

Observation Checklist for Family Planning
Mae Tao Clinic

Reproductive Health Services Quality Improvement Project
November 24, 2001

Instructions for observers:

When an antenatal care client or family planning client arrives at the health facility, ask her if she is willing to let you observe the visit. It is important that you gain her informed consent before beginning the observation, so the following greeting should be given. After reading the greeting, sign and date the statement that indicates whether or not the client agreed to participate.

GREETING

"Hello. My name is _____. We are observing our health workers in order to improve the quality of services at this clinic. We are asking all antenatal care and family planning clients who visit the clinic today to participate. We would like your permission to observe your visit with the clinic staff. Your participation is extremely important to us, but it is entirely voluntary. You do not have to let us observe the visit if you do not want to. You will not be denied any services if you decide not to participate. If you agree to participate in the survey, you can change your mind at any time during the visit or the interview. We will not write down your name and everything you discuss today will be kept strictly confidential. During your visit, I will be sitting a little apart from you and the clinic staff. There are no risks or direct benefits to you from participating in the survey but your participation will contribute to improving services in this and other clinics.

Do I have your permission to continue?" **CHECK BOX:** **YES** **NO**

READ AND SIGN THE FOLLOWING:

IF YES, SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE OBSERVATION.

I certify that I read the statement above to the client and she agreed to participate in the study.

Signed _____ , **Date** _____

IF NO, SIGN AND DATE THE STATEMENT BELOW AND THEN STOP AND WAIT FOR ANOTHER CLIENT.

I certify that I read the statement above to the client and she did not agree to participate in the study.

Signed _____ , **Date** _____

DK= Don't know or cannot remember

NA= Not applicable or not able (if not able write down reason why)

1. Date completing checklist: ___/___/___
Day Month Year

2. Health Worker Number: FP_____

3. Health Worker Name: _____

4. Observer ID Number: FP_____

5. Name of observer: _____

6. Language spoken (circle one):

- 1. Burmese
- 2. Karen
- 3. Other _____

Time Session Began ____ : ____ AM/PM

DK= Don't know or cannot remember

NA= Not applicable or not able (if not able write down reason why)

Section I. Interpersonal relations and routine procedures

101	Did the provider:	Yes	No	DK	NA
A	Dress appropriately for work				
B	See client in private				
C	Greet client				
D	Assure client of confidentiality				
E	Review client's previous records				
F	Ask number of previous visits				
G	Ask open-ended questions				
H	Encourage client to ask questions				
I	Treat client with respect				
J	Use appropriate IEC materials				
K	Give client IEC reading material (if available and appropriate)				
L	Refer client if necessary				
M	Discuss return visit				

Section II. Universal precautions

	*Were the following universal precautions performed correctly?	Yes	No	DK	NA
201	Wash hands with soap and water				
A	Before each patient contact				
B	After each patient contact				
C	After removing gloves				
202	Gloves				
A	Wear when drawing blood sample				
203	Handle sharps safely				
A	Dispose of needle without recapping or use "one-hand" technique to recap needle				
B	Dispose of needles and other sharps in puncture proof container				
204	Clean, disinfect, and sterilize appropriately				
A	Table tops cleaned with disinfectant solution between patients				

DK= Don't know or cannot remember
 NA= Not applicable or not able (if not able write down reason why)

Section III. Family Planning

A. Routine information

301. Reason for visit:

- () 1. Information and counseling only
- () 2. Continuing client (using same method/follow-up visit)
- () 3. New client or changed contraceptive method
- () 4. Abortion/post-abortion care
- () 5. Other _____

302. Contraceptive method client received:

- () 1. Combined Oral Contraceptive (COC) Pill
- () 2. Progesterone-only Pill (POP)
- () 3. Depo Provera
- () 4. Condom
- () 5. Emergency Contraception
- () 6. Counseling only, no method received
- () 9. Not applicable (referred for a method)

303. Contraceptive method client referred for:

- () 1. IUD
- () 2. Tubal ligation
- () 9. Not applicable (client NOT referred for method)

B. History

304	Did the provider discuss the following:	Yes	No	DK	NA
A	Current age				
B	Marital status				
C	Number of living children				
D	Age of youngest child				
E	Total number of pregnancies				
F	Desire for more children (Want more?)				
G	Timing of next child (When?)				
H	Current pregnancy status				
I	History of pregnancy complications				
J	Partner attitude about family planning				
K	Multiple sexual partners				
L	Partner multiple sexual partners				
M	Previous symptoms/signs of STI				
N	Partner previous symptom/sign of STI				
O	Client breastfeeding (history)				
P	Past family planning use				
Q	Date of last menstrual period				
R	Regularity of menstrual cycle				

DK= Don't know or cannot remember

NA= Not applicable or not able (if not able write down reason why)

C. Counseling and Education

305	Did the provider do the following:	Yes	No	DK	NA
A	Discuss range of methods (available at MTC or at Mae Sot Hospital)				
B	Help client to choose appropriate method (short term, long term, or permanent)				
C	Discuss client method preference				
D	Discuss effectiveness of method				
E	Discuss how to use method				
F	Discuss side effects of method				
G	Discuss advantages of method				
H	Discuss disadvantages of method				
I	Tell client what to do if experiences problems with method				
J	Give method of choice or refer client for method of choice				
K	Discuss HIV/STI prevention				
L	Obtain informed consent				

D. Care

306	Did the provider do the following:	Yes	No	DK	NA
A	Check blood pressure				
B	Check/ask about pregnancy				
C	Ask about smoking				
D	Ask about current breastfeeding				
E	Ask about chronic health problems				
F	Ask about last delivery date				
G	Ask about previous pregnancy complications				
H	Check body weight				
	Pill only				
I	Provide adequate number of packets				
	Condom only				
J	Ask about allergies to latex				
K	Provide adequate number of condoms				
	IUD/Tubal ligation only				
L	Ask about pelvic pain				
M	Ask about vaginal discharge				

Time Session Completed ____ : ____ AM/PM

DK= Don't know or cannot remember
 NA= Not applicable or not able (if not able write down reason why)