

USER'S GUIDE ON PLANNING AND MANAGING A QUALITY SURVEY IN REPRODUCTIVE HEALTH PROGRAMS

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Abbreviations

CA	Cooperating Agency
FP	Family planning
HQ	Headquarters
IEC	Information, education, and communication
ICPD	International Conference on Population and Development
MCH/FP	Maternal and child health/Family planning
M&E	Monitoring and evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-governmental organization
PC	Personal computer
PHD	Provincial Health Directorate
RH	Reproductive health
QC	Quality of care
SPSS	Statistical Package for Social Sciences
SSK	Social Insurance Organization
USAID	United States Agency for International Development
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Education Fund

Introduction

Purpose of the Manual

This User's Guide on planning and managing a quality survey has been prepared for two reasons:

- to document the experience and lessons of the Management Sciences for Health (MSH) Turkey program in implementing seven quality surveys in four provinces during the period 1998-2001; and
- to provide other international health programs with a sufficient level of detailed information to replicate similar surveys to improve the performance and management of family planning (FP) and other reproductive health (RH) programs.

The manual is organized under the following headings: preparation, fieldwork, analysis and feedback, and cost and level of effort. In each section, detailed information on the steps involved are provided, including some stories from the Turkey program's experience, and key lessons learned. Data collection tools, sample training agenda/content areas, and sample formats for reports and other management tools are provided in the body of the manual or in appendices.

The following two sections provide background information on the importance of monitoring quality of care, and the rationale for designing and implementing quality surveys in Turkey.

Importance of Monitoring Quality of Care: Global and MSH Perspectives

The issue of quality of care (QC) in family planning and reproductive health programs (FP/RH) gained worldwide prominence nearly a decade ago with the Bruce/Jain framework on quality of care. The framework outlines six elements that define quality of care in FP programs: choice of methods, information given to clients, technical competence, interpersonal relations, follow-up and continuity mechanisms, and the appropriate constellation of services.¹ The importance of quality of care in FP/RH services was further reinforced at the 1994 International Conference on Population and Development (ICPD) held in Cairo as well as the ICPD+5 Conference held in New York in 1999. In 1994 ICPD Conference the focus on FP efforts shifted to a more comprehensive "reproductive health" approach which calls for client-oriented, quality services that empower a woman to make an informed choice about RH care in an environment of dignity and respect. This focus was reinforced at the 1999 ICPD+5 Conference.

The quality of care initiative has struck a resonant chord in countries around the world. At the individual level, improved quality of care in FP programs ensures women and men of respectful treatment by technically competent providers; it is intended to empower them to make choices consistent with their own reproductive intentions. At the aggregate level, greater satisfaction with services should translate into greater contraceptive adoptions and continuation rates, thus increasing contraceptive prevalence. Improved quality of care also may prompt women to act on their intentions to seek services in areas where there is fragile demand for contraception.

From policy makers and managers at the country level to donor agencies at the international level, there is consensus that delivering quality services to women seeking FP and other RH services is an important objective. Initiatives to improve quality of care in FP/RH are supported at the policy level,

¹ Bruce, Judith, "Fundamental Elements of the Quality of Care: A Simple Framework", *Working Paper No. 1*, The Population Council, May 1989.

given the post-Cairo focus on the individual needs of women. Total Quality Management (TQM) and Continuous Quality Improvement (CQI) are approaches that have taken hold around the world. Many programs are shifting from a focus on the number of clients served (which may lead to high discontinuation rates) to better serving the comprehensive needs of their clients. In addition to effects at the individual level, higher quality services also may lead to changes in behavior in the catchment areas surrounding service delivery points as word gets around of improved quality of services provided. As a result, while putting the needs of the woman first, programs can both satisfy the client and increase coverage.

Measuring quality on a routine basis is extremely important for several reasons. Highlighting QC demonstrates to staff that it is an important component of the program and thus sets the standard for staff performance. In cases where an intervention to improve QC is in place, quality of care can be measured over two points in time, not only to determine the effectiveness of the intervention, but also to inform future program strategies. Improved QC is of tremendous importance to consumers who are the first to benefit from better services and who may be further encouraged to meet their reproductive intentions as a result of quality services received.²

Why is quality important for MSH? In addition to the rationale and events noted above, service quality is integral to MSH's mission, notably MSH's aim to "increase the effectiveness, efficiency, and sustainability of health and family planning services by improving their management, promoting access to these services, and influencing public policy."³

An Approach to Monitoring Quality of Care in the Turkey Family Planning Program

With the implementation of the United States Government Performance and Results Act of 1993, USAID-funded projects are now under added pressure to provide quantitative measures of project performance. While many see reporting requirements as a burden on activities in the population and health sector, routine project monitoring can be designed to meet the needs of both local project managers and higher government authorities.

Monitoring and evaluation (M&E) plans that adhere to a set of accepted best practices are easy to implement and yield data that can be used to continually improve project performance. Simple, state-of-the-art M&E plans enable projects to make data-based decisions regarding public health interventions and also provide government agencies with evidence-based program outcomes.

In order to better track progress and evaluate improvements in the quality of family planning services in Turkey, the USAID Turkey program implemented an innovative M&E system. The M&E plan incorporated several accepted best practices in monitoring and evaluation. The plan utilizes simple and cost-effective data collection and analysis techniques to encourage the use of data at all levels for the continuous improvement of services. The M&E plan was designed as a user-friendly tool for health facilities and local program managers to make better program management decisions and to improve prospects for sustainability.⁴

² Measure *Evaluation* Project and the Monitoring and Evaluation Subcommittee of the Maximizing Access and Quality (MAQ) Initiative, "Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in Family Planning", Measure *Evaluation* Manual Series No. 2, February 2001, pages 3 -4.

³ Management Sciences for Health, "Annual Report for 2001".

⁴ Mathis, Jill et al., "Best Practices in Monitoring and Evaluation: Lessons from the USAID Turkey Population Program", Management Sciences for Health and Measure Evaluation, October 2001, page 1.

The USAID Turkey Program Results Framework's Strategic Objective, like that of most USAID country programs, calls for expansion of high quality FP/RH services in the public and private sectors. The quality surveys conducted in Turkey were designed as the main mechanism to obtain data not routinely collected through other means (e.g., routine reports from the national health management information system, periodic Demographic and Health Surveys) to measure progress in the achievement of this objective. The two main objectives of the quality survey were:

- to provide baseline data for the USAID/Turkey M&E plan; and
- to provide Turkish counterparts with information for the management of their reproductive health programs and to cooperating agencies (CAs) for the prioritization of their technical assistance activities in the public and private sectors.

Working collaboratively with USAID Turkey, CAs working in Turkey, and other stakeholders (the Ministry of Health [MOH], Social Insurance Organization [SSK], and non-governmental organizations [NGOs]), MSH assisted in defining eleven components of QC which were measured to track improvements and capture multiple dimensions of quality in family planning service delivery. These components are:

- *adequacy of FP unit infrastructure*
- *adequacy of contraceptive storage conditions*
- *availability of trained personnel*
- *adequacy of infection prevention measures*
- *visibility of FP services*
- *availability of modern methods*
- *availability of information, education, and communication (IEC) materials*
- *feedback and supervision*
- *use of FP services monitoring and evaluation wall chart*
- *perceived quality of FP counseling*
- *knowledge level of method users (FP, postabortion, postpartum)*

Once stakeholders agreed upon these eleven components of QC, a set of performance standards for each component was defined. The standards were confined to those that could be measured through the administration of a facility checklist and client interviews. Because of time and resource limitations, USAID, MOH, SSK, and CAs decided that the Turkey quality surveys would not involve observation as a mode of data collection. CAs working at the clinic level observed the technical competence of providers through other mechanisms.

The facility audit was used to determine the readiness of each facility to serve the client. The client exit interview collected information about the client's experience at a given health facility, providing data about the quality of services received from the client's perspective. Since the performance standards defined for the components of QC did not specifically include indicators on the technical competence of providers, observation of client-provider interactions was not needed to collect data.

The performance standards for each element of quality of care are provided in Appendix I.

Contributions of Systematic Surveys to Improvements in Quality in Turkey

With the conduct of seven quality surveys, including the replication of the survey in Istanbul, Adana, and Icel provinces, the methodology has proven to be an effective tool to disseminate performance standards for QC, identify performance gaps, plan, focus and prioritize interventions to sustain good performance and address deficiencies, and to measure progress in performance over time. The specific methodology developed in Turkey has likewise proven to allow for a rapid assessment of a significant number of facilities and clients while remaining highly cost-effective. And the collaborative approach taken by MSH in implementing the surveys has proven to be effective in strengthening the capacity of local organizations to conduct similar surveys as well as to increase their knowledge and appreciation of the concept and importance of quality.

The quality surveys have served as a critical element of the USAID Turkey Program Monitoring and Evaluation Plan. They have helped USAID and the CAs implementing the program to continually refine priorities and redirect the limited resources and technical assistance. Training and technical assistance interventions undertaken by the MOH, SSK, Provincial Health Directorates (PHDs), and USAID-funded CAs have contributed in positive, and in some cases, in dramatic ways to improved performance in quality of care over time, particularly in the QC components of: adequacy of FP unit infrastructure, infection prevention measures and contraceptive storage conditions; and the availability of IEC materials. Specific conclusions and recommendations for each component of quality of care examined by the surveys may be found in each of the survey reports produced.

Quality Surveys Undertaken in Turkey, 1998-2001

Province	Date
Istanbul	September 1998, May 2000, May 2001
Kocaeli	June 1999
Adana	October 1999, May 2001
Icel	October 1999, May 2001

1. Preparation

1.1 Setting the date for the quality survey

The selection of appropriate dates for the survey is critical for successful implementation. MSH/Turkey worked closely with central MOH authorities and local MOH managers to identify and avoid any previously or routinely scheduled activities. There were several important events in Turkey that had to be taken into consideration during planning:

- Ramadan and other major religious holiday periods: the FP client load is very low at these times;
- Summer and winter school recesses: during these times, families visit their homelands and take vacation thus reducing FP client load;
- National immunization campaigns: all primary health care facilities assign most of their staff to immunization activities. The central MOH postpones or halts all other activities that may require additional staff time.

Despite careful planning, there was one instance when MSH/Turkey could not avoid a scheduling problem. During both the 2000 and 2001 surveys in Istanbul province, one survey day overlapped with the May 1 labor day events. There were demonstrations blocking the avenue on which two survey facilities were located. The interviewers and FP clients had difficulty reaching the facilities. One additional data collection day was added to the schedule to compensate for the loss of clients.

- Local congresses, large meetings, and fairs that require the participation of local health managers were also kept in mind.

The preferred months for the surveys were April-May and September-October, however these months were also when other agencies, such as UNFPA, UNICEF and USAID CAs, tended to schedule their field activities. Therefore, MSH/Turkey often had to compete with other agencies to schedule the surveys. Two to three months before each survey MSH/Turkey communicated with

MOH staff at the central and provincial levels and with other CAs and donor agencies to determine the survey dates. An explicit written approval was always obtained from the central MOH and SSK.

Remember!

- Carefully plan the survey dates to avoid any competing event at local and national levels.

1. Preparation

1.2 Preparing the data collection tools

Five different tools were designed and used in the surveys:

- a) Facility checklist
- b) Exit interview questionnaires
 - Family planning client
 - Postpartum client
 - Postabortion client
 - Mystery client

a) Facility checklist

In 1996 and 1997 MSH/Turkey worked with the SSK to help the organization better manage its FP program. MSH/Turkey assisted the SSK to develop a facility checklist to be used during supervisory field visits. In 1998 USAID/Ankara developed a monitoring and evaluation plan that included a series of quality-related indicators, among others. Data for several of these indicators could be collected using a facility audit approach. Since the SSK facility checklist had already proven to be an effective tool, it was used as a model for the quality surveys.

The checklist is administered in target health facilities to inventory the existence of key family planning program inputs. These inputs include: visibility of FP services at the facility; adequacy of physical infrastructure, infection prevention measures, and contraceptive storage; presence of personnel trained in FP; and availability of information, education, and communication (IEC) materials on FP, and modern contraceptive methods; and adequacy of feedback to and supervision of FP services and staff.

A copy of the facility checklist is provided in Appendix II.

Of the five data collection tools, the facility checklist is the only one that has undergone continuous modification in the course of implementation of the seven surveys. Since some indicators in the

One of the CAs insisted on adding one more standard (provider should wash his/her hands before and after each procedure) to the infection prevention measures. Although it was an important issue, this standard could only be measured through observation, which was not part of the data collection methodology. MSH/Turkey had to orient and convince stakeholders through a painstaking and lengthy process.

USAID/Turkey M&E plan were actually composite indices comprised of multiple sub-indicators, it was difficult to find the best approach to measure them properly and consistently. During and after the first survey in Istanbul in 1998, there were lengthy discussions in the CA community and with counterparts to revisit the definition of the standards and determine how to effectively measure them. MSH/Turkey had to informally train all stakeholders on the purpose and use of the facility checklist as well as the limitations and advantages of the tool.

The adequacy of infection prevention measures and the availability of IEC materials were the two most time-consuming sections of the checklist to prepare and to modify. MSH/Turkey encountered

difficulties in reaching agreement with concerned CAs and government counterparts on defining suitable standards for these indicators and how to measure them using an audit as opposed to an observation approach.

Another problem faced during preparation and revision of the facility checklist was to coordinate with the CAs to understand changes in their annual workplans that were relevant to the contents of the facility checklist. The availability of IEC materials was a good example. One CA decided to discontinue printing a “Family Planning Pocket Guide”. This Guide was a critical element for the performance standard concerning the availability of IEC materials. Moreover, based on field experience and suggestions from MSH/Turkey, the USAID program decided to design and produce “all methods brochures” rather than “method specific brochures”. Such changes had to be regularly monitored and the facility checklist updated accordingly.

The facility checklist was designed to measure USAID’s M&E plan indicators and to regularly measure several other indicators identified by the MOH, SSK and local managers. Since it involved only a marginal increase in the cost of data collection, MSH/Turkey always encouraged counterparts to add indicators and use the results for service improvement.

MSH/Turkey helped the MOH and SSK to design an indicator to measure the adequacy of FP service infrastructure. Infrastructure improvement was not part of the USAID M&E plan, thus no technical or financial assistance was provided by CAs, the MOH and SSK headquarters. Yet one of the biggest measurable improvements achieved in all provinces was in the area of FP infrastructure improvement. The result was achieved merely by communicating the standards and survey results to the facility managers.

b) Exit interview questionnaires

Three types of clients were interviewed upon completion of their facility visit: family planning, postabortion, and postpartum clients. The primary purpose of the exit interviews with FP clients was to assess the quality of counseling received. The purpose of the post-abortion and postpartum client exit interviews was to measure whether providers counsel these clients and inform them about the availability of FP services at the facility. There were three main sections in the family planning exit questionnaire (client profile, method specific knowledge, and client satisfaction) and two main sections in the postpartum and postabortion client exit interview questionnaires (client profile and method specific knowledge).

The three client exit interview questionnaires were relatively easy instruments to develop; most of the questions and formats came from exit interview tools already developed and published in the reproductive health literature. However, there were two critical challenges in developing these questionnaires.

The first challenge was to prepare the questions measuring specific knowledge. What should be the standard in Turkey for the minimum knowledge level for each method? What kind of wording should be used to avoid or minimize miscommunication between the client and the interviewer?

The second challenge was to define "client satisfaction" and convert the concept into questions. MSH/Turkey spent a significant amount of time developing an appropriate set of questions to measure client satisfaction.

The draft tools were tested by technical staff from CAs and the MOH in selected facilities in Ankara. Ankara was selected because it is the location of CA offices and thus the expense of testing the tools was minimal.

c) Anonymous Client Visits

The purpose of the mystery or anonymous client visits was to collect data from facilities with a low volume of FP clients as well as to validate the data collected from high volume facilities. Because some family planning clinics serve small catchment areas and see relatively few family planning clients, it was not feasible to post survey staff to conduct client exit interviews. But it was critical to collect information from the facilities with low client volume to minimize survey selection bias. As a part of the quality survey, anonymous or mystery clients visited low volume health facilities to assess the quality of family planning services, and report on their experiences to a trained survey interviewer. To ensure validity of data collected, mystery clients also visited some high volume facilities. Mystery clients posed as FP users only and reported their experiences to the survey manager guided by the FP exit interview questionnaire. The mystery clients were identified by the Provincial Health Directorate. They were students and housewives, not medical personnel. They received a one-half training from MSH.

Before each survey MSH/Turkey reviewed all the data collection tools and disseminated them to USAID, CAs and counterparts for feedback. Based on suggestions, the tools were finalized and applied. The day after data collection was complete, MSH/Turkey staff conducted feedback meetings with all interviewers, auditors and supervisors to review the tools, specifically to discuss issues related to the wording, sequence and format of questions. These routine meetings helped to refine the tools after each survey. They also provided insight on the validity of the data collected.

MSH/Turkey published and distributed the tools to the Provincial Health Directorates, MOH, SSK, and CAs in English and Turkish after each survey. Although most of the questions and the format remained unchanged, it was important to document this very important step of the survey.

The three client exit interview questionnaires are provided in Appendix III.

During preparation for the first quality survey, one of the CAs asked MSH/Turkey to conduct exit interviews with antenatal clients, as a rider to the surveys in hospital settings. Although MSH/Turkey was hesitant about the benefits of such a study, given the lack of clearly measurable objectives and a short time period to design the questionnaire, antenatal exit interviews were conducted with 400 clients. The results were not used and the antenatal survey was not repeated since measuring the quality of these services was not part of the M&E plan of the USAID/Turkey program.

Remember!

- Always work closely with all stakeholders to prepare and update data collection tools
- Collect only the data that you will use

1. Preparation

1.3 Setting up the survey headquarters

After setting the dates and preparing the data collection tools, MSH/Turkey staff made an initial visit to the provincial health directorate to establish the survey headquarters (HQ). This usually involved meeting with the provincial health director, explaining the rationale, procedures and protocols for the survey, obtaining his/her support (including not initiating any activity that may impede data collection) and confirming the full-time involvement of provincial technical staff.

The next step was to identify the health directorate office to be used as the survey HQ, assuring the availability of adequate space/rooms and of direct phone/fax lines. MSH/Turkey also made arrangements for non-stop tea and coffee service.

The third step was to arrange computers. For the baseline surveys in 1998 and 1999, MSH/Turkey bought one desk top computer, laser printer and internet connection for each survey HQ. Provincial Health Directorates responded to this incentive by contributing a second computer and printer for the survey HQ. Usually two PCs allocated full-time for the survey were sufficient for data entry. Because of the huge sample size, for the 2001 Istanbul survey three PCs were needed.

The last step was to assign clear roles and responsibilities for managing the survey. As mentioned in section 1.5 below in greater detail, there should be at least one supervisor at the survey HQ at all times.

During the first survey in Istanbul in 1998, MSH/Turkey staff was fully in charge of the survey HQ due to the lack of experienced counterparts. Gradually this role shifted to local counterparts.

Remember!

- Ensure team work for setting up the survey HQ
- Make sure to leave one authorized staff person at the survey HQ at all times

1. Preparation

1.4 Selecting the facilities

There were several protocols followed to select facilities for each survey sample:

- All MCH/FP Centers in each province were included in the sample. For the follow-up surveys, newly opened MCH/FP Centers were added to the sample.
- All public MOH and SSK hospitals and dispensaries providing FP services were included in the sample. For the follow-up surveys, the list of public hospitals was updated. Facilities no longer providing FP services were dropped, and newly opened hospitals and/or hospitals that had started providing FP services since the last survey were added to the sample.
- Two criteria governed the selection of private hospitals: One or more of the CAs was working with the hospital to strengthen FP or postpartum or postabortion FP services; and the hospital consented to be included in the survey.

Since the number of MCH/FP Centers and public sector hospitals in provinces surveyed were reasonable, these types of facilities were surveyed without sampling. However because of the large number of health centers in provinces, a sampling methodology was designed. The methodology could be called “Stratified Proportioned Random Sampling”. In 1998, all health centers in Istanbul were stratified according to the number of daily general outpatient visits and the number of daily FP visits, as illustrated in the following table.

Distribution of Health Centers in Istanbul, 1998

Daily FP visits	Daily outpatient visits			Total Health Centers
	< 22	22-46	> 46	
>2	4	20	24	48
1-2	13	18	8	39
<1	36	16	18	70
Total Health Centers	53	54	50	157

33% of health centers were randomly selected from each stratified cell. This percentage was considered a sufficient representative sample considering the budget and time available for the survey.

Number of Health Centers Selected in Istanbul, 1998

Daily FP visits	Daily outpatient visits			Total Health Centers
	< 22	22-46	> 46	
>2	1	7	8	16
1-2	4	6	3	13
<1	12	5	6	23
Total Health Centers	17	18	17	52

Although the facility checklist was administered at all 52 health centers, those with fewer than one FP client per day were not visited by interviewers for client exit interviews. With subsequent follow-up

surveys, health centers that had been closed or were no longer providing FP services were replaced with new health centers to keep an approximate 30% sample size in Istanbul province.

In Cukurova (Adana and Icel provinces), a similar but simpler stratification methodology was used for determining the health center sample size. In these two provinces, only daily FP client load was used to stratify the health centers, and a greater proportion of health centers with less than one daily FP client was sampled to collect more information on low volume facilities. In these provinces a larger sample size was chosen since there was more time and more budget available for the surveys.

Daily FP visits	Total Health Centers		Sampled Health Centers	
	Adana	Icel	Adana	Icel
>2	44	28	22	15
1-2	15	26	8	13
<1	66	71	50	54
Total Health Centers	125	125	80	82

To set up a coding system for the facility sample, an alphabetical list was first prepared. Since there were several facilities using the same name, district names were also used as a kind of surname. But the rank order was done using the name of the facility. There were also some facilities that have a “nickname”. Although managers and the public knew the facilities by their nicknames, the official names and the nicknames were included in the list as additional information for interviewers and supervisors.

One health center was closed due to heavy damage sustained during the 1999 earthquake and two health centers were no longer providing FP services in Istanbul. Each year 33% of newly opened health centers were also randomly selected to maintain the same 33% sample size. However, due to demand from non-sampled health centers in 2001, the sample size was dramatically increased by randomly adding 50 more health centers.

The following coding system was developed and used in all seven surveys for data collection, entry and analysis:

Facility Types	Codes
Public MOH Hospitals	101-199
MCH/FP Training Centers	201-299
MCH/FP Centers	301-399
Health Centers	401-499
Public SSK Training Centers	501-599
Public SSK Hospitals	601-699
Public SSK Dispensaries	701-799
Private Hospitals	801-899

Once the facilities for the sample were selected, the Provincial Health Directorate prepared a short letter stating the purpose and dates of the survey and sent it to all facility managers in the survey sample.

In 1998 and in 2000 the Istanbul survey included 52 and 57 health centers, respectively. It was originally planned to visit the same health centers during the final 2001 survey and perhaps add a few more to replace closed ones. However, the Istanbul Health Directorate insisted on adding 50 more health centers as a new cohort. This exhausted all the 400 facility codes. New codes had to be added to the system, starting with the number 4000, to cover all new health centers.

The third important step was to identify the order in which facilities would be surveyed and to assign survey dates to each facility. Some facilities had certain busy days (such as the weekly market day) or limited IUD services to certain days of the week. While Provincial Health Directorate (PHD) managers knew most of those variables, before each survey such information was confirmed with the clinic managers. This careful planning process allowed for the availability and interviewing of as many FP clients as possible.

PHD staff informed the managers of all selected facilities about the survey and its purposes, the dates of interviews, the facility auditors' and interviewers' names, basic conditions needed for the interview room, and the types of clients to identify for interviews. Although this information was provided before the data collection began, on arrival at the facility for the first time, the interviewers and auditor met with the facility manager to assure his/her full cooperation.

While most of the facility managers received an official letter and cooperated fully, there were always some facility managers who needed to be called and convinced by provincial managers.

During the Icel survey in 1999, one unsampled district health center was added to the survey universe upon the request of local managers. The purpose was to gather information about that facility by taking advantage of the project. Although this was the only instance, such requests can be easily met with a very small marginal cost to get additional programmatic information.

Hospitals were treated separately. One or two local managers visited each hospital director and/or FP clinic director prior to the survey. They were informed about the objectives, methodology and dates of the survey. Another purpose of the visit was to locate the FP clinic in the hospital and understand the flow of FP clients within the hospital, to ensure that there would not be any leakage of clients during the interview period.

Remember!

- Develop a facility coding system to cover all present and anticipated future needs
- Inform facilities in advance, and if possible, visit facility managers before the survey begins to ensure their cooperation

1. Preparation

1.5 Staffing

Three cadres of staff were recruited for each survey: interviewers, who administered the client exit questionnaires; auditors, who administered the facility checklist; and supervisors. The number of interviewers, auditors, and supervisors recruited varied from survey to survey, depending upon the size of the facility and client samples, from a low of 12 interviewers, 2 auditors, and 2 supervisors, to a high of 67 interviewers, 8 auditors, and 4 supervisors. A small number of interviewers (2-4) were also recruited and trained to serve as mystery clients for each survey.

The types of facilities from which data was collected governed the type of staff recruited as interviewers. For MOH hospitals, MCH/FP Centers and health centers, Provincial Health Directorate staff was used. In order to minimize any bias, survey staff were assigned to facilities for which they had no oversight responsibility and to geographic areas that were not their home neighborhoods. Since Istanbul is divided by the Bosphorus and occupies two continents and travel between the two sides is time-consuming, survey staff were assigned to facilities on the same continent as their homes. Another strategy was to assign similar or the same type of facilities to the same survey staff. For example, some survey staff visited only hospitals. Others only health centers or MCH/FP Centers. This helped to shorten the learning curve. Although MSH/Turkey tried to recruit only female interviewers, there was one or two male interviewers involved in each survey. Unfortunately, many clients refused to be interviewed by male interviewers because they did not feel comfortable. The same principles for assignment were followed for the surveys in the Cukurova region.

In Istanbul province, the MOH refused to have survey personnel from outside the public health system. The SSK and private hospitals refused to have MOH-affiliated survey staff. This problem was solved by using different institutional sources. In 1998, nurse practitioners from Florence Nightingale Nursing School, and in 2000 and 2001 students from the Marmara University School of Health Education were recruited for the private and SSK hospitals in Istanbul. This problem was not encountered in Cukurova region; all survey staff were affiliated with the MOH.

Since most of the survey staff were government employees, they were paid per diem rather than fees. Per diem covered all travel and meal expenses; appropriate rates were determined with the local PHD managers. Each year the per diem rates were adjusted for inflation and exchange rate changes.

Facility auditors were recruited from the PHD family planning training team. These staff were either trainers or master trainers. Depending upon the distances between facilities, each auditor was assigned to cover one to four facilities per day over six to ten days. Per diem covering travel and meals expenses was also paid to the auditors.

Supervisors were likewise recruited from the PHDs. They were FP trainers or master trainers, and as with other survey personnel, they received per diem for travel and meal expenses.

1.6 Training

Training is an extremely important component of conducting the survey; the time and effort spent in this activity increases the validity and reliability of the results, and allows survey staff to understand

what is expected of them as they conduct the survey. The breadth and duration of the training is largely dependent upon the objectives and resources available for the survey as well as the technical experience and expertise of personnel. In the case of Turkey, since all interviewers, auditors and supervisors were health personnel or other health professionals, adequate training was accomplished in two days.

All interviewers and auditors were trained together over two days, except for the final 2001 surveys. Since the majority of survey staff in 2001 had participated in earlier surveys, auditors received refresher training in the administration of the facility checklist only, and interviewers in the client exit interview only. The training helped the staff to fully understand the purpose and methodology of the quality survey, and their role in the survey. The first day was theoretical and the second day practical training. During the training sessions the following issues were reviewed:

- Both the interviewers and facility auditors were informed that their primary responsibility was data collection.
- It was stressed that they were responsible for preserving the confidentiality of the data collected as well as the questions and questionnaires.
- Interviewers were not permitted to show the client exit questionnaires to facility managers even if he/she insisted on reviewing them. If this restriction was negatively affecting data collection in a particular facility, the interviewer was asked to call his/her supervisor in order to solve the problem.
- Interviewers were expected to inform staff in the facility about what types of clients they wanted to interview.
- In order to minimize courtesy bias, the interviewers were asked not to mention to clients that they were health staff and/or they were authorized to audit the facility. For this reason, they were not allowed to wear official health staff clothing.
- Interviewers were encouraged to establish good communication with facility staff in order to minimize the number of clients leaving without being interviewed. However, such encouragement might have led to another unwanted situation. If the interaction between the interviewer and facility staff was noticed by clients, it might affect clients' responses, causing courtesy bias.
- Interviewers were asked to accommodate themselves to the daily routine of the facility they were visiting. They were told to show up at the facility before FP service delivery began, take a lunch break at the same time as clinic staff, and leave the facility with the FP service providers. This helped to minimize missed cases.
- The interviewers were told to check the daily FP register if they felt that they were not interviewing all the FP clients.
- Interviewers were instructed on how to set up the interview room, logistics of data collection, and were provided with an adequate number of blank questionnaires until the next supervision visit.

The main topics covered during the theoretical session were :

- what type of clients they would interview
- how to greet the client
- what to explain to the client before starting the interview
- the purpose of asking the questions, ways of asking questions, and phrasing of the questions
- managing the skip patterns in the questionnaires
- how to code responses
- how to manage unexpected answers

There were also role-play sessions during the first day of training. During the second day, interviewers and auditors had an opportunity to practice questionnaire administration at facilities not included in the survey sample. Then trainers, interviewers and facility auditors shared their experiences and had an opportunity to give more information on the subjects discussed.

MSH/Turkey organized dinners for survey staff, usually on the last day of data collection. Friends and spouses of survey staff were also invited. The event was used to collect the last survey day's completed questionnaires, to make final per diem payments, and to receive immediate feedback on the survey experience. As importantly, the dinners helped to build team spirit.

A sample agenda for interviewer/auditor training is provided in Appendix IV.

At the end of the evaluation session on the second training day, interviewers and auditors were given their visit schedules, names of contacts in the facilities they would visit, phone numbers at the PHD as well as those of their supervisors, and a sign stating "Interview Room" to take to each facility. Interviewers and auditors were allowed to swap some facilities, with supervisor approval, and changes were documented immediately. Once the final assignments had been made, interviewers and auditors were not allowed to swap or make changes to their assigned places and dates.

Data entry staff were recruited from among computer literate PHD staff who were proficient in Excel. They received a half-day training on the questionnaires. They were instructed to consult supervisors regarding any suspicious data before entering them.

MSH/Turkey also recruited two additional interviewers for each survey who served as back up staff. Since the survey involved working with a very large team, there were always several unexpected drop-outs among interviewers due to sickness, family emergency, etc. The two back-up staff spent their days at the survey headquarters and were paid half the amount of per diem to cover costs of their travel to the survey headquarters.

Remember!

- Always recruit 1-2 additional interviewers as backup. The larger the survey team and the longer the data collection period, the more backup interviewers may be needed to cover unexpected complications.
- Think twice before recruiting male interviewers.

1.7 Managing the survey process

The effective planning, implementation, and completion of the quality survey requires one or more team leaders. The team leader is responsible for all administrative, technical, and financial aspects of the survey.

For a quality survey to be successful, it must be well managed. The team leader's role is multi-faceted and is critical in keeping the process going and making the partnership between the survey staff and the users of the results function effectively.

To manage the process well, the team leader needs to direct and monitor the process, have the authority to identify and contract interviewers, auditors, and supervisors, establish consultative groups, fund dissemination plans, and follow up on the survey recommendations. Other local managers can play significant roles in the survey process by being part of the consultative board, supporting the implementation of the survey activity, carrying out the dissemination plans, and conducting follow-up activities.

Facilitating effective communication between the survey staff and users of the information is one of the most important functions of the team leader. Developing a firm partnership means helping both groups recognize and respect each other's interests, and encouraging them to think about the implications of the survey in terms of programmatic change.

2. Fieldwork

2.1 Data collection

During the 1998 Istanbul and 1999 Cukurova quality surveys, interviewers spent two days at each facility for client exit interviews. For the 2000 Istanbul and 2001 Istanbul and Cukurova surveys, interviewers spent three full days at each facility in order to increase the number of clients interviewed.

For the facility auditors, the data collection plan was designed such that each would visit three facilities, one after the other, each day. In this way, auditors and interviewers spent nine working days in the field, meaning that the whole data collection process took only nine days. Equalizing the number of facilities visited by survey staff eliminated the potential of perceived discrimination among the staff. In this way, all survey staff were paid the same amount of per diem; recruiting some staff for more or less days would create unnecessary tension. Based on experience from the first survey in 1998, nine days for data collection were optimum conditions for assuring continuous acceptable performance. Concentrating data collection within a relatively short period of time also helped sustain excitement, and decreased the risk of dropouts and unplanned postponements.

Interviewers were sent first to facilities with the highest daily FP client loads, including hospitals with high abortion rates and deliveries. In this way more exit interviews were conducted at the beginning, with a gradual decline over the remaining days of the survey. This helped with effective management of data entry. Having the busiest clinics visited during the first days of data collection allowed sufficient time to solve any complications that might occur during data collection and data entry.

The interviewers and the facility managers were asked to allocate a proper “interview room”, preferably situated on the same floor and close to the FP clinic(s), with audio-visual privacy, one table and two chairs. Interviewers were instructed to introduce themselves to the FP staff, make sure that all staff understood what kind of clients should be directed to the interviewer, and the location of the “interview room”. Prepared signs were given to the interviewers to place on the door of the interview room. Additional signs and direction arrows were also used to help clients easily locate the interview room.

After completing preparations at the facility, interviewers were asked to call the survey HQ to inform managers that data collection preparations were in order. Any interviewer who did not call by noon was called by his/her supervisor to assure proper start-up. This procedure was repeated each time a new facility was visited.

To ensure the quality of data collected, interviewers were not allowed to share the questionnaire with facility managers and service providers. Sometimes this created some tension between survey staff and facility managers/service providers. Interviewers were instructed not to argue and immediately call the survey HQ.

Interviewers were told to check the daily FP register of the facility from time to time to compare the number of clients served and the number interviewed. Any doubts about missed cases were

A postpartum client left the hospital before one interviewer reached the hospital in a small district. The interviewer obtained the client's address from the hospital management, visited her, and interviewed her at her home on the same day. The interviewer was warned about this improper action and the possible negative consequences of missing such clients while she was away from the hospital.

reported to the survey HQ and supervisors tried to understand the underlying reasons.

The main reasons for missed cases were:

- Lack of cooperation from the facility staff by not referring clients for interview
- FP staff misunderstood the type of clients to be referred
- Unexpected client overload that could not be managed by the available interviewer(s)
- Clients who did not want to wait. They accepted the interview for the sake of courtesy, but left the facility without informing anyone.

Usually one of the supervisors immediately visited such a facility to understand the reasons for the missed cases and to take proper action. If the missed cases seemed to reach unacceptable numbers, then it was decided to add one or more interview days to the facility.

Interviewers were told not to interfere with FP service provision during data collection. They were told not to provide any service or counseling, not to correct client knowledge, and not to correct mistakes of service providers.

Although the interviewers and facility auditors were informed that their primary responsibility was data collection, one interviewer broke this rule during one survey. In one health center there were no staff available to insert IUDs on the day of the visit. The interviewer provided an IUD to a client and then interviewed her. This questionnaire was deleted from the data.

Facility auditors were instructed differently. Since the quality surveys were designed as a tool to improve service standards and because facility auditors were FP trainers, and in some cases master FP trainers, they first filled out the facility checklist and then shared and discussed the results with facility managers. Thus after data collection the visit was

converted into a supervisory visit. Auditors, facility managers and service providers reviewed the results of the facility audit -- the achieved and unachieved standards -- and in some cases made improvements on the same day. MSH/Turkey and its counterparts believe that this approach helped at least to initiate quality improvement. The design of the facility audit helped managers to use the data immediately after they were collected.

During 1998 and 1999 surveys, the questionnaires were photocopied. One separate exit interview questionnaire was completed for each client interviewed. For the 2001 surveys, *an answering sheet* was designed for each type of family planning method user. Each interviewer was given one full set of questionnaires and an adequate supply of answering sheets. The one-page sheets allowed the interviewer to record data from six clients while using one master questionnaire throughout the data collection period. This method decreased the cost of photocopying dramatically and also negated the need to routinely resupply of interviewers with questionnaires.

SAMPLE ANSWERING SHEET

Province code: 01		Facility code : 414		Answering Sheet for IUD			
Facility Name:		Incirlik Health Center		Interviewer: Ayse Tekin			
Date :		09/17	09/17	09/18	09/18	09/18	09/18
Form No:		61	62	63	64	65	66
Q.1.	(Summary of Question 1)	1	1	1	1	0	1
Q.2.	(Summary of Question 2)	1	0	0	1	0	1
Q.3.	(Summary of Question 3)	1	1	1	1	0	1
Q.4.	(Summary of Question 4)	1	0	0	1	1	0
Q.5.	(Summary of Question 5)	98	1	0	1	98	1
Q.6.	(Summary of Question 6)	1	1	98	98	1	1

Remember!

- Modify the data collection and recording methodology based on lessons learned

2. Fieldwork

2.2 Supervision

During each survey, supervisors played a very important role. Supervisors' major tasks were to:

- Regularly visit interviewers and facility auditors
- Collect completed questionnaires and re-supply forms
- Solve ad-hoc problems impeding data collection
- Review completed questionnaires or answer sheets and coordinate the flow of questionnaires and answering sheets to data entry staff

Supervisors were selected from among Provincial Health Directorate managers who knew the province and the location of facilities, who were familiar with FP services, and who would be accepted as respected persons by the survey team as well as facility managers. Supervisors were paid for their travel related expenses. In some cases PHDs provided government vehicles for their use. They worked closely with MSH/Turkey from the design phase onwards, undertaking most of the planning at the local level. Supervisors usually conducted the interviewer and auditor training thus they were known by the survey team.

Supervisors usually visited six facilities per day. They tried to visit facilities during the first days of data collection. This helped to avoid missed cases at the very beginning, showed support to the interviewer and auditor to do his/her job properly, and re-evaluate the expected number of cases during data collection. The sample job aids on the next page were developed to help supervisors organize their schedules.

Supervisors had the full authority to ensure desired quality and unbiased data collection. In some cases they fired survey staff, changed their locations, cancelled improperly completed questionnaires, added extra data collection days to selected facilities, or sent more survey staff to some facilities.

Supervisors were asked to make the first review of data at the data collection site and provide immediate feedback to the survey staff to improve data quality. They usually spent 30-40 minutes at each facility, if no problems were detected. In some cases they spent more time or visited the same facility more than once. From time to time, MSH/Turkey staff joined the supervisors to share the burden of field visits.

During one of the surveys, a supervisor received an emergency call from a facility. He responded immediately and when he reached the site he saw a crying interviewer, a shocked facility manager, several puzzled policemen and a screaming client. She was a regular client of that facility, a continuous condom user. The client complained that she had been visiting the facility for years without any problems but this time she was asked for an interview and now some money from her bag had been stolen. So she thought that it was a scam. After a while the client was able to locate her money inside her crowded, oversized bag. The supervisor had to relocate the interviewer to another facility to allow her to recover.

In all provinces, MSH/Turkey recruited taxi drivers who were very knowledgeable about the location of facilities, knew shortcuts and the times of rush hours on routes to the facilities.

During the 2001 Istanbul survey, MSH/Turkey tested a new approach to ease the supervisors' burden. Based on previous surveys' experience, most of the auditors and the interviewers did not encounter any significant problems with data collection.

The main reason for supervisor visits was to collect completed questionnaires and to re-supply them. MSH/Turkey recruited two commodity distribution officers from the Istanbul Provincial Health Directorate, one for the Asian side and one for the European side of the city. The officers were introduced to the interviewers and auditors, and gave them their cellular phone numbers. The officers had vehicles and an adequate supply of forms. They had made their own travel plans to visit facilities, collect completed forms and resupply survey staff. They also responded to emergency form requests. They knew the exact locations of the facilities and how to reach them easily. The introduction of these staff helped to use supervisors' time more effectively and increased efficiency of data collection and transfer from the field to the data entry site.

**SUPERVISORS' CHECKLIST
SAMPLE INTERVIEWERS' TRIP PROGRAM**

	1st round	2nd round	3rd round
Interviewers	Day 1-3	Day 4-6	Day 7-9
Ayşe Tekin	Feke Health Center	İncirlik Health Center	Buruk Health Center
Firdevs Özmen	Adana Maternity Hosp.	Private Seyhan Hosp.	Suluca Health Center
Sevgi Bayrak	Adana Maternity Hosp.	Gecitli Health Center	Kurttepe Health Center
Leman Kahraman	Fatih Health Center	Yurt Health Center	Beloren Health Center

**SUPERVISORS' CHECKLIST
SAMPLE AUDITORS' TRIP PROGRAM**

Auditors	Day 1	Day 2	Day 3
Ahmet Güler	Feke Health Center İncirlik Health Center Buruk Health Center	Suluca Health Center Gecitli Health Center Yurt Health Center	Kurttepe Health Center Eskibey Health Center Cihadiye Health Center
Hikmet Sulak	Adana Maternity Hosp. Private Seyhan Hosp. SSK Maternity Hosp.	Beloren Health Center Pozanti Health Center	Sinanpaşa Health Center Yenibaraj Health Center
Arzu Aladag	Adana Maternity Hosp.	Catalan Health Center	Sakirpaşa Health Center
Alev Tokat	Fatih Health Center Kozan Public Hosp.	MCH/FP Center Nr. 1 MCH/FP Center Nr. 2 Akkapi Health Center	Akincılar Health Center

Remember!

- Recruit supervisors who will be respected by the survey team and field staff, and who are knowledgeable about FP service delivery.

2. Fieldwork

2.3 Data entry

MSH/Turkey designed a simple yet efficient data entry protocol. Data entry started on the second day of data collection. Since supervisors began visiting interviewers on the first survey day, completed questionnaires were collected and transferred to the survey HQ, usually the same day.

One supervisor and/or MSH/Turkey staff person was always available at the survey HQ. This person's task was to serve as an information hub, solve problems, maintain communication with the team, review and code the completed forms and transfer them to data entry staff.

For all seven quality surveys, data entry was completed no more than one day after the end of data collection. As described in the data collection section, high volume clinics were always surveyed at the beginning. Thus the busiest days for the data entry staff were the first 4-6 days. After this intense period, data entry staff were able to catch up with the data collection.

Each exit interview form was given two separate codes: a facility code and a FP method serial number. The two codes served as a unique number for each client exit interview. After reviewing the forms, survey HQ staff recorded the codes on the form and then transferred them to data entry staff.

Facility checklists were treated differently. Facility auditors were asked to bring the completed forms in person and to discuss his/her findings with survey HQ staff. Only after clarifying every detail and explaining any unclear points, the facility code number was recorded on the form and it was transferred to data entry staff.

A data collection monitoring chart was designed and used the survey HQ supervisor to monitor the status of data collection on a daily basis. The survey HQ supervisor put a check mark for each completed facility audit and recorded the total number of client exit interviews for each facility. This helped to communicate the most up-to-date status at a glance.

SAMPLE DATA COLLECTION MONITORING CHART

ADANA			Exit interviews		
Hospitals	Code	Check list	Family Planning	Postpartum	Postabortion
Maternity Hospital	101	Ö	15+22+...	20+17+...	
Ceyhan Public	102		31+27+40	15+5+28	N/A
SSK Maternity	501	Ö	...+...+...	...+...+...	
Private Seyhan	801	Ö	6+0+11	7+4+0	

MCHFP Centers	Code	Check list	Family Planning
MCH/FP NO 1	201		42+29+40
MCH/FP NO 2	202	Ö	18+...+..

Health Centers	Code	Check list	Family Planning
Imamoglu	413	Ö	15+12+..
Incirlik	414		...+...+...
Karaisali	415	Ö	4+...+..

Excel spreadsheets were used to enter data for all of the surveys, except for the 1998 survey (EpiInfo was used at that time). Excel was selected because there were always several staff who knew the program. At least two data entry staff were recruited, trained and assigned for each survey. Their training usually took one-half day. Data entry staff were encouraged to ask questions and to clarify any unclear mark or code on the completed forms before entering the data.

One data entry staff was assigned to the facility checklist forms and the other to the client exit interview questionnaires. Having one person specializing in the facility checklist forms helped to identify errors or inconsistencies that might have been overlooked. Dealing only with the exit interview questionnaires also allowed the other data entry staff person to become accustomed to the questions and skip patterns, thus facilitating faster and more error-free data entry.

Another task of the survey HQ staff was to backup the data entry files every couple of days. Therefore data entry was completed for all the surveys just one day after completion of data collection.

At the close of data collection, data entry forms were packed and put in separate boxes. Each box contained only one type of questionnaire. The contents of each box were clearly marked on the top. The boxes were not sealed until the data cleaning and initial data analysis were completed.

Remember!

- Develop the data entry screens using locally available and commonly used software

3. Analysis & Feedback

3.1 Data analysis

Data analysis was both a technical and a political issue. When the surveys were first planned, it was decided that MSH/Turkey would be responsible only for data collection, with the raw data distributed to CAs and counterparts for analysis. Based on experience with the first survey in 1998, it was decided that MSH/Turkey would be fully responsible for every aspect of the survey, from data collection to reporting.

From the very beginning, MSH/Turkey decided to work closely with local counterparts in the data analysis to build capacity at the provincial level for the sustainability of the surveys. In collaboration with Baskent and Marmara universities, MSH designed and conducted two courses on SPSS (Statistical Package for Social Sciences) targeting provincial and selected clinic managers. SPSS software was used for data analysis in all of the surveys.

During the first survey in 1998, when datasets were brought back from Istanbul to Ankara, MSH/Turkey decided to distribute the data to CAs in order to allow them to conduct their own analysis. However, this approach only created chaos. It was not a good idea to distribute the data sets before data cleaning and setting the standards. Different figures were produced by CAs from the same datasets and indicator values were calculated differently.

The initial step in data analysis was to combine and transfer the datasets from the Excel spreadsheets to SPSS files. Data were checked to ensure that the correct number of questionnaires and facility checklists were entered. A separate form manually completed by the survey HQ staff was used to determine the total number of exit interviews and facility audits. The facility checklists were brought to the MSH/Turkey office and kept until analysis had been completed, then they were returned to the survey province(s). The verification of exit interview and facility data were done by phone with PHD personnel.

The first descriptive tables and results for some of the most eagerly anticipated indicators were available within two weeks of completion of data collection. With experience gained during the baseline surveys in 1998 and 1999, MSH/Turkey was able to complete the full analysis of data, including the USAID program indicators, in less than one month.

Remember!

- It is better to have only one organization responsible for data analysis and reporting

3. Analysis & Feedback

The most important aspect of the quality survey was neither the data collection nor data analysis but the presentation and dissemination of results. Planning for the survey included a strategy and plan for the various types of presentations and audiences guided by an understanding of how the results would be used by various personnel, e.g., for policy change by senior government officials; to improve quality of care at service facilities by clinic personnel. The planning, including the level of detail in which data is presented in graphic format, was tailored to the interests of the intended audiences.

Two types of feedback mechanisms were used: meetings and written reports. Five groups of stakeholders were identified for feedback meetings. They were:

1. MSH, Measure Evaluation Project, and USAID/Ankara
2. The CA community in Turkey
3. MOH and SSK senior staff
4. Survey team, including supervisors, auditors, interviewers, data entry and support staff
5. Service providers from both the public and private sectors, including facility managers and FP workers

MSH/Turkey usually presented the results to the first three groups before conducting facility-based feedback meetings and preparing individual feedback reports for facilities.

3.2 Feedback to policy makers

1. MSH, Measure Evaluation and USAID/Ankara

Analysis results were first shared with MSH/Boston, the Measure Evaluation Project, and USAID/Ankara before scheduling formal presentations with the other groups. Based on suggestions, further analysis was done and if needed, cross tables were prepared.

2. CA community in Turkey

Based on suggestions from the first stakeholder group and after completing any additional analysis, MSH/Turkey prepared a comprehensive Powerpoint presentation in English covering all results. A presentation to the CA community was given by MSH/Turkey staff. Since CA project efforts were linked to the results, appropriate interpretation of the results was needed before presenting them to a larger audience. The meetings with CAs helped to understand the results and to fine tune the presentations.

At the beginning of the project a presentation was made to both CAs and program counterparts (MOH, SSK, etc.) at the same time. CAs were correct about wanting to see and discuss the results before they were presented to counterparts.

3. MOH and SSK senior staff

After the CA presentation, MSH/Turkey staff met with provincial counterparts. At this point the presentation was translated into Turkish. The results were shared and discussed in detail with provincial health directorate managers and staff. It was the provincial counterparts' task to present the

results to MOH and SSK senior staff. Having fully understood the results and gotten familiar with the datasets, provincial counterparts discussed the results among themselves and studied the presentation. One full day meeting was organized to present the results to the senior staff. USAID, CAs, provincial counterparts, representatives of private hospitals, MOH and SSK HQ staff were invited to the meetings to learn about and to discuss the results.

Draft reports of the results were usually used as a basis for preparation of the final reports. Draft reports were distributed at the feedback meetings for policy makers and participant input was reflected in the final report. Some executive decisions about improving the FP services were also made during those feedback meetings.

Remember!

- Presenting and discussing results with staff at the policy making level is always useful before meeting with facility managers and service providers.

3. Analysis & Feedback

3.3 Feedback to survey staff and service providers

The quality surveys were not merely a field survey to collect data for academic purposes but rather a tool for improving FP service quality. Therefore, feedback to service providers was given special emphasis and was provided within a maximum of two to three months following the completion of data collection.

Comprehensive Powerpoint presentations that included comparative facility-based feedback reports were prepared after each survey by MSH/Turkey.

Provincial managers organized a series of meetings with surveyed facilities and other stakeholders in the province to share and discuss the feedback reports. Four to twelve feedback meetings were usually organized after each survey. 30-45 facility

Lively and productive discussions took place in the feedback meetings. It was always interesting to observe different types of facilities discuss the same standard applying to all of them.

managers, service providers, and survey staff attended each of these 3-5 hours meetings. Participants were encouraged to discuss the results as well as possible interventions to improve FP service quality.

In 1999, MSH/Turkey had the most shocking experience with the feedback meetings. The USAID Turkey Program had identified Kocaeli province as a target area following Istanbul. MSH/Turkey conducted the second quality survey in May 1999 and decided to conduct facility based feedback meetings in late August. On August 17th a devastating earthquake collapsed Kocaeli and environs killing more than 30,000 people and demolishing thousands of buildings, including the hotel reserved for the feedback meetings.

MSH/Turkey sees feedback as part of the intervention. MSH's provincial counterparts took full responsibility for these meetings, often using the same type of Powerpoint presentations to disseminate and discuss the survey results. Surveyed hospitals (both public and private) were invited to separate meetings to review in-depth results on postpartum and postabortion client surveys.

Immediate reactions from the service providers were consistently about the fairness of the methodology, the comparison of all types of facilities using the same standards. The key was to convince providers that most of the improvements did not require big financial resources. Mostly managerial and organizational improvements would lead to substantial improvements in the indicators with no additional costs required.

3. Analysis & Feedback

3.4 Reporting

MSH/Turkey designed, published and disseminated the following documents after each survey:

- Data collection tools used during the survey, in English and Turkish
- Survey report in English and Turkish
- Individual facility feedback reports in Turkish

Following the feedback meetings with policy makers, MSH/Turkey prepared comprehensive facility feedback reports. The feedback reports were based on data collected with facility checklists. Several objectives were identified for these reports:

Surveyed facilities should be able to

- know the standards measured
- know their facility's performance for each standard within the same province
- compare their facility's performance with similar facilities
- monitor their facility's performance over years for each standard (following baseline)
- understand their province's performance for each standard

Microsoft Excel was used to prepare the individual feedback reports. Preparing these reports allowed double checking the results of analysis and data cleaning. An executive summary section was included in the report. The reports were distributed during the feedback meetings organized for service providers.

The following reports were published in collaboration with the MOH, in English and Turkish:

- Family Planning Quality Survey: Istanbul 1998 Report, MSH Turkey Office, December 1999
- Family Planning Quality Surveys Report: Istanbul, Kocaeli, Adana & Icel, MSH Turkey Office, August 2000
- Istanbul: Report on Family Planning Quality Surveys 1998-2000, MSH Turkey Office, May 2001
- Family Planning Quality Surveys in Turkey: Istanbul-Adana-Icel 1998-2001, MSH Turkey Office, April 2002

The purposes of the reports was to: document the methodology and results of each quality survey; and make recommendations for interventions to address performance gaps measured by the surveys. A wide distribution list, both domestic and international, was prepared and used to disseminate the results.

Sample feedback reports are given on the next page.

Remember!

- Share the tools and results with all stakeholders

SAMPLE FEEDBACK REPORT FOR THE PROVINCIAL AND REGIONAL HEALTH DIRECTORATES

Facilities	Visibility of FP Services	Adequacy of Infrastructure	Availability of IEC Materials	Availability of Personnel	Adequacy of IP Measures
State Hospital 1	-	-	-	+	+
State Hospital 2	+	+	+	+	+
Private Hospital 1	+	-	+	-	+
MCH/FP Center 1	-	+	+	+	+
MCH/FP Center 2	+	+	+	+	-
Health Center 1	-	+	-	+	+
Health Center 2	+	+	-	+	-

SAMPLE FEEDBACK REPORT FOR THE SDP's SURVEYED

<u>VISIBILITY of FP SERVICES</u>			
Permanent signs indicating the availability of FP services should be posted in each of the following three places:			
1. Outside the building			
2. Inside the building			
3. On the door of the FP clinic			
	PERMANENT SIGN		
State Hos pitals	Outside the building	Inside the building	On the door
State Hospital 1	-	+	+
State Hospital 2	-	-	-
State Hospital 3	-	+	+
Percent of all facilities in the province that have all three signs: 17.2 %			
Average for State Hospitals (%)	0	43	50
Average for Province (%)	35.9	30.5	50.4

**SAMPLE COMPARATIVE FEEDBACK REPORT FOR THE
SDP's SURVEYED in 1998 and 2000**

<u>VISIBILITY OF FP SERVICES</u>				
Permanent signs indicating the availability of FP services should be posted in each of the following three places:				
1. Outside the building				
2. Inside the building				
3. On the door of the FP clinic				
		PERMANENT SIGNS		
State Hospitals		Outside the building	Inside the building	On the door
State Hospital 1	1998	-	+	+
	2000	+	+	+
State Hospital 2	1998	-	-	-
	2000	+	+	+
State Hospital 3	1998	-	+	+
	2000	-	+	+

4. Cost & Level of Effort

4.1 Cost figures and analysis for the quality surveys

Since the beginning of the quality surveys, MSH/Turkey kept detailed records of manpower and other costs. This helped to better plan and allocate time and money efficiently. Detailed cost information is provided in the tables below. All figures are in U.S. dollars.

The first table illustrates an important fact: more than 1/5 of the funds were spent on feedback and reporting of survey results. This reflects MSH and the Measure Evaluation Project's decision to invest heavily in comprehensive feedback and reporting, and likely contrasts favorably to other common survey designs.

	Istanbul 1998	Istanbul 2000	Istanbul 2001	Cukurova 1999	Cukurova 2001	Total	%
Preparation	\$7,312.98	\$5,458.17	\$4,007.82	\$7,680.93	\$1,409.04	\$25,868.94	15.1%
Fieldwork	\$10,224.18	\$15,303.94	\$16,826.45	\$8,790.28	\$9,981.29	\$61,126.14	35.7%
Feedback & Reporting	\$7,077.19	\$6,892.73	\$4,797.00	\$11,298.07	\$6,482.00	\$36,546.99	21.3%
Project Management costs	\$8,409.84	\$13,372.44	\$9,556.00	\$6,841.47	\$9,556.00	\$47,735.75	27.9%
Grand Total	\$33,024.19	\$41,027.28	\$35,187.27	\$34,610.75	\$27,428.33	\$171,277.82	100.0%

The next table provides information on the average costs per facility and per client. While both averages continuously declined over the years with experience gained by conducting multiple surveys, the most impressive decline was in the cost per client.

	Istanbul 1998	Istanbul 2000	Istanbul 2001	Cukurova 1999	Cukurova 2001	Total
# of facilities surveyed	128	142	194	184	182	830
Cost per facility	\$258.00	\$288.92	\$181.38	\$188.10	\$150.71	\$206.36
# of clients interviewed	1,481	3,216	4,837	1,274	1,712	12,520
Cost per client	\$22.30	\$12.76	\$7.28	\$27.17	\$16.02	\$13.68

An analysis of the overall survey budget also reveals some important findings. The next table shows that a significant amount was spent on local capacity building. Between 1998 and 2001, MSH/Turkey designed and conducted six training courses in survey design, data collection, and data analysis for 49 local managers. These 49 managers received a total of 980 days of training. This investment in local capacity building helped to reduce MSH/Turkey staff's time in the field, thus saving a significant amount of project funds.

Total Contract Budget with Measure Evaluation	\$259,770.00	%
Total Survey Expenditures	\$171,277.82	65.9%
Local Capacity Building	\$55,760.00	21.5%
Other Expenses*	\$19,743.68	7.6%
MSH Fee (5%)	\$12,988.50	5.0%

* International travel, taxes, equipment, etc.

4. Cost & Level of Effort

4.2 Level of effort for the quality surveys

Training courses designed and organized by MSH/Turkey to build capacity at the local level helped to reduce MSH/Turkey staff time and increase counterparts' involvement and responsibility. MSH/Turkey was able to gradually shift responsibility to local managers for all phases of survey implementation, including preparation and analysis.

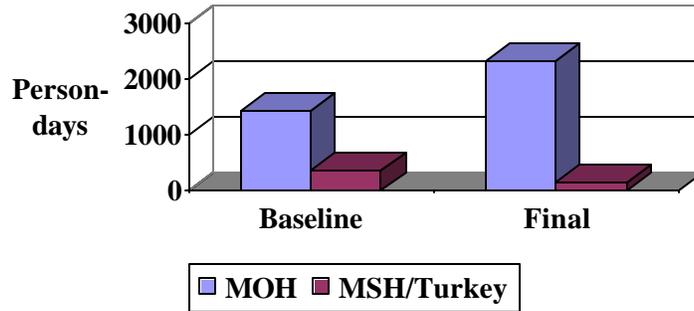
As seen in the tables below, the number of person days spent by MSH/Turkey for all phases gradually decreased over the years while MOH's share increased continuously. Although MSH/Turkey also worked with the SSK, their limited level of effort figures were combined with those of the MOH for easier presentation. The dramatic increase in the number of fieldwork days in Istanbul in 2000 is due to the increased number of facilities and the 50% increase in the number of days spent in each facility for client exit interviews.

	Istanbul 1998				Istanbul 2000				Istanbul 2001			
	Staff	Days	Total	%	Staff	Days	Total	%	Staff	Days	Total	%
Survey Preparation												
%%MSH/Turkey	2	25	50	77	2	10	20	57	1	10	10	40
MOH Management	3	5	15	23	3	5	15	43	3	5	15	60
Total			65	100			35	100			25	100
Fieldwork	Staff	Days	Total	%	Staff	Days	Total		Staff	Days	Total	%
MSH/Turkey	2	20	40	5	2	20	40	3	0.5	20	10	1
MOH Management	3	18	54	7	3	18	54	4	3	18	54	3
MOH Interviewer	31	18	558	69	61	18	1098	77	64	18	1152	73
MOH Supervisor	4	18	72	9	5	18	90	6	12	18	216	14
MOH Data Entry	2	18	36	4	4	18	72	5	5	18	90	6
MOH Other	3	18	54	6	4	18	72	5	3	18	54	3
Total			814	100			1426	100			1576	100
Analysis & results	Staff	Days	Total	%	Staff	Days	Total	%	Staff	Days	Total	%
MSH/Turkey	2	20	40	73	2	10	20	57	2	10	20	67
MOH Management	3	5	15	27	3	5	15	43	2	5	10	33
Total			55	100			35	100			30	100
Feedback & reporting	Staff	Days	Total	%	Staff	Days	Total	%	Staff	Days	Total	%
MSH/Turkey	2	30	60	50	2	10	20	25	1	15	15	20
MOH Management	3	20	60	50	3	20	60	75	3	20	60	80
Total			120	100			80	100			75	100
				%				%				%
MSH/Turkey Total			190	18			100	6			55	3
MOH Total			864	82			1476	94			1651	97
Grand Total			1054	100			1576	100			1706	100

	Cukurova - 1999				Cukurova - 2001			
	Staff	Days	Total	%	Staff	Days	Total	%
Survey Preparation								
MSH/Turkey	4	15	60	86	2	5	10	50
MOH Management	2	5	10	14	2	5	10	50
Total			70	100			20	100
Fieldwork								
MSH/Turkey	2	14	28	6	1	12	12	2
MOH Management	2	12	24	5	2	11	22	4
MOH Interviewer	24	12	288	57	40	11	440	73
MOH Supervisor	6	12	72	14	4	11	44	7
MOH Data Entry	4	12	48	9	4	11	44	7
MOH Other	4	12	48	9	4	11	44	7
Total			508	100			606	100
Analysis & results								
MSH/Turkey	2	20	40	80	2	10	20	67
MOH Management	2	5	10	20	2	5	10	33
Total			50	100			30	100
Feedback & reporting								
MSH/Turkey	2	15	30	43	2	15	30	43
MOH Management	4	10	40	57	4	10	40	57
Total			70	100			70	100
				%				%
MSH/Turkey Total			158	23			72	10
MOH Total			540	77			654	90
Grand Total			698	100			726	100

Level of Effort (Person Days)	Istanbul			Cukurova		Total
	1998	2000	2001	1999	2001	
Survey Preparation	65	35	25	70	20	215
Fieldwork period	814	1,426	1,576	508	606	4,930
Analysis & Preliminary Results	55	35	30	50	30	200
Feedback & Reporting	120	80	75	70	70	415
Total	1,054	1,576	1,706	698	726	5,760
MSH/Turkey	190	100	55	158	72	575
MOH	864	1,476	1,651	540	654	5,185

**MOH and MSH/Turkey Level of Effort on
Quality Surveys in Baseline and Final
Rounds**



Conclusion

FP managers in Turkey have two main sources of data for program management purposes: monthly or quarterly FP service statistics reports based on routine daily collection of data through FP management information systems; and the Demographic and Health Surveys conducted every five years. Neither of these data sources provides information on the quality of services, in terms of the performance of facilities or clients' satisfaction and knowledge.

With the conduct of seven quality surveys, the methodology has proven to be an effective tool to disseminate performance standards, identify performance gaps, plan, focus, and prioritize interventions to sustain good performance and address deficiencies, and to measure progress in performance over time. The specific methodology developed in Turkey has allowed for a rapid assessment of a significant number of facilities and clients while remaining highly cost-effective. And the collaborative approach taken by MSH/Turkey in implementing the surveys has proven to be effective in strengthening the capacity of local organizations to conduct similar surveys as well as to increasing their knowledge and appreciation of the concept and importance of quality.

Below are some quotes from the field staff concerning the contribution of Quality Surveys to the services:

- “I think we gained dynamism. I recognized the success by collecting concrete data and putting the decision making mechanism into action by using this data.”
- “We learned how to increase the quality, what methods to apply, and we saw that we can succeed.”
- “Quality surveys helped to identify the weak points/deficiencies and motivation has been increased in all the service units.”
- “In the planning of services, questions such as “where are we?”, “where will we go?” and “what we should do?” were answered objectively and data were used for the first time.”

Appendix I: Performance Standards for Quality of Care

1. Adequacy of the FP Unit Infrastructure

The infrastructure of the FP unit was measured according to the following standards:

1. Separate room for FP services is available
2. Place for group counseling near or in the FP unit is available
3. Waiting area near or in the FP unit is available
4. Room for individual counseling with audio-visual privacy is available
5. Accessible toilet for clients with running water and electricity is available

2. Adequacy of Contraceptive Storage Conditions

The adequacy of contraceptive storage was measured according to the following standards:

1. Contraceptives are accessible on the day of the visit
2. Room/store is clean and dust-free
3. Contraceptives are stored to prevent water damage
4. Room/store is adequately ventilated
5. Room/store is properly lit
6. Contraceptives are stored away from direct sunlight
7. Room/store has proper temperature
8. Contraceptives are stored without direct contact with walls/floors

3. Availability of Trained Staff

The availability of trained staff was measured according to the following standards:

1. At least two staff trained in FP are assigned to the facility for FP services
2. One of them is present at the facility at the time of the visit

4. Adequacy of Infection Prevention Measures

The adequacy of infection prevention was measured according to the following standards:

1. Plastic bucket is available for chlorine solution
2. Unused IUD kits are kept sterile
3. Medical waste is kept in leak-proof containers with lids
4. Appropriate containers are available for the disposal of sharp objects

5. Visibility of FP Services

The visibility of FP services was measured according to the following standards:

There are permanent signs indicating the availability of FP services displayed in each of the following three places:

1. Outside the building
2. Inside the building
3. On the door of the FP Unit

6. Availability of Modern Methods

The availability of modern contraceptive methods approved by the Government of Turkey was measured according to the following standards:

On the day of the visit:

1. Pills, condoms and injectables should be distributed and/or prescribed, or clients should be referred to pharmacies
2. IUD insertion services should be available (either providing them from stock available at the facility or by prescription)
3. Tubal ligation (TL) and vasectomy services should be available in the hospitals

7. Availability of Information, Education and Communication Materials

The availability of IEC materials was measured according to the following standards:

The availability of:

1. National FP Guidelines at all facilities (at least 1 full set including 2 volumes)
2. FP pocket guide at all facilities (at least 1 copy)
3. FP counseling flip-book at all facilities (at least 1 copy)
4. Method specific brochures at all facilities (at least two copies each of the following):
 - IUD
 - Pills
 - Condom
 - Injectables
 - TL
 - Vasectomy

8. Feedback and Supervision

Regular supervision visits and written feedback reports to health facilities are two important tools for the management of a FP program. Feedback and supervision systems were measured according to the standards stated below. A positive response is expected from the manager of the facility or FP unit on both elements of this component.

1. Facility received a report from the upper level management in the preceding six months on the FP service performance of the unit
2. Facility was visited by a supervisor to review FP services in the preceding six months

9. FP Services Monitoring and Evaluation Wall Chart

1. Wall chart should be hung on the wall
2. The part related to FP method use should be filled in using data from the entire year
3. The parts described below should be filled in using the data from two months prior to the date of visit:
 - Number of visits to FP units

- IUD use and stock level (in those facilities providing IUD services)
- Pill use and stock level
- Condom use and stock level

10. Perceived Quality of FP Counseling

Data to measure the perceived quality of FP counseling were collected through 13 client satisfaction questions. Instead of using all results related to client satisfaction, three of them were considered as representative of the perceived quality of counseling.

The clients reported that they:

1. Were seated
2. Had sufficient time with the provider
3. Clearly understood the information provided

11. Knowledge Level of Method Users

The definition of complete and accurate knowledge varied by contraceptive method. Based on the client's chosen method, three to seven specific questions were asked to measure the knowledge level of users. Two types of analysis were conducted:

1. Percentage of clients with complete and accurate knowledge of the method used
2. Percentage of correct answers to the method specific questions

12. Post-Abortion FP Services

For the assessment of post-abortion FP services, the following three subjects were examined:

1. Percentage of abortion clients who received pre-abortion FP counseling from the hospitals providing the abortion services
2. Percentage of abortion clients who want no more children informed about the availability of sterilization services in the same facility
3. Percentage of abortion clients who left the facility with a modern method of contraception (or with an appointment for a method)

13. Postpartum FP Services

For the assessment of postpartum FP services, the following three subjects were examined:

1. Percentage of clients who received FP counseling between delivery and discharge
2. Percentage of clients who want no more children informed about the availability of sterilization services in the same facility
3. Percentage of clients who left the facility with a modern method of contraception (or with an appointment for a method)

<i>Province</i>			<i>Year</i>		
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<i>Facility No</i>			
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APPENDIX II: FACILITY CHECKLIST FOR FAMILY PLANNING FACILITY / UNIT

INSTRUCTIONS TO INTERVIEWER: Read the greeting below before starting the interview to the manager of the facility and continue only if (s) he gives his/her consent. Mark (X) **only one** answer. **Mark N/A if it is not applicable. Fill in the blank under each question if any comment need to be stated.**

Date of visit: Day _____ Month _____ Year _____

Name of interviewer:

Name of the manager of the facility:

Title of the manager of the facility:

For how long has the manager been working in this facility? (Months)

Name of the health facility:

- Type** of the health facility: 1) MOH Hospital
- 3) MCH/FP Center
- 4) Health Center
- 5) SSK FP Clinic
- 8) Private Hospital

Read greeting:

“Hello. We would like to improve the FP services provided by this facility and would be interested to find out today’s existing situation. I would like to ask you some questions about the FP facility / unit and would be very grateful if you could spend some time answering these questions.”

1. Accessibility of the unit (Please check the following)

		<u>Yes</u>	No
<i>n11</i>	Is there a permanent sign that everyone can see indicating the presence of the FP services outside the facility?		
<i>n12</i>	Is there a permanent sign that everyone can see indicating the location of the FP services inside the facility?		
<i>n13</i>	Is there a permanent sign on the door of the FP Unit identifying the FP services?		

.....

2. Sufficiency of the physical infrastructure to provide FP services (Please check the following)

		Yes	No
<i>n21</i>	Are FP services provided in a separate room with a door?		
<i>n22</i>	Is there a waiting area with seating located in or near the entrance of the FP Unit?		
<i>n23</i>	Is there a private area with seating available in or near the FP Unit for group counseling?		
<i>n24</i>	Is there a separate room/space in or near the FP Unit for individual counseling providing audio-visual privacy?		
<i>n25</i>	Is there an open toilet for use by the clients on the same floor as the FP Unit?		
<i>n26</i>	Does the toilet have both functioning electricity and running water today? (If there is not a toilet, put "N/A") (Indicate the missing one below)		

.....

3. Availability of the IEC Materials in the unit (Please check the following)

Please check the availability and <u>accessibility</u> of the following books and brochures <u>in the area where services are provided</u> and check one by one if the posters are <u>hung</u> on the wall. (Put ‘N/A if it is not applicable.)		Standard	Yes	No
<i>n301</i>	National FP Guidelines (set with 2 volumes)	1		
<i>n302</i>	FP Flip-book	1		
<i>n303</i>	FP Pocket Guide	1		
		Standard		
<i>n315</i>	Brochure for all methods	At least 2		
<i>n304</i>	Brochure for IUD	At least 2		
<i>n305</i>	Brochure for Pills	At least 2		
<i>n306</i>	Brochure for Condom	At least 2		
<i>n307</i>	Brochure for TL	At least 2		
<i>n308</i>	Brochure for Vasectomy	At least 2		
<i>n309</i>	Brochure for Postpartum FP methods	At least 2		
<i>n310</i>	Brochure for Postabortion FP methods	At least 2		
<i>n311</i>	Brochure for Injectables	At least 2		
<i>n312</i>	Postabortion poster (only for providing units)	In MR or counseling room		
<i>n313</i>	IP poster	In pelvic examination room		
<i>n314</i>	GTI poster	In pelvic examination room or laboratory		
<i>n316</i>	Brochure holder (Give the total number)			

.....

4. Adequacy and appropriateness of the staff (Please ask the following)

		#
n41	How many FP trained/certified providers are assigned to the FP Unit?	
n42	How many trained/certified providers are present at the FP unit during the day of the visit?	

5. Infection Prevention (Please check the following)

The following should be checked only in the pelvic examination and FP counseling rooms. If there is only one room or the services are provided at the theatre then mark only the "1 st Pelvic Examination Room".		1 st Pelvic Examination Room		2 nd Pelvic Examination Room		3 rd Pelvic Examination Room		4 th Pelvic Examination Room	
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
n51	Is there a plastic bucket with a lid for chlorine solution?								
n52	Are spare IUD insertion/removal kits in HLD or sterile packages or metal containers?								
n53	Are leak-proof lidded plastic containers available for medical waste?								
n54	Are puncture-resistant waste containers available for sharp objects?								

.....

6. Method availability (Please ask the following)

Which of the following methods are provided to the clients either through direct commodity distribution or through prescription/referral to pharmacy? Answer Yes or No for each box.

		Is method provided today?			Method not provided today.		
		Routine method of the facility	Contraceptive either given or method applied	Method prescribed or referred to pharmacy	Client referred to another institution	Appointment given for service later	Have you experienced stock out during the last 6 months
	Methods	01	02	03	04	05	09
n61	IUD						
n62	Pills						
n63	Condom						
n64	Injectables						
n65	TL						
n66	NSV						

.....

If the facility is a private one, end the checklist and thank to the respondents/managers.

If the facility is a public one (MOH Hospital, SSK Hospital/Dispensary, Health Center or MCH/FP Center), please continue with the checklist.

7. Storage conditions of the contraceptives (Please check the following)

Please fill out the following in the storeroom		Yes	No
<i>n71</i>	Is the storeroom key available to FP unit staff and can it be easily opened?		
<i>n72</i>	Is the storeroom floor swept without dust on boxes and rows?		
<i>n73</i>	Are the storeroom floor and walls free from evidence of water leakage?		
<i>n74</i>	Is the storeroom well ventilated?		
<i>n75</i>	Is the illumination of storeroom adequate? (Is it possible to read the packages?)		
<i>n76</i>	Are the supplies stored away from direct sunlight?		
<i>n77</i>	Is the place cool enough?		
<i>n78</i>	Are the supplies stored away from floor and walls?		

.....

8. Feed-back Mechanism (Please ask/check the following)

		Yes	No
<i>n81</i>	Has the FP unit received any written feedback on FP services from the supervisor institution during the last 6 months? (If received, answer YES after seeing the written feedback) DON'T WRITE ANYTHING IN THIS ROW If "No", confirm with the MCH/FP Department		
<i>n82</i>	Have you participated in any official meeting organized by the supervising body to evaluate the FP services you provided during the last 6 months?		
<i>n83</i>	Have you organized any meeting within the facility to evaluate the FP services you provided during the last 6 months?		

.....

9. Supervision (Please ask the following)

		Yes	No
<i>n91</i>	Has the FP unit been visited in the last 6 months for topics like counseling, service provided, storage conditions, infection prevention, IEC materials, wall chart.		

.....

10. Family Planning Services Monitoring and Evaluation Wall Chart (Please check the following)

		Yes	No
<i>n101</i>	Is the wall chart hanging on the wall?		
<i>n102</i>	Is the “FP Method Users” section updated according to the <u>1st</u> and <u>2nd</u> 6 months of 2000 data? Both sections should be filled in for a “ YES ” answer.		
<i>n103</i>	Are the sections of the wall chart below updated using the March 2001 data? If the answer is NO , write the last month and year indicated to the “No” column.		
	<i>n103a)</i> Number of visits to the Family Planning Clinic		
	<i>n103b)</i> Number of IUDs inserted and stock on hand (Put N/A for the facilities that do not insert IUD)		
	<i>n103c)</i> Number of pills distributed and stock on hand		
	<i>n103d)</i> Number of condoms distributed and stock on hand		
<i>n104</i>	Has there been zero stock level marked in the graphics of the contraceptives below? If YES , write the month and the year of the zero stock period to the “Yes” column.		
	<i>n104a)</i> IUD (Put N/A for the facilities that do not insert IUD)		
	<i>n104b)</i> Pills		
	<i>n104c)</i> Condom		

.....

INTERVIEW IS COMPLETED. THANK YOU FOR YOUR TIME.

<i>Province</i>			<i>Year</i>		
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<i>Facility No</i>				<i>Questionnaire No</i>			
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APPENDIX IIIA: EXIT INTERVIEW FOR FAMILY PLANNING CLIENTS

INSTRUCTIONS TO INTERVIEWERS: Before starting read the greeting and explanation given at the bottom of the page to the client, and continue only if she gives her consent. For each item in the rest of the interview, **circle ONLY ONE response** unless stated otherwise and describe as appropriate. Do not read the list stated under the questions unless there is more than one answer accepted. In this situation probe by asking “any other?”

Date of visit: Day _____ Month _____ Year _____

Name of Interviewer:

Name of the health facility visited:

Type of the health facility:

1) MOH Hospital	5) SSK Training Center	8) Private Hospital
2) MCH/FP Training Center	6) SSK Hospital	
3) MCH/FP Center	7) SSK Dispensary	
4) Health Center		

Read greeting:

“Good morning. We would like to improve the FP services provided by this facility and would be interested to find out about your experience today. I would like to ask you some questions about the visit you have just had with the FP services and would be very grateful if you could spend some time answering these questions. I will not write down your name, and everything you tell me will be kept strictly confidential. Also, you are not obliged to answer any question you do not want to, and you may withdraw from the interview at any time. May I continue?”

If the client agrees to continue, ask if she has any questions. Respond to questions as appropriate and put a mark below. Consent received ()	If the client does not agree to continue, thank her and go to the next interview and put a mark below. Terminated ()
--	---

n1. What is your age?

n2. What is the highest level of school you completed?

- 1) Illiterate
- 2) Literate
- 3) Graduated from primary school
- 4) Graduated from secondary school
- 5) Graduated from high school
- 6) Graduated from university

n3. Have you ever become pregnant?

- 1) Yes (if so ask "HOW MANY?") 0) No (**Jump to Q. 6**)

n4. Do you have living children?

- 1) Yes (If so ask "HOW MANY?") 0) No (**Jump to Q. 6**)

n5. What is the age of your youngest child?

..... months

n6. Do you plan to have more children in the future?

- 1) Yes (If so ask "HOW MANY?")
- 0) No (**Jump to Q. 8**)
- 98) Perhaps / I don't know

n7. How long would you like to wait before the birth of your next child?

..... years (**If less than a year write "0"**).

98) I don't know

n8. Which method are you using now?	n9. For how long? (For new users or appointments write "0")	
1) Pill	..... month(s)	(Jump to P. 4 PILL Questions)
2) Condom	..... month(s)	(Jump to P. 6 CONDOM Questions)
3) IUD	..... month(s)	(Jump to P. 7 IUD Questions)
4) Injectable	..... month(s)	(Jump to P. 9 INJECTABLE Questions)
5) Tubal Ligation	..... month(s)	(Jump to P. 11 TL Questions)
6) Vasectomy	..... month(s)	(Jump to P. 13 VASECTOMY Questions)
7) Other		(INTERVIEW IS COMPLETED. THANK YOU FOR YOUR TIME.)

pill1. Why did you come to this clinic today? (If necessary, probe the client by reading the following options)

- 1) New user, received pills.
- 2) New user, received prescription.
- 3) Continuous user, re-supplied pills.
- 4) Continuous user, received prescription.
- 5) Continuous user, received advice.

pill2. Did the FP provider tell you when to start using this cycle of pills?

- 1) Yes
- 0) No
- 98) I don't know

pill3. When a women starts using pills, which day in the menstrual cycle should she start taking?

- 1) Within the first 5 days of menstrual bleeding
- 0) Any other answer
- 98) I don't know

pill4. How often should you take your contraceptive pills?

- 1) One a day
- 0) Any other answer
- 98) I don't know

pill5. If you forget to take the pill for one day, what should you do?

- 1) Take the forgotten one immediately / take 2 the following day
- 0) Any other answer
- 98) I don't know

pill6. Does the pill protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

pill7. What kind of mild problems may you experience when taking the pill for which you do not need to visit a physician? **(Do not read list, but probe by asking, "Any other problems?" Circle all that apply)**

- 1) Nausea
- 2) Mild headaches
- 3) Spotting / bleeding
- 4) Weight gain / loss
- 5) Other:
- 77) No problems expected
- 98) I don't know

pill8. Apart from the regular return or re-supply visit, for what problems, if any, should you visit a physician? **(Do not read list, but probe by asking, "Any other problems?" Circle all that apply)**

- 1) Severe chest pain, shortage of breath
- 2) Severe headache
- 3) Vision loss or blurring
- 4) Severe abdominal pain
- 5) Severe leg pain
- 6) Excessive / frequent bleeding
- 7) Late period
- 8) Other:
- 77) No problems expected
- 98) I don't know

Jump to the SATISFACTION QUESTIONS

(FP)

FOR CONDOM USERS

condom1. Why did you come to this clinic today? (If necessary, probe the client by reading the following options)

- 1) New user, supplied with condoms
- 2) New user, referred to any supplier/pharmacy
- 3) Continuous user, re-supplied
- 4) Continuous user, referred to any supplier/pharmacy
- 5) Continuous user, received advice

condom2. How many times can you use one condom?

- 1) Once
- 0) Any other answer
- 98) I don't know

condom3. Does the condom protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) Yes
- 0) Any other answer
- 98) I don't know

condom4. How would you know if the condom was damaged?

- 1) Check leakage after using
- 0) Any other answer
- 98) I don't know

Jump to the SATISFACTION QUESTIONS

iud1. Why did you come to this clinic today? (If necessary, probe the client by reading the following options)

- 1) IUD insertion (new user)
- 2) IUD control
- 3) IUD replacement
- 4) Continuous user, received advice **(jump to Q.3)**

iud2. During the IUD insertion/control, do you think that your privacy was respected?

- 1) Yes
- 0) No
- 98) I don't know

iud3. When will you come back for follow-up?

- 1) weeks later **(Please convert client's answer to weeks)**
- 0) Any other answer
- 77) No, I will not come back
- 98) I don't know

iud4. Apart from the regular check-up visits, for what problems, if any, should you visit a physician? **(Do not read list, but probe by asking, "Any other problems?". Circle all that apply.)**

- 1) Heavy discharge
- 2) Abnormal spotting or bleeding
- 3) Expulsion or cannot feel threads
- 4) Severe cramps
- 5) Late period
- 6) Other: ...
- 77) No problems expected
- 98) I don't know

(FP)

FOR IUD USERS

iud5. How many years can you keep using the IUD once it has been inserted?

..... years

98) I don't know

iud6. Does the IUD protect you against STDs such as gonorrhoea, syphilis, AIDS?

1) No

0) Any other answer

98) I don't know

Jump to the SATISFACTION QUESTIONS

inj1. Why did you come to this clinic today? (If necessary, probe the client by reading the following options)

- 1) New user, received injection
- 2) New user, received prescription
- 3) Continuous user, received injection
- 4) Continuous user, received prescription
- 5) Continuous user, received advice

inj2. What type of injection did you get/ will you get?

- 1) Monthly
- 2) Quarterly
- 3) Any other answer
- 98) I don't know

inj3. What problems may you experience after having an injection for which you do not need to visit a physician? (Do not read list, but probe by asking, "Any other problems?". Circle all that apply.)

- 1) Mild headaches
- 2) Nausea
- 3) Irregular bleeding / spotting
- 4) Weight gain
- 5) Amenorrhea (absence of period)
- 6) Other:
- 77) No problems expected
- 98) I don't know

(FP)

FOR INJECTABLE USERS

inj4. Apart from the regular return visit, for what problems, if any, should you visit a physician? (**Do not read list, but probe by asking, "Any other problems?". Circle all that apply.**)

- 1) Headaches (severe, persistent)
- 2) Heavy bleeding
- 3) Severe chest pain, shortage of breath
- 4) Severe lower abdominal pain
- 5) Severe leg pain
- 6) Frequent urination
- 7) Late period
- 8) Depression
- 9) Other:
- 77) No problems expected
- 98) I don't know

inj5. Were you given an **appointment card**?

- 1) Yes
- 0) No

inj6. Does the injection protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

Jump to the SATISFACTION QUESTIONS

(FP)

FOR TL USERS

t11. Did the provider mention that this is an irreversible/permanent method?

- 1) Yes
- 0) No
- 98) I don't know

t12. Does TL protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

(Please ask the following question, if the woman has had TL WITHIN THE LAST 3 DAYS or had an APPOINTMENT FOR TL)

t13. Did the provider warn you about infection risk with the incision?

- 1) Yes
- 0) No
- 98) I don't know

t14. Will your menstrual period change after the TL?

- 1) Yes
- 0) No
- 98) I don't know

t15. Will your sexual life change after the TL?

- 1) Yes
- 0) No
- 98) I don't know

t16. Does TL lead to menopause?

- 1) Yes
- 0) No
- 98) I don't know

Jump to the SATISFACTION QUESTIONS

(FP)

FOR VASECTOMY USERS

nsv1. Did the provider mention that this is an irreversible/permanent method?

- 1) Yes
- 0) No
- 98) I don't know

nsv2. Does vasectomy protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

(Please ask the following question, if the man has had vasectomy WITHIN THE LAST 3 DAYS or had an APPOINTMENT FOR VASECTOMY)

nsv3. Will your sexual life change after the vasectomy?

- 1) No
- 0) Yes
- 98) I don't know

Jump to the SATISFACTION QUESTIONS

(FP)

SATISFACTION

Read the following:

“And now, I would like to ask you some question about THE FP SERVICES you received during this visit. Please be sure that all your answers will be kept confidential and will be used only for analysis. During this interview I’ll continuously mention the term Family Planning that is used for all the methods used for avoiding pregnancy. These methods can be condoms, pills, IUDs, injectables, tubal ligation and vasectomy. These methods could be either provided to you here or prescribed or you might receive an appointment for a procedure. Family planning service covers all those methods received and discussions with the staff.”

sat1. Did you receive the method you preferred today?

- 1) Yes
- 0) No

sat2. Have you ever been turned away from FP services during official working hours at this facility / unit?

- 1) Yes
- 2) No (**Jump to Q. 4**)
- 3) This is my first time in this facility (**Jump to Q. 4**)
- 98) I don’t know (**Jump to Q. 4**)

sat3. What was the reason?

- 1) Lack of contraceptive commodity that day
- 2) Not a method provision day
- 3) Method was not provided by the clinic at all
- 4) Lack of staff
- 5) The clinic was closed
- 6) Other:
- 98) I don’t know

(FP)

SATISFACTION

sat4. Was the waiting time to receive the services today too long?

- 1) No, it was not a long waiting time
- 0) Yes, it was a long waiting time
- 98) I don't know

sat5. Did the FP provider welcome you politely?

- 1) Yes
- 0) No
- 98) I don't know

sat6. Did the FP provider show you a place to sit during the service?

- 1) Yes
- 0) No

<u>IF SHE IS A CONTINUING USER :</u>	<u>IF SHE IS A NEW USER :</u>
<p>sat7. Do you know the name of the FP provider served you today?</p> <ul style="list-style-type: none">1) Yes2) Cannot remember0) No98) I don't know	<p>sat7. Did the FP provider tell his/her name?</p> <ul style="list-style-type: none">1) Yes2) Cannot remember0) No98) I don't know
<p>sat8. Were you asked whether you were satisfied with the FP method you used?</p> <p>1) Yes 0) No 98) I don't know</p>	<p>sat8. Were you asked what FP method you preferred to use?</p> <p>1) Yes 0) No 98) I don't know</p>

sat9. Are you satisfied with the time spent for FP method counselling?

- 1) Yes
- 0) No
- 98) I don't know

(FP)

SATISFACTION

sat10. During the counselling, were you able to understand the information given easily?

- 1) Yes, I easily understood
- 2) I had difficulty to understand
- 3) I did not understand at all
- 77) No information was given
- 98) I don't know

sat11. Did other clients hear your conversation with the FP provider?

- 1) Yes
- 0) No
- 98) I don't know

sat12. During this visit, were you given or did you take any brochure or educational material about FP to take home?

- 1) Yes
- 0) No

sat13. Do you have any question in your mind now about the FP method you preferred?

- 1) Yes
- 0) No
- 98) I don't know

INTERVIEW IS COMPLETED. THANK YOU FOR YOUR TIME.

Province			<u>Year</u>		
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<i>Facility No</i>			<i>Questionnaire No</i>		
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APPENDIX IIIB: EXIT INTERVIEW QUESTIONNAIRE FOR POSTABORTION CLIENTS

INSTRUCTIONS TO INTERVIEWER: Before starting, read the greeting and explanation given at the bottom of the page to the client, and continue only if she gives her consent. For each item in the rest of the interview, **circle ONLY ONE response** unless stated otherwise and describe as appropriate. Do not read list, but probe by asking, “Any other methods?”

Date of visit: Day _____ Month _____ Year _____

Name of Interviewer:

Health facility visited (name):

Type of the health facility:

- 1) MOH Hospital / Maternity Hospital
- 3) MCH Centers
- 5) SSK FP Training Center
- 6) SSK Hospital
- 8) Private Hospital

Read greeting:

“ Hello. We would like to know about your FP method using status. Therefore I would like to ask you some questions about the visit you have just had and would be very grateful if you could spend some time answering these questions. I will not write down your name, and everything you tell me will be kept strictly confidential. Also, you are not obliged to answer any question you don’t want to, and you may withdraw from the interview at any time. May I continue? ”

<p>If the client agrees to continue, ask if she has any questions. Respond to questions as appropriate and put a mark below.</p> <p>Consent received ()</p>	<p>If the client does not agree to continue, thank her and go to the next interview and put a mark below.</p> <p>Terminated ()</p>
---	--

9. Have you been using a family planning method before this pregnancy?

- 1) Yes
- 0) No (**Jump to Q.12**)

10. Which method were you using? (**Circle one**)

1) Withdrawal	5) Rhythm
2) Condom	6) Foam
3) Pill	7) Injectable
4) IUD	8) Other

11. Did you get pregnant while you were using this method?

- 1) Yes
- 0) No

12. Did you receive FP counseling before the procedure?

- 1) Yes
- 0) No

13. Did the FP provider tell you the immediate risk of pregnancy after the procedure if you do not use a FP method?

- 1) Yes
- 0) No

14. Were you informed about the availability of post-abortion FP methods at this facility?

- 1) Yes
- 0) No (**Jump to Q.16**)

15. Which methods did the provider tell you? (Do not read list, but probe by asking, "Any other methods?" (Circle all that apply).

- 1) Pills
- 2) Condom
- 3) IUD
- 4) Injectable
- 5) TL
- 6) Vasectomy
- 7) Other:
- 98) I don't know

16. Have you received any FP method today after the procedure?

- 1) Yes, I received a method today (**Jump to Q.20**)
- 0) No
- 2) I received an appointment today (**Jump to Q.20**)

17. Are you planning to use a family planning method later?

1) Yes (**Jump to Q.18**)

0) No INTERVIEW IS COMPLETED THANK YOU FOR YOUR TIME

CONTINUE WITH THE CLIENTS WHO HAVE RECEIVED OR PLANNING TO RECEIVE A FAMILY PLANNING METHOD
--

18. Which FP method are you planning to use in the future?

- 1) Pill
- 2) Condom
- 3) IUD
- 4) Injection
- 5) Tubal Ligation
- 6) Vasectomy
- 7) Other:

98) I don't know	INTERVIEW IS COMPLETED. THANK YOU FOR YOUR TIME.
------------------	---

19. When are you planning to receive that method?

..... months later

98) I don't know

INTERVIEW IS COMPLETED THANK YOU FOR YOUR TIME

20. Did you receive the method you preferred today?

- 1) Yes, I already wanted to use that method
- 0) No

21. Which method did you receive/get appointment for today?

- 1) Pill (Jump to P. 6 **PILL** Questions)
- 2) Condom (Jump to P. 8 **CONDOM** Questions)
- 3) IUD (Jump to P. 9 **IUD** Questions)
- 4) Injectable (Jump to P. 10 **INJECTABLE** Questions)
- 5) TL or appointment for TL (Jump to P. 12 **TL** Questions)
- 6) Vasectomy or appointment for vasectomy (Jump to P. 13 **VASECTOMY** Questions)

7) Other:	INTERVIEW IS COMPLETED. THANK YOU FOR YOUR TIME.
-----------------	---

pill1. Did the FP provider tell you when to start using this cycle of pills?

- 1) Yes
- 0) No
- 98) I don't know

pill2. When will you start using this cycle of pills given / prescribed?

- 1) Immediately
- 0) Any other answer
- 98) I don't know

pill3. How often should you take your pills?

- 1) One a day
- 0) Any other answer
- 98) I don't know

pill4. If you forget to take the pill for that day, what should you do?

- 1) Take the forgotten one immediately
- 0) Any other answer
- 98) I don't know

pill5. Does the pill protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

(PA)

FOR PILL USERS

pill6. What kind of mild problems may you experience when taking the pill for which you do not need to visit a physician? (**Do not read list, but probe by asking, "Any other problems?"** Circle all that apply)

- 1) Nausea
- 2) Mild headaches
- 3) Spotting / bleeding
- 4) Weight gain / loss
- 5) Other:
- 77) No problems expected
- 98) I don't know

pill7. Apart from the regular return or re-supply visit, for what problems, if any, should you visit a physician? (**Do not read list, but probe by asking, "Any other problems?"** Circle all that apply).

- 1) Severe chest pain, shortage of breath
- 2) Severe headache
- 3) Vision loss or blurring
- 4) Severe abdominal pain
- 5) Severe leg pain
- 6) Excessive / frequent bleeding
- 7) Late period
- 8) Other:
- 77) No problems expected
- 98) I don't know

**INTERVIEW IS COMPLETED.
THANK YOU FOR YOUR TIME.**

(PA)

FOR CONDOM USERS

condom1. How many times can you use one condom?

- 1) Once
- 0) Any other answer
- 98) I don't know

condom2. Does the condom protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) Yes
- 0) Any other answer
- 98) I don't know

condom3. How would you know if the condom was damaged?

- 1) Check leakage after using
- 0) Any other answer
- 98) I don't know

**INTERVIEW IS COMPLETED.
THANK YOU FOR YOUR TIME.**

(PA)

FOR IUD USERS

iud1. Have you inserted / had an appointment for an IUD today?

- 1) IUD inserted
- 2) Received an appointment for IUD insertion

iud2. When will you come back for follow-up/IUD insertion appointment?

- 1) week(s) later (**Please convert client's answer to weeks**)
- 0) Other:
- 77) No, I will not come back
- 98) I don't know

iud3. Apart from the regular check-up visits, for what problems, if any, should you visit a physician?
(Do not read list, but probe by asking, "Any other problems?" Circle all that apply)

- 1) Heavy discharge
- 2) Abnormal spotting or bleeding
- 3) Expulsion or cannot feel threads
- 4) Severe cramps
- 5) Late period
- 6) Other:
- 77) No problems experienced
- 98) I don't know

iud4. How many years can you keep using the IUD once it has been inserted?

- years
- 98) I don't know

iud5. Does the IUD protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

**INTERVIEW IS COMPLETED.
THANK YOU FOR YOUR TIME.**

inj1. Which type of injection did you get / will you get?

- 1) Monthly
- 2) Quarterly
- 3) Any other answer
- 98) I don't know

inj2. What problem may you experience after having an injection for which you do not need to visit a physician? **(Do not read list, but probe by asking, "Any other problems?" Circle all that apply)**

- 1) Mild headaches
- 2) Nausea
- 3) Irregular bleeding / spotting
- 4) Weight gain
- 5) Amenorrhea (absence of period)
- 6) Other:
- 77) No problems expected
- 98) I don't know

inj3. Apart from the regular return visit, for what problems, if any, should you visit a physician? (**Do not read list, but probe by asking, "Any other problems?" Circle all that apply**)

- 1) Headaches (severe, persistent)
- 2) Heavy bleeding
- 3) Severe chest pain, shortage of breath
- 4) Severe lower abdominal pain
- 5) Severe leg pain
- 6) Frequent urination
- 7) Late period
- 8) Depression
- 9) Other:
- 77) No problems expected
- 98) I don't know

inj4. Were you given an **appointment card**?

- 1) Yes
- 0) No

inj5. Does the injection protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

**INTERVIEW IS COMPLETED.
THANK YOU FOR YOUR TIME.**

(PA)

FOR TL USERS

t11. Did the provider mention that this is an irreversible/permanent method?

- 1) Yes
- 0) No
- 98) I don't know

t12. Does TL protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

t13. Did the provider warn you about infection risk with the incision?

- 1) Yes
- 0) No
- 98) I don't know

t14. Will your menstrual period change after the TL?

- 1) Yes
- 0) No
- 98) I don't know

t15. Will your sexual life change after the TL?

- 1) Yes
- 0) No
- 98) I don't know

t16. Does TL lead to menopause ?

- 1) Yes
- 0) No
- 98) I don't know

**INTERVIEW IS COMPLETED.
THANK YOU FOR YOUR TIME.**

(PA)

FOR VASECTOMY USERS

nsv1. Who was interviewed?

- 1) Wife
- 2) Husband
- 3) Couple

nsv2 Why did you come to this clinic today? (if necessary, probe the client by reading the following options)

- 1) New user
- 2) New user, received appointment.

nsv3. Did the provider mention that this is an irreversible/permanent method?

- 1) Yes
- 0) No
- 98) I don't know

nsv4. Does vasectomy protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

(Please ask the following question, if the man had an appointment for vasectomy)

nsv5. Will your sexual life change after the vasectomy?

- 1) Yes
- 0) No
- 98) I don't know

**INTERVIEW IS COMPLETED.
THANK YOU FOR YOUR TIME.**

Time of the interview

--	--

APPENDIX IIIC: EXIT INTERVIEW QUESTIONNAIRE FOR POSTPARTUM CLIENTS

INSTRUCTIONS TO INTERVIEWER: Before starting, read the greeting and explanation given at the bottom of the page to the client, and continue only if she gives her consent. For each item in the rest of the interview, **circle ONLY ONE response** unless stated otherwise and describe as appropriate. Do not read the list stated under the questions unless there is more than one answer accepted. In this situation probe by asking “any other?”

Province			Year		
-----------------	--	--	-------------	--	--

Facility No			Questionnaire No			
--------------------	--	--	-------------------------	--	--	--

Date of visit: Day _____ Month _____ Year _____

Name of Interviewer:

Name of the health facility visited:

Type of the health facility:

- 1) MOH Hospital
- 5) SSK FP Training Center
- 6) SSK Hospital
- 8) Private Hospital

Read greeting:

“ Hello. We would like to know about your FP method using status. We would like to improve the FP services provided by this facility. Therefore I would like to ask you some questions about the visit you have just had and would be very grateful if you could spend some time answering these questions. I will not write down your name, and everything you tell me will be kept strictly confidential. Also, you are not obliged to answer any question you don’t want to, and you may withdraw from the interview at any time. May I continue? ”

If the client agrees to continue, ask if she has any questions. Respond to questions as appropriate and put a mark below.	If the client does not agree to continue, thank her and go to the next interview and put a mark below.
Consent received ()	Terminated ()

1. What is your age?

2. What is the highest level of school you completed?

7) Illiterate

8) Literate

9) Graduated from primary school

10) Graduated from secondary school

11) Graduated from high school

12) Graduated from university

3. In total, how many pregnancies have you had? **(If this is the first pregnancy jump to Q. 6)**

4. Do you have any living children, apart from this new one?

1) Yes (If so, ask 'HOW MANY?') 0) No **(Jump to Q.6)**

5. What is the age of your youngest child, apart from the new one?

..... months

6. Are you planning to have a child in the future?

1) Yes (If so, ask 'HOW MANY?')

0) No **(Jump to Q.8)**

98) Maybe / I don't know **(Jump to Q.8)**

7. How long would you like to wait before the birth of next child?

..... year(s)

98) I don't know

8. Were you using a family planning method before this pregnancy?

- 1) Yes
- 0) No (**Jump to Q.10**)

9. If yes, which method were you using?

9) Withdrawal	13) Rhythm
10) Condom	14) Foam
11) Pill	15) Injectable
12) IUD	16) Other

10. Did you plan to become pregnant?

- 1) Yes
- 0) No

11. Did you receive antenatal care during your pregnancy?

- 1) Yes
- 0) No (**Jump to Q.14**)

12. If yes, where did you go for antenatal care?

- 1) This hospital
- 2) Another hospital
- 3) Health Centre
- 4) MCH/FP Centre
- 5) SSK Dispensary
- 6) Private physician
- 7) Private Hospital
- 8) Other:

13. Did you receive information about contraceptive methods during those antenatal visits?

- 1) Yes
- 0) No

14. Have you been informed about postpartum FP methods during this visit in this hospital?

- 1) Yes
- 0) No

15. Did the provider tell you the risk of pregnancy after the delivery if you do not use a FP method?

- 1) Yes (If so, ask 'WHEN?') months later
- 0) No

16. Were you informed about the availability of postpartum FP methods in this hospital?

- 1) Yes
- 0) No (**Jump to Q.18**)

17. If yes, which methods did the provider tell you? (**Do not read list. Circle all that apply**)

- 1) Pills
- 2) Condom
- 3) IUD
- 4) Injectable
- 5) TL
- 6) Vasectomy
- 7) Other:
- 98) I don't know

18. Did you receive any FP method or appointment for an FP method after the delivery?

1) Yes

(Jump to Postpartum Method Questionnaire)

0) No

19. Are you planning to use a family planning method?

1) Yes **(Jump to Q.20)**

0) No **(Interview is completed. Thank you for your time.)**

20. Which method are you planning to use?

1) Pill

2) Condom

3) IUD

4) Injection

5) Tubal Ligation

6) Vasectomy

7) Other:

98) I don't know **(Interview is completed. Thank you for your time.)**

21. When are you planning to receive that method?

..... months later

98) I don't know

(INTERVIEW IS COMPLETED. THANK YOU FOR YOUR TIME)

Time of the interview

--	--

EXIT INTERVIEW QUESTIONNAIRE FOR POSTPARTUM METHOD USERS

Continue with the clients who have received a family planning method or an appointment for a FP method

Please staple this form with “Exit Interview Questionnaire for Postpartum Clients” you filled in with the same woman. The time of the interview should be same on both forms.

22. Have you received the method you preferred today?

- 1) Yes
- 0) No

23. Which method have you received (or had appointment for) today?

- 1) Mini Pill (Jump to P. 2 **MINI PILL** Questions)
- 2) Condom (Jump to P. 4 **CONDOM** Questions)
- 3) IUD (Jump to P. 5 **IUD** Questions)
- 4) Injectable (Jump to P. 6 **INJECTABLE** Questions)
- 5) TL or appointment for TL (Jump to P. 8 **TL** Questions)
- 6) Vasectomy or appointment for vasectomy (Jump to P. 10 **VASECTOMY** Questions)

mini1. Did the FP provider tell you when to start using this cycle of pills?

- 1) Yes
- 0) No
- 98) I don't know

mini2. When will you start using this cycle of pills provided/prescribed?

- 1) Immediately
- 0) Any other answer
- 98) I don't know

mini3. How often should you take your mini pills?

- 1) One a day
- 0) Any other answer
- 98) I don't know

mini4. How long should you postpone at most to take your pill for one day?

- 1) Three hours
- 0) Any other answer
- 98) I don't know

mini5. Does the pill protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

mini6. What kind of problems may you experience when taking the pill in which you do not need to visit a physician? **(Do not read list, but probe by asking, "Any other problems?" Circle all that apply)**

- 1) Nausea
- 2) Mild headaches
- 3) Spotting / bleeding
- 4) Weight gain / loss
- 5) Abdominal pain
- 6) Irregular menstruation
- 7) Acne
- 8) Other:
- 77) No problems expected
- 98) I don't know

mini7. Apart from the regular follow-up or re-supply visit, for what problems, if any, should you visit a physician? **(Do not read list, but probe by asking, "Any other problems?" Circle all that apply)**

- 1) Severe chest pain, shortage of breath
- 2) Severe headache
- 3) Severe abdominal pain
- 4) Excessive / frequent bleeding
- 5) Late period
- 6) Other:
- 77) No problems expected
- 98) I don't know

(Interview is completed. Thank you for your time.)

(PP)

FOR CONDOM USERS

condom1. How many times can you use a condom?

- 1) Once
- 0) Any other answer
- 98) I don't know

condom2. Does the condom protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) Yes
- 0) Any other answer
- 98) I don't know

condom3. How would you know if the condom is damaged?

- 1) Check leakage after using
- 0) Any other answer
- 98) I don't know

(Interview is completed. Thank you for your time.)

(PP)

FOR IUD USERS

iud1. Have you inserted or had an appointment for IUD today?

- 1) Inserted IUD
- 2) Received an appointment for IUD insertion

iud2. When will you come back for follow-up/IUD insertion appointment?

- 1) week(s) later (**Please convert the client's answer to weeks**)
- 0) Any other answer
- 77) No, I will not come back
- 98) I don't know

iud3. Apart from the regular check-up visits, for what problems, if any, should you visit a physician? **(Do not read list, but probe by asking, "Any other problems?". Circle all that apply)**

- 7) Heavy discharge
- 8) Abnormal spotting or bleeding
- 9) Expulsion or cannot feel threads
- 10) Lower abdominal pain
- 11) Late period
- 12) Other:
- 77) No problems expected
- 98) I don't know

iud4. How many years can you continue using the IUD?

- years
- 98) I don't know

iud5. Does the IUD protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

(Interview is completed. Thank you for your time.)

inj1. Which type of injection did /will you get?

- 1) Monthly
- 2) Quarterly
- 3) Any other answer
- 98) I don't know

inj2. What problems may you experience after having an injection, in which, you do not need to visit a physician? **(Do not read list, but probe by asking, "Any other problems?". Circle all that apply)**

- 1) Mild headaches
- 2) Nausea
- 3) Irregular bleeding / spotting
- 4) Weight gain
- 5) Amenorrhea (absence of period)
- 6) Other:
- 77) No problems expected
- 98) I don't know

inj3. Apart from the regular return visit, for what problems, if any, should you visit a physician? **(Do not read list, but probe by asking, "Any other problems?" Circle all that apply)**

- 10) Headaches (severe, persistent)
- 11) Heavy bleeding
- 12) Severe chest pain, shortage of breath
- 13) Severe lower abdominal pain
- 14) Severe leg pain
- 15) Frequent urination
- 16) Late period
- 17) Other:
- 18) Depression
- 77) No problems expected
- 98) I don't know

inj4. Were you given an **appointment card**?

- 1) Yes
- 0) No

inj5. Does the injection protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

(Interview is completed. Thank you for your time.)

tl1. Did the provider mention that this is an irreversible/permanent method?

- 2) Yes
- 0) No
- 98) I don't know

tl2. Does the TL protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 1) No
- 0) Any other answer
- 98) I don't know

tl3. Did the provider warn you about infection risk with the incision?

- 1) Yes
- 0) No
- 98) I don't know

tl4. Will your menstrual period change after the TL?

- 1) Yes
- 0) No
- 98) I don't know

tl5. Will your sexual life change after the TL?

- 1) Yes
- 0) No
- 98) I don't know

tl6. Does TL lead to menopause ?

- 1) Yes
- 0) No
- 98) I don't know

(Interview is completed. Thank you for your time.)

(PP)

FOR VASECTOMY USERS

nsv1. Who was interviewed?

- 1) Wife
- 2) Husband
- 3) Couple

nsv2. Why did you come to this clinic today? **(If necessary, probe the client by reading the following options)**

- 1) New user
- 2) New user, received appointment.

nsv3. Did the provider mention that this is an irreversible/permanent method?

- 1) Yes
- 0) No
- 98) I don't know

nsv4. Does vasectomy protect you against STDs such as gonorrhoea, syphilis, AIDS?

- 2) No
- 0) Any other answer
- 98) I don't know

nsv5. Will your sexual life change after the vasectomy?

- 2) Yes
- 0) No
- 98) I don't know

(Interview is completed. Thank you for your time.)

Please staple this form with “Exit Interview Questionnaire for Postpartum Clients” you filled in with the same woman. The time of the interview should be same on both forms.

**APPENDIX IV:
Family Planning Quality Survey**

Interviewer Training Agenda

Day 1

09:00 – 09:30	Registration, warm-up
09:30 – 10:00	Introduction of the Quality Surveys Purpose and methodology
10:00 – 10:30	Introduction of data collection tools Facility audit
10:30 – 10:45	Break
10:45 – 11:15	Continuation, Facility audit
11:15 – 12:30	Introduction of data collection tools Client exit interview questionnaires
12:30 – 13:30	Lunch
13:30 – 15:15	Role-plays Using client exit interview questionnaires
15:15 – 15:30	Break
15:30 – 17:00	Continuation, Role-plays
17:00 – 17:30	Field training assignments and logistics for the next day

Day 2

08:30 – 13:00	Field training
13:00 – 14:00	Lunch
14:00 – 15:00	Evaluation of the field training
15:00 – 15:15	Break
15:15 – 17:00	Survey logistics Distribution of questionnaires and other materials, facility assignments, per diem payments, communication, next steps
17:00 – 17:30	Closing