0 98 97	C-4

INT: For question 1002, ask the interviewee to show you the following items:

1002		Observed, available	Reported, not observed	Not available	D-2
	National family planning guidelines	1	2	0	
	Other family planning guidelines (e.g., parent organization)	1	2	0	
	Family planning-specific visual aids, such as posters or pamphlets to help demonstrate methods to clients	1	2	0	

INT: For questions 1003-1006, ask the interviewee to take you to a FAMILY PLANNING (OR GENERAL) CONSULTATION ROOM, and show you the following items:

1003		Observed, available	Reported, not observed	Not available	D-2
	Reliable supply of clean water	1	2	0	
	Reliable supply of electricity	1	2	0	
	Hand washing soap	1	2	0	
	Waste receptacle with lid and plastic bin liner	1	2	0	
	Sharps container	1	2	0	
	Sterile latex gloves	1	2	0	

	Disinfectant	1	2	0	
	Small towel for hand drying	1	2	0	
	Single use standard disposable syringes with needles or auto-disable syringes with needles	1	2	0	
1004		Observed, available	Reported, not observed	Not available	D-2
	Light source (flashlight acceptable)	1	2	0	
	Examination bed or couch	1	2	0	
	Adult weighing scale	1	2	0	
	Thermometer	1	2	0	
	Stethoscope	1	2	0	
	Blood pressure Apparatus (digital or manual)	1	2	0	
1005	IUD INSERTION/REMOVAL Checkpoint: Does the facility provide IUD insertion or removal? <input type="checkbox"/> Yes... Proceed with Q1005 <input type="checkbox"/> No... Go to next checkpoint				C-5
	Antiseptic Solution	1	2	0	
	Sponge holding forceps	1	2	0	
	Sterile gauze pad or cotton wool	1	2	0	
	Speculum	1	2	0	
	Tenacula (Volsellum forceps)	1	2	0	
	Uterine sound	1	2	0	
1006	IMPLANT INSERTION/REMOVAL Checkpoint: Does the facility provide implant insertion or removal? <input type="checkbox"/> Yes... Proceed with Q1005 <input type="checkbox"/> No... Go to Q1006				C-5
	Local anesthetic	1	2	0	
	Sterile syringe and needle	1	2	0	
INT: For questions 1007 and 1008, ask the interviewee to take you to the SURGICAL THEATER, and show you the following items:					
1007	Medical masks	1	2	0	D-2

	Gowns	1	2	0			
	Eye protection	1	2	0			
1008	Scalpel with blade	1	2	0	C-5		
	Minor surgery kit	1	2	0			
INT: For questions 1009-1010, ask the interviewee to take you to the room or area where FAMILY PLANNING COMMODITIES ARE STORED. At this point, you can observe the following items independently.							
1009	Family Planning Commodities Checklist				D-3		
	Check to see if at least one of each commodity is valid (not expired)	Observed Available		Not Observed			
		At least 1 valid	Available non-valid	Reported available but not seen		Not available now	Never available
	Pill: combined/brown pills	1	2	3		4	5
	Pill: Progestin-only/white pills	1	2	3		4	5
	Injectable: 1 month	1	2	3		4	5
	Injectable: 2 month/Noristerat	1	2	3		4	5
	Injectable: 3 month/Depo Provera	1	2	3		4	5
	Uniject: Sayana Press	1	2	3		4	5
	Condom: male	1	2	3		4	5
	Condom: female	1	2	3		4	5
	IUD	1	2	3		4	5
	Implant: 3 years/Implanon	1	2	3		4	5
	Implant: 5 years/Jadelle	1	2	3		4	5
	Standard Days Method: Cycle Beads/Moon Beads	1	2	3		4	5
	Emergency contraception	1	2	3	4	5	
1010	Are contraceptive commodities at this facility stored in the following ways:	Are the commodities off the floor			A	D-3	
		Are the commodities protected from water			B		
		Are the commodities protected from the sun			C		
		Is the room clean of evidence of rodents or pests			D		

	INT: Observe contraceptive commodities and circle all that apply.	Is the storage room well ventilated	E		
		None of these	W		
1011	Are the contraceptive commodities organized according to date of expiration (first expire, first out)?	Yes, all commodities	1	D-3	
		Not all commodities	2		
		No	0		
INT: For question 1012, ask the interviewee to show you the FAMILY PLANNING STOCK RECORDS. At this point, you can observe the following items independently.					
1012	Family Planning Stock-Out			D-1	
	Check the facility records if there has been a stock-out in the past 3 months for each method	Stock-out in the past 3 months	No stock-out in the past 3 months	Product not offered	Facility record not available
	Pill: combined/brown pills	1	2	3	4
	Pill: Progestin-only/white pills	1	2	3	4
	Injectable: 1 month	1	2	3	4
	Injectable: 2 month	1	2	3	4
	Injectable: 3 month	1	2	3	4
	Uniject: Sayana Press	1	2	3	4
	Condom: male	1	2	3	4
	Condom: female	1	2	3	4
	IUD	1	2	3	4
	Implant: 3 years/Implanon	1	2	3	4
	Implant: 5 years/Jadelle	1	2	3	4
	Standard Days Method: Cycle Beads/Moon Beads	1	2	3	4
	Emergency contraception	1	2	3	4
INT: For questions 1013-1014, observe area(s) where clients wait to be seen, are registered to be seen by a provider, and where clients are examined and counseled and record answers/characteristics.					
1013	Is there a separate area where the client is seen for their consultation?		Yes	1	A-4
			No	0	

1014	Does the area where the client is seen offer auditory and visual privacy?	Private room Other room with auditory and visual privacy Visual privacy only Audio privacy only No privacy	1 2 3 4 0	A-4
INT: For questions 1015-1017, go outside of the facility and attempt to locate a sign that gives the name of the facility. Observe the following items for any signs posted.				
1015	Is there a sign announcing the days and times that family planning services are available?	Outside building Inside building Both inside and outside building No sign visible	1 2 3 4... SKIP TO 1016	C-4
1016	According to the sign, record what time the family planning clinic is scheduled to open and close on the day of your observation.	Time scheduled to open (in HH:MM) Time scheduled to close (in HH:MM)		C-4
1017	Are the official fees posted or displayed so that the client can easily see them?	Observed, all fees posted Observed, some but not all fees posted No fees posted	1 2 0	C-4

INT READ OUT: “Thank you very much for your time and for your candid answers to this interview. We are now finished with the interview. Please let me know if you have any questions.”

INT: For all respondents, stop interview here and record time.

2000	Record the time. INT: Record the time (using 24-hour clock time).	Hour..... Minutes.....	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						

Annex 6. Client Exit Interview Data Collection Instrument

SCREENING FOR NEW/CONTINUING USERS FOR CLIENT EXIT INTERVIEWS

ELIGIBILITY SCREENING:

During your visit today at this facility, did you ask for or receive family planning services?

- Yes Continue with Eligibility Screening
- No Client is ineligible for participation, thank client for their time and end interview

Note to Interviewer: For this study, “New” users of family planning methods are defined as clients who have

- 1) Never used a family planning method**
- 2) Are switching to a different family planning**
- 3) Are re-starting a family planning method after a period of not using it for at least 6 months**

Before coming to this facility today, have you ever used a family planning method or taken any steps to prevent pregnancy?

- Yes Categorize as User Type “Continuing”
- No Continue Eligibility Screening

Did you come to this facility today to obtain or start a family planning method that you have not previously used?

- Yes Categorize as User Type “New Users”
- No Continue with Eligibility Screening

Did you come to this facility today to obtain a family planning method that you have not used for over six months?

- Yes Categorize as User Type “New Users”

COVER DATA FOR CLIENT EXIT INTERVIEW

01	District						
02	Date of interview	DAY		MONTH		YEAR	
03	Interviewer ID						
04	Interviewee ID						

05	Language of interview	<i>Adapt to local context</i>	1 2 3 4 Other (Specify)_____	96
06	Type of service delivery point where interview took place	Hospital Family Planning Clinic Health Center Health Post Outreach Other (Specify)_____	1 2 3 4 5	96
07	Type of sector	Government Other NGO Missionary Private Other (Specify)_____	1 2 3 4	96
08	Eligibility Screening completed?	New User Continuing User Not Completed	1 2	97
09	Ensured privacy and confidentiality for the interview?	Yes No	1 0	
10	Consent form signed?	Yes No	1 0	
11	Result of interview?	Complete Incomplete Refused Other (Specify)_____	1 2 3	96
12	Supervisor check list completed	Yes No	1 0	
13	Supervisor signature			

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	CODE	INDICATOR
100	INT: Record the time.	Hour..... Minutes.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
MODULE 1: BACKGROUND CHARACTERISTICS				
INT READ OUT: "I am going to begin the interview by asking you some simple questions about yourself."				
101	How old were you at your last birthday? INT: In completed year.	Age in completed years.....		Z
102	What is the highest level of school you have completed? INT: Probe, "did you complete primary, secondary or higher?"	No formal schooling Some primary school Completed primary school Some secondary school Completed secondary school Any tertiary education	1 2 3 4 5 6	Z

103	Now I would like you to read this sentence to me. INT: Show card with sentences to client. If client cannot read the whole sentence, probe "Can you read any part of the sentence to me?"	Cannot read at all Able to read only part of the sentence Able to read whole sentence No card with required language Blind/visually impaired	1 2 3 4 5	Z
104	Do you consider yourself to have a disability or physical impairment?	Yes No	1 0	Z
105	What is your current marital status? INT: Allow spontaneous response. And circle only one option.	Currently married or living with someone Partner or boyfriend (not living with) Never married (single) Widowed Separated Divorced Other (Specify)_____	1 2 3 4 5 6 96	Z
106	How many wives does your partner/husband have?	Number of wives..... <i>Optional question depending on context</i>	<input type="text"/> <input type="text"/>	Z
107	Do you usually work throughout the year, seasonally, only once in a while, or not at all? INT: Allow spontaneous response. And circle only one option that most closely resembles client's answer.	Throughout the year Seasonally/part of the year Once in awhile Not at all	1 2 3 4... SKIP TO 109	Z
108	Who usually decides how the money you earn will be spent? INT: Circle only one option.	Self Husband/partner Parent Other (specify)_____	1 2 3 96	Z
109	Who usually makes decisions about your healthcare? INT: Circle only one option.	Self Husband/partner Parent Other (specify)_____	1 2 3 96	Z
110	What is your ethnic group? INT: Circle only one option.	<i>Adapt to local context</i> Other (specify)_____	1 2 3 4 96	Z
111	What is your religion? INT: Circle only one option.	<i>Adapt to local context</i> Other (specify)_____	1 2 3 4 96	Z
112	What language is normally spoken in your home? INT: Allow spontaneous response. And circle only one option.	<i>Adapt to local context</i> Other (Specify)_____	1 2 3 4 96	Z
113	How many times have you been pregnant?	Number of pregnancies		Z

114	How many times have you ever given birth?	Number of times giving birth		Z
115	How many living sons and daughters do you have?	Sons		Z
		Daughters		Z
116	Do you want to have any/more children, or would you prefer not to have any/more children? INT: Allow spontaneous response. And circle only one option.	Have another child in the next year Have another child after one year No more Change mind/Depends on how feeling Undecided Don't know	1 2 3 4 5 6	Z
INT READ OUT: "Now I would like to ask you about where you live and who you currently live with."				
117	Who usually lives in your household? (<i>This means someone who has lived in your household for over 6 months</i>) INT: Allow spontaneous answers. Circle all that are mentioned.	Husband Children Mother Father In-Laws Older siblings Younger siblings Friends Alone Co-wife/co-wives Other (specify) _____ Other (specify) _____ Other (specify) _____	A B C D E F G H I J X X X	Z
118	What is the main material of the floor in your home? INT: Allow spontaneous response. Circle only one option that most closely resembles client's answer.	NATURAL FLOOR Earth/sand Dung RUDIMENTARY FLOOR Wood Planks Palm/Bamboo FINISHED FLOOR Parquet or polished wood Vinyl or asphalt strips Ceramic tiles Cement Carpet Other (specify) _____	01 02 03 04 05 06 07 08 09 96	Z
119	What is the main material of the roofing in your home? INT: Allow spontaneous response. Circle only one option that most closely resembles client's answer.	NATURAL ROOFING Thatched Mud FINISHED ROOFING Metal Wood Iron sheets Asbestos Cement fiber Ceramic tiles Cement Other (specify) _____	01 02 03 04 05 06 07 08 09 96	Z

120	Does any member of your household own any agricultural land?	Yes No	1 0	Z
121	Does any member of your household own any livestock, herds, other farm animals or poultry?	Yes No	1 0... SKIP TO Module 2	Z
122	How many of the following animals does this household own: INT: Read out options; if NONE, record '00'; if 95 OR MORE, record '95'; if UNKNOWN, record '98'	Cows/Bulls		Z
		Chicken/poultry		
		Horses/donkeys/mules		
		Goats		
		Sheep		
		Other		

MODULE 2: ACCESSIBILITY FOR CLIENT

INT READ OUT: "Now I would like to ask you about the contraceptive and family planning services you attended today."

200	How long did it take you to come here today? INT: If client is uncertain, ask her to estimate.	Time in minutes...		C-4
201	What transport did you use to get here today? INT: Allow spontaneous response. Circle all that are mentioned.	Adapt to local context Other (Specify)_____	A B C D X	C-4
202	How much did it cost you to get here today? INT: If client is uncertain, ask her to estimate the cost.	Adapt to local context		C-4
203	Are the opening hours here convenient for you?	Yes No	1 0	C-4

INT READ OUT: "Now I would like to ask you about your experience registering and waiting for the services you received today."

204	Have you been to this health facility before?	Yes No	1 0	C-4
205	How long did you wait between arriving here and seeing the service provider? INT: If client is uncertain, ask her to estimate the waiting time.	Time in minutes...		C-4
206	Where did you wait before you saw the service provider? INT: Allow spontaneous answers. Circle all that are mentioned.	Adapt to local context Other (Specify)_____	A B C X	A-4

MODULE 3: FAMILY PLANNING SERVICES RECEIVED

INT READ OUT: “Now I would like to ask you about the family planning services you received today.”

300	<p>What family planning method were you given today?</p> <p>INT: Allow spontaneous answers and circle all that are mentioned.</p>	<p>Pill: combined/brown pills A Pill: progestin-only/white pills B Injectable: 1 month C Injectable: 2 month D Injectable: 3 month E Uniject: Sayana Press F Condom: male G Condom: female H IUD I Implant: 3 years/Implanon J Implant: 5 years/Jadelle K Lactational amenorrhea L Standard Days Method: Cycle/Moon M Beads Emergency contraception N Female sterilization (Tubal ligation) O Withdrawal P None Q...SKIP TO 306 Told to go to referral R...SKIP TO 306 Told to return later S...SKIP TO 306 Other (Specify)_____ X Other (Specify)_____ X Other (Specify)_____ X</p>		C-4
301	<p>At that time, were you told about side effects or problems you might have with the family planning method?</p>	<p>Yes 1 No 0</p>		A-7
302	<p>When did you first start using this method?</p> <p>INT: Circle time range in which the client’s answer fits.</p>	<p>Today 1 Less than 6 months ago 2 6 months to 1 year 3 1 year to 3 years 4 Over 3 years 5 Other (Specify)_____ 96</p>		Z
303	<p>When you obtained your current method of family planning were you told about other methods of family planning that you could use?</p>	<p>Yes 1 No 0</p>		A-6
304	<p>Why do you think you received this method?</p> <p>INT: Allow spontaneous response; circle answer(s) that most closely resemble client’s response.</p>	<p>I was already using this method A This was the method I wanted B I chose this method after listening to provider C I was paid to use this method D I cannot afford my preferred method E My preferred method was not available F The clinic was unable to provide me with the method today G I was not menstruating today H</p>		A-3

		My husband was not with me at this visit Other (Specify) _____ Other (Specify) _____ Other (Specify) _____	I X X X	
305	Where did you obtain your current family planning method the last time? INT: Allow spontaneous response. Circle only one option.	Government hospital Government health center Family planning clinic Public mobile clinic Public field worker Private hospital/clinic Pharmacy Private doctor Private mobile clinic Private field worker Shop Church Friend/relative Other (Specify) _____	01 02 03 04 05 06 07 08 09 10 11 12 13 96	Z
306	Please tell me any family planning methods that you have previously used. INT: Allow spontaneous answers and circle all that are mentioned.	Pill: combined/brown pills Pill: progestin-only/white pills Injectable: 1 month Injectable: 3 month Condom: male Condom: female IUD Implant: Implanon Implant: Jadelle Lactational amenorrhea Standard Days Method: Cycle/moon Beads Emergency contraception Tubal ligation Vasectomy Other (Specify) _____ Other (Specify) _____	A B C D E F G H I J K L M N X X	Z
307	How long ago did you use this/these method(s)? INT: Allow spontaneous response. Circle time range in which the clients answer fits.	Less than 6 months ago 6 months to 1 year 1 year to 3 years Over 3 years Other (Specify) _____	1 2 3 4 96	Z
308	Why did you stop using this/these family planning method(s)? INT: Allow spontaneous response. Circle only one option that most closely resembles client's answer.	Method failure Desire to become pregnant Infrequent sex/husband away Difficult to get pregnant/menopausal Marital dissolution or separation Side effects or health concerns Wanted more effective method Lack of access or too far Costs too much	01 02 03 04 05 06 07 08 09	Z

		Inconvenient to use	10	
		Switched to another method	11	
		Other (Specify)_____	96	
309	Did you receive a referral for any family planning method(s) today?	Yes	1	C-2
		No	0... SKIP TO 312	
310	For which family planning method did you receive a referral? <i>INT: Allow spontaneous response. Circle all that are mentioned.</i> NOTE: Requires large sample size to get an adequate denominator.	Pill: combined/brown pills	A	C-2
		Pill: progestin-only/white pills	B	
		Injectable: 1 month	C	
		Injectable: 2 month	D	
		Injectable: 3 month	E	
		Uniject: Sayana Press	F	
		Condom: male	G	
		Condom: female	H	
		IUD	I	
		Implant: 3 years/Implanon	J	
		Implant: 5 years/Jadelle	K	
		Lactational amenorrhea	L	
		Standard Days Method: Cycle /Moon	M	
		Beads		
		Emergency contraception	N	
		Female sterilization (Tubal ligation)	O	
311	Did the provider give you information about when and where to go for your referral?	Yes	1	C-2
		No	0	
312	Did you talk to a provider about female sterilization today?	Yes	1	A-6
		No	0... SKIP TO 317	
313	Did someone clearly tell you that you would no longer be able to have children if you got sterilization today?	Yes	1	A-7
		No	0	
314	Did the provider explain what would happen during the sterilization procedure?	Yes	1	A-7
		No	0	
315	Were you told you would receive any gifts, money, special treatment, or anything else for this procedure?	Yes	1	A-5
		No	0	
316	Did the provider ask for written informed consent for the sterilization procedure?	Yes	1	A-7
		No	0	
INT Read out each question and circle appropriate response				
INT READ OUT: "During your consultation today, did the provider:"		Yes	No	
317	Explain how to use the method you received?	1	0	B-4
318	Talk about the possible side effects of the method?	1	0	
319	Explain what to do if you experience any problems with the family planning method?	1	0	
320	Tell us whether your family planning method protects against HIV/AIDS or other STIs?	1	0	
321	Ask if you would like to have more children, talk with you about how many and when you want to have them?	1	0	
322	Discuss your previous use of family planning?	1	0	
323	Give you a chance to ask questions?	1	0	
324	Respond to any questions that you asked?	1	0	

325	Explain that any information that you share with them during your consultation is confidential and private?	1	0	
326	Explained how effective the method you received or were referred for is?	1	0	
327	Explained when to return for a follow up?	1	0	
328	If you had any questions today, were you able to ask the provider, and did the provider respond?	No questions Didn't ask Asked, provider didn't respond Asked, provider responded	1... SKIP to 330 2... SKIP to 330 3 4	A-7
329	How did the provider respond to your questions or concerns? <i>INT: Allow spontaneous response. Circle only one option that most closely resembles client's answer.</i>	Referral Treatment Information Provided reassurance Other (specify): _____	1 2 3 4 96	A-3
330	During your visit today, do you think that anyone could hear your discussion with the provider?	Yes No	1 0	A-1
331	Did the provider use any visual aids like a flipchart or pamphlets when they talked to you about family planning?	Yes No	1 0	A-9
332	During the consultation, did anyone besides your health provider come in and out of the consultation room?	Yes No	1 0	A-4
333	Did you pay for the service(s) you received today?	Yes No	1 0 SKIP TO 400	C-4
334	How much were you charged for the services you received today?	<i>Adapt to local context</i>		C-4

MODULE 4: CLIENT EXPERIENCE WITH FAMILY PLANNING SERVICES

For the next series of questions, read each statement to the respondent and ask them whether they agree or disagree with the statement.

INT READ OUT: "Now I would like to learn about your experience with the services you received today. For the following statements, please tell me if you: agree or disagree."

400	I felt like I could discuss any problems, questions, or concerns with the provider without feeling embarrassed.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-3
401	I felt that the provider was knowledgeable about family planning.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	B-4
402	The provider was courteous and polite to me.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-2
403	I am satisfied with the care and services I received at this facility today.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-2
404	The waiting time here was reasonable.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-5
405	One of the providers or staff at this facility refused to offer me one of the services that I wanted to receive	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-5
		Strongly Disagree	Disagree	Agree	Strongly Agree	

406	Someone besides me, such as my husband or my provider, chose which FP method.	4	3	2	1	A-2
407	I have the right to choose my family planning method.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-6
408	Family planning methods I want are available at this facility	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	C-4
409	The information I shared with the staff or provider will not be shared with anyone.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-1
410	I do not have to accept the method the provider suggested I use.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-7
411	I was treated well by the staff here.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-2
412	I felt like the provider did not listen to what I was saying.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-3
413	The provider helped me get the family planning method that best meets my preferences and needs.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-5
414	Someone besides me, such as my husband or my provider, chose which FP method.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-7
415	A provider strongly encouraged me to use one family planning method when I preferred a different method.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-5
416	The facility was clean.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	C-4
417	Available contraceptive and family planning services at this facility are affordable for me.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	C-4
418	The provider scolded or insulted me during my consultation.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-2
419	I worry that the information I shared today will be discussed outside the consultation room.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	C-4
420	I would recommend the services here to a friend.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-1
421	I believe that I was <i>treated with less respect</i> than the provider's other clients.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-2
422	I believe that I <i>received poorer service</i> than the provider's other clients.	Strongly Disagree 4	Disagree 3	Agree 2	Strongly Agree 1	A-2
423	Why did you choose to come to this facility today? INT: Circle all answers that are mentioned; probe "Any other reasons?"	Close to home A Friendly staff B Services are private C There are integrated services D The cost is not expensive E Availability of drugs and supplies F Short waiting times G Good opening hours H Good services I Other (Specify) _____ X				C-4

		Other (Specify) _____	X	
		Other (Specify) _____	X	
424	Are there other places you can get family planning in the area?	Yes	1	C-4
		No	0	

MODULE 5: FAMILY PLANNING DECISION-MAKING

INT READ OUT: “Now I will ask you questions about how you make decisions about family planning use.”

500	Who helped you make your decision about your family planning method? INT: Allow spontaneous answers and circle all that are mentioned.	Husband/partner Co-wife Sister Other relative Community or Religious Leader Friend/neighbor Teacher No one else Other (Specify) _____ Other (Specify) _____ Other (Specify) _____	A B C D E F G H X X X	A-5
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501	For the following statement, please tell me whether you agree or disagree: INT READ OUT: “I would like my partner or husband to be more involved in the choice about my family planning method.”	Agree Disagree	1 2	A-5
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502	Did the provider advise you on how to talk about family planning with your husband/partner?	Yes No	1 0	A-5
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MODULE 6: CLIENTS’ HUMAN RIGHTS & REDRESS SYSTEMS

INT READ OUT: “Now I would like to ask you about your knowledge about human rights.”

600	Have you ever heard of human rights?	Yes No	1 0... SKIP TO 605	A-9	
601	Do you know what client rights are?	Yes No	1 0... SKIP TO 605	A-9	
602	Do you think client rights apply to the services you get in this facility?	Yes No	1 0	A-9	
603	Can you give me examples of client rights?		Unprompted	Prompted	A-9
		Services are acceptable to me	1	2	
		Easily accessible services	1	2	
		Services are available to me	1	2	
		High quality care	1	2	

	<p>INT: Circle all that are mentioned, probe "Anything else?"</p> <p>After client has finished spontaneously responding, tell them:</p> <p>INT READ OUT: "I am now going to read you some statements. Please tell me if you agree or disagree that this is a client right." Read them all answer categories that they did not mention spontaneously.</p>	Right to quality health	1	2	
		Right to information	1	2	
		Right to make decisions about my own healthcare	1	2	
		Right to the same services and treatment as others	1	2	
		Right to privacy	1	2	
		Right to confidentiality	1	2	
		Other (Specify)_____	96	96	
604	<p>How do you know about rights?</p> <p>INT: Circle all answers that are mentioned; probe "Anything else?"</p>	<p>Pamphlets</p> <p>Posters</p> <p>Community mobilizers</p> <p>Services provider</p> <p>Other (Specify)_____</p> <p>Other (Specify)_____</p> <p>Other (Specify)_____</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>X</p> <p>X</p> <p>X</p>		A-9
605	<p>If you had a complaint about the services you received today, would you know who to tell about it?</p>	<p>Yes 1</p> <p>No 0...SKIP TO 608</p>			E-2
606	<p>Who would you tell the complaint to?</p> <p>INT: Circle all answers that are mentioned; probe "Anyone else?"</p>	<p>Facility Supervisors</p> <p>Providers</p> <p>District Officials</p> <p>Community Leaders</p> <p>NGOs</p> <p>Local Police</p> <p>Local Court</p> <p>Medical or healthcare professional association</p> <p>Friends or family</p> <p>Reception</p> <p>Other (Specify)_____</p> <p>Other (Specify)_____</p> <p>Other (Specify)_____</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p> <p>J</p> <p>X</p> <p>X</p> <p>X</p>		E-2
607	<p>If you reported a complaint, how confident are you that action would be taken?</p>	<p>Confident</p> <p>Neutral</p> <p>Unconfident</p>	<p>1</p> <p>2</p> <p>3</p>		E-2

INT READ OUT: "I am going to read out some examples of how clients could be treated at any facility. For each of these examples, please tell me, using yes or no answers, whether you would report it to an authority."		Yes	No	
608a	If a provider slapped a client during a consultation	1	0	E-3
608b	If a provider or facility staff yelled at, humiliated, or made a client feel bad about themselves during the consultation	1	0	
608c	If a provider or the facility denied a client access to family planning services when a client could see others were receiving services	1	0	
608d	If a provider gave a client a procedure or family planning method without their consent	1	0	
608e	If a client was hospitalized because of a service they had received at the family planning facility	1	0	
608f	If a provider made a sexually inappropriate gesture	1	0	
609	<p>If you were denied family planning services by a provider, what actions would you take, if any?</p> <p>INT: Allow spontaneous response. Circle answer(s) that most closely resemble client's response.</p>	<p>Talk to the facility manager</p> <p>Make formal complaint at the facility</p> <p>Ask facility for refund for services</p> <p>Talk to community leaders</p> <p>Report the incident to the authorities</p> <p>Tell people not to go to this health center</p> <p>No action taken</p> <p>Other (specify) _____</p> <p>Other (specify) _____</p> <p>Other (specify) _____</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>X</p> <p>X</p> <p>X</p>	E-3
610	<p>If you had a bad physical reaction to the services you were provided (you got ill, you got an infection, you were in a lot of pain, etc.), what actions would you take, if any?</p> <p>INT: Allow spontaneous response. Circle answer(s) that most closely resemble client's response.</p>	<p>Talk to the facility manager</p> <p>Make formal complaint at the facility</p> <p>Ask facility for refund for services</p> <p>Talk to community leaders</p> <p>Report the incident to the authorities</p> <p>Tell people not to go to this health center</p> <p>No action taken</p> <p>Other (specify) _____</p> <p>Other (specify) _____</p> <p>Other (specify) _____</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>X</p> <p>X</p> <p>X</p>	
611	<p>If the provider gave you a family planning method that you did not want, what actions would you take, if any?</p> <p>INT: Allow spontaneous response. Circle answer(s) that most closely resemble client's response.</p>	<p>Talk to the facility manager</p> <p>Make formal complaint at the facility</p> <p>Ask facility for refund for services</p> <p>Talk to community leaders</p> <p>Report the incident to the authorities</p> <p>Tell people not to go to this health center</p> <p>No action taken</p> <p>Other (specify) _____</p> <p>Other (specify) _____</p> <p>Other (specify) _____</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>X</p> <p>X</p> <p>X</p>	

INT READ OUT: “Thank you very much for your time and for your candid answers to this interview. We are now finished with the interview. Please let me know if you have any questions.”

INT: For all respondents, stop interview here and record time.

2000	Record the time. INT: Record the time (using 24-hour clock time).	Hour..... Minutes.....	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Annex 7. Simulated Client Data Collection Instrument

TEMPLATE CONSENT FORM FOR FAMILY PLANNING PROVIDERS

You are invited to participate in an assessment. The purpose of this research is to [assess the service delivery environment for family planning in select public health facilities in X country/region/district].

In the [next X weeks], simulated clients will visit this facility, and will seek family planning services from all providers who agree to participate in the study. If you agree to participate, they will come to you for family planning services, pretending to be real clients. You will not know that they are not real clients and will not be told on which specific day to expect the visit. After the visit, they will complete a checklist about their experience.

The information on the visit will be kept confidential. The simulated client visit is not a job review, and the results will not be shared with anyone (like your colleagues, supervisors, and the facility managers) other than the research team. The checklist completed by the simulated client after the visit will not include your name.

The checklist will be completed in paper form. Completed forms will be kept in a locked cabinet, and only the research team will have access to them. After the information is transcribed, the data will be stored in an encrypted computer dedicated to this study, in a password protected file, that only the study team will be able to access. When the analysis of all the data is completed, the original paper forms will be destroyed.

Your participation is completely voluntary. You will not be visited by the simulated clients unless you agree to participate. Your agreement to participate or not will not have any effect on your position in the facility or any other effect on you. There are no direct benefits to you for participating in the study. You may find an indirect benefit in knowing you have participated in an important study that could help others in the future and lead to better services provided at this and other facilities.

The assessment has been reviewed and approved by [X Research Ethics Committee]. They have made sure that we always protect the rights of anybody we speak to. If you have any questions about the study, you can contact _____.

If you agree to participate, please sign below.

Provider signature

Date

[Researcher] signature

Date

COMBINED ORAL CONTRACEPTIVE PILL

Client profile:

- New in town
- 24 years old
- Wife of a small trader
- Does not have HIV and is not at risk
- Of the dominant ethnicity and religion in the region/area
- Has one child (11 months old) and not currently pregnant
- Would like more children, but does not want to get pregnant in the next 2 years
- Husband/partner is supportive of her contraceptive use
- Not currently using any method of contraception
- Does not want to use certain methods, including:
 - Male and female condoms: has used condoms in the past, but husband/partner does not like them
 - Injectables and implants: is afraid of needles
 - Male or female sterilization: does not want a permanent or difficult to reverse procedure
- Is interested in the combined oral contraceptive pill; heard about this method from her mother-in-law. Does not know any more about the method
- Does not have any contraindications for the combined oral contraceptive pill, for example:
 - Not currently breastfeeding
 - Has not recently given birth
 - Not taking medicines for seizures/convulsions or tuberculosis
 - Has no history of breast cancer
 - No history of stroke
 - Does not have diabetes, hypertension, or dyslipidaemia
 - Does not smoke

OBSERVATION CHECKLIST: CONTRACEPTIVE PILL	
This checklist is to be completed by the simulated client immediately upon exiting the clinic and once she is out of visual and auditory range of clinic staff. Once completed, the checklist should be submitted to the study coordinator.	
I	Health facility name:
II	Administrative division:
III	Date of visit/observation:
IV	Simulated client ID:
V	Type of Provider: Doctor Nurse/Midwife Community health worker Other (Specify):
Instructions For each item below, check one of the boxes to the right to identify whether the situation described occurred (“Yes”), did not occur (“No”), or whether the simulated client does not know or does not remember (“Do Not Know/Do Not Remember”). Please write any important comments in the margin or at the end of the checklist.	

A	Overall interaction with the provider Identify whether the following conditions were present during the counseling session:	Yes	No	DNK/ DNR	Indicator
1	The counseling session was individual				A-4
2	The counseling session was not interrupted				A-4
3	No one else in the clinic could hear what I said				A-4
4	The provider assured me of confidentiality				A-1
5	The provider spoke in a language and terms I could understand				A-7
6	The provider asked the reason for my visit				B-4
7	The provider did not appear rushed				A-2
8	I did not have to wait very long to be seen by the provider				C-4
9	The provider treated me respectfully				A-2
10	The provider invited me to ask questions				A-3
11	The provider responded to my question(s) and addressed any concerns to my satisfaction				A-3
B	Needs assessment Identify whether the provider asked the following:	Yes	No	DNK/ DNR	Indicator
1	How many children I have				B-4
2	If I wish to have more children in the future, and when				B-4
3	If I was currently using a contraceptive method				B-4
4	If I used contraceptive methods in the past				B-4
5	The reason(s) why I stopped using my past method(s)				B-4
6	Assessed whether I was pregnant				B-4
7	The dates of my last menstrual period				B-4
8	If I have a specific method in mind/method preference				A-5
9	If I am breastfeeding an infant less than 6 months old				B-4
10	If my husband/partner supports my family planning use				B-4
11	If I have any medical conditions, including those for which I am taking medication				B-4
12	If there are any methods that I do not want to use				A-5
C	Method information⁷ Identify whether the provider explained the following:	Yes	No	DNK/ DNR	Indicator
1	At least 3 methods that are not recommended for me and why				A-6
	Methods that are recommended for me and their key attributes:				
2	The intrauterine device (IUD) provides long-term protection from pregnancy				A-7
3	The IUD is a small device that is placed in the uterus				A-7
4	A trained provider must insert and remove the IUD				A-7
5	The Standard Days Method/Cyclebeads are ideal for women with regular menstrual cycles (usually between 26 and 32 days)				A-7
6	Cyclebeads are a string of color-coded beads to track the days users can and cannot get pregnant				A-7
7	Cyclebeads require the partner's cooperation				A-7
8	To be effective, the pill must be taken every day				A-7
9	The pill works by preventing the release of eggs from the ovaries (ovulation)				A-7
10	The pill does not protect against any sexually transmitted infections, including HIV				A-7
D	Contraindications for the pill Identify whether the provider asked the following:	Yes	No	DNK/ DNR	Indicator

⁷ Intentionally excludes most information on side effects and risks, which are addressed in section F.

1	If I take medicines for convulsions, tuberculosis, or other infections				B-4
2	If I have a history of breast cancer/breast lumps				B-4
3	If I have migraines/severe headaches with sensory disturbances (e.g., nausea, sensitivity to light etc.)				B-4
4	About venous thrombosis or family history of it				B-4
5	If I have any heart problems				B-4
6	If I have high blood pressure				B-4
7	If I ever had a stroke				B-4
8	If I have diabetes				B-4
9	If I had ever had liver disease (or yellow skin, eyes)				B-4
10	If I have kidney or gallbladder disease				B-4
11	If I smoke cigarettes				B-4
E	Use instructions for the pill Identify whether the provider gave the following instructions:	Yes	No	DNK/ DNR	Indicator
1	To initiate use of the pill on days 1-5 of menstruation/menstrual bleeding				B-4
2	If initiating the pill after day 5 of menstruation, to abstain from sex or use additional contraception (e.g., condom) for 7 days				B-4
3	That I would need to take one pill every day				B-4
4	That I should take the pill at a fixed hour each day				B-4
5	That I should start a new package the day after finishing the previous one				B-4
6	If I miss taking one pill, that I should take it as soon as possible				B-4
7	If I take a missed pill, that I should use a back-up method of contraception for at least 2 days				B-4
8	If I take a missed pill, that I should keep taking the pill at the same time each day thereafter – this may mean taking 2 pills in one day				B-4
9	If I vomit within several hours of taking the pill, that I should take another pill as soon as possible				B-4
10	That I should use condoms for dual protection if I feel at risk of sexually transmitted infections				B-4
F	Method side effects and risks for the pill Identify whether the provider said the following:	Yes	No	DNK/ DNR	Indicator
1	That I could experience nausea or feel dizzy while taking the pill				A-7
2	That I could experience headaches while taking the pill				A-7
3	That I could experience breast tenderness while taking the pill				A-7
4	That I could have spotting between periods while taking the pill				A-7
5	That most of these side effects [F1-F4] are not dangerous and usually disappear over time				A-7
6	That there is a very low risk of serious side effects, like blood clots				A-7
7	To return to the clinic right away if I have migraines/severe headaches with sensory disturbances (e.g., nausea, sensitivity to light etc.)				B-4
8	To return to the clinic right away if I have severe breast pain or severe respiratory problems				B-4
9	To return to the clinic right away if my skin or eyes turn yellow				B-4
10	To return to the clinic right away if my legs ache				B-4
11	To return to the clinic if I experience side effects for more than 2 months				B-4
G	Method choice and follow-up Identify whether the provider did the following:	Yes	No	DNK/ DNR	Indicator
1	Asked me to choose my preferred method				A-5
2	Offered me pills at the time of the counseling session or provided a referral for me to get the pill elsewhere				A-5

	If not, why? _____				
3	Asked me if I had any questions about my chosen method				A-3
4	Responded to my question(s) and addressed any concerns about my chosen method to my satisfaction				A-3
5	Told me to return if I had any questions or concerns				B-4
6	Told me to return if I want to switch methods				B-4
7	Told me to return if I suspect pregnancy				B-4

PROGESTIN-ONLY INJECTABLES

Progestin-only injectables include depot medroxyprogesterone acetate (DMPA, or its marketed name Depo-Provera®) and norethisterone enanthate (NET-EN, or Noristerat®)

Client profile:

- New in town
- 20 years old
- Wife of a farmer
- Does not have HIV and is not at risk
- Of the dominant ethnicity and religion in the region/area
- Does not have any children and not currently pregnant
- Would like to wait 2-3 years before getting pregnant
- Not currently using any method of contraception
- Husband/partner is not supportive of her contraceptive use
- Does not want to use certain methods, including:
 - Male and female condoms: does not want to use any methods that may be *visible* to her partner
 - The pill and the Standard Days Method/Cyclebeads: unsure if she can remember to take a pill or monitor beads
 - The monthly injectable: is unable to see a health care worker more frequently than every 2-3 months
- Is interested in progestin-only injectables; heard about this method from a friend. Does not know any more about the method
- Is not concerned about experiencing an irregular or no menstrual bleeding
- Does not have any contraindications for the progestin-only injectable, for example:
 - Does not have unexplained vaginal bleeding
 - Has no history of breast cancer
 - Not taking medicines for seizures/convulsions or tuberculosis
 - No history of stroke
 - Does not have diabetes, hypertension, or dyslipidaemia
 - Does not smoke

OBSERVATION CHECKLIST: PROGESTIN-ONLY INJECTABLES

This checklist is to be completed by the simulated client immediately upon exiting the clinic and once she is out of visual and auditory range of clinic staff. Once completed, the checklist should be submitted to the study coordinator.

I	Health facility name:
II	Administrative division:
III	Date of visit/observation:
IV	Simulated client ID:
V	Type of Provider: Doctor Nurse/Midwife Community health worker Other (Specify):

Instructions

For each item below, check one of the boxes to the right to identify whether the situation described occurred (“Yes”), did not occur (“No”), or whether the simulated client does not know or does not remember (“Do Not Know/Do Not Remember”). Please write any important comments in the margin or at the end of the checklist.

A	Overall interaction with the provider Identify whether the following conditions were present during the counseling session:	Yes	No	DNK/ DNR	Indicator
1	The counseling session was individual				A-4
2	The counseling session was not interrupted				A-4
3	No one else in the clinic could hear what I said				A-4
4	The provider assured me of confidentiality				A-1
5	The provider spoke in a language and terms I could understand				A-7
6	The provider asked the reason for my visit				B-4
7	The provider did not appear rushed				A-2
8	I did not have to wait very long to be seen by the provider				C-4
9	The provider treated me respectfully				A-2
10	The provider invited me to ask questions				A-3
11	The provider responded to my question(s) and addressed any concerns to my satisfaction				A-3
B	Needs assessment Identify whether the provider asked the following:	Yes	No	DNK/ DNR	Indicator
1	How many children I have				B-4
2	If I wish to have more children in the future, and when				B-4
3	If I was currently using a contraceptive method				B-4
4	If I used contraceptive methods in the past				B-4
5	The reason(s) why I stopped using my past method(s)				B-4
6	Assessed whether I was pregnant				B-4
7	The dates of my last menstrual period				B-4
8	If I have a specific method in mind/method preference				A-5
9	If I am breastfeeding an infant less than 6 months old				B-4
10	If my husband/partner supports my family planning use				B-4
11	If I have any medical conditions, including those for which I am taking medication				B-4
12	If there are any methods that I do not want to use				A-5
C	Method information⁸ Identify whether the provider explained the following:	Yes	No	DNK/ DNR	Indicator
1	At least 3 methods that are not recommended for me and why				A-6
	Methods that are recommended for me and their key attributes:				
2	The intrauterine device (IUD) provides long-term protection from pregnancy				A-7
3	The IUD is a small device that is placed in the uterus				A-7
4	A trained provider must insert and remove the IUD				A-7
5	The implant offers highly effective, long-term protection from pregnancy				A-7
6	The implant is a small rod or capsules put under the skin				A-7
7	While the implant is not easily visible, it can be felt under the skin				A-7
8	Progestin-only injectables require an injection every 2-3 months, depending on the injectable chosen				A-7
9	The progestin-only injectable works by thickening cervical mucous to block sperm and egg from meeting; it also prevents ovulation				A-7
10	That the injectable offers privacy				A-7
D	Contraindications for the progestin-only injectable Identify whether the provider asked the following:	Yes	No	DNK/ DNR	Indicator

⁸ Intentionally excludes most information on side effects and risks, which are addressed in section F.

1	If I take medicines for seizures or take Rifampicin				B-4
2	If I have a history of breast cancer/breast lumps				B-4
3	If I have high blood pressure				B-4
4	If I have a family history of heart problems				B-4
5	If I have diabetes				B-4
6	If I have high cholesterol				B-4
7	If I experience unexplained vaginal bleeding				B-4
8	If I have lupus				B-4
9	If I had ever had liver disease (or yellow skin, eyes)				B-4
10	If I take Ritonavir-boosted protease inhibitors				B-4
11	If I smoke cigarettes				B-4
E	Use instructions for the progestin-only injectable Identify whether the provider gave the following instructions:	Yes	No	DNK/ DNR	Indicator
1	The injectable is typically administered by a provider				B-4
2	There are different types of injectables				B-4
3	If initiating the injectable during days 1-5 of menstruation, I will be immediately protected against becoming pregnant				B-4
4	If initiating the injectable after day 5 of my menstrual cycle, I should abstain from sex or use additional contraception for 7 days				B-4
5	That I should return for my next injection every 2-3 months (or self-administer, depending on the injectable type)				B-4
6	I may come up to 2 weeks early or 2-4 weeks late to get an injection (depending on the injectable type)				B-4
7	If I am more than 2-4 weeks late in getting my injection (depending on the type), I should abstain from sex or use condoms until I receive an injection				B-4
8	No matter how late I am in receiving my injection, I should return to the provider				B-4
9	Injectables can be stopped at any time				B-4
10	I should use condoms for dual protection if I feel at risk of sexually transmitted infections				B-4
F	Method side effects and risks for the progestin-only injectable Identify whether the provider said the following:	Yes	No	DNK/ DNR	Indicator
1	In the beginning, I may have irregular bleeding, prolonged bleeding, or frequent bleeding				A-7
2	After several injections, I may have no menstrual bleeding				A-7
3	That I could experience nausea or feel dizzy				A-7
4	That I could experience weight gain				A-7
5	That I could experience headaches				A-7
6	That there is a very low risk of serious side effects				A-7
7	To return to the clinic right away if I have migraines/severe headaches with sensory disturbances (e.g., nausea, sensitivity to light etc.)				B-4
8	To return to the clinic right away if I have severe breast pain or lumps				B-4
9	To return to the clinic right away if I have unusual or prolonged vaginal bleeding				B-4
10	That it may take up to 10-12 months for fertility to return after stopping the method (depending on the injectable type)				B-4
11	That injectable does not protect against any sexually transmitted infections, including HIV				B-4
G	Method choice and follow-up Identify whether the provider did the following:	Yes	No	DNK/ DNR	Indicator
1	Asked me to choose my preferred method				A-5

2	Offered me the injectable at the time of the counseling session or provided a referral for me to get the injectable elsewhere If not, why? _____				A-5
3	Asked me if I had any questions about my chosen method				A-3
4	Responded to my question(s) and addressed any concerns about my chosen method to my satisfaction				A-3
5	Told me to return if I had any questions or concerns				B-4
6	Told me to return if I want to switch methods				B-4
7	Told me to return if I suspect pregnancy				B-4

Annex 8. Provider Interview Data Collection Instrument

COVER DATA FOR PROVIDER INTERVIEW

01	Health Facility Name					
02	District					
03	Date of interview	DAY	MONTH	YEAR		
04	Interviewer ID					
05	Interviewee ID					
06	Language of interview	<i>Adapt to local context</i>			1	
					2	
					3	
					4	
Other (Specify)_____					96	
07	Type of service delivery point where interview took place	Hospital	1			
		Reproductive Health Clinic	2			
					3	
					4	
					5	
Other (Specify)_____					96	
08	Type of sector	Government	1			
		Other NGO	2			
					3	
					4	
Other (Specify)_____					96	
09	Ensured privacy and confidentiality for the interview?	Yes	1			
		No	0			
10	Consent form signed?	Yes	1			
		No	0			
11	Result of interview?	Complete	1			
		Incomplete	2			
					3	
Other (Specify)_____					96	
12	Supervisor check list completed	Yes	1			
		No	0			
13	Supervisor signature					

No.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES INDICATOR	CODE				
100	INT: Record the time.	Hour..... Minutes.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
MODULE 1: BACKGROUND CHARACTERISTICS							
INT READ OUT: "I am going to begin the interview by asking you some simple questions about yourself."							
101	INT: Note sex of respondent		Male 1 Female 2 Z				
102	How old were you at your last birthday? INT: In completed year.	Age in completed years.....	Z				
103	What is your current job title? INT: Circle only one answer.	Doctor Certificate Nurse Diploma Nurse Nurse-Other Midwife Community Health Worker Counselor Community Health Officer (CHO) Other (Specify):_____	1 2 3 4 5 6 7 8 96 Z				
104	In what year did you start working in this facility?	In year... <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Z
105	Do you do most of your work in the facility, in the community, or in both the facility and community?	Facility only Community only Facility and community	1 2 3 Z				
106	Do you know what client human rights are?	Yes 1 No 0... SKIP TO MODULE 2	A-9				
107	Which human rights are family planning clients entitled to? INT: Allow spontaneous response. Circle all answers that are mentioned or described; probe "Anything else?" Note: Respondents can describe the concept, they don't have to say the exact phrases.	Availability: services are available to all clients Accessibility: easily accessible services Acceptability: services are acceptable to clients Quality: high quality care Informed choice: clients have accurate and comprehensible information Autonomy/agency/empowerment: clients can make decisions about own healthcare Equity and non-discrimination: all clients have access to the same services and treatment as others Privacy: clients have the right to privacy Confidentiality: clients have the right to confidentiality Other (Specify)_____	A B C D E F G H I J X A-9				

MODULE 2: PROVIDER AND STAFF TRAINING

INT READ OUT: “I will now ask you some questions about the training you’ve received to be able to do your job.”

200	<p>When you went to SCHOOL to be able to do this job, did your training cover the following topics:</p> <p>INT: Read out each category, pausing in between each to allow the provider to say “Yes” or “No.” If they respond “Yes” circle that category and move onto the next one.</p>	<table border="1"> <tr><td>General clinical skills in family planning</td><td>1</td><td>0</td></tr> <tr><td>Possible side effects of family planning methods</td><td>1</td><td>0</td></tr> <tr><td>Management of family planning method side effects</td><td>1</td><td>0</td></tr> <tr><td>Family planning counseling</td><td>1</td><td>0</td></tr> <tr><td>Family planning for HIV+ women</td><td>1</td><td>0</td></tr> <tr><td>Adolescent-friendly family planning services</td><td>1</td><td>0</td></tr> <tr><td>Male-friendly family planning services</td><td>1</td><td>0</td></tr> <tr><td>Administration of injectable contraceptives</td><td>1</td><td>0</td></tr> <tr><td>IUD insertion/removal</td><td>1</td><td>0</td></tr> <tr><td>Implant insertion/removal</td><td>1</td><td>0</td></tr> <tr><td>Surgical sterilization (BTL and/or vasectomy)</td><td>1</td><td>0</td></tr> <tr><td>Standard Days Method</td><td>1</td><td>0</td></tr> <tr><td>Treatment of incomplete abortion</td><td>1</td><td>0</td></tr> <tr><td>Infertility consultation</td><td>1</td><td>0</td></tr> <tr><td>Standard infection prevention precautions</td><td>1</td><td>0</td></tr> <tr><td>Health Information Systems (HMIS) or reporting requirements</td><td>1</td><td>0</td></tr> <tr><td>Supply chain/procurement</td><td>1</td><td>0</td></tr> <tr><td>Management of clinical staff</td><td>1</td><td>0</td></tr> <tr><td>Stock keeping</td><td>1</td><td>0</td></tr> <tr><td>Providers' responsibilities to protect and fulfill client rights</td><td>1</td><td>0</td></tr> <tr><td>Privacy and confidentiality</td><td>1</td><td>0</td></tr> </table>	General clinical skills in family planning	1	0	Possible side effects of family planning methods	1	0	Management of family planning method side effects	1	0	Family planning counseling	1	0	Family planning for HIV+ women	1	0	Adolescent-friendly family planning services	1	0	Male-friendly family planning services	1	0	Administration of injectable contraceptives	1	0	IUD insertion/removal	1	0	Implant insertion/removal	1	0	Surgical sterilization (BTL and/or vasectomy)	1	0	Standard Days Method	1	0	Treatment of incomplete abortion	1	0	Infertility consultation	1	0	Standard infection prevention precautions	1	0	Health Information Systems (HMIS) or reporting requirements	1	0	Supply chain/procurement	1	0	Management of clinical staff	1	0	Stock keeping	1	0	Providers' responsibilities to protect and fulfill client rights	1	0	Privacy and confidentiality	1	0	Yes No	1 0	B-4
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201	<p>Have you ever received any ON-THE-JOB training in order to do your job?</p>	<table border="1"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>0</td></tr> </table>	Yes	1	No	0		B-5																																																												
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202	<p>Have you ever received any training(s) on client rights?</p>	<table border="1"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>0...SKIP TO MODULE 3</td></tr> </table>	Yes	1	No	0... SKIP TO MODULE 3		A-9																																																												
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203	<p>How many trainings on client rights have you attended in the past 12 months?</p>	<p>Number of trainings.....</p> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	0... SKIP TO MODULE 3	A-9																																																														
<input type="text"/>	<input type="text"/>																																																																			
204	<p>What topics were covered in your most recent training?</p> <p>INT: Allow spontaneous response and circle all answers that are mentioned; probe “Anything else?”</p>	<table border="1"> <tr><td>Availability</td><td>A</td></tr> <tr><td>Accessibility</td><td>B</td></tr> <tr><td>Acceptability</td><td>C</td></tr> <tr><td>Quality</td><td>D</td></tr> <tr><td>Accountability</td><td>E</td></tr> <tr><td>Agency/Autonomy/Empowerment</td><td>F</td></tr> <tr><td>Equity and Non-Discrimination</td><td>G</td></tr> <tr><td>Informed Choice</td><td>H</td></tr> <tr><td>Participation</td><td>I</td></tr> <tr><td>Privacy and Confidentiality</td><td>J</td></tr> <tr><td>Other (specify)_____</td><td>X</td></tr> <tr><td>Other (specify)_____</td><td>X</td></tr> <tr><td>Other (specify)_____</td><td>X</td></tr> </table>	Availability	A	Accessibility	B	Acceptability	C	Quality	D	Accountability	E	Agency/Autonomy/Empowerment	F	Equity and Non-Discrimination	G	Informed Choice	H	Participation	I	Privacy and Confidentiality	J	Other (specify)_____	X	Other (specify)_____	X	Other (specify)_____	X		A-9																																						
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MODULE 3: PROVIDER KNOWLEDGE AND ATTITUDES ABOUT FAMILY PLANNING METHODS

INT READ OUT: “I will now ask a series of questions about provision of family planning services, including whether there are situations in which you would/would not provide certain family planning methods.”

300	In your current position, and as part of your work for this facility, have you provided any family planning methods in the last 3 months?	Yes 1 No 0... SKIP TO 302		B-4																						
301	Which family planning methods have you provided in the last 3 months? INT: Allow spontaneous response, circle all that are mentioned; probe “Anything else?”	Progestin-only injectables Combined hormonal injectables Progestin-only/28 pills Combined hormonal/21+8 pills Condoms IUD/Intrauterine Device Implants Natural family planning methods (moon beads) Emergency Contraception Permanent methods	A B C D E F G H I J	B-4																						
302	If there is no medical reason to do so, is there a minimum age below which you will not prescribe the following family planning methods? INT: Read out each family planning method and record the minimum age that the provider reports for each method. <i>If the provider states that they have no minimum age, then record the value “96.”</i> <i>If the provider reports a non-integer category, such as “it depends” or “if they are in school,” ask the provider to define an age. If they are still unable to do so, record the value “97.”</i>	<table border="1"> <thead> <tr> <th data-bbox="740 891 1222 965">FAMILY PLANNING METHOD</th> <th data-bbox="1222 891 1453 965">AGE</th> </tr> </thead> <tbody> <tr><td data-bbox="740 965 1222 1003">Progestin-only injectables</td><td data-bbox="1222 965 1453 1003"></td></tr> <tr><td data-bbox="740 1003 1222 1041">Combined hormonal injectables</td><td data-bbox="1222 1003 1453 1041"></td></tr> <tr><td data-bbox="740 1041 1222 1079">Progestin-only/28 pills</td><td data-bbox="1222 1041 1453 1079"></td></tr> <tr><td data-bbox="740 1079 1222 1117">Combined hormonal/21+8 pills</td><td data-bbox="1222 1079 1453 1117"></td></tr> <tr><td data-bbox="740 1117 1222 1155">Condoms</td><td data-bbox="1222 1117 1453 1155"></td></tr> <tr><td data-bbox="740 1155 1222 1193">IUD/Intrauterine Device</td><td data-bbox="1222 1155 1453 1193"></td></tr> <tr><td data-bbox="740 1193 1222 1232">Implants</td><td data-bbox="1222 1193 1453 1232"></td></tr> <tr><td data-bbox="740 1232 1222 1270">Standard Days Method: Cycle Beads/Moon Beads</td><td data-bbox="1222 1232 1453 1270"></td></tr> <tr><td data-bbox="740 1270 1222 1308">Emergency Contraception</td><td data-bbox="1222 1270 1453 1308"></td></tr> <tr><td data-bbox="740 1308 1222 1346">Permanent methods</td><td data-bbox="1222 1308 1453 1346"></td></tr> </tbody> </table>	FAMILY PLANNING METHOD	AGE	Progestin-only injectables		Combined hormonal injectables		Progestin-only/28 pills		Combined hormonal/21+8 pills		Condoms		IUD/Intrauterine Device		Implants		Standard Days Method: Cycle Beads/Moon Beads		Emergency Contraception		Permanent methods			A-8
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303	If there is no medical reason for doing so, is there a minimum number of children a woman must have before you will prescribe the following family planning methods? INT: Read out each family planning method and record the minimum number of children that the provider reports for each method.	<table border="1"> <thead> <tr> <th data-bbox="740 1473 1222 1547">FAMILY PLANNING METHOD</th> <th data-bbox="1222 1473 1453 1547"># CHILDREN</th> </tr> </thead> <tbody> <tr><td data-bbox="740 1547 1222 1585">Progestin-only injectables</td><td data-bbox="1222 1547 1453 1585"></td></tr> <tr><td data-bbox="740 1585 1222 1624">Combined hormonal injectables</td><td data-bbox="1222 1585 1453 1624"></td></tr> <tr><td data-bbox="740 1624 1222 1662">Progestin-only/28 pills</td><td data-bbox="1222 1624 1453 1662"></td></tr> <tr><td data-bbox="740 1662 1222 1700">Combined hormonal/21+8 pills</td><td data-bbox="1222 1662 1453 1700"></td></tr> <tr><td data-bbox="740 1700 1222 1738">Condoms</td><td data-bbox="1222 1700 1453 1738"></td></tr> <tr><td data-bbox="740 1738 1222 1776">IUD/Intrauterine Device</td><td data-bbox="1222 1738 1453 1776"></td></tr> <tr><td data-bbox="740 1776 1222 1814">Implants</td><td data-bbox="1222 1776 1453 1814"></td></tr> <tr><td data-bbox="740 1814 1222 1852">Standard Days Method: Cycle Beads/Moon Beads</td><td data-bbox="1222 1814 1453 1852"></td></tr> <tr><td data-bbox="740 1852 1222 1890">Emergency Contraception</td><td data-bbox="1222 1852 1453 1890"></td></tr> </tbody> </table>	FAMILY PLANNING METHOD	# CHILDREN	Progestin-only injectables		Combined hormonal injectables		Progestin-only/28 pills		Combined hormonal/21+8 pills		Condoms		IUD/Intrauterine Device		Implants		Standard Days Method: Cycle Beads/Moon Beads		Emergency Contraception			A-8		
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	<p><i>If the provider states that they have no minimum number of children, then record the value "96."</i></p> <p><i>If the provider reports a non-integer category, such as "it depends" or "if they are in school," ask the provider to define an age. If they are still unable to do so, record the value "97."</i></p>	Permanent methods																																			
304	<p>Do you require a woman to have her partner's permission before you will prescribe the following family planning methods?</p> <p>INT: Read out each family planning method and record whether the provider reports that they require the client to have their partner's permission or not for each method.</p>	<table border="1"> <thead> <tr> <th>FAMILY PLANNING METHOD</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Progestin-only injectables</td> <td>1</td> <td>0</td> </tr> <tr> <td>Combined hormonal injectables</td> <td>1</td> <td>0</td> </tr> <tr> <td>Progestin-only/28 pills</td> <td>1</td> <td>0</td> </tr> <tr> <td>Combined hormonal/21+8 pills</td> <td>1</td> <td>0</td> </tr> <tr> <td>Condoms</td> <td>1</td> <td>0</td> </tr> <tr> <td>IUD/Intrauterine Device</td> <td>1</td> <td>0</td> </tr> <tr> <td>Implants</td> <td>1</td> <td>0</td> </tr> <tr> <td>Standard Days Method: Cycle Beads/Moon Beads</td> <td>1</td> <td>0</td> </tr> <tr> <td>Emergency Contraception</td> <td>1</td> <td>0</td> </tr> <tr> <td>Permanent Methods</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	FAMILY PLANNING METHOD	Yes	No	Progestin-only injectables	1	0	Combined hormonal injectables	1	0	Progestin-only/28 pills	1	0	Combined hormonal/21+8 pills	1	0	Condoms	1	0	IUD/Intrauterine Device	1	0	Implants	1	0	Standard Days Method: Cycle Beads/Moon Beads	1	0	Emergency Contraception	1	0	Permanent Methods	1	0		A-8
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305	<p>Are there any reasons you would not remove a client's IUD or implant if she requested it?</p>	<p>Yes 1</p> <p>No 0...SKIP TO 308</p>		C-5																																	
306	<p>What are the reasons you would not remove a client's IUD or implant if she requested it?</p> <p>INT: Allow spontaneous response, circle all answers that are mentioned; probe "Anything else?"</p>	<p>I do not have the clinical skills 1</p> <p>I do not have the time 2</p> <p>Client is unsure 3</p> <p>Client couldn't pay 4</p> <p>Side effects are not real 5</p> <p>Other (Specify)_____ 96</p>		C-5																																	
307	<p>Do you require that unmarried women get permission from anyone before obtaining a family planning method?</p>	<p>Yes 1</p> <p>No 0</p>		A-8																																	
308	<p>If you had a client who had symptoms or signs of domestic violence, e.g., physical bruising, unexplained chronic illness or pain, depression, etc., do you feel comfortable asking them if they want to discuss it?</p>	<p>Yes 1</p> <p>No 0...SKIP TO MODULE 4</p>		B-5																																	
309	<p>What action(s) would you take for that client?</p>	<p>Discuss domestic violence A</p> <p>Provide referral B</p> <p>Document in client's chart C</p> <p>Ask client to come back for follow up D</p> <p>Ask client to come back with partner E</p> <p>Other (Specify)_____ X</p>		B-5																																	

MODULE 4: PROVIDER KNOWLEDGE AND ATTITUDES ABOUT COUNSELING

INT READ OUT: “I will now ask you a series of questions about your counseling perceptions and practices.”

401	Have you ever counseled clients on family planning methods?	Yes No	1 0... SKIP TO 404	B-4
402	In your current position, and as part of your work for this facility, have you counseled any clients on any family planning methods in the last 3 months?	Yes No	1 0	B-4

INT READ OUT: “Think about a busy day when you have many clients in the clinic for family planning. For each action below, please tell me, on a BUSY day, whether you would do the action with every client, with most clients, with some clients, or with no clients.”

		Every Client	Most Clients	Some Clients	No Clients	A-6
403a	Welcome the client and introduce yourself	1	2	3	4	
403b	Identify reason for client’s visit	1	2	3	4	
403c	Introduce the subject of family planning	1	2	3	4	
403d	Ask client whether they would like to have another child	1	2	3	4	
403e	Ask client when they would like to have another child	1	2	3	4	
403f	Assess clients’ knowledge of available family planning methods	1	2	3	4	
403g	Fill in knowledge gaps about method options for client	1	2	3	4	
403h	Explain/assure confidentiality	1	2	3	4	
403i	Explain how effective the method that the client accepted is	1	2	3	4	
403j	Discuss client’s previous use of family planning	1	2	3	4	
403k	Use language that clients can understand	1	2	3	4	
403l	Tell client whether or not method protects against HIV or other STIs	1	2	3	4	
403m	Explain how to use the family planning method the client accepted	1	2	3	4	
403n	Tell client about potential side effects of family planning method	1	2	3	4	
403o	Tell client when to return for follow up	1	2	3	4	
404	Do you have materials available to you that help you to provide family planning counseling? <i>For example, provider counseling aids like method samples or brochures.</i>			Yes No	1 0	D-2
405	Do you have materials available to you that explain the roles and responsibilities of providers in protecting clients’ rights?			Yes No	1 0... SKIP TO 406	A-9

406	Do these materials include any of the following:			A-9
	Information about the role of providers in respecting, protecting and fulfilling clients' rights?	Yes	1	
		No	0	
	Information about who clients can contact if they feel that their rights have been violated?	Yes	1	
		No	0	
	Information about the consequences of violating clients' rights?	Yes	1	
		No	0	
407	Is there an effective referral mechanism in place at this facility?	Yes	1	C-2
		No	0	
408	Are you able to follow up with patients you've referred for other services?	Yes	1	C-2
		No	0	
		Sometimes	2	

MODULE 5: SUPERVISORY SYSTEMS

INT READ OUT: "I will now ask you a series of questions about your supervisory system."

Interviewer should explain that performance expectations are information given to the staff, usually within a job description, that describes the expected job outcomes. Performance expectations often describe why the job exists, how the job contributes to impact within the facility or organization, behaviors and values that should be demonstrated by staff and/or standards or objectives for the services provided by staff.

500	In an average week, how many hours do you work in this facility?	Hours...	<input type="text"/>	<input type="text"/>	<input type="text"/>	B-5
501	Do you have a written job description?	Yes	1			B-1
		No	0... SKIP TO 507			
502	Does your written job description have clear performance expectations?	Yes	1			B-1
		No	0... SKIP TO 507			
503	Do your performance expectations directly address clients' rights?	Yes	1			B-1
		No	0... SKIP TO 507			
504	What client rights does your performance expectations address? INT: Allow spontaneous response and circle options that most closely resemble provider's response	Availability of services for clients	A			B-1
	Accessibility of services for clients	B				
	Acceptability of services for clients	C				
	Providing quality family planning services	D				
	Informed choice	E				
	Autonomy/agency/empowerment of clients	F				
	Accountability of facilities to clients	G				
	Accountability of facilities to providers	H				
	Accountability of providers to clients	I				
	Equity and non-discrimination in providing services	J				
	Privacy and confidentiality	K				
	Other (specify) _____	X				
	Other (specify) _____	X				
	Other (specify) _____	X				
505	Do your performance expectations include any consequences for violating clients' rights?	Yes	1			B-1
		No	0... SKIP TO 507			

506	<p>What are the consequences for violating clients' rights?</p> <p>INT: Allow spontaneous response and circle all answers that are mentioned; probe "Anything else?"</p>	<p>Legal action A</p> <p>Let go from facility B</p> <p>Lose clinical license C</p> <p>Probation at work D</p> <p>Scolding from supervisor E</p> <p>Clients will no longer come here F</p> <p>Tarnishing provider reputation G</p> <p>Tarnishing facility reputation H</p> <p>Additional training for provider I</p> <p>Mentorship for provider J</p> <p>Other (specify) _____ X</p> <p>Other (specify) _____ X</p> <p>Other (specify) _____ X</p>	B-1
507	<p>Do you receive supervision in your work?</p>	<p>Yes 1</p> <p>No 0...SKIP TO 512</p>	B-2
508	<p>When you receive supervision who is it primarily by?</p>	<p>Clinic In-charge 1</p> <p>Senior Clinical Staff 2</p> <p>District Health Officer 3</p> <p>NGO Worker 4</p> <p>MOH Worker 5</p> <p>Other (specify): _____ 96</p>	B-2
509	<p>When was the last time you received supervision by this person(s)?</p> <p>INT: Circle only one answer</p>	<p>Within the past 3 months 1</p> <p>Within the past 4-6 months 2</p> <p>Within the past 7-12 months 3...SKIP TO 511</p> <p>More than 12 months ago 4...SKIP TO 511</p>	B-2
510	<p>In the past six months, how frequently has this person supervised your work?</p> <p>INT: Circle only one answer</p>	<p>Daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less often than once a month 4</p>	B-2
511	<p>When this person supervises your work, what activities do they usually do?</p> <p>INT: Allow spontaneous response and circle all answers that apply; probe "Anything else?"</p>	<p>Review job description A</p> <p>Review performance expectations B</p> <p>Review clients' rights C</p> <p>Checked records or reports D</p> <p>Observed delivery of services E</p> <p>Inquired about service problems F</p> <p>Made suggestions for improvements G</p> <p>Offered praise for good work H</p> <p>Provided technical or admin updates I</p> <p>Used a checklist to assess the quality of available health services data J</p> <p>Discussed performance of the facility based on available health data K</p> <p>Helped make decisions based on health data L</p> <p>Observed behaviors related to human rights M</p> <p>Reviewed violations of human rights N</p> <p>Introduced new reporting tool O</p> <p>Other (Specify) _____ X</p> <p>Other (Specify) _____ X</p> <p>Other (Specify) _____ X</p>	B-1

512	Does any individual or organization tell you how many new family planning clients to reach per month?	Yes No	1 0... SKIP TO MODULE 6	B-6
513	Does anything happen to providers if they don't reach the number of new family planning clients requested?	Yes No	1 0... SKIP TO MODULE 6	B-6
514	What would happen to a provider if they didn't reach the number of new family planning clients requested? INT: Allow spontaneous response and circle all answers that are mentioned; probe "Anything else?"	They would get retrained They would get reassigned They would get let go They would get docked pay Other (Specify) _____ Other (Specify) _____ Other (Specify) _____	A B C D X X X	B-1
515	Does the individual or organization encourage you to provide a certain type of family planning methods to new or switching family planning clients each month?	Yes No	1 0... SKIP TO MODULE 6	B-6
516	If yes, which methods are you encouraged to provide? INT: Allow spontaneous response and circle all answers that are mentioned; probe "Anything else?"	Progestin-only injectables Combined hormonal injectables Progestin-only/28 pills Combined hormonal/21+8 pills Condoms IUD/Intrauterine Device Implants Standard Days Method: Cycle Beads/Moon Beads Emergency Contraception Permanent Methods	A B C D E F G H I J	B-6

MODULE 6: BASIC SUPPLIES AND EQUIPMENT

INT READ OUT: “I will now ask you a series of questions about your experience with family planning commodities, supplies and equipment.”

600	Do you always have all of the equipment you need to provide a full range of family planning methods? INT: Circle only one answer	Yes, always Yes, usually No, regularly missing No, never	1 2 3 4	D-2		
601	Have any of the following family planning methods been out of stock in the last three months? INT: Read out each item and ask the interviewee to identify whether the item has or has not been available at all times during the last 3 months, or whether the item is not supplied at this facility. You may show the provider the list of items to help them answer.		Item has been available at ALL times during last 3 months	Item has NOT been available at all times during last 3 months	Not supplied at this facility	D-2
	Pill: combined/21+8 pills	1	2	3		
	Pill: Progestin-only/28 pills	1	2	3		
	Injectable: 1 month	1	2	3		
	Injectable: 2 month	1	2	3		
	Injectable: 3 month	1	2	3		
	Uniject: Sayana Press	1	2	3		
	Condom: male	1	2	3		
	Condom: female	1	2	3		
	IUD	1	2	3		
	Implant: 3 years/Implanon	1	2	3		
	Implant: 5 years/Jadelle	1	2	3		
	Standard Days Method: Cycle Beads/Moon Beads	1	2	3		
	Emergency Contraception	1	2	3		

MODULE 7: PROVIDER/STAFF REIMBURSEMENT

INT READ OUT: "I will now ask you a series of questions about salary/reimbursement."

700	Do you receive your salary regularly?	Yes No	1... SKIP TO 702 0	B-5
701	Why do you not receive your salary regularly? INT: Circle only one answer	Delays with the bank Delays with facility management Delays from funding source-NGO Delays from funding source-Government Salary dependent on project Other (Specify)_____	1 2 3 4 5 96	B-5
702	How often do you receive your salary? INT: Circle only one answer	Weekly Twice a month Monthly Less often than once a month Other (Specify)_____	1 2 3 4 96	B-5
703	Does the regular payment of your salary depend on you meeting any <u>quality standards</u> in the family planning services you provide?	Yes No	1 0	B-1
704	Does the regular payment of your salary depend on you providing family planning services to a <u>certain number</u> of clients?	Yes No	1 0	B-1

MODULE 8: CLIENT INCLUSION AND HUMAN RIGHTS

INT READ OUT: "I will now ask you a series of questions about how you seek client feedback."

800	Do you regularly ask your clients what they think about the facility and its services?	Yes No	1 0... SKIP TO 803	E-1
801	Please tell me what ways this facility finds out what clients think about the facility and its services INT: Allow spontaneous response and circle all that are mentioned. Ask "Anything else?"	Suggestion box Client survey Official meeting with community leaders Informal discussion with community leaders Email Website Letters from clients/community Peer Educators Verbal feedback Client exit interviewers Informal conversation with provider Community dialogue Other (Specify)_____ Other (Specify)_____ Other (Specify)_____	A B C D E F G H I J K L X X X	E-1
802	What comments have you previously heard from clients? INT: Allow spontaneous	Poor treatment by staff Need for expanded facility hours Need for different methods to be available Need for services targeted at specific groups	A B C D	E-1

	response and circle all that are mentioned. Ask “Anything else?”	<p style="text-align: right;">Too expensive E</p> <p style="text-align: right;">Positive feedback to specific providers F</p> <p style="text-align: right;">Positive feedback to facility G</p> <p style="text-align: right;">Other (Specify) _____ X</p> <p style="text-align: right;">Other (Specify) _____ X</p> <p style="text-align: right;">Other (Specify) _____ X</p>	
803	<p>If a client at this facility had a complaint about a service provider, what can they do to make sure their complaint is heard?</p> <p>INT: Allow spontaneous response and circle all that are mentioned. Ask “Anything else?”</p>	<p style="text-align: right;">Talk to the facility supervisors A</p> <p style="text-align: right;">Make formal complaint at the facility B</p> <p style="text-align: right;">Use suggestion box C</p> <p style="text-align: right;">Ask facility officials for service provider to be disciplined D</p> <p style="text-align: right;">Ask facility for refund for services E</p> <p style="text-align: right;">Talk to community leaders F</p> <p style="text-align: right;">Report the incident or complaint to NGO G</p> <p style="text-align: right;">Report incident or complaint to local police/courts H</p> <p style="text-align: right;">Report the incident or complaint to national courts I</p> <p style="text-align: right;">Report the incident or complaint to national human rights institution J</p> <p style="text-align: right;">Report the incident or complaint to national medical professional association K</p> <p style="text-align: right;">Tell their friends and family in your community not to go to this health facility L</p> <p style="text-align: right;">Other (Specify) _____ X</p> <p style="text-align: right;">Other (Specify) _____ X</p> <p style="text-align: right;">Other (Specify) _____ X</p> <p style="text-align: right;">Nothing W</p>	E-2
804	Is there a mechanism in place to identify and address potential problems experienced by clients’ and abuses by providers or other staff?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 0</p>	E-2
805	Do you know what to do if you observe a staff member potentially violating a client’s rights?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 0</p>	E-2
806	Do you know what a client should do if their rights are violated?	<p style="text-align: right;">Yes 1</p> <p style="text-align: right;">No 0</p>	E-2
807	INT READ OUT: “I am going to read out some examples of behaviors you could observe colleagues doing. For each of these examples, please tell me, using yes or no answers, whether you would intervene.”		E-2
	If a colleague slapped a client during a consultation	Yes No	1 0
	If a colleague yelled at, humiliated or made a client feel bad about themselves during the consultation	Yes No	1 0
	If a colleague denied a client access to family planning services when the client could see others were receiving services	Yes No	1 0
	If a colleague refused to provide a client with family planning services because the client was HIV+	Yes No	1 0
	If a colleague gave the client a procedure or family planning method without their consent	Yes No	1 0

	If a colleague caused the hospitalization of a client because of a service they had received at the family planning facility	1	0	
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MODULE 9: WORK ENVIRONMENT

INT READ OUT: “On a scale of 1-5 please indicate how you feel about the following statements– 1 indicates AGREEMENT and 5 indicates DISAGREEMENT.”		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
900	I have a strong sense of community where I live and work.	1	2	3	4	5	B-5
901	I have a clear understanding of what my job responsibilities are.	1	2	3	4	5	B-1
902	I am satisfied with my current job.	1	2	3	4	5	B-4
903	My colleagues treat me with respect.	1	2	3	4	5	B-5
904	I have enough time to do my job on most days.	1	2	3	4	5	B-5
905	I am satisfied with the compensation for my current job.	1	2	3	4	5	B-5
906	I am able to speak to my colleagues about problems in the workplace.	1	2	3	4	5	B-5
907	I feel stressed about my job most days.	1	2	3	4	5	B-5
908	I am able to speak to my supervisor about problems with other colleagues.	1	2	3	4	5	B-1
909	Working here allows me to use the skills I have.	1	2	3	4	5	B-4
910	I have the support I need to do my job.	1	2	3	4	5	B-5
911	Working here allows me to learn new skills.	1	2	3	4	5	B-4

INT READ OUT: “I am going to read two statements to you. For each statement, please tell me whether you have experienced this.”

		YES	NO	
912	A colleague or staff member has said something to me that was offensive or hurtful.	1	0	B-5
913	A colleague or staff member has said something to me that was romantically or sexually inappropriate.	1	0	B-5

INT READ OUT: “Thank you very much for your time and for your candid answers to this interview. We are now finished with the interview. Please let me know if you have any questions.”

INT: For all respondents, stop interview here and record time.

2000	Record the time. INT: Record the time (using 24-hour clock time).	Hour..... Minutes.....	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						

 WHAT WORKS
ASSOCIATION

 Palladium
MAKE IT POSSIBLE